



CARDI·OH

Ohio Cardiovascular and Diabetes Health Collaborative



In partnership with:



Cardi-OH ECHO

Health Equity and Cardiovascular Risk

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Fall 2023 Cardi-OH ECHO Participant Sites



1 University Hospitals Cinema/
Achieve GreatER
Cleveland

2 MetroHealth Bedford Medical Offices
Bedford

3 Summa Family Medicine
Akron

4 SRMC Internal Medicine Center
Salem

5 Ohio University Diabetes Institute
Athens

6 Southeast Healthcare Inc
Columbus

7 UC Health
Cincinnati

8 Crossroad Health Center
Cincinnati

9 UTMC Comprehensive Care Center,
Internal Medicine
Toledo

10 UTMC Practice
Toledo

11 UTMC Family Medicine
Toledo

12 Paramount Health Care Inc
Toledo

Today's Presenters



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Disclosure Statements



- The following speakers and subject matter experts have a relevant financial interest or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of their presentation*:
 - Danette Conklin, PhD; Kathleen Dungan, MD, MPH; Adam T. Perzynski, PhD; Christopher A. Taylor, PhD, RDN, LD, FAND; Jackson Wright, MD, PhD
- The remaining speakers and subject matter experts have no financial relationships with any commercial interest related to the content of this activity:
 - Karen Bailey, MS, RDN, LD, CDCES; Kristen Berg, PhD; Elizabeth Beverly, PhD; Merilee Clemons, PharmD; Revital Gordodeski Baskin, MD; George Matar, MD; Kelsey Ufholz, PhD; Goutham Rao, MD; James Werner, PhD, MSSA
- The following members of the planning committee DO NOT have any disclosures/financial relationships from any ineligible companies:
 - Shari Bolen, MD; Anderson Christopher; Richard Cornachione; Carolyn Henceroth; Gillian Irwin; Michael Konstan, MD; Elizabeth Littman; Devin O'Neill; Steven Ostrolencki; Ann Nevar; Claire Rollins; Catherine Sullivan

* These financial relationships are outside the presented work.

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Tobacco Use as a Driver of Cardiovascular Risk

Jim Werner, PhD, MSSA

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Case Western Reserve University

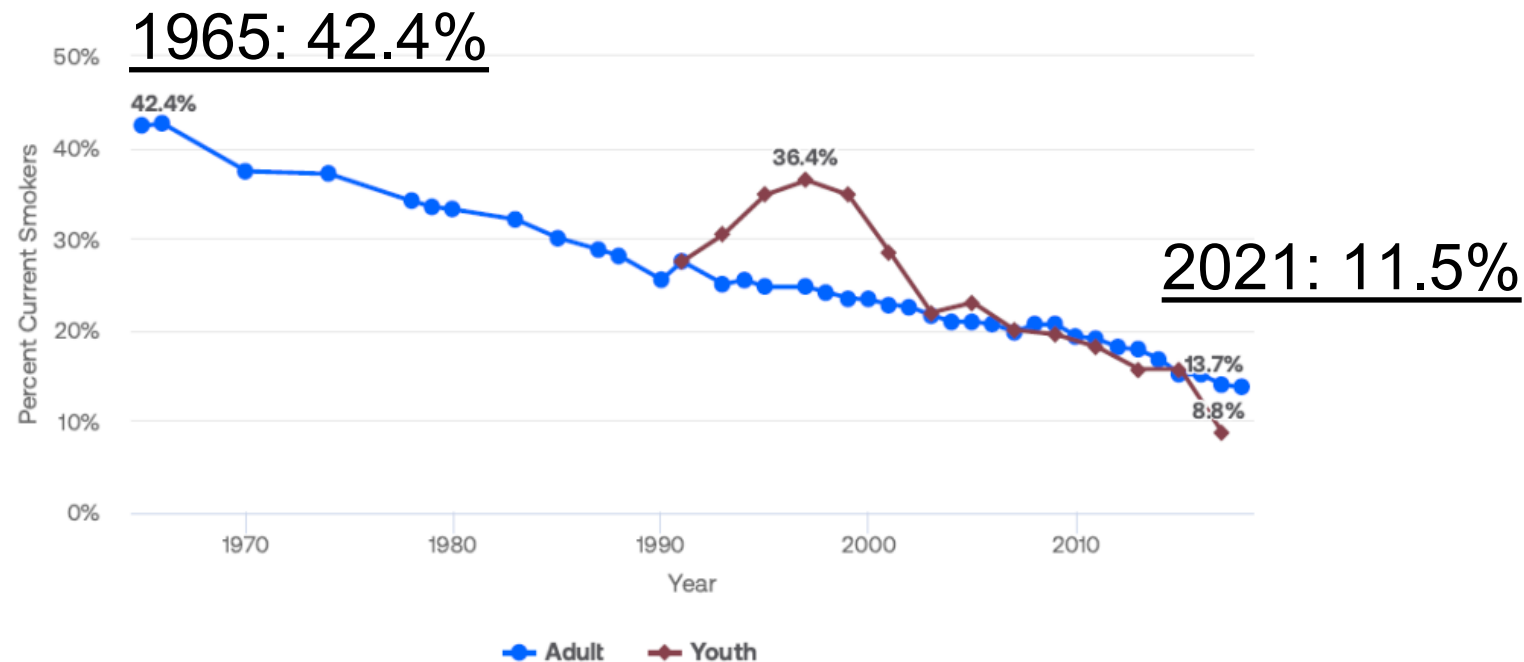
University Hospitals Cleveland Medical Center

Learning Objectives



- 1) Describe the prevalence of tobacco use among different subpopulations in the United States.
- 2) Describe culturally sensitive approaches to smoking cessation among different subpopulations in the United States.
- 3) List a minimum of two resources available to assist patient with smoking cessation available throughout Ohio.

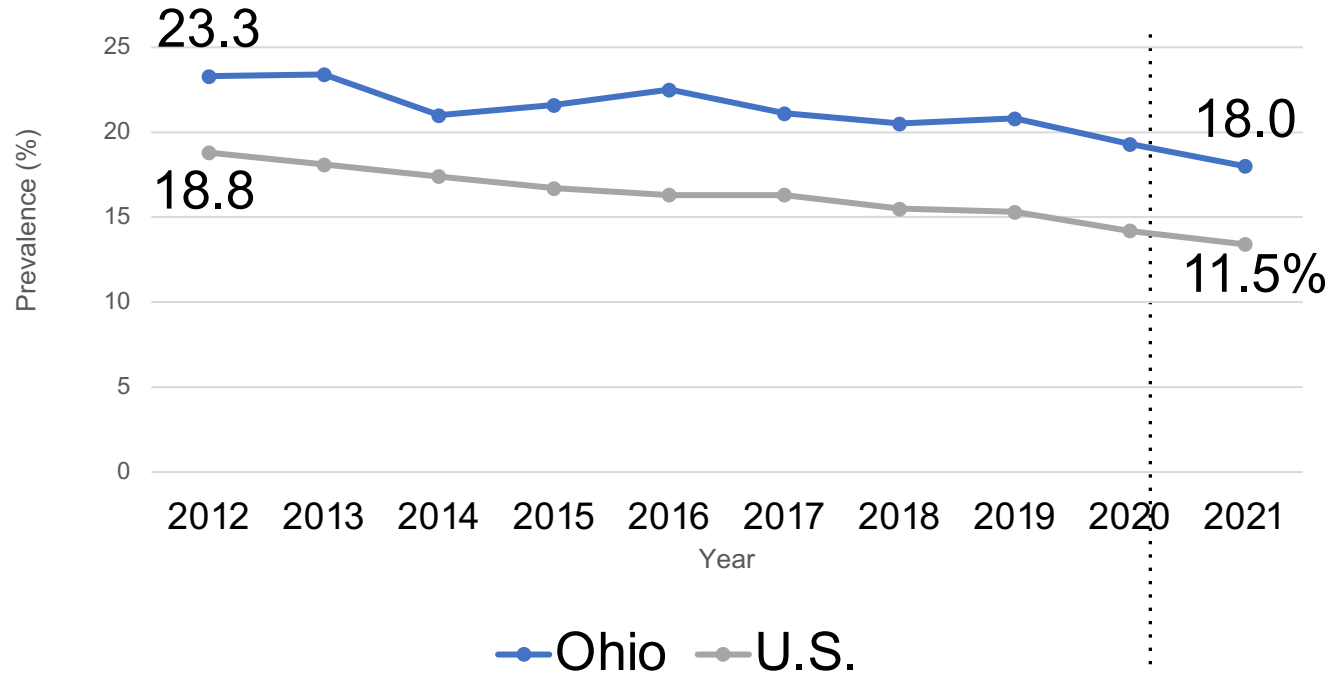
Adult Cigarette Smoking Rates in the US



- Mass media anti-smoking campaigns
- Education for children on dangers of smoking
- Restrictions on advertising
- Smoke-free policies
- Better cessation treatments & resources
- Insurance coverage of treatments
- Taxes on tobacco products

Source: Adapted from American Lung Association analysis of CDC data: NHIS 1965-2018. YRBSS 1995-2017.
<https://www.lung.org/research/trends-in-lung-disease/tobacco-trends-brief/overall-tobacco-trends>

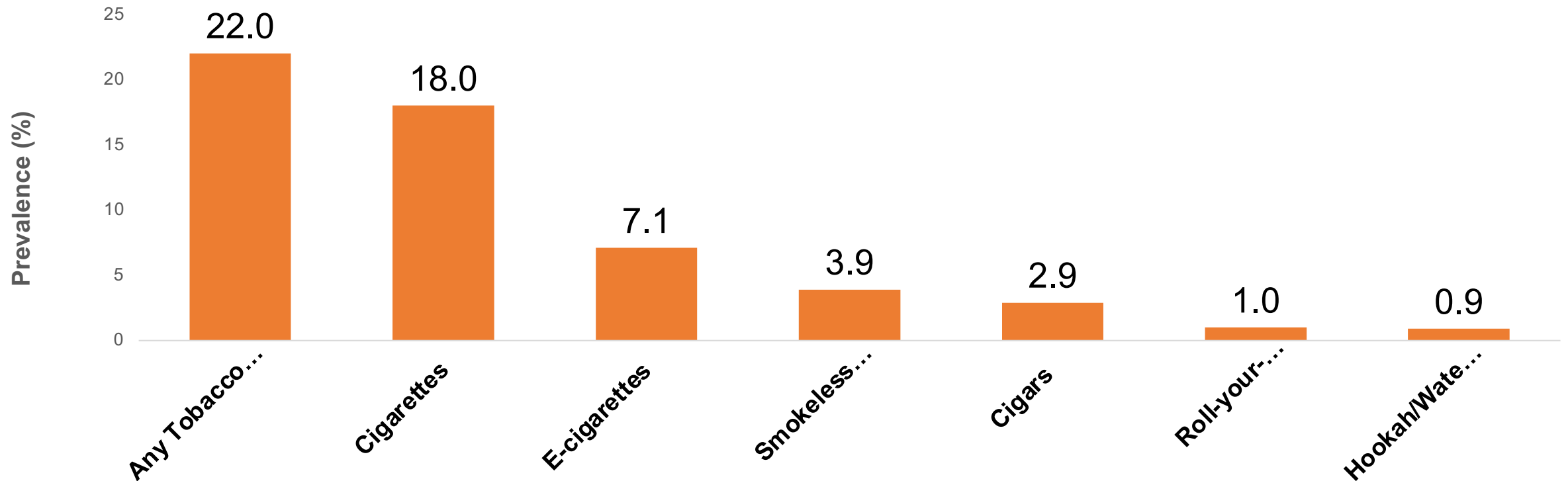
Cigarette Use Among Adults in Ohio & the US, 2012-2021



- Ohio 18.0% vs. 11.5% in the US
- Ohio has the 5th highest rate of among US states
- Bordered by WV, KY, IN, MI

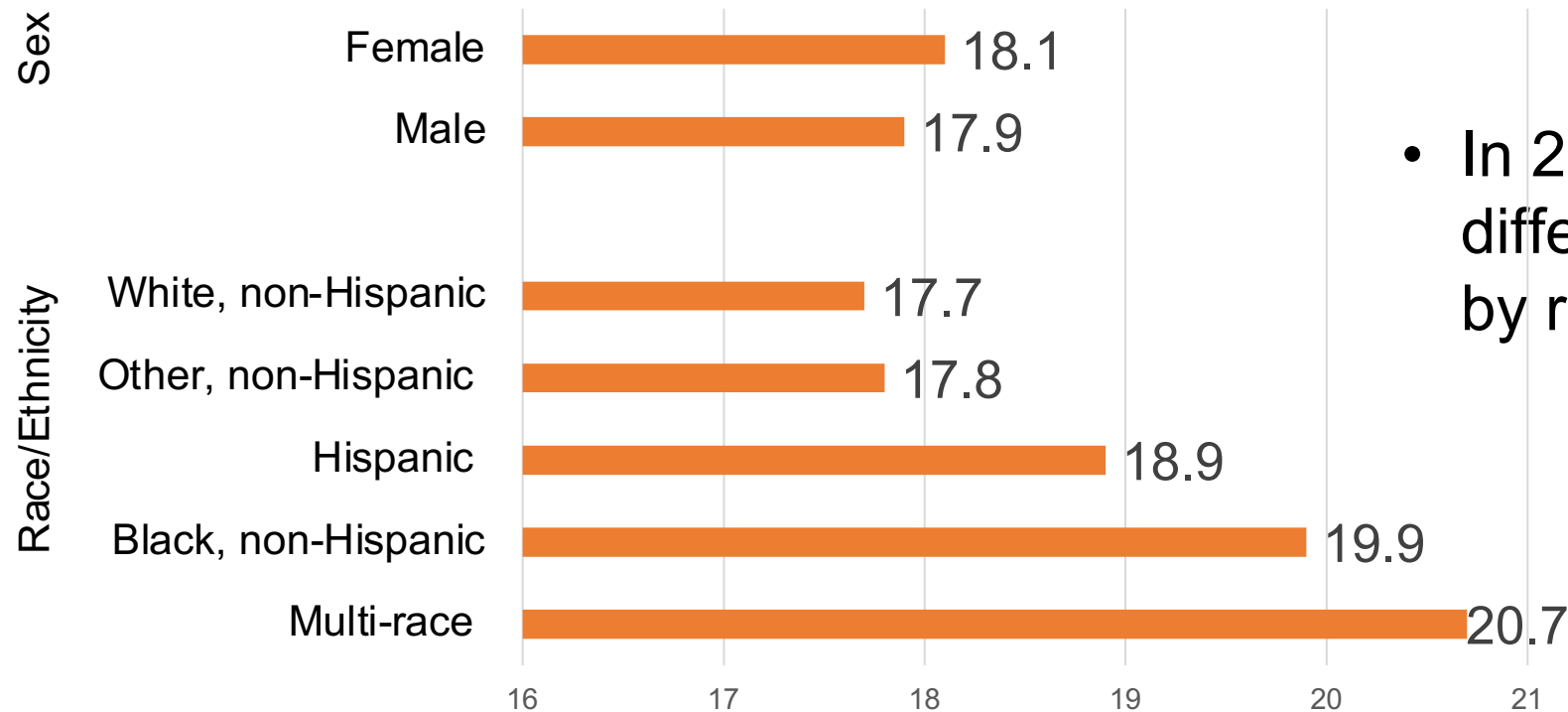
Adapted from Ohio Department of Health. Tobacco Use Among Adults in Ohio, 2021. Ohio Behavioral Risk Factor Surveillance System/ Ohio Tobacco Survey 2021. <https://odh.ohio.gov/know-our-programs/tobacco-use-prevention-and-cessation/media/ats-data-slides-2021>

Tobacco Use Prevalence by Product Type Among Adults in Ohio, 2021



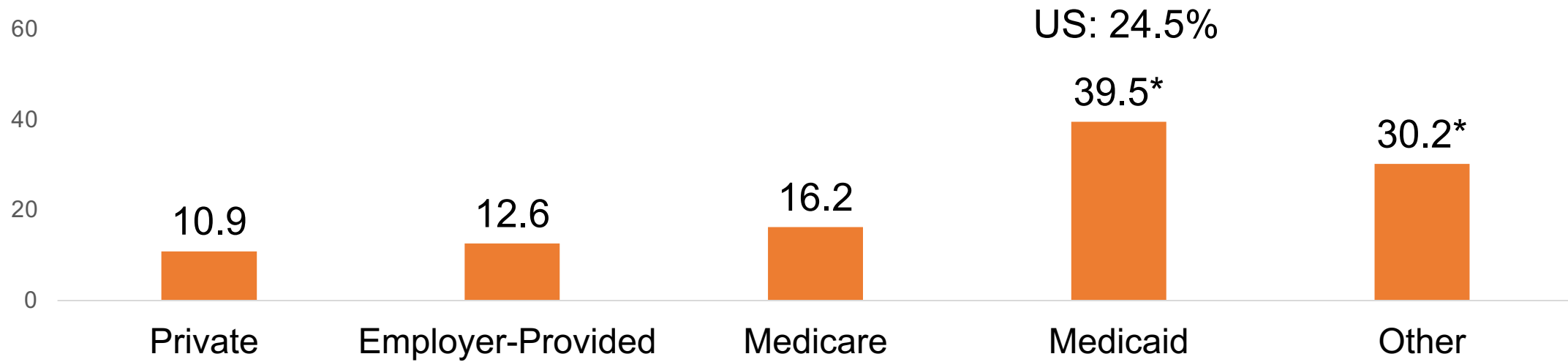
Ohio Department of Health. Tobacco Use Among Adults in Ohio, 2021. Ohio Behavioral Risk Factor Surveillance System/ Ohio Tobacco Survey 2021. <https://odh.ohio.gov/know-our-programs/tobacco-use-prevention-and-cessation/media/ats-data-slides-2021>

Current Cigarette Use Prevalence By Sex and Race/Ethnicity in Ohio, 2021



- In 2021, no significant difference was observed by race/ethnicity

Cigarette Use by Insurance Type Among Adults in Ohio, 2021

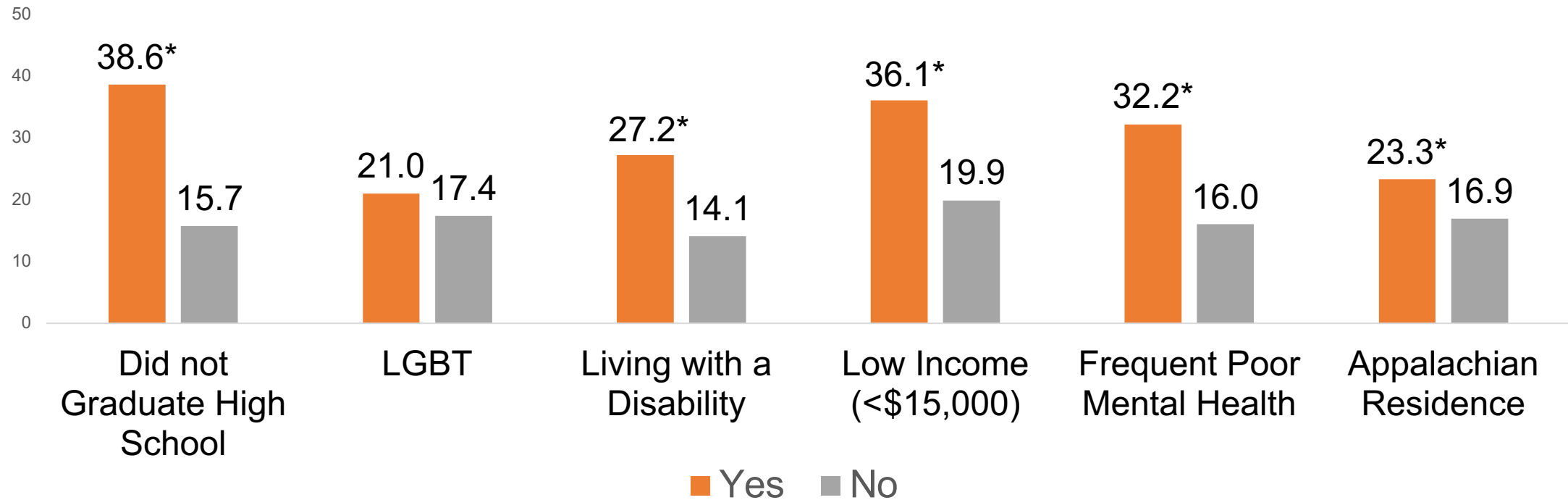


(*) Indicates statistical significance.

Note: Other insurance includes TRICARE, Indian Health Service, state-sponsored programs, and other government programs.

2021 Ohio Behavioral Risk Factor Surveillance System, Chronic Disease Epidemiology and Evaluation, Ohio Department of Health, 2022.

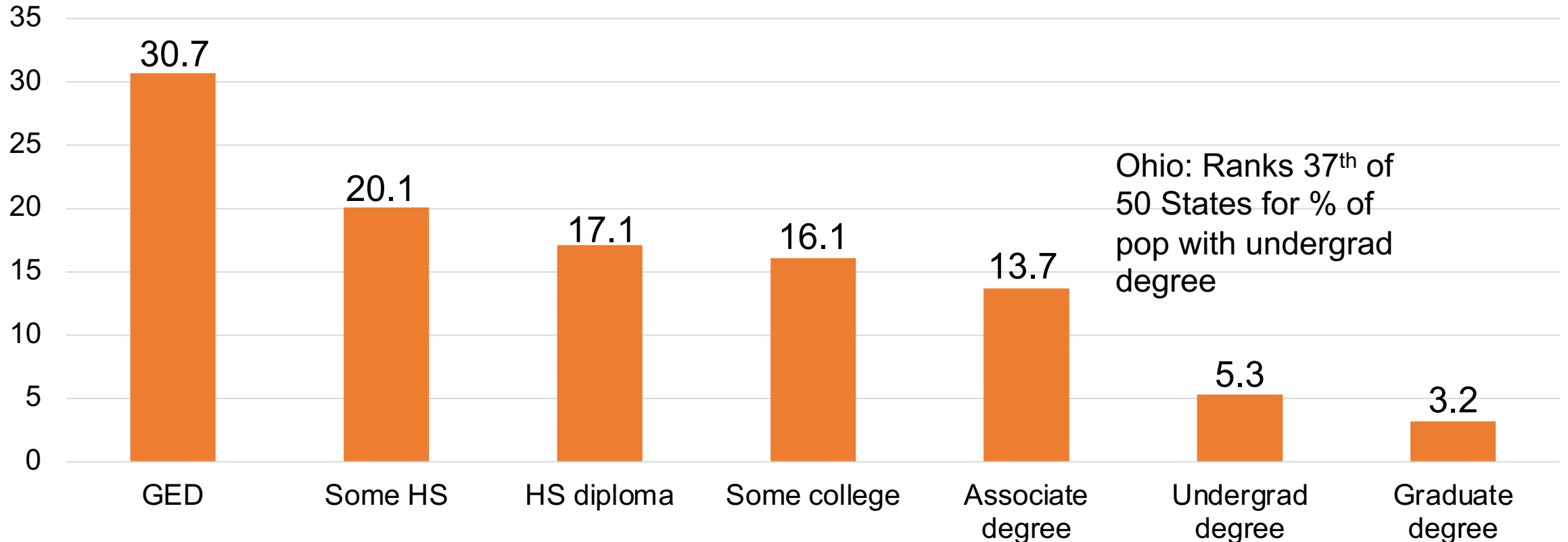
Cigarette Use-Related Disparities Among Adults in Ohio, 2021



(*) Indicates statistical significance.
LGBT: Lesbian/Gay/Bisexual/Transgender.

2021 Ohio Behavioral Risk Factor Surveillance System, Chronic Disease Epidemiology and Evaluation, Ohio Department of Health, 2022.

Adult Smoking Rates by Educational Attainment, US

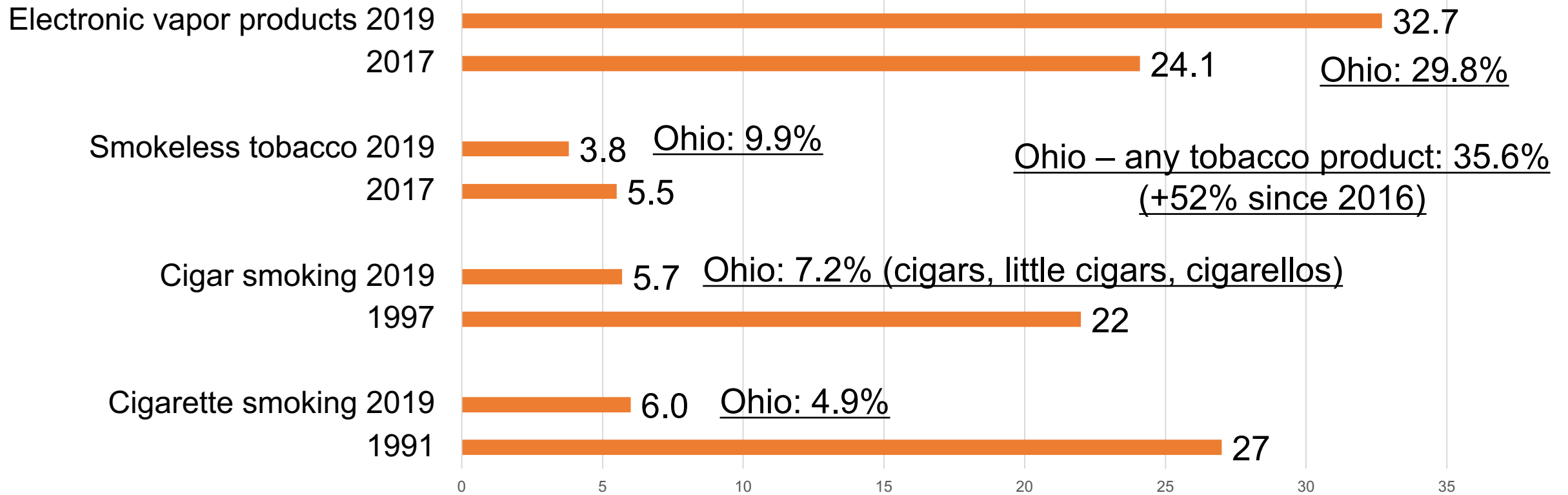


CDC. Current Cigarette Smoking Among Adults in the United States. Updated May 4, 2023.
https://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm

Tobacco Use Rates Among High School Students, US (≥ 1 day during the 30 days before the survey)



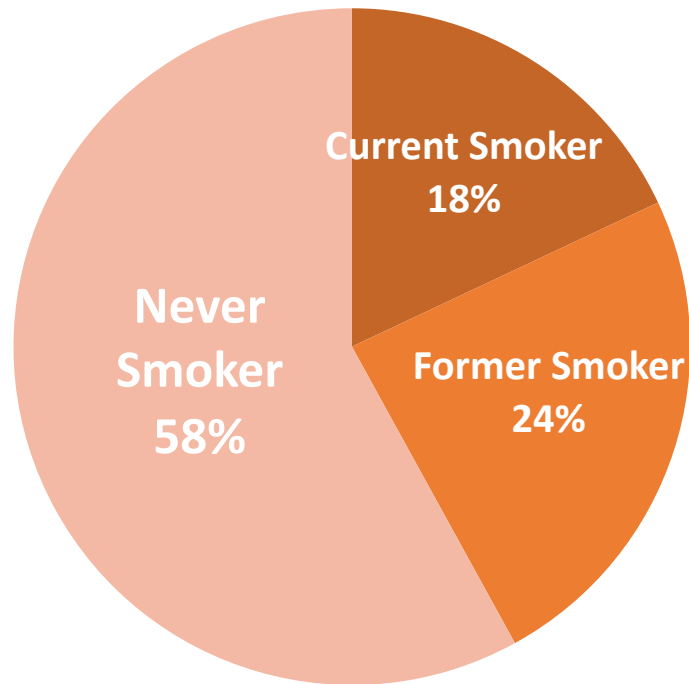
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CDC. Tobacco Product Use Among High School Students — Youth Risk Behavior Survey, United States, 2019.

Reasons for Optimism

Current Cigarette Use Status Among Adults in Ohio, 2021



Since 2002 there have been more former smokers than current smokers in the US

61.7% of adult smokers who ever smoked have quit (2018; US)

68.0% of adult smokers said they wanted to quit smoking (2015; US)

55.1% of adult smokers made a quit attempt in the past year (2018; US)

7.5% of adult smokers successfully quit smoking in the past year (2018; US)

CDC. Office on Smoking and Health. Smoking Cessation: Fast Facts.

https://www.cdc.gov/tobacco/data_statistics/fact_sheets/cessation/smoking-cessation-fast-facts/index.html. Retrieved 10/2/23.

Counseling Plus Medication are Most Effective for Cessation



- Less than one-third of adult cigarette smokers use cessation counseling or FDA-approved cessation medications when trying to quit smoking¹
- In 2015, 29.0% of adult smokers used medication, 6.8% used counseling, and 4.7% used both counseling and medication when trying to quit²

1. US Dept. of Health and Human Services. Smoking Cessation. A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2020.

2. Babb S, Malarcher A, Schauer G, Asman K, Jamal A. Quitting Smoking Among Adults—United States, 2000–2015. Morbidity and Mortality Weekly Report 2017;65(52):1457-64

E-Cigarettes for Cessation



- None are FDA-approved for tobacco cessation
- There is a high level of evidence from RCTs that electronic cigarettes containing nicotine are as effective as varenicline and cytisine and probably better than NRT for smoking cessation¹
- In a longitudinal cohort study, those who used e-cigarettes were less likely to have successfully quit cigarettes compared to those who used a pharmaceutical smoking cessation aid or no product at all (n=30,970)²
- 60% of recent former smokers who were daily e-cigarette users relapsed to cigarette smoking within 2 years²
- E-cigarettes can produce acrolein, acetaldehyde, and formaldehyde that can cause lung and heart disease per the American Lung Association; can harm the developing brain in teens

1. Lindson N, et al. Pharmacological and electronic cigarette interventions for smoking cessation in adults: component network meta-analyses. Cochrane Database of Systematic Reviews. Version published: 12 September 2023.

2. Chen R, Pierce JP, Leas EC, et al. Effectiveness of e-cigarettes as aids for smoking cessation: evidence from the PATH Study cohort, 2017–2019. Tob Control 2023;32:e145–e152.

Behavioral Methods

***Evidence for tobacco cessation is strongest for:*¹**

- Physician and nurse advice
- Telephone quit line counseling
- Tailored self-help materials
- Brief in-person counseling (<10 min) by primary care providers increases the proportion of adults who quit smoking and remain abstinent for 1 year²
- Even minimal interventions (<3 min) have been found to increase cessation rates²

1. Stead LF, et al. *Cochrane Database Syst Rev.* 2013;5:CD000165.
2. USPSTF Recommendations. *Ann Intern Med.* 2015;163:622-634. doi:10.7326/M15-2023



The 5As Model

- 1) ASK the patient about smoking status.
- 2) ADVISE to quit smoking with personalized messages.
- 3) ASSESS willingness to quit.
- 4) ASSIST with motivational interviewing, self-help materials, problem solving, and support. May involve making referrals to other treatment providers.
- 5) ARRANGE to follow up during subsequent visits.

Populations At Risk



- Members of all racial and ethnic groups
- LGBT
- Medicaid recipients
- Low educational attainment
- Low income
- Disabled
- Regularly experience severe mental distress/depression
- Pregnant women
- Youth

Cultural Humility



- An approach to genuinely attempting to understand the patient's identities related to race and ethnicity, gender, sexual orientation, disabilities, socioeconomic status, education, & social needs
- Meshes with cultural competence (knowledge of health-related beliefs, practices & cultural values)
- Assumes that there is always more to learn more about the evolving and dynamic nature of a patient's experiences

Motivational Interviewing & Cultural Humility



- MI involves learning about what is important to the individual, what they value, whatever it may be
- “Good listening crosses cultures well. Within MI, people are recognized as the experts on themselves.”¹
- 2011 meta-analysis – effect size for MI was twice as large for US minority populations (primarily African American and Hispanic) compared with the majority white population.²

1. Miller WR, Rollnick S. 2013. Motivational Interviewing: Helping People Change, Third Ed. New York: Guilford Press.

2. Lasser KE. et al. Colorectal cancer screening among ethnically diverse low-income patients: A randomized controlled trial. Archives of Internal Medicine, 2011,171(10):906-912.

MI: Scaling Importance

- Ask and Advise, then Assess readiness
- Clinician: On a scale from 0 to 10, where 0 means ‘not at all important’ and 10 means ‘the most important thing for me right now’, how important would you say it is for you to stop smoking?
(scaling importance to assess level of motivation)
- Mr. M.: Hmm. Knowing that the risks of smoking are higher than I thought, I would probably put myself at a 7. ***(change talk)***
- Clinician: (reflection statement of change talk)

MI: Scaling Importance



- Clinician: I'm curious – why you are at 7 rather than a lower number, say, at 5? (***open question to elicit change talk***)
- Mr. M.: I don't want to have a heart attack like my buddy Dave. We played softball together for years but he's disabled now. Really sad. I also need to be there for my kids as they grow up. (***change talk***)
- Clinician: (reflection statement of change talk)

MI: Scaling Importance



- Clinician: What would it take to make quitting smoking little bit of a higher priority, say to go from 7 to 8 on the 1-10 scale? (***open question, elicits next steps***)
- Mr. M.: I tried quitting with the gum a few years ago but I didn't like the taste. Maybe I could try different medicines until I find one that works for me, one that reduces cravings. Then I could put my best effort into it because I'd believe it's really possible for me to quit. (***change talk***)
- Clinician: (reflection statement of change talk)

Options

If not ready to consider quitting or make a quit attempt:

- Provide printed information about smoking risks & cessation methods
- Ask for permission to resume the discussion at a future visit
- During subsequent visits, provide brief motivational interviewing-based counseling to increase motivation and self-efficacy
 - Discuss health benefits, assess & build confidence, address concerns and barriers



Options



Referral for Treatment

- If patient is willing to consider quitting or is ready to quit, refer to the Ohio Tobacco Quit Line, Freedom from Smoking program, Smokefree.gov, or other resources
 - *Quitting tobacco is a process. Whether you are thinking about quitting, are not yet ready to quit, or have already quit, the Ohio Tobacco Quit Line can help you each step of the way.*
 - *<https://ohio.quitlogix.org/en-US/>*



Ohio Tobacco Quit Line (1-800-Quit-Now)



- **Phone + Online:** Coaching over the telephone, plus email, text, chat, web-based materials, and quit progress tracking via website; English, Spanish, & translation service
- **Phone Only:** Coaching over the phone, plus materials, quit planning, and quit progress tracking; 24/7
- **Online Only:** Materials, quit planning, and quit progress tracking via website
- **Pharmacotherapy:** First two weeks of NRT (patch, lozenge, gum) are free for those who work with a coach

- Report a 37% quit rate for those who use coaching and NRT
- 90% participant satisfaction rate
- <https://ohio.quitlogix.org/>



SmokeFree.gov

smokefree.gov



- Sponsored by the National Cancer Institute
- Texting, smartphone apps, social media
 - Planning to quit, withdrawal, cravings, stress, mood
 - Relapse prevention
 - Tailored texting, apps, & social media content for:
 - Women, teens, veterans, Spanish-speaking, over age 60
 - DipFreetxt for quitting smokeless tobacco
- NRT information for patients



Freedom from Smoking Program



- American Lung Association
www.lung.org/quit-smoking/join-freedom-from-smoking
- Self-paced apps for quitting, chat communication with counselors
- Group clinics (8 week-long facilitated small groups); may be offered by hospital systems
- Some programs have fees



Facilitating Referrals



- EHRs can be programmed for electronic referral of patients to:
 - Ohio Tobacco Quit Line (1-800-QUIT-NOW)
 - Technical guidance for EHR integration is available
 - National Cancer Institute's smokefree.gov suite of cessation resources
 - Health system-based smoking cessation programs
 - Community-based smoking cessation programs
- Optimizing workflow: Care team members can implement the referral process via EHR, online, or via fax



Additional Resources for Quitting



- Tobaccofree.org/
 - Point-of-care materials, patient-level information about how to quit, videos for schools, speakers, advocacy
- National Cancer Institute's free Smoking Quitline, 1-877-44U-Quit
- www.BecomeAnEx.org
 - For tobacco users who want to quit. Personalized quit plans, text messages, online support groups.
- Nicotine-anonymous.org
 - Group support using the Twelve Steps to achieve abstinence from nicotine. Five in-person meetings in Cleveland area, 56 Zoom support groups available.
- www.cdc.gov/tobacco/index.htm
 - Quit information, information and tools for healthcare providers
- Million Hearts
 - https://millionhearts.hhs.gov/files/Tobacco_Cessation_Change_Pkg.pdf
 - Guidance and tools for developing clinic- and system-level cessation programs
- QuitAssist.com – links to many smoking cessation resources (industry sponsored)



Recap



- Ohio has one of the highest rates of smoking in the nation
- Ohio Medicaid patients smoke at a much higher rate than the general public
- Cultural Humility and MI can facilitate smoking cessation discussions with members of diverse populations
- Refer patients to the Ohio Tobacco Quit Line, Smokefree.gov, Freedom from Smoking program, or community resources
 - Care team members can implement referrals via EHR, online, or by fax
- For patients who are not ready, request permission to resume the discussion at a future visit
 - Brief MI-based conversations over multiple visits
 - Support the patient in moving through the stages of change





Thank you!

Questions/Discussion