



Background

In late 2007, the Iowa Department of Public Health (IDPH) awarded a contract to the Iowa Primary Care Association, formerly the Iowa/Nebraska Primary Care Association and its member health centers to provide **free** tobacco cessation services to underserved Iowans. Data suggests that people with less education, a lower income, and a minority status are more likely to be tobacco users. The 14 Community Health Centers (CHCs) in Iowa see a large portion of these underserved populations; therefore, this partnership provided a unique opportunity for the state's investment in tobacco cessation to be directed where care is needed most in order for the greatest change to be realized.

Eligibility

People were eligible for this program if they met the following criteria:

- Lived in Iowa.
- Were 18 years of age or older.
- Did not receive Medicaid benefits.
- Did not receive tobacco cessation services through private insurance.
- Were of any income level.

"V.H. was a 49-year-old who smoked for over 30 years. He had participated in the program for the first time in 2008 using the inhaler and quit, but then relapsed. He tried Chantix in 2009 but was not able to quit. When he entered the program for a second time in 2010, he was smoking about a pack of cigarettes per day. He elected to use the patch and his quit date was 11/11/10. He has been smoke-free since that time."

Services Provided

Research has indicated receiving both counseling and pharmacotherapy yields the highest rates of successful cessation. Therefore, this program required patients receive both components. Enrollees in the program were eligible for 12 weeks of both of the following:

- Counseling: Individual Cessation Interventions, Group Cessation Interventions, or Referral to Quitline Iowa
- Pharmacotherapy: Bupropion, Chantix (participants can receive up to 24 weeks of counseling and Chantix in certain circumstances), Nicotine Gum, Nicotine Patch, and Other Cessation Products

One of the project's goals was to promote practice change in health care settings to incorporate tobacco use screenings at every patient visit. In the health centers, adult patients were screened 92.5% of the time, exceeding the long term screening goal of 90% set by IDPH. This practice positions the centers to comply with the Centers for Medicare and Medicaid Services (CMS) Meaningful Use measure on tobacco use assessment and counseling.

Outcomes and Results

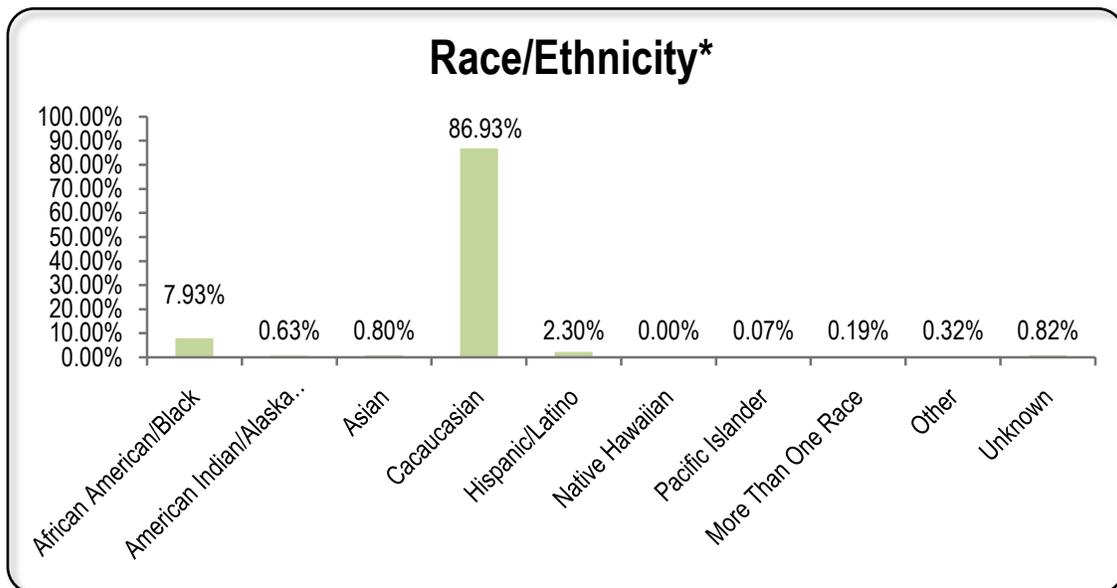
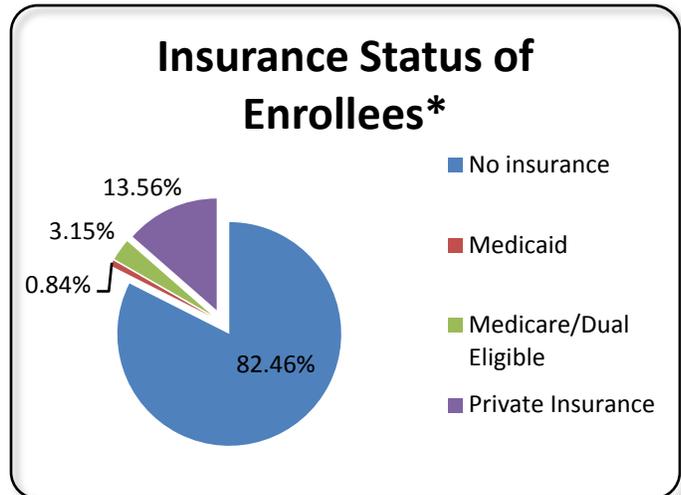
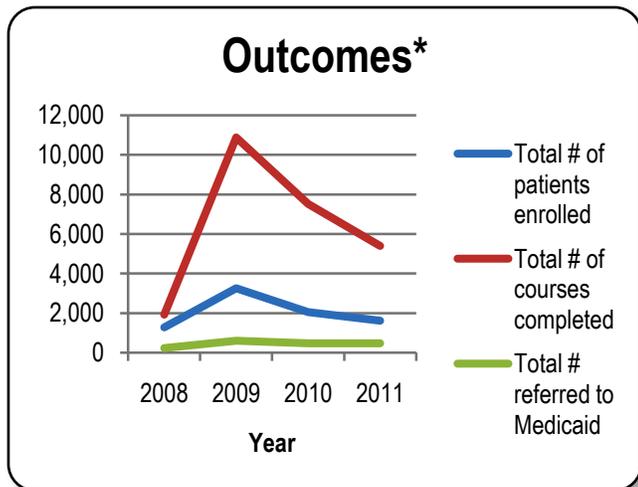
Since the program's inception (February 2008) through June 30, 2011:

- Over 8,200 patients enrolled in the program
- Nearly 26,000 two-week courses (counseling + medication) were provided
- 82% of the patients enrolled in the program were uninsured
- Quit rates for participants in program were higher than similar programs nationwide
- Program evaluation was conducted by the University of Northern Iowa

"I counseled a couple with two small children. They had been on Chantix for over two months and were successful. The father (aged 47) stated that he needed to quit for his two young daughters—he wanted to be around to see them grow up. The couple felt their success was due to Chantix but also because they were able to quit together. Their girls mentioned several times they no longer 'stink like cigarettes anymore!'"

Participating Health Centers

- The Tobacco Cessation Program was available at approximately 30 clinic sites
- For a complete list, please visit our website at <http://www.iowapca.org>



*2008 was only a 5 month program year. No data on insurance status was collected at this time.

“L.A., a 52-year-old, 40-year smoker suffered from severe hoarseness when she entered the program. She used Chantix and quit. Her hoarseness was evaluated at the University of Iowa and attributed to her heavy smoking. It amazed me to hear the difference and improvement in her voice as the time she was tobacco free increased. As a single mother and the sole supporter of her teenage son, affording the program on her own was not possible. She thanked the state every time she came in for the program as she would not have been successful without this program.”

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