Expanding Brief Cessation Counselling to Professional Health Influencers

The Program Training and Consultation Centre conducts applied research in partnership with the Propel Centre for Population Health Impact at the University of Waterloo.

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Program Training and Consultation Centre

The Program Training and Consultation Centre (PTCC), founded in 1993, is a resource centre of the Government of Ontario's Smoke-Free Ontario Strategy (SFO). PTCC acts as a knowledge broker between local public health departments, the research community, and government. Its strategic priorities are to:

- Build the capacity of Ontario's 36 public health departments to plan and implement evidence-based tobacco control programs
- Support moving evidence into action
- Strengthen program development and applied research efforts
- Build system capacity to support the Smoke-free Ontario Strategy renewal

Funded through Public Health Ontario, PTCC is a partnership between Cancer Care Ontario and the Propel Centre for Population Health Impact at the University of Waterloo. Propel supports PTCC's priorities through translating research evidence for practitioners, documenting practice-based knowledge and experiences, and conducting applied intervention research.

Propel Centre for Population Health Impact

Propel is a collaborative enterprise that conducts research, evaluation and knowledge exchange to move evidence into action, accelerating improvements in the health of populations in Canada and around the world.

Current smokers in Canada represent 18.1% of our population, and 17.4% of Ontarians.[1] Although six in ten (61%) Ontarians want to quit within the next six months, an estimated 1.7% of smokers successfully quit each year.[2] Research shows that successful smoking cessation requires an average of 30 quit attempts.[3] Given this finding, supports are often required to assist smokers through their quit journey and make quit attempts.[4-6] Increasing the number of smokers who successfully quit requires reaching smokers and motivating them to quit, informing them where to go for support, and providing them with supports to quit. To address this, the Ontario government recently announced its Ontario Smoking Cessation Action Plan.[7] The plan aims to ensure that all tobacco users in Ontario have easy access to a coordinated system of supportive, effective, efficient cessation services that meets the needs of all tobacco users and reduces smoking rates in the province.[8] To develop this system, a diversity of health professionals will need to screen their patients and/or clients for tobacco use as part of their daily practice, and provide them with access to quit supports. This system will create a no-wrong door approach where clients can access quit smoking support from any health professional they see.[6]

Brief cessation counselling (BCC)[A] is a type of cessation support that could be provided by any health professional. BCC can take many forms such as: The 5A's (Ask, Advise, Assess, Assist and Arrange),[9,10] The ABC's ('ask about smoking', provide 'brief advice to quit', and offer 'cessation treatment'),[9,11] and Motivational Interviewing.[4,10] The goal of BCC is to empower health care providers with clear simple communication tools to identify clients who smoke[B], and engage them in a short, client-centred dialogue about smoking cessation, lasting approximately

[A] BCC may also be known by other names, such as Minimal Contact Intervention, Minimal Contact Tobacco Intervention as used by Lung Cancer Canada, or Minimal Smoking Cessation Intervention as used by Tobacco Free RNAO.

[B] The term client(s) is used throughout the paper to refer to anyone seen by a PHI, including patients. It is recognized that many PHIs use the term patient, however for the purpose of this backgrounder the term client was found to be more inclusive.

three to ten minutes.[4,10] This dialogue is meant to be non-judgemental and support client self-efficacy to quit, while reminding them about cessation resources and supports that are available.[4,10] Evidence suggests that a variety of health professionals can use BCC, and use of BCC increases quit rates.[12,13]

Research has primarily examined the role of physicians and nurses in delivering cessation interventions.[13,14] However, there are other professions beyond conventional primary care workers who provide regulated health-related services directly to clients, and who could deliver BCC as part of their care practice. For the purpose of this paper, we are using the term professional health influencers (PHIs) as a term to encompass these professions, which can include, but is not limited to, midwives, optometrists, dietitians, chiropractors, and social workers. Their health training may include training in general health knowledge, health specific topics (e.g., maternity, eye care) and / or issues pertaining to the social determinants of health (e.g., social workers). Regardless of their training, PHIs work in fields related to health and as such most have a professional commitment to promoting and improving people's health.[15,16] Since smoking causes or contributes to many of the specific health issues that PHIs address, their involvement in cessation can help increase quit attempts and quitting, and in turn help to improve health-related problems and promote a smoke-free Ontario.[9,15,16]

This backgrounder sought to understand how the use of BCC can expand to PHIs, and highlight areas to support PHIs in addressing smoking cessation as part of their practice. In addition, this backgrounder examines the experiences of three specific PHIs (i.e., midwives, optometrists, and social workers) from which findings may be informative for other PHIs.

Articles reviewed were selected primarily from PubMed, and supplemented with searches using Google and Google Scholar. Within PubMed, the search was limited to the last five years and

included studies from Canada, Australia, the United States, and the United Kingdom. Nineteen professional designations relating to health were considered, such as chiropractors, massage therapists, midwives, nutritionists, occupational therapists, optometrists, and social workers. The search strategy combined these professional designations with: “BCC”, variations of the term (e.g., minimal contact intervention), smoking cessation, and smoking cessation counseling. Reference lists of selected articles were also examined, and relevant articles were retrieved and reviewed. As a result, some articles in this in paper are published prior to 2010 and are from other countries. In addition, grey literature was collected and examined to understand the role of cessation and BCC in organizations that could provide cessation services. Results from the review are presented below, beginning with overall findings about PHI attitudes towards addressing cessation as part of their work, and the types of supports they need to deliver cessation services to their clients. More in-depth information on midwives, optometrists, and social workers follows. These professions were focused on due to a combination of the volume of literature on BCC and perceived population reach.

Results

Attitudes and Needs of PHIs to Address Cessation

Research shows that PHIs commonly made assumptions that deterred them from initiating discussions with their clients about smoking and quitting. PHIs often assumed that their clients were bombarded with pressures to quit, that clients would ask for help when they were ready to quit, and that they already knew where to go for support and resources.[17,18] They were also concerned about damaging their professional relationship with clients.[17-20] However, evidence highlights that many clients want to stop smoking, and value the time taken by PHIs to talk with

them about cessation;[18,21,22] reinforcing how every opportunity should be taken to engage clients in conversations about their smoking.

Other concerns identified with respect to addressing smoking cessation with their clients included a lack of training in their profession regarding addressing smoking cessation with their clients, a lack of knowledge in smoking cessation counselling and how to incorporate smoking education and cessation support into their practice, and insufficient knowledge of smoking cessation services in order to direct their clients who wish to quit smoking.[9,15,17-20,22,23]

Gaining access to materials and local resources to provide to their clients are common requests by PHIs.[15,17,20] Research indicates that PHIs could benefit from more detailed resources, such as fact sheets, posters for offices, an inventory of available resources to help direct clients to appropriate cessation supports, and resources linking the effects of smoking to their particular health area, such as eye health.[9,17,20] PHIs could use this information to relate the impacts of smoking to the reasons for their client's visit, and guide discussions on smoking beyond it simply being 'bad' for the client.[18]

PHIs also found mass media communication targeted to smokers helpful because it complements and reinforces the cessation messages, and increases public awareness of the risks that smoking poses to different health issues.[17] The literature also recommends legitimizing PHI's involvement with delivering smoking cessation interventions through mass media campaigns that raise public awareness of the risks that smoking poses to different health issues[12,17] as well as by creating clear professional guidelines and embedding training into their curriculum.[18]

Addressing the attitudes and concerns of PHIs is important. Evidence suggests that addressing smoking cessation can create a ripple effect that positively impacts additional health outcomes, such as minimizing risk factors for health-related diseases (e.g., ocular diseases),[24] and reducing relapse in substance abuse.[25]

Role of BCC in Midwifery, Optometry, and Social Work Professions

In addition to the above generalized results for PHIs, three PHI professions were selected to provide expanded information pertaining to their reach, and feasibility of providing BCC in their practices. These professions included midwifery, optometry, and social work. They were selected based on the volume of literature found via searches, perceived population reach, and relevancy to the Ontario population and health practitioners. Based on email communications with a professional college or association of these professions, it is estimated that there are approximately 724 midwives (K. Dobbin, personal communication, August 23, 2016), 2,254 optometrists (S. Kadarally, personal communication, August 24, 2016) and 17,000 social workers practicing in Ontario (J. MacKenzie Davis, personal communication, September 6, 2016).

BCC and Midwives

In Ontario, the percentage of pregnant women smoking at the time of delivery in 2015 was 8.3%[26]. As fewer pregnant smokers attend prenatal classes than non-smokers, other mechanisms need to be identified to reach and promote smoking cessation with this population (K Dobbin, personal communication, August 23, 2016). Provincially, many pregnant smokers opt for midwifery services. The use of midwifery services in Ontario has increased 38% in three years, from 13,494 clients in 2012 to 21,696 in 2015; during 2015, midwives attended 14% (75,538 out of 521,472) of women during their pregnancies and after birth[26]. In 2015, 7.9% (830

out of the total 10 466) of pregnant smokers were clients of midwives[26]. An average of five percent of a midwife's clients are smokers at the first prenatal visit, with some Local Health Integration Networks (LHINs) reporting as high as 15% in their specific regions[27]. Due to the regionally specific smoking information available, it is possible to target regions with higher pregnancy smoking rates and train midwives to deliver BCC.

In an Australian study midwives and other clinic staff were trained in the 5 A's brief intervention model and a steering committee with executive representation assisted implementing the model into daily practice. At the 12-month follow-up, 89% of staff agreed the intervention incorporated well into their work. In addition, 43% of pregnant women reported the intervention motivated them to make quit attempts, and 13% of these women had quit smoking at 6 month follow-up.[28]

Midwives are well positioned to deliver BCC in their practice. Midwives have a professional relationship with their client that spans approximately 12 months (per full-term pregnancy and postnatal care). This includes at least one appointment per month, gradually increasing to one per week towards the expected due date, creating the basis for a close and unique relationship. Women trust and depend on their midwives during pregnancy more than any other health professional, and likewise, view them as advocates for their wellbeing.[18] As such, clients are more likely to listen to their midwife's advice.[18] To the authors' knowledge, there is no formal or standardized training provided to Ontario midwives on smoking cessation or BCC. However, through membership, midwives and others can access the Canadian Action Network for the Advancement, Dissemination and Adoption of Practice-informed Tobacco Treatment (CAN-ADAPTT). CAN-ADAPTT is an online network that allow members to provide input into smoking cessation guidelines for clinical practice, share resources, and discuss best practices as an additional resource for providing smoking cessation services.[29]

Given the above findings, ensuring that midwives have training on BCC and encouraging them to provide BCC as part of their practice should be strongly considered.[31]

BCC and Optometrists

Approximately four million people access optometrist services.[31] As there is a strong connection between smoking and eye diseases, a natural opportunity arises for BCC in an optometrist's practice.[11,20] Since some people, especially youth, fear losing vision or becoming blind more than they fear developing other cigarette-related diseases like cancers,[32] more tailored resources and media attention is warranted in connecting smoking impacts with health issues of popular concern, such as blindness.[20] A survey of 755 Canadian optometrists, found that over 95% of optometrists have never had training on smoking cessation, yet 90% were open to learning more about how smoking relates to eye and vision health.[9] The vast majority of optometrists surveyed were supportive of cessation,[9] and acknowledged interest in BCC training and resources in order to engage in cessation conversations with their smoking clients.[9,20] Thus, an opportunity exists to provide education and training to this group.

BCC and Social workers

In Ontario, registered social workers number around 17,000, (J MacKenzie Davis, personal communication, September 6, 2016) however their collective client reach is unknown.[C] A key role of social workers is to assess, diagnose, provide or connect people with treatment, and evaluate these efforts.[33] Although the frequency with which they may see a client (once or many times) varies, social workers typically have large caseloads with extensive reach throughout

[C] The number of clients reached via social workers is challenging to estimate because social workers take on a variety of roles and job titles, some of which do not require the social workers to be registered under a professional regulatory body. In addition, social workers work within organizations that are accountable to different types of funding organizations, which makes tracking all these professionals difficult.[31]

Ontario. In light of the diversity of their roles, they are found in a variety of locations, such as clinics, schools, and in the community and as such serve many different types of clients. As a whole, social workers are well trained in counselling, and often connect their clients with health resources while attempting to address issues pertaining to social determinants of health, such as access to housing.[21,34] In addition, their clientele includes a large portion of people from low socioeconomic conditions, and a high proportion of smokers.[35,36] who would benefit from smoking cessation supports.[36]

Although social workers appear to be an ideal choice to deliver BCC, one study found that very few social workers felt that this was part of their role.[22] Thus, engaging social workers to address smoking cessation would require a multi-level intervention, starting with educating them on the value of smoking cessation as well as BCC, both for their clients and themselves.

Summary and Implications

Within Ontario, PHIs have different skills that can be leveraged and built upon to improve the outreach of smoking cessation and encourage quit attempts. The literature suggests that it is feasible for midwives, optometrists, and social workers to provide quality BCC and promote quit attempts.

Evidence suggests that PHIs perceive similar challenges in supporting smoking cessation, and that BCC can complement the services they provide to their clients. Educating PHIs about the benefits of BCC, and assisting them to see smoking cessation as an important aspect of their work will be important to building their buy-in to address cessation as part of their work. It is important for PHIs to understand that their cessation interventions are often expected, depended upon, and needed to assist their clients in moving towards smoking cessation.[19,20]

PHIs need to be equipped with the knowledge and confidence to deliver BCC to clients. Developing and providing resources for both the PHIs and their clients would assist in addressing the lack of knowledge reported by many PHIs.[9,17-20,30] Increasing PHIs' confidence through BCC education and training, providing them with additional cessation resources, and equipping them with the knowledge of where to direct clients who wish to quit smoking can lead to more attempts at BCC, and discussions with their clients about smoking cessation.[17-20]

Future opportunities for research and practice

As there is limited research on PHIs in Ontario, additional research is needed to understand how many of their clients are seen by different PHIs and how many of them smoke. This information can better inform decisions about which professions should be initially trained in BCC. As well, other groups, such as non-medical interventionists, could be considered to deliver BCC. While non-medical interventions are referred to in different ways in the literature, they are most commonly called "lay health influencers" or "lay health advisors". These non-medical interventionists are health motivated, and often self-selected, providing health information and behavior advice,[14] and are increasingly being recognized for their ability to reach various communities.[14] The potential and feasibility of other types of health professionals to deliver BCC to their clients, such as but not limited to professionals delivering complementary and alternative medicine such as Acupuncturists[37] are also being explored as complementary avenues for BCC.[38] Overall, providing more BCC training and support to PHIs is important to increasing the number of smokers reached and provided with supports to quit within Ontario.

Mass media campaigns can play a strong complementary and reinforcing role in promoting cessation[12, 17] In addition to increasing public awareness about the importance of making quit

attempts, these campaigns may also help to validate the importance of PHIs engaging in this work. Training, education, and developing local mass media campaigns are important areas where local public health units might be involved to build capacity towards the realization of a no-wrong door approach.[4,17]

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