

POSTER ABSTRACTS

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Integrated Tailoring and Nonprofessional Counseling for Smoking Reduction—Development and Pilot Results of an Innovative Intervention

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Background: The smoking cessation standard of care includes nicotine replacement therapy (NRT), an antidepressant proven for smoking cessation (such as bupropion), and behavioral counseling, often delivered on telephone "Quitlines." However, millions of smokers remain unable or unready to quit. Renewed interest in reaching and assisting these smokers focuses on "harm reduction" approaches, varying from changes in smoking topography to substitution of smokeless tobacco products, to reduction in the number of cigarettes smoked. No care standards exist for these approaches.

We have developed and are evaluating an innovative intervention, for smokers who are not ready to quit, to reduce cigarette consumption by two-thirds or more. The innovations include 1) progressive, integrated tailoring of print materials and telephone counseling, and 2) a computer program that enables nonprofessional telephone interviewers to provide cessation counseling and collect data for re-tailoring. We will describe the intervention and report its acceptance among a pilot cohort of surgical and screening outpatients in Kaiser Permanente of Colorado (KPCO).

Methods:

- Participants: Patients scheduled for outpatient surgery or colorectal screening, with recorded history of smoking, currently smoking >9 cigarettes per day, consenting to participate, and randomized to intervention condition (n=27).
- Intervention: Three tailored newsletters and three telephone counseling sessions, tailored to latest participant behaviors ("progressive" tailoring); two targeted newsletters.
- Currently reported outcomes: Participant perceptions of tailoring, counseling intensity, counseling quality, biochemically verified smoking reduction.

Results:

- We will describe the computer-assisted counseling system and progressive tailoring.
- Counseling quality: 100% agreement with positive side of seven counseling-quality dichotomies ("friendly", "helpful", "understanding", "credible", "knowledgeable", "good listener", "supportive.")
- Number of counseling calls (1="too many", 5 = "too few"): mean = 3.2, range = 3–5
- Tailoring: "How personalized were newsletters?" (1="not", 5="very"): mean = 3.9, range = 3–5.

Conclusions: Progressive, integrated tailoring of print and counseling calls, and computer-assisted nonprofessional counseling, appear to be well accepted by outpatients who smoke and are unready or unwilling to quit but who want to reduce their smoking. An ongoing controlled trial will evaluate the intervention's efficacy for smoking reduction, cost, and relationship to eventual cessation.