Culturally Competent Connections to Cessation Services

Native American Community Clinic
Comunidades Latinas Unidas En Servicio
Introduction

Tobacco Use among People of Low Socioeconomic Status

Despite reduction in overall smoking rates, additional work is needed to engage populations disproportionately impacted by commercial tobacco use. Individuals of low socioeconomic status (SES) are a priority population that experiences tobacco-related disparities. In the US, adults with lower educational attainment and those who live below the poverty line tend to smoke at a greater rate than the general population. In Minnesota, 41.2% of current smokers are adults who have a household income of $35,000 or less. Partnering with organizations that have established relationships with individuals in priority populations is an important strategy to reach communities and promote equity.

Culturally competent organizations serving low-SES clients from priority populations with high tobacco use prevalence can be key partners in addressing commercial tobacco disparities. Native Americans have the highest rate of cigarette smoking of any racial or ethnic group nationally. In Minnesota, 59% of Native American adults report being current cigarette smokers, compared to an overall prevalence of 14.4%. Additionally, 24.2% of Hispanics in Minnesota report using tobacco, a higher proportion of tobacco use than is found for Hispanics in the US generally (20.9%).

ClearWay MinnesotaSM Community Engagement Grant Initiative

ClearWay Minnesota created a community-based granting initiative to address the issue of disproportionate rates of smoking in low-SES adults. The primary goal was to connect adult, low-SES smokers to existing commercial tobacco cessation services, such as ClearWay Minnesota’s QUITPLAN® Services* or established community cessation programs. A secondary goal was to build the grantee organizations’ capacity to continue to connect clients to tobacco cessation services after the end of grant funding.

ClearWay Minnesota recognizes and honors the sacred and ceremonial tobacco traditions of Native Americans/American Indians in Minnesota. Unless otherwise specified, for the remainder of this document, the use of the word tobacco refers specifically to the use of commercial tobacco products, such as cigarettes, and not to the sacred and traditional use of tobacco by Native Americans/American Indians and other groups.

Native American Community Clinic (NACC) and Comunidades Latinas Unidas en Servicio (CLUES), which provide health and social services to Native American and Latino communities, respectively, received two one-year grants from ClearWay Minnesota in 2015 and 2016.

Methods

Professional Data Analysts, Inc. (PDA) was hired by ClearWay Minnesota to conduct an independent evaluation of the first year of its Community Engagement Grants. Data sources include individual and group interviews conducted by PDA and grantee reports submitted to ClearWay Minnesota.

* www.quitplan.com
Native American Community Clinic

Organization Overview

The Native American Community Clinic (NACC)* is a Federally Qualified Health Center (FQHC) located in Minneapolis, MN that provides culturally-sensitive medical, dental, and counseling services to Native Americans in the Twin Cities metro area. In addition, NACC offers community programs such as diabetes support and prevention programs, cancer screenings, and mammogram events.

NACC serves approximately 4,500 individuals each year, 80% of whom are Native American. NACC works with low-SES residents by providing direct patient care and outreach activities, and 82% of their patient population is below 200% of the federal poverty level.

NACC’s Mission

• Promote health and wellness of body, mind, and spirit in Native American families

• Decrease health disparities of Native Americans in the metropolitan area

• Provide quality care regardless of ability to pay

Grant Strategies

Through the Community Engagement Grant, NACC connected Native American community members with existing tobacco cessation services by building organizational capacity to refer patients to internal and external resources and conducting outreach in the local community. The grant supported 85% of a tobacco-focused Community Health Worker (CHW) position, and this person led NACC’s grant efforts.

* www.nacc-healthcare.org
NACC Accomplishments

Trained staff. The NACC CHW completed training and certification in Motivational Interviewing and developed a curriculum for training clinic staff. He conducted two trainings for direct patient care staff on Motivational Interviewing (10 attendees each) and one for all 40 NACC staff on available tobacco cessation resources. Two NACC staff (CHW and a Medical Assistant) also completed Tobacco Treatment Specialist (TTS) training.

Improved referral processes. NACC improved their referral and follow-up processes in the electronic health record (EHR). Providers and staff can now electronically refer patients to the NACC CHW, QUITPLAN Services, and/or Mashkiki Waakaigan Pharmacy* for cessation services. NACC also updated their clinical workflow so that a provider can call the CHW into an appointment to meet with the patient immediately or schedule a follow-up appointment specific to tobacco. In one year, NACC made 116 referrals to cessation services, an increase from the previous year.

Increased efficiency. The CHW streamlined the referral process to Mashkiki Waakaigan Pharmacy so that patients only needed to complete one intake form rather than two forms to receive cessation services.

Developed patient materials. The CHW developed intake folders with culturally-sensitive tobacco cessation resources for patients that were interested in quitting commercial tobacco.

Expanded awareness. The theme for NACC’s annual open house was “Keeping Tobacco Sacred”, and staff facilitated discussions and activities with community members around traditional tobacco as a sacred medicine.

Attended community events. NACC’s CHW attended 23 community events and conducted educational outreach with Native American community members. At these events, he talked with people about quitting commercial tobacco, referred them to cessation services, handed out sage bundles (as a sacred medicine to replace commercial tobacco), and distributed commercial tobacco cessation resources. Events included health and resource fairs, pow-wows, wellness events, and general community gatherings.

Distributed materials. Approximately once a month, the CHW canvassed the American Indian Cultural Corridor, which is a street in Minneapolis with a high concentration of Native American retail and service establishments. He passed out over 300 flyers and materials related to tobacco cessation.

Connected with community leaders. The CHW set up small group meetings with Native American community leaders to discuss the importance of tobacco cessation in their community. He used these meetings to make connections, distribute materials, and provide education on the services available to the Native community. In addition, the CHW made presentations on tobacco cessation to several local organizations. NACC reached approximately 74 leaders at 14 organizations through presentations and conversations.

Created partnerships. NACC developed partnerships with multiple organizations that supplemented their grant work. First, NACC collaborated with the American Indian Cancer Foundation on their iQuits project, which helped NACC to educate their clinic staff on cessation and improve workflows. Second, Indigenous People’s Task Force provided NACC with information about traditional tobacco, which the CHW incorporated into his work with patients and community members. NACC’s partnership with Mashkiki Waakaigan Pharmacy resulted in increased efficiencies for referrals to cessation services.

* Mashkiki Waakaigan Pharmacy is in Minneapolis and serves Native Americans by providing culturally appropriate pharmacy services, including cessation services.

“...the majority of information spread through the community is via word-of-mouth. As such, just having a physical presence at these events has been very beneficial.” – NACC
Comunidades Latinas Unidas En Servicio

Organization Overview

Comunidades Latinas Unidas En Servicio (CLUES)* is a 501(c)(3) non-profit organization whose mission is to advance the capacity of Latino/a families to be healthy, prosperous, and engaged in their communities. CLUES’s suite of social services is designed to empower Latinos/as and immigrants by meeting them where they are. The organization’s programs fall into four primary categories: health and family well-being, economic vitality, educational achievement, and cultural and civic engagement. As the largest provider of social services for the Minnesota Latino/a community, CLUES directly serves over 10,000 clients annually, 90% of whom live at or below 100% of the federal poverty level.

Grant Strategies

CLUES has offered health-related programs and services since 2006, and much of this work grew out of tobacco education and prevention efforts. Given their history and the high tobacco use rates in the Latino/a community, the Community Engagement Grant opportunity directly aligned with CLUES’s mission. Under the larger goals of reducing tobacco use prevalence and encouraging successful quits among their community members, CLUES focused their grant-funded efforts on connecting individuals to cessation services and implementing organizational changes that would support ongoing tobacco work. With a CHW on staff to lead implementation, CLUES utilized both community outreach and internal capacity building as key strategies under the grant.
CLUES Accomplishments

Conducted CHW home visits. CLUES CHWs conducted 193 home visits with Latino/a families. A large part of the tobacco CHW’s role was to conduct these home visits, during which she asked family members about tobacco use, educated them about the dangers of firsthand and secondhand smoke, and referred them to cessation services. Home visits provided a comfortable environment for CHWs to support clients in linking to cessation services. CLUES clients often faced challenges when calling the quitline on their own, including lack of motivation to follow through with enrollment or cultural barriers with phone coaches. Through in-person home visits, the CHW assisted clients in overcoming these challenges to successfully enroll in QUITPLAN Services. CLUES worked collaboratively with ClearWay Minnesota to address QUITPLAN Services-specific issues. CLUES staff enrolled approximately a dozen community members in QUITPLAN Services and noted several other clients who did not enroll during a home visit, but who subsequently registered on their own. CLUES staff viewed these interactions as a success. They felt that even if the impact was not immediately apparent, the CHW’s home visits helped direct clients toward a quit attempt.

Developed a central referral and resource list. The Community Engagement Grant allowed CLUES to focus on integrating tobacco cessation services more intentionally throughout their organization. One accomplishment in this area was the development of a central list of cessation services and resources to which staff can refer clients interested in quitting. The list is housed on CLUES’s shared organizational database. Staff from all programs can access the referral list and connect their clients with a CHW home visit. CLUES’s community health staff worked to communicate the benefits of using these tools across departments.

Participated in community events. CLUES staff conducted outreach by hosting an educational table at 30-40 community events. At their table, the tobacco CHW educated event attendees on the harmful effects of tobacco and promoted QUITPLAN Services. If the CHW observed the need for intentional follow-up, she requested attendees’ contact information to follow up with them after the event to encourage enrollment in cessation services. One particularly unique and engaging aspect of their outreach strategy was a pair of interactive plastic smokers’ lungs, which simulated the damage tobacco can have on the respiratory system. The lungs resonated especially well with young people in the community who, motivated by concern for the older smokers in their families, would then engage these adults at the CLUES table.
Facilitators

A number of key facilitators to successfully linking clients to cessation services and building organizational capacity emerged in the Community Engagement Grant evaluation.

Cultural responsiveness. Utilizing a culturally-tailored approach was essential for the grantee organizations in reaching their community members. NACC emphasized the importance of traditional tobacco in Native American culture, and focused on educating community members on the differences between commercial and sacred tobacco. They provided sage and sweetgrass, which are sacred medicines that are traditionally burned and smudged to cleanse and purify negativity, to help community members with quitting commercial tobacco. In addition, NACC’s partnership with Mashkiki Waakaaigan Pharmacy gave patients a culturally-sensitive resource for receiving NRT and cessation support.

Similarly, CLUES’s responsiveness to Latino/a culture enabled them to reach more community members. First, CLUES staff speaks Spanish and provided resources in Spanish, which is important when working with this Spanish-speaking community. Second, CLUES staff shared that the Latino/a culture is highly visual, so the lung display at their community events had a strong impact on attendees. In the Latino/a culture, male “machismo” is associated with smoking, and CLUES has found that men are more likely to smoke. However, women were more often at home for CHW home visits. Therefore, CLUES adapted their home visiting strategy to educate even non-smoking women about the harms of tobacco, with the hope that they would encourage the men in their household to quit.

“Having culturally relevant resources nearby has been really helpful. Partnering with various native organizations as well as having sacred medicines (sage and sweetgrass) available for patients who request it is a huge benefit. With our partnership with Mashkiki Waakaaigan, we have improved the efficiency in which tribally enrolled patients are able to receive NRT.”

– NACC
Facilitators

Building trust through shared backgrounds. CLUES built trust among community members by utilizing a CHW who is a community member herself and has worked for the organization in various capacities for many years. Importantly, she is a native Spanish-speaker, which gave her credibility within the community. Having been raised in Mexico, she has a firsthand understanding of the community’s culture and traditions. Immigration status is an issue for many Latino/a community members, and there is a general feeling of distrust of outsiders. Since the CHW is from the community, she was better able to connect with community members, have authentic conversations, and gain their trust. The CHW acted as a facilitator between the cessation services and the community.

NACC established trust in the community by offering a supportive clinic environment with staff that prioritize Native American culture and traditions. NACC staff understand the barriers that Native American community members face in trying to quit tobacco. In addition, the NACC CHW is a former smoker, so he understands firsthand the difficulty of addiction.

Weaving tobacco into other health and social services. In both organizations, staff found opportunities to integrate tobacco education into other health and social services. For example, many women contact CLUES for information about breast and cervical cancer screenings, so CLUES integrated tobacco use questions into their workflow for these types of visits. They also developed a flyer that cross-promotes tobacco education and other health issues, which helps connect them with community members for whom tobacco may not be a priority. During the grant, both NACC and CLUES realized the importance of helping community members with other, potentially more urgent, life issues that could be interfering or distracting them from quitting tobacco (e.g. homelessness, drug abuse).

“A community member will know in the first ten seconds whether or not you’re being authentic. It’s not so much about your cultural identity, it’s about whether or not you’re being really authentic and considerate.” – CLUES
Challenges and Barriers

CLUES and NACC staff members discussed unique and shared challenges to connecting their communities to tobacco cessation services and building organizational capacity.

**Historical trauma.** Representatives from CLUES and NACC spoke to the impact that historical trauma has had on the Latino/a and Native American communities they serve, and the lingering challenges these legacies of tragedy create for clients using and struggling to quit tobacco. Both grantees shared that for some clients, smoking is a coping mechanism used to cover this underlying trauma, which is often connected with other barriers to health, such as homelessness and addiction. Over time, staff at CLUES recognized the importance of “peeling back the onion” to address these core issues before discussing available cessation resources with a tobacco-using client. NACC noted that building relationships with patients suffering from the lasting effects of historical trauma is critical for overcoming years of accumulated distrust.

**Lack of access to phone or internet.** NACC and CLUES each reported that their clients’ lack of reliable access to a phone or internet connection inhibited their ability to follow-up with clients and reduced the feasibility of linking clients to QUITPLAN Services. Both organizations shared that their clients change phone numbers frequently. Members of NACC’s community often switch between pre-paid government phones with limited minutes, each with a different number. CLUES’ clients tend to use pay-as-you-go phones that make consistent communication challenging.

**Unstable or distracting life circumstances.** Clients across both organizations also faced difficult, unstable life circumstances that functioned as major barriers to interest in cessation resources and quitting in general. Many members of the communities served by NACC and CLUES face the commonly intertwined challenges of multiple low-wage jobs, tenuous housing, child care provision, and mental health concerns. Like patterns of managing trauma, NACC and CLUES staff found that clients often relied on tobacco to help them relax and cope with these stressful conditions. In response to this, NACC staff aims to support clients that face multiple issues by respecting that they may need to address one concern at a time, and CLUES works to provide clients with alternative, healthier options for relaxation. Another facet to this barrier was that clients served by both grantees struggled with substance use challenges beyond tobacco. Representatives from NACC and CLUES again connected tobacco and substance abuse back to the range of stressful, traumatic issues weighing on their communities.

“That’s the difficult part of our work: we want to promote people to be healthy and to have healthy behaviors, but it’s all these underlying issues.” – CLUES
Challenges and Barriers

Organizational challenges. CLUES and NACC faced internal challenges as they worked persistently to integrate a tobacco cessation focus into their organizational operations and priorities. In both cases, building cross-departmental partnerships with internal behavioral and health care providers to increase capacity for making tobacco linkages required patience and clear communication. CLUES initially met with pushback from staff in their attempts to integrate cessation conversations into their behavioral health services. Counselors in that department were wary at first of discussing cessation with mental health clients. However, those tensions soon led to deeper conversations about treating tobacco use through a behavioral health lens. Since then, existing silos within behavioral health and other CLUES departments have begun to dissolve.

NACC experienced the internal challenge of balancing logistical requirements with enthusiastic clinic staff who wanted to invest considerable time and resources in immediate changes throughout the clinic. Ultimately, they worked within the confines of the grant to improve referral pathways in their medical and dental clinics and train Medical Assistants in Motivational Interviewing. NACC also reported a different internal barrier: widespread commercial tobacco use among staff. They have observed an uptick in staff quits since the grant began, but many have no plans to stop smoking. NACC representatives agreed that it is challenging to encourage cessation for clients when the staff uses commercial tobacco.

“There’s a couple people on staff who love their cigarettes and are not giving [them] up...For some people, it’s really easy to get them on board. For other people on staff...it’s not really on their radar.” – NACC
Lessons Learned

Use a culturally-tailored approach

- Offer linguistically appropriate cessation resources that are specific to the community’s culture
- Understand the culture, show respect, and listen to community members’ needs
- Gain community trust before addressing tobacco

Coordinate with other departments on cessation work

- Be consistent with messaging
- Integrate cessation into other workflows
- Leverage existing resources
- Promote staff tobacco cessation

“Knowing the culture of the people you’re working with, respecting it, and listening have been key in our success with tobacco cessation.” – NACC

“I think it’s very important to listen to a person’s story, and being patient, because what you’re there for may not be what they want. So being very mindful of that is important.” – CLUES

Acknowledgements

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References


7 Substance Abuse and Mental Health Services Administration. Results from the 2013 National Survey on Drug Use and Health: Detailed Tables, Table 2.21B. Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, 2014 [accessed 2017 May 4].
