

Florida AHEC Process Evaluation: Preliminary Findings

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Background

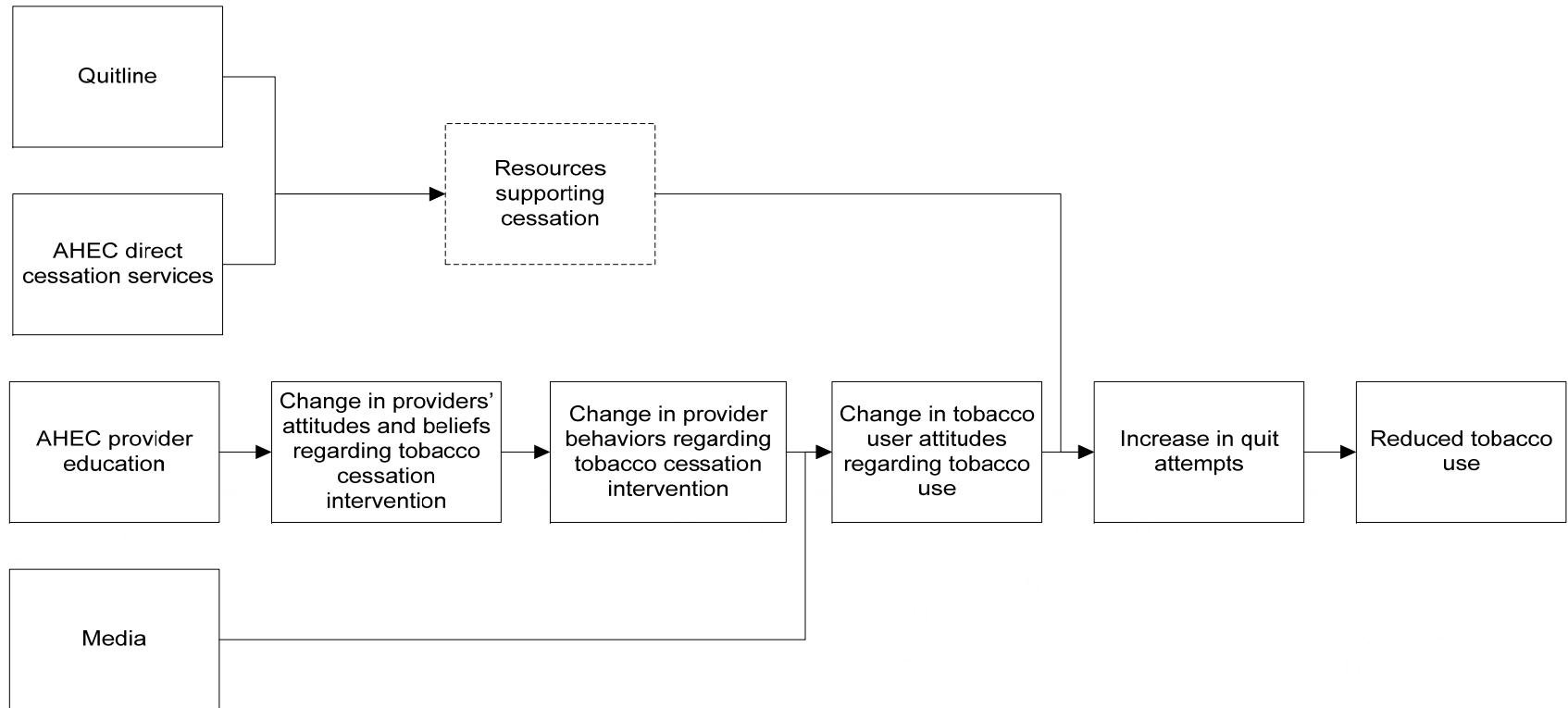
- Brief advice to quit smoking by a health professional significantly increases the odds that a smoker will quit (Zaza et al., 2005; Fiore et al., 2008)
- The Public Health Service (PHS) Clinical Practice Guideline recommends both clinical and systems-level interventions to increase the likelihood of successful quitting (Fiore et al., 2008)
 - Clinical interventions include the “5 A’s”
 - Systems-level interventions involve tobacco-user identification systems, provider training and feedback, referral systems, and organizational policies

AHEC Network Tobacco Program

The Florida Area Health Education Centers (AHEC) Network is responsible for:

1. educating health care professionals and health care professions students on guideline-concordant care for tobacco users
2. conducting direct cessation services for the greater community, particularly rural, underserved, and at-risk populations

Logic Model of BTPP Tobacco Cessation Activities



Aims of RTI's Process Evaluation

- Assess how AHEC program offices and centers organize and conduct tobacco-related activities
- Determine the extent to which AHEC sites are working with health care delivery organizations to facilitate systems-level interventions
- Provide recommendations for improving and increasing efficiency and sustainability of the AHEC Network tobacco program

Data and Methods

- Conducted in-person and phone interviews at the 5 AHEC program offices and 10 AHEC centers, February – April 2010
- Attended 3 training events in conjunction with the site visits
- Completed document review

Research Question 1: What types of tobacco-related activities are AHEC program offices and centers conducting?

AHEC's Tobacco-Related Activities

- Most program offices are working at the university level while a majority of centers are working at local level
- Understanding of and involvement in systems-level interventions highly variable across AHEC sites
- Recent efforts made to standardize trainings and organizational outreach efforts
- Current internal evaluation tools primarily focus on process measures, not program outcomes

Research Question 2: How do AHEC program offices and centers reach out to health care professionals and health care profession students?

AHEC Outreach to Health Care Students and Professionals

- Most AHEC program offices and centers rely on existing partnerships with the healthcare community, but others pro-actively sought out new linkages with local organizations
- Common efforts to fit AHEC Tobacco Training and Cessation (ATTAC) program into the curriculum of health professions schools

Reach of AHEC Training for Health Care Professionals in Florida

Profession	Number Trained 2008-2009	Estimated Percent Reached
Physician	616	1.3%
Physician Assistant	41	0.9%
Registered Nurse	863	0.5%
Dentist	71	0.7%
Dental Hygienist	296	2.8%
Pharmacist	253	1.4%

Research Question 3: How do AHEC program offices and centers see their role in promoting tobacco use prevention and cessation?

AHEC's Role in Tobacco Prevention and Cessation

- AHEC program offices and centers are well-poised to conduct health professional and student trainings and health systems-level interventions due to strong partnerships and history of outreach efforts in healthcare community
- Strong motivation and enthusiasm for tobacco prevention and cessation
- Difficult for AHEC Network to determine role at initial program startup

Conclusions

- Types of tobacco-related activities and outreach efforts vary among the AHEC program office and centers, but efforts are being made to standardize the overall AHEC approach
- Training activities are emphasizing guideline-concordant care, and there is some recent focus on systems-level interventions
- Current internal evaluation tools are not able to link program activities with state-level outcomes
- AHEC Network seems to be an appropriate fit for health care professional training, systems-level interventions, and community cessation

Preliminary Recommendations

- We recommend the AHEC Network continue to adopt and standardize tobacco-related activities based on successful approaches tested at individual sites
- The AHEC Network should increase their focus on systems-level interventions which promote the systematic assessment and treatment of tobacco dependence, as outlined in the PHS Clinical Practice Guideline
- Internal evaluation tools should include measures for short- and long-term outcomes, which can be linked to measurable impacts for the state of Florida
- The AHEC Network should continue to work collaboratively with the DOH, local health departments, and other partners to strengthen and streamline statewide tobacco control efforts.

Next Steps in Evaluation

AHEC Process Evaluation

- Complete coding, in-depth analysis, and descriptive statistics of the 53 interviews
- Finalize calculation of the AHEC Network's reach to health professionals
- Submit full report in July 2010

Future Directions

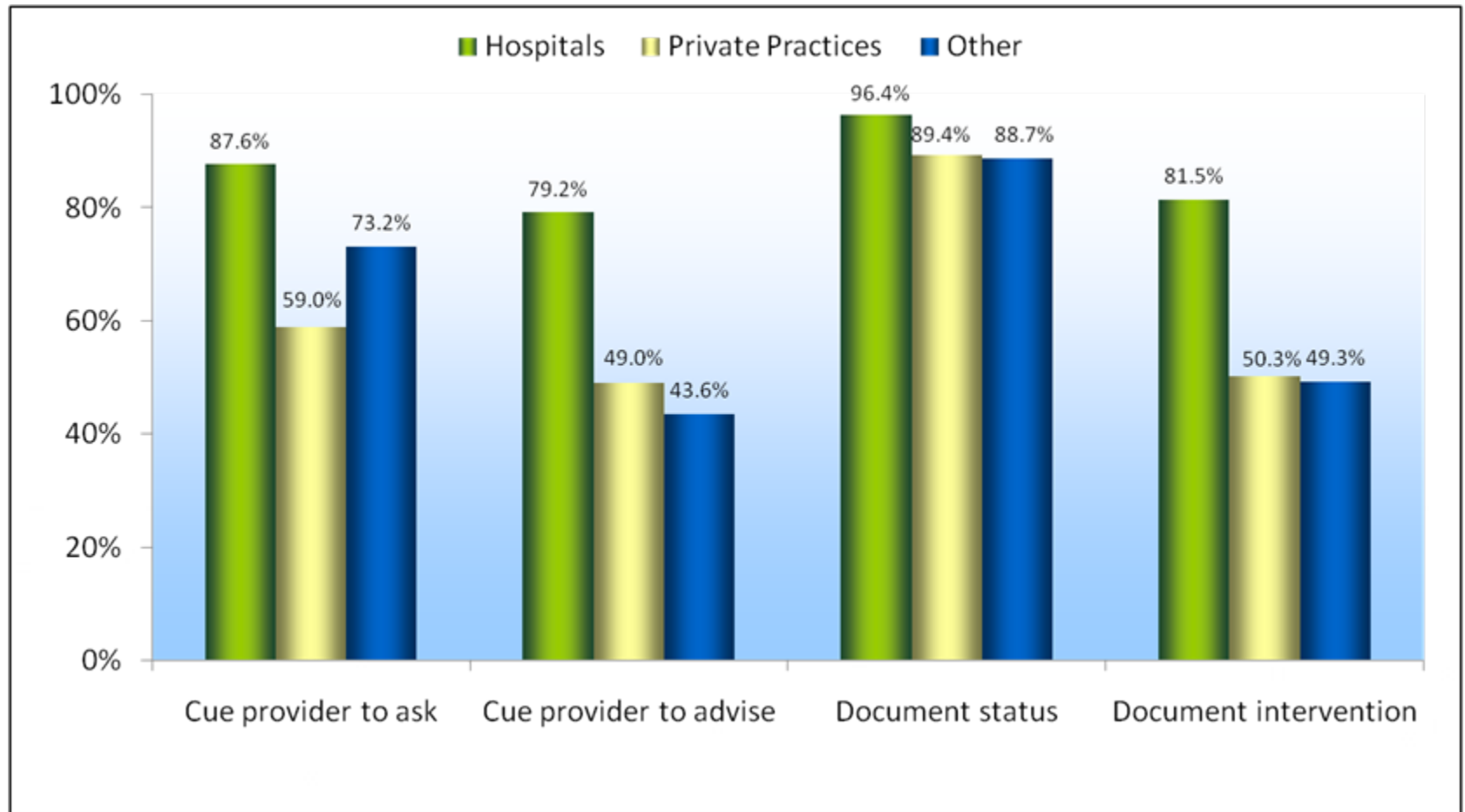
- Examine impact by linking AHEC tobacco-related activities to state-level outcomes
- Aid AHEC Network in updating their internal evaluation tools

*Examples of Key Outcomes From Related
Surveys:*

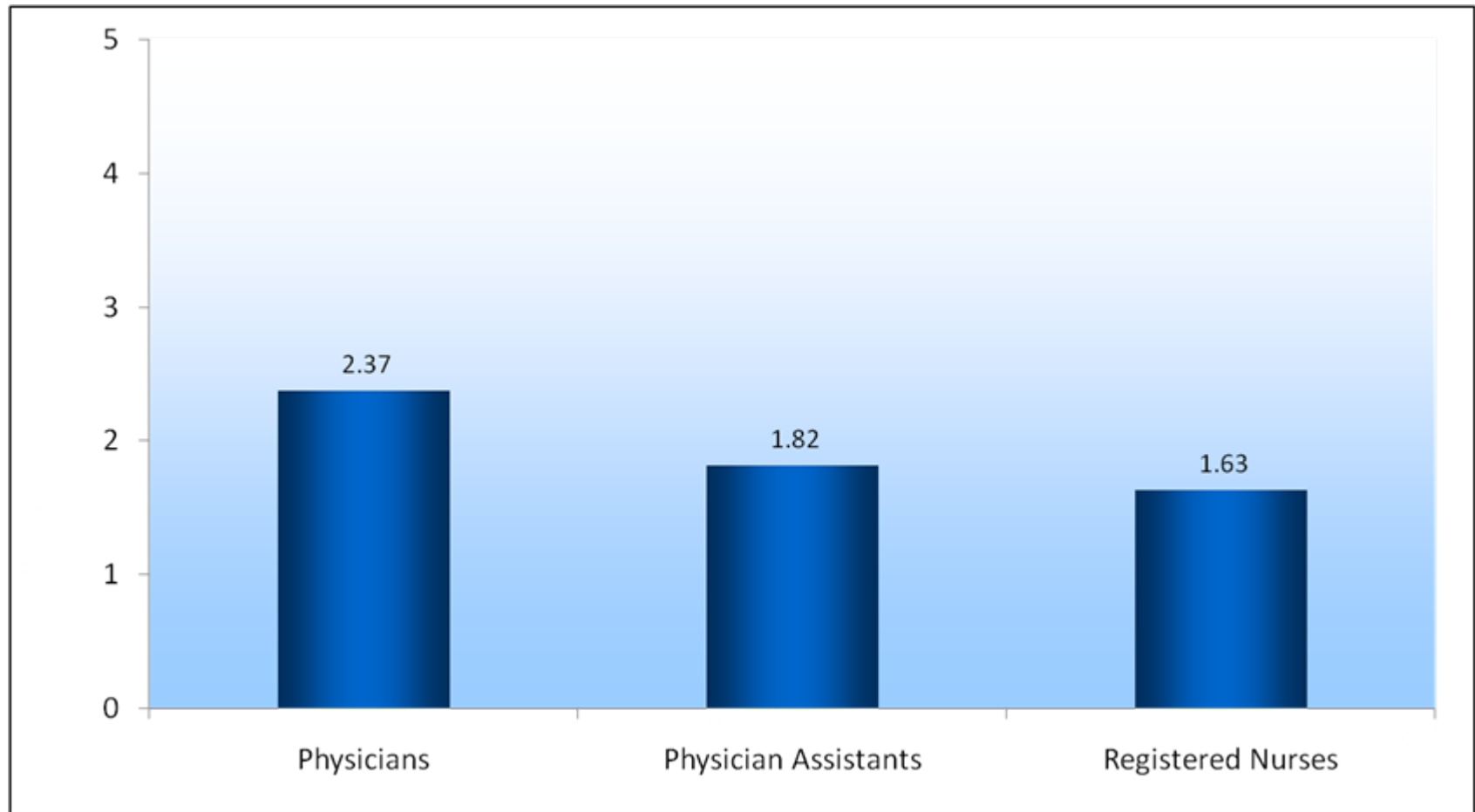
Health Care Provider Online Survey, 2010

Florida Adult Tobacco Survey (FLATS), 2003-2009

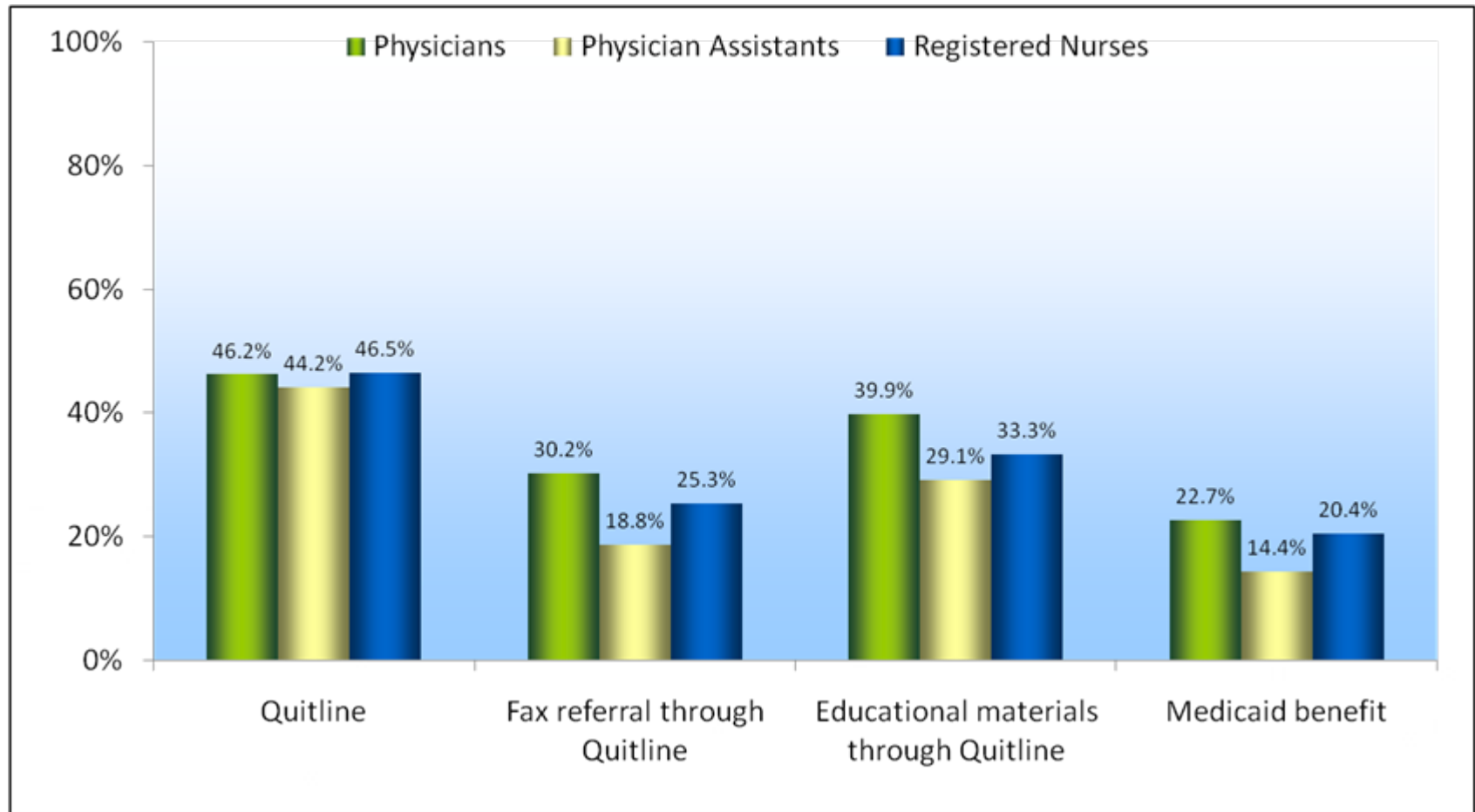
Percentage of health care professionals reporting that their health care organization has a system to promote guideline-concordant care, FL Health Care Provider Online Survey 2010



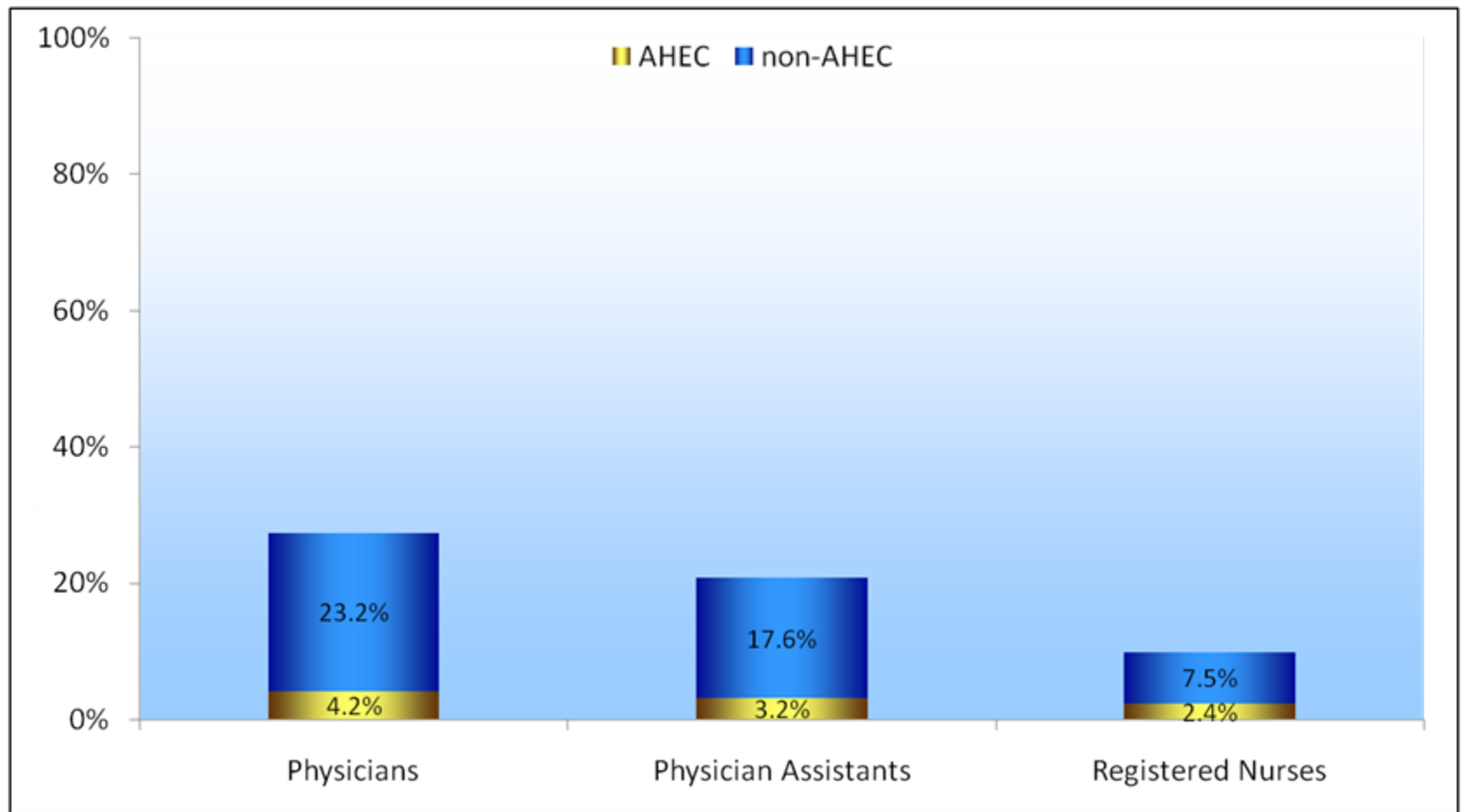
Mean number of 5 A's health care professionals conducted for "all or most" patients by profession, FL Health Care Provider Online Survey 2010



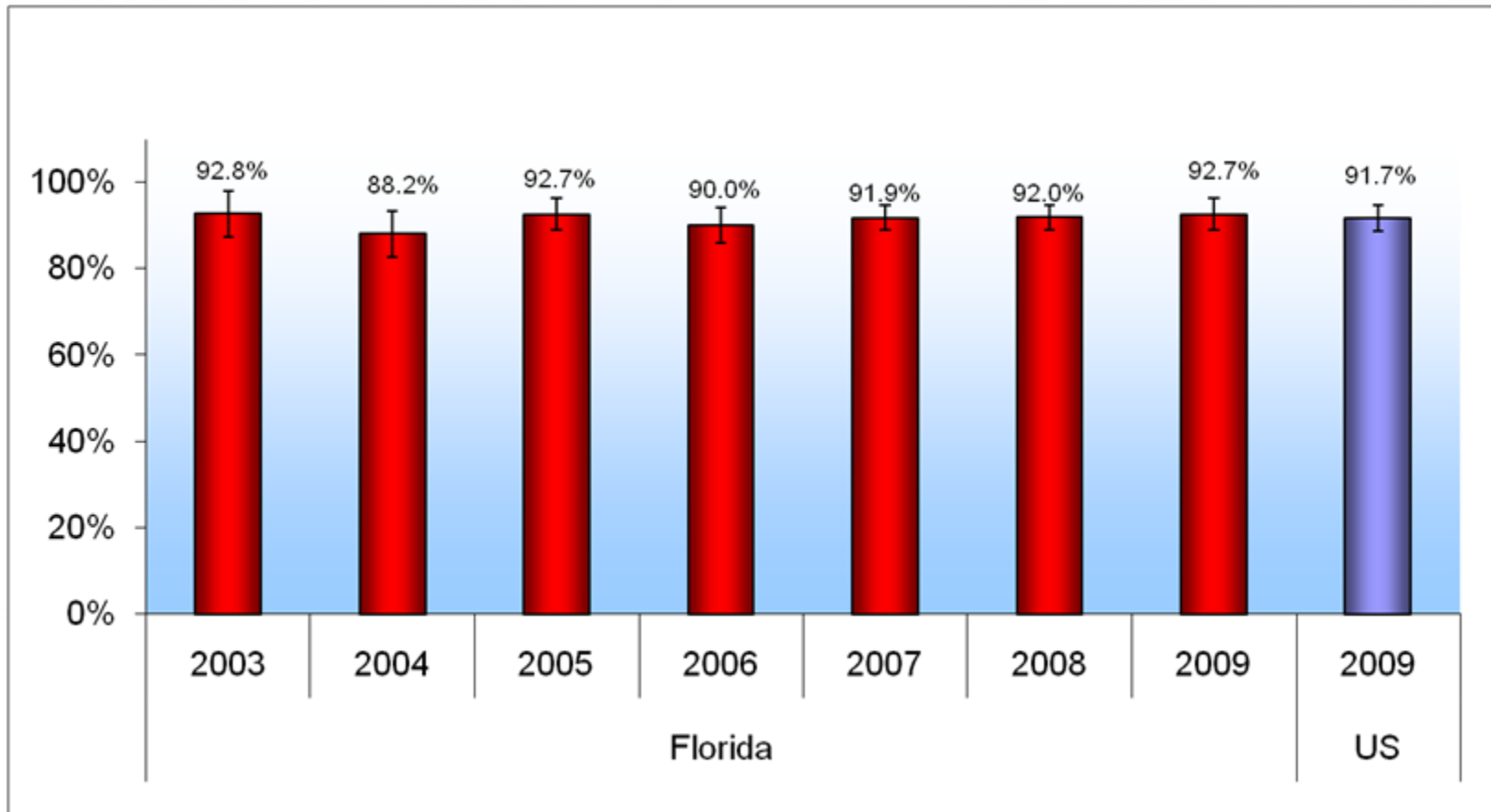
Percentage of health care professionals who have heard of the Florida Quitline, Florida Quitline services, or Florida's Medicaid cessation benefit by profession, FL Health Care Provider Online Survey 2010



Percentage of providers who have participated in AHEC tobacco treatment training or other formal tobacco treatment training, FL Health Care Provider Online Survey 2010

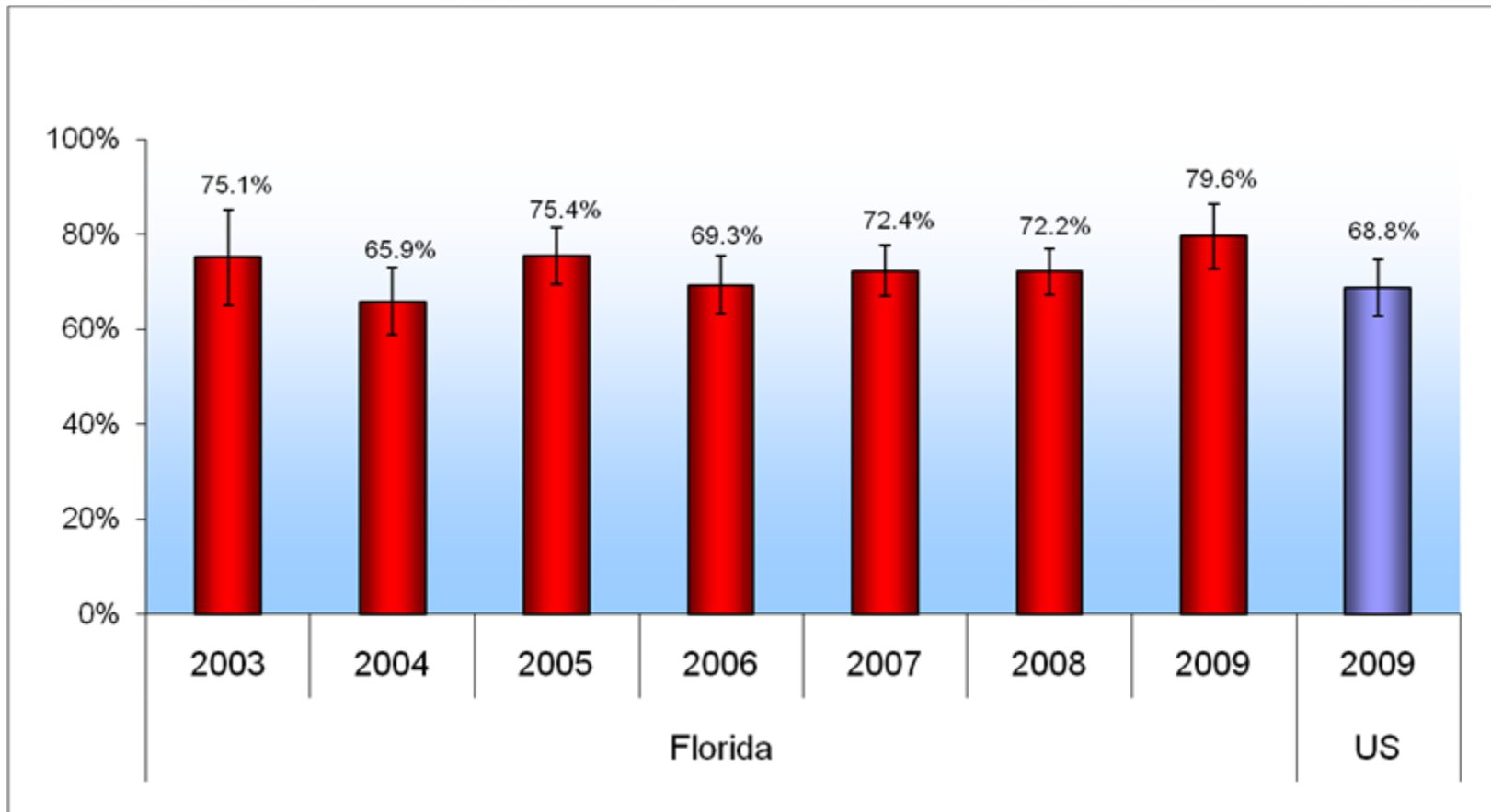


Percentage of current smokers who visited health care professional in past 12 months and reported that they were asked about smoking, FL ATS 2003-2009, NATS 2009



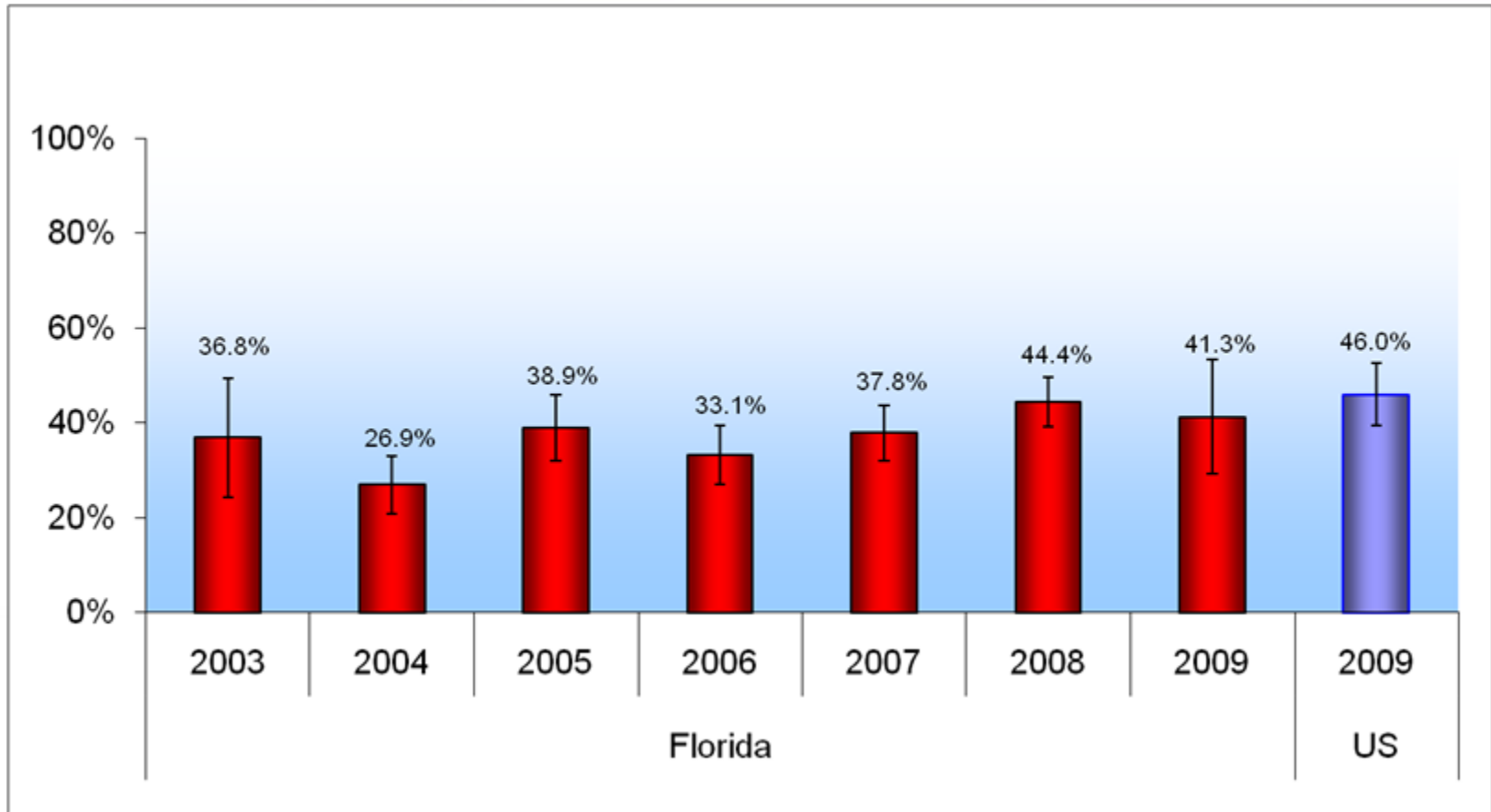
Note: No statistically significant difference between Florida and the US in 2009. In addition, there is no statistically significant trend in Florida from 2003-2009.

Percentage of current smokers who visited health care professional in past 12 months and reported that they were advised to quit, FL ATS 2003-2009, NATS 2009



Note: Difference between Florida and the US in 2009 is statistically significant at the 0.05 level. There is no statistically significant trend in Florida from 2003-2009.

Percentage of current smokers who visited health care professional in past 12 months and received cessation assistance, FL ATS 2009, NATS 2009



Note: No statistically significant difference between Florida and the US in 2009. In addition, there is no statistically significant trend in Florida from 2003-2009.

References

Fiore MC, Jaen CR, Baker TV, et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service; May 2008

Zaza S, Briss PA, Harris KW, editors. The Guide to Community Preventive Services: What Works to Promote Health? New York: Oxford University Press; 2005. Available at <http://www.thecommunityguide.org/tobacco/default.htm>