

Adapting service delivery to reflect updated smoking cessation guidelines in remote settings

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Aim: Ensure all smokers residing in remote communities, the Top End, the Northern Territory (NT) have access to best practice for tobacco cessation support and education.

The problem: Smoking is responsible for 21% of the life expectancy gap between Indigenous and non-Indigenous Territorians for men, and 14% for women. Smoking prevalence is as high as 73% in some Remote Communities, NT. The Indigenous population residing in Top End remote regions is estimated at 17,531 males and 17,129 females.

The Closing the Gap (CTG) Remote Community Tobacco Cessation Support Project was funded in 2008 to meet the need for evidenced and sustained tobacco control initiatives in remote communities. Their brief are to work within a community development framework, adapting best practice brief interventions resources for use in NT remote communities. From mid 2014 the Updated Smoking Cessation Guidelines, the RCAGP were incorporated into a client and family centred, bio-psycho-social model of care: assessment of dependence/addiction, including CO levels (Smokolyzer); customised pharmacotherapy, community follow up, and facilitation of family smoking discussions. The Tobacco Team work collaboratively with the medical services, the Primary Care Branch, Top End Health Services embedding the Tobacco Assessment Tool at a system level.

Assessment is offered in the family/community setting, clients are assisted in developing their own management plan, including their preferred pharmacotherapy; nurturing self-management skills and enlisting family support are integral to the intervention.

To ensure consistency of message all primary care outreach staff, clinical and non-clinical, are trained in the application of the Tobacco Assessment Tool and family support. An electronic version is embedded in the Patient Client Information System (PCIS) used in remote clinics, the Top End. Training is delivered in a structured workshop format with follow-up/assessment at the point of delivery.

Roll out of the program is staggered, five communities are targeted at a time: each site is visited up to six times over a six months period to consolidate family and self-management capacity. The project is designed as a complex system intervention; the PCIS electronic tobacco smoking cessation care plan has the functionality to provide monitoring and evaluation at the system level, the service provider level and the client and family level.

The Tobacco Assessment Tool; the Family Discussion Tool; process and outcome measures at the client level (addiction levels, pharmacotherapy, clients who quit, relapses); passive smoking levels in client homes, and the proportion of service providers trained will be presented for six communities.