

Key Themes of Barriers and Facilitators to Smoking Cessation in Michigan: A Rapid Qualitative Analysis of Michigan Tobacco Cessation Champions

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Background

- In 2021 in Michigan, cigarette smoking was the leading cause of preventable disease and death, accounting for 16,200 deaths.¹
- Smoking rates are declining, however there is much work to be done:
 - Health disparities exist for both the prevalence of smoking and success rates of quit attempts among marginalized communities and populations (e.g., those with behavioral health conditions, people who are Black or African American, people who identify as LGBTQ+).
 - Most people who smoke cigarettes are interested in quitting² and a majority have made a past-year quit attempt.^{3,4}
 - 75% of Medicaid beneficiaries in Michigan report a desire to quit.⁵
 - Current treatments that aid cessation such as Nicotine Replacement Therapy (NRT) are **underutilized** by people who would like to stop using tobacco.
- A group of individuals exists who have untapped insights about why these smoking cessation resources are underutilized.
- The field could gain insights into opportunities and ways to improve tobacco cessation treatment utilization by speaking with key decision makers who hold many unique and untapped insights.

Methods

- A pilot quality improvement project, **Incentives2Quit**, was conducted in partnership with the Michigan Department of Health and Human Services (MDHHS) to address disparities in smoking cessation care.
- Multi-sector decision makers were identified through meetings with the Michigan Primary Care Association and the MDHHS Tobacco Division.
- **58 multi-sector decision makers (Champions)** engaged with tobacco prevention or treatment in the state of Michigan were approached.
- **20 semi-structured interviews were completed.**
- The **goal** of the interviews is to inform a community engaged approach to tobacco service development and implementation through identifying the **barriers and facilitators of smoking cessation** and aspects of the current smoking cessation landscape.

Rapid Qualitative Analysis

- Interview notes were transcribed live by the interviewer during the interview.
- When Champions agreed to be recorded, transcripts were further refined based on the recording.
- Responses were coded into a matrix based on the interview questions (e.g., “What are some tobacco cessation services that you believe people benefit from using?” and “What ideas, if any, do you have, big or small, for how to get more people to quit smoking in Michigan?”)
- Key themes were extracted and synthesized by four members of the project team.

Key Themes & Subthemes

Facilitators and Barriers of Smoking Cessation Efforts

- *More collaboration between clinicians and community-based organizations*
- *How doctors, clinicians, etc. interact with patients who smoke is crucial for their cessation journey*

Smoking Cessation Efforts: Underfunded, Underutilized, Not Marketable or Accessible

- *Educational materials, services, and resources must be advertised to people more frequently*
- *Low utilization of tobacco cessation services and lack of funding from MDHHS for smoking cessation*
- *Accessibility of NRT by Medicaid payers*

Need for More Inclusive, Person-Centered Smoking Cessation Interventions

- *Readiness to quit is a barrier in tobacco cessation*
- *Intervention practices are not one-size-fits-all*
- *Motivators to quit smoking*
- *Smoking has become concentrated in groups that are underserved, marginalized, and oppressed*
- *Smoking is a coping mechanism for life stressors and difficult emotions*
- *Root causes and social determinants of health*

“If people hear about [tobacco] cessation services from trusted organizations in their community, they are more likely to use them.”

“Talking to your doctor about ‘do you smoke and do you want to quit, yes or no?’ is a conversation that needs to go further and be more person-to-person rather than provider-to-patient. Take away the stigma – be understanding about stressors for example and educate them on harm reduction standpoint – they don’t need to quit cold turkey. Talking about it and making a plan and meeting people where they’re at instead of an all or nothing approach.”

“The biggest problem with Medicaid coverage is people don’t know about it. There’s better access to treatments with Medicaid, but there needs to be more advertising about what it covers.”

“We are a huge health system and are limited to how we can provide tobacco cessation services due to funding limitations.”

“The budget [with MDHHS] should have more money for marketing/advertising cessation services and the Quitline. I think there needs to be more education for cessation and people understanding that nicotine is extremely addictive.”

“Treatment is not one-size-fits-all. What’s important is doing our best to be personalized, individualized, and culturally appropriate as possible. Support the client with bringing their whole self into the program.”

“Cigarettes help with anxiety and focus, appetite control. When taking away cigarettes we need to have helpful services to replace it such as losing weight and alternatives to coping with stress. It’s important to have connective services to make the [quitting] process easier.”

“Barriers are competing priorities such as housing and access to HIV medications, accessing a provider, transportation, and food. Immediate needs vs. quitting tobacco.”

Conclusion

Champions identified **many areas** for improvement across the current tobacco cessation landscape. These include the **appeal, accessibility, and functioning of current systems. Trust and relationships are important between patients and providers;** the community should strive to focus on improvements in these areas to **promote smoking cessation.** Intervention efforts should focus on **improving attitudes and stigma** toward smoking and tobacco cessation.

Funding This project was supported by funds from the Centers for Medicare and Medicaid Services through the Michigan Department of Health and Human Services (E20223929 and AWD022244). DCT’s time was funded by National Institute on Alcohol Abuse and Alcoholism (NIAAA) Grant # T32AA007477. LNC’s time was supported by NIAAA Grant # AA028232. Supporting organizations had no further role in the study design; in the collection, analysis, and interpretation of data; in the writing of the report; or in the decision to submit the paper for publication.

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