**PRESENTATION TIME: 3:45 PM – 3:55 PM**

**PRESENTER: Rachelle Ocampo, EdM**

**INTEGRATING TOBACCO DEPENDENCY TREATMENT WITH ROUTINE CARE IMPROVES SMOKING CESSATION EFFORTS IN HIGH RISK POPULATION**

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**BACKGROUND:** While overall smoking prevalence in New York City has decreased (14%), smoking remains common among Asian American men (21.4%). In the Charles B. Wang Community Health Center (CBWCHC), an urban Federally Qualified Health Center (FQHC) serving a predominantly Chinese-speaking immigrant population, 21.5% of adult male patients identified as smokers. Smoking prevalence is influenced by gender, place of birth, and age at time of immigration.

**METHODS:** 1. Partnered with New York University Langone Medical Center to train providers and staff on smoking assessment, cessation counseling, evidence-based resources, and Nicotine Replacement Therapy (NRT). 2. Added Readiness to Quit Assessments to annual physical examination protocols to initiate referrals to health coach. Assessments and referrals documented in Electronic Medical Record (EMR). 3. Bilingual health coach delivered smoking cessation counseling to patients in-person or by telephone to help them make quit attempts or reduce or stop smoking. Free NRT was given to self-pay patients who were ready to commit to quit attempt. Follow-up was conducted based on a written protocol. 4. Conducted community outreach through traditional, digital, and social media to raise awareness about smoking health risks and promote use of in-language cessation services.

**RESULTS:** Out of the 181 patients have been counseled through CBWCHC’s smoking cessation program, the health coach engaged 125 in face-to-face counseling and 56 via phone counseling. Of the patients counseled, 76 have set a quit date. 54% (97) have reduced smoking or made a quit attempt, and 32% (58) quit for at least one day. 55% (99) patients received nicotine replacement therapy (NRT) or other medication. Self-pay patients who received free NRT reduced or stopped smoking at higher rates than those who obtained NRT over-the-counter or by prescription (90% vs. 73%). Distribution of free NRT can reduce a significant barrier to cessation.

**CONCLUSIONS:** A dedicated smoking cessation counselor with training and resources (NRT) was able to engage patients and encourage them to make quit attempts or cut down smoking. Replicating the health coaching program in other FQHCs will require training, provider champions, incorporating cessation services into clinical workflow, understanding community barriers to cessation, and community outreach.

**CONTENT CATEGORY:** Patient Care

**KEYWORDS:** *smoking cessation, tobacco control, health coach, navigator, counseling, NRT, nicotine replacement therapy*