

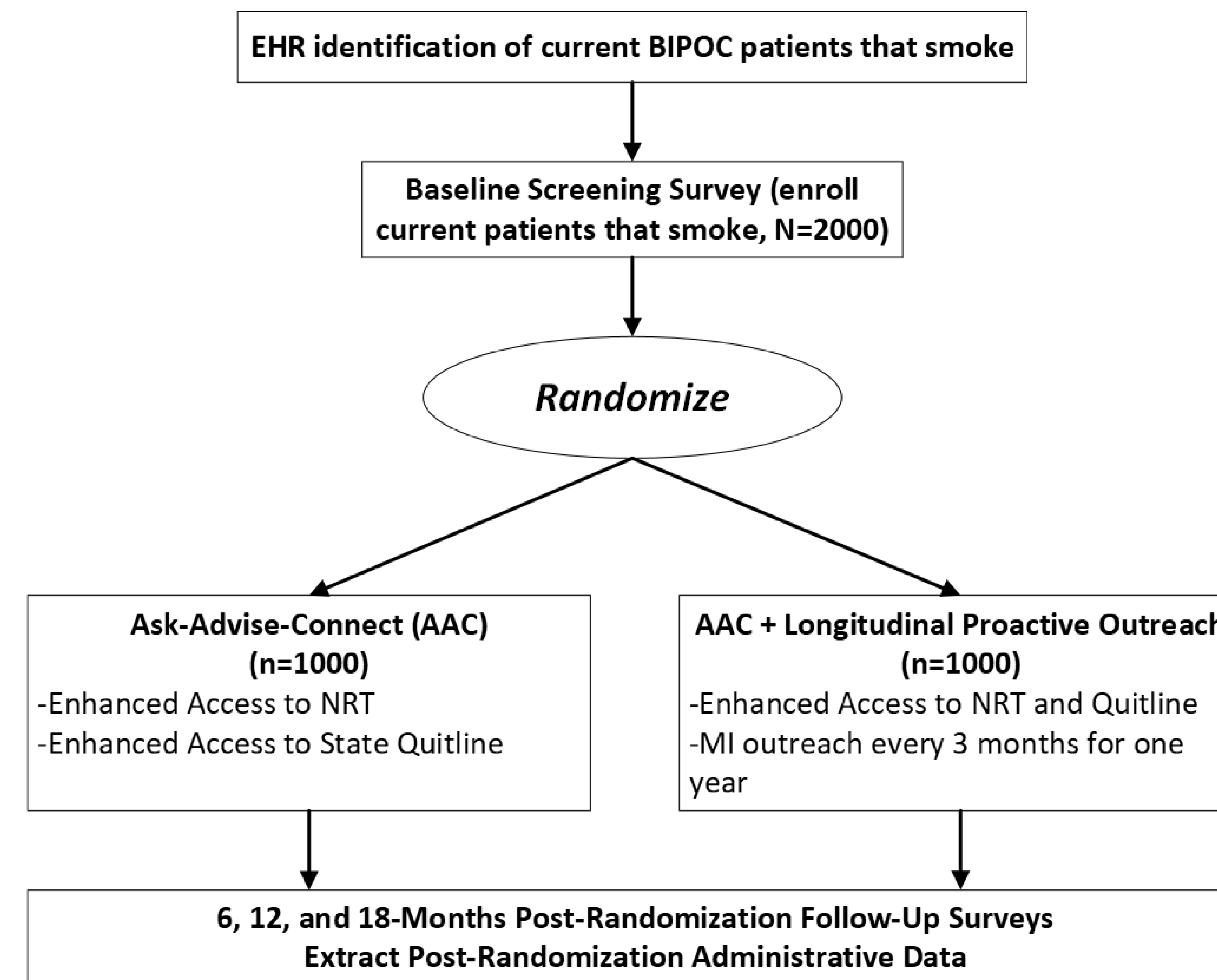
INTRODUCTION

- Although pharmacotherapy combined with behavioral counseling is standard of care for smoking cessation, access to and utilization of smoking cessation treatments are low among U.S individuals that smoke^{1,2}
- Utilization rates are lower in Black, Indigenous, and People of Color (BIPOC) communities^{1,2}
- Factors for failure to engage or retain BIPOC patients exist at multiple levels (e.g., patient, provider, healthcare system)
- The current study is an 18-month, multi-level intervention designed to assess the effect of augmenting Ask-Advise-Connect,^{3,4} the best standard of care for connecting BIPOC patients who smoke with treatment, with a patient-targeted intervention, Longitudinal Proactive Outreach (LPO), on smoking abstinence at 18 months post-enrollment

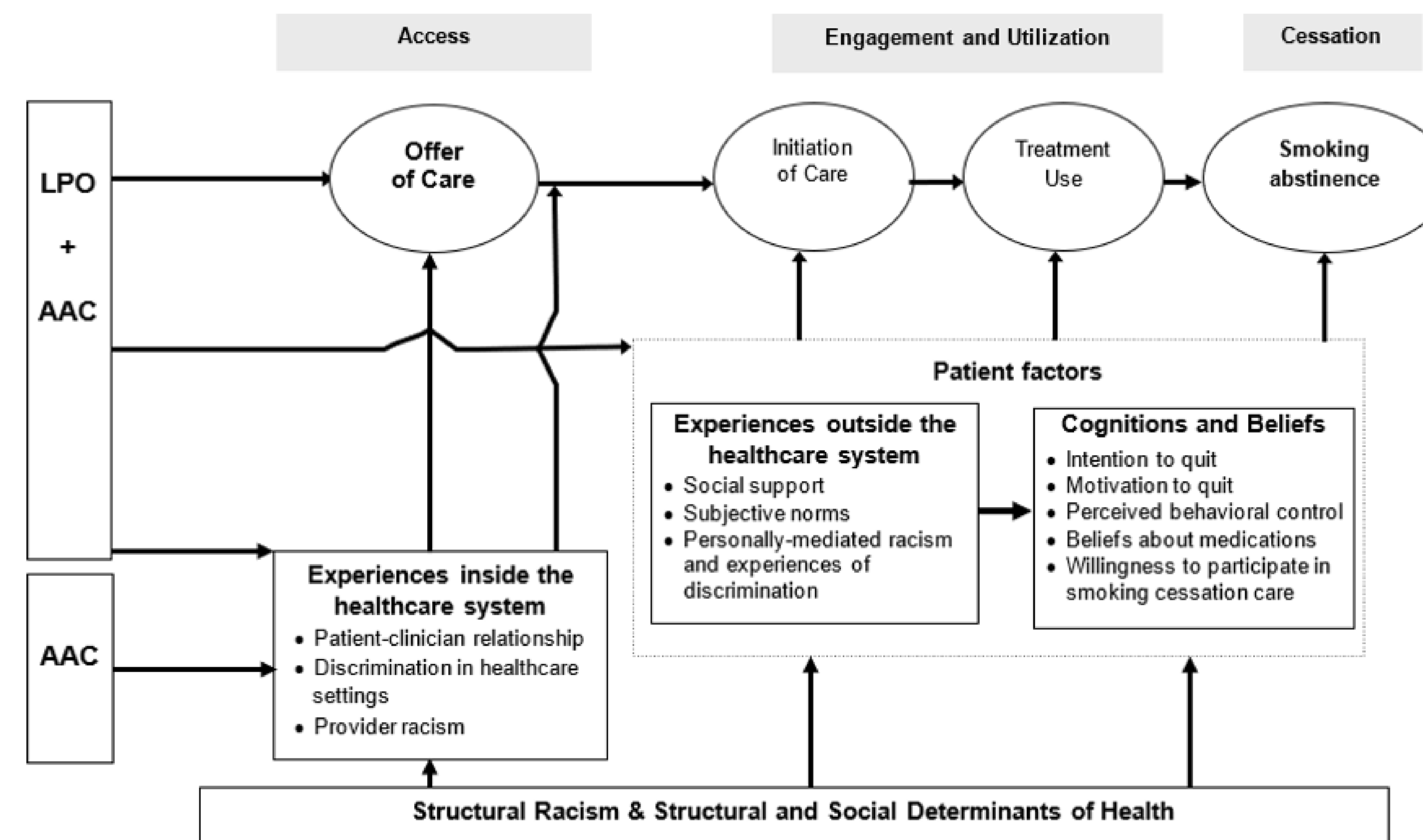
METHODS

- Inclusion criteria: Hennepin Healthcare or Mayo Clinic, English- or Spanish-speaking BIPOC patients within HCMC or MCHS, currently smoke >1 cigarette over the past 30 days, must have an address and telephone number in the EHR, ≥18 years old
- Exclusion criteria: EHR documented cognitive impairment or legal guardianship, opted out of research studies
- 2000 patients will be recruited and randomly assigned to AAC or AAC and Longitudinal Proactive Outreach (LPO)
 - AAC: support providers to ask tobacco use status at every visit, advise patients that use tobacco to quit, and directly connect patients that want assistance to cessation resources
 - LPO: deliver cessation support via quarterly phone sessions with outreach specialists over 12 months; sessions provide basic education on cessation treatment options and connect patient to cessation counseling and/or medications
- Self-report surveys completed at baseline and at 6, 12, and 18 months
- Participants that report 7-day abstinence at 18 months will be asked to provide biochemical verification via exhaled air carbon monoxide; if needed, salivary cotinine will be offered as an alternative

DESIGN OVERVIEW



SCORE Theoretical Framework



DISCUSSION

- BIPOC communities experience higher rates of smoking-related disease than Whites but have lower access to and utilization of cessation resources.
- This study addresses the chronicity of tobacco dependence, the multilevel nature of factors that influence engagement and retention in cessation treatment, and the disparities in access to and utilization of treatment in BIPOC individuals that smoke.
- Providing QI support for implementing AAC will facilitate improved patient-clinician relationship and medical decision making (interpersonal factors) as well as improved connection to cessation treatment through systematic referral (structural factors).
- LPO uses direct outreach and a patient-centered motivational approach to improve engagement in patients that are not actively seeking clinical care or those for whom care has not been offered by their providers. We hypothesize that this increased treatment access will result in higher long term abstinence.

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Trial registration: ClinicalTrials.gov [NCT05671380](https://clinicaltrials.gov/ct2/show/study/NCT05671380)

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