

# Socioeconomic disparity in provider-delivered assistance to quit smoking

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The U.S. Public Health Service smoking cessation clinical practice guideline is the accepted gold standard for smoking cessation treatment. It offers evidence-based treatment recommendations for all clinicians to deliver to all patients at each visit. Despite the release of the guideline and the publication of *Healthy People 2010*, health care providers still may not appropriately counsel patients to quit smoking. Furthermore, disparities may exist among smokers who are assisted to quit smoking by their health care providers. The present study tested for an association between selected sociodemographic and tobacco-related factors and assistance to quit smoking. This 2001 National Health Interview Survey secondary analysis included a U.S. civilian, noninstitutionalized population. Participants were self-reported current smokers who visited a health care provider in the past 12 months and were at least 25 years old. The outcome measure was smokers' self-report of whether assistance to quit smoking was given by a health care provider. Of smokers who received advice ( $N=3,046$ ), only 38% received assistance to quit smoking. Smokers were less likely to report assistance to quit smoking if they were younger or Black, or if they had a high or middle level of socioeconomic disadvantage. In the final logistic regression model, being married, attempting to quit in the past 12 months, and consuming more tobacco were associated with receiving assistance to quit smoking. Increased age also was associated with receiving assistance, as was greater socioeconomic advantage (higher education, higher income, health insurance). The mechanisms responsible for the disparities in delivery of tobacco dependence treatment must be investigated further.

## Introduction

Smoking is the leading preventable cause of death in the United States, yet 21% of adults still smoke (Centers for Disease Control and Prevention [CDC], 2005). Smoking prevalence estimates are greater among adult men than women (24% and 19%, respectively). Tobacco use is highest for American Indian/Alaska Natives (33%), followed by non-Hispanic Whites and non-Hispanic Blacks (22% and 20%, respectively), and lowest for Hispanics and Asians (15% and 11%, respectively; CDC, 2005). Approximately 70% of smokers want to quit, and

41% report a serious attempt to quit smoking in the preceding year (CDC, 2002). Some 70% of smokers in the United States visit a clinician each year; of these, approximately three-quarters express an interest in quitting smoking (Fiore et al., 1996).

The U.S. Public Health Service (PHS) Tobacco Use and Dependence Clinical Practice Guideline, initially published in 1996 and revised in 2000, is the accepted gold standard for smoking cessation treatment and offers evidence-based treatment recommendations for all clinicians (Fiore et al., 2000). The guideline recommends that every clinician, at every visit, use the 5A's of treatment: documenting smoking status (ask), encouraging the smoker to quit (advise), measuring willingness to quit (assess), offering efficacious treatment (assist), and scheduling follow-up contact within the first week after the quit date (arrange; Fiore et al., 2000). Data from 9,437 adults in the National Ambulatory Medical Care Survey (2001–2004) indicated that physicians were not routinely providing smoking cessation counseling.

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