Smoking Cessation Referrals and Optometrists Assessing Practices and Opportunities in Canada

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Transdisciplinary Tobacco Rounds (TTR)

Findings from the CAN-ADAPTT Seed Grant Funded Research

March 23, 2011
Research Team:
Additional Funding:
Who are Optometrists?

- Optometrists are independent primary practitioners

- Approximately 4000 practicing across Canada

- Optometrists are a primary care provider group that has not been fully integrated into the national cessation network

- Many advantages of working with this community
Who are Optometrists?

• 2 universities in Canada (UWSO, UM)
• Direct link between smoking and ocular health
• Patients fear of blindness
• Information is new
• Opportunities for cessation and prevention efforts
Why Optometrists?

- Smoking is causally linked to numerous eye diseases in particular age-related macular degeneration (AMD) and cataracts.
- AMD is the principal cause of blindness in developed countries.
- The United Kingdom has an estimated 18,000 people with blindness caused by AMD related to smoking.
- Used in different social marketing campaigns including warning labels.
- Evaluate very well in Australia and New Zealand.
RESEARCH QUESTIONS

• What Involvement do Canadian optometrists have in:
  • Asking patients about their smoking behaviour?
  • Referring patients to cessation services?
  • Encouraging patients to reduce and/or quit smoking?

• What are Canadian optometrists’ attitudes toward addressing tobacco use within the scope of their practice?

• What opportunities exist within the Canadian optometry community to assist with further tobacco cessation and prevention efforts?
RESEARCH METHODS

• Search and review the literature, regarding public health, tobacco control, and eye-health.

• Develop a survey tool relevant to optometrists in Canada.

• Conduct focus groups with optometrists along with current students and new graduates of the University of Waterloo’s School of Optometry.

• Write a grant proposal for a national survey of Canadian optometrists regarding current practices and opportunities around smoking cessation referrals.
STUDY DETAILS:

• Lit Review
  • Health effects associated with smoking and ocular health
  • Chronic disease vs. quality of life
  • Fear of blindness
  • Risk communication related to eye disease

• Focus Groups with practicing community optometrists

• Focus Groups with Senior (4th year) UWSO students
STUDY DETAILS:

• In total 29 informants participated one of 5 focus groups
  
  • 2 optometrist sessions
  • 3 student sessions

• The majority of informants were women (76%, n=22).
• Participants were told that the focus groups would be dealing with public health issues including tobacco use among patients.

• Analysis of findings used the ‘Framework Approach’ – Bryman and Burgess (1993)
FINDINGS:

An analysis of the 5 focus group transcripts revealed four main themes regarding patient tobacco use and optometrists:

1) current practices,
2) rationalizations,
3) barriers and
4) opportunities.
FINDINGS:

1. Current Scope of Practice

- There is currently little involvement by optometrists to address smoking behaviour beyond establishing if patients smoke.
- There is currently no efforts by optometrists to support or facilitate cessation services with their patients.
- There were no reported incidents of using smoking and eye damage in a health prevention model (to non-smokers).
FINDINGS:

2. Process of Rationalization

• Optometrists are widely involved in addressing lifestyle or behavioural impacts on eye health including UV exposure and diabetes. However, optometrists view smoking as a ‘choice’ or a lifestyle decision and not as an addiction.
• Optometrists perceive smoking as firmly in the domain of the family physician.
• There are concerns that the public will not think it is appropriate for optometrists to discuss smoking.
**FINDINGS:**

**3. Barriers**

- Understanding of smoking behaviour, smokers, addiction or smoking cessation processes and services is very low.
- Minimal training is provided to students about smoking behaviour – presented largely as a risk factor to disease.
- There is a perceived lack of efficacy to addressing smoking behaviour.
- Consequences of counselling patients about smoking behaviour is feared, including losing patients from the practice.
4. Opportunities

• Optometrists typically spend up to 30 minutes with patients, during which counselling about smoking could occur.
• Optometrists take mandated continuing education which could include communication training about smoking.
• Optometrists are open to inter-professional collaboration.
• Optometrists feel positive about the possibility of awareness campaigns that link eye damage to smoking.
OUTCOMES FROM THE RESEARCH

3 Conference Posters:

RD Kennedy, MM Spafford, C Parkinson, GT Fong. (October 2010) Knowledge of the Causal Association between Smoking and Blindness in Canada, United States, United Kingdom, and Australia: Findings from the ITC Four Country Survey. Asia Pacific Conference on Tobacco or Health (APACT), Sydney Convention & Exhibition Centre, Sydney, Australia.


RD Kennedy, M Spafford, A Schultz, MD Iley (November, 2009) 6th Optometrists and smoking cessation referrals - Assessing practices and opportunities in Canada, National Conference on Tobacco or Health, Queen Elizabeth Hotel, Montreal, Quebec.
OUTCOMES FROM THE RESEARCH

1 Conference Presentation:


1 invited talk to public health practitioners:

Ryan Kennedy invited to speak to the Southwest Tobacco Control Area Network (TCAN) - August 18, 2010, about the research findings to help inform their efforts to increase cessation referrals.
OUTCOMES FROM THE RESEARCH

4 academic journal papers:


RD Kennedy, MM Spafford, CM Parkinson, GT Fong., Knowledge about the Relationship between Smoking and Blindness in Canada, United States, United Kingdom, and Australia: Results from the ITC Four Country Survey. Optometry Journal of the American Optometric Association. (accepted January 2011)
OUTCOMES FROM THE RESEARCH

4 academic journal papers (cont.):


1 academic journal papers currently under consideration:

ASH Schultz, RD Kennedy, MM Spafford, & MD Iley. Seeing opportunities to link optometrists and tobacco interventions.
OUTCOMES FROM THE RESEARCH

Policy and Practice Outcomes:

• Discussions about the research with a public health nurse (Carold Bossonberry) in Oxford County resulted in Carol sending cessation kits to all community optometrists in Oxford county.

• The poster presented at the Montreal conference attracted the attention of different public health units –
  ○ The Southwest TCAN (tobacco control area network) in Ontario became very interested after the conference in engaging optometrists. This group of public health workers co-operated with the Ontario Association of Optometrists to produce a document
OUTCOMES FROM THE RESEARCH

Policy and Practice Outcomes:

Ontario Association of Optometrists to produce a document

Quitting tobacco is hard, but optometrists can help
Tue, 31 Aug 2010
Quitting Tobacco is Hard:
Optometrists are in a unique position to help - it just takes 3 minutes!

Optometrists have an important role to play in helping patients quit using tobacco.
As an optometrist, you see the impact of tobacco use on your patients....
Optometrists can establish role in promoting smoking cessation

Pilot study identifies OD training in proper communications to patients, outlines potential barriers

By Cheryl Cameron

Optometrists have an important role in smoking cessation, according to a pilot study that identifies training needs in this area.

The study involved 14 optometrists who smoked and 14 who did not. Each was given a take-home message that was sent to a random sample of the optometry community. The message included information on the harms of smoking and the benefits of quitting.

The study found that optometrists who smoked were more likely to offer smoking cessation advice than those who did not. However, only a small proportion of optometrists offered advice, and the advice was often ineffective.

The study also found that optometrists who smoked were more likely to use tobacco screening tools, such as the Five A's approach (Assess, Advise, Assist, Arrange, and Assess), than those who did not. However, the use of these tools was still relatively low.

The study recommends that optometry associations and educational institutions support smoking cessation efforts and provide training to optometrists on effective communication and referral strategies.

News Stories in:

• “Optometry Times” (on left)
• Waterloo Region Record
• University of Waterloo Daily Bulletin
OUTCOMES FROM THE RESEARCH

OTHER GRANT:
The following grant was applied for – January 15, 2011: Canadian National Institute for the Blind (CNIB), Baker New Investigator Award

Optometrists and Tobacco Use Interventions – Assessing Current Practices, Opportunities and Barriers to Prevent Vision Loss

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Co-Investigators --
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David Hammond, Ph.D., Assistant Professor, Health Studies and Gerontology, University of Waterloo
Mary E. Thompson, PhD, Professor Emerita, Department of Statistics and Actuarial Science, Co-Director, Survey Research Centre, University of Waterloo
OUTCOMES FROM THE RESEARCH

OTHER GRANT:

RESEARCH OBJECTIVES:
The proposed CNIB funded project will:

Conduct a census survey of community optometrists and senior Doctor of Optometry students to:

1. Generate evidence of current practices with respect to addressing tobacco use prevention and cessation interventions

2. Explore perceptions of opportunities or barriers to the optometry community’s involvement in preventing vision loss caused or exacerbated by using tobacco
The Propel Centre for Population Health Impact™ is a partnership between the Canadian Cancer Society and the University of Waterloo (UW).