

RIOS NET

News

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Spring

Tobacco Use in RIOS Net Patients – Completed!

The Tobacco Use Prevalence Project was completed in February, and we now have the complete set of information. The primary aim of this project, conducted between May 2003 and February 2005, was to develop community specific information about the use of tobacco products among patients seen in our primary care settings. We hope to use this information to develop projects to assist tobacco cessation efforts by our members.

The project consisted of completion of a 14-question patient survey, conducted on a PDA or on paper. The questions addressed rates, duration of use, types of tobacco used and views regarding cessation and demographic information for all patients 12 and older seen by participating clinicians over a two-week period. Each of the participating clinicians collected information on an average of 26 patients. A total of 91 clinicians representing 33 different clinics participated in this project and collected data on a total of 2389 patients.

The participating clinicians were primarily family practice doctors (78%) and represented diverse practice types: UNM (32%), IHS (29%), CHC (30%), Residency (6%), and private practices (3%). Participating patients were mainly women (64%), consistent with gender proportions in adult primary care patients. The patients were Hispanic (39%), Native American (27%), and non-Hispanic white (28%), while 6% had other or mixed race/ethnicity. Tobacco use rates for these patients are shown in the Table.

Overall, the cigarette-smoking rate among patients seen was 23%, three-quarters of whom smoked every day. This compares with the National and NM rates of smoking of 21.7% and 22.0% respectively according to the 2003 Behavioral Risk Factor Surveillance System. The average number of cigarettes smoked daily was 11 with a maximum of seventy. Seven percent

of cigarette smokers and 5.3% of non-cigarette smokers used other forms of tobacco (smokeless, pipe, cigar). The average number of years of smoking was 19.1 (SD 15.2) with a maximum of 62 years. Of the smokers, 72% had tried to quit smoking at least once and 63% currently wanted to quit.

We found that patients with ten plus pack-years or more of smoking had an increased relative risk of having various medical conditions for which smoking was a significant comorbidity compared with those with less than a ten pack-year smoking history. They were 1.4 times more likely to have Hypertension (95% CI: 1.10-1.88), 1.6 times more likely to have Hyperlipidemia (95% CI: 1.16-2.24), and 5.1 times more likely to have COPD (95% CI: 2.86-9.09).

An important finding, confirming the suspicion of many RIOS Net clinicians, is the high rate of smoking among the young adults seen in our practices. Over one-third of those in the 18-24 age range report smoking, a rate exceeding the national

averages for this age range. Although as a snapshot, cross-sectional study, this project cannot tell us what is happening over the last 10-20 years, the age data seem to support the impression of those who believe the smoking rates are climbing in the communities we serve.

For many of the practices who participated in this project, we have rates on tobacco use for those individual practices. If you would like this information for your practice, please contact Gina Cardinali or Nit-yamo Lian at 272-5131 or gcardinali@salud.unm.edu, nlilian@salud.unm.edu.

The next steps in RIOS Net in the tobacco priority area are being planned, as we work to prepare two new projects in this area. Thank you for your help on this project.

	% of Sample	Smokers (% within group)	Daily Smokers (% of all smokers)
All	100	23.0	73.8
Men	36.8	27.8	76.6
Women	63.2	20.4	71.6
All Hispanic	38.9		
Men		28.2	77.1
Women		25.2	77.1
All Native American	26.7		
Men		20.5	41.9
Women		13.0	33.9
All Non-Hispanic White	27.8		
Men		34.0	92.8
Women		21.3	87.4
Age			
12-17	7.9	9.9	52.9
18-24	9.6	36.5	58.2
25-34	14.5	26.7	72.6
35-44	17.1	30.7	83.2
45-54	21.1	25.0	81.2
55-64	14.5	19.2	69.4
65+	15.3	10.8	84.8

Table 1. Characteristics of RIOS Net patients in tobacco use prevalence project (n=2389).

From the Field

Gina Cardinali, MSW & Nityamo Lian

In March we began a new phase at RIOS Net. With the completion of our first projects, we are now ready to bring the results to you. With your consent, we, Nityamo and Gina, will be coming to visit you in your practice to update you on network activity and project results. We hope to also hear your thoughts about what the network should be doing.

It is important to emphasize that you are RIOS Net. If it weren't for you, the members of the network, RIOS Net would not exist. For this reason, it is important not only that we provide you information about the results of network projects, but also that you give us your feedback, thoughts, concerns and ideas on network related issues. You have helped shape the first 5 years of the network and we invite you to help shape the next 5 years.

We have information to share with you on all the network projects to date, but particularly on the network survey, the tobacco use prevalence project, and the diabetes prevention project (phase 1 looked

at prevalence of diabetes risk factors and of acanthosis nigricans, while phase 2 looked at how clinicians handle counseling for prevention of diabetes/obesity in the brief primary care encounter). In this first round, we have information about the tobacco use project available by practice site, so that if you participated in this project you can see how your patients compare with those of the network as a whole. We will also have information about coming plans within the network, and about available benefits for members.

We are eager to elicit your inquires on issues of interest. We also encourage you to invite your colleagues and clinic staff to our meetings so that they could learn more about who we are and become a part of the process of this collaborative effort. We plan to travel to all network practices to meet with you and look forward to the opportunity to strengthen our relationship and together continue to make a difference in improving the health and healthcare of all New Mexicans.

5th ANNUAL MEMBERS MEETING

REGISTER NOW to attend the RIOS Net members meeting:

Albuquerque Museum

May 6th, 2005

8:30-4:00 pm

Attend an Isotopes baseball game Friday night!!!!

Web page registration:

<http://hscapp.unm.edu/rios/registration.cfm>

Email: Riosnet@salud.unm.edu

Dear Dr. Andrew

Question:

What is the role of qualitative research in RIOS Net?



Good question and right up my alley as I am a cultural anthropologist by training and conduct mostly qualitative research with RIOS Net. Both qualitative and quantitative approaches to research are important in RIOS Net and provide complementary ways to address the challenging health issues in primary care. In general, qualitative approaches are more appropriate when the research question seeks to understand how people define and give meaning to their experiences while quantitative approaches are better suited to assess the prevalence of something in a given population. For example, in our first Diabetes Prevention project, we used a quantitative survey to collect information on how common diabetic risk factors are among RIOS Net patients. In our second Diabetes Prevention project, we used qualitative interviews to talk to clinicians about how they manage the many competing demands in the brief encounter.

There are a few reasons why qualitative approaches are particularly relevant for RIOS Net projects. First, our members are practicing in communities that are diverse and have a range of health-care resources. We think that it is important to understand how these different community contexts affect access to and the delivery of primary care. New Mexico is unique in many ways from the rest of the country and approaches to health developed in another region may not work well here.

Qualitative approaches are also good at helping us to better understand the process of care delivery. RIOS Net members work in different institutional settings—Indian Health Service, community health centers and

UNM—each with its own ways of doing things. Having a better understanding of how care is delivered is an important first step in developing projects aimed at improving the health of the patients seen in network clinics. Our second Diabetes Prevention project provides a good example of how these aspects of qualitative research may prove to be useful. We hope to apply our findings from this project to help clinicians provide obesity counseling in ways that are 1) appropriate to the populations they serve and are 2) flexible enough to work well for clinicians in Shiprock, Santa Fe and Silver City. The qualitative information we have gathered already—learning how clinicians currently approach preventive counseling for obesity—gives us some important building blocks for future projects.

Both quantitative and qualitative approaches are important as we continue to learn more about our clinicians, their practice settings and the communities they serve. Each approach has its own ways of collecting and analyzing information and uses a unique set of “lenses” to examine health problems in our state. Together, these scientific methods form a powerful combination and play an important role in how we think about ways to improve primary care.

Do you have a question? Please send it to me at: asussman@salud.unm.edu or call me at 505.272.4077

NIH Collaborative Update

The NIH has recognized the importance of the work RIOS Net has carried out so far by providing the network with funds to explore possible collaborations with other networks of clinicians in medically underserved communities. We have now begun meetings with representatives from CaReNet and the Southeast Regional Clinicians Network to consider joint projects of interest to our members. CaReNet, the Colorado Research Network, is a network of some three dozen community health center and academic practices and over 300 clinicians providing care to disadvantaged populations. The Southeast Regional Clinicians Network is composed of over 600 clinicians working in over 100 community health centers

throughout 8 Southeastern states. Together, these three networks – RIOS Net, CaReNet, and the SERCN - have tremendous ability to examine questions of importance to the health and health care of the communities we serve.

Discussions so far have confirmed that all three networks have common areas of interest, such as diabetes, cancer prevention, and depression. We have worked to sort out logistical issues related to carrying out joint projects, and expect to resolve plans for future collaborations in the next few months. In the meantime, CaReNet will join with us in the first step of our project in Hepatitis C, a survey of members’ views about care for this illness soon to be distributed



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**5TH ANNUAL
MEMBERS MEETING
ALBUQUERQUE
MUSEUM
MAY 6, 2005**

FREE STUFF!!

Through a contract with the NIH, we now have funds available to support travel for a limited number of RIOS Net members to attend national primary care or public health meetings that focus on research that benefits our patients.

If you are a member of RIOS Net, have participated in network projects, and are interested in attending any of the following meetings this year or next, contact Rob Williams at:
rlwilliams@salud.unm.edu.

- North American Primary

Care Research Group annual meeting

- Society of General Internal Medicine annual meeting



- Pediatric Academic Societies annual meeting

- American Public Health Association annual meeting