



Snohomish County Tobacco & Nicotine Cessation Gap Analysis

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Table of Contents

Acknowledgements.....	2
Language Disclaimer	2
Executive Summary.....	3
Background	4
Smoking and Health in Snohomish County, WA.....	4
Evidence-based Cessation Practices	4
Healthcare Providers’ Role in Smoking Cessation.....	5
Methods.....	6
Results.....	7
Barriers to Screening and Treatment	8
Referrals and/or Treatment Provided	10
Resources	11
Feedback for Snohomish County Health Department	12
Limitations.....	12
Gaps	13
Accessibility and Affordability of Treatment	13
Provider Time Restrictions	13
Provider Training	13
Recommendations	14
Quit Kits.....	14
Resource Pamphlets.....	14
Provider Trainings.....	14
References.....	15



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Organizations:

Community Health Center of Snohomish County (CHC)

Lahai Health

Sea Mar Community Health Center of Snohomish County

[Language Disclaimer](#)

For centuries, some American Indian Tribes have used traditional tobacco in sacred ways. Traditional tobacco differs from commercial tobacco in the ways that it is grown and utilized. Commercial tobacco is manufactured for profit by companies and includes chemical additives that make its consumption the leading cause of preventable death and disease in the United States. Traditional tobacco should not be confused with commercial tobacco, so terms tobacco, nicotine, and smoking in this document will be referring to commercial tobacco unless otherwise specified to respect the sacred nature of traditional tobacco. (Keep it Sacred, n.d.).

Executive Summary

Commercial tobacco and nicotine use is still a major source of death and disease both nationally and in Snohomish County, Washington. The goal of this analysis is to identify gaps within cessation treatment at Federally Qualified Healthcare Centers (FQHCs) in Snohomish County. To accomplish this, a survey was conducted with healthcare providers to identify barriers in treating patients for tobacco and nicotine use cessation and potential programmatic solutions for Snohomish County Health Department (SCHD) to implement.

The results of the survey yielded valuable information on how providers in Snohomish County treat patients for tobacco and nicotine cessation and what SCHD can do to better support these efforts. Providers reported multiple barriers, most notably time restrictions when screening for tobacco and nicotine use and patients being unable to afford the treatment. Additionally, providers noted that there were several services they wish they could offer to patients but currently cannot. Responses included longer and more frequent appointments, counseling, more cessation resources, and free medication.

Three main gaps in cessation treatment were identified:

1. Accessibility and affordability for patient medications
2. Provider time restrictions
3. Provider training and resources

Three recommendations to close gaps:

1. Quit kits
2. Resource pamphlets
3. Access for providers to trainings and other resources

Background

Smoking and Health in Snohomish County, WA

Commercial tobacco use is the leading cause of preventable death and disease in the United States. The risk of at least thirteen types of cancer can be reduced by smoking cessation, as well as the risk of cardiovascular disease and respiratory disease (HHS, 2020). In Washington State, smoking causes 8,300 deaths per year and 27.4% of cancer deaths are attributed to smoking (Washington State Department of Health, 2020).

Significant disparities exist in commercial tobacco use among certain groups (American Lung Association, 2025). Many racial and ethnic groups as well as LGBTQ communities have been strategically targeted by the commercial tobacco industry, leading to higher rates of use than in the general population. Disparities also exist among those with lower socioeconomic status, education level, and those with certain behavioral health conditions.

In Snohomish County, approximately 9.2% of adults are current smokers (BRFSS, 2020-2022). Many disparities seen at the national level are echoed in Snohomish County. For example, 18% of individuals in Snohomish County who did not graduate high school are current smokers compared to 3% of college graduates. Additionally, approximately 20% of Snohomish County residents with a yearly household income of less than \$25,000 currently smoke whereas 7% of those with an income of over \$100,000 smoke.

Quitting smoking is the single best thing someone who smokes can do for their health and to improve their quality of life. It is important to make cessation resources as accessible as possible to compensate for existing disparities and barriers to treatment.

Evidence-based Cessation Practices

Using evidence-based cessation tools to quit smoking is more effective than quitting without help. Most people who are successful in quitting use a combination of medications and counseling. There are two types of cessation aids, those that contain nicotine and medication that does not contain nicotine. The methods listed here have been approved by the FDA (CDC, n.d.).

Nicotine replacement therapy (NRT) delivers a small dose of nicotine that helps the user taper off over time. Types of NRT include patches, gum, lozenges, and nasal spray. It can help to use more than one NRT at a time, such as a patch that is worn throughout the day then gum as needed for breakthrough cravings. NRT can be purchased over the counter for adults or prescribed by a healthcare provider. Quitlines (1-800-QUITNOW) often have free NRT that can be mailed directly to individuals. In Washington State, those who qualify based on their insurance status are eligible to receive 2 weeks of free NRT. Utilizing NRT increases the chances of quitting by 50-60% compared to attempting to quit without (Hartmann-Boyce et al., 2018).



Non-nicotine medications are only available by prescription and include varenicline and bupropion SR (Wellbutrin), which are pills to help manage cravings and withdrawal symptoms. Varenicline has been found to be the most effective medication, with an abstinence rate of 44% compared to 29.5% with bupropion and 17.7% with placebo (Onwuzo et al., 2024). Varenicline can be used along with NRT, with this combination having the highest efficacy for cessation.

Counseling provides emotional support while quitting, which increases the chances of a successful quit attempt as the process is often very difficult and can feel isolating. Along with NRT, Quitlines can provide counseling via phone, app-based, or texting support. In 2022, the Washington State Quitline received an average of 152 calls per month (Washington State Department of Health, n.d.).

More than two-thirds of adult smokers who attempted to quit did not use evidence-based cessation methods, which could have increased their chances of a successful quit attempt (HHS, 2020). In Snohomish County, 53% of male and 51% of female residents who currently smoke have tried to quit in the past year (BRFSS, 2020-2022), demonstrating that people do want to quit and may be more successful with additional help.

Healthcare Providers' Role in Smoking Cessation

Healthcare providers have an important role in helping their patients to quit using tobacco and nicotine products. With the ability to prescribe medications and the clinical authority to advise patients on what's best for their health, healthcare providers have the potential to definitively impact a patient's quit journey.

Four out of every nine adult smokers in the U.S. who saw a healthcare provider in the past year did not receive advice to quit (HHS, 2020). Keeping in mind the many challenges providers face, such as tight schedules amid large caseloads, with the right support and resources, there is an opportunity for improvement to reach more users.

In Snohomish County, 8% of residents whose last medical checkup was in the past year are current smokers. Similarly, 7% of residents whose last dental visit was in the past year are current smokers. Dentists are poised to recommend smoking cessation at a rate close to medical providers. Each contact with a patient is an opportunity to motivate them to quit.

A study conducted by Dahne et al (2020) found that patients who were given a 2-week sample of NRT patches and lozenges at their primary care physician's office in combination with brief advice to quit had higher rates of abstinence from smoking compared to those who were only given quit advice. Immediately after the appointment, 55% of those who were given NRT used it compared to 10% who were not given NRT. This demonstrates that increased access to NRT results in more quit attempts and that receiving cessation resources directly from a physician is impactful. Additionally, the availability of NRT samples in physician offices was found to be most



effective for smokers with lower income, education level, and who live in rural areas, potentially improving cessation disparities among these groups.

Methods

An online survey was created for Snohomish County Health Department (SCHD) to learn about local healthcare provider's experiences with commercial tobacco and nicotine cessation in their patients. The survey was developed and distributed using REDCap (Research Electronic Data Capture), a secure web application supported in part by the National Institutes of Health for building and managing online surveys and databases.

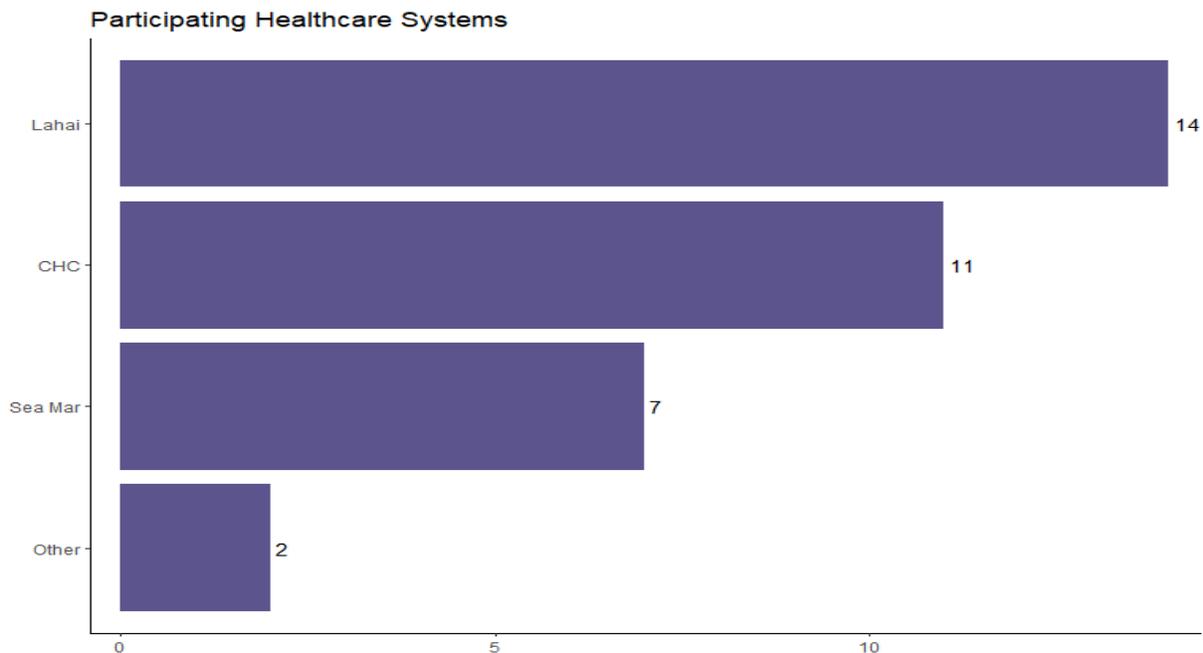
A link to the survey was distributed via email to three health centers in Snohomish County, all of which have patient populations that are largely insured by Medicaid or are uninsured. Community Health Center of Snohomish County (CHC) and Sea Mar are both federally qualified health centers (FQHCs) and Lahai Health is funded through donations to provide free comprehensive care with providers who volunteer their time. Outreach was targeted to medical officers and administrative staff of these organizations, who then forwarded the survey email to their providers.

Results

The survey was opened in October 2024 and closed at the end of January 2025. There were 14 questions (excluding additional questions for explanation if “Other” was selected), and 34 responses were received. Two of the responses were incomplete, though only the last three free text questions regarding what resources or support they’d like to offer patients but currently cannot, recommendations for SCHED to provide to providers or patients, and any other general questions or comments were not completed.

Survey participants included professionals in primary care, dentistry, behavioral health, and cardiology. Participants worked for three healthcare systems: CHC, Lahai, and Sea Mar (Figure 1). Two respondents replied “Other” and indicated that they worked at a private practice and at a residential treatment facility.

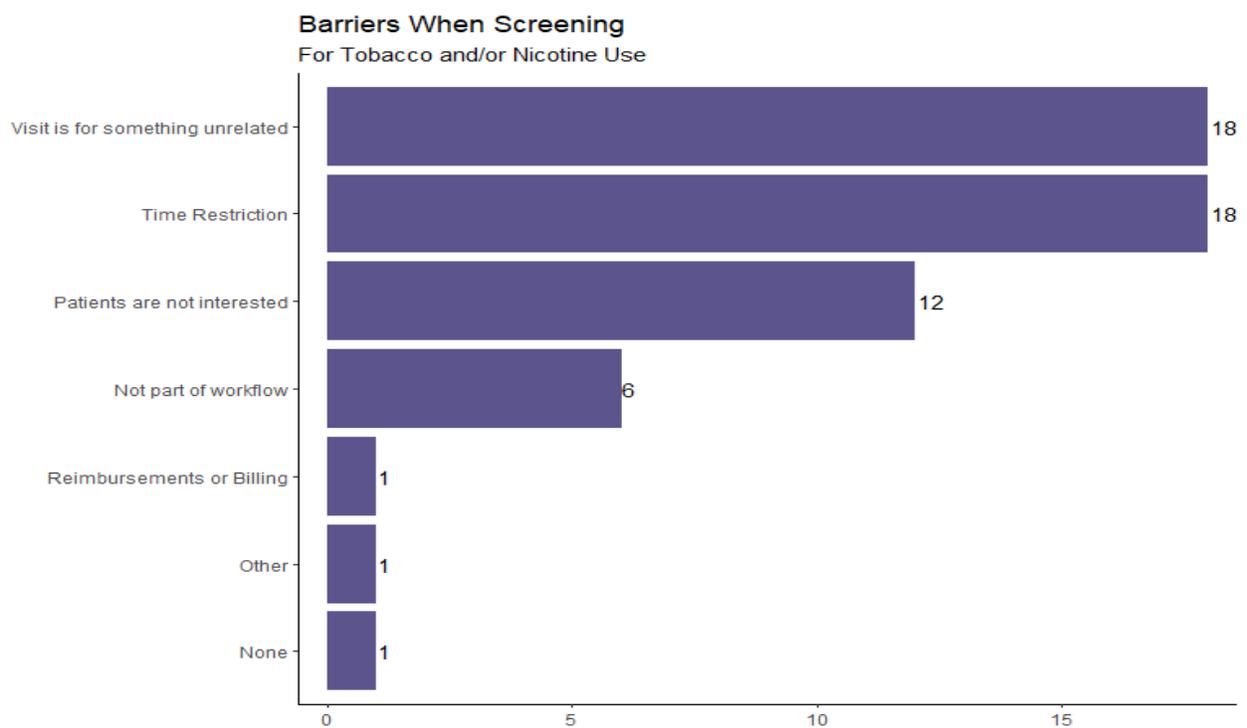
Figure 1. Survey respondents by the healthcare system they work for.



Barriers to Screening and Treatment

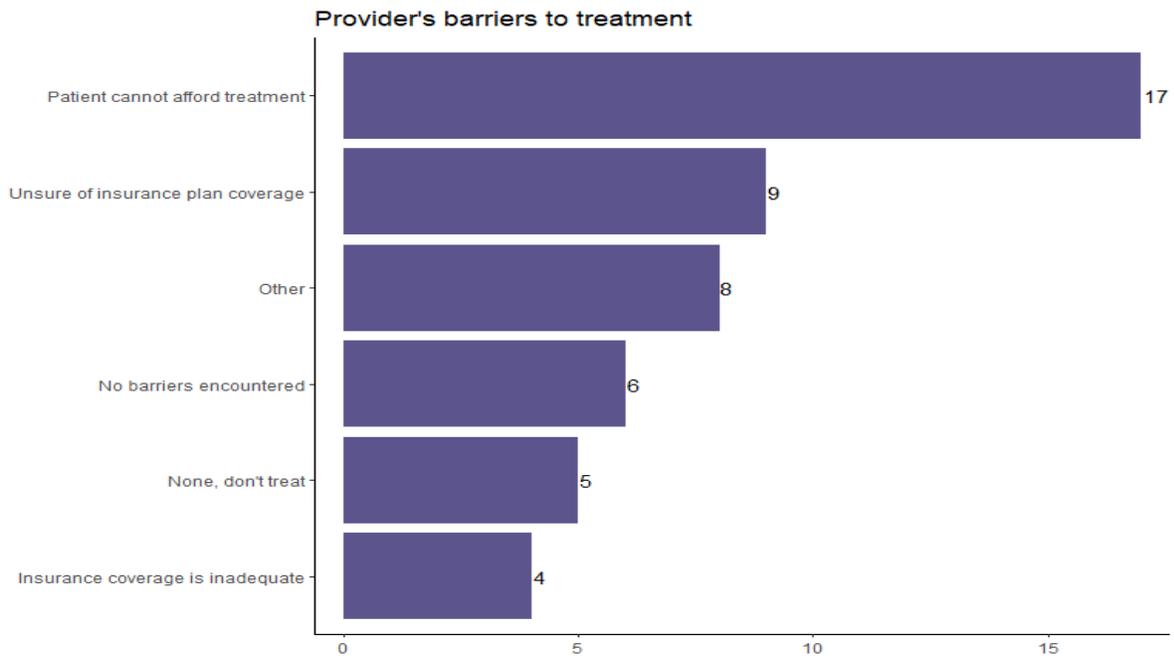
Half of respondents (17/34) said they screened their patients for tobacco and/or nicotine use at all appointments and 17% said they screened when a patient was new to them. The primary barriers healthcare providers reported when screening patients for tobacco and nicotine use were appointment time restrictions, the visit primary purpose was not related to tobacco or nicotine cessation, or a lack of interest from patients (Figure 2).

Figure 2. Survey respondent's barriers to screening for tobacco and/or nicotine use.



Half of respondents reported that the cost (patient cannot afford) was the biggest barrier to treatment, followed by providers being unsure of insurance plan coverage of tobacco and nicotine treatment (26% of survey respondents; Figure 3). Other barriers mentioned include: the patient was not ready to quit or was uninterested, or the respondent doesn't prescribe cessation medication.

Figure 3. Survey respondent's barriers to treating a patient's tobacco and/or nicotine use.

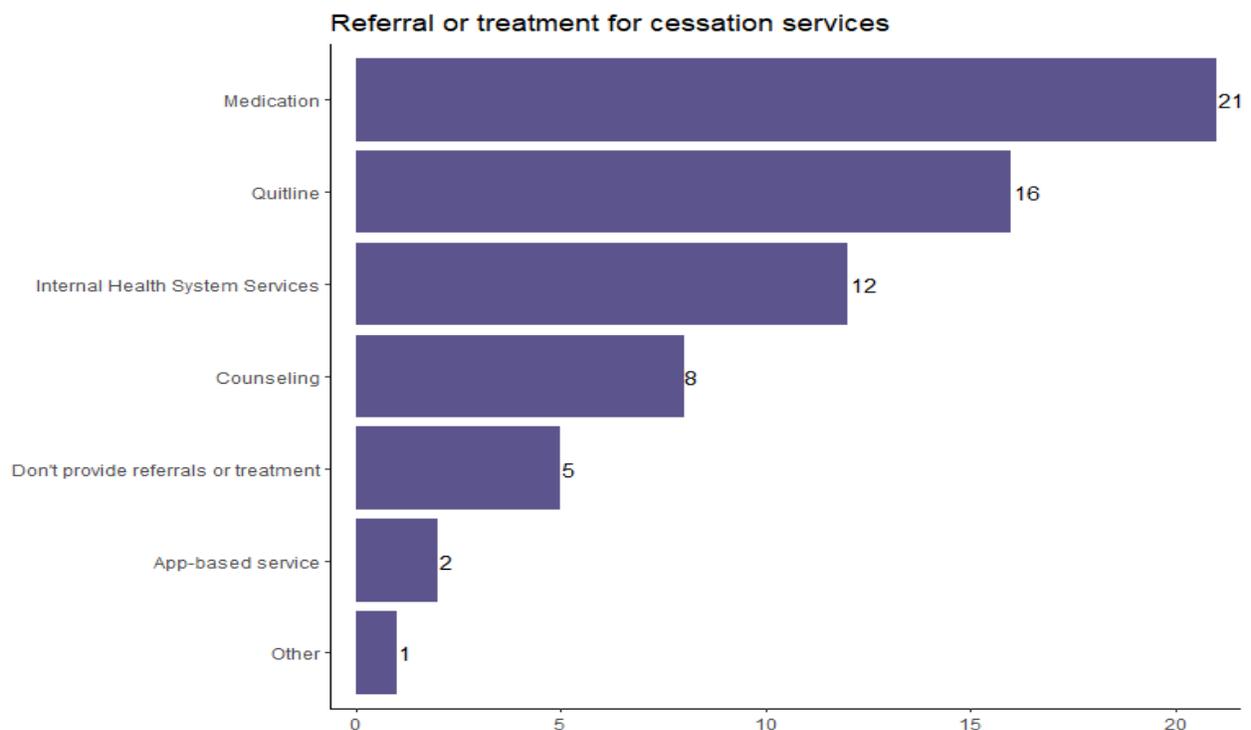


Referrals and/or Treatment Provided

Of all survey respondents, 71% have received training on tobacco and nicotine cessation and 68% said they would like to receive training and/or resources.

The survey listed several referrals and treatment options for cessation services including: Quitline (1-800-QUITNOW), an app-based service such as 2Morrow Health App, counseling, medication, in-house cessation services, or an option for those that don't provide referrals or cessation treatment. One respondent said they refer patients to the Providence Stop Smoking program and five respondents don't provide referrals or treatment. Many survey respondents (62%) indicated that they prescribed their patient medication such as Nicotine Replacement Therapy (NRT), varenicline, or bupropion (Wellbutrin), followed by a referral to the Quitline (Figure 4).

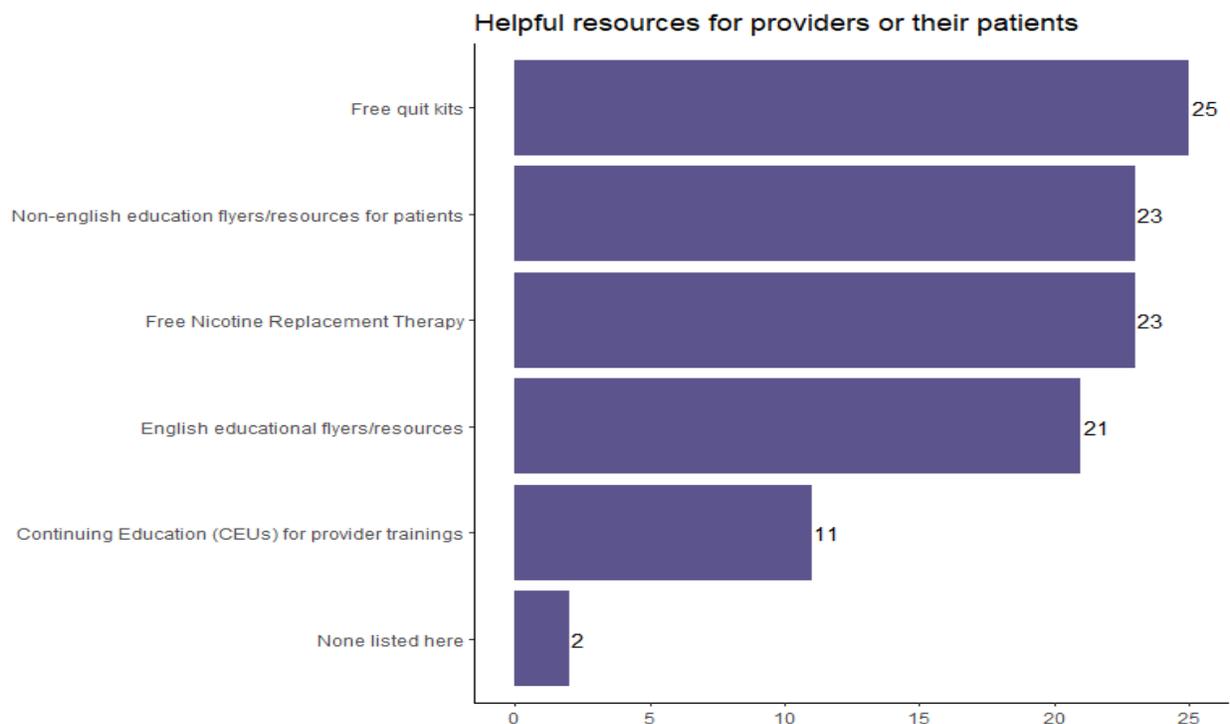
Figure 4. Referrals or treatment for cessation services provided by survey respondents.



Resources

Providers identified free quit kits (which include items that can help patients manage cravings such as flavored gum and toothpicks, water bottle, and Quitline information) for their patients were the most requested resource of those listed in the survey, closely followed by free nicotine replacement therapy and English and non-English educational flyers and resources for their patients (Figure 5). Of non-English resources requested, Spanish was the most requested language (23 responses). Other languages mentioned include Russian (4), Ukrainian (3), Arabic (2), Vietnamese (2), Tagalog (2), Marshallese (1), and Punjabi (1).

Figure 5. Resources respondents would find helpful for tobacco cessation treatment.



Providers noted that there were several services they wish they could offer to patients in addition to resources previously listed, but currently cannot. Some of these responses included: longer and more frequent appointments, counseling, vaping cessation resources, free medication, and group meetings for those quitting smoking.

Feedback for Snohomish County Health Department

Survey respondents had several recommendations for the Snohomish County Health Department to make available to providers and/or patients including the following:

- Increased NRT and medication coverage
- Educational flyers focused on vaping, including risks, teen usage, and evidence of medication efficacy.
- One month of free nicotine patches mailed directly to patient's home, like the [Quit Now Montana](#) program.
- Better advertising of 1800QUITNOW.
- Peer navigators, particularly Spanish speaking, to explain health effects to family & cost of smoking.
- Free smoking cessation clinics, materials, and medications
- Samples or supply of nicotine gums, patches, etc. at subsidized cost
- Smoking cessation training for staff.
- Factsheets that have information such as:
 - Facts about quitting & health risks of not quitting.
 - Steps to quitting
 - Resources for quitting, including a list of clinics with therapists who do CBT and motivational interviewing.
 - Benefits of quitting.
 - Timeline that shows what risks are lessened 1 day after quitting and onwards.

The penultimate question in the survey invited respondents to ask any questions or provide comment to the Snohomish County Health Department. The only questions received were around contraindications to NRT and inquiring about whether a program existed in the county similar to Montana's Quit Now Montana program. Comments included requests for teen vaping resources and peer navigators, more medication/NRT coverage, more smoking cessation resources at clinics, and evidence-based information around medication for vaping cessation, alongside appreciation for the survey and support in tobacco and nicotine cessation efforts.

The final question asked if respondents would like to be contacted regarding resources or further information and eight respondents (23%) said yes.

Limitations

The survey had multiple limitations. The survey was only distributed to organizations that primarily serve low-income communities to prioritize resources for patients who may have less access to cessation services. Additionally, the survey was limited to adult providers, but pediatricians may also treat youth for nicotine cessation so that population would require



tailored resources. The survey received 34 responses, and therefore the results and views expressed may not be generalizable to all providers in Snohomish County. Finally, the survey was open for approximately four months.

Gaps

Accessibility and Affordability of Treatment

Cost of and access to medications and other treatment like counseling poses significant gaps for patients. While NRT is available over the counter for adults, it can be expensive, and many users need multiple quit attempts before successfully ceasing tobacco and nicotine use. A 2-week supply of patches can cost between \$20-40, with a recommended 10 weeks of use, totaling upwards of \$200 for one full course of treatment. Insurance companies are required to cover cessation services as outlined in the Affordable Care Act, but often have limits on medication and counseling which can be less than what the patient needs. The Washington State Quitline also provides a free two-week supply of NRT and five counseling sessions for those who are uninsured or underinsured. Of providers surveyed, 47% refer patients to the Quitline. While these resources for NRT are undoubtedly essential, there is still a gap remaining for many to access the amount of NRT needed to successfully quit.

Provider Time Restrictions

While healthcare providers recognize the importance of patients quitting tobacco and nicotine use, it can be challenging to find time in their clinic visit to adequately address this. Systematic barriers such as insurance reimbursements and organizational policies like clinic visit lengths are difficult to change, but streamlining the process for providers to get cessation resources to their patients will potentially allow more patients to receive this information in a way that also is feasible for the provider.

Provider Training

Many resources exist for healthcare providers to access information on clinical tobacco and nicotine cessation, but based on the results of this survey it's clear that providers would like more easily accessible training. Time restrictions as previously mentioned may also make it more difficult for providers to find an opportunity in their days to watch a webinar, for example, or to attend a conference. Quick and easy to use tools along with trainings that provide Continuing Education (CE) credits can allow providers the opportunity to expand their clinical knowledge on tobacco cessation practices and save them time.

Recommendations

This survey provided helpful insights into healthcare provider's experiences treating patients for tobacco and nicotine cessation. The results will be utilized to plan programs partnering with the surveyed organizations for SCHED to provide resources based on the results received here.

Quit Kits

The first recommendation is to provide free quit kits with NRT samples. A quit kit contains items that can help alleviate withdrawal symptoms, such as a water bottle, flavored gum and toothpicks, and a fidget toy. NRT samples can help a patient get started on their quit journey, then they are encouraged to call the Quitline for additional supply, which may be free. Healthcare providers can also prescribe NRT, which insurance may cover or reimburse. Along with NRT, patients should be encouraged to utilize counseling to increase chances of quitting successfully, so quit kits should also include information on the Quitline for counseling or app-based programs such as 2Morrow Health. Providers cited cost to the patient as the biggest barrier to treatment, so ensuring that patients can access evidence-based cessation aids for free or low-cost is critical.

SCHED has already been successful in distributing youth vaping quit kits, so including adult-focused items and NRT would adapt this concept for another population. Other local health jurisdictions, like Spokane Regional Health District, have also found quit kits to be a popular intervention that encourages quitting.

Resource Pamphlets

The second recommendation is to provide tobacco and nicotine cessation information and resource pamphlets in requested languages. Providing cessation information to patients in a way that's easy to understand will hopefully encourage their quit journey while assisting providers in ensuring the information is received by every patient who uses tobacco and nicotine products and keeping their visits on schedule. This will ideally help to reduce the time barrier that many providers indicated.

Youth vaping pocket guides are currently distributed by SCHED, so expanding access to adults would bridge a resource gap in populations. Additionally, the Quitline has many free resources, like wallet cards with 1800QUITNOW and online app access in multiple languages. Quitline cards and pamphlets are a great tool to provide in clinic and within quit kits.

Provider Trainings

The third recommendation is to host or recommend a provider training webinar and a provider cessation toolkit. While most providers surveyed have received training on tobacco and nicotine cessation in the past, many indicated that they would like to have more training on the topic. It is valuable for medical professionals to have CE credits available, and for the recording to be available to watch later or on-demand. There are many trainings available online, such as through the CDC and other local partners like King County. Providers also expressed interest in a toolkit that they can easily refer to for information and resources as needed.

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