

Cooper Clayton at Lexington-Fayette Hlth. Dept.  
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- **Decreasing attrition/increasing intervention completion**
- **Additional materials & resources...and how that helps us hang onto folks**
- **CO monitoring & payment**

# Decreasing attrition/increasing intervention completion rates

- Ask them to look YOU in the eye and promise you they'll come back the next week
- Registration form COMPLETELY filled out. We check their forms at the door as they leave. Forms provide crucial insight when a participant starts to falter.
- During the week we call and/or email participants just to check in...I use students or clerical staff
- “No matter what happens, we can handle it”...banish shame and judgment. Make your class a safe zone. Sit with them.
- The first time participants miss we call them and invite them back. After that, it's up to them.
- TALK TO THEM!!! About something other than smoking, that eventually makes them want to go smoke. Be brave, be nice.

## Additional materials & resources...and how that helps us hang onto folks

- Expanded registration form
- Within the boundaries of the weekly topics, let the class determine what you expand on (i.e. nutrition, exercise bands)
- **The most powerful tool against attrition is getting the class to bond and giving them ownership of the class...step back after week 3. Get comfortable with a little chaos as long as participants are getting something out of it.**
- If any of you want to see the handouts we use, let me know. I'll share! We constantly work to improve them, and I've reworked most of them with a graphic artist and brought reading level down
- Capitalize on resources within your own HD's...people, ed. materials, referrals to other classes, guest speakers, etc.



**Cooper Clayton Method to Stop Smoking  
Registration Form--LFCHD**  
*Information is Kept Confidential*

Name:		D.O.B.
Last, first		
Home Address:		
Street/P.O. Box		City Zip
Home Phone:	Cell:	Work phone:
Email:	Have you ever participated in a Cooper Clayton session? ___ Yes ___ No	
We contact our graduates after 6 and 12 months to ask about your progress and how we can help you remain tobacco free. Please list the phone number and/or email of someone who will know how to reach you (friends, relative, etc.) if none of the above contact information is valid when we try to contact you.		
Contact Name:	Phone and/or email:	
How many years have you smoked?		
___ 0-5 ___ 6-10 ___ 11-15 ___ 16-20 ___ 21+		
How many cigarettes do you smoke each day?		
___ 0-10 ___ 11-20 ___ 21-30 ___ 31+ ___ Unknown		
How many times have you tried to stop smoking in the past?		
___ 0 ___ 1-5 ___ 6-10 ___ 11+ ___ Unknown/Don't Remember		
If you've ever tried to quit, what strategies or medications did you use? (Check all that apply)		
___ Chantix		___ "Cold turkey"
___ Some other form of tobacco (snuff, dip, chew, snus, etc.)		___ Nicotine patches, lozenges, or gum
___ Wellbutrin/Zyban (Bupropion)		___ Counseling or group therapy
___ Other support programs		___ electronic cigarettes
___ Other (meditation, hypnosis, prayer, etc.) _____		
How did you find out about this program? (check all that apply)		
___ t.v.		___ newspaper
___ website		___ someone who took the class
___ healthcare provider		___ other _____
What's the longest time you've remained tobacco free since you became an everyday smoker?		
___ less than 1 week		___ less than 1 month
___ 7-12 months		___ 1-6 months
___ more than 1 year		

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What is your occupation?	
___ Laborer (construction worker, landscaper, etc...anything that places you outdoors most of the time)	
___ Office worker (administrative assistant, call center worker, data processor, etc.)	
___ Food industry, factory, or retail worker	
___ Currently unemployed	
___ Professional (teacher, accountant, engineer, etc.)	
___ Disabled	
___ Healthcare worker (nurse, nurse's aide, physician, etc.)	
___ OTHER _____	
Check any of the following diagnoses you have received from a healthcare provider. Disclosure of this information is voluntary. It gives facilitators information they need to best advise you during this session.	
___ heart disease	
___ cancer, any type	
___ obesity	
___ diabetes	
___ lung disease (asthma, COPD/emphysema, chronic bronchitis, etc.)	
___ OTHER _____	
___ high blood pressure	
___ depression or other mental illness	
Social support for Quitting	
___ Family	
___ Friend(s)	
___ Partner/Spouse	
___ None	
___ Other _____	
On a Scale from 1-10, Rank Each of the Following: (1=low, 10=high)	
Importance of Quitting (to YOU) _____	
Confidence in Your Ability to Quit _____	
Your Readiness to Quit _____	
Current Problems or Stressors	
___ Financial	
___ Substance Use/Addiction	
___ Family	
___ Unemployment	
___ Housing	
___ Other _____	
___ Work	
___ Medical Illness	
___ No Stressors	
___ Psychiatric Illness (depression, bipolar disorder, PTSD, etc.)	
Check the highest level of education you have completed.	
___ Some high school or middle school	
___ high school diploma or GED	
___ Associate degree or certificate	
___ college degree	
Secondhand Smoke in Your Environment	
Do any smokers live in the same house / apartment as you? ___ YES ___ NO	
On a scale of 0-10 with 0 being "not at all" and 10 being "constantly", on average <i>how often are you exposed to secondhand tobacco smoke?</i> _____	
What type of insurance do you have? (check all that apply)	
___ Medicaid	
___ Medicare	
___ Insurance through self or work	
___ Veteran's benefits	
What has motivated you to stop smoking and enroll in this program? Check all that apply	
___ Health (personal or family)	
___ save money	
___ indoor smoking bans	
___ pressure from family/friends	
___ OTHER: _____	

# CO monitoring & payment

- Past 2 yrs we've done weekly CO monitoring
- This was a major turning point in our program. Originally created as part of deposit program, but worked out as incentive.
- “How low can you go” game...competitiveness
- Chart decreasing (hopefully) CO levels for each person
- Our \$50 deposit program that included NRT was very successful, but due to budget cuts we had to change fee structure. Now we charge \$10/wk for 10 wks, still provide NRT. Class size has not dropped, but intervention completion rates have.
- \$10/wk is 2 days worth of cigs for avg. KY smoker...course of NRT would cost them ~\$200...NO problem with ppl paying