
 TARGETING SPECIAL POPULATIONS FOR TOBACCO INTERVENTION IN
 MANAGED CARE

I. Tailored communications for smoking cessation

Introduction

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Tailored smoking cessation communications (for example, print, telephone, internet, face-to-face counselling) hold great promise for improving the efficacy of smoking cessation treatments and interventions offered through managed care organisations. Past research has shown that quit smoking guides and programs targeted to the special quitting motives and barriers of a specific population can be more appealing and more effective. This has been demonstrated for pregnant smokers,¹ older smokers,² and African-American smokers.³ Additionally, there is growing evidence for better long term quit rates among smokers who get individually tailored or personalised advice—either in person, by phone, or through tailored mailings—in addition to self help materials.⁴⁻⁶ The papers in this section identify promising new directions for tailored interventions for a number of special populations: older Americans, Hispanics, young people, and cancer patients.

Managed care organisations offer new opportunities and incentives to individually tailor smoking cessation communications.⁷ They offer defined populations of patients and improved information systems which together bring unprecedented opportunity to develop a registry of tobacco users, and to create and deliver computer tailored communications and programs. In addition, growing demands on provider time under capitation bring new incentives for interventions (for example, direct-to-patient tailored mailings) that will reduce provider burden by minimising require-

ments for one-to-one smoking advice and counselling. However, there are some new risks as well, related to the need to obtain informed consent and protect the confidentiality of information used to tailor interventions. If patients lack confidence that the privacy of personal health information will be protected, the risk is that they will become less truthful—which in the long run will jeopardise the quality of care they receive and the tailored messages we can provide. Therefore, the future of tailored health communications in managed care will depend not only on improved knowledge of effective message tailoring,⁶ but also on the development of a set of ethical and empirical “best practices” to deal with the risks which are involved.⁷

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