Tailoring Tobacco Cessation Interventions for Special Populations served by Federally Qualified Health Centers

Presenters:

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*Manager, Wellness Programs at Whitman-Walker Health*

The webinar will begin at 2:00 p.m. Eastern. Audio: Use computer speakers or phone (1-866-307-6033)

If connecting by phone, please put your phone on mute!

Live tweet this webinar: @GW Cancer Inst #CompCancer
Mandi Pratt-Chapman, MA
Director, The George Washington (GW) University Cancer Institute
Amie Krautwurst, MSW, LICSW
Manager, Wellness Programs at Whitman-Walker Health
Licensed Independent Clinical Social Worker
Whitman-Walker Health: Our Beginning

• The precursor to Whitman-Walker was founded in 1973 as the Gay Men’s VD Clinic, which operated in the basement of the Georgetown Lutheran Church.

• Whitman-Walker Clinic was officially chartered on January 13, 1978. The founders honored Walt Whitman and Dr. Mary Edwards Walker in naming the new organization, dedicated to meeting the needs of the gay, lesbian, bisexual, and transgender community and people living with HIV.

• With the onset of what we now know as HIV and AIDS, Whitman-Walker emerged as DC’s first responder and community leader in fighting AIDS by launching the AIDS Education Fund in 1983 to provide information, counseling, and resources to those affected by the virus.
Whitman-Walker Health: Who We Are Today

- Whitman-Walker Clinic changed its name to Whitman-Walker Health in 2011, spotlighting the organization becoming a full-service, best-in-class health center.

- In 2013, Whitman-Walker Health received full Federally Qualified Health Center (FQHC) designation from the U.S. Department of Health and Human Services.

- Whitman-Walker Health opened its new, state-of-the-art medical home at 1525 14th Street, NW on May 18, 2015.
Whitman-Walker Health: What We Do

• Our mission is to be the highest quality, culturally competent community health center serving greater Washington’s diverse urban community, including individuals who face barriers to accessing care, and with a special expertise in LGBT and HIV care

• Services in our four locations include primary medical and dental care; nutrition; mental health and addiction counseling and treatment; HIV education, prevention and testing; medical adherence case management; youth services; integrated wellness services; and legal services and insurance navigation
Whitman-Walker Health: Who We Serve

2014 WHITMAN-WALKER MEDICAL STATISTICS

Whitman-Walker cared for 14,742 individuals in 2014. Those seeking care at Whitman-Walker came from all across DC and the metropolitan area. Nearly three-quarters (72 percent) of our patients came from DC, while 15 percent came from Maryland and 11 percent from Virginia.

Whitman-Walker patients live in all eight DC wards.

WHERE DO OUR PATIENTS LIVE?

RACE/ETHNICITY

14% of patients identified their ethnicity as Hispanic.
Quality of care indicators for WWH patients remained high in 2014, often beating national benchmarks:

- **89%** of patients living with HIV on prescribed antiretroviral (ARV) medications
- **78%** of patients living with HIV on prescribed ARVs have suppressed viral loads
- **74%** of patients living with Diabetes have controlled blood sugar levels (national benchmark is 70 percent)
- **66%** of hypertensive patients have a controlled blood pressure (less than 140/90) (national benchmark is 63 percent)
Smoking Cessation at Whitman-Walker Health

• As an adjunct to our traditional health services, Whitman-Walker Health launched a host of integrated wellness offerings in 2013, including the American Lung Association’s® Freedom From Smoking® program

• Three members of our Community Health and Wellness staff are currently certified to facilitate the Freedom From Smoking® program, both on-site at two of our locations and off-site at partnering community-based organizations

• Since 2013, we have provided the Freedom From Smoking® program to 45 patients of Whitman-Walker Health and 25 clients of partnering community-based organizations
Freedom From Smoking®

• For the past 25 years, the Freedom From Smoking® program has been updated and improved several times, and it is often called the “Gold standard in smoking cessation programs”

• No single method works for everyone! The eight-week Freedom From Smoking® program employs a number of different methods to meet participants where they are and provides them with personalized tools to help them quit smoking.

• Freedom From Smoking® is based on the Stages of Change Model, which is a tested and respected system for bringing about positive behavior change.

• The Freedom From Smoking® program builds on participants’ experiences from past quit attempts and uses a relationship-based supportive group setting to facilitate mutual aid between participants.
Tailoring Tobacco Cessation Interventions for Special Populations served by Federally Qualified Health Centers

September 1, 2015

Mandi Pratt-Chapman, MA
Disclosure

• This project was funded by Grant No. CHA.PHBG.WWC.072014 from the Government of the District of Columbia, Community Health Administration
Learning Objectives

After viewing this webinar participants will be able to:

• Summarize at least three tobacco cessation program recommendations for each special population
• Discuss one possible evaluation strategy that could be applied to their own tobacco cessation program
• Identify potential solutions to challenges with program participant retention and sustained quit attempts that could be applied in their local setting
Partnership for Evaluation

• DC Department of Health grant
• Whitman-Walker Health (WWH) tobacco cessation program
• GW Cancer Institute program evaluation
Tobacco Cessation at WWH

• Adapted from American Lung Association’s Freedom from Smoking® Program
Aims & Methods

• Aims: To increase
  – Retention
  – Quit attempts

• Methods:
  – Literature review
  – Pre-test and post-test surveys
  – Focus groups/Individual interviews
Literature Review

• Focused on unique needs of populations served by WWH:
  – People living with HIV
  – LGBTQ individuals
  – Homeless individuals
  – African Americans

• Aim: Gather recommendations for improving tobacco cessation interventions for these populations
Literature Review

• Factors that impact success
  – Comorbidities
  – Nicotine dependence
  – Readiness for change
  – Tailored interventions

Our complete literature review can be found online: http://tinyurl.com/tobaccolitreview
People Living with HIV

• HIV- positive persons are twice as likely to smoke as general population (Mascolini, 2013)

• Decreasing prevalence of smoking could increase survival time (Nahvi & Cooperman, 2009)
People Living with HIV

Recommendations

• Address psychosocial barriers to cessation
• Routinely assess smoking status & readiness to quit
• Monitor progress to prevent relapse
• Increase clinical education on tailored interventions for smokers who are HIV positive
LGBTQ Individuals

• Individuals who identify as gay, lesbian or bisexual, particularly women, are more likely to smoke (Ward et al., 2013)

• Stress and sexual stigma play a role in negative emotions and stress, leading to smoking and relapse (Gruskin et al., 2009)
LGBTQ Individuals

Recommendations

• Interventions should specifically counteract smoking ads targeted at LGBTQ populations
• Incorporate culturally-specific content such as role of smoking in LGBTQ culture, stress, social support, bar culture and smoking, hormone use
• Maintain sensitivity towards culturally-specific challenges when discussing tobacco cessation
Homeless Individuals

• Smoking prevalence may be greater than 70% among homeless persons vs. 20% in the general population (Nat’l Coalition for the Homeless, 2009)

• Lack of access to healthcare resources, lack of transportation & inability to afford nicotine replacement therapy (NRT) are barriers to smoking cessation
Homeless Individuals

Recommendations

- Use counseling and NRT or medication to assist with cessation; continuous in-person engagement better than NRT alone
- Relationship-based approaches more effective than phone-based services due to low self-efficacy to quit
- Transportation assistance may be necessary; incentives may be helpful
- Present information that is relevant to homeless smokers’ lifestyle
African Americans

• African Americans may be less likely to smoke, however, they are also less likely to receive cessation interventions and are less likely to quit smoking successfully (CDC, 2012; AHRQ, 2013)

• More likely to smoke mentholated cigarettes which are higher in tar, nicotine (SAMHSA, 2011)
African Americans

Recommendations

- Increase health education to improve awareness of negative impacts of smoking
- Combine self-help interventions with telephone counseling
- Address effects of menthol
Methods

- Literature review
- Pre-test and post-test surveys
- Focus groups
Survey

• Pre- and post-intervention

• Content
  – Demographics
  – Adapted from validated measures, concepts
    • PROMIS Nicotine Dependence Short Form
    • PROMIS COPING Expectancies Short Form
    • Point prevalence abstinence
    • Length of smoking abstinence
Survey Results

• Overview of demographics (n=18)
  – 72% male
  – 61% 50-64 years old
  – 83% African American
  – 39% self-identified as gay, lesbian or bisexual

• Average age started tobacco use = 14 years

• Average number of years used tobacco = 35
## Table 5. Summary of Pre-test and Post-test Data

<table>
<thead>
<tr>
<th>Question</th>
<th>Pre-test Results</th>
<th>Unmatched Post-test Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you smoked a cigarette or had any tobacco in the last 24 hours?</td>
<td>81% Yes</td>
<td>92% Yes</td>
</tr>
<tr>
<td>Pre-test (n=16)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post-test (n=12)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How many cigarettes do you smoke each day?</td>
<td>64% smoke 10 or less per day (Range: 1-5 to 40 per day)</td>
<td>81% smoke 10 or less per day (Range: 0 to 20 per day)</td>
</tr>
<tr>
<td>Pre-test (n= 11)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post-test (n=11)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>During the past 30 days, on how many days did you smoke cigarettes?</td>
<td>28 days</td>
<td>26 days</td>
</tr>
<tr>
<td>Pre-test (n=11)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post-test (n=9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>During the past 30 days, on average, how many cigarettes per day</td>
<td>13 per day</td>
<td>11 per day</td>
</tr>
<tr>
<td>you have smoked?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-test (n=8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post-test (n=9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What is the longest period of time that you have gone without smoking in</td>
<td>39 hours</td>
<td>254 hours</td>
</tr>
<tr>
<td>the last 8 weeks? (hours)</td>
<td>(Range: 0 hours to 5 days)</td>
<td>(Range: half hour to 56 days)</td>
</tr>
<tr>
<td>Pre-test (n=10)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post-test (n=9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>After I wake up I typically smoke my first cigarette of the day...</td>
<td>13% within 5 minutes</td>
<td>18% within 5 minutes</td>
</tr>
<tr>
<td>Pre-test (n=15)</td>
<td>60% 6-30 minutes</td>
<td>45% 6-30 minutes</td>
</tr>
<tr>
<td>Post-test (n=11)</td>
<td>7% 31-60 minutes</td>
<td>---</td>
</tr>
<tr>
<td></td>
<td>20% longer than 60 minutes</td>
<td>36% longer than 60 minutes</td>
</tr>
</tbody>
</table>
## Survey Results, Unmatched

### Table 5. Summary of Pre-test and Post-test Data

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Pre-test (n)</th>
<th>Post-test (n)</th>
<th>Pre-test Mean</th>
<th>Post-test Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>I find myself reaching for cigarettes without thinking about it.</td>
<td>17</td>
<td>12</td>
<td>2.82</td>
<td>2.04</td>
</tr>
<tr>
<td>I drop everything to go out and buy cigarettes.</td>
<td>16</td>
<td>12</td>
<td>2.69</td>
<td>1.50</td>
</tr>
<tr>
<td>I smoke more before going into a situation where smoking is not allowed.</td>
<td>16</td>
<td>12</td>
<td>2.53</td>
<td>1.92</td>
</tr>
<tr>
<td>When I haven’t been able to smoke for a few hours, the craving gets</td>
<td>16</td>
<td>12</td>
<td>2.56</td>
<td>2.08</td>
</tr>
<tr>
<td>intolerable.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When I’m angry, a cigarette can calm me down.</td>
<td>17</td>
<td>11</td>
<td>2.82</td>
<td>2.79</td>
</tr>
<tr>
<td>I am tempted to smoke when I feel depressed.</td>
<td>16</td>
<td>11</td>
<td>3.06</td>
<td>2.18</td>
</tr>
<tr>
<td>I rely on smoking to deal with stress.</td>
<td>17</td>
<td>11</td>
<td>2.94</td>
<td>2.27</td>
</tr>
<tr>
<td>Smoking allows me to take a break from my problems for a few minutes.</td>
<td>17</td>
<td>12</td>
<td>2.88</td>
<td>2.00</td>
</tr>
<tr>
<td>Question</td>
<td>Pre-test (n=17)</td>
<td>Post-test (n=12)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-----------------</td>
<td>------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am interested in quitting smoking...</td>
<td>3.82</td>
<td>3.33</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-test (n=17)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post-test (n=12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am motivated to quit smoking...</td>
<td>3.65</td>
<td>3.17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-test (n=17)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post-test (n=12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How committed are you to quitting smoking?</td>
<td>3.65</td>
<td>2.63</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-test (n=17)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post-test (n=12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am confident I can stop smoking...</td>
<td>3.18</td>
<td>3.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-test (n=17)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post-test (n=12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do your friends, family or co-workers smoke?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-test (n=15)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post-test (n=11)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Option to select multiple answers)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>73% Friends</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27% Family</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7% People at work</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27% None of these people</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How many children live in your home?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-test (n=13)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post-test (n=11)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 out of 13 had a child living in home</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 out of 13, no children in home</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are your family members or significant others supporting you to quit?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-test (n=7)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post-test (n=6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 out of 7 indicated that partner/family members did not want them to quit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 out of 7 indicated that friends did not want them to quit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 out of 6 indicated that partner/family members did not want them to quit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 out of 6 indicated that friends did not want them to quit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 out of 6 indicated that co-workers did not want them to quit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 out of 6 indicated that co-workers did not want them to quit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Survey Results, Matched Sample

### Wilcoxon Signed Ranks Test

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Mean Difference</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many cigarettes do you smoke each day? (n=5)</td>
<td>6.15</td>
<td>.043</td>
</tr>
<tr>
<td>Reaching for cigarettes without thinking (n=8)</td>
<td>1.0</td>
<td>.038</td>
</tr>
<tr>
<td>Intolerable craving after few hours without smoking (n=8)</td>
<td>.88</td>
<td>.059</td>
</tr>
<tr>
<td>Dropping everything to go out and buy cigarettes (n=7)</td>
<td>1.1</td>
<td>.066</td>
</tr>
<tr>
<td>Motivation to quit smoking (n=8)</td>
<td>0.0</td>
<td>1.0</td>
</tr>
<tr>
<td>Cigarettes smoked past 30 days (n=3)</td>
<td>-6.0</td>
<td>1.0</td>
</tr>
</tbody>
</table>
Methods

• Literature review
• Pre-test and post-test surveys
• Focus groups
Focus Groups

Guide: Based on Health Belief Model

- Reasons for smoking
- Cost of smoking
- Benefits of changing
- Efficacy to quit
  - Barriers
  - Facilitators
- Cues to action
- Resources used to quit
- Effect of anti-smoking policies
- Feedback on smoking cessation intervention
# Focus Group Results

<table>
<thead>
<tr>
<th>Reasons for Smoking</th>
<th>Drop Outs</th>
<th>Completers</th>
<th>No-Show</th>
</tr>
</thead>
</table>
| Stress reduction    | • Stress reduction  
  • Choice  
  • Stimulation | • Stress  
  • Habit  
  • Triggers  
  • Influence of Alcohol | • Stress  
  • Habit  
  • Mood changes  
  • Influence of Alcohol |
| Costs of smoking    | • Financial  
  • Health (shortness of breath, bronchitis)  
  • Personal (smell)  
  • Social (outcast) | • Financial  
  • Health (heart attack, fatigue, impedes physical activity)  
  • Personal (smell) | • Financial  
  • Health (fatigue, shortness of breath, impedes physical activity)  
  • Personal (smell)  
  • Time |
<table>
<thead>
<tr>
<th>Focus Group Results</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Drop Outs</strong></td>
</tr>
</tbody>
</table>
| Barriers to quitting| - History of addiction  
                      - Lack of readiness  
                      - Stressful events | - Cravings  
                      - Stress  
                      - Weight gain  
                      - Mood change | - Craving  
                      - Stress  
                      - Weight gain  
                      - Mood change  
                      - Contact with other smokers |
| Facilitators to quitting | - Alternative stress reduction  
                           - Honesty with self  
                           - Peer support  
                           - Spiritual practices  
                           - Prohibitive environment | - Alternative stress reduction  
                           - Family/peer support  
                           - Exercise  
                           - Desire to quit  
                           - Prohibitive environment | - Social support  
                           - Exercise  
                           - Prohibitive environment  
                           - NRT |
Limitations

• Small sample size for surveys and focus groups
• Lack of matched surveys
• Need to refine questionnaire
Conclusions

• Diverse personal and social factors contribute to individuals’ reasons for smoking and efficacy to quit
• Common barriers exist and can be addressed
• Tobacco cessation interventions should be tailored to meet the needs of the populations served by FQHCs
Recommendations

- Tailor program content based on individual and group characteristics, such as race/ethnicity, sexual orientation, HIV status, and SES
- Acknowledge motivations
- Identify personal cues to action and benefits
- Screen to determine readiness to quit and identify perceived self-efficacy
- Include stress reduction techniques and a variety of activities in the course
- Address confounding factors that contribute to stress
Recommendations

- Help ID prohibitive environments
- Encourage participants even if they have set backs
- Allow successful quitters to share experiences to reinforce success and inspire others
- Facilitate social support and accountability
- Encourage personal goal setting
- Facilitate access to pharmaceutical and NRT therapies to support quit efforts
- Reinforce local and national resources for sustained quit support
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Questions?

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• Mamary, E., Bahrs, D. & Martinez, S. (2002). Cigarette smoking and the desire to quit among individuals living with HIV. *AIDS Patient Care and STDs, 16*(1), 39-42.


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