

Tobacco cessation outreach to disadvantaged smokers

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Although tobacco use in the United States has declined, substantial socioeconomic, racial and ethnic disparities in smoking prevalence remain, particularly among smokers of low socioeconomic (SES) status, who have more difficulty quitting. New research from Brigham and Women's Hospital has now identified effective ways to help this population quit smoking. These findings are published online in *JAMA Internal Medicine* on December 15, 2014.

"Despite growing disparities in tobacco use and tobacco related disease, few studies have specifically examined [smoking](#) interventions in low-SES populations," explained Jennifer S. Haas, MD, MSc, a physician and researcher in the Division of General Medicine and Primary Care at BWH and lead author of this study. "Because of the substantial health burden of tobacco use in these populations, our study developed and evaluated a proactive approach for tobacco treatment that addressed broader socioeconomic mediators of tobacco use."

This prospective, [randomized clinical trial](#) included low-SES adult smokers who received [primary care](#) in the greater Boston area. Low-SES status was defined by living in a census tract with a median household income below the state median, in this case \$66,658. The researchers analyzed over 600 [electronic health records](#) (EHR) to identify potentially eligible participants and then used interactive voice response (IVR) techniques to reach out to them (i.e. an automated phone call). Consenting participants were randomized to either receive usual care from their own [health care](#) team or enter an intervention program that

include telephone-based motivational counseling, free nicotine replacement therapy (NRT) for six weeks, access to community-based referrals to address sociocontextual mediators of tobacco use and integration of all these components into their normal care routine through the EHR system.

The researchers found that proactive, IVR-facilitated outreach was an effective way to connect with lower-SES smokers and that providing counseling, NRT and access to community-based resources helped this [population](#) quit smoking. The most commonly requested referrals to community resources included those for physical activity, educational opportunities and job counseling. Individuals who reported using their referral for the community resource were 43.6 percent more likely to quit smoking, versus 15.3 percent of people who did not use this referral.

"Our findings demonstrate that this type of proactive outreach to address the social context of smoking can promote tobacco cessation in disadvantaged populations," explained Haas. "Interventions to reduce tobacco use for these populations may reduce disparities in preventable deaths in the U.S., which is an important public health goal."

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