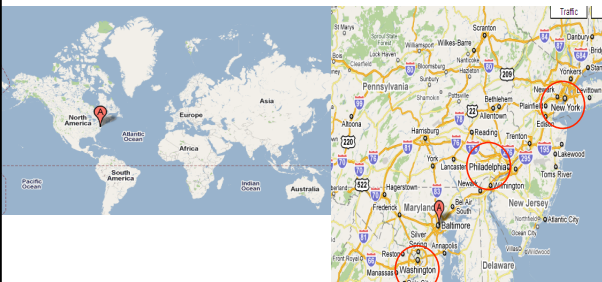


Developing a Randomized Clinical Trial
for Smoking Cessation through
Community-Participatory Research in a
Low-Income Urban Setting

Fernando A. Wagner, Payam
Sheikhattari, and Mark Bolden, on behalf
of the CEASE Initiative

Baltimore, Maryland, USA



Baltimore, Maryland, USA



Baltimore, Maryland, USA

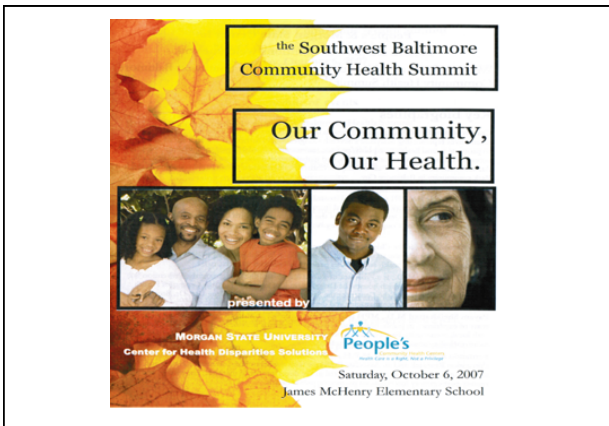


Baltimore, Maryland, USA

- Population = 636,000; GBA= ~2'000,000
- IMR =11.3 per 1,000 (USA=6.3; Australia=4.3)
- 20% people in "poverty"
- 63.9% families =single-parent
- Only 11% of all State-registered voters
- 68% voted in the past Presidential election

Partnership Development

- 2002 School-based Health Fair; 2002 Community Survey
- 2006 Mini-grant program
- 2007 CBPR project submitted
- 2008 CAB created
- 2009 Subcommittees developed
- 2009 First randomized clinical trial



The Study

- Adult Residents of the 2 census tracts
- 40 Minute Interview
- Interviews In-person at home or at health fair
- 3 Blood pressure measurements
- Cuffs calibrated at Johns Hopkins Hospital
- 35 Interviewers
- Interviewer Incentives
- Respondent Incentives
- Successfully Interviewed N=1498 (42.14%)

One of the main problems was

Tobacco use:

- 55% currently
- 33% never
- 12% formerly

Current tobacco use:

- Males: 70%
- Females: 55%

Tobacco as Public Health Problem

- Top cause of preventable deaths
- More than 400,000 deaths per year related to nicotine in the U.S.
 - Primarily from lung cancer
- Approx. 1 in 4 is nicotine dependent
- About 50% who smoked daily for a month became dependent to nicotine
- Much higher rates among the poor

Principles of Collaboration for RTC

- Acknowledge specialized knowledge:
 - CAB: community needs, connections, and culture
 - MSU: research design, analytical methods
 - PCHC: health care services
- Defer to special units with cross-consultation
- Frequently update progress, discuss issues and alternatives

CEASE RCT#1

- Workgroup created to enhance existing smoking cessation interventions
- Main goal of trial: compare GROUP vs. INDIVIDUAL intervention
- CAB provided action directives & oversaw process
- Two main targets identified for interventions:
 - Increase recruitment
 - Increase retention

Recruitment

- a) Use community expertise
- b) Community recruitment
- c) Develop in-house flyers
- d) Professionally-developed flyers
- e) Outreach to other groups
- f) Incentives to attend "orientation" session

Retention

- a) Incentives for attendance**
 - ✓ \$5 gift-card for orientation session
 - ✓ \$5 gift-card for each of 12 sessions
 - ✓ \$20 gift-card for each follow up
- b) Incentives for achievements**
 - ✓ Additional \$5 for setting "quit date"
 - ✓ Additional \$5 if quitting
 - ✓ Additional \$5 for each week tobacco-free





CEASE
THE 4-STEP METHOD

SURGEON GENERAL WARNING:
IGNORING YOUR COMMUNITY CAN
CAUSE SERIOUS HEALTH PROBLEMS.

A FREE COMMUNITY BASED SMOKING CESSATION PROGRAM.

TO REGISTER
Call the CEASE stop smoking line at 410-783-4601 or go to: Open Gates Health Center at 1111 Washington Boulevard, Baltimore, 21230

THE PROGRAM IS FREE TO YOU!
No co-pay required (the program will pay your co-pay if you have one)

How do I sign-up?
Call or walk in to Open Gates Health Clinic. Join an orientation group Tuesday's, 5-6pm or Friday's, 8-12pm

How do I know if I am eligible?

I am...

- 18 years of age or older
- Ready or thinking of quitting
- Able to join with or without insurance!
- NOT required to be a patient of Open Gates Health Center

INCENTIVES for ATTENDING \$5-\$275

MORGAN STATE UNIVERSITY

People's
Open Gates Health Center of the Regency

Want more info?
Call 410-783-4601 to CEASE Today for a Healthier Tomorrow!

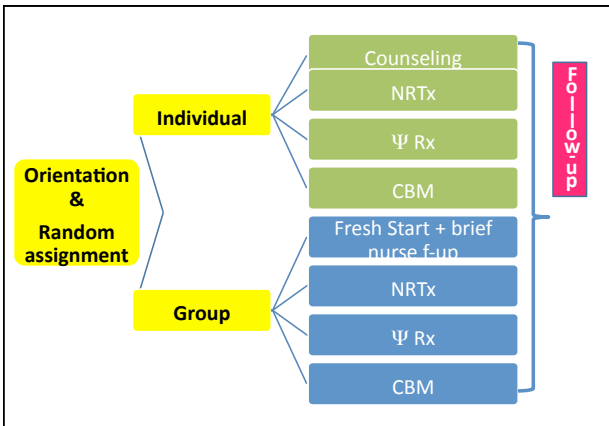


Inclusion Criteria

- Patients of Open Gates Health Center or Community Residents
- 18 years old or older
- Who smoke 3+ cigarettes per day; and,
- Who are willing to be randomly assigned to an intervention.

Exclusion Criteria

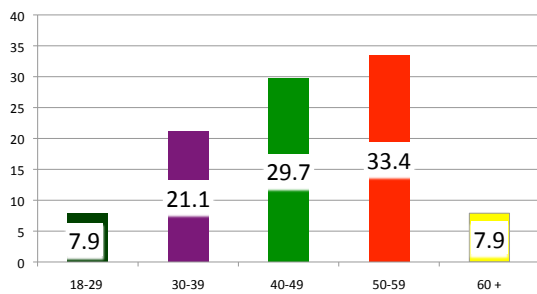
- Patients who have experienced adverse or allergic reactions to tobacco cessation products,
- Patients who are unwilling or unable to participate in group therapy
- Participants who cannot be treated at Open Gates Health Center

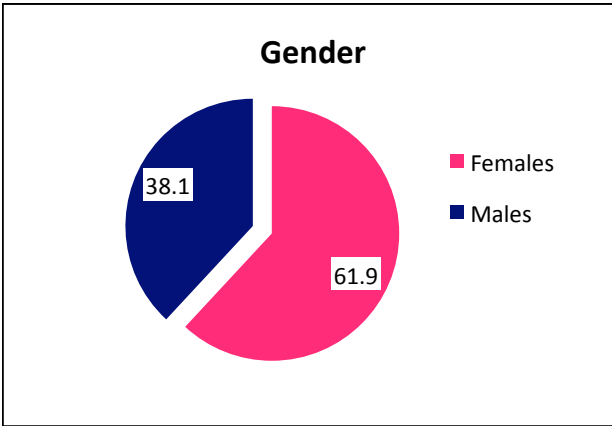


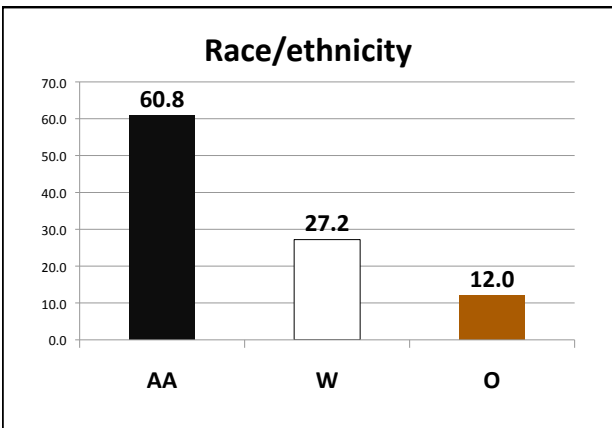
RESULTS

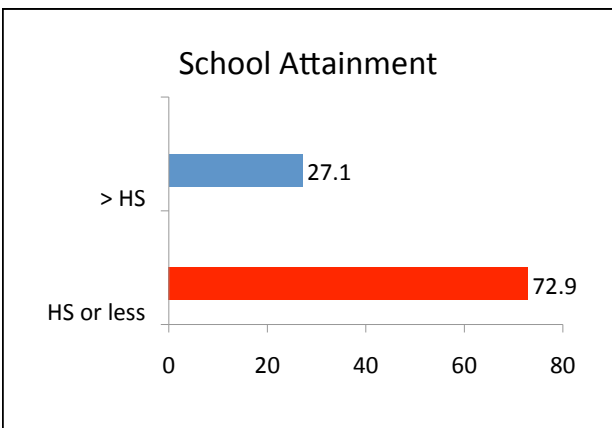
Based on data from
275 patients
recruited up to July 23, 2010

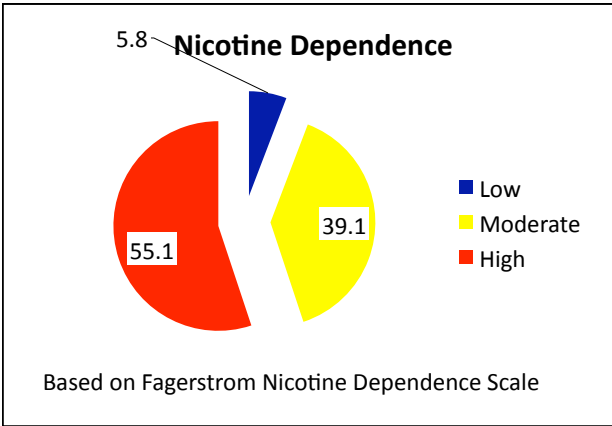
Age Distribution











Preliminary Progress Data

Attendance (retention) as predictor of outcome:

- 39% only came for orientation session (but did not come back for scheduled initial session)
- 21% attended one session only
- 31% attended 2 to 5 sessions
- 9% attended 6 to 12 sessions

COMMENTS

- Community receives great attention from universities
- But little benefits. Especially after data collection
- Community receives little attention from politicians
- Initial lack of trust.
- Partnership development difficult because of barriers at each partner: university (need papers); healthcare provider (need resources); community (needs to strengthen cohesion)

- Partnership development facilitated through common tasks
- However, intra-institutional dynamics differ and even may deter progress
 - University partner is relatively cohesive; though project is one of many responsibilities
 - Healthcare organization, although community-placed, “centrally” managed
 - little flexibility allowed to community healthcare center
 - limited buy-in from staff

Thank you

For further information, please contact:
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