

Brief Report

Evaluation of a newly developed tobacco cessation program for people with disabilities

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Abstract

Background: Tobacco use is the single most preventable cause of morbidity and mortality, accounting for at least 480,000 deaths in the United States annually. People with disabilities smoke at a rate 1.5 times greater than the able-bodied population. Higher incidence of tobacco use among people with disabilities has been directly related to both unique and universal cessation barriers. Despite increased prevalence of tobacco use and cessation obstacles, evidence is lacking on the development of successful interventions targeting people with disabilities.

Objective: We aimed to assess the feasibility, acceptability, and potential effectiveness of a cessation intervention tailored to people with disabilities.

Methods: Eighteen tobacco users with disabilities (56% African American, 64% male) participated in a 4-week, 8-session tobacco cessation program consisting of group sessions on managing addiction, relapse, and lifestyle changes specific to people with disabilities. Semi-structured interviews were conducted at the conclusion of the program. A follow-up measure of smoking status, triggers, and nicotine replacement therapy usage was completed at 4 weeks and 6 months.

Results: Sixteen participants completed the intervention (89%), with participants on average attending 86% of sessions. Most participants rated the program as excellent (83%) or good (8%). Qualitative interviews revealed participants value social support, accessibility, and a tailored program. Four participants (22%) reported abstinence at six months, which is greater than the standard quit rate.

Conclusion: This study suggests tailoring a cessation program to the characteristics unique to people with disabilities may be critical in delivering meaningful and effective cessation interventions among this population. © 2016 Elsevier Inc. All rights reserved.

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Tobacco use remains the single most preventable cause of morbidity and mortality in the United States (US), with cigarette smoking and exposure to second-hand smoke contributing to at least 480,000 deaths annually.¹ Furthermore, nearly 60% of smokers will die from a disease attributable to smoking.² Smoking rates have considerably declined since the publication of the first Surgeon General's report on smoking and health in 1964.¹ This decrease may in part be due to the availability of effective smoking

cessation interventions and therapies.³ The effectiveness of a combination of behavioral and pharmacological therapies for smoking cessation is well supported in the literature.^{4,5} Despite successes in smoking prevention and cessation that have reduced total smoking prevalence over time, the rate of decline has slowed to a current prevalence at 18%.¹ Perhaps more concerning is tobacco use among certain populations remains disproportionately high, and little is being done to address this discrepancy.

Over 50 million Americans experience some form of disability,^{6,7} with evidence indicating smoking rates within the disabled community are double that of the general population.⁸ This increased rate of smoking is attributed to biological, psychosocial, cultural, and tobacco industry related factors, as well as lack of appropriate cessation interventions.⁹ Research indicates individuals with cognitive, affective, or sensory impairments may have difficulty

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obtaining, understanding or remembering cessation materials.^{10–13} Furthermore, people with disabilities face a series of unique challenges relative to tobacco cessation, yet intervention efforts are typically developed for the general population and fail to address or consider these challenges.

As pointed out by Borrelli and colleagues,¹⁴ tailored programs that target sub-populations may be more effective for special populations than tobacco treatment programs intended for the general population. Past prevention and intervention research targeting people with disabilities have shown positive results.^{9,15–21} Additionally, the ongoing shift in disability research and practice has led to a focus on health promotion with a goal of reducing secondary conditions and improving quality of life.¹⁹

Therefore, a team of researchers used a Community Based Participatory Research (CBPR) approach within the context of behavioral theory to tailor a mainstream tobacco cessation program to address the needs of people with disabilities. The Living Independent From Tobacco (LIFT) curriculum was designed as a collaboration between the research team and individuals with disabilities who were either current or former tobacco users and then extensively reviewed by a panel of tobacco cessation experts. The resulting curriculum incorporated 42 adaptations designed to make the LIFT more accommodating for people with disabilities. Changes included program location and accessibility, modifications to the program manual and overall delivery (accommodating for visual or hearing impairments; increased readability), personal vignettes from people with disabilities, and appropriate counseling strategies and other pertinent information within a facilitator guide.²²

The purpose of this research was to evaluate the feasibility, acceptability, and potential effectiveness of a tobacco cessation intervention tailored to people with disabilities using qualitative methodology. We sought to understand whether the LIFT intervention would be more acceptable among individuals with disabilities than a standard tobacco cessation program, as well as which aspects of the LIFT cessation intervention were preferred by individuals with disabilities.

Methods

This IRB approved study occurred within the context of a larger quasi-experimental study comparing a four-week tobacco cessation intervention designed for people with disabilities (LIFT) to a standard six-week cessation program (Quit Smoking Now). A total of three four-week intervention programs were conducted between September 2012 and December 2013. All program sessions and qualitative interviews were held at a large center for independent living in the southeastern US. Participants were recruited through mailings and word of mouth via center staff and previous participants. Interested participants contacted the program coordinator via telephone to complete a brief telephone interview to determine availability and whether

participant met all inclusion criteria. Inclusion criteria included diagnosis of a disability, current tobacco user, over the age of 18, and cognitively able to participate in the intervention.

Sample characteristics

A total of eighteen individuals participated in the intervention, with sixteen completing the program (see Table 1). Reasons for not completing the program included time conflicts and lack of interest in quitting. Seven women and nine men with varying disabilities (e.g. cognitive, mobility, or multiple) also completed qualitative interviews that varied in time depending on participants' answers. Seven participants self-identified as Caucasian, nine as African American, and all were between the ages of 25 and 62 (mean = 52.31 years; SD = 13.38).

Data collection

Following the final intervention meeting, participants completed a one-on-one guided interview (see Appendix 1) with a member of the research team. Interviewers included male and female university professors and a graduate assistant, all trained in qualitative methodology and experienced in working with tobacco cessation and individuals with disabilities. Interviewers had met participants prior to conducting the interviews which were semi-structured with probing relevant to the context of individual responses, each lasting between ten and 30 min. The interview guide was developed by former smokers with disabilities during development of the intervention²² and consisted of 11 questions over six content areas: overall assessment, accessibility, curriculum, facilitators, nicotine replacement therapy, and group interaction. The interviews were recorded and later transcribed verbatim to ensure accuracy and completeness of data for analysis.

Table 1
Characteristics of participants

Participant ^a	Age	Gender	Race	Disability
Albert	65	Male	Black	Cognitive and physical
Benjamin	53	Male	Black	Cognitive
Cynthia	29	Female	White	Cognitive
Donald	70	Male	White	Cognitive
Emily	52	Female	White	Cognitive and physical
Fran	53	Female	Black	Cognitive
George	56	Male	Black	Physical
Harry	54	Male	White	Cognitive and physical
Isaac	59	Male	White	Physical
Joan	69	Female	White	Cognitive and physical
Karen	34	Female	Black	Cognitive
Lincoln	28	Male	Black	Cognitive
Margaret	51	Female	Black	Cognitive and physical
Nancy	60	Female	White	Physical
Oscar	65	Male	Black	Cognitive
Peter	39	Male	Black	Cognitive

^a Names have been changed.

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