SWIM ENTERPRISES

Support When It Matters

Motivating Smoking Cessation

Assertive Outreach Project with City and Hackney GP Confederation

Contents

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Preface

Origins of this proposal

This paper has been prepared for Amaia Portelli, Director of Operations for the City and Hackney GP Confederation by Support When It Matters (SWIM) Enterprise CIC. It responds to a request to prepare an outline proposal for a funded project to motivate smoking cessation among people of Caribbean heritage in the Confederation's catchment area.

The aims of the project will be to:

- Increase the number of enrolments in smoking cessation programmes provided by GPs in the Hackney and City Federation
- Motivate people of Afro-Caribbean heritage to stop smoking

Executive summary

Prolonged, repeated and culturally sensitive engagement required to motivate cessation among Black Caribbean communities

While time and money have been much invested in programmes to help those who smoke to quit, less research is being done into the best way to encourage smokers to enter these programmes. However, a review of 19 studies[1] with almost 15,000 participants suggests that the following elements could result more people joining quit smoking programmes:

- Recruitment strategies tailored to the individual;
- Proactive strategies; and
- Increased contact time with potential participants.

This suggests strongly that a culturally sensitive programme of assertive activities to motivate cessation and engagements is likely to be effective in encouraging Black Caribbean smokers in Hackney and the City of London to give up their habit, particularly if the focus was on prolonged or repeated engagement.

The paper offers a list of activities for consideration to motivate smoking cessation that SWIM is able to facilitate. We have described each activity, its reach and the opportunities it presents along with an assessment of strengths and weakness.

We have compiled the list after reviewing:

- Levels of smoking among ethnic communities in east London
- The factors that motivate smoking cessation and cause relapse
- Lessons from public health campaign strategies that have caused rates of smoking to fall.

To inform the way we will design activities for the targeted cohort, we have also explored the economic, age-related, cultural or psychological factors that may influence decisions to start, continue or stop smoking among Afro-Caribbean communities.

[1] Interventions for recruiting smokers into cessation programmes, José S Marcano Belisario, Michelle N Bruggeling, Laura H Gunn, Serena Brusamento, and Josip Car

List of suggested cessation sign-up motivation activities

Based on our desk-top research and insight into strategies for engagement with Black Caribbean and other minority ethnic communities, we suggest further discussion to determine the effectiveness, cost and impact of the following activities:

Assertive Outreach	
Engagement	Inviting conversations about recent changes made in lifestyle and health habits (e.g. as a consequence of COVID-19) leading to engagement on topic of smoking cessation via health study questionnaire. Cessation literature and sign up forms (paper and electronic) with QR codes for easy own-device access
Setting	On-street stand with imagery designed to reflect the target audience. Crewed by Smoking Cessation professional + 2-3 SWIM Support Workers
Target audience	All ages of Black Caribbean smokers but engaging all other interested parties
Opportunities	Sign members of the target audience up to GP-led smoking cessation programmes "on-the-spot"
	Capture contact details with consent to follow up by phone, SMS or email
	Incentivise smokers and non-smokers to encourage family and friends to enrol in GP-led cessation programmes
	Encourage passing friendship groups and couples to enrol in cessation
Reach	75-100 people per event engaged in detail. Conversion rate to smoking cessation unknown.
Strengths	One-to-one engagement in person over a period of up to 5 minutes may be a strong influencer for cessation sign-up
	Outreach events have a wider awareness-raising impact among passers-by
	Opportunity to engage other high-smoking cohorts (Pakistani, Bangladeshi and Indian males)
Weaknesses	Untargeted audience of passers-by reduces proportion of Black Caribbean cohort engaged

Figure 1 SWIM Outreach event (COVID-19): Engagement with the target cohort lasted up to 5 minutes in a familiar and well-trafficked location

Targeted social media and traditional campaign: "6 Weeks to Stop"	
Engagement	Daily posts to social media forums to encourage participation Posts targeted to cohort by hashtag and use of bit.ly links on Twitter Posts targeted to cohort on Instagram by hashtag and use of imagery, video, soundtrack and voiceovers relevant to Black Caribbean audience Paid for advertisements targeted to Hackney/City Black Caribbean community with links/incentives for sign up via GoogleAds and Facebook On-line advertising methods need to reach a very large number of potential study participants to be successful Feature articles seeded in local press
Setting	Remote social media posts on Instagram and Twitter Radio stations with Black Caribbean programming (Conscious Radio, NTS, Flames Radio) Targets print/online media (e.g. Hackney Gazette, Hackney Post, Hackney Citizen, the Voice) Online: Google pages and Facebook pages / groups
Target audience	Black Caribbean social media users and internet in Hackney and the City of London
Opportunities	Interaction via apps to: • Sign up prospect to cessation • Offer cessation sign up incentives to smokers and others who refer family and friends to cessation programmes • Communicate campaign progress • Provide a channel for encouraging sustained cessation • Publish "success stories" • Create a cessation community that maintains abstinence after the campaign
Reach	Black Caribbean social media users in Hackney and the City of London
Strengths	Versatility of medium to adapt messages to focus on ideas that work best during the campaign Ability to add components such as sign up, feedback, motivation, reviews, signposting to services Ability to build a virtual "community" for local smoking cessation that supports each other during their cessation journey Precisely targeted campaign with the potential to reach large numbers Opportunity for an "on-the-spot" sign up mechanism GoogleAds and Facebook are low cost per sign up and can be targeted for location, demographic and even culturally specific domains
Weaknesses	Requires daily refreshing of messaging to maintain the intensity of the campaign Requires daily monitoring to sustain follow-up engagement and respond to comments/enquiries/complement Potential for negative interactions with bad actors (Instagram low risk, Twitter higher risk) Success dependent on the quality of the campaign/advertising messaging

Networking with Black Caribbean community groups and meeting points	
Engagement	Direct contact, presentation and in-reach work with local Black Caribbean community. Duration 15-45 minutes max. In-person presentation, surveying, influencing and on-the-spot enrolment into cessation programmes. Project Leader plus one or two Support Workers
Setting	Hosted by groups such as: • Irie MIND project • Hackney Caribbean Elderly Organisation • Connect Hackney • Claudia Jones Association • Island Social Club • Voyage Youth • New Testament Church of God – Clapton • Caribbean barber's, women's hairdressers, food shops and restaurant
Target audience	Black Caribbean community groups in Hackney and the City of London
Opportunities	Interaction to: • Sign up prospect to cessation on the spot • Offer cessation sign up incentives to smokers and others who can refer family and friends to cessation programmes • Create a cessation community that maintains abstinence after the campaign
Reach	Black Caribbean social media users in Hackney and the City of London
Strengths	Ability to use community group as a support network for smoking cessation Opportunity for an "on-the-spot" sign ups mechanism
Weaknesses	Potential for only small numbers engaged at each event

Incentivisation (via outreach engagement or social media)	
Engagement	Via outreach, in-reach or social media channels: invitation to take up incentive offer for self-referral to cessation or referring a family member or friend. Voucher incentives (e.g. for nicotine patches, local goods and services) for enrolment into GP-led cessation
Setting	Outreach, in-reach, social media and traditional media channels
Target	Black Caribbean passers-by, event attendees and social media users
Opportunities	Interaction through all engagement channels to: • Offer cessation sign up incentives to smokers and others who refer family and friends to cessation programmes • Motivate continued cessation through the programme by alerting prospect to the opportunity for further incentives (outside scope of SWIM funding)
Reach	Large-scale as incentives operate across all engagement routes
Strengths	There is evidence that incentivisation is effective in motivating sign up to cessation (see overleaf).
Weaknesses	Requires some thought to create an incentive scheme that is fair, ethical and not open to abuse Requires cost benefit analysis to determine the correct monetary value of incentives

Effectiveness of incentives in motivating cessation programme sign up

Several studies have evaluated the effect of small incentives on the recruitment of smokers. Researchers used cash rather than the vouchers we are proposing. One such study measured the impact of offering cessation with incentives or without.

Participation incentives consisted of:

- $10 for joining a cessation programme;
- $20 for completing three quarters of the programme;
- $20 for self-reported quitters, and entrance into a prize draw for a grand prize of $500.

Offering incentives for **participation** and cessation nearly doubled enrolment rates from 12% of cigarette smokers (control group) to 22% (intervention group) ($p = 0.0054$, denominators not available for calculation of RR).

Another study recruited veterans into a counselling smoking cessation programme. The intervention group received an invitation to join a free five-session smoking cessation programme that met every two weeks at the Philadelphia Veterans Affairs Medical Center plus a series of financial incentives ($20 for each session attended and $100 if they self-reported quitting smoking). Participants were identified as enrollees when they attended the first session. The control group received the same invitation but did not receive incentives. Financial incentives for smoking cessation created higher rates of programme enrolment (43.3% versus 20.2%, RR 2.11, 95% CI 1.29 to 3.45).

Other ideas for consideration	
GP engagement	Talk to clinical directors, social prescribers and practice managers to see how our engagement strategies could fit with whatever they do Offer any referral leaflets, apps and material through GP surgeries and other outlets
Local media coverage	Create a buzz for the Six Weeks to Stop campaign by seeding articles in media with Black Caribbean audience: The Voice, Hackney Gazette, Hackney Post and radio stations.
Partnership with financial service providers for "savings vaults" incentives	Online-only banks such as Revolut and Monese have a "Vaults" feature that account holder can use to save daily, weekly or monthly. Engage prospects by showing them how to set up vaults to set aside the money they would have spent on cigarettes each: Offer the opportunity to sign up for a free online only account in return for an agreement to sign up for cessation (requires negotiation with financial provider)

Research

To arrive at recommendations cessation motivation activities, SWIM conducted desk-top research which is summarised here.

Learnings from other targeted cessation programmes

More targeted work required to motivate cessation among ethnic communities

In the early 2000s, the Department of Health commissioned a mapping exercise to identify and map black and minority ethnic-related tobacco prevention initiatives and resources across England. The evaluation indicated that smoking cessation services are not as accessible to minority ethnic groups as they are to the general population. It recommended that models of good practice do exist and need to be shared among PCTs.

Examples of good practice

Our research has uncovered some examples of successful cessation programmes targeted at Black Caribbean and other ethnic communities. Although some of these programmes pre-date the UK ban on smoking in public spaces and the rise of social media, we can still learn some valuable engagement techniques from them:

Quit and Win[2]: enlisting support from black and minority ethnic organisations

NHS Wirral's Quit and Win campaign in 2009 successfully worked with local Black and Minority Ethnic organisations to increase uptake of the stop smoking services. The campaign was delivered by working with **local Black and Minority Ethnic organisations** and **two community ambassadors** who used their local knowledge and networking skills to engage with residents from Black and Minority Ethnic communities. The success has led to the model being replicated for the NHS Wirral, including the Your Reason, Your Way campaign[3]

Waltham Forest: targeted local media campaign

Waltham Forest, a London borough with high levels of deprivation, ran a campaign using a range of media to reach a target audience that included local minority ethnic groups. The media campaign was used to encourage referrals from January to March 2004. The media included ads in local newspapers and magazines as well as radio broadcasts in African languages. Information was also sent to NHS staff, local businesses, voluntary groups and pharmacists, and leaflets were handed out at stations. The campaign led to a good recognition of the stop smoking service logo and hotline number. The service received **2,000 referrals between April 2003 and March 2004** and met its four-week quit target.

STOP! Leicester: partnerships with GPS and influential community/religious bodies

STOP!, a Leicester NHS stop smoking service, increased uptake among minority ethnic groups from 14% in 2007–08 to 21% in 2010. This was achieved through developing

[2] NHS Wirral (2010a) A Breath of Fresh Air: Reducing smoking and tobacco use in the Wirral, Public Health Annual Report 2009/10

[3] NHS Wirral (2010b) Wirral Black and Minority Ethnic Health Needs Assessment Report

partnerships with key advocates, such as local GPs, Pfizer, community colleges and allies such as Imams, the Federation of Muslim Organisations and Confederation of Indian Organisations. STOP! also carries out campaigns during Ramadan, which include active media coverage through local radio stations. A recent lifestyle survey highlighted that STOP! received 80% brand recognition (NHS East Midlands Equality & Diversity Strategy, 2010.

Smoking among ethnic groups in east London

Rates of smoking are generally falling

Whilst NICE encourages targeting smoking cessation at ethnic minority groups[4], studies indicate that smoking rates are already low among some ethnic minority groups.

Acculturation may be an influence on smoking

Acculturation towards majority norms may change smoking behaviour: when moving from a country with low smoking levels, acculturation tends to be associated with increased smoking, although this pattern may be offset by higher education levels among second-generation migrants, who are associated with reduced smoking rates[5].

Smoking levels are high among Black Caribbean, Indian, Pakistani and Bangladeshi men

However, as **Table 1**[6] shows, smoking levels among our target Black Caribbean cohort and Asian men remain higher than among other groups.

Table 1 High levels of smoking among Black Caribbean and Asian men

Ethnic breakdown of sex, age, Index of Multiple Deprivation (IMD) score, ethnic density, current smokers and smoking intensity in south and east London

Data presented as mean±sd or median (interquartile range; 75th–25th percentile), unless otherwise stated. #: high-intensity >20 cigarettes per day.

	White British/Irish	Other White	Indian	Pakistani	Bangladeshi	Black Caribbean	Black African
Male							
Patients n	113298	76031	30159	19785	50871	18138	33472
Age years	42.7±15.8	37.2±12.0	37.8±13.9	36.3±13.4	35.9±12.9	48.3±17.6	41.3±13.5
IMD score	36.6 (15.3)	37.9 (14.5)	38.8 (9.5)	40.4 (9.6)	43.8 (13.6)	38.7 (12.9)	41.5 (13.7)
Ethnic density %	38.2 (20.0)	15.4 (6.7)	17.9 (42.3)	13.0 (13.2)	28.5 (30.7)	8.6 (5.2)	13.6 (10.2)
Smokers %	36.0	39.2	21.5	27.8	43.8	41.8	18.4

[4] National Institute for Health and Clinical Excellence. Stop smoking services: public health guideline. 2008 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5395292/#C16

[5] Reiss K, Lehnhardt J, Razum O. Factors associated with smoking in immigrants from non-western to western countries – what role does acculturation play? A systematic review. Tob Induc Dis 2015; 13: 11.

[6] *Extracted from* Is individual smoking behaviour influenced by area-level ethnic density? A cross-sectional electronic health database study of inner south-east London, Rohini Mathur, Peter Schofield, Alexander Gilkes, Patrick White, Sally Hull

	White British/Irish	Other White	Indian	Pakistani	Bangladeshi	Black Caribbean	Black African
High-intensity smokers# %	12.1	7.6	2.4	3.7	4.0	3.6	2.8
Female							
Patients n	115654	90531	23801	12673	42513	24039	37432
Age years	42.3±17.7	36.0±12.8	39.6±15.6	38.2±14.5	36.9±14.5	48.3±17.7	40.8±14.0
IMD score	36.6 (15.2)	38.1 (14.3)	38.7 (9.7)	40.1 (9.0)	43.9 (13.5)	38.8 (12.6)	41.8 (13.5)
Ethnic density %	38.4 (20.4)	15.2 (6.6)	15.1 (24.5)	12.3 (13.4)	28.9 (30.6)	8.7 (5.9)	13.7 (10.2)
Smokers %	31.8	31.4	5.0	5.3	7.2	24.2	6.2
High-intensity smokers# %	8.8	3.2	1.9	2.7	2.1	2.5	1.4

Ethnic community density may reduce smoking levels…

The same study found strong evidence that higher own-group ethnic density is associated with a lower prevalence of current smoking across all ethnic and sex groups. For women, the largest association was found in the Pakistani group, for whom each 10% increase in own-group ethnic density was associated with a 43% reduction in the odds of being a current smoker. For Black Caribbean women, no association between ethnic density and smoking status was evident.

…But Black Caribbean density in east London is lower than other groups

The relationship between ethnic density and smoking status in Lambeth and east London (stratified by sex and age group) is presented in **Table 2**. A significant reduction in odds of being a current smoker was evident in all male ethnic groups except for Black Caribbean after stratifying by age. However, the absence of association between ethnic density and smoking status among the Black Caribbean population may be due to a small sample size of this ethnic group and its greater geographic dispersal. The median ethnic density (8.6%) was lowest for the Black Caribbean population among the ethnic groups studied.

Table 2 *Association (odds ratio (OR) adjusted for age, area deprivation and borough) between 10% increase in area ethnic density and change in prevalence of current smoking stratified by age group*

Ethnic group	Age ≤35 years		Age >35 years	
	OR (95% CI)	p-value	OR (95% CI)	p-value
Male				
White British/Irish	0.96 (0.93–0.98)	0.003	0.93 (0.91–0.95)	<0.001
Other White	0.90 (0.84–0.96)	0.002	0.95 (0.89–1.01)	0.110
Indian	0.93 (0.78–0.98)	0.006	0.94 (0.89–0.98)	0.003
Pakistani	0.87 (0.80–0.94)	<0.001	0.91 (0.84–0.99)	0.028
Bangladeshi	0.97 (0.94–1.00)	0.070	0.99 (0.96–1.02)	0.548
Black African	0.77 (0.70–0.86)	<0.001	0.85 (0.80–0.91)	<0.001
Black Caribbean	**0.95 (0.76–1.18)**	**0.642**	**0.90 (0.78–1.02)**	**0.104**
Female				
White British/Irish	0.97 (0.94–1.00)	0.042	0.94 (0.92–0.97)	<0.001
Other White	0.90 (0.85–0.96)	0.001	0.96 (0.90–1.03)	0.261
Indian	0.67 (0.60–0.78)	<0.001	0.57 (0.49–0.66)	<0.001
Pakistani	0.58 (0.47–0.71)	<0.001	0.56 (0.42–0.73)	<0.001
Bangladeshi	0.90 (0.85–0.95)	<0.001	0.94 (0.88–1.02)	0.133
Black African	0.83 (0.73–0.94)	0.001	0.77 (0.69–0.87)	<0.001
Black Caribbean	**0.95 (0.79–1.14)**	**0.580**	**0.98 (0.85–1.12)**	**0.732**

Economic factors

Link between deprivation and smoking prevalence

The Lambeth and east London study found smoking prevalence in 2016 to be more than a third higher for people living in the most deprived decile of local authorities compared with those living in the most affluent decile of local authorities in England[7] (20.4% *versus* 14.3%). The prevalence of smoking in Hackney may be influenced by these economic factors.

According to Trust for London, while Hackney has changed a great deal in recent decades, there remains high levels of poverty and inequality, particularly in how people access work and housing. 10% of the working age population claim some sort of out-of-work benefit, the highest rate of any London borough.

Hackney also has the highest rate of working-age adults who have no qualifications (12.1% compared to 6.6% for London overall). Rent for an average one-bedroom dwelling in the borough standing at 61% of median pre-tax pay in London, one of the highest ratios in London. Hackney has one of the highest rates of households in temporary accommodation with 22 households per 1,000 in Hackney in temporary accommodation compared to an average of 16 across London.

Genetic factors

In addition to ethnic differences in the prevalence of current smoking, evidence also exists for ethnic differences in smoking intensity[8]. Ethnic differences in smoking intensity have been linked to genetic differences in cytochrome P450 (CYP2A6), which modulates nicotine metabolism and, ultimately, aspects of smoking behaviour[9] [10] [11] [12].

Cultural factors

Several studies have highlighted both the importance of developing culturally sensitive health promotion programmes and also a lack of evidence on how best to deliver these programmes

[7] 1. Public Health England. Health Profiles – August 2016. www.gov.uk/government/statistics/2016-health-profiles Date last accessed: November 11, 2016.

[8] Trinidad DR, Pérez-Stable EJ, Emery SL, White MM, Grana RA, Messer KS. Intermittent and light daily smoking across racial/ethnic groups in the United States. Nicotine Tob Res. 2009 Feb; 11(2):203-10.

[9] Nakajima M, Fukami T, Yamanaka H, et al. . Comprehensive evaluation of variability in nicotine metabolism and CYP2A6 polymorphic alleles in four ethnic populations. Clin Pharmacol Ther 2006; 80: 282–297.

[10] Schoedel KA, Hoffmann EB, Rao Y, et al. . Ethnic variation in CYP2A6 and association of genetically slow nicotine metabolism and smoking in adult Caucasians. Pharmacogenetics 2004; 14: 615–626.

[11] Park SL, Tiirikainen M, Patel Y, et al. Genetic determinants of CYP2A6 activity across racial/ethnic groups with different risk of lung cancer and effect on their smoking intensity. Carcinogenesis 2016; 37: 269–279.

[12] Derby KS, Cuthrell K, Caberto C, et al. . Nicotine metabolism in three ethnic/racial groups with different risks of lung cancer. Cancer Epidemiol Biomarkers Prev 2008; 17: 3526–3535.

to ethnic minority populations[13] [14]. Key considerations include lack of cultural acceptability, language differences, and lack of time and resources among healthcare practitioners[15].

Age

The Lambeth and east London study found no differences in the odds of being a current smoker between age groups. Researchers hypothesised that younger adults may be more acculturated, and thus show a different relationship between their smoking behaviour and own-group ethnic density. It is possible that young people are more likely to smoke using methods such as cannabis, water pipes and electronic cigarettes, the latter being perceived as healthier alternatives to traditional cigarettes, and currently not well captured in the primary care record.

Motivators for smoking cessation and relapse

In a recent study[16] in Poland, former and current smokers recognise that the right motivation led them to the decision to quit smoking, playing an important role in causing behavioural change. The study, which investigated former and current smokers' motivations for smoking cessation, reasons for relapse, and modes of quitting, identified six main motivating factors:

- Smoking bans at home and at work due to other people's wishes and rules
- The high cost of cigarettes
- The unpleasant smell
- Health concern
- Pregnancy and breastfeeding
- Other factors – and a combination of the first five factors.

Reasons for relapse cited by the study group were:

- Stress
- Lack of the pleasure previously obtained from smoking
- The smoking environment.

[13] Liu JJ, Davidson E, Bhopal R, et al. Adapting health promotion interventions for ethnic minority groups: a qualitative study. Health Promot Int 2016; 31: 325–334.

[14] Netto G, Bhopal R, Lederle N, et al. How can health promotion interventions be adapted for minority ethnic communities? Five principles for guiding the development of behavioural interventions. Health Promot Int 2010; 25: 248–257

[15] White M, Bush J, Kai J, et al. . Quitting smoking and experience of smoking cessation interventions among UK Bangladeshi and Pakistani adults: the views of community members and health professionals. J Epidemiol Community Health 2006; 60: 405–411.

[16] Motivations toward smoking cessation, reasons for relapse, and modes of quitting: results from a qualitative study among former and current smokers: Buczkowski, Marcinowicz, Czachowski, Piszczek

Behavioural change theory and the impulse to stop smoking

Theories describing smoking cessation always refer to motivation. To understand the smoking continuation and smoking-cessation process, it is necessary to understand the motivation for behavioural change as well as the nature of nicotine addiction, as it is the motivation that triggers cessation attempts. Two behavioural models have described this motivation: the transtheoretical model, which explains how patients stop smoking in a planned manner; and the PRIME model, which explains the motivation for spontaneous smoking cessation.

Transtheoretical model of behavioural change

The "transtheoretical model" assumes that a smoker goes through a series of stages of behaviour before quitting successfully:

- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance.

In each of these stages, the level of motivation is different – a specific level of motivation must be achieved to progress from one stag to the next. This model suggest that interventions should be tailored to the motivational stage, which means that **patients at different stages of quitting may require different types of support**.

PRIME model of cessation

The PRIME[17] (Plans, Responses, Impulses, Motives, Evaluations) Theory of Motivation proposes that evaluative beliefs about smoking determine the decision about smoking cessation. The motivation, along with internal impulses to smoke and external triggers such as environmental cues, has an impact on subsequent behaviour.

[17] The multiple facets of cigarette addiction and what they mean for encouraging and helping smokers to stop. West R COPD. 2009 Aug; 6(4):277-83.