A Comparison Between Culturally Tailored Smoking Cessation Programs

Preventive Medicine Research Internship in Health Disparities

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Introduction
The use of commercial tobacco leads to numerous health complications. Smoking cigarettes is a leading cause of cancer, the most commonly known being lung cancer. Smoking cessation programs have been created to aid smokers who are ready to quit smoking. However, studies show that general smoking cessation programs do not effectively aid all participants due to differences in cultural relationships with smoking and tobacco use. Advantages of culturally tailored programs that help participants relate to it include altering counseling to discuss health issues prevalent in each cultural category, social uses of tobacco, and a history of tobacco in a culture. This comparison is done to show how different culturally tailored programs and studies held their sessions and how effective they were.

Discussion
- NRT was free and available to participants in three of the four programs. The difference is not great enough between the African-American program, the American Indian/Alaskan Native program and the Latino program to be sure if the NRT availability is a factor in the rates of cessation though.
- In control studies of the Chinese QUIT, African-American, and Latino programs each of the control groups had lower cessation rates.
  - Chinese QUIT: 37% (vs. 67%)
  - African-American: 24% (vs. 25%)
  - Latino: 8.7% (vs. 20.5%)
- Each control group went through sessions that were less individualized
  - Chinese QUIT: health education sessions, quitting strategies, nutrition classes, information on exercising
  - African-American: general population smoking determinants, general support, no cultural connection
  - Latino: given the number to the California Smoker’s Helpline in Spanish

<table>
<thead>
<tr>
<th>Sessions</th>
<th>American Indian community members</th>
<th>Chinese QUIT</th>
<th>African-American</th>
<th>Latino Promotores</th>
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<tbody>
<tr>
<td>12 weeks, weekly in-person group and individual telephone sessions</td>
<td>Chinese-speaker</td>
<td>Four 60-minute in-person telephone follow up post-intervention</td>
<td>Six 2 hour weekly in-person sessions, telephone follow up post-intervention</td>
<td>3 months, four 1-2 hour in person sessions in smokers homes, three 15-30 minute telephone sessions</td>
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Cultural connections
- Difference between ceremonial use and recreational use. Importance of family and friends in the quitting process.
- Conducted in Chinese. Discussed smoking experiences specific to culture. History of slave labor and tobacco companies, examples of famous African-Americans who died due to tobacco use.
- Conducted in Spanish. Focus on cultural values like familismo, collectivism, simpatia, personalismo, and respeto.

Community involvement
- Family and friends encouraged to participate
- Recruited by community members
- Connects to community life
- Community members as counselors

Cessation rate
- 20%-30%
- 67%
- 25%
- 20.5%

Limitations
- Pilot study
- Participants biased toward higher levels of education.
- Predetermined number of focus groups.
- Mostly male participants. Follow up only lasted 6 months.
- Mostly female participants. Acculturation, discrimination not taken into account.
- Volunteers may be more motivated than regular smokers.
- Unknown efficacy of specific components of the program.

Conclusion
Findings suggest culturally tailored programs are more successful for each individual culture
- One exception being the African-American study that had a 1% difference between control and intervention groups
- Doesn’t guarantee continued success

- Chinese QUIT was very successful in this study
- Participants were mainly males with a low-income background, so success may not be the same for females or those of different economic backgrounds
- Latino Promotores included the community well but did not do controlled intervention studies that showed which aspects of the program helped or hindered cessation
- The All Nations Breath of Life program was a pilot study intended to get feedback from participants on how to improve the program to be more culturally tailored and effective.
- This pilot study differs from the other three programs because it was not intended to compare an intervention group to a control program.