

Smoking Cessation For Older People

— Final Project Report —

Stirling Health & Well-being Alliance



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Well-being Alliance

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Contents

Acknowledgements

1. Introduction	-	-	-	-	-	-	-	-	1
<i>Project Aim and Objectives</i>	-	-	-	-	-	-	-	-	1
<i>Background/History</i>	-	-	-	-	-	-	-	-	1
<i>Project Beneficiaries</i>	-	-	-	-	-	-	-	-	2
<i>Services</i>	-	-	-	-	-	-	-	-	2
<i>Funding and Management</i>	-	-	-	-	-	-	-	-	2
<i>External Action Planning</i>	-	-	-	-	-	-	-	-	3
2. Methodology	-	-	-	-	-	-	-	-	3
<i>Project Advertising/Marketing</i>	-	-	-	-	-	-	-	-	3
<i>Community Smoking Cessation Sessions</i>	-	-	-	-	-	-	-	-	3
<i>One-Off Events/Health MOT's</i>	-	-	-	-	-	-	-	-	4
<i>Monitoring and Evaluation</i>	-	-	-	-	-	-	-	-	5
3. Results	-	-	-	-	-	-	-	-	6
<i>Participants Smoking History & Habits</i>	-	-	-	-	-	-	-	-	6
<i>Quit Rates</i>	-	-	-	-	-	-	-	-	7
4. Discussion/Conclusion	-	-	-	-	-	-	-	-	8
<i>Successes</i>	-	-	-	-	-	-	-	-	8
<i>Partnership Working</i>	-	-	-	-	-	-	-	-	9
<i>Lessons Learned</i>	-	-	-	-	-	-	-	-	9
5. Recommendations for Future Work or Research	-	-	-	-	-	-	-	-	9
6. Dissemination	-	-	-	-	-	-	-	-	9
7. References	-	-	-	-	-	-	-	-	10
Appendices	-	-	-	-	-	-	-	-	11

1. Introduction

Stirling Health & Well-being Alliance's 'Smoking Cessation for Older People' is an intensive community based smoking cessation project to motivate and empower older adults living in disadvantaged areas of Stirling to quit smoking.

Project Aim and Objectives

Aim

To provide an integrated approach to smoking cessation by offering older adults the long term support to not only quit or reduce their smoking, but to support them to recognise and access sustainable long term health improvement.

Objectives

To address the particular difficulties i.e. isolation and access to local smoking cessation services, faced by older people living in areas or circumstances of socio-economic disadvantage.

To provide an integrated approach to Smoking Cessation encompassing not only NRT intervention but support and advice, before, during and after quitting, enabling long term sustainable changes to the lifestyles of older adults.

To improve older peoples independence and well-being through community based health promotion.

To provide an accessible and recognised link for older adults to reach wider health improvement opportunities and options.

Background/History

Stirling Health & Well-being Alliance (SHWA) is a Community Health Initiative based in Stirling set up in 1997 as a Company Limited by Guarantee and a registered charity. SHWA's work focuses on the regeneration areas, with an overarching aim to improve health and well-being and to tackle health inequalities by empowering the people of Stirling. The Board of Directors are local volunteers and representatives from Stirling Council and NHS Forth Valley. SHWA promotes a holistic approach to health and well-being and works in partnership with other agencies to provide support networks, promote community capacity building and offer a voice to local people in relation to their health and well-being. SHWA delivers various projects around diet and nutrition, health information and advice, smoking cessation, physical activity and stress management.

Our past work in the regeneration areas of Stirling has identified the need for local community based services including smoking cessation. Our past health information and taster events in these local communities have offered local people the opportunity to give feedback through questionnaires and evaluation forms and speak to workers about services they want in local venues. Over 50% of clients attending were over 50 years of age and these clients identified the need for services providing access to information and to support workers, out-with their formal statutory health service. Help to quit smoking was routinely highlighted as a need and isolated older people in these communities in particular, wanted additional personal support to

enable them to take the first steps to improving their health. In the localities of Fallin, Cowie, Plean and Raploch there was a clear need for local community based services with statistics showing that smoking only deepens economic inequalities as well as remaining the biggest single cause of preventable illness in Scotland. (The Scottish Executive 2004)

Project Beneficiaries

The project targeted older participants aged 50 plus, living in the regeneration areas of Stirling which include the Eastern villages of Cowie, Plean and Fallin and the urban area of Raploch. These are participants who typically have long term health issues and are on low incomes. According to the SIMD 2004, Plean and Fallin have 2 zones which fall within the 20% most deprived zones in Scotland, 1 zone in Raploch falls within the 10% most deprived zones in Scotland and a further 3 zones in Raploch fall within the 5% most deprived zones in Scotland.

We know that smoking levels in the population of Forth Valley vary across the deprivation categories. A health and lifestyle survey conducted by NHS Forth Valley in 2004 reported that 28% of respondents living in areas of high deprivation were smokers, compared with 22% of respondents living in areas of medium deprivation and 18% in areas of low deprivation. (NHS Forth Valley Adult Health & Lifestyle Survey 2004)

Our project offered a service tailored to appeal to hardened smokers and those older adults unlikely to join mainstream smoking cessation services. The project focused on providing intensive support to older participants, providing them with the opportunity to develop the skills and confidence to make changes to their lifestyle and increase the likelihood of successful health changes being made and being sustained within their communities.

Ultimately those who gave up smoking have helped to reduce their risk of ill-health and smoking-related disease and the project awareness raising provided the wider communities with knowledge of the health risks associated with smoking and the benefits of an integrated local smoking cessation service.

Services

The project ran for 1 year from April 2006 until March 2007 and provided free smoking cessation sessions during day time hours at local venues as well as one-off events to provide additional health awareness raising. Venues used were mainly non-traditional, including community centres, local rent offices and an adult learning centre.

Local people accessed the smoking cessation services primarily through self-referral, and SHWA's past work in the regeneration areas had already identified potential participants.

Funding and Management

The project received funding of £8,000 from ASH Scotland's Phase 2 Tobacco and Inequalities Project and match funding of £3000 from NHS Forth Valley's Tobacco Action Group.

The project was managed by the SHWA Director Anne Rennie and the SHWA Smoking Cessation Worker Suzanne Wright. NHS Forth Valley provided invaluable

training support and access to resources and Kate Johnstone, the Smoking Cessation Co-ordinator for NHS Forth Valley acted as an advisor and was involved in the early planning of the projects' Theory of Change Framework.

External Action Planning

Glasgow University conducted an evaluation of the Tobacco & Inequalities Project Small Grants Fund and was charged with providing our project with a 'Theory of Change' Framework to guide its planning and evaluation. The Framework was developed for the project in July 2006 after a planning session involving Janet Ferguson of Glasgow University, Anne Rennie and Suzanne Wright of SHWA and Kate Johnstone of NHS Forth Valley. The Framework detailed resources, activities, short and long-term outcomes and outcome indicators for the project. A follow up interview to review the Framework was conducted between Jon Pickering of Glasgow University and Smoking Cessation Worker Suzanne Wright in May 2007. The Framework and its evaluation can be obtained through ASH Scotland.

2. Methodology

Project Advertising/Marketing

Prior to the project's first sessions in April 2006, the smoking cessation service was promoted with leaflets and posters. Approximately 2000 glossy generic quit smoking flyers (appendix 4) and 2000 in-house produced, area specific flyers (appendix 5), were distributed door to door and via SHWA's existing networks in the communities of Cowie, Plean, Fallin and Raploch. Shops, pubs and community facilities such as pharmacies, GP surgeries, and community centres all displayed project posters and NHS Forth Valley incorporated our session details into their cessation services publicity leaflet (appendix 6). Local marketing continued throughout the life of the project with new local leaflets being issued prior to each block of sessions and adverts regularly placed in Stirling's weekly newspaper The Observer as well as in quarterly community news-sheets.

Community Smoking Cessation Sessions

The basic structure of the blocks of sessions our project provided, was based on the Maudsley model of smoking cessation intervention but with additional intensive support. The basic Maudsley smoking cessation model provides 7 sessions of withdrawal orientated treatment, which provides 2 main sources of support, one being group support and two being NRT. Our project's target group was older long-term smokers so our project decided on a smoking cessation model that provided a minimum of 7 sessions combining withdrawal orientated treatment with behavioural and educational treatment. Our model provides 4 main sources of support, one being 1-1 tailored support, two being NRT, 3 being the education of participants into motivation through highlighting the dangers of smoking, and finally 4 being the changing of the habitual behaviours of the smoker by providing skills and tools to participants so they can avoid triggers and de-condition themselves of their smoking habits.

The main differences and advantages our model of smoking cessation treatment has is in its greater intensity of support and the length of the treatment. Our project provides participants with skills to change their long term health and lifestyle choices instead of simply focusing on pushing them through their quit attempt.

We provided smoking cessation sessions in 4 blocks of between eight and eleven weeks of support.

- Block 1 ran from April to June 2006
- Block 2 ran from July to September 2006
- Block 3 ran from October to December 2006
- Block 4 ran from January 2007 to March 2007

Each session ran for 1½ - 2 hours and was drop-in rather than appointment based. Sessions were run in Fallin's Health Clinic, in Cowie's Local Rent Office and in Plean's Balfour Community Centre. In Raploch the venue had to be changed for different blocks due to lack of availability and sessions here were held in Raploch Community Centre, Edzone Learning Centre and SHWA offices at Orchard House.

Initially all clients were offered the options of group work or individual 1-1 sessions and their preferences were then incorporated into the programs. For Block 1, sessions ran as groups in Plean and Fallin but participants were seen individually in Cowie and Raploch. The subsequent Blocks of sessions provided only 1-1 sessions in all areas as smaller numbers of participants made this more appropriate.

It was early on in the provision of Block 1 of sessions that the majority of participants expressed their liking for weekly support sessions. The project therefore decided to continue with this format for the rest of the project timeframe instead of changing to monthly support sessions which had originally been planned in the ToC Framework.

The project's original ToC Framework had also envisioned that an NHS prescribing professional would attend each of the 4 blocks of sessions during a group session, in order to provide participants with NRT. In practice the provision of NRT was done through referral of the individual to their local GP or prescribing Health Visitor rather than having a prescribing NHS professional attending a session. This process has worked well with all referred participants having had support sessions providing information and details of the NRT available, before they saw their prescribing GP or Health Visitor.

When the project started participants who had previously lapsed in their quit attempt were unable to fully rejoin the smoking cessation sessions because they could not get NRT from GP's for a period of 6 months after a relapse. This policy was abandoned by the NHS during our project's time-frame and thus provision of NRT to all participants was made easier.

One-Off Events/Health MOT's

In addition to the weekly quit smoking sessions, the project provided brief cessation intervention and awareness raising at 5 one-off events in the target regeneration areas.

- Mens' Health MOT on 13th June 06 in Cowie's Local Miners Welfare Club
- Health MOT on 19th September 06 in Raploch's Community Centre
- Health MOT on 17th October 06 in Plean's Balfour Community Centre
- Mens' Health MOT on 28th November 06 in Raploch's Stirling Council Community Project Offices
- 'Stress Buster' Health MOT on 7th December 06 in Fallin's Alpha Community Centre

Organised by SHWA these events known as Health MOTs brought together a variety of service providers to offer local people a free taster of health improvement options. Events typically lasted a few hours and involved partners such as Alternative Therapists providing massage and stress management, NHS Forth Valley Health Visitors providing blood pressure checks and general health information, as well as stands providing healthy eating tasters and advice, physical activity advice and BMI checks. For the smoking cessation project these events provided an ideal informal setting to meet new local people and to promote the weekly services that were available locally.

Monitoring and Evaluation

The project was monitored and evaluated through the collecting of quantitative and qualitative data. Information was collected for both SHWA's database of client details and the ISD web-based database of National Minimum Dataset information.

Participants' health history and demographics were recorded via SHWA client health and information questionnaires (appendix 8 & appendix 9). Initial baseline smoking data was collected via participants completing the project's questionnaire form which included the NHS 'About your smoking' database form (appendix 1). This form filling was spread over the first two sessions so as not to overload participants early in their attempt. Qualitative data such as client mood, feelings about quit progress and perceived successes or struggles was collated by the Smoking Cessation Worker throughout the weekly one-to-one sessions with participants. Quantitative data was collected by the Smoking Cessation Worker at every session, i.e. numbers attending, success rates, resources used etc.

The project used a person-centred approach in recording participants quit progress. These included CO level monitoring, personal target setting and tailored plans providing advice on changing life habits, beating cravings and boredom as well as advice on diet and exercise and where appropriate referrals to other lifestyle changing sessions provided by SHWA or partner organisations.

The smoking cessation project used update questionnaires (appendix 3) to record participant's progress at 1, 3, 6 and 12 months, which was done through individual meetings with participants where possible or alternatively through telephone interview.

Early on in the project when group support sessions were being used alongside 1-1 sessions, participants were given an update questionnaire (appendix 2) after three group sessions to evaluate their quit status and whether they needed 1-1 support.

Evaluation questionnaires (appendix 7) were also used at Health MOT events to identify potential future participants and to gauge the community response to our service.

All data recorded was stored in a secure database to build up an evaluation of the service over the year.

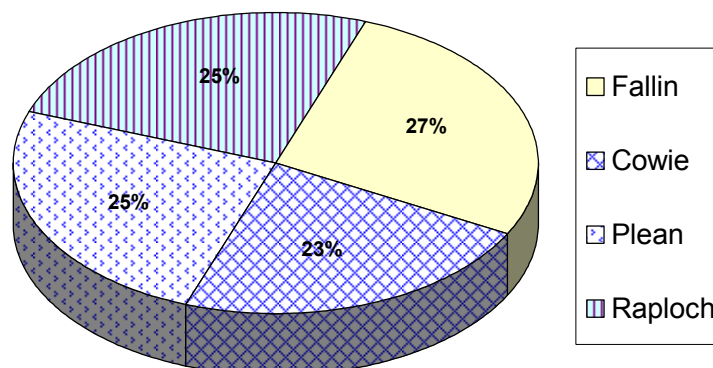
3. Results

Over the 12 months of the project a total of 101 people were provided with smoking cessation support. 55 older people were given brief intervention at awareness raising sessions held as part of larger 'MOT' health events. The remaining 46 people were seen at weekly support sessions. Participants were between 50 and 72 years of age with the exception of 2 younger individuals who attended the weekly sessions.

The following statistics refer to the older age target group of 44 participants who registered on the weekly smoking cessation support sessions.

89% of the participants were female, 11% were male. All were recruited from the target geographical areas.

Percentage of Participants Recruited By Area



In Cowie, Plean and Raploch participants cited a combination of marketing information and word of mouth as their reasons for joining the project. This also applied to those participants from Fallin, but here referral from Health Professionals within Fallin Health Clinic also persuaded some participants to join.

Participants Smoking History & Habits

91% of participants had smoked since their early teens and thus had been smoking for at least 35 years.

Participant Nos.	Percentage	No. of Cigarettes Smoked Per Day*
12	27%	21 - 30
24	55%	11 - 20
8	18%	1 - 10

*18% of participants smoked roll-ups

17 individuals started their quit attempts with us in April 2006, with 13 more joining throughout the first block of sessions. 5 new participants joined in block two which ran from July 2006. Block three started in October 2006 with 4 new participants joining and 5 new participants joined in the final block four starting in January 2007.

11% of participants had never previously attempted to quit smoking, while 5% of participants had previously made one attempt to quit. The majority (84%) of participants had previously made multiple attempts to quit smoking with success ranging from a few days to a couple of months.

80% of participants had used Nicotine Replacement Therapy (NRT) in their previous quit attempts.

84% of participants cited saving or improving their health as the main factor in wanting to quit smoking this time. Notably all these participants already had health difficulties and most accepted their smoking contributed to these.

Quit Rates

Final quit rates were evaluated at the end of May 2007 so it should be noted that although the statistical percentages are calculated on the total number of 44 participants, only 36 participants registered with the project early enough to be evaluated at the 6 month period. Similarly, only 26 participants registered early enough in the project to be evaluated at the 1 year period.

No. of Participants Quit At 1 Month	30	100% CO Confirmed
Percentage of Total Participants	68%	
No. of Participants Quit At 3 Months	28	100% CO Confirmed
Percentage of Total Participants	64%	
No. of Participants Quit At 6 Months	23	87% (20 participants) CO Confirmed
Percentage of Total Participants	52%	
No. of Participants Quit At 1 Year	18	44% (8 participants) CO Confirmed
Percentage of Total Participants	41%	

Of the 44 participants who registered, 2 made their quit attempts using no NRT. Of the 42 participants who used NRT, 93% (41) used patches as their sole or primary aid. A few of these participants also used nicotine replacement gum as a secondary aid in combination with the patches. 2% (1) used the Inhalator as their sole aid to quitting.

4. Discussion/Conclusion

We were targeting smoking in older people, however we approached it through a wider health remit i.e. family health and community health. We offered our drop-in sessions for all smokers regardless of age and gender. This ensured that within the small local communities we were working in, we did not create an isolated stigmatised group of participants.

We were able to take this approach because of SHWA's existing knowledge of the demographics of the communities and knew we would be able to reach older people by offering sessions at appropriate day times and in appropriate venues.

Successes

The great majority of the project's participants had a long history of smoking and they were exactly the people the project wished to attract. Most of the participants referred themselves to the project and this was a good indicator of their high levels of motivation to quit. This is supported and reflected in the quit rates at the follow-up intervals. At 1 month 68% of participants were quit which was higher than the original aim of 50% specified in the projects Theory of Change (ToC) Framework and also was in line with NHS Forth Valley's quit target at 4 weeks of 70%. At the 1 year follow-up, 41% of participants were quit, a successful outcome for the project especially in light of the national average relapse of 75% of 4 week quitters.

Although the number of participants involved with the one year project was relatively small i.e. 44 compared to the projects ToC target of 160, participants gave very positive feedback on the benefit of having access to intensive tailored 1-1 stop smoking advice. Participants felt that the longer contact with the smoking cessation worker combined with the use of visual and practical aids and incentives rather than brief intervention and just leaflet type information contributed to their ability to progress their quit attempt. The relatively low drop-off rates of the participants support this.

Numbers of participants registering with the project were much higher in the first few months than at any other time. This was most likely due to the intensive local advertising done by SHWA prior to the commencement of the project plus the publicity surrounding the national smoking ban introduced in March 2006, which created an ideal platform for awareness raising activities and definitely kept 'quitting smoking' at the forefront of peoples health concerns.

Our one-off events i.e. health MOT's brought together all aspects of SHWA's work i.e. quitting smoking, getting active and eating healthily. By providing such events during the project duration we were able to showcase our holistic approach to health improvement and to reach a wider audience of local people who could be encouraged to join the quit smoking sessions as part of an integrated health improvement package.

By consistently providing quit sessions within the same local venues at the same times every week and by providing a choice of group or 1-1 sessions, participants were given the flexibility and time to deal with their individual issues such as boredom, inactivity or weight gain at the same time as being provided with a progressive structured quit program. This flexible approach to each individual participant allowed for focus on individual struggles with quitting and is most definitely the main reason for the higher quit rates achieved compared to other local services.

Partnership Working

The commitment of partners support with money or in-kind services provided a consistency to the smoking cessation project. It allowed the project to provide an equal quality of service provision in all communities.

Benefits for partners included the community centres run by Stirling Council being used as venues and thus enticing potential service users to use their local facilities. NHS Forth Valley was able to increase smoking cessation choices by supporting and advertising our project's services to smokers alongside their traditional health centre/clinic based smoking cessation services.

Lessons Learned

It was not always practical for one smoking cessation worker to provide all the cessation work, monitoring and reporting required to meet the project outcomes.

Although a Theory of Change Framework was agreed early on to guide the project, the short time frame of 1 year meant that in practice, provision of the smoking cessation sessions was given priority over other project deliverables.

Similarly as the project progressed and beneficial development changes to the project were identified i.e. the need for a renewed marketing campaign at the end of summer 2006 and again in January 2007, the limits on time and manpower meant incorporating changes to the original project framework proved extremely difficult.

The experience of this project was that maintaining the quality of the smoking cessation session was the greater priority for the project. Although the numbers of new recruits suffered from not being able to divert enough resources to a renewed marketing campaign mid project, maintaining the quality of the support for individuals who did register to quit, proved to be the most successful output of the project as supported by clients' testimonies and the projects quit rates.

5. Recommendations for Future Work or Research

SHWA will look to continue providing smoking cessation services in the regeneration areas of Stirling through service level agreements with NHS Forth Valley and Stirling Council to provide community based programmes as part of the provision of health choices in the Stirling area.

Reaching hardened smokers from regeneration areas means smoking cessation services have to be offered within those local communities. The use of non-traditional venues such as community halls, appeals to the hardest to reach smoker.

This project and some of our previous work in the regeneration areas has shown that with the most hardened smokers, once they commit to quitting, and are provided with intensive 1-1 smoking cessation support using a person centered incentive package, they have a higher than average quit success rate.

6. Dissemination

This Final Report will be used to disseminate the findings of the project to our partners and will be available for use by SHWA as a publicity tool at future networking events.

7. References

The Scottish Index of Multiple Deprivation 2004 identifies that Stirling has a total of 8 areas within the 20% most deprived data zones in Scotland. Further details can be found at <http://www.scotland.gov.uk/stats/simd2004/>

The Scottish Executive (2004) A Breath of Fresh Air for Scotland. Improving Scotland's health: The Challenge. Tobacco Control Action Plan.
<http://www.scotland.gov.uk/library5/health/abfa-00.asp>

NHS Forth Valley Adult Health & Lifestyle Survey 2004
<http://www.show.scot.nhs.uk/nhsfv>

Appendices

- Appendix 1.** SHWA Smokers Questionnaire incorporating the national ISD minimum dataset
- Appendix 2.** SHWA Quitters Update Questionnaire (used with Groups)
- Appendix 3.** SHWA Quitters Update Questionnaire (used with 1-1 clients)
- Appendix 4.** Publicity material advertising whole project (A4 & A5 sizes in colour)
- Appendix 5.** Examples of promotion materials advertising local sessions (A4 & A5 sizes in black and white)
- Appendix 6.** Example of promotional material produced by NHS Forth Valley advertising SHWA Smoking Cessation Sessions
- Appendix 7.** Examples of Evaluation Questionnaires used at one-off 'MOT' events
- Appendix 8.** SHWA Client's Health Form
- Appendix 9.** SHWA Information About You (Client)