

Abstract

Integrating Financial Coaching and Smoking Cessation Coaching to Reduce Health and Economic Disparities in Low-Income Smokers

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Background: Low-income smokers face unique barriers to cessation, including severe financial distress. Reducing financial distress may improve cessation rates in this vulnerable population, and cessation of tobacco spending may alleviate financial distress by freeing-up funds that could go toward essentials (e.g., food). We examined the efficacy of a program that integrates financial coaching into smoking cessation coaching for low-income smokers.

Methods: We recruited 359 smokers below 200% of the federal poverty level in NYC and randomized them to receive: 1) an intervention that integrated financial coaching into smoking cessation coaching or 2) usual care. The financial coaching aimed to help participants access financial resources and move from spending on cigarettes to spending on household essentials.

Results: By 6 months, Intervention patients were more likely to have made a quit attempt (81% vs. 66%, $p=.03$) and achieve abstinence (30% vs. 10%, $p<.005$). At 6 months, Intervention participants were less likely to report high levels of stress about their general finances (44% vs. 66% Control, $p=.01$), high levels of worry about meeting monthly expenses (56% vs 73% Control, $p=.01$), or high dissatisfaction with their present financial situation (63% vs 75% Control, $p<.05$). Intervention participants were also less likely to report frequently living paycheck to paycheck (71% vs 88% Control, $p=.01$) or frequently being unable to afford leisure activities (51% vs 70% Control, $p<.05$). Eighty-five percent of Intervention participants reported being “very satisfied” with the integrated counseling. Out of the participants who quit smoking, 100% reported that quitting smoking helped them financially.

Conclusions: Integrating financial coaching into our smoking cessation program produced higher abstinence rates and reductions in financial distress than usual care. Participants were highly satisfied with the integrated program and felt it helped them financially. Our integrated program can serve as model for addressing the unique needs of low-income smokers.

Implementation of health education strategies, interventions and programs Planning of health education strategies, interventions, and programs Public health or related research

