



A Weight Concerns Intervention for Smokers calling a Quitline

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Collaborators

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- Michele D. Levine, University of Pittsburgh,
- Laura Beebe, PhD., University of Oklahoma
- Tim McAfee, MD, CDC

1: Free & Clear, Seattle, WA

Background

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Helping you to stay quit and stay healthy **STUDY**

1. Hazards of smoking and obesity
2. Weight gain/weight concerns common
3. Average smoker gains 8-15 pounds after quitting
4. Guidelines advise against dieting while quitting

Background

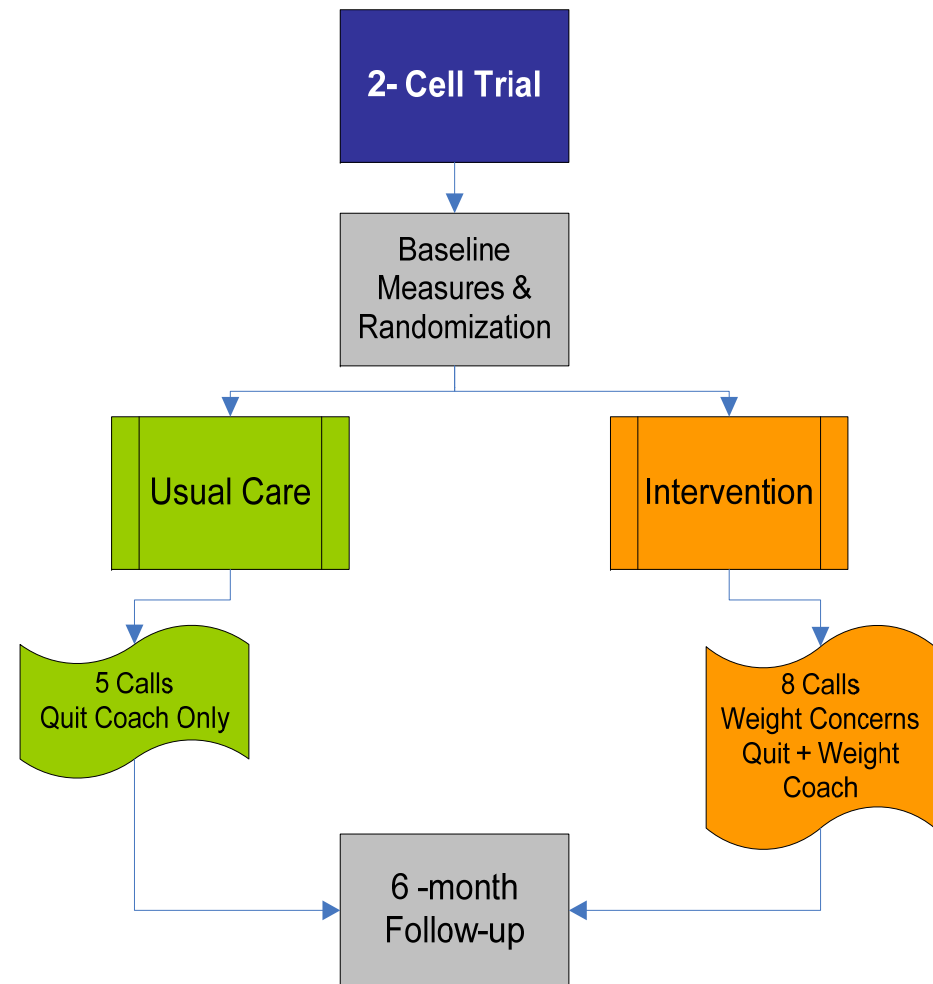


1. Quitlines provide natural lab for translation
2. Novel cessation treatment addressing weight concerns- can increase quit rates and limit weight gain vs. tobacco tx alone (Perkins et al)
3. But it was intensive, in-person, group program
4. Goal is to translate for effectiveness trial

Weight Concern Intervention

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- Randomized Control Trial with the Oklahoma Helpline:
 - “Usual care”
 - 5 calls and guide
 - “Intervention”
 - Standard care plus 3 weight coach calls with tailored materials
- **2000** callers successfully recruited and randomized in 9 months
- 80% female; **49% obese**, 30% overweight; 63% smoked > 20 years; 76% gained in prior QA



Quit For Life[®] Program

'Weigh to Quit' Study Methods

Smokers calling

the **Oklahoma Helpline (OKHL)**

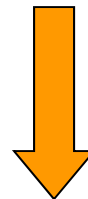


Assess weight/height

weight concerns, eligibility & interest in the study



Transfer to Coach to obtain
consent and administer baseline survey



Randomization to groups &
deliver intervention call #1

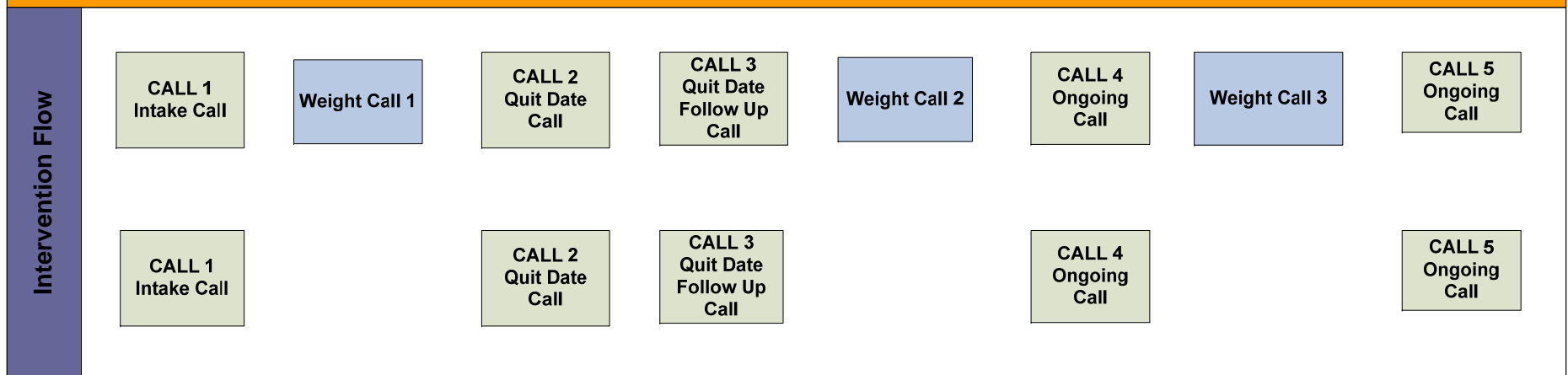
Study Hypotheses

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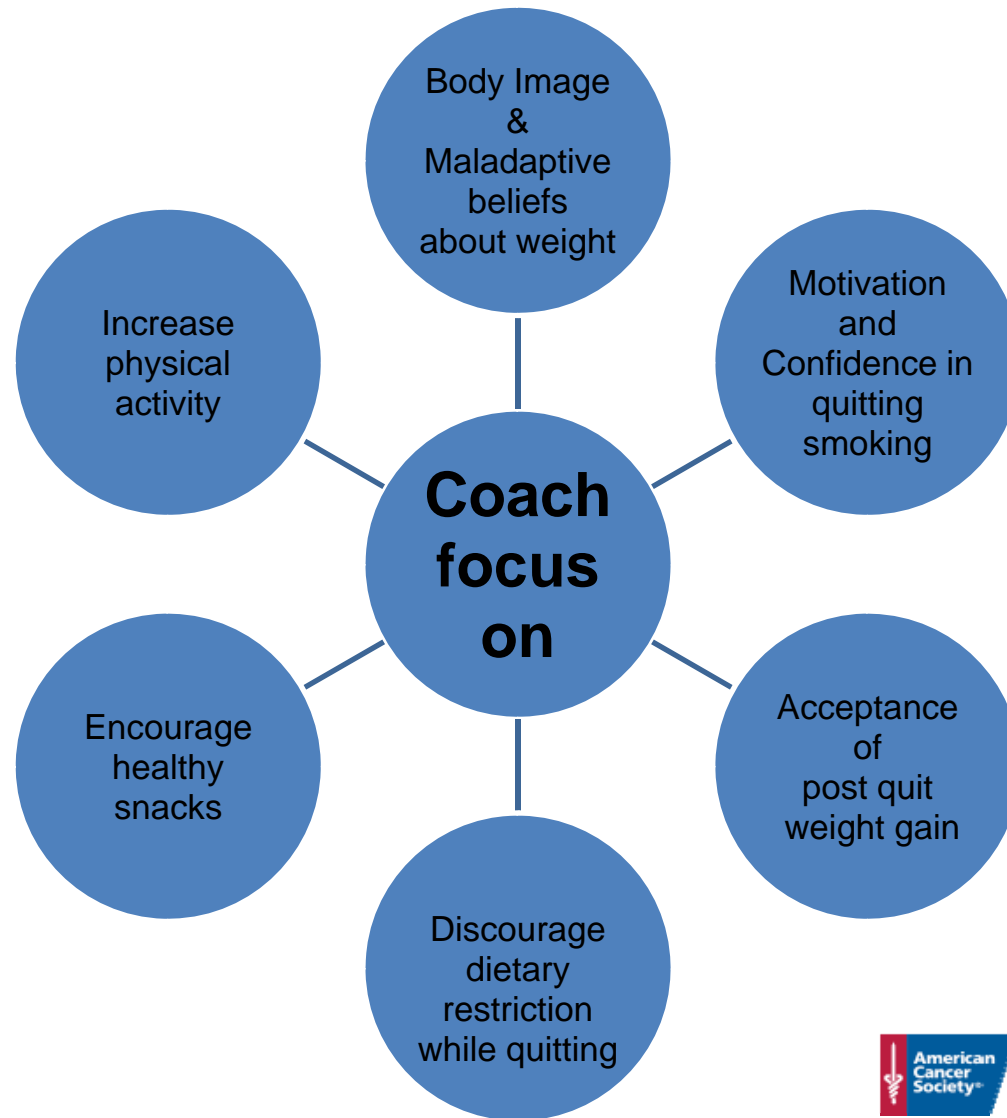
1. Increase call completion rate
2. Reduce weight concerns
3. Increase satisfaction with the OKHL
4. Increase cessation
5. Reduce post quit weight gain

'Weigh to Quit' Intervention

Intervention (call sequence)



Intervention Content



Characteristics

Screened vs. Randomized

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Screened (n=7998)

- **39% Obese**
- **63% Wt concerned**
- 81% White
- 6% African American
- 10% American Indian
- **71% Female**
- 52% Uninsured

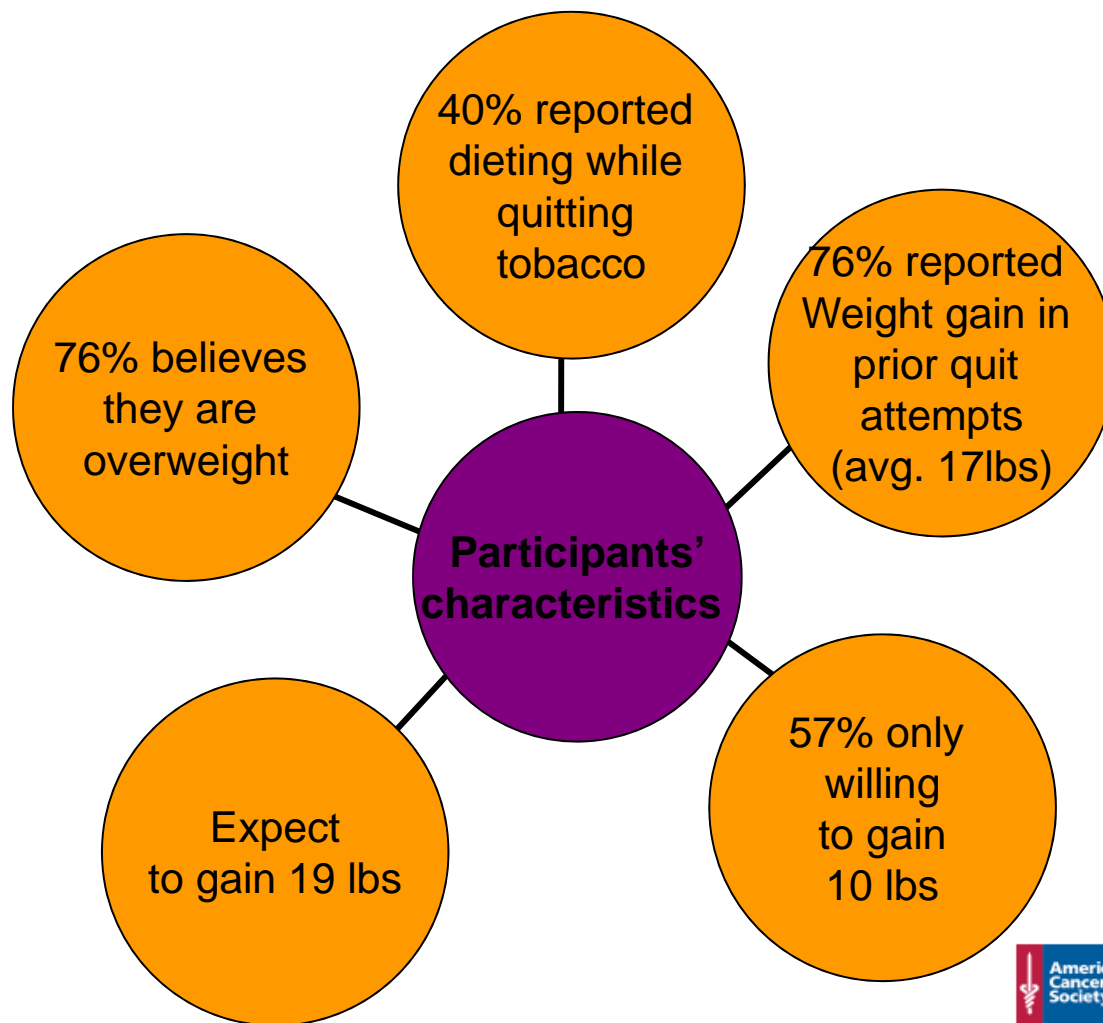
53% eligible

Randomized (n=2000)

- **49% Obese**
- **100% Wt concerned**
- 79% White
- 7% African American
- 11% American Indian
- **77% Female**
- 48% Uninsured

Weight Related Characteristics of Randomized Participants

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Mean (sd) Total # Calls Completed



	Intervention: 8 proactive calls & unlimited reactive	Controls: 5 proactive calls & unlimited reactive
Mean (sd) Range Tobacco Calls	2.8 (1.7) 0-10	3.0 (1.6) 0-8
Mean (sd) Range Tobacco + Weight	4.1 (2.5) 0-13	3.0 (1.6) 0-8



RESULTS: Hypothesis 1 & 2 - Increase satisfaction and cessation



N = 1002	Control N = 532	Intervention N = 470	P-values
Overall Satisfaction with the Oklahoma Helpline			
Very/Mostly Satisfied	86.5%	89.5%	0.1748
Quit Rates			
Quit 7+ days (Responders)	39.8%	43.4%	0.2545
Quit 30+ days (Responders)	33.3%	36.8%	0.2411

*6-month results



RESULTS: Post quit weight change



Quit 30+ Days (N = 350)	Control N = 177	Intervention N = 173	P-values
Perceived weight change			
Stayed about the same	22.0%	29.4%	0.0004
Lost weight	27.1%	40.6%	
Gained weight	50.8%	30.0%	
Perceived change in weight	1.8 (18.9)	-3.4 (18.8)	0.0113
Calculated average change in weight (baseline – FU weight)	2.2 (18.2)	-1.1(17.2)	0.0932

Change in Attitudes

Concerns about gaining weight compared to 6 months ago	Control Group (n=532)	Intervention Group (n=470)
Stayed the same	57.2%	46.6%
Increased	17.9%	15.2%
Decreased	24.3%	37.4%
Never was concerned	0.6%	0.9%

Other Results

- Significant reduction in weight concerns and negative attitudes about weight gain.
- Intervention effects did not vary as a function of age, gender or tobacco status at baseline
- Intervention stronger for
whites
higher baseline self-efficacy
Diabetes

Results-Diabetes

		No diabetes	diabetes	P=xx
Group	N	Abstinent	N	Abstinent
Control	464	22.6%	68	19.1%
Intervention	397	21.7%	73	31.5%
		Abstinent 30+ days		
	N	Weight change	N	Weight change
Control	147	2.16 (16.7)	21	2.71 (27.3)
intervention	132	-.21 (17.8)	31	-4.6 (14.0)

SUMMARY

- First effectiveness trial of a combined weight/cessation treatment
- Quitlines provide a natural laboratory for translational studies
- Results have potential to increase quit attempts at a population level
- Attractive intervention for chronic disease prgm integration

Emerging Practices



Oklahoma Study

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- Need and mutual interest
- Easy to implement with the current Quitline infrastructure
- Realistic budget and expectations
- Collaborated with the client to externally validate the findings



Bringing Parties Together

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Lessons Learned: Requires Service Provider and client trust; Experts influence our thinking; Training and Quit Coach development; Open communication

Product Evolution

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Emerging Practice Validated

Tailored Intervention Impacts Quit and Weight

Product Development and Scaling

Adaptation by Client

QL Excellent Infrastructure for Testing Emerging Practices and improving our outcomes



Quit For Life[®] Program

Collaboration with Free & Clear



- The Oklahoma Tobacco Settlement Endowment Trust (TSET)
- The Oklahoma State Department of Health (OSDH)
 - –Tobacco Use Prevention Service
 - –Chronic Disease Service
- •The University of Oklahoma, Oklahoma