The Feasibility of Tobacco Cessation in Food Pantries

Definitions

Food Insecurity: unreliable access to enough nutritious food

Cessation: process of stopping smoking and tobacco use

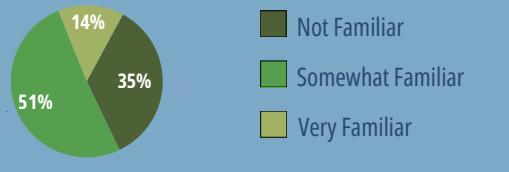
The Ohio Tobacco Quitline: a service designed for people to help quit smoking and tobacco use.

What We Saw, What We Heard

Before launching our model, we interviewed patrons via two methods: a quantitative survey and qualitative focus groups aimed at cultivating more information surrounding the issue.

Survey Results

Ohio Quitline Awareness



Smoking Characteristics

Someone who regularly accesses the food pantry will smoke an average of at least **nine cigarettes per day**, and **51% smoke within the first 30 minutes** of the day and use more than one tobacco product.

Demographic Related Characteristics

Characteristic	Total	Currently Smoking
Age (average)	47	44
Female	74%	68%
Black/African American	39%	34%
Married	32%	44%
Employed	42%	49%

Focus Group Themes

Theme 1	Theme 2
Food Pantries are an incredible resource hub for health information and social services.	There is a high relevance for smoking cessation in food pantry patrons. While many smoke waiting in line outside, having self motivation to quit is key for effective cessation.

A Pilot Study

Tobacco use is the leading cause of preventable disability and early death. For many, smoking is closely linked with financial strain, food insecurity, and chronic stress. Food pantries play a key role in interrupting this cycle because they reach individuals who may be at a higher risk for tobacco use and its harms. By promoting smoking cessation resources in food assistance settings, we can connect people to support in a space they already trust and rely on. Our goals for this project are as follows:

- Promote and increase awareness of the **Ohio Tobacco Quitline**
- Use food pantries as a venue for health promotion
- Reach people where they are and reduce barriers around cessation support

Making this Model Work in the Future

In total, our model reached **28% of pantry visitors** over a three-month span. Of the people who were interested in smoking information, we were able to refer **70% of those eligible** to the Ohio Quit Line. From this experience, we have learned that our model can be greatly improved, while still maintaining awareness that many people are primarily focused on addressing their food needs.

1. Making the model adaptable for the uniqueness of each food pantry, such as their operational flow.
2. Actively collaborate with food pantry managers and partners.
3. Expand length of outreach and explore other on-site smoking cessation options.

