Implementing Ask-Advise-Connect in Food Pantries: A Two-Arm Pragmatic RCT To Promote Use of Evidence-Based Smoking Cessation Treatment

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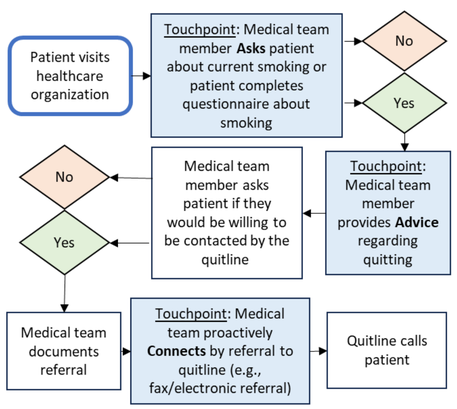
Background

- Tobacco use is a leading cause of preventable diseases and deaths in the U.S., with cigarette use being the most common.
  - Smoking prevalence among food pantry users is 31-50%, significantly higher than the general population.
  - Lower socioeconomic status (SES) smokers are less likely to use evidence-based cessation methods, contributing to persistent disparities
- Ask-Advise-Connect is an evidence-based brief intervention which has only been used in clinical settings

Study Objective

- This study will be the first to adapt Ask Advise-Connect (AAC) for use in community settings, specifically food pantries in the Greater Cleveland Food Bank Network, to improve smoking cessation efforts among priority populations.

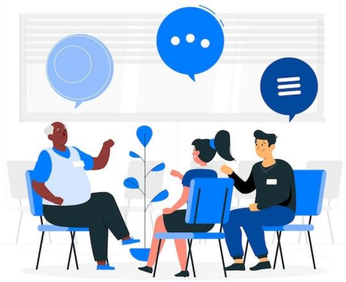


Clinical Ask-Advise-Connect Model to be Adapted to Food Pantry Setting

Methods

Aim 1: Adapt the Ask-Advise-Connect (AAC) approach for a community-based setting using participatory co-design.

Design Team
- Stakeholder members: community organizations and pantry patrons, workers, and leaders
- Equally partner to develop of prototype based on key themes



Focus Groups & Town Hall: Pantry Patrons & Workers

Analysis with FRAME-IS: identifies adaptations

Final Products of Co-Design

- CA-AAC JOURNEY MAP
- ALL MATERIALS AND TOOLS NEEDED FOR CA-AAC IMPLEMENTATION
- ALL DATA COLLECTION PROCEDURES TO ASSESS CA-AAC IMPLEMENTATION

Aim 2: Implement the Community-Adapted Ask-Advise Connect (CA-AAC) in food pantries to examine the reach and effectiveness

RCT across 18 Pair-Matched Pantries

CA-AAC Intervention: pantry patrons will be connected to Ohio Quit Line

Control: Informational postcard about the Ohio Quit Line

Hypotheses
- **CA-AAC pantries will have higher Quit Line reach compared to information-only control pantries**
- CA-AAC pantries will have lower Quit Line effectiveness compared to control pantries.
- CA-AAC pantries will have higher impact (defined as reach x effectiveness) than control pantries

Improved Outcomes in CA-AAC Pantries	Measures
Increase Reach	Quit Line Intake
Increase Effectiveness	Quit Line Enrollment
Increase Impact	Reach x Effectiveness

Aim 3: Identify multilevel contextual factors that impact the provision of tobacco cessation treatment in food pantries

Annual Surveys with Pantry Patrons and Workers

Interviews with Pantry Patrons and Workers at 6 and 18 months

4 Observations at each Site

Practical Robust Implementation and Sustainability Model Factors
- Multi-level Perspectives
- External Environment
- Implementation & Sustainability
- Partner Characteristics

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