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Off-label medication uses discussed: None

Please add "yes" or "no" to each table cell. If "yes", please turn cell background color to yellow.	Tobacco Industry	Non-Pharma Nicotine Product Industry	Pharma Industry
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Co-Design and Journey Mapping to develop a Community Ask-Advise-Connect Model for Food Pantries

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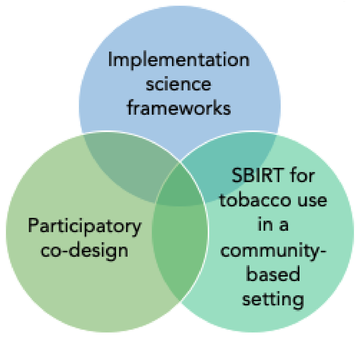
Background

- There is an inequitable burden of tobacco use and related health disparities among socioeconomically disadvantaged populations.
  - These populations are also underserved by existing smoking cessation interventions.
- Ask-Advise-Connect (AAC) is a clinical strategy shown to be effective in linking people to smoking cessation treatment.
  - Many people who smoke do not make regular primary care visits, missing opportunities for advice and resources to quit.

Study Objective

- This study adapts the AAC approach to a community-based setting, specifically food pantries, using participatory Co-Design to increase smoking cessation intervention effectiveness.



Methods

- Co-Design is a collaborative approach where stakeholders and end-users actively participate in all stages of the process

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

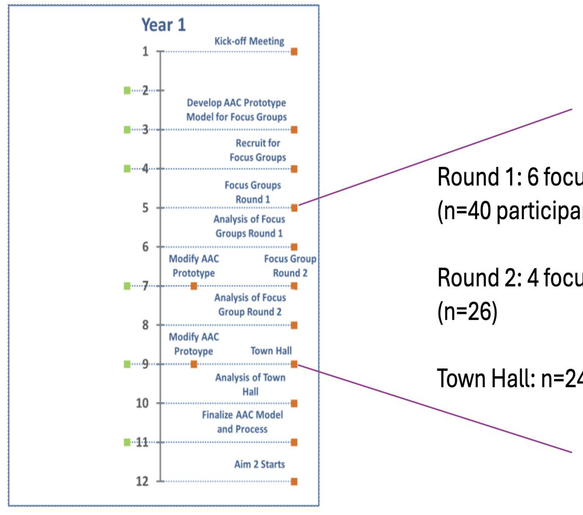
2 Rounds of Focus Groups & Town Hall:
Pantry Patrons & Workers

Analysis with FRAME-IS

- Codebook were developed from FRAME-IS concepts. FRAME-IS is used to identify adaptations to implementation strategies and document rationales for modifications.
- Interview transcripts were coded independently by 2 trained research assistants. Discrepancies discussed and resolved, with MPI Koopman Gonzalez as a third reviewer of discrepancies
- Suggested modifications from coded segment incorporated into processes for end-users in the form of a journey map.

Results

- Hosting sessions with the same group of participants allowed for continual feedback on the prototype of community-adapted AAC (CA-AAC).
- As food pantry models vary (ex: choice pantry vs drive-through pantry), this iterative co-design process was crucial in creating a journey map, protocol, and other necessary materials for different types of pantries.

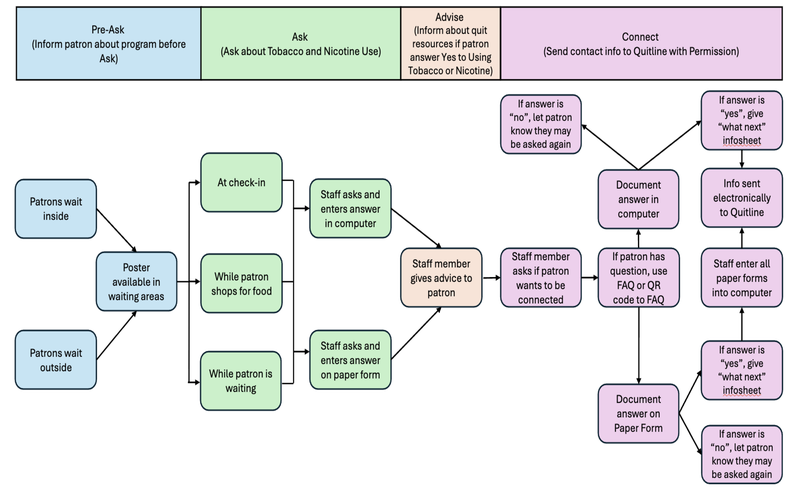


Round 1: 6 focus groups (n=40 participants)

Round 2: 4 focus groups (n=26)

Town Hall: n=24

Version 1: Pantries where Patron Picks Out Their Food



Quote from Round 1 Participant Focus Group:

"I'm just glad I had the opportunity to be able to sit here and have an opinion. And you know, about how you guys you know about this food pantry and how you guys can fit in that food pantry and help with people like us quit smoking because some people don't have insurance, you know, some people. So they're offering. Oh, well, we can help you, you know. That would be a good thing. So I appreciate having that opportunity to come here."

Conclusions

- Participatory co-design allows for a flexible intervention that considers contextual factors that impact adoption, implementation, and outcomes.
- Journey maps will be used to develop intervention toolkit for implementing pantries including intervention materials.
- Data collection tools to assess intervention are informed by focus group discussions around needs and rationales for modifications.

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