

Abstract

A pilot cluster randomised controlled trial of a peer-delivered outreach community-based smoking cessation intervention for women living in disadvantaged communities in Ireland

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Abstract

Introduction: The health of women in rural communities is adversely impacted by increased rates of tobacco use linked to socio-economic disadvantage (SED) and by limited access to services. We Can Quit (WCQ) is a smoking cessation programme delivered by trained lay women (community facilitators) in local communities, which was developed using a Community-based Participatory Research (CBPR) approach and tailored to women living in SED areas of Ireland.

Methods: The We Can Quit2 (WCQ2) pilot cluster randomised controlled trial with an inbuilt process evaluation was conducted in four matched pairs of urban and semi-rural SED districts (8–10,000 women per district) to assess feasibility. Districts were independently randomised to WCQ (group support +/- nicotine replacement therapy), or to individual support delivered by health professionals.

Results: Findings showed that the WCQ outreach programme is acceptable and feasible to implement for smoking women living in disadvantaged neighbourhoods. A secondary outcome of smoking abstinence (self-report + biochemical validation) demonstrated 27% abstinence in the intervention group versus 17% in usual care at end of programme. Low literacy was highlighted as a major barrier to participants' acceptability.

Discussion: The design of our project provides an affordable solution for governments in prioritising outreach smoking cessation in vulnerable populations in countries with rising rates of female lung cancer. Our community-based model using a CBPR approach empowers local women to become trained to deliver smoking cessation programmes within their own local communities. This provides a foundation to create a sustainable and equitable way to address tobacco use in rural communities.

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