

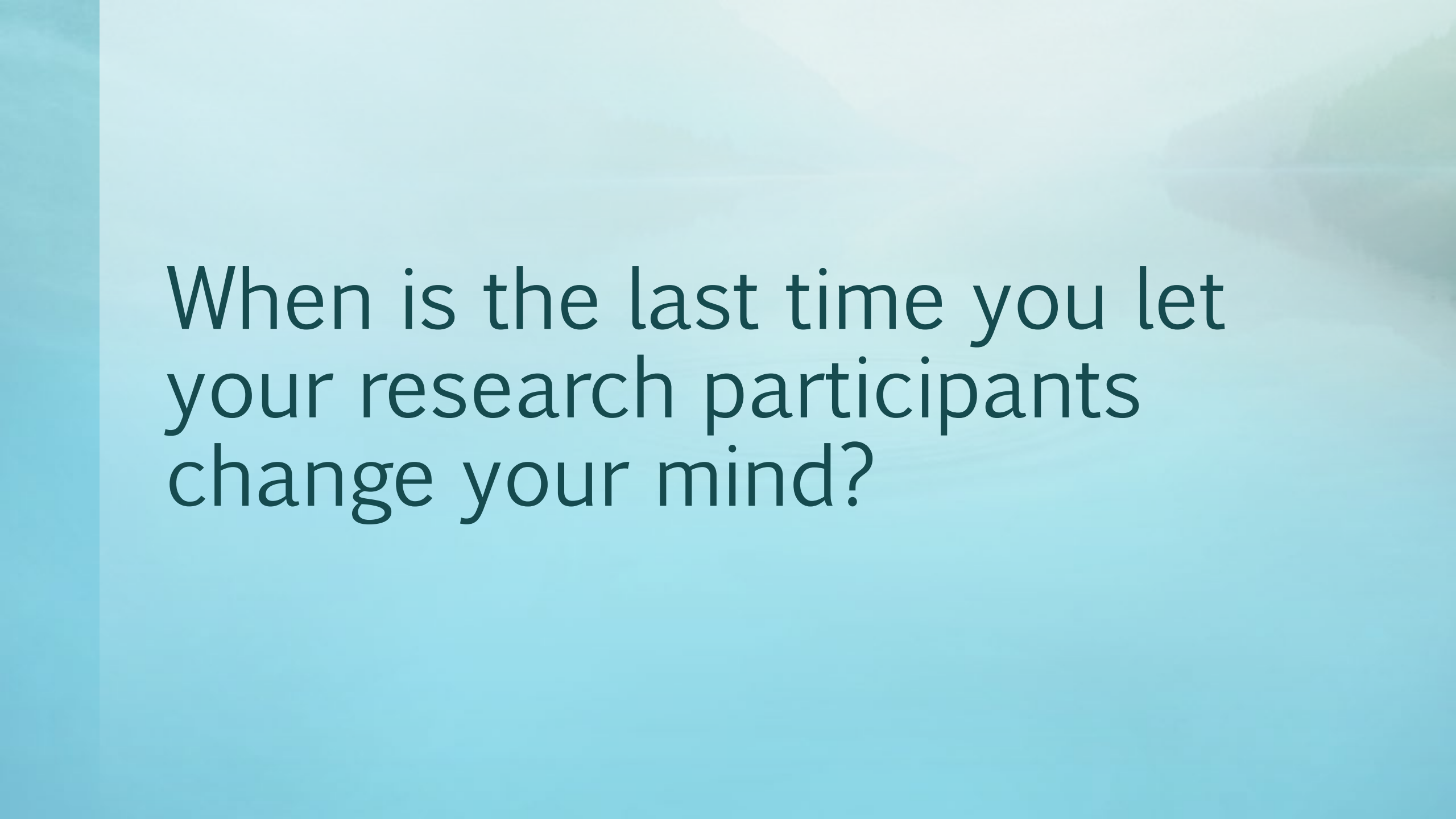


An Iterative, Patient-Centered Approach to Tobacco Cessation Program Development

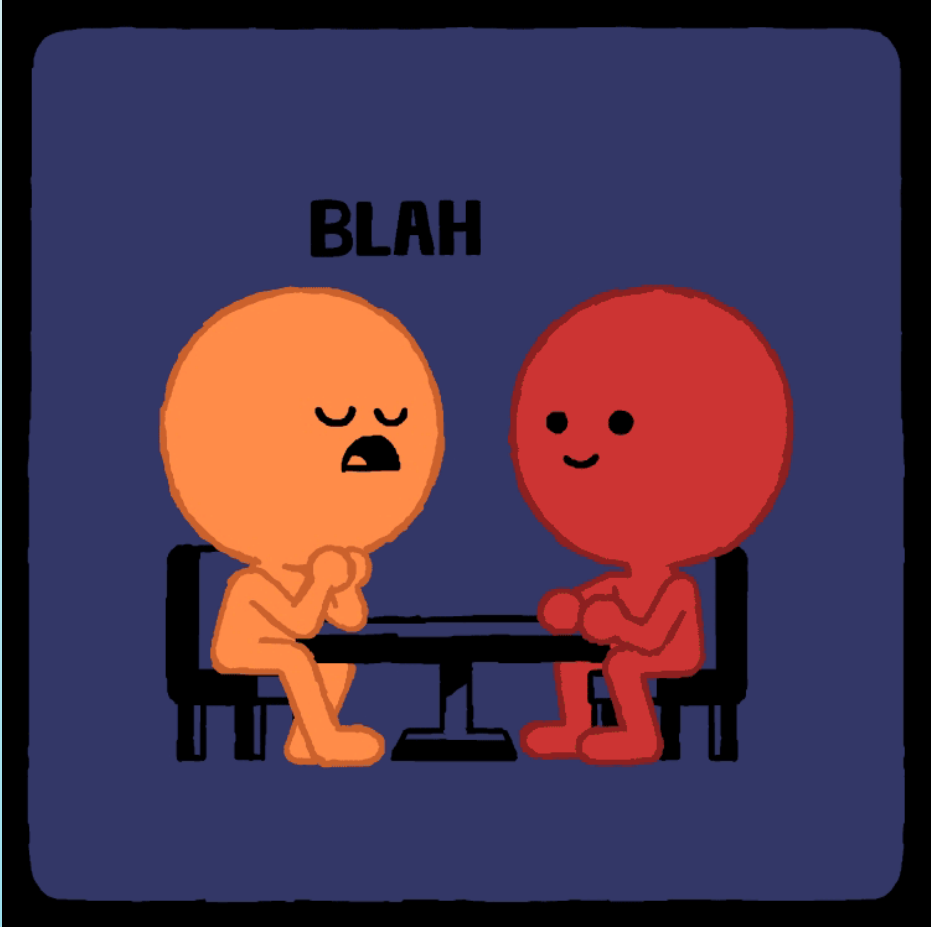
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Funding Acknowledgement

- IK2HX002398



When is the last time you let
your research participants
change your mind?



What is your experience with patient-centered or community-engaged research?

I have (check all that apply):

- a) **Disseminated** my research to patients/Veterans/community
- b) **Used feedback** from patients/Veterans/community members to guide my work
- c) **Garnered support** from patients/Veterans/community members for my work
- d) **Co-led** research projects with patients/Veterans/community members

Getting Started: Understand What Matters to You and Why Speak Freely about What You Don't Know

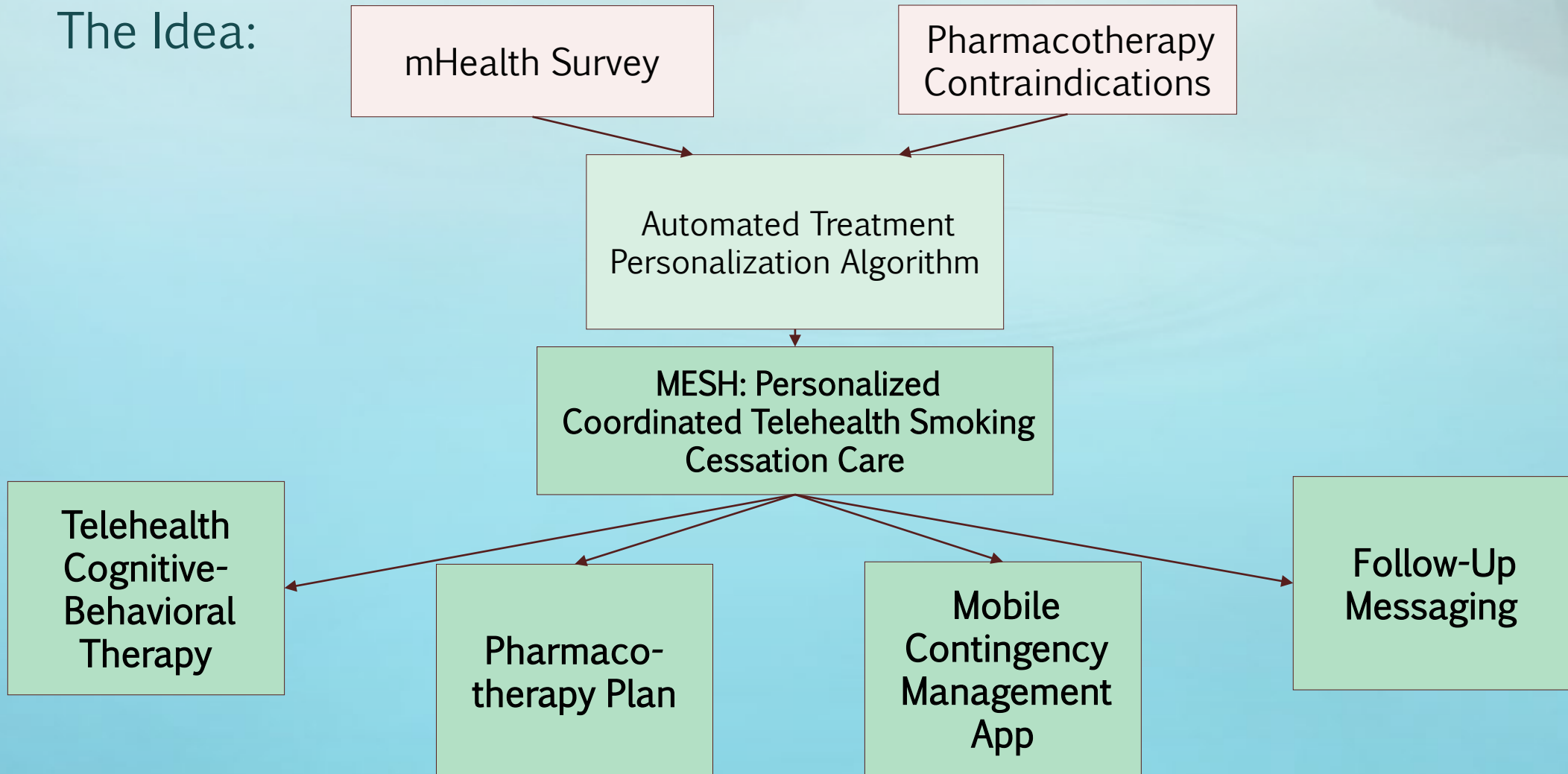


Veterans living with HIV:

- face disproportionate health risks overall
(McCree et al., 2016)
- are more likely to smoke daily
(Wilson et al., 2017)
- are less likely to respond to standard tobacco cessation interventions
(Ledgerwood & Yskes, 2016)
- deserve an intervention that is tailored, integrated, and effective

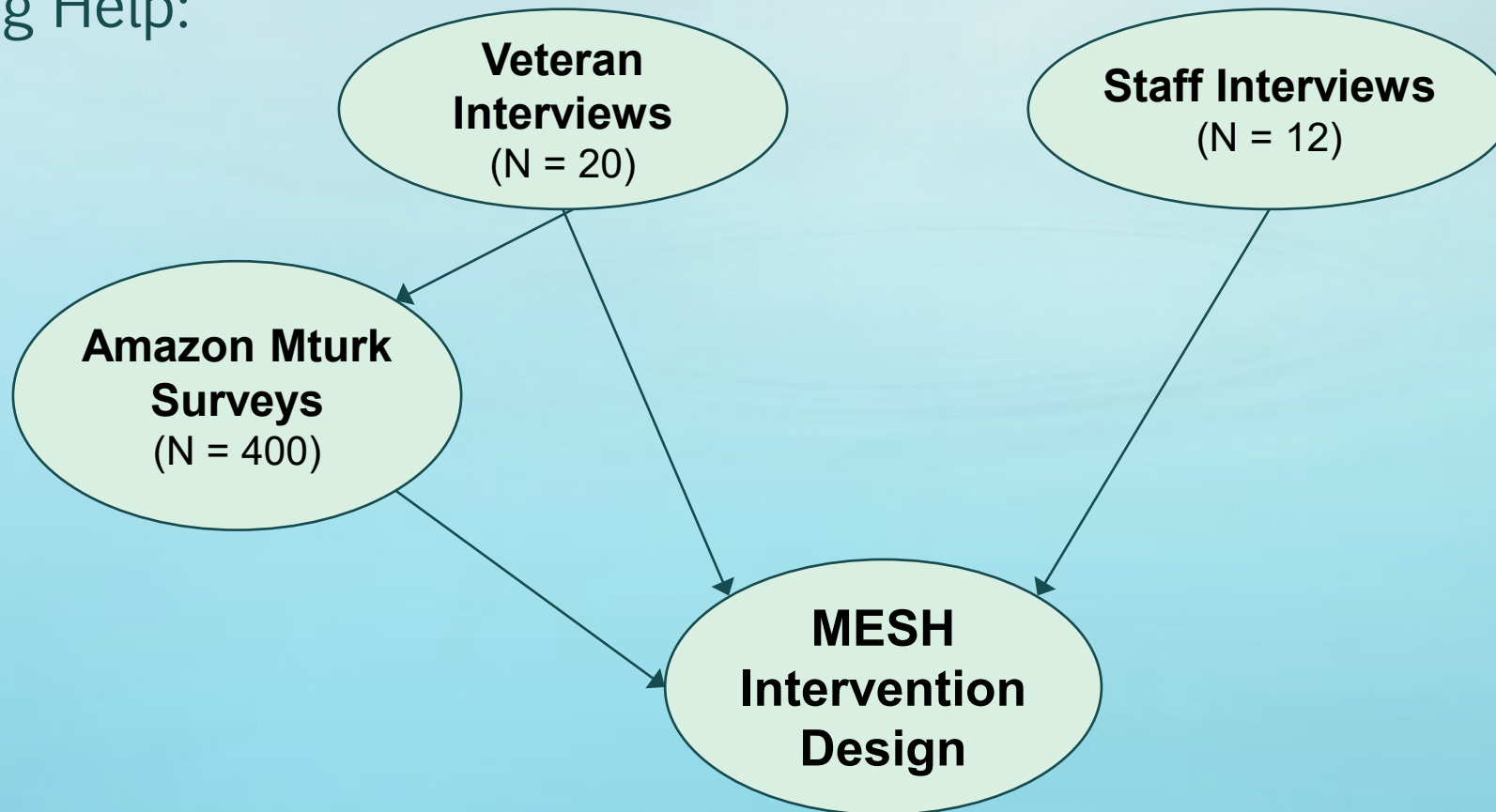
Jumping In: Start with an Idea, Then Get Help

The Idea:



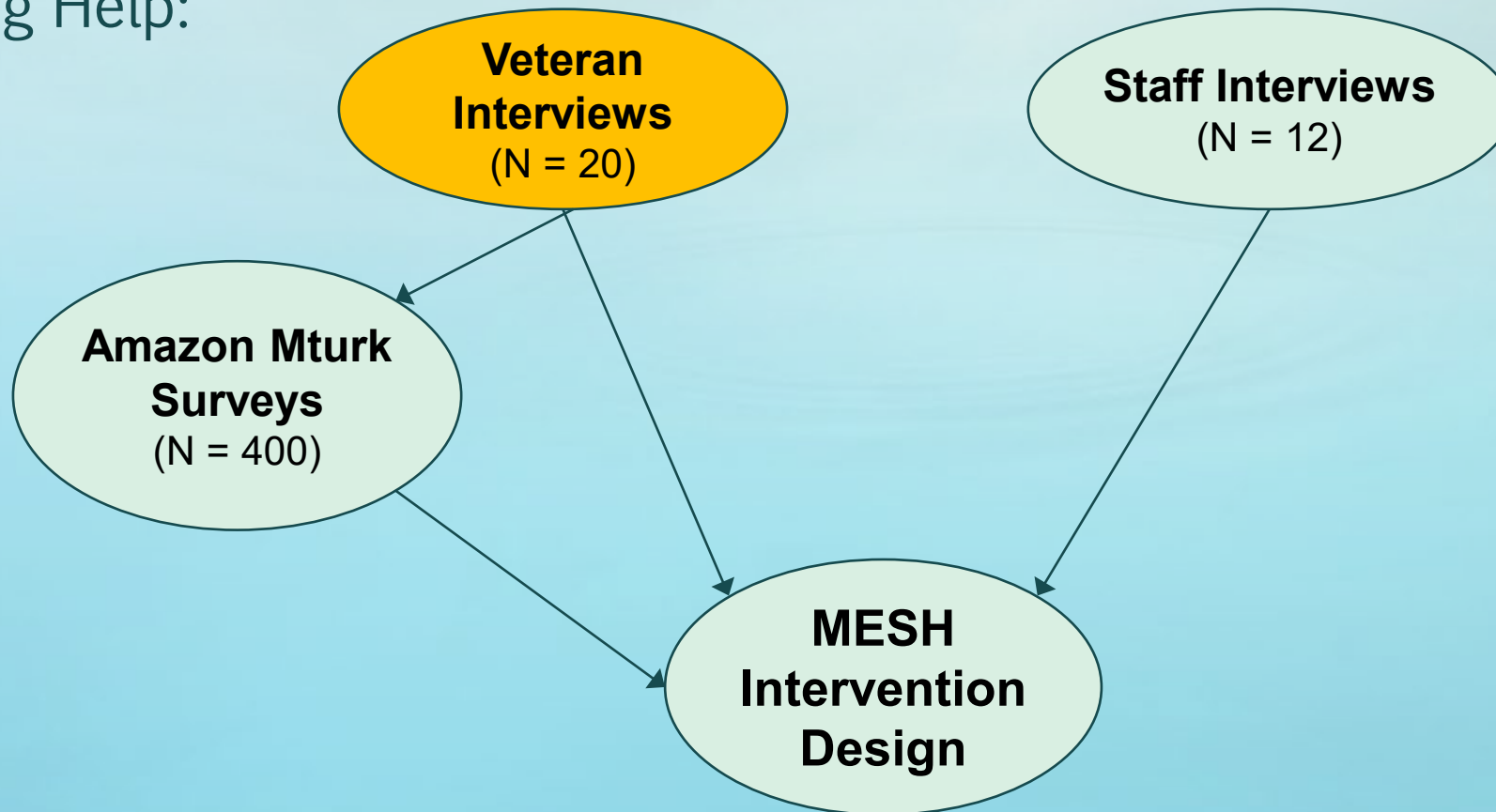
Jumping In: Start with an Idea, Then Get Help

Getting Help:



Jumping In: Start with an Idea, Then Get Help

Getting Help:



Veteran Interviews – Method and Sample

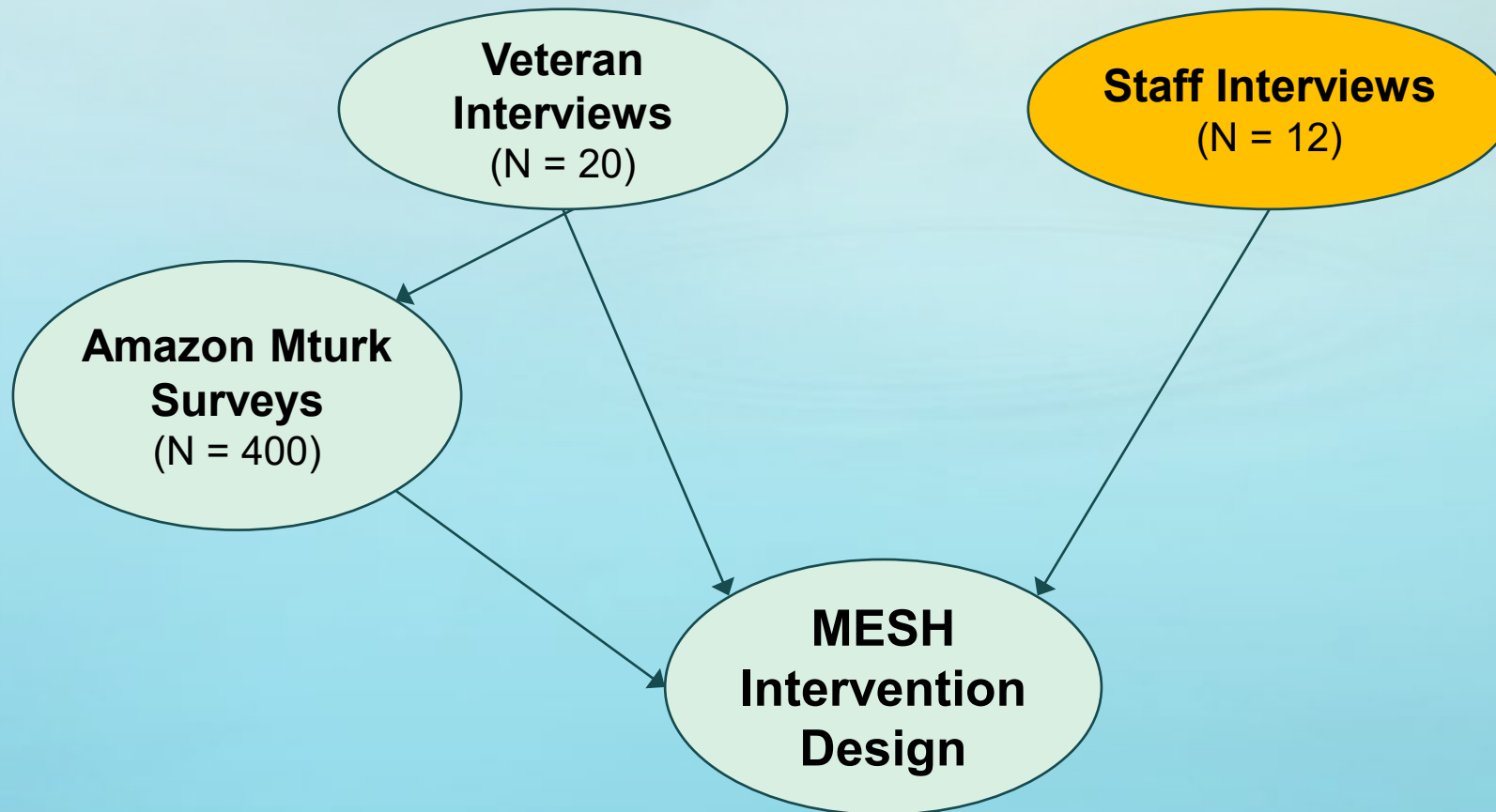
Variable	N = 20
Living with HIV	100%
Age	Mean = 57.5 SD = 8.5
Race/Ethnicity	Black, Not Hispanic: N = 17 White, Not Hispanic: N = 3
Gender	Men: N = 16 Women: N = 4
Smoking Status	Current Smoker: N = 18 Former Smoker: N = 2
Cigarettes/Day (Current only)	Mean = 10.4 SD = 4.9

Veteran Interviews – One Example of Impact

**ONE
DAY
AT A
TIME**



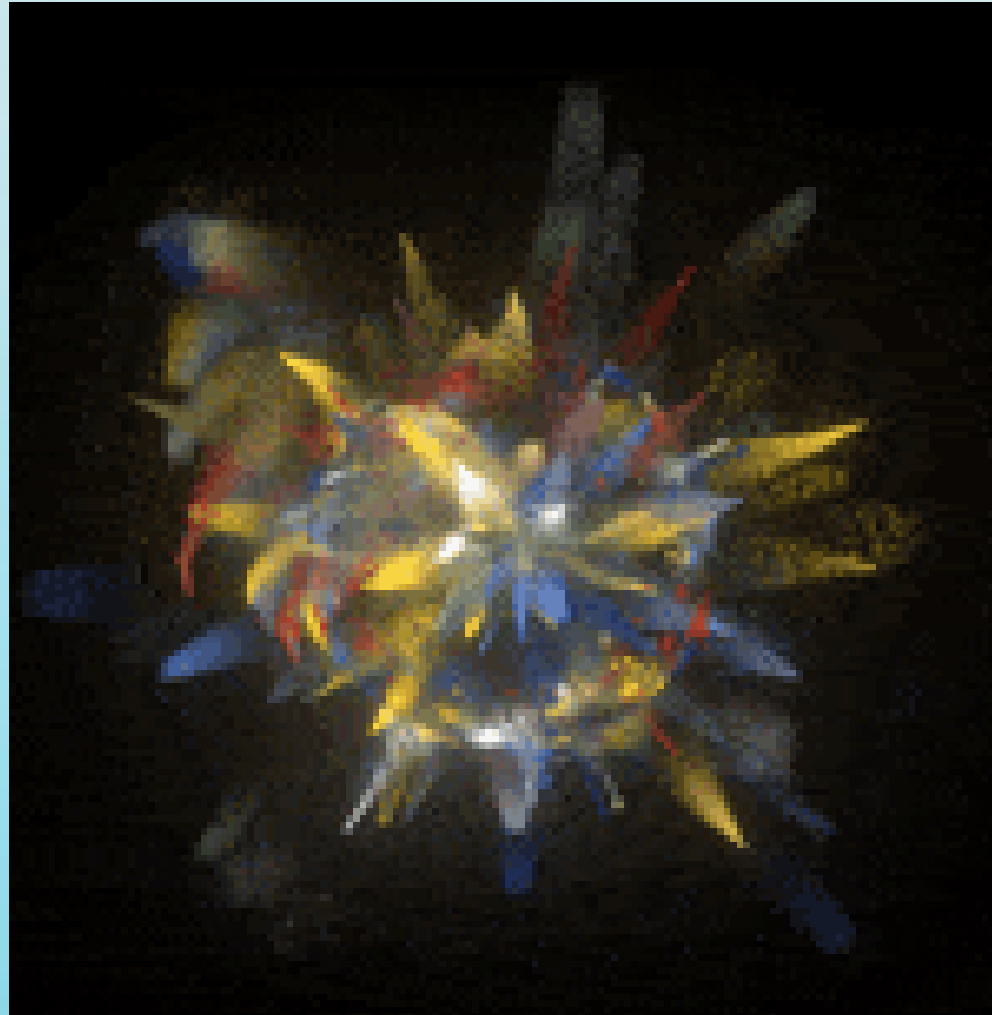
Getting a Variety of Perspectives



Staff Interviews – Method and Sample

- 10 ID Clinic Staff Members
 - $N = 6$ Physicians/NPs/Fellows
 - $N = 4$ Nurses
- Interview Topics (CFIR):
 - Intervention Characteristics
 - Outer Setting
 - Inner Setting

Staff Interview Findings – This is When Everything Changed

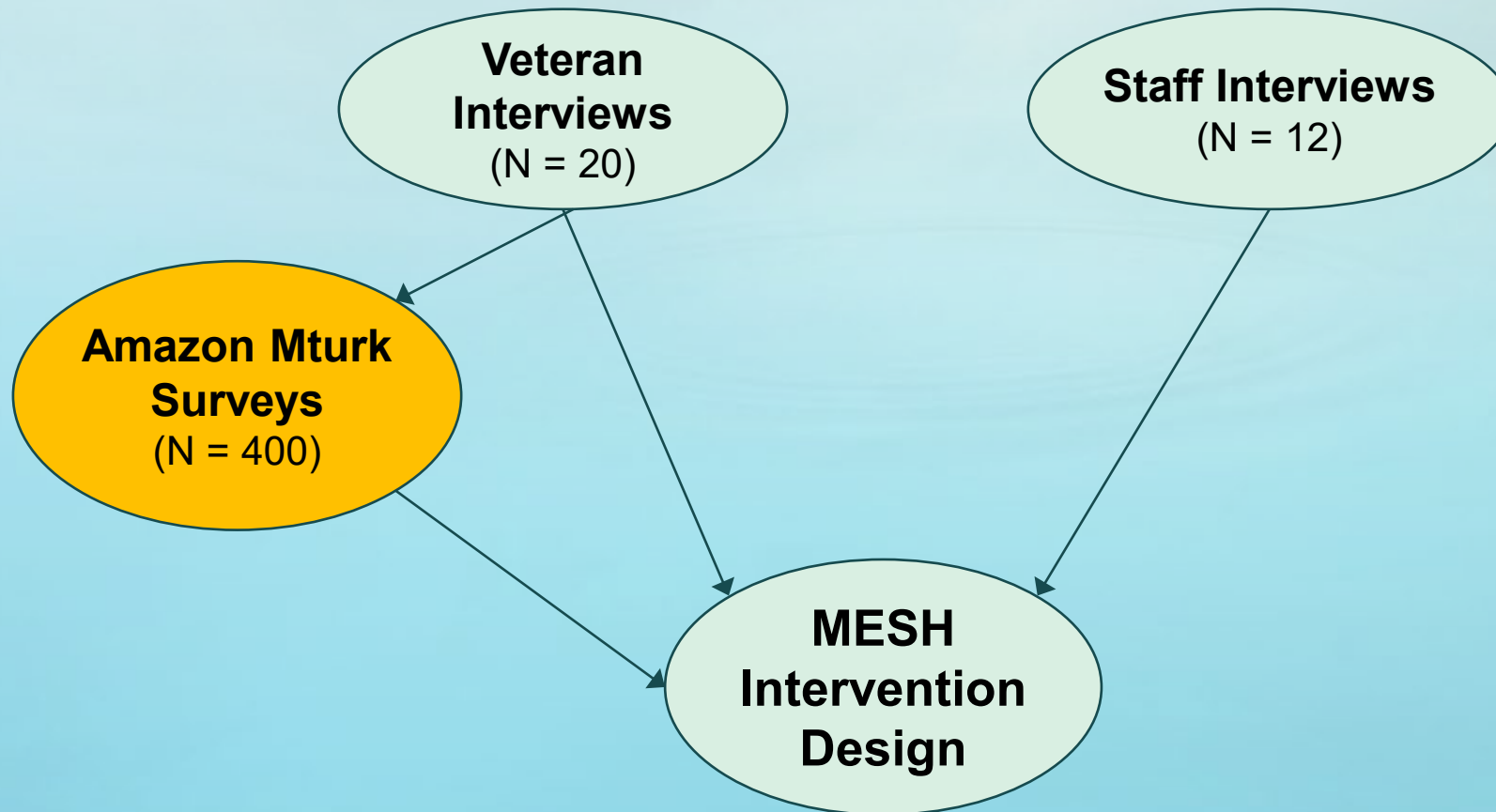


Poll

Think about your own work. Would you make considerable changes to your study intervention or design if a group of Veterans or providers had reasonable, significant concerns about its implementability?

- a) Yes
- b) No
- c) I don't know

Getting a Variety of Perspectives



MTurk Crowdsourcing – Why Use This?

Amazon Mechanical Turk

Find an
interesting task



Work



Earn Money

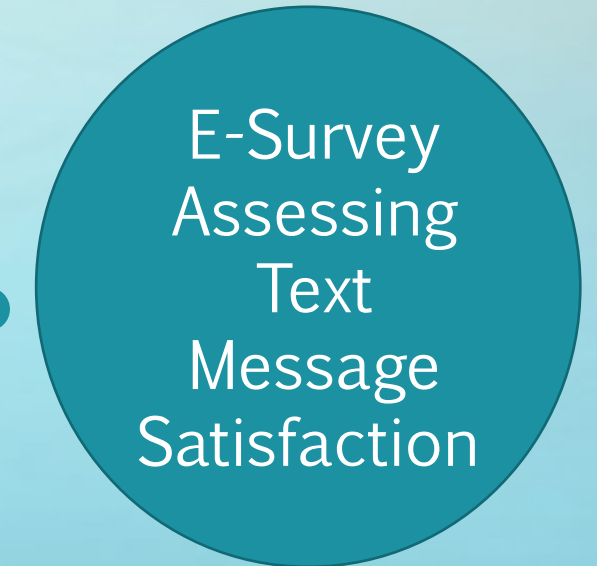


MTurk Crowdsourcing – Method and Sample

PLWH who
smoke



Veterans who
smoke



MTurk Requires Heavy Validity Checks

Please put these officer ranks in order from **(lowest to highest)**:



The image shows a vertical list of seven military officer rank insignia. From top to bottom, they are: two vertical bars (representing a 2nd Lieutenant), a yellow bar (representing a 1st Lieutenant), a winged pilot emblem (representing a Captain), a silver oak leaf (representing a Major), a silver bar (representing a Major 1st Grade), a silver bar (representing a Lieutenant Colonel), and a gold oak leaf (representing a Colonel).

I currently have the following medical conditions:

- ADHD
- ALS
- COPD
- Gonorrhea
- Hepatitis C
- HIV
- HPV

The image shows a vertical list of seven medical conditions: ADHD, ALS, COPD, Gonorrhea, Hepatitis C, HIV, and HPV. Each condition is listed in a separate light gray box.

Crowd-Sourced MTurk Worker Feedback

Please rate on the scale below how satisfied you are with each message:

Within just 2 weeks of quitting, your risk for heart attack is already lower!



Very Unsatisfied



Very Satisfied



0

1

2

3

4

5

6

7

8

9

10

Post-Cleaning Results from Crowd-Sourced MTurk Worker Feedback

Veteran Sample

- N = 173
- Each message received approx. 50 valid ratings
- Mean age: 37.0 (SD = 9.9)
- 70% current smokers
- 33% women Veterans
- 60% Straight, 99% Cisgender
- 77.5% White, 14.5% Black, 3.5% Multiracial, 2.3% API, 0.6% AI/AN
- 7.5% Hispanic/Latinx

PLWH Sample

- N = 106
- Each message received approx. 30 valid ratings
- Mean age: 32.6 (SD = 8.2)
- Mean age at HIV Dx: 26.7 (SD = 7.6)
- 81% current smokers
- 35% women
- 60% Straight, 96% Cisgender
- 82.2% White, 10.0% Black, 3.3% Multiracial, 1.1% API, 1.1% AI/AN
- 17.9% Hispanic/Latinx

Example Top-Rated Messages

Quotes

“Many of life's failures are people who did not realize how close they were to success when they gave up.”
--Thomas Edison

Inspirational

In order to succeed, we must first believe that we can.

Inspirational

Quitting smoking is not easy, but you are consistently making an effort and progressing. Congratulations on all your hard work! It will pay off!

Example Bottom-Rated Messages

Tip from a [Veteran/ Smoker]

Tip from a
[Veteran/smoker]:
When you smoke,
think about how your
lungs are crying!

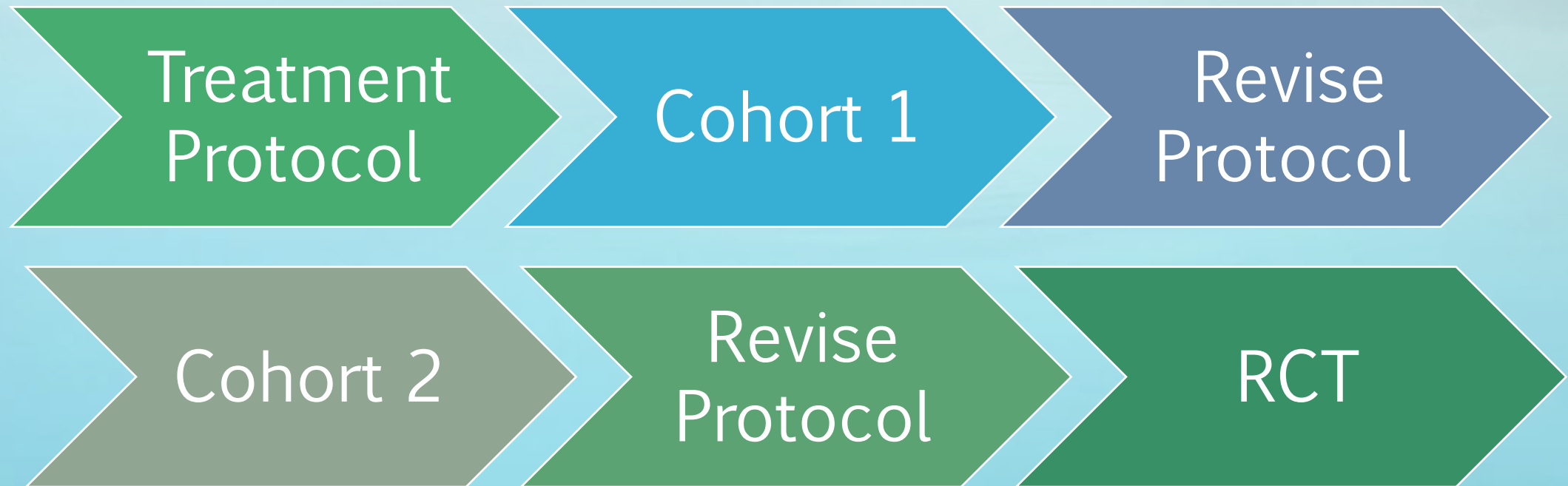
Check-Ins

Hang in there. Have
you smoked? Reply:
YES or NO

Check-Ins

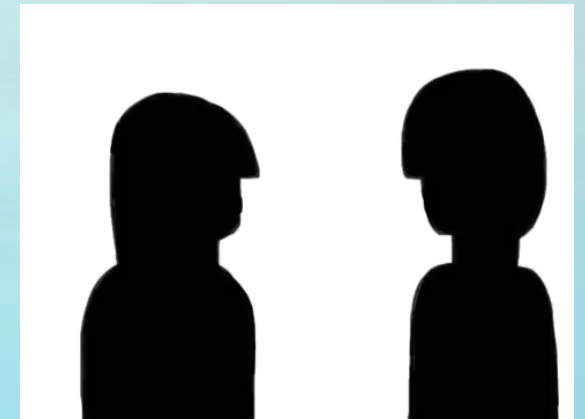
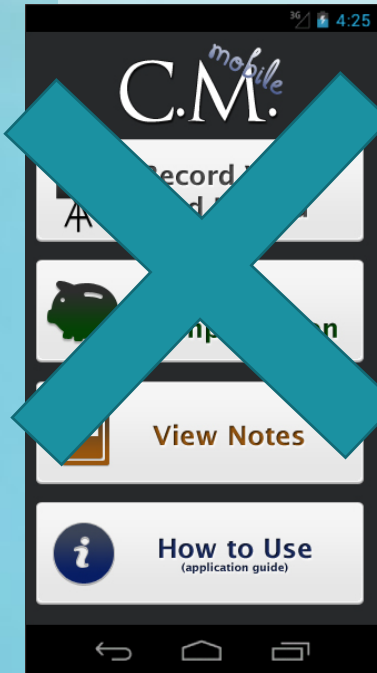
You still on course?
Text SMOKED if you
need to rework your
quit plan.

Final Draft of Intervention for Testing Successive Cohort Design

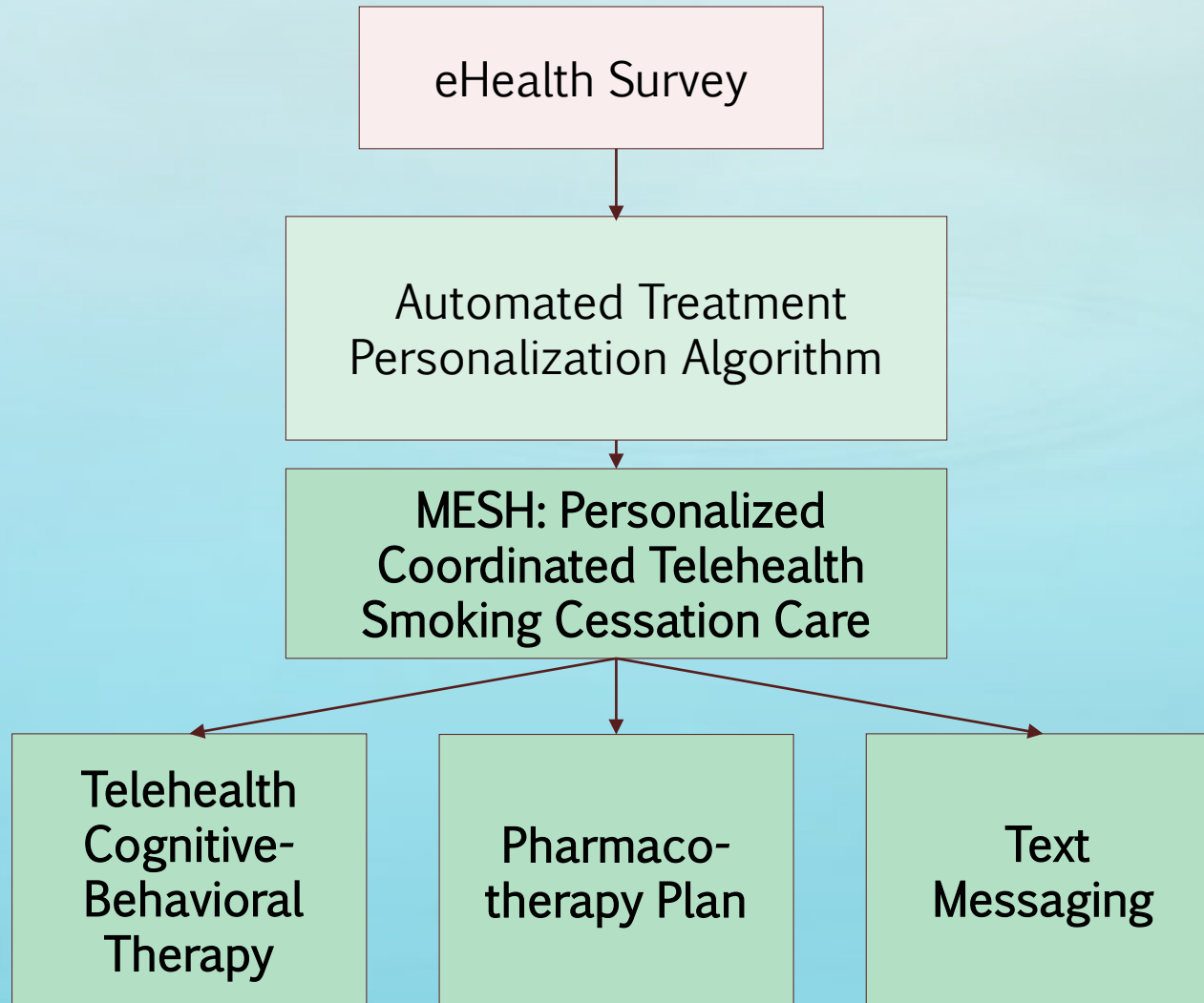


Epstein et al. (2007). The successive cohort design: A model for developing new behavioral therapies for drug use disorders, and application to behavioral couple treatment.

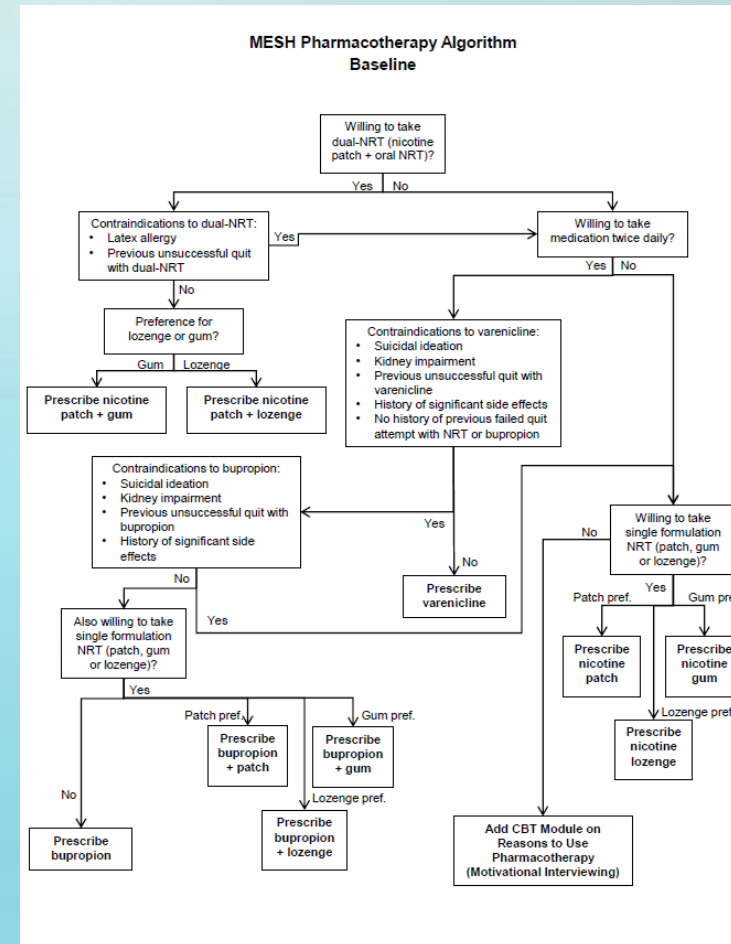
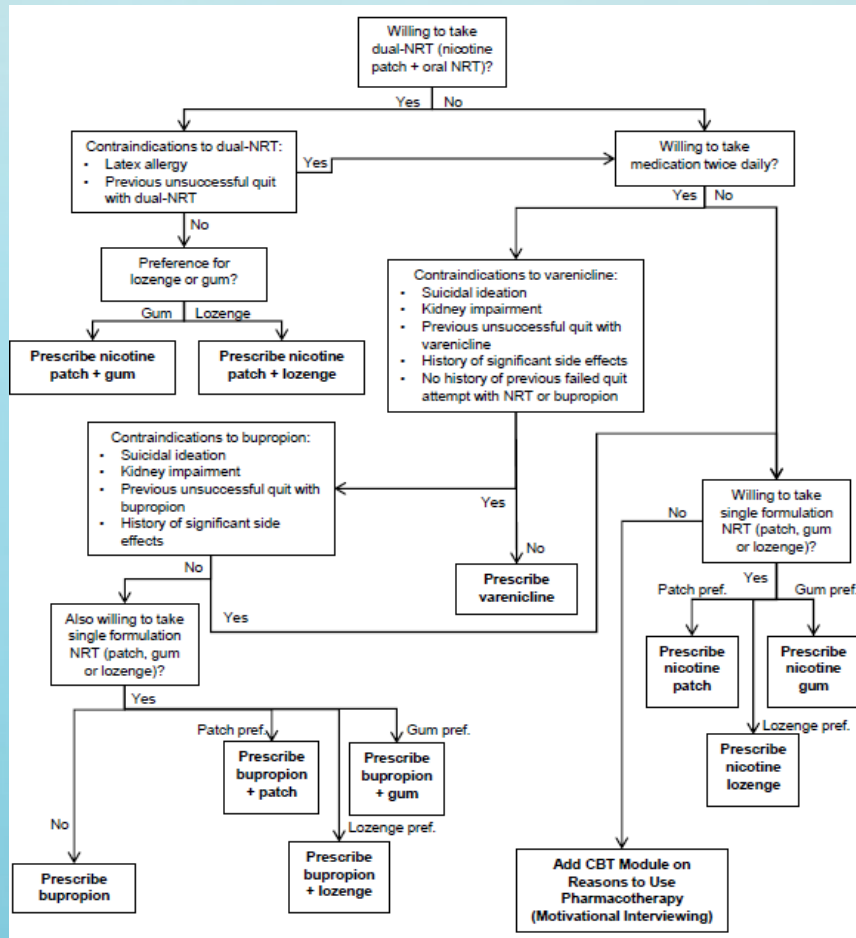
Successive Cohort Design Preliminary Treatment Protocol



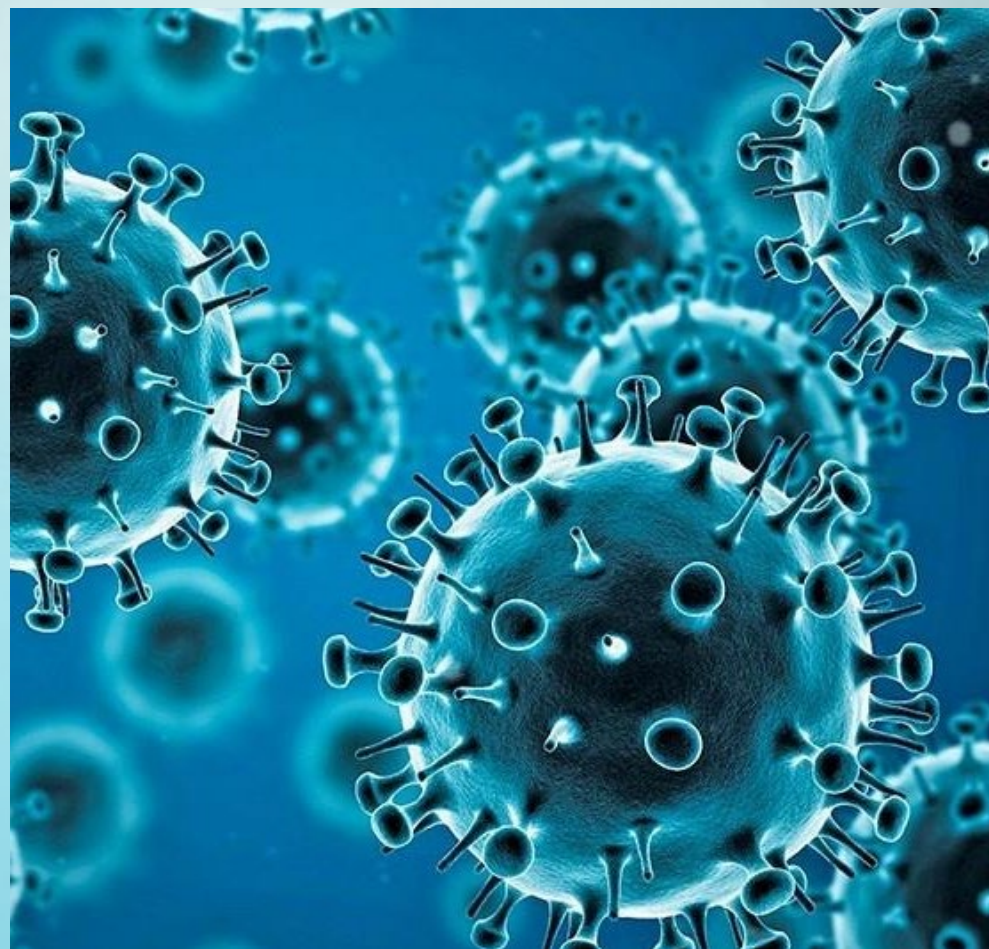
Successive Cohort Design Preliminary Treatment Protocol



Successive Cohort Design Preliminary Treatment Protocol



Then these things happened.



Successive Cohorts – Method and Sample

Cohort 1

- N = 5
- 100% completed treatment (5+ sessions)
 - All received pharmacotherapy
- Mean age: 55.2
- Mean cigs/day: 16
- Gender Identity: all cisgender men
- Race/Ethnicity:
 - 3 Black Not Latinx Veterans
 - 2 White Not Latinx Veterans
- Sexual Orientation
 - 2 gay Veterans
 - 3 straight Veterans

Cohort 2

- N = 6
- 33% completed treatment (5+ sessions)
 - 50% received pharmacotherapy
 - 50% initiated treatment
- Mean age: 60.7
- Mean cigs/day: 12
- Gender Identity: all cisgender men
- Race/Ethnicity:
 - 4 Black Not Latinx Veterans
 - 1 Black Latinx Veteran
 - 1 White Not Latinx Veteran
- Sexual Orientation
 - 1 bisexual Veteran
 - 1 gay Veteran
 - 4 straight Veterans



Successive Cohort Design – Key Impacts

More than 50 changes

Unhelpful Thoughts

Unhelpful thoughts can be triggers that lead to smoking.



Below are common types of unhelpful thoughts that can get in the way of stopping smoking. Read through them and check off the types of thoughts that you think could keep you from staying smoke-free.

ESCAPE

You may want to use tobacco to avoid difficult situations or feelings. You might have thoughts such as “I can’t deal with this.”

When you notice thoughts like this, you could ask yourself questions like:

- When have I successfully coped with difficult feelings without smoking?
- Will this difficult feeling last forever, or does it just feel that way?

Module on Unhelpful Thoughts



More virtual
integration with the
VHA care team

Where do we go from here?





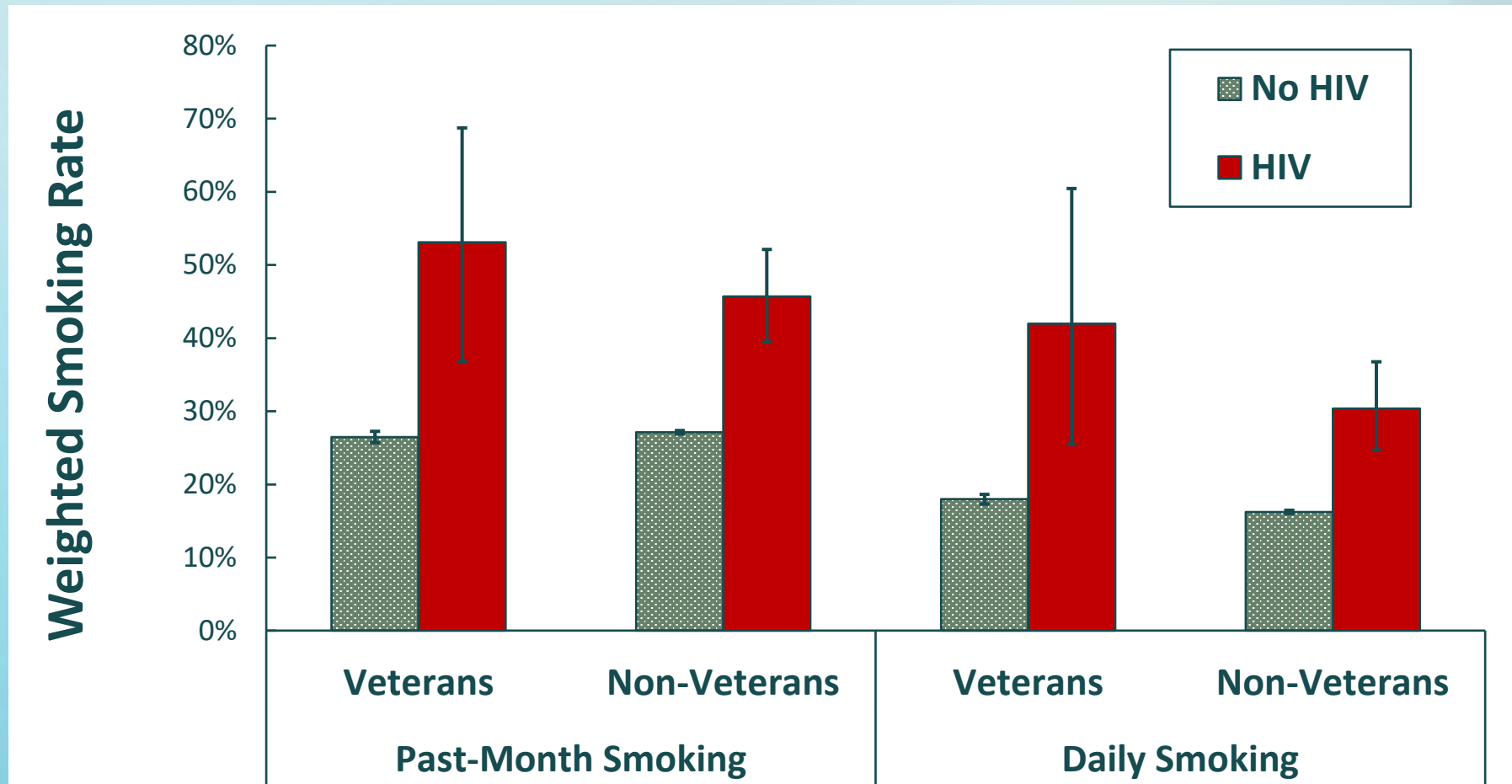
Thank you to my
amazing family!

All questions are
welcome.

Contact:
Sarah.M.Wilson@va.gov

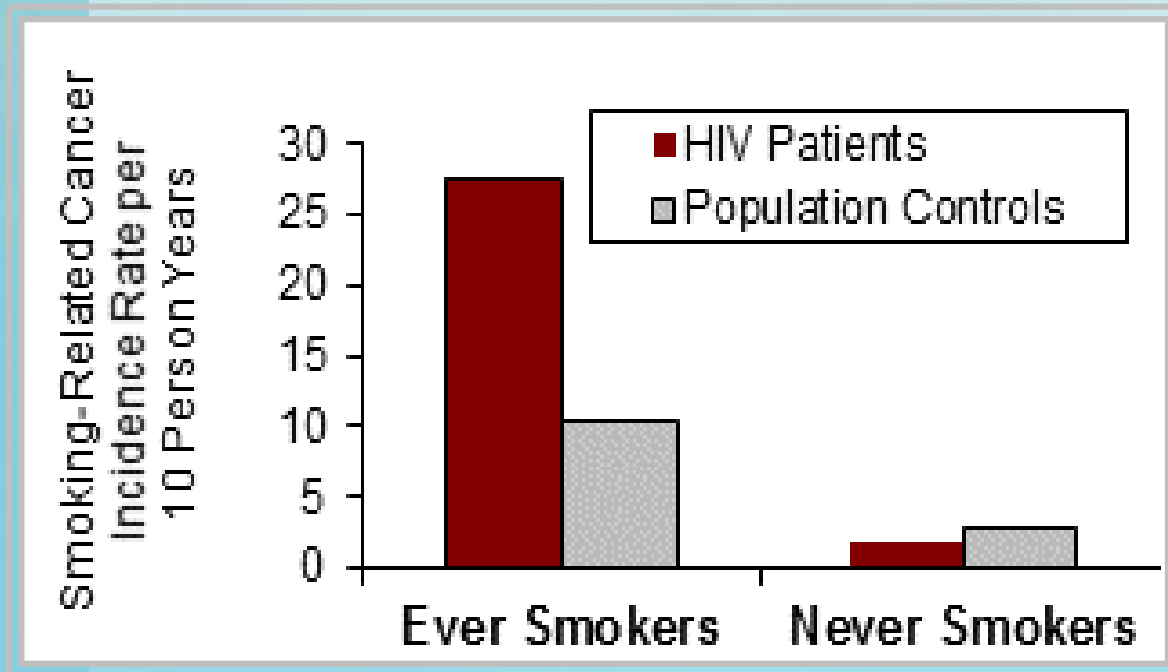
Spare Slides – not
part of presentation

Veterans Living with HIV

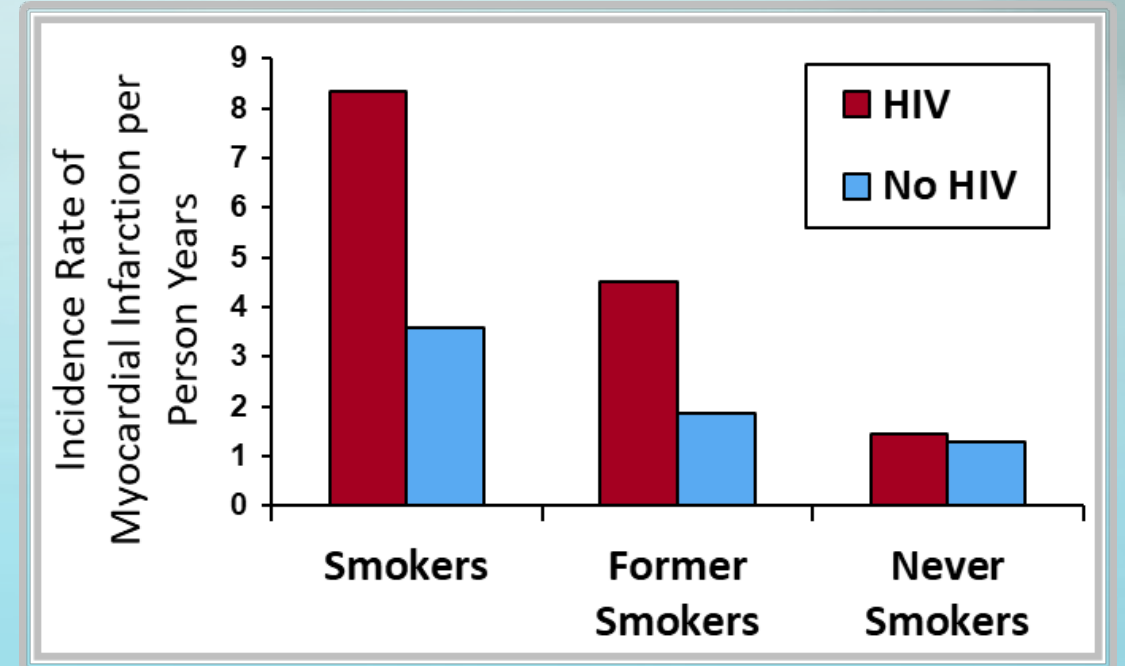


Wilson, S.M. et al., 2017, *AIDS & Behavior*

Smokers Living with HIV have Heightened Risk



Helleberg et al., 2014



Rasmussen et al, 2015

MESH Components:

1. Personalized Telehealth Cognitive Behavioral Therapy



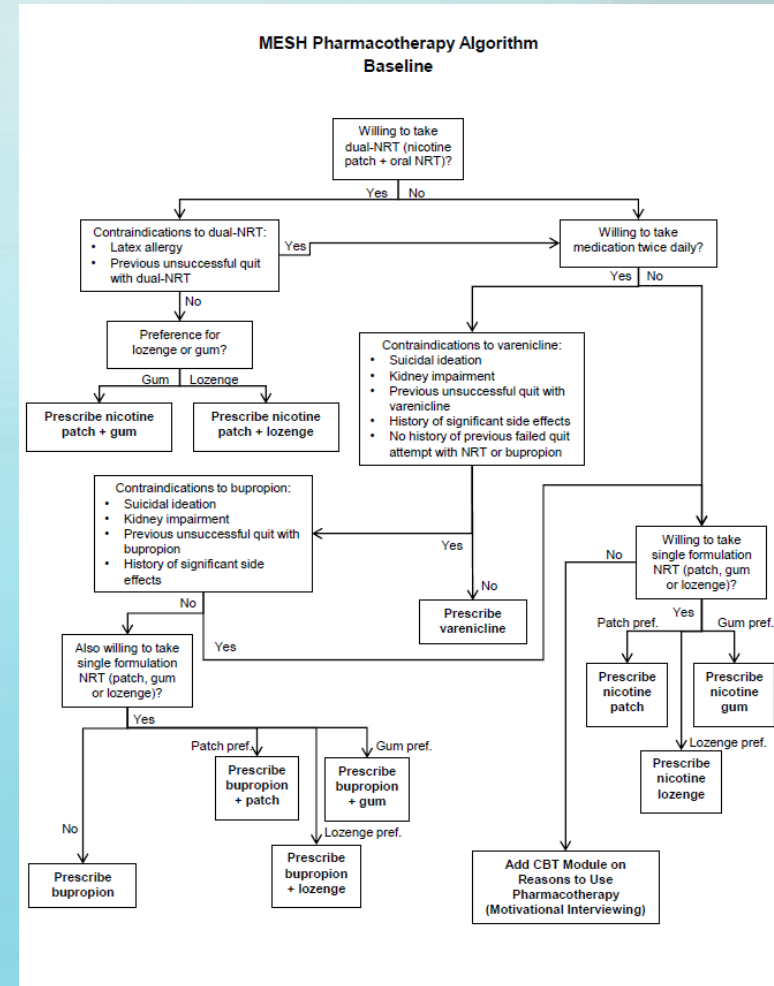
VA Video Connect
(Free Video Telehealth)



- Number
- Frequency
- Length
- Convenience of VA telehealth

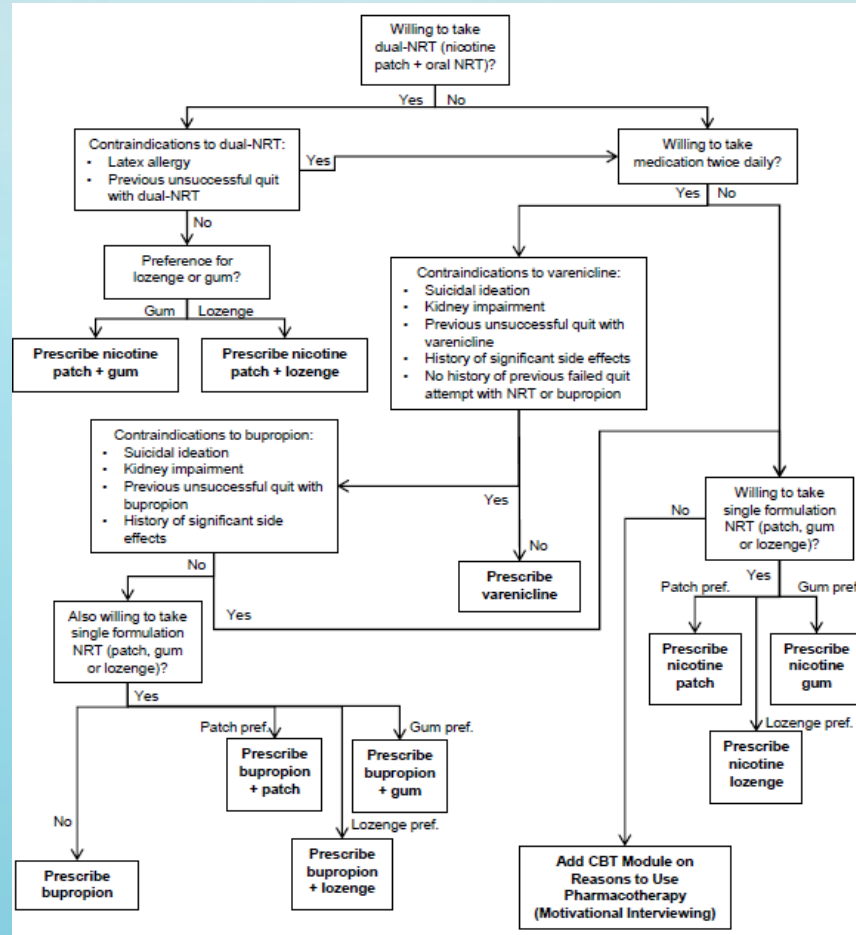


- Provider conducting sessions (medication, therapy, peer support)
- Communication between Providers



MESH Components:

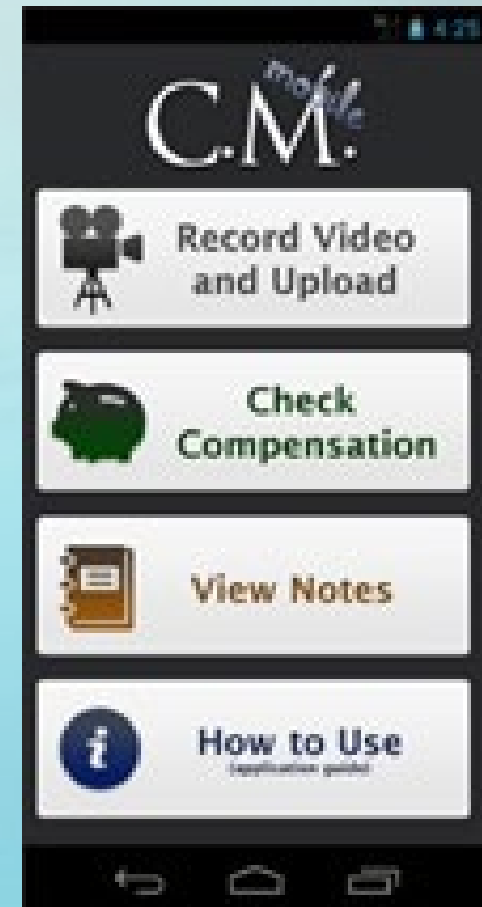
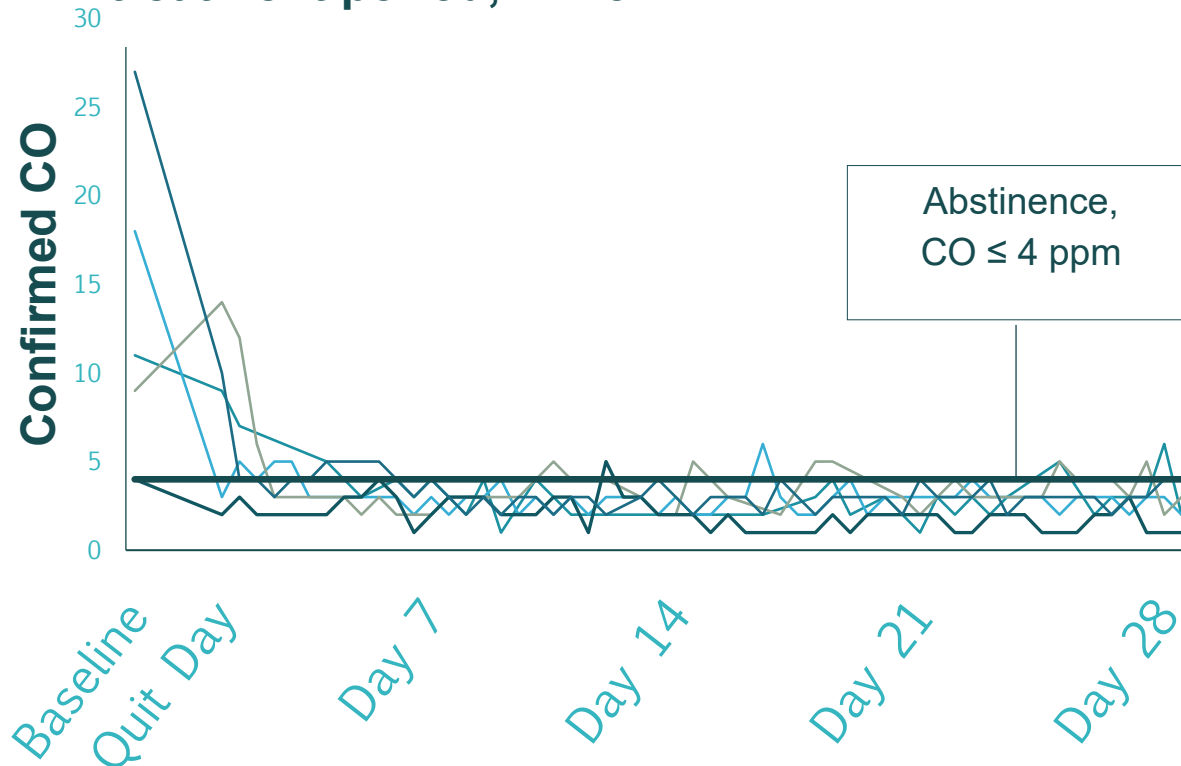
2. Personalized Pharmacotherapy Plan



MESH Components:

3. Mobile Contingency Management (mCM)

Pilot Data: HIV+ smokers' video-confirmed expired CO over the mCM treatment period, $N = 5$



MESH Components:

4. Personalized Relapse-Prevention Texting

Inspirational

“Success is not final. Failure is not fatal. It is the courage to continue that counts!” – Winston Churchill

Medication Reminders

Having trouble remembering to take your varenicline (AKA Chantix) two times a day? Try a reminder on your phone or a sticky note on your mirror.

Help with Lapses

If you slipped and had a cigarette, we can help! Text back OOPS for what to do next.

Trigger Information

Do you remember what smoking triggers are? They are high-risk situations that bring on an urge to smoke. A trigger could be a person, place or activity.

Behavioral Skills

If boredom leads to temptations to smoke, keep yourself busy with a new project or a hobby. Some people try a solitaire, crossword, or Sudoku app for their phone.

Veteran Interviews – Select Findings

Emergent Theme	Action Taken
Unsuccessful Treatment Experiences	<p>Ensure pharmacotherapy algorithm takes into account past unsuccessful experiences with medications</p> <p>Address misuse of nicotine gum/lozenge causing nausea by providing detailed instructions on proper use</p>
Treatment Facilitators	<p>Incorporate “Smoking and HIV” handout on health into participant workbook (adapted from VA Tobacco Policy & Programs HIV & Tobacco Use handout)</p>
Treatment Format	<p>Tailor length of treatment to each Veteran (5-7 sessions)</p> <p>Incorporated aspects of 12-step philosophy into treatment (e.g., cessation as a process; modeling acceptance, humility and willingness)</p>
Texting	<p>Added messages to the texting library based upon participant quotes (e.g., “Tip from a Veteran: It took me a million times to succeed. One success outweighs a million failures!”)</p>

Veteran Interviews – Select Findings



Veteran Interviews – Select Findings



HIV & Smoking: What You Need to Know

There are 3 times as many HIV+ smokers than there are HIV-negative smokers.

Just like HIV-negative smokers, HIV+ smokers develop lung diseases, respiratory problems, heart disease, lung cancer, bladder cancer, and prostate cancer; BUT...

HIV+ smokers are more likely than HIV-negative smokers to have:

- More AIDS-related illness (such as tuberculosis)
- More non-AIDS related cancers and diseases (such as heart and lung conditions like pneumonia and lung cancer)
- An increased risk of death compared to HIV+ individuals who never smoked

Smoking can also make your HIV worse and continuing to smoke can undo the hard work you've done to manage your HIV.

THE GOOD NEWS:

- Quitting smoking can decrease the risk of heart disease in HIV+ individuals, maybe more than the use of lipid-lowering drugs or antiretroviral therapy (ART).
- The risk of heart attack and stroke in HIV+ individuals decreases the longer you go without smoking.
- HIV-related symptoms also tend to decrease the longer you go without smoking.

Results from Crowd-Sourced Stakeholder Feedback

- Messages were divided into quartiles by sample based on average rating
- The top and bottom quartiles (for both PLWH and Veteran samples) were further reviewed by the study team
- Of the bottom-performing 30 messages:
 - 8 were permanently deleted from the final intervention texting library
 - 22 were revised based upon formative qualitative work and stop smoking facilitator input
- Example Top Rated Messages:
 - “Many of life's failures are people who did not realize how close they were to success when they gave up.” -- Thomas Edison
 - In order to succeed, we must first believe that we can.
 - Quitting smoking is not easy, but you are consistently making an effort and progressing. Congratulations on all your hard work! It will pay off!
- Example Bottom Rated Messages:
 - Tip from a [Veteran/smoker]: When you smoke, think about how your lungs are crying!
 - Hang in there. Have you smoked? Reply: YES or NO
 - You still on course? Text SMOKED if you need to rework your quit plan.