

Integrating financial coaching and referrals into a smoking cessation program for people with low income who smoke

Erin S. Rogers, DrPH¹; Marc I Rosen, MD²; Brian Elbel, PhD¹; Binhuan Wang, PhD¹; Kelly Kyanko, MD, MHS¹; Elizabeth Vargas, BA¹; Christina N Wysota, MPH^{1,3}; Scott E Sherman, MD, MPH^{1,4}

1. Department of Population Health, New York University Grossman School of Medicine, NY, New York, USA
2. Department of Psychiatry, Yale University, New Haven, CT, USA
3. Milken Institute School of Public Health, George Washington University, Washington, DC, USA
4. VA NY Harbor Healthcare System, New York, NY, USA

Financial distress is a barrier to quitting smoking. This randomized waitlist control trial aimed to evaluate an intervention that integrated financial coaching and benefits referrals into a smoking cessation program for people with low income.

Adult New York City residents were eligible if they reported past 30-day cigarette smoking, had income below 200% of the federal poverty level, spoke English or Spanish, and managed their own funds. Pregnant or breastfeeding people were excluded. Participants were recruited from two medical centers and from the community.

Intervention group participants (n = 208) received smoking cessation coaching, nicotine replacement therapy, money management coaching, and referral to financial benefits and financial empowerment services. Waitlist Control participants (n=202) received usual care during a 6-month waiting period.

At 6 months, intervention participants reported higher abstinence (17% vs. 9%, $P=0.03$), lower stress about finances (β , -0.8 [SE, 0.4], $P=0.02$), and reduced frequency of being unable to afford activities (β , -0.8 [SE, 0.4], $P=0.04$). Outcomes were stronger among participants recruited from the medical centers (versus from the community). Among medical center participants, the intervention was associated with higher abstinence (20% vs. 8%, $P=0.01$), higher satisfaction with present financial situation (β , 1.0 [SE, 0.4], $P=0.01$), reduced frequency of being unable to afford activities (β , -1.0 [SE, 0.5], $P=0.04$), reduced frequency in getting by paycheck-to-paycheck (β , -1.0 [SE, 0.4], $P=0.03$), and lower stress about finances in general (β , -1.0 [SE, 0.4], $P=0.02$). There were no group differences in outcomes among people recruited from the community ($P>0.05$), likely due to very low rates of engagement in the intervention components.

The current findings have relevance to discussions about addressing social determinants of smoking and integrating social needs screening and referrals into health programs. Results were robust despite the modest treatment engagement rates, suggesting that the intervention is a promising approach for assisting people who have low income with both smoking cessation and financial needs and warrants further investigation.