Development of Smoking Cessation Curriculum for American Indian Women

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Funding for this project was made possible through a grant from the National Cancer Institute at the National Institutes of Health, 3P30CA042014-27S2 (Lopez, PI; Hanson, Pilot Project PI).
Team

Sanford Health:
• Tess Weber
• Jamie Jensen
• Kaitlyn Ciampaglio
• Jessica Gromer
• Amy Willman
• Several summer students

Oglala Sioux Tribe:
• Lupe Rodriguez
• Susan Pourier
• Jacque Jacobs-Knight
• Katana Jackson
• Christina Janis

University of Virginia:
• Karen Ingersoll
The Oglala Sioux Tribe (Pine Ridge Indian Reservation) is 3,468 square miles located in the southwest corner of South Dakota.
PRECONCEPTION PREVENTION EFFORTS
Background on Project CHOICES

- Major effort to decrease risk for alcohol-exposed pregnancy (AEP) among non-pregnant women.
- Four face-to-face motivational interviewing (MI) sessions over several weeks, with a separate contraception counseling session.
- Overall, the Project CHOICES intervention significantly decreased AEP risk.

Sources:
Floyd RL, et al. (2007)
Floyd RL, Ebrahim SH, Boyle CA, (1999)
The Oglala Sioux Tribe CHOICES Program: Modifying an Existing Alcohol-Exposed Pregnancy Intervention for Use in an American Indian Community

Jessica D. Hanson ¹,* and Susan Pourier ²
Impact of the CHOICES Intervention in Preventing Alcohol-Exposed Pregnancies in American Indian Women

Jessica D. Hanson, Morgan E. Nelson, Jamie L. Jensen, Amy Willman, Jacque Jacobs-Knight, and Karen Ingersoll
American Indian Communities

• Up to 56.7% of American Indians are current smokers, compared to 20.9% in the general U.S. population.¹,²
  – Smoking rates being much higher among the Northern Plains Indians (47% to 51%) than among the Southwest Indians (10% to 28%).³,⁴

• Health disparities as a result.

American Indian Women

- Smoking rates significantly higher among American Indian women (57.3%) than among all U.S. women (27.8%).
  - Up to 40% smoke during pregnancy compared to 15.9% in a national sample.

- Smoking caused 18% of ischemic heart disease deaths, 13% of other heart diseases deaths, and 20% of stroke deaths.

CHOICES Participants

• Of n = 158 non-pregnant American Indian women were enrolled in CHOICES at the three sites (Pine Ridge, Kyle, and Rapid City):
  – 52.5% stated they currently smoke cigarettes,
  – Women aged 30 and younger were significantly more likely to smoke than women over 30 years old.

Source: Unpublished CHOICES data
PROJECT AIM AND METHODS
Specific Aim 1: Utilize expert and community input to review and modify materials to create smoking cessation activities for American Indian women.

– Gather input from experts in American Indian health, smoking, and motivational interviewing.
– Formative qualitative research (focus groups and “think alouds”) with Native elders and American Indian women.
Specific Aim 2: Pilot test smoking cessation activities with American Indian women.

– Evaluate the curriculum’s role within both smoking cessation decisions and within the OST CHOICES intervention as a whole.
Specific Aim 1

Curriculum Development
Input from content experts (n = 5)

Curriculum Review and Modification
Focus group (n = 10)
“Think alouds” (n = 15)

Development of smoking cessation curriculum

Specific Aim 2

Pilot Testing
N = 50
CURRENT STATUS
# Specific Aim 1

**Input from:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Won Choi, University of Kansas Medical Center</td>
<td>National expert on smoking cessation on American Indian communities</td>
</tr>
<tr>
<td>Patricia Nez Henderson, Black Hills Research Center on American Indian Health</td>
<td>Expert in American Indian health and smoking behaviors</td>
</tr>
<tr>
<td>Amy Elliott, Sanford Research</td>
<td>Leads efforts on the role of prenatal substance exposure (including tobacco) and its impact on pregnancy, SIDS, and stillbirth</td>
</tr>
<tr>
<td>Deana Around Him, National Congress of American Indians</td>
<td>Expert in American Indian and maternal-child health</td>
</tr>
<tr>
<td>Rae O’Leary, Cheyenne River Sioux Tribe BREATHE Program</td>
<td>Leads community efforts to reduce tobacco use and second-hand smoke</td>
</tr>
<tr>
<td>South Dakota Department of Health</td>
<td>Statewide quitline and collaborations with communities on smoking policies</td>
</tr>
</tbody>
</table>
Know the Difference

Traditional Tobacco
"Čanšaša"

Commercial Tobacco

The preceding is an excerpt from the “Tribal Tobacco Policy Community Toolkit”. Download the complete toolkit at findyourpowersd.com/toolkits
<table>
<thead>
<tr>
<th>Traditional</th>
<th>Commercial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not inhaled</td>
<td>Inhaled</td>
</tr>
<tr>
<td>Sacred</td>
<td>Not sacred</td>
</tr>
<tr>
<td>Not easy to get or convenient, scarce</td>
<td>Easy &amp; convenient</td>
</tr>
<tr>
<td>Simple, humble, common, not flashy</td>
<td>Fast/rushed</td>
</tr>
<tr>
<td>Spiritual</td>
<td>For profit</td>
</tr>
<tr>
<td>Not addictive</td>
<td>Addictive</td>
</tr>
<tr>
<td>Natural / Ikče (<em>wild, in a state of nature</em>)</td>
<td>Unnatural, processed, has additives, harmful</td>
</tr>
<tr>
<td>No additives &amp; absence of negative health consequences</td>
<td>Diseases related to product include cancer, emphysema, heart disease, breathing problems, pre-term birth, mouth cancer, SIDS</td>
</tr>
<tr>
<td>Used in a respectful manner</td>
<td>Not used with respect</td>
</tr>
<tr>
<td>Red</td>
<td>Brown</td>
</tr>
<tr>
<td>Deliberative, thoughtful</td>
<td>Broad consumption by general population</td>
</tr>
<tr>
<td>Appropriateness</td>
<td>Recreational</td>
</tr>
<tr>
<td>With awareness</td>
<td>For pleasure</td>
</tr>
<tr>
<td>Used in moderation</td>
<td>Casual</td>
</tr>
<tr>
<td>Generosity</td>
<td><em>Wakaŋ sica (Satan, a devil, the bad spirit)</em></td>
</tr>
<tr>
<td>Used in community and social context</td>
<td>Used individually as a personal choice</td>
</tr>
</tbody>
</table>
Percent of Adults Who Smoke Cigarettes: 2014

- Adults - United States: 17%
- Adults - South Dakota: 19%
- Adults - American Indian: 46%
- Adults - Oglala Lakota County: 41%
We are going to do something to help you think about what you like and don’t like about your smoking. We call this the decision exercise. We will talk with each other about your answers.

*Make a list of the good things and not so good things about your smoking.*

**Good things about my smoking**
Examples: “I’m more relaxed; it’s a social thing to do with my friends or family.”

**Not so good things about my smoking**
Examples: “Not good for my health; costs too much money.”

*How do you feel when you look at these lists?*

*Does this make you think about changing your smoking?*
My Thinking on Stopping Smoking

On the following ruler, please circle the point that best shows how important it is to you to stop smoking.

Not important                                              Very important

On the following ruler, please circle the point that best reflects how sure you are that you can stop smoking.

Not sure I can                                              Very sure I can

On the following ruler, please circle the point that best reflects how ready you are to stop smoking.

Not at all ready                                             Thinking about it
Planning and making a commitment                           Already doing it
Temptation: SMOKING

Listed below are situations that lead some people to smoke cigarettes. We would like to know how tempted you would be to smoke in each of these types of situations. Choose the response that best describes the feelings of temptation you would have for each situation, at the present time, according to the following scale:

1 – Not at all TEMPTED
2 – Not very TEMPTED
3 – Moderately TEMPTED
4 – Very TEMPTED
5 – Extremely TEMPTED

<table>
<thead>
<tr>
<th>SITUATION</th>
<th>HOW TEMPTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How tempted would you be to smoke if you were feeling stressed, upset, or down in general?</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>2. How tempted would you be to smoke if you were bored?</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>3. How tempted would you be to smoke if you were driving a long distance?</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>4. How tempted would you be to smoke if you were in the habit of smoking, for example, right away in the morning?</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>5. How tempted would you be to smoke if you had an argument with a friend, partner, or family member; if you weren’t getting along with others at work or school?</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>6. How tempted would you be to smoke if someone, like a friend or an elder, offered you a cigarette?</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>7. How tempted would you be to drink smoke if everyone around you was smoking, like at someone’s house or at a get-together or big community event?</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>
Confidence: SMOKING

Listed below are a number of situations that lead some people to smoke cigarettes. We would like to know how confident (or SURE) you are that you would not smoke in each of these types of situations. Choose the response that best describes how sure you would be to not smoke cigarettes for each situation, at the present time, according to the following scale:

1 - Not at all SURE  
2 - Not very SURE  
3 - Moderately SURE  
4 - Very SURE  
5 - Extremely SURE

<table>
<thead>
<tr>
<th>SITUATION</th>
<th>HOW SURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How sure are you that you would NOT smoke if you were feeling stressed, upset, or down in general?</td>
<td>Not at all 1</td>
</tr>
<tr>
<td>2. How sure are you that you would NOT smoke if you were bored?</td>
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<td>Not at all 1</td>
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Goal Statement: Smoking

☐ Option 1: I plan to not smoke at all.

☐ Option 2: My plans for smoking are:
   a. To smoke no more than _______ cigarettes per day.
   b. To smoke on no more than _______ days during an average week.
   c. To never smoke more than _______ cigarettes on any one day.

☐ Other (specify)
American Indians and Alaska Natives have the highest smoking rates in the U.S., but more than half of smokers want to quit.

**Quit Connections**
know your options

**Your path to quitting smoking**

**Patches, Gum & Lozenges**
- Double your chances of quitting
- Use nicotine to reduce cravings
- Can buy in store

**Medications: Zyban, Wellbutrin, Chantix**
- Reduce cravings and withdrawal symptoms
- Can be combined with a patch (Zyban and Wellbutrin)
- Prescription only

**Combination Options**
- Increase your chances of quitting
  - + Zyban or Wellbutrin =
  - + Gum =
  - + Lozenge =
  - + Inhaler =

**Counseling & Support**
- Can improve quit rates by 30%
- Many options available: group, individual, telephone, internet
- Counseling + Medication works better than either on its own

**Nasal Spray & Inhaler**
- Use nicotine to reduce cravings
- Nasal spray = sprayed in your nose
- Inhaler = inhaled through your mouth
- Prescription only

SANFORD HEALTH
Specific Aim 1: Focus Group

- Reasons for smoking/triggers: Stress and loss
- Quitting: Hard to stop; part of routine; family members smoke; some had not heard of pharmacotherapy options
- Curriculum: Positive response; liked inclusion of health risks, cost, and treatment options; include marijuana
Specific Aim 1: Think Alouds

- Felt directions were clear
- Appropriate examples given, liked local data
- Liked “readiness rulers” for both reducing and quitting completely
- Liked pictures/visual parts of the curriculum
- Role of elders (don’t say no to elders)
- Some issues with wording of the phrases (had to read through multiple times)
Specific Aim 2

• Revisions to curriculum based on community input almost complete

• Recruiting to begin in late May
Long-Term Goal

1. **CHOICES Program**
   - **Non-Smokers**: Focus on alcohol and birth control
   - **Smokers**: Focus on alcohol, birth control, and smoking (randomized into 1 of 2 groups)

2. Behavioral intervention
3. Behavioral intervention and pharmacotherapy

4. 3-, 6-, and 12-month follow-ups to assess behaviors
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CHOICES-Related Publications


