

# #199466 Development of a tailored tobacco control training curriculum for home health aides (HHAs) using qualitative research method

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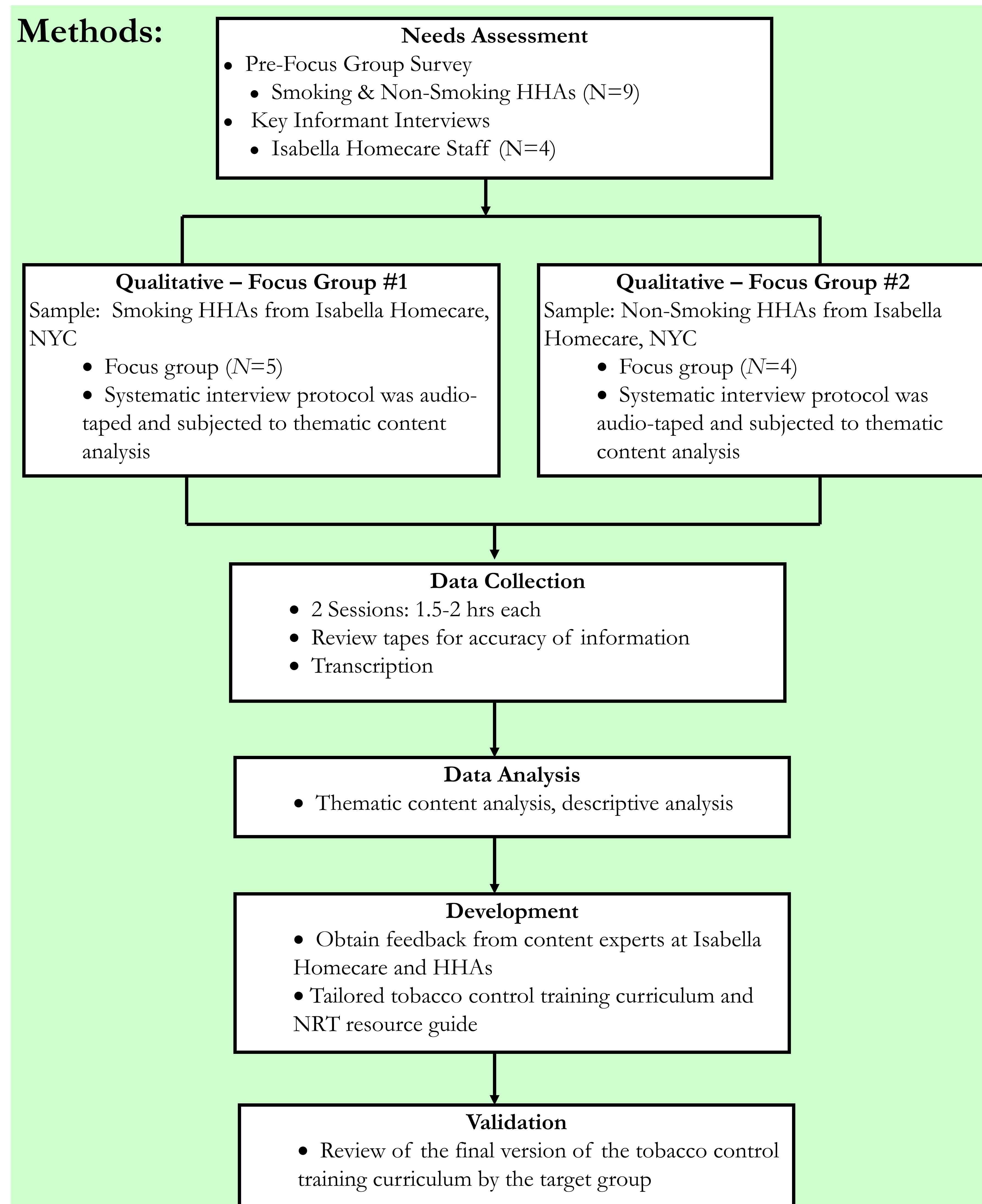
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## Background:

- ❖ An estimated 7 million (5%) US seniors over the age of 65 receive long-term homecare services.
- ❖ Smoking poses a serious fire hazard in homes where seniors may have decreased mobility, utilize supplemental oxygen, and may be hearing/cognitively impaired.
- ❖ Tobacco control services are an unmet need in the homecare system due to inadequate HHA training, competing priorities, and financial and time constraints.

## Methods:



## Results:

### Qualitative (Pre-Intervention)

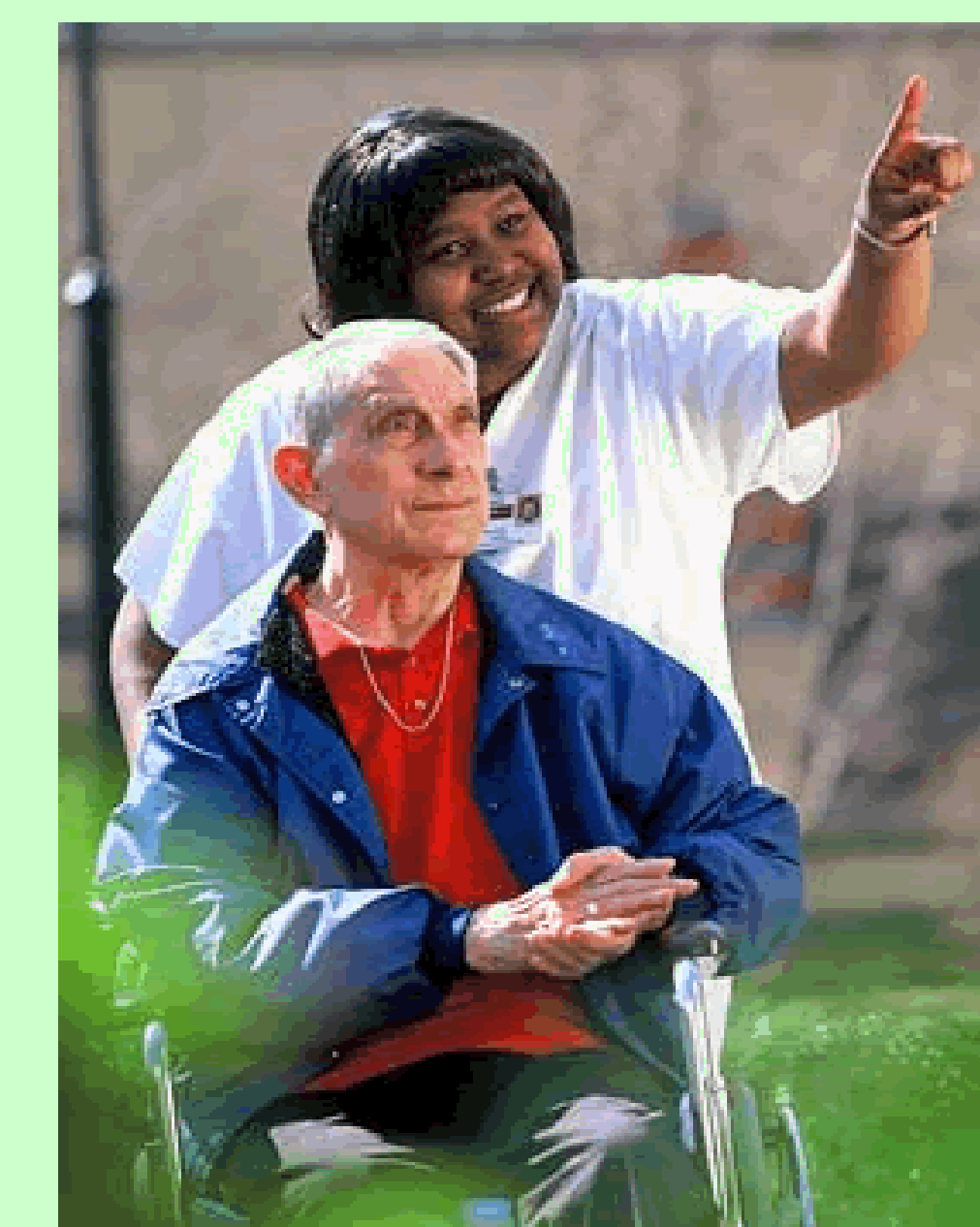
#### What do you know about smoking and its effects on health?

- ❖ *The effects that smoking has is, it causes lung cancer, it can cause a stroke, heart disease. It can cause, if you smoke in your home, it could affect your children, giving them ear aches, bronchitis.*
- ❖ *Second-hand smoke affects everyone, it just doesn't affect yourself.*
- ❖ *It's fatal.*
- ❖ *Lung cancer and other organs of the body.*

#### Would you be willing to ask clients if they smoke and if they have ever tried to quit?

- ❖ *Yes, that would be okay, out of concern for their health and well-being.*
- ❖ *When it comes to tobacco cessation, the physician should be responsible for that, not the HHAs.*
- ❖ *Trying to have a client quit is a personal thing and HHA's should not get too personal with their clients.*

*“I know that if I have clients that smoke, I’m going to talk to them.”*



Isabella delivers the extra help you need to live safely in your own community.

### Qualitative (Post-Intervention)

#### Would you use this information in your daily practice?

- ❖ *I know from this class that it was very helpful for me, you know?*
- ❖ *It was very useful ‘cause I have a brother that smokes, so I told him all the things that I learned in that class.*
- ❖ *We can save a lot of life[lives] like that because, you know, smoke is not...*

#### Have you used this training in your practice?

- ❖ *I told my patient about that [Zyban] ‘cause like I told you, she used to smoke*
- ❖ *You got to talk to them with diplomacy and not act as if you don't like it....*
- ❖ *I usually take a big bag, so I carry all the things I need, so sometimes I take that [curriculum] with me.” HHA intends to use it*
- ❖ *I am not worried. I can do it [speak with smoking clients about quitting]*

## Discussion:

- ❖ Currently, there is no mandate (e.g., Federal/State) for senior care agencies to provide tobacco control services.
- ❖ A systematic process—pre-focus group survey data, key-informant interviews were used to tailor the focus group moderator’s guide to understand the phenomenon under study and HHAs were engaged in review and validation of the tobacco curriculum.
- ❖ Fire safety was identified a priority for HHAs’ day-to-day practice and it was used as a “hook” to make the curriculum content relevant.
- ❖ Need to provide services/interventions for HHA.
- ❖ By engaging Isabella Home Care from the inception of the project, a sustainable tobacco control intervention for elder care/services was achieved.
- ❖ These findings should be interpreted in light of the following limitations: use of purposive samples that may have been influenced by possible selection bias in which the study was conducted.

## Implications:

- ❖ Developed a tailored tobacco control training curriculum that best fits HHAs scope of work, practice, and needs.
- ❖ This approach will be generally effective in assisting HHAs to “Ask” about their clients’ tobacco use as recommended by DHHS and inform nurses about tobacco use status.
- ❖ HHAs trained in tobacco control may have a role in reducing fire hazards in seniors’ homes and improving quality of life.

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