TOBACCO USE AND CESSATION: WHAT MATTERS TO SOUTHEAST ALASKA NATIVE YOUNG ADULTS?

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Presenter Disclosures

Kathryn Anderson

(1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose
Study-at-a-glance

**Overarching goal:**
Reduce smoking rates for young adult SEARHC beneficiaries

**Phase 1:**
Inform phase 2

**Phase 2:**
Qualitative research

Social Marketing Foundation

Seven research questions

1) Benefits of smoking?
2) Benefits of quitting?
3) Barriers to quitting?
4) How do you quit?
5) What ads work?
6) What quit aids might work?
7) How do you communicate?

*potentially differs from literature*
Slide 5

Alaska/US Smoking Rates*

- All adults: 11%
- All young adults: 50%**
- Am. Indian/AK Native: 41%*
- SE Alaska Native Young Adults: 70%

*US data is 2011, Alaska 2010
**US: ages 18-24; AK 18-29
***Study is ages 19-29

Why is this important?

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Best Practices in Cessation1

- Brief counseling
- Intensive counseling
- Nicotine Replacement Therapy (NRT)
- Prescription drugs (e.g. varenicline/Chantix®)

1Fiore, Jaén, Baker, & et al., 2008

Why is this important?
Prevalence and success by quit method

<table>
<thead>
<tr>
<th>Method</th>
<th>Prevalence</th>
<th>Success</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cold turkey</td>
<td>64.2%</td>
<td>&lt; 5%</td>
</tr>
<tr>
<td>Pharmaceuticals only (NRT, Rx)</td>
<td>25.4%</td>
<td></td>
</tr>
<tr>
<td>Behavioral &amp; pharmaceuticals</td>
<td>5.9%</td>
<td></td>
</tr>
<tr>
<td>Behavioral only</td>
<td>2.4%</td>
<td></td>
</tr>
</tbody>
</table>

Pooled OR: 3, Varenicline vs placebo
Adjusted OR: 6, Varenicline vs cold turkey

Why is this important?

Quitting smoking in the US

People want to quit
60% of adult smokers want to quit
43% make a quit attempt in any one year

But it’s difficult
2%-7% success rate on any one quit attempt, independent of method

And many succeed
51% of everyone who has smoked has quit

Yet, they’re optimistic
Even those with > 10 quit attempts believe the odds of success next time are 50%
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SEARHC Tobacco Cessation Program

Tobacco Quit Program

We Offer:

- All four best-practices are included
- Young adults are under-represented

Why is this important?

___________________________________

___________________________________

___________________________________

___________________________________

___________________________________

___________________________________

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Social marketing

A process that uses marketing principles and techniques to influence target audience behaviors that will benefit society as well as the individual.1

Distinctive Features: Marketing Mix (4Ps)

• Behavioral Goals
• Consumer orientation
• Audience segmentation
• Notion of exchange
  benefits>costs?

• Price
• Product
• Place
• Promotion

Theme 

Lee & Kotler (2011)
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Research Design

Phase 1 Objective: Inform Phase 2 Design
• 6 key informant interviews
• Informed consent
• Demographic questionnaire
• Recruiting methods
• Semi-structured interview guide

Phase 2 Objective: Answer Seven Research Questions
• 4 Individual Interviews, 5 Focus Groups, n=23

1. Benefits of smoking
2. Benefits of quitting
3. Barriers to quitting
4. Quit methods attitude & experience
5. Tobacco countermarketing
6. Quit support program ideas
7. e-Communication habits

Why is this trustworthy?

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Phase 2 Methods

• Referrals and same-day on-location recruiting
• Varied venues for participant diversity
• $30 iTunes gift card incentive
• Visual aids incorporated into discussion
• Standard qualitative data analysis techniques

1 Krueger and Casey, 2009
2 Boeije, 2002

Why is this trustworthy?
Phase 2 Demographics

<table>
<thead>
<tr>
<th>Demographic</th>
<th>Split or range</th>
<th>n or mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>male/female</td>
<td>14/9</td>
</tr>
<tr>
<td>Employment</td>
<td>employed/student/unemployed</td>
<td>11/4/10</td>
</tr>
<tr>
<td>Meet financial needs</td>
<td>hard time/meet needs/exceed needs</td>
<td>4/11/5</td>
</tr>
<tr>
<td>Education</td>
<td>high school/some college</td>
<td>14/8</td>
</tr>
<tr>
<td>Average age</td>
<td>(range 19-29)</td>
<td>22.0</td>
</tr>
<tr>
<td>Average age of initiation</td>
<td>(range 8-21)</td>
<td>13.7</td>
</tr>
<tr>
<td>Marital status</td>
<td>married or living with partner/single</td>
<td>14/9</td>
</tr>
<tr>
<td>Children in home</td>
<td>yes/no</td>
<td>6/13</td>
</tr>
<tr>
<td>Smoking status</td>
<td>everyday/some days/none</td>
<td>6/8/9</td>
</tr>
<tr>
<td>Chew tobacco currently</td>
<td>yes/no</td>
<td>2/20</td>
</tr>
</tbody>
</table>

RQ1: Benefits of smoking
- Stress and boredom relief
- Oral satisfaction
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RQ2: Benefits of quitting

- Immediate health impacts
- Social benefits
- Impact on children
- Note: small concern for expense of smoking

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RQ3: Barriers to quitting

- Addiction
- Habit
- Other people smoking
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RQ4: Experience with quitting:

General

- Strongly prefer cold turkey
  - Their own experience
  - Others, particularly family members

- NRT has a bad reputation
  - Some based on hearsay/second-hand

- Almost no experience with varenicline (Chantix®)

What did we find?

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RQ4: Experience with quitting:

Counseling

- In both mall groups, strong negative reaction to the word "counseling"

- Those who had used SEARHC quit program highly recommended it
### Findings: Research Questions 1-3

<table>
<thead>
<tr>
<th>Research Question</th>
<th>Similar to literature</th>
<th>Different from literature</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RQ1: Benefits of smoking</strong></td>
<td>Stress relief, oral satisfaction</td>
<td>Little emphasis on social connection</td>
</tr>
<tr>
<td></td>
<td>Younger</td>
<td></td>
</tr>
<tr>
<td><strong>RQ2: Benefits of quitting</strong></td>
<td>Little emphasis on long-term health benefits, positive impact on immediate family, low priority on cost savings</td>
<td>More emphasis on short-term health benefits, more emphasis on social consequences (e.g., smell, teeth), positive impact on extended family</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>RQ3: Barriers to quitting</strong></td>
<td></td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Habit, addiction, social norms</td>
<td></td>
</tr>
</tbody>
</table>

What did we find?

### Findings: Research Questions 4-5

<table>
<thead>
<tr>
<th>Research Question</th>
<th>Similar to literature</th>
<th>Different from literature</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RQ4: Methods of cessation</strong></td>
<td>Strong preference for cold turkey, aversion to “counseling”</td>
<td>Little willingness to learn more about pharmacotherapy</td>
</tr>
<tr>
<td></td>
<td>Suspicious of pharmacotherapy</td>
<td></td>
</tr>
<tr>
<td><strong>RQ5: Attitude toward countermarketing advertisements</strong></td>
<td>Preference for high emotional level ads, strong emotional salience e.g., fear/disgust, joy/pride</td>
<td>Some said that advertisements do not affect their decision to smoke</td>
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<td></td>
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</tbody>
</table>

What did we find?
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Findings: Research Questions 6-7

<table>
<thead>
<tr>
<th>Research Question</th>
<th>Similar to literature (or no literature to compare*)</th>
<th>Different from literature</th>
</tr>
</thead>
<tbody>
<tr>
<td>RQ6: Ideas for program elements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enthusiasm for smartphone app*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aversion to smartphone video game*</td>
<td></td>
<td></td>
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<tr>
<td>Mixed reaction to texting</td>
<td></td>
<td></td>
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<tr>
<td>RQ7: Communication habits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Virtually ubiquitous cell phone ownership</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heavy use of texting and mobile Facebook</td>
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<tr>
<td>Little use of email or general Internet</td>
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</tbody>
</table>

What did we find?

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Three goals accomplished

OVERARCHING GOAL: Reduce smoking rates for young adult SEARHC beneficiaries

GOALS:
1. Determine how to modify current program
2. Determine what quit support methods and what marketing messages appeal to young adults
3. Develop baseline research protocol for potential reuse
Social marketing program

- Target audience: Young Southeast Alaska Native adults who have decided to quit smoking
- Positioning: We want young Alaska Native adults who decide to quit smoking to view seeking support from the tobacco health educator as normal, simple, and more effective than quitting on their own.
- Behavior change: Enroll in the tribal program rather than quitting cold turkey

Marketing Mix: 4Ps

- **Price:**
  - Maximize:
    - Short-term benefits
    - Benefits to extended family
  - Minimize:
    - Smoking as stress relief
- **Product:**
  - Rename counseling to “coaching”
  - Optional pharmacotherapy
- **Place:**
  - Optional texting component
  - Telephone contact with counselor
- **Promotion:**
  - Flyers and quitcards
  - Social norms
  - Family values and/or social impact
  - Facebook incentives for favorable postings
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Further Research

- SEARHC
- Alaska
- Young adult
  - Special need for qualitative research
  - "...to learn why young adults choose to smoke and choose to quit rather than just whether they are successful" [1]
  
Bader et al., 2007

Practical implications?

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Conclusions

- Notable similarities and notable differences
- Practical use of findings
- Contribution made to young adult, Alaska Native, and Indigenous literature
  - Especially non-university based young adult
  - Extends via social marketing framework
References


