

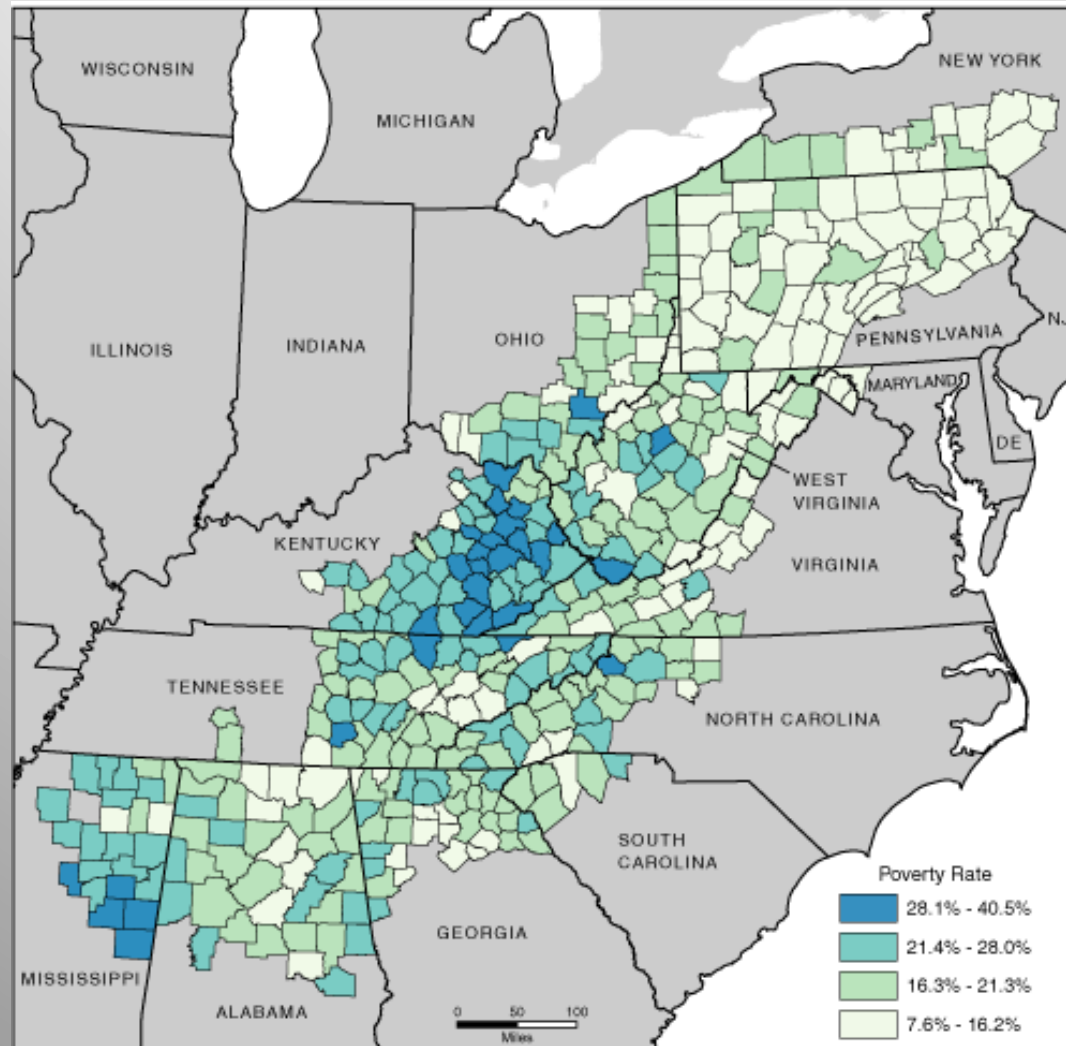
Qualitative Interviews With Nurses in Appalachian Ohio Regarding Prenatal Smoking

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OHIO
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Appalachia



Created by the Appalachian Regional Commission, March 2015
Data Source: U.S. Census Bureau, American Community Survey, 2009–2013
Data Classification Scheme: Natural Breaks

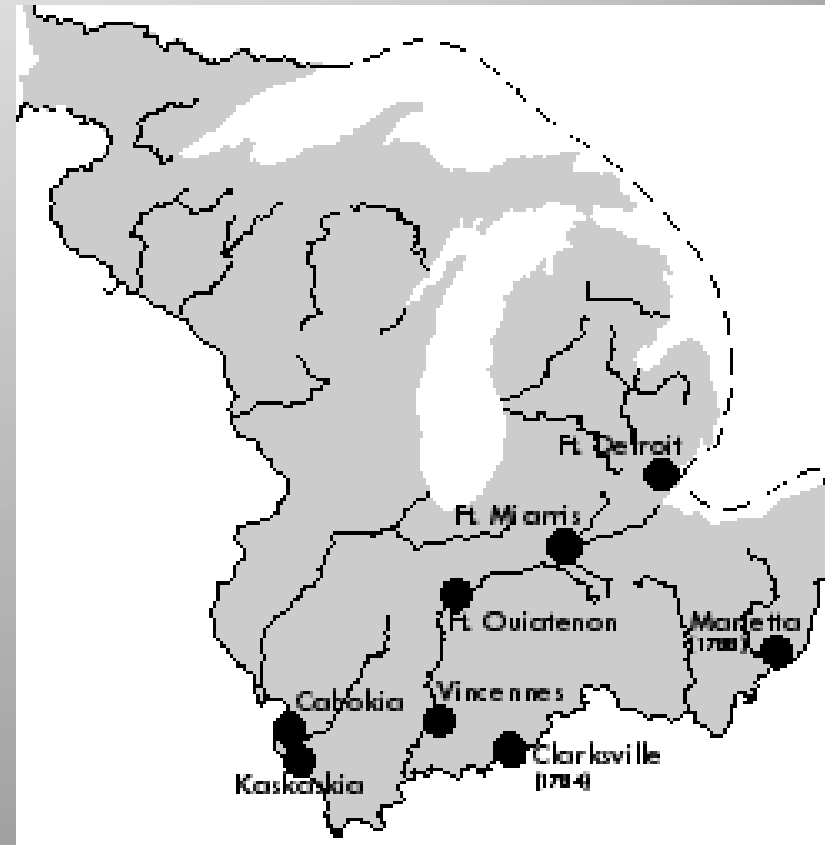
U.S. average = 15.4%
Appalachian average = 17.0%

Southeast Ohio Region

- Per capita income \$23,901 (State average is \$33, 330)
- 22% do not have high school diploma or GED



A Long History of European Settlement



Tobacco Use in Appalachian Ohio

- Smoking prevalence: 35.2% adults
 - U.S. adults 16.8%; Ohio 23.4% (CDC, 2015)
- Significantly higher than in rural non-Appalachian Ohio counties (23.3%), as well as in urban and suburban counties (23%) (Ferketich, Wang, & Sahr, 2012)
- **Qualitative Study** among current and former adult smokers found that family and personal independence were especially important factors in this region (Ahijevych et al., 2003)

Tobacco Use during Pregnancy in Appalachian Ohio

Risks of smoking during pregnancy

Increased risk of pre-term birth and low birth weight
(Seybold, Broce, Siegel, Findley & Calhoun, 2012)

Higher rates of smoking during pregnancy

30-35% of women still use tobacco at time of delivery
(ODH, 2012; Wolfe, 2011) compared to the national
average of 10%

Smoking during Pregnancy in Appalachia

- Negative birth outcomes associated with smoking rather than poverty alone
 - Women who smoked during their first pregnancy and quit before their second conception gave birth to a healthier subsequent child
(Chertok, Luo, & Anderson, 2011)
- Low receptivity to trying to quit
(Windsor, et al, 2014)

Purpose

- To bridge the gap between researchers and Southeast Ohio residents tapping the perspective of nurses from Southeast Ohio on the perceived barriers to quitting, perceptions of interventions, and the influence of location and cultural environment on tobacco use.



Data Collection

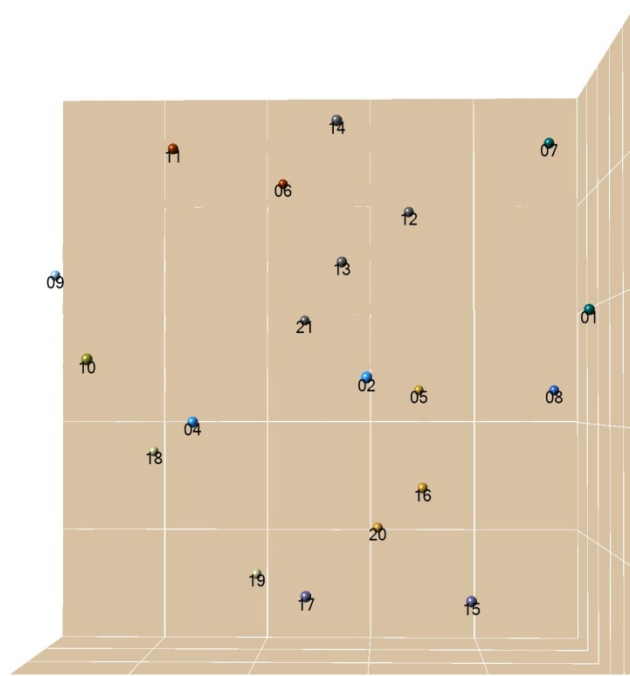
- Semi-structured small focus group and individual interviews
- An interview guide was used with questions about smoking and smoking cessation in relation to their knowledge and experience of their home county
- Participants received \$5 restaurant gift card
- University IRB approved

Sample

- Purposive sampling
- 15 white female nurses from Southeast Ohio counties
- All consider themselves Appalachian
- Age range: 21-44, Average age: 30 years
- 50% never smokers, 16% current, 34% former
- Education: 17% AD; 58% BSN; 25% MSN

Sample Demographics

Nodes Clustered by Attribute value similarity



Qualitative Data Analysis

Content analysis:

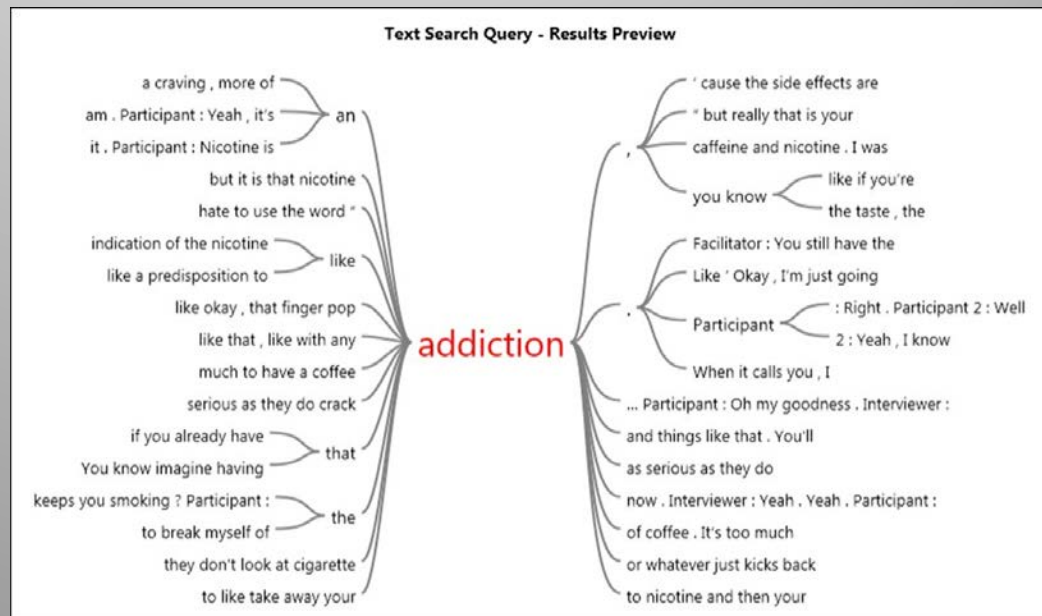
- Interviews transcribed verbatim
- NVivo 9 software employed (QSR International) for data management
- Extraction of major concepts, themes, and patterns
- 2 persons independently analyzed data, then compared
- Southeast Ohio native on analysis team

Results: Themes

- Reasons Women Smoke
- Reasons Women Quit
- Barriers to Quitting
- Perceptions of Current Interventions

Results: Themes

- Reasons Women Smoke
 1. Stress management
 2. Social environment
 3. Addiction



Reasons for Smoking: Stress and Social Environment

- “I am a current smoker,... and I think all my kids smoke, so I don’t think it has broke the cycle any, so.”
- “And I think it’s a big part of life for a lot of people in this County... that’s just what they do. That’s what I use for stress relief.”

Social Environment-Local tobacco production

- “My family defined your everything...We grew tobacco on the side, in the 80s we could get a good price. At the age of 15 you were allowed to start smoking, all of us, ... smoking at once. Still a major part in a lot of my family members’ houses.”



Reasons Women Quit Smoking

- Health

“We all know it’s bad for you, I learned that in Kindergarten! That’s why it surprises me that so many people my age smoke.”

- Financial (cost of cigarettes)

“Some say the cost makes them want to quit, but most people seem like they always can get money for cigarettes.”

- Pregnancy

Barriers to Quitting

- Social Environment
- Ambivalent attitudes toward tobacco use
- Smokers in the household
 - “Being isolated from friends and family that smoke is a very painful experience and may have material consequences, like on living quarters.”

Ambivalence Toward Tobacco

“At the hospital, if you smoke you get a break to smoke, it’s understood. My friend lied about being a smoker so she could get a break with the smokers, that’s how she started smoking.”

Ambivalence Toward Tobacco

“My aunt’s obstetrician told her that after a certain time in the pregnancy the stress of quitting is more harmful than continuing to smoke.....she quit anyway.”



Public Health Service Guidelines

A SIMPLE QUIT PLAN

(Fiore et al, 2008)

TIPS FOR SMOKERS

- Set a quit date, ideally within 2 weeks.
- Remove tobacco products from the environment.
- Get support from family, friends, and coworkers.
- Review past quit attempts-what helped, what led to relapse.
- Anticipate challenges, particularly during the critical first few weeks, including nicotine withdrawal.
- Identify reasons for quitting and benefits of quitting.



TIPS FOR USING MEDICATION

- Ask your Doctor or Nurse Practitioner about using over-the-counter nicotine patch, gum, or lozenge, or prescription for bupropion SR, nicotine inhaler, or nasal spray, unless contraindicated (see reverse side).

TIPS FOR SUCCESSFUL QUITTING

- Total abstinence is essential—not even a single puff.
- Drinking alcohol is strongly associated with relapse.
- Allowing others to smoke in the household hinders successful quitting.

RESOURCES

- Toll free: 1-800-QUIT NOW (784-8669), the national access number to State-based Quit-line services.
- Web sites for free materials:
 - Agency for Healthcare Research and Quality:
www.ahrq.gov/path/tobacco.htm
 - U.S. Department of Health and Human Services:
www.smokefree.gov

Perception of Current Interventions

Quit Date:

“I think setting a goal is helpful, but 2 weeks seems like a very short time to get used to not smoking.”

Total Abstinence:

“People I know that have quit has done it gradually.”

Perception of Current Interventions

Remove Tobacco from Your Environment:

“I see that when I work with women who are pregnant, they might be very motivated to stop smoking, but their environment is one where it’s very difficult not to be smoking.”

Environmental Challenges

- Multiple competing demands on women related to increased poverty and rural setting
- Ambivalent view of tobacco use



Conclusions

- Results support cut-down-to-quit models of smoking cessation (Windsor et al, 2014)
- Interventions need to address:
 - Longer adjustment to change
 - Smokers in the home
 - Social support for quitting
- More support for healthcare professionals in this region- helping disadvantaged women (Flemming et al, 2016)

Limitations

- Sample
 - Purposive-connection to University
 - More education than average nurse in Southeast Ohio
- Self-Report
 - No bio-confirmation of smoking level

Sense of Connectedness

With all the problems here, why do you stay in this area?

“Well, I don’t want to put down Columbus, but, it’s different there. Down here people are nicer, they care about each other. In this county I’d be hard-pressed to find a part of it that no one would help me if I was in trouble, car broke down, whatever.” 22 year old new graduate

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Example- Meigs County



Sample Demographics

	Mean	SD	Range
Age	36.05	13.38	18-59
Cigarettes typically smoke each day	12.94	13.27	3-60
How many years have you smoked	15.78	13.97	1-47



Quotes from Nurses

- Many people believe that their religious rights and beliefs are not being respected. Many believe that health factors and issues are closely tied with religion. They are friendly superficially, but generally want to take care of their own problems and don't want to let outsiders into their lives. They like to know people and those connections are very important to the sense of security and their place in the world. Being isolated from friends and family that smoke is a very painful experience and may have material consequences (living quarters).