ASSESSING ATTITUDES, NORMS, AND BEHAVIORAL CONTROL AMONG MINORITY POPULATIONS USING TOBACCO PRODUCTS AND THEIR ATTEMPTS AT CESSATION

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AS TOBACCO USE CONTINUES TO BE A PREVALENT AND DEADLY ISSUE IN THIS COUNTRY, HEALTHCARE PROVIDERS AND RESEARCHERS ALIKE CONTINUE TO SEEK EFFICACIOUS WAYS TO TAILOR TOBACCO CESSATION SERVICES TO INCREASE LONG-TERM CESSATION EFFORTS.

A ONE-SIZE-FITS-ALL APPROACH IS LACKING THE AWARENESS OF SOCIAL AND CULTURAL DIFFERENCES BETWEEN PROVIDER AND PATIENTS, AND THEREFORE LEAVES ROOM FOR IMPROVEMENT IN EFFECTIVE CESSATION METHODS BEYOND THE TRADITIONAL, “5AS” (ASK, ADVISE, ASSESS, ASSIST AND ARRANGE) METHOD THAT IS ROUTINELY SEEN AS THE STANDARD OF CARE.
1 OUT OF 10
Approximately 10% of the patient population are self-reported as a tobacco user in 2021

5 OUT OF 10
Almost 50% of smokers are something other than non-Hispanic white
RESEARCH QUESTION:

Do Hispanic or Pacific Islanders have collective attitudes, subjective norms, and perceived behavioral control that directly influence intentions to quit using tobacco products; and do those factors contribute to long-term cessation?
Community Clinic’s history, the role of CHCs, and the need among disparate populations in Northwest Arkansas.

The intervention itself is the Tobacco Cessation Program offered at Community Clinic, a local Community Health Center in Northwest Arkansas.

A preliminary survey will be used to address overall attitudes and preliminary subjective norms along with perceived behavioral control prior to attempting cessation.
WHAT IS A COMMUNITY HEALTH CENTER?
The Tobacco Cessation Program offers touch points with your primary care provider, a behavioral health consultant, and clinical Pharm.D. This project provides clinicians and care team members insight on how to better provide cessation services, motivate patients to make cessation attempts among minority populations, and increase long-term cessation rates.
RESEARCH PROJECT

Using the Reasoned Action Approach (RAA; the most current iteration of the Theory of Planned Behavior) to examine cessation attempts among minority populations. Through the development of a survey with question paths derived from elicitation probes that reflect the Reasoned Action Approach. I will assess the relationship between behavioral intention (the most immediate predecessor to behavior) and the RAA constructs: attitudes, norms, and behavioral control.
OPEN-ENDED ELICITATION

Attitudes/Behavioral Beliefs

Experiential Attitudes
What do you believe are POSITIVE EXPERIENCES of __behavior_____ in the next ___time frame___?
What do you believe are NEGATIVE EXPERIENCES of __behavior_____ in the next ___time frame___?

Instrumental Attitudes
What do you believe are ADVANTAGES of __behavior_____ in the next ___time frame___?
What do you believe are DISADVANTAGES of __behavior_____ in the next ___time frame___?
OPEN-ENDED ELLICIATATION

Perceived Norm
Injunctive Norm
Who are individuals or groups who would APPROVE or think you SHOULD TRY ___behavior___ in the ___time frame___?
Who are individuals or groups who would DISAPPROVE or think you SHOULD NOT ___behavior___ in the ___time frame___?

Descriptive Norm
Sometimes, when we are not sure what to do, we look to see what others are doing. Who are individuals or groups who are MOST likely to ___behavior___ in the ___time frame___?
Who are individuals or groups who are LEAST likely to ___behavior___ in the ___time frame___?
OPEN-ENDED ELLICIATATION

Perceived Behavioral Control

Autonomy
What are some FACTORS OR CIRCUMSTANCES that would make it EASIER or would ENABLE you to __behavior___ in the __time frame___?
What are some FACTORS OR CIRCUMSTANCES that would make it MORE DIFFICULT or would PREVENT you from __behavior___ in the __time frame___?

Capacity
What are some SKILLS OR RESOURCES that would make it EASIER or would ENABLE you to __behavior___ in the __time frame___?
What are some SKILLS OR RESOURCES that would make it MORE DIFFICULT or would PREVENT you from __behavior___ in the __time frame___?
Utilizing the opened-ended elicitation to inform later stages.
SUMMARY REPORT

• Behavioral Outcomes:
  • Benefits of Using Tobacco Cessation Services
  • “The positive is that I will be setting a better example for my daughters who see me smoke...”
  • Barriers and negatives to using tobacco cessation services
  • “Angry, don’t want to talk, hate everything.”

• Normative Referents
  • Individuals who will be supportive and who would benefit from tobacco cessation services.
  • Individuals who will NOT be supportive of using tobacco cessation services
  • “There really isn’t someone that is supportive of me using the program. I am the one that wants to stop smoking to be able to be with my family longer time.”

• Control Factors
  • Factors or circumstances that would make it easy or help
  • Factors or circumstances that would make it difficult
  • “Bars and social events with my friends especially.”

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CENTER FOR RESEARCH, EDUCATION & OUTREACH
NEXT STEPS

The tobacco cessation program at Community Clinic has slowed due to staffing shortages, thus resources are limited for prolonged follow-up, but there is hope!

MRC, ABI, BLUE & YOU

Future funding opportunities show promising expansion

10+ NEW LOCATIONS

Tobacco Cessation Services remain available under the TCP program.
THANK YOU

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