# Smartphone-Based Tobacco Cessation Interventions with American Indians in Oklahoma

Ashley B. Cole, Ph.D.

Assistant Professor

Department of Psychology
Oklahoma State University

#### Financial Disclosures & Funding

- I have no financial disclosures to report.
- I am currently funded by the National Institutes of Health (NIH) and the National Cancer Institute (NCI).

R01CA221819-01A1S1 (PI: Businelle; PI of Diversity Supplement: Cole)

P20CA253255-01 (MPIs: Khan, Doescher, & Sewell; Co-I: Cole)

## Land Acknowledgement

OSU sits on lands promised to the Muscogee (Creek) Nation in exchange for their ancestral homelands during the 1830s removal period. Originating in the Great Lakes area and migrating south and west, the lowa were placed by an 1883 Executive Order in the area just south of presentday Stillwater, which was established illegally by "boomers" in 1884. Just prior to the April 22, 1889 land run, the first of seven official land runs, President Harrison proclaimed the lands "unassigned" and open for settlement.

## Learning Objectives

- 1. Identify different commercial tobacco cessation strategies for American Indians who want to quit smoking, including cessation strategies delivered via smartphone applications (apps).
- 2. Recognize unique cultural differences (e.g., use of traditional tobacco) among some American Indians, which may inform future modification of smoking cessation apps.
- 3. Apply strengths-based approaches (e.g., social support, messages from family/tribal members) to reduce tobacco-related health inequities among American Indian populations.

#### Outline

- My background
- Background
  - Al smoking rates
  - Al populations in Oklahoma
  - Need for novel smoking cessation approaches
- Current study
  - Parent project
  - Diversity supplement
  - Preliminary findings
  - COVID-19 impacts
  - Future directions
- Resources & references
- Q&A



## My Context

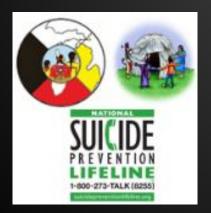
















#### Background

- Despite decreases in smoking rates over the past 50 years, there are approximately 36.5 million smokers in the U.S.
- Nearly one in three American Indian/Alaska Natives (AI/ANs) are smokers.
- Al/ANs experience smoking-related cancers (e.g., lung cancer) and smoking-related mortality at disproportionately high rates.
- While many AI/AN smokers want to quit, quit rates are lower in these populations compared to other ethnic/racial groups.

## Background (CONT'D)

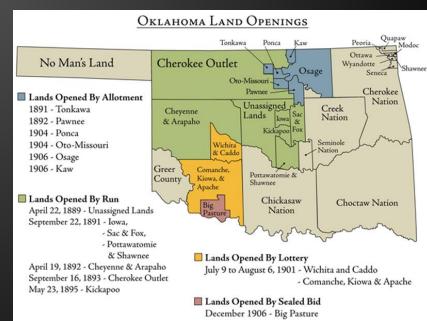
- Lower quit rates among AI/ANs may be related to earlier smoking initiation, which is associated with greater nicotine dependence and more difficulty quitting.
- The infiltration of commercial tobacco use (vs. traditional tobacco) into cultural events may also play a role.
- Additional barriers for quitting among AI/ANs include social contexts, stress, cessation medication concerns, provider mistrust, and lack of access to evidencebased, culturally relevant treatments.

#### Background (CONT'D)

- OK is home to 39 federally recognized tribes, has the 3<sup>rd</sup> largest population of AI/ANs (by state) in the U.S., and has the largest number of AI college graduates
- 3 Tribal colleges
- Tend to be more bi-cultural than other Native

populations

- Prior to 2020, 1 true "reservation" along with Tribal nations
- McGirt v. Oklahoma



## Background (CONT'D)

- Highly flexible, low burden technology-based treatments may overcome barriers (e.g., transportation, time) for quitting smoking.
- Such treatments may be especially useful in OK (21% smoke; 5<sup>th</sup> highest in the U.S.), where there are multiple groups with increased smoking prevalence
  - 17% of Oklahomans live in poverty
  - 29.2% of Als in OK smoke

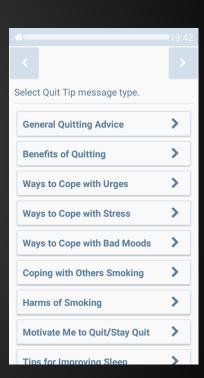
# Smart-T3 Overview (R01CA221819; PI: Businelle)

- Ongoing smoking cessation randomized clinical trial (RCT)
- N = 450 low-income male & female smokers who want to quit smoking; randomized into 1 of 2 groups
- Uses mobile health technology & ecological momentary assessments
- Smart-T3 algorithm tailors treatment messages in realtime based on smoking lapse risk factors (e.g., stress, smoking urge, and cigarette availability)

#### NCI QuitGuide



#### Smart-T3



# Smart-T3 Overview (R01CA221819; PI: Businelle) cont'd



- Topic: Smart-T3 vs NCI QuitGuide; 6 month intervention; Bedfont iCO monitors to assess smoking status 3x per week
- 27-week follow-up call
- Planned N = 450 (current n = 151)

»Medication refill request

 Status: COVID-19 stopped new enrollments for 2 months.



## Personalized Quit Tip Examples

19:51

<

Michael, This smartphone application will work best and give you the most accurate advice when you answer the questions as accurately as possible.

Level1

Michael, When you quit smoking, you may feel more stressed, anxious, or irritated. Try this relaxation exercise: Take a deep breath (make sure you belly goes out when you breathe in). Hold your breath and count to 10. Breathe out slowly counting to 10. Repeat 5 times.

Level 2a

19:33 **>** 

Michael, A slip is a sign that you need to improve your smoking cessation plan. Think about what went wrong and develop a stronger plan to stay quit. Keep trying and YOU WILL SUCCEED!

level3

# Diversity Supplement (R01CA221819-01A1S1; PI: Cole)

13'

- December 2019 January 2022
- Al sample (proposed n = 30) who participate in the intervention phase
- Explanatory sequential mixed methods study design
- Aim 1: Examine the efficacy, likability, and feasibility of the Smart-T3 and NCI QuitGuide apps in AI smokers who want to quit.
- Aim 2: Conduct qualitative interviews with AI participants from the Smart-T3 and NCI QuitGuide groups to solicit ideas on culturally specific components to modify the apps.
  - Features congruent/incongruent with cultural values
  - Traditional/ceremonial tobacco
  - Ideas to incorporate Al culture into the apps



#### Method

- A sequential explanatory mixed methods study was conducted with Al participants (n=5).
- They completed a cultural interview to assess their experiences with the NCI QuitGuide (n=2) and Smart-T3 (n=3) apps following the 26-week intervention.
- Two items from the final survey, which assessed likelihood of recommending the app to others and self-perception of survey completion, were analyzed.

#### Preliminary Findings

- Participants were male (80%) and 46 years old (SD=14.2).
- Participants were somewhat likely, on average, to recommend the app to a friend who smokes for quitting.
- Participants reported their completion rate either stayed the same (n=2) or decreased (n=3) during the 26-week study period.
- Initial findings indicate that participants' ideas for culturally modifying the apps included:
  - Incorporate video messages from tribal/family members (n=5)
  - Additional reminders/tips (n=3)
  - Social support/on-demand counseling for cessation (n=3).
- **Technology issues** (n=2) were an identified barrier to using the apps.

- Future App Modification
  - Video Messages from Tribal/family members
  - "People want to watch seeing other people talk about... why they quit smoking and what it really does if you don't quit smoking. Messages of pros and cons [of quitting] and how it [smoking] takes the lives of families."
  - "Maybe if the app had a feature, you know, in the beginning I could set it up and have my loved ones record a message. And then, every now and then, maybe I slip up, and it comes back and plays a message from my daughter... 'I love you, Dad. You can do this!'"

- Future App Modification
  - Additional Reminders/Tips
  - "Those random [questions] the app ask[ed] about whether you were staying on top of everything and being honest... I feel like that prompt happening after the quit date would be a good benefit."
  - "...Being able to see my progress on... tracking the numbers... that would have been another tool for me to use for progress, or even the lack thereof, would be a definite advantage, I believe."

- Future App Modification
  - Social Support/On-Demand Cessation Counseling
  - "A chat session or texting back and forth with an instructor would have been more helpful. When I tried calling staff, all I ever got was [to] leave a message, and then I had to wait, like a day or two, to get a response."
  - "Being able to submit feedback on how you were coping that day, for me, that would have been very helpful. Just answering the questions, made you more aware of what your patterns were and your coping skills. But I would have liked to have the opportunity to state what my mind was going through at the time."

- Barriers to App Use
  - Technology Issues
  - "It was on a[n] Android device; I use an iPhone, so it was on a separate device. There [were] quite a few times that... if I hit the wrong button that I wasn't used to on Android..., it would... automatically stop my survey. It [the app] would re-open... and cutoff the survey I was doing."
  - "The option to have it on their own device..."

#### Traditional Tobacco Use

- "I... burn sage for smudging and sweet grass, and I put out tobacco when I pray for help."
- "...if you're going on a trip, you always set out tobacco on the north side of the tree and say a prayer that you'll return safely. When you go to a powwow and you go through grand entry, they give you tobacco before you enter the arena."
- "...not to be cliché, but the idea to be around a campfire, having a talk, being... you know, truthful with other people to ease the moment kind of thing. In my mind, that would feel very ceremonial."

#### COVID-19 Impacts

- COVID-19 has impacted recruitment and retention rates of the parent study and of Als in the current study.
  - COVID-19 stopped new enrollments for 2 months.
  - Parent study proposed N = 450 (current N = 151)
  - Current study proposed N = 30 (current N = 5)
- COVID-19 has disproportionately impacted AI/AN communities in rates of contraction, hospitalization, and death.

#### COVID-19 Response

- Dr. Businelle and HPRC research team have modified the parent study protocol to allow fully remote enrollment
  - Mail participants all study materials, including phone & portable iCO device (Bluetooth)
- Working on efforts to continue helping Al smokers who want to quit smoking
- Grant application currently under review (PIs: Businelle & Zvolensky; Co-I: Cole) to study mental health impacts of COVID-19 using a smartphone app (EASE app) in a diverse sample, including proposed N=200 AI adults

# Ongoing Study Recruitment 🚫

- You may qualify for this study if you:
  - Are 18 years or older
  - Are a current daily smoker
  - Are willing to quit smoking
  - Speak and read in English
  - Live in Oklahoma
- Those who qualify for the study can enroll online or attend a 1-person visit at the OU Health Sciences Center.
- All participants will receive free smoking cessation medications (nicotine patch and gum/lozenges) and a smoking cessation app.
- Participants will use their personal smartphone or will be loaned a smartphone to complete daily surveys.
- Participants will be provided with Mastercard giftcards as compensation.



- To be screened for eligibility, please call: (405) 271-1803 or follow the link below to complete the survey online
- https://oksmokerstudy.com

#### **Future Directions**

- Apply for a larger grant mechanism (5-years)
  - Use findings from current project as pilot data
  - Develop a prototype of the culturally tailored app for AI smokers who want to quit
    - Incorporate group-based smoking cessation behavioral counseling via telehealth
    - Multi-site to increase reach and generalizability
  - Test the app prototype

#### Pandemic Silver Linings

## Oklahoma's Native American nations step up to protect their own



Citizen Potawatomi Health Services workers give COVID-19 vaccinations on Jan 22. [Citizen Potawatomi Nation]

## New relief bill includes \$20B for tribes



"Tribal advocates, tribal leaders have done a tremendous job of conveying the priorities that ongoing need for relief in Indian Country given the disproportionate impacts in our communities."

#### Smoking Cessation Resources

- CDC's Tips From Former Smokers national tobacco education campaign
  - https://www.cdc.gov/tobacco/campaign/tips/groups/americanindian-alaska-native.html
- CDC-recommended tobacco prevention and control programs and policies
  - https://www.cdc.gov/tobacco/stateandcommunity/best\_practices/index.htm
- American Indian Tobacco Survey Implementation Manual
  - https://www.cdc.gov/tobacco/data\_statistics/surveys/american\_in\_dian/pdfs/ai\_afs.pdf
- How We Can Protect Children From Second Hand Smoke
  - https://www.cdc.gov/tobacco/basic\_information/secondhand\_sm oke/protect\_children/native-american-population/
- Native American Action Plan: Addressing Tobacco Abuse Among Pregnant & Postpartum Women
  - http://www.tobaccocessation.org/PDFs/NativeAmericanActionPlan.pdf

#### References

- 1. Boudreau G, Hernandez C, Hoffer D, et al. Why the World Will Never Be Tobacco-Free: Reframing "Tobacco Control" Into a Traditional Tobacco Movement. 2016;106(7):1188-1195.
- Buchwald, D., & McPherson S. American Indians STOp smoking by Mobile Phone (AI STOMP). https://clinicaltrials.gov/ct2/show/NCT03168451.
   Published 2015.
- 3. Burgess D, Fu SS, Joseph AM, Hatsukami DK, Ryn M Van. Beliefs and experiences regarding smoking cessation among American Indians. 2007;9(January):19-28.
- 4. Businelle MS, Kendzor DE, Reitzel LR, et al. Mechanisms Linking Socioeconomic Status to Smoking Cessation: A Structural Equation Modeling Approach. 2010;29(3):262-273.
- 5. Businelle MS, Ma P, Kendzor DE, Frank SG, Vidrine DJ, Wetter DW. An Ecological Momentary Intervention for Smoking Cessation: Evaluation of Feasibility and Effectiveness Corresponding Author: 2016;18:1-14. doi:10.2196/jmir.6058
- 6. CDC. COVID-19 Cases, Hospitalization, and Death by Race/Ethnicity. Covid-19 Data 2020; <a href="https://www.cdc.gov/coronavirus/2019-ncov/downloads/covid-data/hospitalization-death-by-race-ethnicity.pdf">https://www.cdc.gov/coronavirus/2019-ncov/downloads/covid-data/hospitalization-death-by-race-ethnicity.pdf</a>.
- 7. CDC. Health Insurance Coverage. COVID-19 Data from NCHS 2020; https://www.cdc.gov/nchs/covid19/pulse/health-insurance-coverage.htm.
- 8. CDC. COVID-19 Cases, Hospitalization, and Death by Race/Ethnicity. Covid-19 Data 2020; https://www.cdc.gov/coronavirus/2019-ncov/downloads/covid-data/hospitalization-death-by-race-ethnicity.pdf.
- 9. CDC. COVIDView: A Weekly Surveillance Summary of U.S. COVID-19 Activity. Cases, Data & Surveillance 2020; https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html.
- 10. Community Health Data Profile: Michigan, Minnesota, and Wisconsin Tribal Communities.; 2011. http://www.glitc.org/forms/epi/profiles/Final 2010 CHP.pdf.
- 11. Fagan P, Shavers VL, Lawrence D, Gibson JT, Connell EO, Connell MEO. Employment Characteristics and Socioeconomic Factors Associated with Disparities in Smoking Abstinence and Former Smoking Among U.S. Workers. 2019;18(4):52-72.
- 12. Foote M, Strickland R, Lucas-pipkorn S, Williamson A, Lamers L. The High Burden of Cancer Among American Indians / Alaska Natives in Wisconsin. 2020;115(1):11-17.
- 13. Forster, J. L., & Skjefte L. Tribal Tobacco Use Project Survey Report 2013.; 2013. https://www.minnpost.com/sites/ default/files/attachments/TTUPrpt.pdf.
- 14. Fortuna LR, Tolou-Shams M, Robles-Ramamurthy B, Porche MV. Inequity and the disproportionate impact of COVID-19 on communities of color in the United States: The need for a trauma-informed social justice response. Psychological Trauma: Theory, Research, Practice, and Policy. 2020.
- 15. Fu SS, Mph KLR, Robert C, Widome R, Forster JL, Joseph AM. Designing and Evaluating Culturally Specific Smoking Cessation Interventions for American Indian Communities. 2014;16(1):42-49. doi:10.1093/ntr/ntt111
- 16. Hébert ET, Stevens EM, Frank SG, et al. Addictive Behaviors An ecological momentary intervention for smoking cessation: The associations of just-in-time, tailored messages with lapse risk factors. 2018;78(October 2017):30-35.
- 17. Henderson PN, Kanekar S, Wen Y, Buchwald D, Goldberg J, Choi W. Patterns of Cigarette Smoking Initiation in Two Culturally Distinct American Indian Tribes. 2020;99(11):2020-2026.
- 18. Hiscock R, Bauld L, Amos A, Fidler JA, Munaf M. Socioeconomic status and smoking: a review. 2012;1248:107-123.
- Jamal A, King BA, Neff LJ, Whitmill J, Babb SD, Corinne M. Great American Smokeout Current Cigarette Smoking Among Adults United States, 2005 – 2015. 2016;65(44).

#### References (CONT'D)

- 20. Karaca-Mandic P, Georgiou A, Sen S. Assessment of COVID-19 Hospitalizations by Race/Ethnicity in 12 States. JAMA Internal Medicine. 2020.
- 21. Kendzor DE, Businelle MS, Poonawalla IB, Cuate EL, Kesh A, Rios DM. Financial Incentives for Abstinence Among Socioeconomically Disadvantaged Individuals in Smoking Cessation Treatment. 1(6).
- 22. Kotz AD, West R, Kotz D, West R. Succeeding Linked references are available on JSTÓR for this article: Explaining the social gradient in smoking cessation: it's not in the trying, but in the succeeding. 2019;18(1):43-46.
- 23. Mowery PD, Dube SR, Thorne SL, Garrett BE, Homa DM, Henderson PN. Disparities in Smoking-Related Mortality Among American Indians/Alaska Natives. Am J Prev Med. 2015;49(5):738-744.
- 24. Nelson LA, Zamora-kapoor A. Challenges in conducting mHealth research with underserved populations: Lessons learned. 2015;(October).
- 25. Norris, T., Vines, P. L., & Hoeffel EM. The American Indian and Alaska Native Population: 2010.; 2012.
- 26. Paul IM, Forster JL, Rhodes KL, Poupart J, Baker LO. Patterns of tobacco use in a sample of American. 2007;9(January):29-37.
- 27. Plescia M, Henley SJ, Pate A, Underwood JM, Rhodes K. Lung Cancer Deaths Among American Indians and Alaska Natives , 1990 2009. 2014;104.
- 28. QuitGuide. Smokefree.gov. https://smokefree.gov/apps-quitguide. Published 2016.
- 29. Rivers, B. M., Bernhardt, J. M., Fleisher, L., & Green BL. Opportunities and challenges of using technology to address health disparities. *Futur Oncol*. 2014;10(4):519-522.
- 30. Schiaffino A, Borrell C, Benach J, et al. Social class, education, and smoking cessation: Long-term follow-up of patients treated at a smoking cessation unit. 2006;8(1):29-36.
- 31. Shiffman S, Hufford M, Hickcox M, Paty JA, Gnys M, Kassel JD. Remember That? A Comparison of Real-Time Versus Retrospective Recall of Smoking Lapses. 1997;65(2):292-300.
- 32. Siahpush M, Carlin JB. Financial stress, smoking cessation and relapse: results from a prospective study of an Australian national sample, 2005;121-127.
- 33. The Smartphone Difference. Pew Research Center. http://www.pewinternet.org/2015/04/01/us-smartphone-use-in-2015/. Published 2015.
- 34. Stone AA, Shiffman S, Schwartz JE, Broderick JE, Hufford MR. Information in practice Patient non-compliance with paper diaries. (73):1193-1194.
- 35. Wetter DW, Ph D, Cofta-gunn L, et al. What accounts for the association of education and smoking cessation? 2010;40(2005):452-460.
- Whittaker, R., Dorey, E., Bramley, D., Bullen, C., Denny, S., Elley, C. R., Maddison, R., McRobbie, H., Parag, V., Rodgers, A., & Salmon P. A Theory-Based Video Messaging Mobile Phone Intervention for Smoking Cessation: Randomized Controlled Trial. J Med Internet Res. 2011;13(1):1-21.
- 37. Zhang M, An Q, Yeh F, et al. Smoking-attributable mortality in American Indians: findings from the Strong Heart Study. Eur J Epidemiol. 2015;30(7):553-561.

## Migwétch (thank you)!



Ashley B. Cole, PhD abcole@okstate.edu

@ABCole25

- Project Mentors
  - Michael Businelle, PhD
  - Marshall Cheney, PhD
  - Misty Hawkins, PhD
  - Darla Kendzor, PhD
  - Thad Leffingwell, PhD
  - Kelley Sittner, PhD
- HPRC staff & participants
- NCI grant 3R01CA221819-01A1S1
- Oklahoma Tobacco Settlement Endowment Trust (TSET) grant R21-02
- NCI Support Grant P30CA225520 awarded to the Stephenson Cancer Center.

  Health Promotion











Research Center

# Questions?

