Cross-Cultural Tobacco Control Alliance
Focus Group Report: Tobacco Use, Tobacco Control and the Effects of Tobacco

Submitted by

Lucinda M. Deason, Ph.D.
The University of Akron

and

Barry Oches, Ph.D.
Ohio University
Voinovich School of Leadership and Public Affairs

Sponsored by the Ohio Department of Health

Table of Contents

EXECUTIVE SUMMARY 4
Data Analysis 7

NATIVE AMERICAN/AFRICAN AMERICAN/IRISH AMERICAN 9
Introduction 9
Data Collection 10
Findings 11
Awareness of Tobacco Use, Media Messages, and Prevention Activities 11
Experience with Tobacco Use 11
Experience with Prevention Programs 12
Perspectives on Social Behaviors Associated with Tobacco Use 13
Conclusion 14

MILITARY VETERANS 15
Introduction 15
Data Collection 15
Findings 17
Awareness of Tobacco Use, Media Messages, and Prevention Activities 17
Experience with Tobacco Use and Prevention Activities 18
Perspectives on Social Behaviors Associated with Tobacco Use 20
Conclusion 20

DEAF COMMUNITY 22
Introduction 22
Data Collection 22
Findings 24
Awareness of Tobacco Use, Media Messages, and Prevention Activities 24
Experience with Tobacco Use and Prevention Activities 24
Perspectives on Social Behaviors Associated with Tobacco Use 26
Conclusion 28

AFRICAN AMERICANS IN SOUTHEAST OHIO 29
Introduction 29
Data Collection 29
Findings 30
Awareness of Tobacco Use, Media Messages, and Prevention Activities 30
Experience with Tobacco Use and Prevention Activities 32
Perspectives on Social Behaviors Associated with Tobacco Use 33
Conclusion 35

ATTACHMENTS 37
Attachment A: Focus Group Script 38
Attachment B: Focus Group Survey 41
Attachment D: Brief Description of Project 44
Attachment E: Native American/African American Transcript 45
Attachment F: Military Veterans transcript 61
Attachment G: Deaf transcript 83
Attachment H: African American Transcript 96

Table of Tables

Table 1: Date and Location of Focus Groups 5
Table 2: Focus Group Participants' Demographic Data 6
Table 3: Proportion of Group to Believe Myth is True 7
Table 4: Tri-Racial Focus Group Participant Descriptive Statistics 10
Table 5: Tri-Racial Focus Group Participant Tobacco Usage 11
Table 6: Military Veterans Focus Group Participant Descriptive Statistics 16
Table 7: Military Veterans Focus Group Participant Tobacco Usage 16
Table 8: Deaf Focus Group Participant Descriptive Statistics 23
Table 9: Deaf Focus Group Participant Tobacco Usage 23
Table 10: African American Group Participant Descriptive Statistics 30
Table 11: African American Focus Group Participant Tobacco Usage 30

EXECUTIVE SUMMARY

In July of 2006, Ohio University's Voinovich School of Leadership and Public Affairs completed a focus group project for the Ohio Department of Health (ODH), under the direction of a group that would become known as the Cross-Cultural Tobacco Control Alliance (CCTCA). The project was funded by a Centers for Disease Control and Prevention Disparities Supplemental Grant to the Tobacco Risk Reduction Program of the ODH. The final report contained the findings from 22 focus groups conducted around the state of Ohio representing 13 identified significant population groups residing in Ohio. In the fall of 2006, the CCTCA again contracted with the Voinovich School to conduct an additional four focus groups with specified populations to fill in some gaps recognized after the first project. The four specified population groups to be contacted and encouraged to participate included:

- Native American/African American/Irish American community in Kilvert, Ohio
- Southeast Ohio National Association for the Advancement of Colored People (NAACP)
- Deaf community members (other than Dayton where last year's group was held)
- Veterans/Active duty military personnel

The purpose of the focus groups was to continue to explore and learn about the attitudes, beliefs, and tobacco use patterns among underserved populations in Ohio.

One of the desires of the CCTCA, discussed at quarterly meetings during the first project, was for there to be some cultural diversity among the focus group facilitators so that the conversations would be more natural for the participants. To address this, Dr. Lucinda Deason, from the University of Akron, co-facilitated the groups with Dr. Barry Oches from the Voinovich School. The process for conducting the focus groups was nearly identical to last year's project. First, the group date, time and location were arranged with the help of a contact person with access to the population. Incentives for participants to attend the group included the provision of snacks and soft drinks and two $25.00 Wal-Mart gift cards for which there was a drawing at the conclusion of each focus group. Prior to beginning each discussion, the participants were informed that this was a research project and as such, they needed to sign an informed consent form that explained the purpose of the research and any risks or benefits that may come about as a result of the experience. The focus group facilitators also asked for the participants' permission to

record the discussions at the beginning of each session. Next, the participants were told that the leader would read from a script the same questions that were used in every focus group, and they were asked to discuss their responses to the questions posed with the others in the group, not necessarily addressing the leader with their comments. Each of the four groups lasted approximately 60 minutes. After the discussion was concluded, a one-page anonymous survey was distributed to the participants to collect information about the participants' beliefs about tobacco, the prevalence of tobacco use among the participants, and demographic information about the participants.

Three of the four groups were held in southeast Ohio, and the fourth was held in southwest Ohio. The specific dates and locations are shown below in Table 1. Altogether, there were 38 participants in the four groups. The smallest group was the deaf community. Although nine individuals were invited to the group, only two showed up. In order to gather more data, the questions were given in printed form to the interpreter who was the daughter of deaf parents and to a deaf friend of the interpreter. They responded in writing to each of the questions, emailed them in, and their responses were inserted into the transcript. The largest group consisted of 20 military veterans. The setting for this group was at an urban shelter for homeless veterans. The men were there receiving a variety of social services geared toward improving their quality of life.

Table 1: Date and Location of Focus Groups

Population Group	Date	Location
Native American/African American	November 14, 2006	Kilvert, Ohio (southeast Ohio)
Military veterans	March 2, 2007	Cincinnati, Ohio (southwest Ohio)
Deaf community	March 9, 2007	Portsmouth, Ohio (southeast Ohio)
African Americans	May 24, 2007	Gallipolis, Ohio (southeast Ohio)

Originally, we attempted to involve the National Association for the Advancement of Colored People in southeastern Ohio; however the branches contacted did not feel they could recruit a group to discuss this topic. Robert Gordon, a colleague of Barry Oches at Ohio University, suggested an African American historical center group with which he was familiar in Gallipolis. The group was contacted, and they agreed to host the focus group.

Table 2 below displays the aggregated demographic data collected from the group participants via the survey instrument. The participants were generally older individuals, and the majority of the participants were non-smokers (or users of other tobacco products). All of the participants had experience with family members and friends that used tobacco products. Other than those persons at the urban shelter, few had heard of tobacco products other than cigarettes, snuff, chew, cigars or pipe tobacco. All knew of someone who had been a smoker and subsequently died of a disease related to tobacco use. Most acknowledged that the exact cause of death was often difficult to attribute fully to tobacco use. In addition, many of the participants knew that secondhand smoke was just as dangerous to one's health as being a direct user of tobacco.

Table 2: Focus Group Participants' Demographic Data

Population group: **All**	Total # of participants: **38**	
58% men **37%** women	Age range: **19 to 89** Average age = **53 yrs**	
Race of participants		
13% Native American	**58%** African American	**0%** Asian
0% Hispanic, Latino	**21%** White	**3%** Other
Prevalence of Tobacco Usage Among Participants		
Participants that used tobacco in the past 30 days: **39 %**		
Participants' average age of initiation to tobacco use: **16 years**		
Proportion of participants that intend to use tobacco in the next 12 months		
Definitely Yes **29 %**	Definitely Not **37 %**	
Proportion of participants that intend to use various tobacco products		
Cigarettes **47 %**	Black & Milds, Philly Blunts, etc. **3 %**	
Smokeless tobacco **3%**	Other **24%**	

The survey distributed at the end of each group contained 12 myths about tobacco, researched by Frieden and Blakeman.[1] These were presented as true/false statements to the participants. Table 3 below displays the participants' responses to these popular myths. The one myth that nearly all people believed was that everybody has a

[1] Thomas R. Frieden, MD, MPH, and Drew E. Blakeman, MS. *The Dirty Dozen: 12 Myths That Undermine Tobacco Control*. American Journal of Public Health, American Public Health Association, Sep. 2005

choice to use or not use tobacco. They did not take into account the amount of money the tobacco industry spends each year influencing our decisions or that nicotine has been medically proven, and is known to be, a physically addictive drug. Half of the people believed that the dangers of tobacco use are universally known and that ultimately tobacco as a product is good for our economy. These beliefs show that the tobacco prevention efforts conducted by state and national foundations as well as local health departments are still very much needed.

Table 3: Proportion of Group to Believe Tobacco Myth is True

Population group: **All**		Total # of participants: **38**	
95%	People have free choice whether or not to smoke	**50%**	Everyone knows how bad smoking is
3%	Just a few cigarettes a day can't hurt	**11%**	"Light" cigarettes are less harmful
29%	It's easy to stop smoking; if people want to quit, they will	**24%**	Medications to help you quit smoking don't work, such as patches, gums, etc.
11%	Once a smoker, always a smoker	**13%**	Smokers may die earlier, but all they lose are a couple of bad years at the end of life
21%	Secondhand tobacco smoke may be irritating, but it isn't deadly	**53%**	Tobacco is good for the economy
5%	We've already solved the tobacco problem	**32%**	The tobacco industry no longer markets to kids or works against public health efforts

Data Analysis

The transcripts of each focus group were analyzed with the same process used to analyze transcripts from the previous project. The first step was to remove any information that might identify the person talking. The consent form the participants signed at the beginning of the group was specific about the privacy of the groups and that in no way would anyone be identified by what he or she said as part of the group's discussion. Next, the transcripts were coded according to three major themes that emerged from last year's analysis. These themes were expressed by questions:

- What has the population group experienced?
- What is the level of awareness of the population group?
- What is the population group's perspective (assessment, evaluation, judgment) about activities and behaviors?

After coding the transcripts for each question, the statements made that fit into each of the three categories were sorted so that documents were created that contained only statements pertinent to one theme. Sub-categories of information were then used to explain the statements of each theme by meaningful narrative. The sub-categories included: the advertisers' messages, personal tobacco use, the hazards of tobacco and how people go about quitting the use of tobacco. Direct quotes were extracted from the transcripts to explain what was said by the participants. The narratives of each focus group contained in this report include quotes from the participants. After each narrative is a brief summary of the group that is considered the "findings" from the group.

NATIVE AMERICAN/AFRICAN AMERICAN/IRISH AMERICAN

Kilvert, Ohio (Athens County)
November 14, 2006

Introduction

Although 15 percent of Ohio's population consists of communities of color, the adult smoking prevalence rates within and across these communities were generally higher than their Caucasian counterparts. In 2005, Ohio ranked 16th in a listing of states with the highest prevalence of adult smoking (ODH 2006). According to the Centers for Disease Control and Prevention (CDC) (2005) estimates for 2003, the smoking prevalence rate for Native Americans/Alaskan Natives was 43.2% in comparison to 22.5% for Caucasians in the state of Ohio. In addition, the smoking prevalence rate for African Americans was 25.1% in 2003 as compared to 22.5% for Caucasians in Ohio.

Kilvert, Ohio is hidden away off a state highway, a little over three miles from the nearby village of Stewart. Since it is unincorporated, an exact population count is not known. Kilvert has a rich history dating back to the Underground Railroad. It is believed that Kilvert came into being when slaves escaping from the South sought refuge within the rugged terrain and sparse population of Southeastern Ohio. There they intermarried with the Native Americans and the Irish Americans already settled in the area. From these marriages a new ethnic group – referred to by some as the WIN (white, Indian and Negro) people and by sociologists as the "tri-racial isolates" – emerged.[2]

Today, the pulse of Kilvert can be felt in the Kilvert Community Center. In 1981, the center was named the State Headquarters for the North American Indian Council, serving persons of Indian descent (1/4 blood line) in a 10-county area. But five years ago they lost their federal funding through no fault of their own. Then, to add to the hardship, three years ago the original center burned down in a fire. Irene Flowers, who runs the center today, says that it used to offer groceries at wholesale prices, firewood, and free use of a roto-tiller. It also was host to a wide variety of activities for area residents such as sewing, woodworking, softball teams, and a very strong 4-H program. But since the devastating fire and loss of federal funding, the center has had a hard time getting back on its feet. Today, it is only able to offer area residents a place to gather. Flowers stated,

[2] Zakes Mda, http://news.research.ohiou.edu/perspectives/index.php?item=253&page=116

"We get no help anymore. Nothing. We live from hand-to-mouth." Raising what funds they can with events such as a Thanksgiving dinner for relatives and friends, she noted that the center was barely staying afloat.[3] Irene Flowers invited the researchers from the Cross-Cultural Tobacco Control Alliance to visit and to conduct a focus group with people who lived in Kilvert and were involved in the Kilvert Community Center. On November 14, 2006, Lucinda Deason and Barry Oches conducted the focus group to explore and learn about the participants' beliefs and experiences with tobacco use.

Data Collection

A focus group was conducted with nine participants at the Kilvert Community Center. Of these, three were male and six were female. The participants ranged in age from 28 years old to 89 years old. Ten percent of the participants were current smokers, 30 percent had successfully quit smoking, and 60 percent had never smoked. The participants' responses were tape recorded. The tape was transcribed and analyzed for themes and patterns that emerged as they related to the participants' awareness of tobacco use, media messages, and prevention activities; experience with tobacco use and prevention activities; as well as perspectives on social behaviors associated with tobacco use in their community. The transcription of the discussion at the focus group is included in Attachment E.

Table 4: Tri-Racial Focus Group Participant Descriptive Statistics

Population group: **Tri-Racial**		Total # of participants: **9**
33% men **67**% women	Age range: **28** to **89**	Average age = **65** yrs
Race of participants		
44% Native American	**33**% African American	**0**% Asian
0% Hispanic, Latino	**11**% White	**11**% Other

[3] Countdown to Millennium story, http://home.frognet.net/~cntdown/kilvert.htm

Table 5: Tri-Racial Focus Group Participant Tobacco Usage

Population group: **Tri-Racial**	Total # of participants: **9**
Participants that used tobacco in the past 30 days: **11** %	
Participants' average age of initiation to tobacco use: **17** years	
Proportion of participants that intend to use tobacco in the next 12 months	
Definitely Yes **11** %	Definitely Not **44** %
Proportion of participants that intend to use various tobacco products	
Cigarettes **44** %	Black & Milds, Philly Blunts, etc. **0** %
Smokeless tobacco **11**%	Other **22**%

Findings

Awareness of Tobacco Use, Media Messages, and Prevention Activities

Several participants indicated that people in their community used Copenhagen, Virginia Slims, Skoal, Kools, Camels, and/or Lucky Strikes. The participants were also aware of media messages that cautioned them about the hazards of tobacco use and exposure. For instance, one participant noted, *"Phillip Morris has that sign out there, that it is hazardous to your health, and they make them."* Another participant shared, *"around here, we see it in the doctors' offices. When you walk in and hang up your coat, you will see that, that smoking is hazardous."*

Another respondent was aware of smoking cessation programs in their community and stated, "*The nearest one would be Athens and that could be the transportation problem."* The participants were not sure if the programs were free to community members as one respondent shared,

> *"I have no idea [if the programs in Athens are free] …I think there's very few free ones. I think that most of the programs that doctors send you to cost money. I don't know."*

Experience with Tobacco Use

The participants' views ranged with regard to their experiences with tobacco usage. As some noted:

> *"Women smoke Virginia Slims. I think the women smoke for the looks of it. I am talking about young women. I think the young women do it for*

looks. I mean, men I don't understand why the men changed the women. When we were kids, the women rubbed that snuff in their mouth. Now, the men rub it. And, I'll ask you something, have you ever taken a taste of this tobacco, smokeless tobacco? Well, it is quite an ordeal to do it. I mean, I done it when I was a kid, take a dip of my mother's snuff, which was pure ground tobacco, but now this new snuff that them kids put in their mouth, it'll make you sing and dance. I thought I was something really bad was happening to me. Now my brother does it all the time and I said to him, Copenhagen is what it was too. We were going out to examine the graves for my grandpa to be put away. My uncle had sent us out there, and my brother said to me, 'Just take a little bit of this, you ain't never tasted snuff like this." You know, I had been married for 10 years or so. I took a rub of that, and I thought something really bad was happening to me. I said, 'Get a hold of me, help me back,' and he said, 'Spit that snuff out,' and I never tried it again. It's very addictive to them, and there's a reason that they are still on it because it is something that you've never put in your mouth before."

*"[**So you are saying, nowadays, younger males are using the snuff,** when **in the past younger women were using it**] Yes. A generation ago, which would be our parents' generation, the women used the snuff. This new generation, it skipped a generation and now this generation, the men do it. It's the healthiest way you can use tobacco."*

"Yes it is, and the men are filthy with it, they are dirty. That chewing tobacco, snuff. Men are very dirty with it. Women weren't like that when they rubbed it. Men are dirty with it, they really are."

*"[**What about the smokeless?**] I don't know about smokeless. I never tried that. Oh, I tried it once and got sick and never…."*

"My sister-in-law would smoke and say, 'Come on smoke with us.' I would smoke with them but never got addicted to it. They said they didn't understand how I didn't get the habit. My kids all smoked because my husband smoked. Two of them has quit smoking. Three of them quit."

Experience with Prevention Programs

It appears that most of the tobacco prevention programs are located in the larger communities surrounding Kilvert, and a participant indicated that lack of transportation to those locations created a barrier for them to participate. However, there is a sizeable demand for tobacco prevention programs in Kilvert as noted by the 85 residents attending a tobacco prevention program. The participants recollected being able to participate in only one tobacco prevention program that was offered in Kilvert, and they were grateful to have the program. The participants could also recall the information that was covered

in the tobacco prevention program that was conducted by Tracy Clopton as noted by some participants below:

> *"…she told us about secondhand smoke and how it affects you more than regular smoke. We had a large group here that day, probably 80 people. We put out 85 chairs, and I noticed some that were on the sidelines."*
>
> *"…she focused on everybody. She even focused on drugs. She must have gotten through to them pretty good because some asked me when she was coming back …"*

Perspectives on Social Behaviors Associated with Tobacco Use

The participants perspectives on the social behaviors associated with tobacco use varied. Some participants shared that tobacco was used for medicinal purposes. Others believed that heritage and peer pressure played a role in their communities' use of tobacco products. There were also other perspectives shared about the social behaviors associated with tobacco use, including:

> *"Most people [smoke], just because they want to."*
>
> *"No, I think it comes from heritage. I see it come from heritage."*
>
> *"This area, the heritage, they got it from heritage. One generation smoked, then that next generation smoked."*
>
> *"Most of us are Native Americans, and you must understand that the Native Americans, a lot of them had asthma and different problems like that, and they believe that that smoke if you smoke it that would help you cough that up."*
>
> *"Yes they [used it for medicinal purposes]. But you know that they smoked pure tobacco; they smoked pure herbs, you know what I am saying? I've seen households that would even give their children a puff of it when they was a kid they would have a bad cold and make 'em cough. They used it medically, and I think it came up from down under. Once folks in the household, the next generation picks it up. But I think that cycle has been broke. Don't you? I really do."*
>
> *"And parents did not care, they allowed it because, like I said, they viewed it medically. And at that time, I have to say it might have been. My dad was an old man who was 86 years old when he died and did not have no lung problems. He smoked all his life, but he always smoked pure tobacco."*
>
> *"My mom used tobacco when the kids would have earaches, they'd blow smoke in your ears. That was medicine. I done that for my kids. I never smoked, but for that, I would. If you got stung with a bee or got a big bad*

cut from playing or something, whoever would have a chew tobacco in their mouth, we took it off and put it on it. And when it was on it, whoa, you did a war dance."

"I think a lot of these young, young people just want to jump off with it. Peers, you know, they take peer pressure, and young kids get into it."

"But the companies now they are putting too much stuff it in. Now, I grow tobacco, and I've been to the warehouse where they process it, and you know, if the dirt and stuff is on the floor, they sweep 'er up and put 'er right in. So, they add a lot of nicotine to it to make it addictive. The older generation, I see a change. You used to see packs of cigarettes everywhere. You don't see them anymore, do you? I am sure this kind of study helps too."

"Well, talking about smoke, I smoke. Well, I do too because now it's the most I ever did. I don't think it is addictive. I think I have mine when I write or read, and I have been writing and reading all that time. Now my parents didn't smoke, my grandparents didn't, none of my grandparents smoked, but they did chew tobacco."

"A lot of them [chewed tobacco]. They grew their own too. I know my grandma did."

"Beats me, [I don't know why they chewed tobacco], I did not even know anything about it. I know we used to tease my grandma on my mother's side [that chewed tobacco], and she didn't like it."

Conclusion

The estimates of tobacco use prevalence rates in this tri-racial (Native American/African American/Irish American) community are much higher in comparison to Caucasians (CDC, 2005). The participants were aware of tobacco prevention and community messages advertised in their community. The participants also indicated that there is a large demand for tobacco prevention services, but they could only recall one program being offered in Kilvert. In addition, lack of transportation to the programs offered in the surrounding communities created a barrier for some community members to participate. Tobacco was used for some very unique and similar purposes as compared to other communities. More specifically, tobacco was used for medicinal reasons, heritage, aesthetics, and in response to peer pressure. This community also had high prevalence rates of smoking and chewing tobacco product use among adults and youth.

MILITARY VETERANS

Cincinnati, Ohio
March 2, 2007

Introduction

We encountered problems in our attempts to gain access to active duty military personnel and veterans. These problems became a large barrier for the previous project. Consequently, a focus group was not conducted with active duty military personnel and veterans for the first project. In place of conducting the focus group, a compilation of returned questionnaires administered to two active duty military personnel and six veterans were analyzed. This year, Dr. Lucinda Deason successfully arranged a focus group with homeless military veterans receiving services at a residential program in the Cincinnati area. The program is called Joseph House.

Joseph House's mission is to meet the needs of the homeless veterans in the community. It provides outreach to homeless veterans through its "Landing Zone" at 1526 Republic Street, and through collaboration with other agencies in the local HUD Continuum of Care. Services are available for men and women. The Joseph House campus has the capacity to provide housing for up to 76 veterans. Approximately 28 of the residents participate in a halfway house program certified by the Ohio Department of Alcohol and Drug Addiction Services. The halfway house program involves daily group sessions, individual counseling and case management to help the residents learn how to resolve the issues that caused their homelessness. Transitional housing in a safe, supportive, abstinence-based recovery environment is available after completion of the halfway house program.

Data Collection

A focus group was originally scheduled for February 15, but when a severe ice storm hit, delaying traffic nearly everywhere in the state, it was rescheduled for March 2. The focus group was held in a recreation room with three long tables end-to-end. There were 20 participants. It was considered briefly that the group be split into two groups but the final decision was to keep it as one and have one leader and two note-takers. Audio recorders were positioned at both ends of the table to maximize the

understandability of the recordings when writing up the transcript. The group consisted of men ranging in age from 40 years old to 60 years old. Most of the men contributed to the discussion, but there were one or two who chose not to contribute. The discussion was animated, and there were few silences. The men were open about their tobacco addictions and the impact that tobacco use had on their health. The transcription of the discussion at the focus group is included as Attachment F.

After the focus group discussion, an anonymous survey was administered. This instrument captured demographic information about the participants as well as their tobacco use prevalence rates and usage patterns. The survey also included the 12 common myths associated with tobacco use that were posed as "true" or "false' statements to which the participants were to respond. The aggregated responses to the myths can be found in Table 3. Participant demographics and facts about their tobacco usage can be found below in Tables 6 and 7. When total proportions within a category do not equal 100 percent the results are due to some participants not responding to all of the questions posed on the survey administered.

Table 6: Military Veterans Focus Group Participant Descriptive Statistics

Population group: **Military Veterans**	Total # of participants: **20**	
100% men **0**% women	Age range: **44** to **64** Average age = **52** yrs	
Race of participants		
5% Native American	**60**% African American	**0**% Asian
0% Hispanic, Latino	**25**% White	**0**% Other

Table 7: Military Veterans Focus Group Participant Tobacco Usage

Population group: **Military Veterans**	Total # of participants: **20**
Participants that used tobacco in the past 30 days: **70** %	
Participants' average age of initiation to tobacco use: **15** years	
Proportion of participants that intend to use tobacco in the next 12 months	
Definitely Yes **50** %	Definitely Not **15** %
Proportion of participants that intend to use various tobacco products	
Cigarettes **55** %	Black & Milds, Philly Blunts, etc. **5** %
Smokeless tobacco **0**%	Other **35**%

Findings

Awareness of Tobacco Use, Media Messages, and Prevention Activities

The participants were aware of television commercials and billboard advertisements about tobacco prevention activities. Some of the participants' responses are shared below:

> *"I have seen the one on TV where the guy is singing in Times Square, he had a hole in his throat (tracheotomy)."*
>
> *"I have seen the one on the pack of cigarettes."*
>
> *"I saw two boards at a VA hospital. The caption was something like, you know, this is what it looks like on the inside [of the lungs] and that if the inside could be transported to the outside [of the body], something like that."*
>
> *"I have seen the commercial where the models are walking around the individuals so that they can tell who smoke and who does not smoke. They show, like, a cross section of the lungs, some of the things, and they had, like, descriptions of, like, how it affects the lungs, the respiratory system, showing the pictures, you know. I guess they were just trying to convey to adults not to smoke. They showed different patients…. some of them in a hospital messed up real bad. They have cancer, different types of cancer, and the message was, like, 'Stop before you end up being like me.' And then at the end of the video, you know, it looked bad, and it was based on, you know, like, everybody else it will never happen to me. That's was, you know, the message so."*
>
> *"The one I remember is where the guy is talking on the phone, asking for help. He's got a cigarette on his mouth, and he strikes a match, and the people on the phone, they blew the matches out! (laughter)"*
>
> *"Ok, I can remember seeing a commercial about this gentleman, about the guy with a hole in his throat. That's scared me because I have respiratory problem sometimes and get spots in my lungs so that scares me."*
>
> *"Not one specifically but the commercials done by stand. I watch the one where they want to get inside the office building to talk to the cigarette executives, and security keeps stopping them."*

Experience with Tobacco Use and Prevention Activities

The participants' experiences with tobacco varied as noted below:

"If you a veteran, they (cigarettes) are all tax free. All they have done, they use to just give them to you, cartons of them, even in the …they will give cartons of cigarette, yeah!"

"I think veterans tend to smoke more out of stress or something stress related. I have seen a lot of veterans that smoke cigarettes down to the stop, and their fingers are brown or black, their fingers are brown or black for smoking for so long like that."

"Yeah! And veterans are always ready to share cigarettes with another veteran, laugh."

"[I smoked] only when I was serving, some tobacco free dip made of fiber and got good taste to it. It was none nicotine, none tobacco."

"[Did you start when you joined the military or it was the opposite?] I have smoked Black and Milds when I was in Bosnia, It was back in 1994."

"They always give us free cigarette, I mean I got free cigarette while I was in the service. I mean as much as I wanted so and plus."

"Yes, it is like cigarette is …the military experiences, smoke break, I mean, if you take a break it's usually associated with cigarettes."

"For me it was at boot camp, toward the end of boot camp they get a smoke break. Do I have to keep clean or do I have to do something? So smoke break was the break."

"Up in Michigan at least, if you go into a black community they are advertising Newports. You go into a white community they advertise Marlboro Reds. So, you know, they narrow it down to the specific or particular population based on the brand that they generally smoke."

"They've increased the level of nicotine in the cigarette to make them more addictive. I see them indirectly encouraging veterans by portraying cigarettes as masculine, as the manly thing to do, and you'll always have nice pretty girl in your arms if you do that. Everybody have white teeth, and people tend to be engaged in sport surfing and skiing, stuff like that, and volley balling. You can't do all of those things when you are smoking, you want to enjoy them because you are out of breath half the time but that just may be that can definitely influence a man for doing that."

"Yeah, a lot of war movies you see on TV, the guy who is wounded always wants a cigarette…Yeah, even they guy in front of a firing squad."

"They are relaxing, and they taste good after a meal, they are relaxing. You know, smoke a cigarette, you know, you feel …, you feel more confident, relaxed. When you don't have it, if you are smoker like me, I have been smoking for 50 years, right, and when I don't have one, I tell

you, I get a little angry, upset, I am more tense; you buy me a cigarette and a nice strong cup of coffee, then I am on my way."

"Yes, I am not awake until I've had a couple cups of coffee and two or three cigarettes."

"Yeah, sometimes when I smoke that first cigarette in the morning, I really feel like I am about to pass out, I have to sit down, and I really want to quit smoking. I got several reasons, you know, why I need to quit, you know, I just need some help."

"I enjoy that first cigarette, that feeling."

"I don't like the feeling, I hate it. It's like a little kid that spins around and around and can't stand up till he stops spinning."

The veterans had access to tobacco a prevention program offered at the Veteran's Administration (VA) hospital located in Cincinnati. Some of the respondents' experiences with the VA hospital's prevention program are listed below:

*"[**Have you participated in any tobacco prevention or cessation activities in** the **past two or three years?**] I have completed one not too long ago over at the VA, and it was centered on adults and stopping your smoking."*

"I did too over at the VA, a couple times in the last six years."

"I have been in the same class at the VA few years back. I made it about six weeks. After that I just went back on cigarette real quick."

"At the VA, same program, I had a collapsed lung one year ago. I was trying to quit, and I lasted about 35 days and once my patches ran out, I started again."

"I have been smoking probably off and on for 30 years. I stop smoking for 7 years but then I got divorced and got back fast."

"I've been through a smoking cessation at the VA. I use these patches, and they lasted maybe about two and half months, and then I went back."

"When I was at the ….. I was wearing the patches too, and I always had the taste of nicotine at the back of my throat. The patches made me crave for cigarette so I had to stop wearing the patches because I was actually smoking while I was wearing them. So it didn't do me any justice. But I did prior to that quit for five years, and after I broke my neck, I started using drugs, soon after I started smoking cigarettes again."

"I have a brother-in-law; he has cancer in his system. He smokes too, and I don't know if cigarette caused that and that scared me. So I have been trying every time I can to get clean. I try to stop, and I finally stopped but my system did not stop, I get headaches in the morning."

"When I quit smoking, I quit for five years, and I kept running back up, and I was a distance runner. That really helped me, but I can't run anymore because of my injury. But I tried a lot of times to quit."

"I found solace in the cigarette, here at this house, resolving some of the issues plus my stress issues and other issues. They are not as tasty to me, but I guess I would have to be at the point where I would not have to be reaching for a drug outside of me for me to be satisfied with life. I'm still not there, but I'm gonna be there."

"I was going to say that heart attack, stroke, and high blood pressure ….my family and I have high blood pressure and heart trouble, and I still smoke so I need all the help I can get."

"I quit smoking one time for a year, I wanted a cigarette every day for the whole year, and it just made me feel like, it was one battle. It is just more comforting in smoking than it was being irritated every day, and the craving never left. I just wanted one every day, I used a patch for four days and stopped, and from the time I took that patch off to almost a year later, I have a craving for a cigarette, and I was just mean and irritable. Eventually I just gave in to it, but I think it's almost like pins and needles for me."

"This is like it was with me, I have asthma, and you'd think that would be my incentive. And it was, I quit for two weeks, and I said, "I'm not going to smoke," but I found myself bumming a cigarette three or four times a day. It is a very powerful addiction."

"I got six holes in my lungs, and I have been smoking for 53 years, and I am still a smoker. I mean, it is an addiction, it is the worse one. This is the most powerful addition, serious, right?"

Perspectives on Social Behaviors Associated with Tobacco Use

The participants only had a few comments regarding the social behaviors associated with tobacco use as noted below:

*"[**Do you think there are some differences in tobacco uses within the veteran's population? Do you think that women smoke less than men? Do you think that children smoke more or less than others? What do you think? Within the veteran population do you think that there are some differences in tobacco use?**] Yep! You don't see outside the street population, people readily sharing a cigarette like they do."*

Conclusion

Veterans have some commonalities and differences regarding their tobacco use and prevention experiences and perspectives in comparison to other communities. Many respondents reported that the tobacco firms provided free cartons to them and/or the

government allowed them to purchase cigarettes tax free. Moreover, the camaraderie shared among fellow soldiers often leads to them readily sharing their cigarettes with one another. These incentives have contributed to the tobacco use rate among veterans. Once addicted, many of the veterans find it difficult, if not impossible, to quit, even though there is a free smoking cessation and prevention program offered by the VA hospital.

DEAF COMMUNITY

Portsmouth, Ohio
March 9, 2007

Introduction

The contact to arrange this focus group was an interpreter for the Community Services for the Deaf and Hard of Hearing (CSDHH) center at the Southern Ohio Medical Center (SOMC) in Portsmouth, Ohio. The SOMC is a 222-bed hospital that provides emergency and surgical care, as well as a wide range of other health-care services. The CSDHH is one of only ten centers for the deaf in the state of Ohio. They have been serving the community, which includes parts of West Virginia and Kentucky, since 1984. Their purpose is to bridge the communication gap between the deaf and hearing communities. They accomplish this through a variety of services designed to meet the needs of the deaf and hard of hearing. One of the services is to connect persons in the deaf community who would like to quit using tobacco with the resources they need to do so.

Data Collection

The staff at the CSDHH was eager to arrange a focus group on the topic of tobacco prevention for two reasons: 1) they felt there was a high prevalence of smoking among the local deaf community and 2) they felt that contacting the deaf community about a focus group would be one way to communicate to them that the CSDHH is there to help arrange resources for them to quit, if they choose. As many as nine persons were given the information about the focus group but only two showed up; a deaf mother and her hearing daughter. Because of the low turnout, the written focus group script questions were given to the interpreter – herself the daughter of deaf parents – to distribute to other deaf persons who might be interested in sharing their perspective on tobacco use. The interpreter and one other deaf person returned the questionnaire with written answers.

The focus group was conducted with two participants at the SOMC in Portsmouth. Both were female. The mother was 46 years old and the daughter was 19. The participants' responses were recorded through the interpreter who vocalized them.

The recording was transcribed and analyzed for themes and patterns that emerged as they related to the participants' awareness of tobacco use, media messages, and prevention activities, experience with tobacco use and prevention activities, and perspectives on social behaviors associated with tobacco use in their community. The transcription of the discussion at the focus group is included as Attachment G.

After the focus group discussion, a written anonymous survey was distributed. This instrument captured demographic information about the participants as well as prevalence rates and usage patterns. The survey also included the 12 common myths associated with tobacco use as statements for which the participants were to respond "true" or "false." The aggregated responses to the myths can be found in Table 3. Participant demographics and facts about their tobacco usage can be found below in Tables 8 and 9.

Table 8: Deaf Focus Group Participant Descriptive Statistics

Population group: **Deaf**	Total # of participants: **2**	
0% men **100**% women	Age range: **19** to **46** Average age = **33** yrs	
Race of participants		
0% Native American	**0**% African American	**0**% Asian
0% Hispanic, Latino	**100**% White	**0**% Other

Table 9: Deaf Focus Group Participant Tobacco Usage

Population group: **Deaf**	Total # of participants: **2**
Participants to use tobacco in past 30 days: **50** %	
Participants' average age of initiation to tobacco use: **30** years	
Proportion of participants that intend to use tobacco in the next 12 months	
Definitely Yes **50** %	Definitely Not **50** %
Proportion of participants that intend to use various tobacco products	
Cigarettes **50** %	Black & Milds, Philly Blunts, etc. **0** %
Smokeless tobacco **0**%	Other **0**%

Findings

Awareness of Tobacco Use, Media Messages, and Prevention Activities

Persons in the deaf community have some awareness of the efforts to reduce tobacco use in Ohio, especially if there are hearing persons in the household. They especially react to the commercials and advertisements that emphasize the physical injury and devastation that tobacco can cause.

> *"I've seen a commercial about the lungs where they smoke, and then they show a picture of the lung. And also how to take of yourself when you have cancer of the throat, something like that. Also problems with the heart with breathing and maybe problems with stomach."*
>
> *"Smoking is addictive, and you might have to have that [tracheotomy] and can't talk anymore."*

Along the same lines, persons in the deaf community are very aware of the physical effects that extended tobacco use can cause.

> *"Cancer, heart disease, lung disease, lose taste buds, tar on lungs, they have difficulty breathing, other things concerned with throat cancer, voice box removed."*
>
> *"Black lung, bad lungs, throat problems, stomach problems, bad digestion, a nagging cough that happens all the time. Sore throat."*

One thing they are only beginning to be aware of though is the danger of secondhand smoke. This includes being knowledgeable about the smoking ban in public places in Ohio that was voted into law in November.

> *"I think they know about it but don't really think anything of it. They get bits and pieces of it from the news and gossip in the deaf community but they don't really get the full story and know exactly what is really happening."*
>
> *"I didn't even know that was going on. I didn't have a clue. People would tell me about that, and I would say, 'I didn't even know that.' It said that smoking was not allowed in any public places. I was just lock-jawed about that. Now when I go to a restaurant, I put my cigarettes away so I won't be tempted to pick them up and smoke them."*

Experience with Tobacco Use and Prevention Activities

There were few success stories told of quitting tobacco use by the participants of this group. People know the hazards of smoking, they know the benefits of quitting, they

know that there are medicinal aids that can help them quit, but they continue to smoke. Their smoking is interrupted by brief periods of quitting, but stressful incidents tend to take them back to a habit they do not like but are addicted to.

> *"Not too long ago, I stopped smoking for three months. I was doing pretty good, and then she (her daughter) had to take this big test. I really got anxious and exited and things, and I started smoking again to keep myself calm. It just relieved my nerves. I was just so worried about her. It helped me because I was so worried about her. I tried, but it just didn't work out."*
>
> *"I was trying to quit but my body – it's just too hard. I try to quit, but I don't know why, but it's hard. I feel good when I quit, but I always go back to it. I don't know why. There are so many things going on in my mind. Too many worry things. Too much conflict. It drives me crazy. It makes me nuts. I'm tired of eating all the time."*

The participants expressed being susceptible to the advertising and marketing efforts of tobacco companies. They were familiar with coupons and other techniques that encourage them to continue using tobacco.

> *"If I see another person who smokes that brand, I'll give them the coupons. If it is, like, on the carton, I'll give it to them."*
>
> *"I look for the cheap stuff."*
>
> *"Deaf people tend to get things in the mail and if it says you get free stuff, then they fill it out no matter what it is about."*

A particularly negative experience was expressed by the daughter of the smoker, who does not smoke herself. She told of the humiliation and the stresses she faces in public places as a result of being with her parents.

> *"It smells bad, and when I go out to places my clothes smell and when people come up to me, they don't want to walk with me or they say, 'Do you smoke?' and I say 'No, why?' 'Well your clothes smell like smoke.' 'Well, I live with my mom and step-dad, and they smoke.' They just say 'Well, I don't want to walk with you because of the smell.'"*
>
> *"If we go to a special activity, Skateland or a bowling alley, we can only bowl for a half hour until they have to go outside to smoke. They have to have it. Even with the ban on smoking inside, when we go to a restaurant, Mom and my step-dad, since they're not allowed to smoke inside, they will say, 'Hurry up and eat because I have to smoke.' I'll say, 'I'm hungry.' They'll say, 'Hurry up,' so I say 'Ok,' and I'm eating and they go outside to smoke."*

The most significant experience the participants had with tobacco use was of those family members and friends who are currently sick, or who have died, as a result of tobacco use.

> *"One of my friends, she's deaf, and recently she had surgery, about nine years ago, and she just smoked around the clock like a chain smoker. I said, 'You really shouldn't smoke that much. It will cause problems with your heart.' Then she had that surgery. You want to live a good healthy life. The doctor told her, 'You need to stop smoking.'"*
>
> *"Recently, my friend went to the doctor. They gave her medicine to help her stop smoking. But then the doctor said, 'Stop taking this medicine because it's no good for your heart. Throw this away. You have to learn how to control your smoking. Control it yourself because you have heart problems.'"*
>
> *"Yeah, my friend died. She had breast cancer, but she smoked too. She had different, tough problems, but she found out her husband was cheating and things like that. So many problems. She smoked more and more, and things continued to escalate. She wasn't able to stop or help herself to stop. So she died in her thirties."*

<u>Perspectives on Social Behaviors Associated with Tobacco Use</u>

The perspective of deaf persons is similar to hearing persons for many of the concepts associated with tobacco use. They feel that current smokers began in their teens and have just continued the habit.

> *"I'm thinking some people start when they are young, about 16 or so, and then continue to smoke until they are older. The younger ones smoke more than the older ones … The younger ones copy off the older ones."*
>
> *"My father smoked because his father smoked."*

The participants did not feel that financial resources had much to do with the decision to continue smoking or not.

> *"If they're poor, they will still smoke. They will find some kind of money to buy cigarettes"*
>
> *"The poor ones roll their own."*
>
> *"People think it is pot, but it is cigarettes. You just roll it yourself – Bugler it is. I don't roll my own, but my friend does. It tastes awful, and it burns your tongue. They are cheaper, and you get those tobacco flecks on your tongue."*

"Persons in poverty are more likely to use [tobacco]."

The reasons for continuing to smoke are the same as those given from the other population groups.

"Stressors are a big reason. Boredom."

"For stress, helps relieve it a lot."

"During stressful times, boring times just sitting at home with nothing to do. A lot of smoking happens at social events."

However, the deaf community also has some challenges that the hearing community does not. In general, persons in the deaf community have not achieved the level of education as those in the hearing community.

"I don't think deaf people are aware of all the consequences and problems with using tobacco products because of their lack of education."

Then, the status of being deaf; having difficulty finding a well-paid, rewarding job; and problems freely participating in the community like everybody else, provide a constant stressor of which those in the hearing community may not be aware. The release of that stress often comes from nicotine.

"There are many deaf that want to quit, but it is hard for them because they have been smoking most of their lives and the added stress from not being able to find a job to having grandkids that they have to raise. It is really the same issues that a hearing person faces with the reasons that they smoke. It is just added stress being deaf and nobody being able to understand what it is that they want."

"Many deaf do not want to go to a 'hearing' cessation program. It is hard for them to understand the 'hearing' language. Even though they would have an interpreter."

There is technology now that can aid the deaf greatly. This technology and the resources supplied by community agencies can bring those in the deaf community who feel alone and isolated from other deaf persons together in social relationships that can eventually reduce the stress and hopefully the need to use tobacco.

"Now with the video phone, I feel that the number will increase in deaf people who have quit smoking. Deaf feel more comfortable with other deaf"

"They understand each other and where they are coming from and why they started smoking and why they want to quit."

Conclusion

Due to the limited number of deaf people who participated, it is difficult to make generalizations about the experiences and perceptions of the community as a whole. However, based on the responses we received, it would appear that persons in the deaf community often express that there are more life stressors for them than for those in the hearing community. These come from having less education and fewer job opportunities than those who can hear. As a result, adults who are deaf spend much more time that is relatively unproductive and boring, leading to tobacco use as something to do. Once addicted, they experience nicotine as necessary to deal with stressful events in their lives.

They are knowledgeable about the health risks associated with tobacco use and see the affects in themselves and in the friends and family around them. They know of cancer, heart disease, emphysema and other problems or threats that smokers live with. They are only beginning to realize that secondhand smoke is just as dangerous. This awareness is coming later than in the hearing community because the deaf community is only recently connecting with local school districts for educating deaf children and also connecting with mass media through technological innovations.

Services to help them quit tobacco use are only very recently being initiated. The deaf community does not readily get involved in services designed for the hearing community. Although the availability of interpreters is common, there is still a cultural barrier having to do with language that the hearing community is typically unaware of. Another barrier to services is the relative low incidence of deafness. The community around Portsmouth, Ohio may have only a few dozen persons in need of services. These persons live in a large geographic area and bringing them together to provide services efficiently is difficult and expensive. A recent technological advance, the video phone, shows great promise in getting groups together virtually in a conference call format to increase the provision of services by agencies.

AFRICAN AMERICANS IN SOUTHEAST OHIO

Gallipolis, Ohio
March 24, 2007

Introduction

Appalachian Ohio consists of the 29-county area that occupies the southeastern third of the state. It is an area known for higher-than-average poverty rates and lower-than-average population density. It is rural, with few cities and a general lack of high paying jobs. Since migration to the area for the purpose of finding work is limited, the racial makeup of the population has stayed relatively stable compared to other areas of the state. There are pockets of racial diversity, Kilvert being one, and Gallipolis, Ohio being another.

The John Gee Black Historical Center is located in a former African Methodist Episcopal (AME) Church at the corner of Second Avenue and Pine Street in Gallipolis. In 1997, the trustees of the church donated the building to the black community to be used as a black historical center. Their desire was to create a living representation of the cultural heritage and contributions of Black Americans living in Southeastern Ohio.

Data Collection

The officers of the center hold a monthly meeting to discuss upcoming events and other business of the center. When contacted, they agreed to host the focus group as a way to promote/communicate about the African American culture in their community. The focus group was arranged a month in advance, and the contact person agreed to recruit several center members to participate as well as the officers. The focus group was held in the sanctuary of the former church that is now the center. About half of the sanctuary holds displays of cultural artifacts, including connections to regions of Africa and historical information on the Underground Railroad.

The focus group was conducted with seven participants, one male and six females. All were retired and in their 60s, 70s and 80s. The participants' responses were recorded. The recording was transcribed and analyzed for themes and patterns that emerged as they related to the participants' awareness of tobacco use, media messages, and prevention activities; experience with tobacco use and prevention activities; and

perspectives on social behaviors associated with tobacco use in their community. The transcription of the discussion at the focus group is included as Attachment H.

After the focus group discussion, a written anonymous survey was distributed. This instrument captured demographic information about the participants as well as prevalence rates and usage patterns. The survey also included the 12 common myths associated with tobacco use as statements for which the participants were to respond "true" or "false." The aggregated responses to the myths can be found in Table 3. Participant demographics and facts about their tobacco usage can be found below in Tables 10 and 11.

Table 10: African American Group Participant Descriptive Statistics

Population group: **African American**	Total # of participants: **7**	
14% men **86**% women	Age range: **63** to **80**	Average age = **72** yrs
Race of participants		
0% Native American	**100**% African American	**0**% Asian
0% Hispanic, Latin	**0**% White	**0**% Other

Table 11: African American Focus Group Participant Tobacco Usage

Population group: **African American**	Total # of participants: **7**
Participants to use tobacco in past 30 days: **0** %	
Participants' average age of initiation to tobacco use: **NA** years	
Proportion of participants that intend to use tobacco in the next 12 months	
Definitely Yes **0** %	Definitely Not **86** %
Proportion of participants that intend to use various tobacco products	
Cigarettes **28** %	Black & Milds, Philly Blunts, etc. **0** %
Smokeless tobacco **0**%	Other **0**%

Findings

Awareness of Tobacco Use, Media Messages, and Prevention Activities

Since all of the participants of the group were non-smokers, they did not have a great deal of awareness of the television advertisements about preventing tobacco use. One person did remember the "debunkify" ads and said that as he drove around he would

always look for the yellow van, but he has never seen it. Several spoke of the warning that is required to be printed on the cigarette packs. Some had seen tobacco prevention brochures and materials that their grandchildren had brought home from school.

> *"Oh, you say print advertisements, even on the cigarette package it tells you it's not good to smoke; it's not healthy."*
>
> *"Every time I go on the highway, I always look for the yellow [Debunkify] van. I've seen their commercials on the TV, and so that's why I always look for it, but I've never seen it."*
>
> *"Well, with my grandchildren, I raised them in my home. They bring home pamphlets from school tell them not to smoke, not to use drugs, not to drink alcohol. So I'm familiar with that, and also when they go for the physicals for sports at the hospital, they usually give them pamphlets that tells them all about the complications that come from smoking and that they shouldn't smoke and all that. So I usually read that."*

They are aware of the promotions of tobacco they see out in the community. They see advertisements at gas stations and at tobacco shops that sell only tobacco. One person commented, and others agreed, that nearby stores that sell alcohol have small tobacco "reminders" tacked to poles near where people drive. They assumed the intent was to remind smokers of the association between alcohol and tobacco – if you want one, you will want the other.

> *"I don't care what area you near, a liquor store, especially if you're in your car. Isn't there is always a square cigarette thing on one of them poles each and every time. Somebody would always have that because I remember seeing that on Eastern Avenue. And if you were smokers then those were always reminders to go and purchase more."*
>
> *"I know that when you go to the gas stations there are advertisements all over the place. You can see them all over the windows and everything."*
>
> *"They've opened shops now that are strictly tobacco. There's one or two. What's it called? Smokin Rob's?"*
>
> *"I thought that was a ribs place!"*

The participants were also aware of the high prevalence of youth that smoke and the addiction to nicotine that causes all kinds of people to leave an activity in order to smoke a cigarette.

> *"[If you] drive downtown around lunchtime, every student has a cigarette. They light up the minute they step outside. Black and white, mostly white."*

"Yea, they get their friends to buy it for them. Something. They'd rather get a cigarette than a sandwich."

"And then sometimes the store keepers sell it illegally. They've been caught, they do it here locally. They've been caught and charged. They lost their license."

"My husband was sexton at a church where the Alcoholics Anonymous met, and the cigarette stubs were ridiculous. And I thought, 'Why don't they work on the both at the same time?' Evidently they didn't stress the non-smoking."

"When church is out and Bible study, there are certain people who would shoot out of there. In between we would have Sunday School and when that's over with, people would stay, but someone people would disappear. They were out in their car."

"Around the businesses you can see. Break time, you'll see them outside. I was in a rest home, and I was talking to this guy, and the nurse came in and asked him if he was ready go out for his smoke break. He was there for lungs problems."

Experience with Tobacco Use and Prevention Activities

This particular group of people took on the role of their community's historians. Their recollection of tobacco use in their families went back generations. Some of their memories seemed wistful, others seemed to disgust them. Collectively the memories showed a near constant awareness of the use of tobacco around them, even if they did not use the product personally.

"Yes, my great-great grandmother used to chew tobacco as well."

"My great grandmother, she put that stuff down her lips. I couldn't stand that, it burns."

"Great Grandmother who used to always be sitting on the porch. I used to see her sitting on the porch smoking a big pipe. And she was always smoking that pipe."

"Some of them would have big puffs out here (motions to cheek). There was also tobacco too, that my mother's sister's husband. He would always have a big wad out in his jaw, stuck way out. I never saw him spit. Must have been swallowing the juice."

"My father used to smoke Lucky Strikes."

"Four-pack-a-day father stopped me from smoking. Four-pack-a-day father and watching him get sick and being told that for what other people got done for diabetes, my father could not have anything done for him

because he wouldn't quit smoking. He could not get the nicotine out of his veins, and the healing could not take place as they did those amputations, so for what is offered to many people today was not offered to my father because he would not stop smoking."

"My mother actually worked in the tobacco fields. She used to chop the tobacco."

"I used to tell my husband that I was going to be the one who had cancer and 'I was going to be real mad at you. Cause you smoke and I don't,' and I was getting the second hand smoke."

"I had a brother- in-law that passed, and he smoked for most of his life. I don't know why he died, but he did have problems with coughing and lungs, bleeding. I mean, it was pathetic how he just lived. I never, I didn't realize it but I know he had smoked, and I guess it was cancer. That's what we thought it was."

"I have a son that smokes. He didn't smoke until he got a job at a factory where he has a lot of responsibilities. He says it relieves the stress when he smokes."

Perspectives on Social Behaviors Associated with Tobacco Use

The participants felt that there were many connected social forces that promoted the use of tobacco among both young and old in their community. Cigarette smoking is often promoted in movies and television as something that is empowering and attractive.

"But the commercial I remember from when I was young was the commercial where the guy in the red beret with a chin strap. Phillip Morris!"

"The older movies, and the greats always have a cigarette in their mouths. Either that or they're smoking. And if you can recall, if you didn't have a cigarette in your mouth, you weren't the star. And that was to promote the sales of cigarettes in those days."

"It encourages them to want to do it when they see it on TV and in the movies. It encourages them. Makes them feel more grown up to be able to smoke to have a cigarette in your hand or something in your mouth. And it makes them feel important to have that, they're one of the crowd."

"I think it makes them think it makes you important to smoke. It makes them feel grander."

"Anything you see on television time after time, you just eventually believe it."

Other social forces are closer to home. These are the activities of friends and family that people interact with on a daily basis. It is a lifestyle that is being promoted that takes strength to resist.

> *"Maybe because their parents worked in the tobacco fields and they worked in the type of situation that it became part of their lifestyle."*
>
> *"I think that some parents, that they allow them to smoke if they smoke. They give them cigarettes. And they have their pocket money, allowances. And then the friends can go and buy them."*
>
> *"If you don't have any money to do anything, you're going to find some sort of recreation or relaxation to do with your neighbors or friends. When they finished eating they smoked, it may have been because it was that form of socialization that people had. It was that time too, now kids just sit at home by themselves."*
>
> *"But I think that what we see around us has an awful lot to do with the way we react."*
>
> *"Everything goes along with the cigarettes. Their mode of dress and everything, it's a style."*

Fortunately, there is a belief that educating young people about the hazards of tobacco use on their health can and will have an effect on the next generation. The participants felt that the older generation can make a change on the younger generation by what they do and what they encourage the schools to do, to educate the children.

> *"It's a good thing [they are] reaching children that are in school. Maybe before they didn't see before because it's cool to smoke in the other generations. There a lot of things and information that you need to put out for the young ones to try to deter the smoking because it's hazardous to your health. I don't know, I don't smoke."*
>
> *"I think education would be the main thing. Education as to what it does. Maybe looking at it in a practical way. Films, going to the hospital, tracing the patient's progress or deterioration."*
>
> *"I think they need to take them out to the hospital and show them the cancer patients. That's the best thing."*
>
> *"Education is so vital. Getting out front and staying out front. We as Americans don't like to think for the long haul. But with this I think that they are going to have to devote their time to the long haul to creating a new age strategy for education."*
>
> *"One of my grandsons, and he's around his aunt a lot that smokes. And it must be something that they have at school because he comes home sometimes and says, 'I wished you wouldn't smoke. Do you know what*

that's doing to you?' So they've had something at school, they're studying stuff. So it still goes back to education."

The participants' thoughts about use of tobacco in their own community of Gallipolis, not necessarily only the black community, were tied to the economy of the area. Gallia County is one of the six Ohio counties that continues to grow tobacco as a crop. Jobs and the economy are never far from the thoughts of people in this economically depressed region.

> *"I don't think that they can distinguish between African Americans and anyone else as far as smoking. That question just, I don't know. If you really study the African Americans, especially in this community, they probably have smoked less than anybody. Money wise, because it takes money to buy cigarettes."*
>
> *"And now tobacco is the crop for Gallia County now."*
>
> *"There's a mixed message there. The country says one thing, and the businesses say another."*
>
> *"But it's not for you to smoke in your home. It's a money making thing, that the means of money coming in. It's like other counties, they sell tomatoes, and it's sent away to be processed, it's not to be in your home, just because you raise it, you [don't] smoke it."*
>
> *"You can notice rural people chew more than local people. They do chew more than people in other professions."*

In the end, the participants felt that even they could make a difference in their community through their roles as keepers of the local black history. Schools often arrange field trips through the John Gee Black Historical Center, and they are the speakers.

> *"Since the schools come here, maybe we can mention how harmful smoking is. They come for a tour of the black community and other things in this area so they come through here."*
>
> *"Even if you ended it with, 'I hope none of you smoke and you realize how harmful it is.' Just a comment, you never know – it might help."*

Conclusion

The African American community in Gallipolis, Ohio is very aware of the health hazards associated with the use of tobacco. They know why people are drawn to the use of tobacco, why they continue to use tobacco and what has to be done to decrease the use of tobacco. There is nothing foreign about the product. Tobacco is grown as a cash crop

in this region, and it is commonly used by family members and friends. The use of tobacco begins as a social rite of passage for young people. They see it modeled either by family members or by actors and actresses they admire in movies and on television. The advertising campaigns used by tobacco manufacturers are obvious everywhere they go when they shop and are out in the community. Often they are alarmed by those persons who are seriously ill with respiratory diseases but cannot stop using the very product that caused their illness. They are also disgusted by the use of smokeless tobacco and also by the debris left behind by those who cannot control their use in parking lots and other public places.

This group was very hopeful about the power of education, both by the schools and by parents, and family members' influence over students and children. They even felt that they personally could affect the community through their roles as historians of the black experience in Gallia County. They have many local school groups come through the historical center to learn history. A few comments by them about the harm caused by a product that is grown in the county could possibly cause some students to connect with other messages given to them by their teachers.

ATTACHMENTS

Attachment A: Focus Group Script

Ohio Comprehensive Tobacco Use Prevention Strategic Plan
Achieving Parity through Tobacco Control for All Communities

Focus Group Script

Hello everyone and welcome to this discussion about tobacco use, tobacco control and the effects of tobacco on specific population groups in Ohio. My name is _____. We are helping the Ohio Department of Health, in their efforts to gather more information about patterns of tobacco usage in Ohio. My colleague _____ will be taking notes tonight.

I will be guiding today's discussion around tobacco usage and control among _____ (target population). We will be using a guided discussion, or "focus group" technique to collect your experiences, observations and suggestions. We hope that this discussion will take no more than an hour and a half.

We would like to hear from everyone here. We expect that people will have some similar experiences and opinions to share and some different experiences and opinions. We want to capture all of these, so it is okay to disagree or share a different perspective than someone else in the group.

We would like to tape our conversation so that we don't miss anything that you say. We want to be sure we hear all of your comments and the tape will help us to do that. No names will be used in our report of this conversation. Are there any objections to the taping?

Since we want to hear from everyone and we have a lot to cover, I may have to interrupt you at some point or I may ask you specifically to comment, if I haven't heard from you in a while.

We would like each person to answer the first question in turn, going around the table. The rest of the questions are to be answered as you feel led. Feel free to base your response to a question on the response of someone else. Please remember to respect each person's response as legitimate and valuable to our discussion.

QUESTIONS

1. What television commercials, print advertisement or billboards that tell about the health hazards associated with tobacco use have you seen? Please explain the message as you remember it.

2. Have you participated in any tobacco prevention or cessation activities in the past two - three years? If so, please describe if their focus was on youth or adults or included secondhand smoke information.

3. Why do persons from the _____ community ***use*** tobacco?

4. What are some ***differences*** in tobacco usage within the _____ community and what are the causes of these differences?
    a. Such as men vs. women?
    b. Youth vs. adult use?
    c. Persons in poverty vs. persons not in poverty?
    d. Smoked vs. smokeless, etc?

5. What types of tobacco products are used? What are the brand names or labels? Which are the most popular?

6. What kind of messages work with persons from the _____ community to help them quit tobacco use, or what do you think is the best way to reduce tobacco use among the _____ community?

7. If you are a non-smoker, what has kept you from starting? Or, if you successfully quit smoking, what has kept you from re-starting?

8. Are there any specific barriers that keep persons from the _____ community from accessing tobacco cessation programs?

9. If you are a tobacco user, what keeps you using tobacco?

10. When and where are persons from the _____ community most likely to use tobacco? (at social events, at a bar, in stressful situations)

11. What do tobacco companies do to encourage persons from the _____ community to start using tobacco products? What do you think would be a good counter strategy?

12. What is the impact on youth when tobacco is used on TV and in movies?

13. How do young people under 18 years old get tobacco products since it is illegal for them to buy tobacco?

14. What are some tobacco-related health problems? Do you see many of these among persons from the _____ community?

15. Do persons from the _____ community think that secondhand smoke has a negative effect on their health?
    a. Does this change their behavior? Why or why not.

16. Has a close friend or someone in your family died, or been diagnosed with a cancer or condition related to tobacco use?
    a. Has it changed your outlook on tobacco use at all?

17. What is your opinion about the smoking ban for indoor work places that was voted on and passed by Ohioans? What impact do you think it will have?

18. Does anybody have anything else they would like to say about tobacco use and _____?

Thank you very much for your participation.

Attachment B: Focus Group Survey

TOBACCO SURVEY TO ACCOMPANY FOCUS GROUP

Directions: Do not put your name on this survey. Please answer all the questions below. When you are finished, you may leave it on the table.

1. During the past 30 days, on how many days did you use tobacco?

   ☐ Number of days ____
   ☐ None
   ☐ Don't know/ Not sure

2. If you have ever used tobacco, what type(s) have you ever used? (check all that apply)

   ☐ Cigarettes
   ☐ Black & Milds, Philly Blunts
   ☐ Smokeless (rub, chew, dip, etc.)
   ☐ Flavored Tobacco, any kind
   ☐ Other _____
   ☐ I have never used tobacco

3. If you ever used tobacco regularly, what type did you use most often? (check only one)

   ☐ Cigarettes
   ☐ Black & Milds, Philly Blunts
   ☐ Smokeless (rub, chew, dip, etc.)
   ☐ Flavored Tobacco, any kind
   ☐ Other _____
   ☐ I have never used tobacco

4. How old were you when you first started using tobacco **regularly**?

   _____ yrs old
   ☐ Don't know/not sure
   ☐ I have never used tobacco regularly

5. Do you think you will use tobacco anytime during the next year?

   ☐ Definitely yes
   ☐ Probably yes
   ☐ Probably not
   ☐ Definitely not
   ☐ Don't know/not sure

6. Please mark whether you believe the following statements are **TRUE or FALSE**.

T	**F**	
☐	☐	People have free choice whether or not to smoke.
☐	☐	Everyone knows how bad smoking is.
☐	☐	Just a few cigarettes a day can't hurt.
☐	☐	"Light" cigarettes are less harmful.
☐	☐	It's easy to stop smoking; if people want to quit, they will.
☐	☐	Medications to help you quit smoking don't work, such as patches, gums, nasal sprays, etc.
☐	☐	Once a smoker, always a smoker.
☐	☐	Smokers may die earlier, but all they lose are a couple of bad years at the end of life.
☐	☐	Secondhand tobacco smoke may be irritating, but it isn't deadly.
☐	☐	Tobacco is good for the economy.
☐	☐	We've already solved the tobacco problem.
☐	☐	The tobacco industry no longer markets to kids or works against public health efforts.

7. Do you consider yourself:

   ☐ American Indian or Alaskan native
   ☐ Asian
   ☐ Black or African American
   ☐ Hispanic or Latino
   ☐ Native Hawaiian or Pacific Islander
   ☐ White
   ☐ Other _____

8. Are you:

   ☐ Male ☐ Female

9. What is your age? _____

10. What is your zip code?

    _____

    ☐ Don't know

Attachment C: Consent Form

Ohio University Consent Form

Title of Research: Focus Groups of Diverse Population Groups about Their Tobacco Use

Principal Investigator: Barry Oches
Department: Voinovich Center for Leadership and Public Affairs

Federal and university regulations require signed consent for participation in research involving human subjects. After reading the statements below, please indicate your consent by signing this form.

Explanation of Study

The Voinovich Center for Leadership and Public Affairs has been contracted by the Ohio Department of Health to conduct four focus groups. One each of the following populations:

- Kilvert Community
- Southeast Ohio NAACP
- Deaf Community
- Military veterans

The purpose of the focus group sessions is to continue to learn about the tobacco-specific needs, attitudes and beliefs of persons who are among underserved populations.

The focus group session will last an hour to an hour and a half. A participant's involvement in this project is only as a focus group participant; no further contact will be expected.

Risks and Discomforts

There are no risks or discomforts other than what a group discussion might produce. No personal information will be required to be shared that the individual chooses to not share.

Benefits

Benefits will include learning about others' attitudes and beliefs concerning the topic of tobacco use and enjoying a friendly discussion with similar individuals.

Confidentiality and Records

No personal information will be recorded that in any way could identify an individual and connect him/her to something he/she said within the group in the analysis and reporting of the information. The recorder's notes and the audiotape will be kept in a locked cabinet until January 2008 at which time they will be destroyed.

Compensation

There is no compensation offered for time lost from work that may have occurred for someone to attend the group.

(over)

Contact Information

If you have any questions regarding this study, please contact

Barry Oches 740-593-9799 oches@ ohio.edu

If you have any questions regarding your rights as a research participant, please contact Jo Ellen Sherow, Director of Research Compliance, Ohio University, (740)593-0664.

I certify that I have read and understand this consent form and agree to participate as a subject in the research described. I agree that known risks to me have been explained to my satisfaction and I understand that no compensation is available from Ohio University and its employees for any injury resulting from my participation in this research. I certify that I am 18 years of age or older. My participation in this research is given voluntarily. I understand that I may discontinue participation at any time without penalty or loss of any benefits to which I may otherwise be entitled. I certify that I have been given a copy of this consent form to take with me.

Signature_____ Date_____

Printed Name_____

Attachment D: Brief Description of Project

Ohio Comprehensive Tobacco Use Prevention Strategic Plan
Achieving Parity through Tobacco Control for All Communities

The Ohio Department of Health, Bureau of Health Promotion and Risk Reduction – Tobacco Risk Reduction Program and the Cross-cultural Tobacco Control Alliance are interested in learning about the unique cultural issues associated with tobacco use prevention around the state of Ohio. Ohio's population is made up of diverse groups who view tobacco use through their own set of values and experiences. What is known at this point in time about cigarette and smokeless tobacco use is typically generalized across all population groups and may or may not reflect the usage patterns of each specific group. For this reason, The Voinovich Center for Leadership and Public Affairs at Ohio University in Athens, Ohio will be conducting group discussions called focus groups, across the state with four populations. The information gathered will be added to that gathered in a similar project last year. It is invaluable in developing strategies for future tobacco prevention programming with the hope of further reducing tobacco use and improving the general health status of the community.

A focus group is a discussion about a certain topic, led by a trained facilitator. The discussion is tape-recorded and written notes are taken to insure accuracy of what gets reported out from the discussion. Groups typically last from an hour to an hour and a half.

The four groups listed below were chosen as important sets of people within the state of Ohio who can contribute to the overall knowledge base about tobacco usage. This does not mean there is high tobacco usage across all of them. Rather, the selection was made in order to adequately hear the voices of persons who may not have equal access to tobacco use prevention and control programs.

The information gathered through this process will greatly increase the ability of public health agencies to serve specific groups according to their needs and characteristics, rather than having to serve all people with the same model.

Specific Ohio Populations to have information gathered through focus groups
1. African American/Native American residents of Kilvert, Ohio
2. Members of the deaf community
3. NAACP community members in Southeast Ohio
4. Military Veterans

Attachment E: Native American/African American Transcript

Cross-Cultural Tobacco Control Alliance

Focus Group #1
African Americans and Native Americans
Kilvert, Ohio
November 14, 2006
Arranged by the Kilvert Community Center

What television commercials, print advertisement or billboards that tell about the health hazards associated with tobacco use have you seen?

I have not seen any signs.

There is a set of commercials you might know, called STAND. Have you heard that one, STAND?

I have on TV.
You don't see many advertisements like you used to.

You don't hear anything about the Ohio Quit Line?

No.

I was told when I quit smoking two years ago

After you had quit smoking?

Yeah.

This part of the area don't get Columbus channels or news. I see it because I see it on West Virginia channels. Now, most of the dish, satellite, and direct satellite does not have advertisement on it. The people here on satellite don't have any of those, what do you call it, home stations? This part of the area used to pick up channel 4 and 6 in Columbus, but now you don't get those channels. I still have an antenna on the side of my house, so I am able to get West Virginia channels on.

Ours comes out of New York and LA and out that way.

The most advertisement we see is on a pack of cigarettes or empty cigarettes saying it is hazardous to your health.

Phillip Morris has that sign out there, that it is hazardous to your health, and they make them.

Around here, we see it in the doctors' offices. When you walk in and hang up your coat, you will see that, that smoking is hazardous.

Some places you can see where it is a smoke-free establishment.

Now the state of Ohio is going to be smoke free.

January 1st. We voted it into law.

I quit smoking in 1947.

I have to say, they are very respectable around here. They don't smoke in our facility. When they have to smoke, they go outside and I am very proud of them. I respect them for that; they have an appreciation for the rest of us.

Does anybody else have anything additional to add?

Have you participated in any tobacco prevention or cessation activities in the past two or three years?

No, just the one that Tracy had here. We were very happy to get it. We hadn't really had anything like that here.

With the one that you did have, could you describe if the focus was on youth on adults or if it included second hand smoke information?

Yes it did, she told us about second hand smoke and how it affects you more than regular smoke. We had a large group here that day, probably 80 people. We put out 85 chairs and I noticed some that were on the sidelines.

Did she focus on adults and youth?

Yes she did. She focused on everybody. She even focused on drugs. She must have gotten through to them pretty good because some asked me when she was coming back and that was before I heard from Barry.

Why do persons from Kilvert community use tobacco?

Most people, just because they want to.

No, I think it comes from heritage. I see it come from heritage. Most of us are Native Americans and you must understand that the Native Americans, a lot of them had asthma and different problems like that and they believe that that smoke if you smoke it that would help you cough that up.

So they used it for medical purposes?

Yes they did. But you know that they smoked pure tobacco; they smoked pure herbs you know what I am saying? I've seen households that would even give their children a puff of it when they was a kid they would have a bad cold and make 'em cough. They used it medically and I think it came up from down under. Once folks in the household, the next generation picks it up. But I think that cycle has been broke. Don't you? I really do.

I think a lot of these young, young people just want to jump off with it.

Peers, you know, they take peer pressure and young kids get into it. This area, the heritage, they got it from heritage. One generation smoked, then that next generation smoked. And parents did not care, they allowed it because like I said, they viewed it medically. And at that time, I have to say it might have been. My dad was an old man who was 86 years old when he died and did not have no lung problems. He smoked all his life, but he always smoked pure tobacco. But the companies now they are putting too much stuff it in. Now, I grow tobacco and I've been to the warehouse where they process it and you know if the dirt and stuff is on the floor, they sweep 'er up and put 'er right in. So, they add a lot of nicotine to it to make it addictive. The older generation, I see a change. You used to see packs of cigarettes everywhere. You don't see them anymore, do you? I am sure this kind of study helps too.

Yes, it does. I think there's a comment over here?

Well, talking about smoke, I smoke.

Well, I do too because now it's the most I ever did. I don't think it is addictive. I think I have mine when I write or read and I have been writing and reading all that time. Now my parents didn't smoke my grandparents didn't, none of my grandparents smoked, but they did chew tobacco.

A lot of them did.

Um Hum (from a couple participants)

They grew their own too. I know my grandma did.

Why do you think they chewed tobacco?

Beats me, I did not even know anything about it. I know we used to tease my grandma on my mother's side and she didn't like it.

My mom used to, when the kids would have earaches, they'd blow smoke in your ears.

That was medicine.

I done that for my kids. I never smoked, but for that, I would.

If you got stung with a bee or got a big bad cut from playing or something, whoever would have a chew tobacco in their mouth, we took it off and put it on it. And when it was on it, whoa, you did a war dance.

What are some differences in tobacco uses within the community and what do you think the causes of those differences are? For example, is there a difference in why you think women smoke versus men, young people versus old people or older people using smokeless tobacco versus, so cigarettes versus chewing it? Why do you think, do you think there are differences in why people use tobacco, why men and women use it?

Yes, probably because I don't know. Menthol is a menthol cigarette, and regular just has a different flavor or something.

Do you think women use different types of tobacco products versus men?

Women smoke Virginia Slims.

I think the women smoke for the looks of it.

I think they used to.

I am talking about young women. I think they young women do it for looks. I mean, men I don't understand why the men changed the women. When we were kids, the women rubbed that snuff in their mouth. Now, the men rub it. And, I'll ask you something, have you ever taken a taste of this tobacco, smokeless tobacco?

No.

Well, it is quite an ordeal to do it. I mean, I done it when I was a kid, take a dip of my mother's snuff, which was pure ground tobacco, but now this new snuff that them kids put in their mouth, it'll make you sing and dance. I thought I was something really bad was happening to me. Now my brother does it all the time and I said to him, Copenhagen is what it was too. We were going out to examine the graves for my grandpa to be put away. My uncle had sent us out there and my brother said to me, 'just take a little bit of this, you ain't never tasted snuff like this." You know, I had been married for 10 years or so. I took a rub of that and I thought something really bad was happening to me, I said get a hold of me, help me back and he said, 'spit that snuff out,' and I never tried it again. It's very addictive to them and there's a reason that they are still on it because it is something that you've never put in your mouth before.

So you are saying, nowadays, younger males are using the snuff, when in the past younger women were using it?

Yes. A generation ago, which would be our parents' generation, the women used the snuff. This new generation, it skipped a generation and now this generation, the men do it.

It's the healthiest way you can use tobacco.

Yes it is and the men are filthy with it, they are dirty. That chewing tobacco, snuff. Men are very dirty with it. Women weren't like that when they rubbed it. Men are dirty with it, they really are.

What types of tobacco products are used and what are the brand names or labels of these products? I [have already] heard Copenhagen, Virginia Slims.

Skoal.

Kools, Camels, Lucky Strikes, all kinds.

What about the smokeless?

I don't know about smokeless. I never tried that. Oh, I tried it once and got sick and never….

My sister in law would smoke and say, come on smoke with us. I would smoke with them but never got addicted to it. They said they didn't understand how I didn't get the habit. My kids all smoked because my husband smoked. Two of them has quit smoking. Three of them quit.

What kind of messages do you think would work for people who live in the Kilvert community to help encourage them to quit using tobacco products?

I don't have any idea. I tell my baby over there, this is how much I love you, quit smoking because it will kill you and it don't happen. I tell them all that. You know, this is how much I love you.

For those who quit, what do you think will help other people to quit in this community?

In my case, a miniature stroke the year before I decided to quit. I started slacking off and it took me about a year and I could not quite do it on my own so I had to have a doctor's help to quit smoking, but that was my case.

What did the doctor give you?

Nicotrol inhaler, it is sort of like a little cigarette, about so long. You just put these little things in, poke holes in and puff it just like you would a cigarette. My little dog helped me quit smoking. He didn't like my cigarettes or nicotrol inhaler, either one.

Since this is a program from the government, I would suggest that our government make the doctors really tell the people how very bad it is for them. They are not going to do that, they are not going to take it from, like us. I think that the federal government should make the doctors be mandatory to tell them.

You think if it came from the doctors, people here would listen to them?

Yes I do. Maybe not all of them, but it will do some good for some of them. If that heart doctor tells them how destructive that cigarette is for their heart, and I think that every doctor owes every patient that and I think the federal government should enforce that, not the state of Ohio or the state of Michigan, but the United States federal government. Now they say that you are not supposed to have anything that'll kill you. They put a very hard regulation on USDA food, now why can't they saw that this stuff hurts them? They got to start with the tobacco company. It is not about money; it is about human beings' lives, that to them, to congress and tobacco company, it is about money. But for us, it needs to be about lives.

I think along with that too that, it is the chemicals that they put on the tobacco that causes all this stuff because I am not sure what relation it would be to me, but my mother-in-law's grandma and grandpa both died of cancer and they never smoked for all of their lives. They never used no kind of tobacco.

Have you ever been into a heart clinic? I am not talking about other organs; I am talking about your heart. Have you ever been to a heart clinic where they would pull out and show you patients that they have had of how indirect smoke does their heart? It will make you think again. I smoked in my life too and it will make you think if they see that and that is what every doctor office should be tells to people, this is what it does to you. You know when you come here and you have a heart problem or you have a lung problem and you are a heavy smoker, this is what you can expect. You can come here and I cannot fix it. The doctor really needs to tell them, I cannot fix it. I think that will put a stop to it, when he tells them he can't fix it.

Does anybody else have anything else to add to that?

I was in church at that time and felt condemned over it and that's why I stopped.

Well, I will tell you, I think cigarettes is my best friend. I tell the doctors that too. Well, and one doctor told me, if you're not going to quit, don't come to me and I didn't.

If you are a nonsmoker, what has kept you from starting smoking?

I guess you are the only one here, sort of.

I never wanted to.

I grew up and never did either. Cigarettes have been around. The smell.

I don't know about every cigarette, but most people that smoke cigarettes stink. It gets in your clothes. If your home is a non smoking home, they can come and hang up their clothes and they can come and sit in your house and you can smell them. Years ago, my husband, he smoked all the years we were married until about 14 years ago when he had a heart attack and they told him what they had done to them. I never smelled the odor all those years I lived with it like the odors there is today. There is something different about the cigarettes. It has to be the burning of them, what they smell. The boys tell me he had a heart attack last spring. He works up to Athens at Mifflin Muffler and they took him to Columbus and did all the work on his heart and he come home for a couple weeks and he decided to go back to Mifflin Muffler to see when he could go back to work and he only drives that one truck to work and back. He ran out and got into his old truck and got out to Peach Ridge and smelt so bad that he took it back to the house. He said he thought all the way back to the house, Lord, surely I don't smell like that. And he got to thinking, if my truck smells like that, I smell like that too.

You are right. I quit smoking in my car and now it don't bother me a bit.

Because you quit smoking in your car. You don't want the smell in your car?

No. I'll be darned if I let people smoke and smell up my car.

For those of you who have successfully stopped smoking, what has kept you from starting?

For me, once I quit, I never wanted to pick it up again. It was just like out of my system, or whatever it was, and that was it.

I was 20 years old when I quit smoking. Today I am 63. I smoked because my friends smoked and I smoked because I worked on a hospital ward where other women smoked. After I left them, my friends were not smokers and I didn't want to be a smoker. They kept telling me how hard it was to be a, to get rid of them and it never was hard for me. I just never bought another pack and that was it. I come home one night, had some of them in my pocket, when I came by the trash can on the porch, I just threw them in it and that was it.

And for others who have quit smoking, what has helped you to not start again?

The dear Lord above.

Oh I quit smoking before I joined the church a long time.

Faith does stand in the way. It helps you have the courage to do it. That is what it takes, courage. You know you see a piece of Hershey's candy, you want it real bad. If it is not there, you can't do it. That's why I tell them, throw them away. You know, you're not

going to bum one because you are too ashamed to bum one. Especially with them coughing so much with them today. But, my husband quit cause it got so high. He had a heart attack too. It was all those cigarettes he smoked that threw his heart to spasm. I'll tell you if you had been with him that night he took that heart attack, you …

Are there any specific barriers that keep people from your community from accessing tobacco cessation programs, from accessing programs to help them quit smoking? Are there any barriers that prevent them from doing that? Cars, transportation, anything like that?

So you are saying, if there is somebody in the community that didn't have transportation to a program, that would be a barrier?

Yeah, I think that might be one of the things and I think one other thing might be is that they don't have a group. Sometimes it takes peers to get you to get into a program like that you know. It takes somebody to come forward to form the group. And I think in their heart, in their heart, everybody really wants to quit and they really do know how it affects your health life. That's the same way with us overeating. In my life, I've been an overeater, same thing smoking, I think if there is help or encouragement. This program is encouraging, you know. I think in this program, we to be able to tell them how bad it is for them and how addicting it can be for them.

Not only for the person who smokes, but anybody around them.

The second hand smoke they say is worse.

The idea if you are a heavy smoker and you have a stroke coming too, most of the time if you have a stroke, you have to have a respirator. Now, a respirator, if you are a heavy smoker, you can hardly survive a respirator because the respirator has to go down your throat, it bypasses the lung and the lung doesn't do anything until you take it that respirator out. Well, it bypasses the lung, that would be like breaking your neck way up here and your lungs don't work anymore. When that respirator goes down and the lungs are just sitting there, and that stuff is already there like carbon on a candle. When it sets down there, one that sets there 12 hours, then it starts to let loose, once it starts to let loose, once they take that respirator off, that stuff is going to fly like black hard carbon and it don't want to come up. So, it is very dangerous if you have other illness happen to you.

Are there any other barriers that you can think of that prevent community members from participating in programs that would help them to stop smoking?

Now Naomi, you always tell me you want to quit, what can we do to help 'ya?

I was trying to quit when I was working. Some girl cut out – what paper is it – USA Today. It said [cigarettes] had dandelion root juice, arsenic, it was 13 things. Anybody with any sense wouldn't smoke those things. That's the truth now.

That's where it comes in too, they don't know that. They don't know what is in that cigarette. The arsenic and lead and all kinds of stuff, rat poisoning and all that stuff ground up in that. They know that kind of stuff is put in that this here crack that they smoke but they don't realize they are smoking the same thing in a cigarette.

If they put the same thing in food, they wouldn't eat it.

You are right.

Those shots they give me every two weeks for chemo, they give in your arm, that's got rat poisoning in it, that's what they told me.

Are there programs in your community to help community members to stop smoking?

The nearest one would be Athens and that could be the transportation problem

And the ones in Athens, do you have to pay for them or are they free?

I have no idea.

I think there's very few free ones. I think that most of the programs that doctors send you to cost money.

I don't know.

If you are a tobacco user, what keeps you using tobacco?

I like to keep busy all the time.

So, what keeps you using it?

I have to keep my hands busy.

So, smoking cigarettes helps you to keep your hands busy?

Yes

Where and when are persons from your community most likely to use tobacco? Where do you tend to see people in your community use tobacco? Does it happen at certain events?

People who use it, use it every day.

The smokers I see, they just smoke in their home, wherever they're at, they take a cigarette with them.

Like I always said, I needed it but didn't really need it whenever.

She used to smoke a lot more.

A lot of people light up when they have a cup of coffee.

After dinner.

Now we have a woman for many years, she is retired now, but she used to say, "Now I am going to have my dessert!"

Some people have to have it as soon as they put their feet out of bed.

Yes (two people agree)

I do it when the coffee gets done.

What are some things that tobacco companies do that encourage individuals in your community to start using tobacco?

I don't know what it is, but you know what? I bought some but I couldn't smoke them. They had a vegetable cigarette and they were cheap. I wish I had kept a pack of them.

So making them cheap?

Yes, but nobody was smoking them.

That's 'cause they were cheap!

And they run specials on them, three packs for so much and a carton.

Used to be billboards and they was on TV all the time. Nowadays, they ain't on billboards and TVs so it's different.

Now they take and put the advertisements up, like $5 off a carton of cigarettes. That's a ten-pack, so a lot of people buy that ten pack. That is where the tobacco companies put that sale, on that big amount of 'em. That person will have more to have. I see that all the time, they have the carton on sale, they don't have the individual pack on sale. So, a lot of people that live on a fixed income will buy up three or four cartons at the first of the month so they got that laying there. It's like a rat wanting bait. That is where the tobacco companies do that. See, if you bought four cartons in a month's time, see at least most people do, about 10 packs week, if you smoke 10 packs a week, four cartons a

month, the sale on those four cartons, the fifth one will be free. So, that's their gimmick. Or you might walk into a store and you see advertisements that say, have a pack free.

What do you think can be done to discourage that in your community?

Stay out of the store

I don't know.

I think every man should have the right to smoke or not to smoke if he really wants to. I really have great respect for them when they have respect for others and go outside to smoke but the idea is, like I said, I think the federal government should put a conjunction in the book for doctors so that the doctors could tell them about it. I feel I have worked in the medical field for a lot of years myself and they never really tell them. I have seen so many come to the end of the road who say, if I would have known, I would have never smoked a pack if I had thought I would have had to breathe like this.

Any other ideas?

It's like these newborn babies, it even affects them, from when the mother smokes or too much smoke in the house.

You know, they have proven that if the mother smokes in the house that that child grows up in the house all his life, that child's life, they are only going to live to be 50 years old with cigarettes we have today. This area has went through a big thing called C8 in the water. The C8 ain't any better than this nicotine or all this other junk we have in cigarettes but you know, people don't know that. We need to get stuff out to educate them, I think that is the only way to stop them- if they are educated enough to know how much it really does hurt them and how much everybody else loves them.

And you think that should come from the doctors, their loved ones?

I think it should come from schools, grade schools all the way up.

It has to come from home. Teachers, they can't do everything. To control our kids, they need to be less free, have less money. They need all of that. I could have give my kids money and cars and all those things. They had to buy their own car. If they would have smoked, they would have bought their own cigarettes. I wouldn't have bought them for them. My husband was a smoker. It has to start at home. Everything starts at home with that mother. That's one other thing that in order to make things work, they need to put the mothers back at home and the men at work.

What is the impact on youth when tobacco is used on television and the movies at movie theaters? What effect does that have on youth and the youth in your community?

I can tell you the way I look at it, they see too much TV. I limit it to one hour in the evening.

And when they see people smoke on TV, how do you think it effects the kids?

Well, they want to try it too.

Yeah, well they see things on television, they are bound to try it.

If it's alright for them, it's alright for me.

Then, they have the beautiful women and the good looking man.

So, kids want to be like that?

How do young people under 18 get tobacco products since it is illegal for them to buy it?

Parents and grownups.

Some stores will sell it to them.

Even though it is illegal?

Yep.

It happens all the time?

Yep.

Some get it from home, parents buy it for them and they steal too.

What are some tobacco-related health problems? What are some health problems that happen because people have smoked?

Asthma, bronchitis, cancer,

Lung cancer

Emphysema

Heart trouble

Blood pressure

Cholesterol

Blood circulation- it turns it off. It is like pouring something down a pipe and our blood system, we got all kinds of arteries and veins and everything. The more you smoke, the more that tar gets on those vessels. In the artery where it shows where cholesterol builds up and the aspirin eats it away. The cigarette does the same thing. My brother had a heart operation about two months ago. His heart specialist told me that he came out and looked it up and said, I bet he won't do no more of that Copenhagen when he gets out of there. This is the boy that used Copenhagen nine years ago, he won't do that Copenhagen no more. I looked at him and he said, I scraped it off the arteries that go straight to his heart, outside of his heart. He said, I had to put three stints in there at least ½ teaspoon out of that artery, nothing but smokeless tobacco in that artery, in an artery and it had clogged right there, the main artery going to his heart. My friend out to Albany had a boy, he was 17 years old and he was having problems with his stomach and they took him up to O'Bleness and operated on his stomach and they took one teacup of that smokeless tobacco out of his stomach.

And how old was he?

He was 17 then and they took a whole teacup out of his stomach and they said that he rubbed snuff at school, he would swallow it so he wouldn't get caught.

Do you know what, in that Copenhagen, it has cut glass in it that cuts their jaws inside to get into their system.

Oh really?

To get into their bloodstream.

When they put that into their jaw, that is where they have first class arteries. If you have a heart attack, that is where you can feel it, right here. They put that right in to their jaw and it is injected into the vein instantly, like a nitroglycerin tablet. That is why we put it there.

Are there any problems that people in your community have when they choose to chew tobacco? Do they get different health problems than people who smoke? What type of health problems?

Well, a lot of them have to have their teeth taken out because it don't rot the teeth in the top, it rots them in the root. They have to have them removed because it gets down in there. I know some of them who have had to have their tongue removed.

Their tongue?

Because of cancers.

Cancer of the tongue.

Do people who live in your community think that second hand smoke has a negative impact on their health? Do people know that?

My granddaughter will not come to my house.

I think a lot of people think it does not have an impact on their health, but it does.

I never paid any attention to it because my husband always smoked.

I think if they are in a different age bracket when they smoked, it was different then. Now, if someone comes and smokes in your house for a half hour, you got to wash the curtains if you want the smell out of there.

First thing I do is start stripping their clothes off.

I don't allow it in my house and I don't allow in my car.

Well, I have respect for any of them that wants to smoke, but I think it is hard on them.

Now, the people who do know that second hand smoke has an impact on their health, does this change their behavior? So, do they then not go around?

I won't drive anybody that smokes. They can go outside and smoke. 'Cause some people have to quit smoking. They ask and I say, no, I don't smoke in the house. And usually I won't smoke in the house 90% when somebody else.

Is that because you don't want to have an impact on other people?

Yes

That is very respectful.

They are very respectful here at the Kilvert Center. When they want to smoke, they go outside. I really respect them for that. I still tell them I love them and don't want them to smoke. But they are very respectful here.

Has a close friend or someone in your family died or been diagnosed with cancer or some condition related to tobacco use?

My brother died about three weeks ago but it sure was not from smoking.

Do you think it is pollution in the air?

I think it is these things going to the moon and things.

I do too.

You know, we get a lot of pollution from planes, more than people realize. Any given day, you can look up and see all that white smoke that jets have made up there. Well, that's fuel, the fuel they burn off and all that comes back to earth. Whatever we are getting from the earth.

Cars, vehicles on the road, power plants.

Well, the first trees burns up a lot of car pollution. Trees and vegetation grows that they like for the cars. I saw something on the television a month or so ago about. I mean they had a map of the United States and you could not put a pin head between all the routes that them air planes is taking all every hour and it told about all the pollution in all the vegetation that we eat. They told us how to bring our vegetation in and really wash it, to be careful and to cook it twice and re-cook it. There is no stop to that, we'll always have to put up with that.

So, no one has had a close friend or family member die from using tobacco or have a serious health condition?

Oh yes, I have had several. My uncle died from smoking cigars.

Has it changed your outlook on tobacco use?

No, I hated it just as I always did.

Cigarettes smell worse than they used to.

Yes, it does.

But, used to, in your house, your walls would be greasy with brown stuff and you could tell someone smoked.

Nicotine.

What is your opinion about the smoking ban for indoor workplaces that was voted on and passed in Ohio?

Yeah, (clapping) I am glad it passed. Greatest thing ever happened. I didn't agree with the amendment but I am glad it passed.

But it ain't going nowhere.

Oh, yes it will.

No, I don't think so.

They will. The tobacco and firearm agencies will be checking that now. They will be walking in places and there you are with a cigarette and they will say, take you right by the collar and take you out. It will have a big effect, very big.

What kind of effect, do you think people will quit smoking?

Yes, sure, especially if they want to stay in public buildings.

Anybody else have anything about what impact will this new smoke-free law is going to have on citizens here in Ohio?

I think that the law we passed in the state of Ohio ought to be for the whole country. Other states will see how well it has done and they will adopt it. I think our new governor will be a birddog on it. He'll be a good governor, but he will be a birddog with it.

When you say birddog, what do you mean?

'Cause he don't like it. He's a southeastern Ohioan.

Does anybody have anything else they would like to say about tobacco use?

I couldn't say nothing 'cause I never used it, so I couldn't say nothing about it.

That's why you are getting to be young again.

When I was a little fellow, I would get rolled cigarettes from corn silks and smoke that.

We went with grandma to buy snuff and walked a mile and a mile back you know. We would say to her, can we get us some before we get back and she would say, "ask your mom and dad say okay." So we made her ask them and they would say well we guess but don't waste it, get yourself a little bit. We had a big high trestle up there and we would get a little bit of snuff and get up on that high trestle and spit in the water, you know. We thought we was top dog.

Attachment F: Military Veterans transcript

Cross-Cultural Tobacco Control Alliance

Focus Group #2
Military Veterans
Cincinnati, Ohio
March 2, 2007
Arranged by the Joseph House for Homeless Veterans

What television commercials, print advertisements, or billboards that tell about the health hazards associated with tobacco have you seen? Please explain the message as you remember it.

I don't know, I don't pay much attention to TV commercials and billboards.

I have seen the one on TV where the guy is singing in Times Square, he had a hole in his throat (tracheotomy). That was good commercial, it was better than the one where the little guy is running downstairs.

Right!

Can you explain the impact of that?

It got a lot of impact.

Ok, number one, where you are shown body parts.

Could you repeat the question one more time?

I have seen them on billboards. I wanted, may be I need to get out…..and have seen the one on the pack of cigarettes. I quit for one time but I get back on it.

I saw two boards at a VA hospital. The caption was something like, you know, this is what it looks like on the inside (of the lungs) and that if the inside could be transported to the outside (of the body), something like that. It was profound but I still smoke.

I have seen the commercial where the models are working around the individuals so that they can tell who smoke and who does not smoke.

I don't smoke so would not pay much attention to it. But I did see it at the hospital. They show like a cross section of the lungs, some of the things and they had like descriptions of like how it affects the lungs, the respiratory system, showing the pictures, you know. I guess they were just trying to convey to adults not to smoke. Like I said I do not smoke I have seen this video; they show different patients…. some of them in a hospital messed up real bad. They have cancer, different types of cancer and the message was like stop

before you end up being like me. And then at the end of the video, you know it looked bad and it was based on you know like everybody else it will never happen to me. That's was, you know, the message so.

The one I remember is where the guy is talking on the phone, asking for help. He's got a cigarette on his mouth and he strikes a match and the people on the phone they blew the matches out! (laughter)

Ok, I forgot, it just, it sticks in my mind, right? It's like your friend comes back after he dies and he says that it's in that commercial 'don't smoke' at the end.

Ok I can remember seeing a commercial about this gentleman, about the guy with a hole in his throat. That's scared me because I have respiratory problem sometimes and get spots in my lungs so that scares me.

You are talking about TV ads when I was a kid?

No, Commercials and billboards.

Ok, I'll bring it up. When I was a kid I use to watch the TV advertisements like "Winston take good like a cigarette should" and then the Salem was like you can take the Salem out of the country but you can't take the country out of Salem. My father smoked Winston and my mother smoked Salem and fell somewhere in the middle but it was such a powerful advertisement that I still remember that 40 years later. And then as far as the billboards go, up in Michigan at least, if you go into a black community they are advertising Newports. You go into a white community they advertise Marlboro Reds. So you know they narrow it down to the specific or particular population based on the brand that they generally smoke.

The gentleman behind you?

Nothing really stands out for me. I don't watch TV so and I have not seen a billboard in years, at least not around here, I mean I don't drive so.

I have seen one on TV.

The TV commercial with the body parts hanging out of a trash can.

Not one specifically but the commercials done by **stand.** I watch the one where they want to get inside the office building to talk to the cigarette executives and security keeps stopping them

I have seen a lot of bad commercials but I also have seen a lot of attractive billboards, where, you know the Newport commercials, where the guy smoking Newports meet a girl. I have seen Joe Cool the camel; you know where it is like it is cool to smoke

Now we are starting the discussion and anybody can just chime in. Have you participated in any tobacco prevention or cessation activities in the past two or three years?

I have completed one not too long ago over at the VA and it was centered on adults and stopping your smoking

Anybody else?

I did too over at the VA, a couple times in the last six years.

Anyone else?

I don't know, I am going over to the VA, I still go there but I haven't quit smoking but I have cut it back a little bit.

How long have you been smoking?

35 years!

I have been in the same class at the VA few years back. I made it about six weeks. After that I just went back on cigarette real quick.

At the VA, same program, I had a collapsed lung one year ago. I was trying to quit and I lasted about 35 days and once my patches ran out, I started again.

I have been smoking probably off and on for 30 years. I stop smoking for 7 years but then I got divorced and got back fast. I've been through a smoking cessation at the VA I use these patches and they lasted maybe about two and half months and then I went back.

When I was at the ….. I was wearing the patches too and I always had the taste of nicotine at the back of my throat the patches made me crave for cigarette so I had to stop wearing the patches because I was actually smoking while I was wearing them.
So it didn't do me any justice. But I did prior to that quit for five years and after I broke my neck, I started using drugs, soon after I started smoking again cigarette.

Anyone else?

Why do you think people from…why do you think veterans smoke?

They always give us free cigarette, I mean I got free cigarette while I was in the service. I mean as much as I wanted so and plus.

Yes, it is like cigarette is …the military experiences, smoke break, I mean, if you take a break it's usually associated with cigarettes.

For me it was at boot camp, toward the end of boot camp they get a smoke break. Do I have to keep clean or do I have to do something? So smoke break was the break.

I remember that, I am a veteran too, that is true, we used to have our smoke breaks, but I don't smoke!

I remember when they gave us the cigarettes.

You know you; you will fill obligated to smoke. Cigarette costs about 35 cents.

Anything else?

Do you think there are some differences in tobacco uses within the veteran's population? Do you think that women smoke less than men? Do you think that children smoke more or less than others? What do you think? Within the veteran population do you think that there are some differences in tobacco use?

I got five kids and none of them smoke.

And you smoked 35 years!

I think veterans tend to smoke more out of stress or something stress related. I have seen a lot of veterans that smoke cigarettes down to the stop and their fingers are brown or black, their fingers are brown or black for smoking for so long like that.

Yeah! And veterans are always ready to share cigarette with another veteran, laugh.

Yep! You don't see outside the street population, people readily sharing a cigarette like they do.

Do think that women veterans smoke more or less than men veterans?

I don't think so. (several responses)

I do!

Less, More?

More!

They smoke just like me.

What types of tobacco products are used? You guys used? What brand name and labels? And which ones are the most popular?

That is based on economy for me.

Yes, I know, $1.49.

I think Newport

Kool

Marlboro

I think it is Marlboro, because Philip Morris is Marlboro, I would think so

What about smokeless tobacco?

Only when I was serving,

When you were in the military?

No, when I was working in …

Some tobacco free dip made of fiber and got good taste to it. It was none nicotine, none tobacco.

We were not allowed to do that, they will do nasty things

What about cigars, Popular?

For the officers!

Black and Milds

Did you start when you joined the military or it was the opposite?

I have smoked Black and Milds when I was in Bosnia, It was back in 1994

What kind of messages work with veterans, that you think will help you guys quit smoking or what do you think are the best ways that will help you to leave tobacco?

That will be probably my health, my teeth. I have a brother-in-law, he has cancer in his system. He smokes too and I don't know if cigarette caused that and that scared me. So I have been every time I can to get clean. I try to stop, and I finally stopped but my system did not stop, I get headaches in the morning.

So you are currently smoking or not?

No, I stopped in January

When I quit smoking, I quit for five years and I kept running back up and I was a distance runner. That really helped me but I can't run anymore because of my injury. But I tried a lot of times to quit but now I think that the only way I can abstain is by being in a smoke-free environment, you know.

The question you asking is what was discouraging?

No, what would help you to stop smoking?

Oh, what will help me stop? I thought, I was looking as if there is such a benefit while you are in boot camp at all, where you would not pick it up at all. But as far as for myself, I do not know.

There is no smoking in boot camp.

Right!

I think I can be very successful with the patch if I can just accomplish the feel of putting down the cigarette long enough and putting the patch on and going without cigarette long enough, I think I can be successful with the patch.

How long will it take you, you think?

It will take about two months

As long as I'm saying what tobacco and nicotine does to my body, I found solace in the cigarette, here at this house, resolving some of the issues plus my stress issues and other issues. They are not as tasty to me but I guess I would have to be at the point where I would not have to be reaching for a drug outside of me for me to be satisfied with life. I'm still not there but I gotta be there.

Anything else?

I went to the USVA information, everybody in there is smoking there was not one non smoker.

I was going to say that heart attack, stroke, and high blood pressure ….my family and I have high blood pressure and heart trouble and I still smoke so I need all the help I can get.

I quit smoking one time for a year, I wanted a cigarette everyday for the whole year and it just made me feel like, it was one battle, it is just more comforting in smoking than it was being irritated everyday and the craving never left. I just wanted one everyday, I used a patch for four days and stopped and from the time I took that patch off to almost a year later, I have a craving for a cigarette and I was just mean and irritable eventually I just gave in to it but I think it's almost like pins and needles for me, it will take something bad

or some kind of intervention, something bad to happen to me I believe before I make an effort again to stop, it will be sad for me to have to get throat cancer or cancer in my mouth or something like that for me to stop. But I don't know if I would stop.

I tell you, I don't smoke but I think that something that might help you quit will be some type of program with some incentives and some tangible that they can get like if I quit I am going to get something, because they, I do not know what they get but I am just saying that would strike me like something that you would go for because we always something and if you give up something you know are saying I got to give something I got to get something back. I mean I ain't in the giving away business, I don't give nothing up, you know what I saying? Ok saying like I won't die if I quit smoking, I am going to die regardless, you know what I mean? You kind of mashed it up in the smoker's head. You know what I am saying? And think it is some type of deal where they get some incentive or bonus or something. I mean I don't how you put it on but that may be …..

My own personal experiences, my mother she was a three-pack a day smoker and the doctor says if you quit smoking today you might get a couple extra years she went home threw them away and then quit cold turkey and ended up getting 11 years of quality life before she died in 1997. But I have also went to the volunteer to be a hospital worker and the guy what he wants me to do is to push that wheelchair up to the side walk so he can have another cigarette. He had the same option as my mother. If he had put them down he might one or two more years of quality. May he can't get that 11years, but he chose for the cigarette.

This is like it was with me, I have asthma and you'd think that would be my incentive. And it was, I quit for two weeks and I said "I'm not going to smoke" but I found myself bumming a cigarette three or four times a day. It is a very powerful addiction.

I got six holes in my lungs and I have been smoking for 53 years and I am still a smoker. I mean it is an addiction, it is the worse one. This is the most powerful addition, serious, right?

I mean it is inviting

Yeah

Cigarette, smokeless cigarette, drugs

It is hard to quit

Yeah, except that it's legal.

Yeah, cigarette is the most powerful addiction and it is harder to quit, it is the hardest one to quit

If you are a nonsmoker, if you don't smoke, what kept you from starting? And if you successfully quit smoking, what kept you from restarting?

In my case it was the patches to begin with.

Are you not a smoker?

Yes I am a nonsmoker. But I never realize how bad cigarette smoke smelled when I was smoking. It was like I was used to it but now I can't stand the smell of it and don't want to be around smokers. I mean everybody has the right to do what they want to do, but in my particular case I can smell it real easy now. I don't want nothing to do with it. That is an incentive for me not to pick another cigarette.

I know I can remember to this day when I stole three or four packs of cigarettes when I was 15 or 16. I tried to smoke them but I didn't see where I was going to get anything out of it. It didn't relax me, it didn't do nothing. I was blessed.

The reason why I quit is my health mainly, there is a lot of good things, the food tastes better, I feel better, everybody mentions my chances of recovery are better when you can quit everything has a higher success rate than those who want to keep smoking. I stopped back in 2001 and I save enough money to buy a car. My problem solving is quicker, I noticed that in the job, I stopped like that.

I hear that our first experience of cigarettes, if they are negative or unpleasant, are more lasting thoughts than they are if we are trying to be cool around the guys

That is not the first time I heard somebody say that

My old man made me sit down and smoke a whole pack and I was sick as a dog and I never smoked since then.

Your first impressions are lasting.

I started in the service in a bowling alley in a training school in Illinois, and this guy told me you could get a bullet and I couldn't smoke any weed and we were smoking at the smoking area that night, then the next morning I had influenza, I actually caught it from a girl in my class. I had a headache probably that night but it kicked in overnight. I was in the hospital for three weeks with pneumonia, they had to rush me from the house because it was filling up both of my lungs. I was a respirator for four days there in Champaign, Illinois. This only, you know one evening I ever smoked in my life, I hated it …I hated it because my brother smoked and we shared a room. You know after being three weeks in the hospital, I got out and I'm smoking like I have being smoking my whole life, so my bad experience is that morning and I'm smoking again that night.

Are there any barriers that prevent you from getting access to smoking cessation programs?

No.

No.

No.

No.

They are readily available at the hospital

We have day classes and evening classes

I can give any excuse I want

If you are a tobacco user, what keeps you using tobacco?

Addiction

Stress

They are relaxing and they taste good after a meal, they are relaxing. You know, smoke a cigarette, you know, you feel …, you feel more confident, relaxed. When you don't have it, if you are smoker like me, I have been smoking for 50 years, right, and when I don't have one, I tell you, I get a little angry, upset, I am more tense; you buy me a cigarette and a nice strong cup of coffee, then I am on my way.

Ok, anything else?

Yes, I am not awake until I've had a couple cups of coffee and two or three cigarettes.

With what he said up there, you know not having one, feeling a little tense, stressed, angry. I think that could be associated with what I am finding myself with having to cope with pain. You know if I don't have a cigarette or I am not able to smoke like I choose to and I am having physical pains

I having a lot discomfort and my headache, it's …it's rare, you know, I may even think to say that I would do things that I would not normally do if were in peace ….. that is why I use it I think, which is bad.

Yeah, sometimes when I smoke that first cigarette in the morning, I really feel like I am about to pass out, I have to sit down and I really want to quit smoking, I got several reasons, you know, why I need to quit, you know, I just need some help

I enjoy that first cigarette, that feeling.

I don’t like the feeling, I hate it.

It’s like a little kid that spins around and around and can’t stand up till he stops spinning.

Ok, where are you guys most likely to use tobacco?

Everywhere

First thing in the morning?

After meal?

Before going to bed

After sex

During commercials breaks

During and before we go bowling

These are the safe ones: don’t smoke when you are asleep or taking a shower.

No, I do wake up every couple of hours and go down to have a cigarette …or can’t just go back to sleep.

That’s pretty bad!

What do tobacco companies do to encourage veterans to start using cigarette and tobacco products?

They’ve increased the level of nicotine in the cigarette to make them more addictive.

Eleven percent!

If you a veteran, they are all tax free,

All they have done, they use to just give them to you, cartons of them, even in the …they will give cartons of cigarette, yeah!

I don’t know if they are doing that still on the veterans. Now maybe that’s why lot of veterans who are coming out now have different smoking habits that we have.

I see them indirectly encouraging veterans by portraying cigarettes as masculine as the manly thing to do and you’ll always have nice pretty girl in your arms if you do that. Everybody have white teeth and people tend to be engaged in sport surfing and skiing, stuff like that, and volley balling. You can’t do all of those things when you are smoking,

you want to enjoy them because you are out of breath half the time but that just may be that can definitely influence a man for doing that.

Yeah a lot of war movies you see on TV, the guy who is wounded always wants a cigarette.

Yeah, even they guy in front of a firing squad.

What do you thing would be a good counter strategy? What say the public health department or some other organizations, what can we do to encourage veterans to quit?

Like he says, I want some type of incentive

Compensations

What king of incentive?

Some kind of rewards for doing good

What kind of reward?

I don't know, some kind of medical benefit

Somebody has spoken now.

If you stop smoking then you may be put on a 50 percent (disability) where you have a benefit for the fact you are not smoking. If this is a disease that comes by nicotine or tobacco usage we will cover you anyhow versus having to pay for it. So because you stopped you can now get that treatment.

Right! That would be a good one.

So I am assuming how stupid that would be.

When he was talking about the Debunkify, I love the way they say it. They have one down here at the bus stop.

But do they actually work?

I think it works for some younger generation.

They are gearing it to younger people

They should be gearing that to younger generation. I do not think that you can change mentality; you may have a chance if you get the truth. We did not get the truth. We had the John Wayne.

Marlboro.

But statistically, right, people who smoked for ages tend to quit more than the beginner smokers, right?

I am not sure.

I bet there is a statistic somewhere somewhere, yeah; people who have been smoking a longer time have a better record than the newer smokers as far as to quit

These ads are geared to don't ever start, but not stop. And that the fact that 13-year-old young lady on the billboard is saying no to tobacco, it is not a 21 or 22-year old.

But what I can't understand about smoking is that you have to be a certain age to go buy cigarettes but you don't have to be a certain age to smoke, you know, you have to be 21 before you go and purchase. But you could be 12 or 13 and sitting around the corner and smoking in front of the police and then being blamed about it.

Good point!

I mean it could be

But it is a lot, there is too many of them.

I wish that somebody would come up with a pill or mouth spray that will make cigarette tastes horrible and you use for a month or two until their real serious craving go away, you know. No I do not want to get sick.

They say that Count Basie got hypnotized so that the cigarette he smoked tasted like burnt rubber. He got used to the taste.

What is the impact do think that TV, movies has on you using tobacco?

Tremendous

The number one cause

Especially now, yeah now you can think more than before because the money that the ….people are making now, the John Waynes did not make that money until they were in the career for a while. Today they are going to an agent and the chunk of original money coming out goes to them so quickly that they idealize the younger stars so they see them in the movies while smoking and having a beer, you know that one way to be cool.

You know years ago women were not allowed to smoke in public and then they came up with this phenomena and then they made it glamorous to smoke

What was that?

I am talking about restriction, yeah, then they made it glamorous and attractive to smoke, right; and more women just busted up, you know they really came forward then.

I don't know how they were not allowed; I think smoking, it wasn't attractive to smoke in public.

It wasn't attractive.

Yeah

It wasn't socially accepted for a woman smoking in public

Yeah

It wasn't ladylike

After the women's lib thing, the message was that we can what we want.

In the family right?

Yeah, they can do what they want; they can smoke cigarette, cigars, anything they want, drink and whatever.

And talk like sailors

Right

I know you got to remember when we had a candy cigarettes?

Yeah

Peppermint cigarette

Yeah

It looks like a little cigarette pack

Some of them

I have seen one in the….

And you got about five of them in a pack

Yeah

White paper with chocolate inside

Or bubble gum?

Yeah

Bubble gum cigars

I think they don't advertise cigarettes no more

Yeah you don't see cigarette commercials

You don't see no Marlboro man

Billboard!

You know that clean white thing with quit cigarettes on top? It looks like a cigarette pack? It is more geared toward now stopping than starting.

Cigarette smoke is a part of American culture, you know what I mean. It took longer to get people living in contagious smoke

I have seen an anti-cigarette commercial on TV

Yeah they have nicorette on TV

Yeah

Tobacco, tobacco, we are talking about tobacco.

How do young people under 18 get tobacco product since they are illegal for them to buy tobacco?

Sometimes their parents buy cigarette for them

Sometime they don't get carded

In a lot of cases I have kids going buy themselves unchallenged, so.

I remember being a kid, 18 years old and going to store buying cigarette.

I was very young

Everyone knows somebody over 21 and above, relative, you know.

What are some tobacco-related health problems. Do you see any of these among veterans?

Emphysema, heart disease

The guy who just stepped out of here, he got lung cancer

Lung cancer

I had a friend who is a physician, he offered me free medical services until I started getting bronchitis. I went to see him and he said this bronchitis is going to become chronic and it will become emphysema. You are too good of a friend, so either you stop smoking or stop seeing me.

I don't know but I heard you can get impotent.

There are a lot guys at the VA that walk around with those tanks on, pulling a tank behind them.

I had to plug one in the other day.

They have a sign on the door to the smoking room there "please do not bring in oxygen tanks."

And they don't care.

My nurse she told me today that I have emphysema and that I have to have one of those machines, you know that you wear. I will have to have one of those machines if I don't stop.

What do veterans think about secondhand smoke and the negative impact that has on your health and if that changes your behavior?

It exists you know, I mean, I am mindful of people who don't smoke and I don't smoke around them.

Because if you smoke around them what could happen to them?

A lot of people die from lung cancer and they never smoked a day in their life.

Do you know here in Hamilton County, here, I don't about where you from, you can't smoke in public facilities?

That's for sure in Cleveland as well.

That is Ohio

Secondhand smoke, I don't smoke, I mean I don't try to infringe or impose my will on somebody not to smoke, I just remove myself if I'm uncomfortable with them smokers, you know what I mean but I have been around people who smoke for so long, I don't even pay attention to it. You know what I mean; personally I don't pay attention to it.

Do you know about the health impact that has?

Yeah, I am aware of the health impact, I mean I am conscious of it but I am more conscious to it, if you understand what I am saying, I am like it ain't going to get me because I don't smoke. I mean that's kind my mind set, I am the kind I don't smoke but I am aware of it, you know there is a ramification from the secondhand smoke but like I said I am going to die regardless you know what I mean so, if I die around my friends because they chose to smoke all their lives and everybody dies.

You are going to die for somebody!

I think that it is more difficult for a person who is an ex smoker to be around people who smoke than people who never smoked.

Why do you think that?

Because I just came home from the service and want to have that first cigarette, both parents head me off quick, they had both been to the doctor, and say "this is a smoke free house take that cigarette outside." I am like "you raised me in a cloud and now I can't smoke?" "That's right, get out!"

I think that non-smokers who have quit are more critical than people who never smoked.

Yeah

Oh, they tend to be awful, they are like "I hate all smokers!"

But I mean, every friend I had growing up and even as an adult smokes. I am like I balk because I don't smoke, pretty much, you know what I mean? Every now and then I run into or be around maybe one or two people who don't smoke but nearly everybody that I interact with smokes.

I will pass up the cigarette for that drawing.

Has a close friend or someone in your family died or been diagnosed with cancer or conditions related to tobacco use and if so, has that changed your outlook of tobacco at all?

Yes and no. He was a good friend and no, I'm still gonna smoke.

Five years ago cousins of mine died within about three months. One had cancer of the throat and the other had cancer of the lungs. Both brothers smoked.

Did it change your tobacco use at all?

Yeah

I lost a mother, a father, and two sisters. I just feel like it is in the genes, man, I got to go that way

Is that why you never give anybody a cigarette?

No I keep my cancer to myself

I don't know

Ok, another question, do you consider nonsmokers having to work places such as bars and bowling alleys that allow customers to smoke, do you think it unfair to the workers? Why and why not?

No

No

No

Why not?

They actually knew the job; they knew it was a smoking facility when they took that job in my opinion.

That's right

I feel the same way

No

Remove yourself from it if you don't want to be around it like you said.

The employees I talked at the bowling alley that we go to feel that they have been imposed upon and they're afraid they are going to lose business, and they put that higher than their own health.

There's a mom and pop restaurant that you can smoke in the back, they don't care, "just close me down". She says "I don't care."

That leads to the next question, what is your opinion about city or statewide clean indoor air ordinances?

I think it's great.

I think it infringes on my rights

Me too

You got a right not to smoke but I got the right to smoke.

To smoke, exactly!

If I choose. That's what's messed up around here in our community. We don't know where we can smoke at.

They are trying to get with the law.

Like what they are trying to do with the girls' activity in the city, they cut each block off

Black boys' territory is getting smaller and smaller, that's how they doing us with the cigarette. Our territory is getting smaller and smaller.

Soldier zone, Where can I go? You can't just go outside to smoke, you have to be like a hundred feet away.

You know what I mean it is a real inconvenience, you know what I mean? I was in an airport in Chicago, and was saying "where can I go to smoke?" And I went outside, what did I do that for? It took me an hour and half to get back to the line. By the time I got to the line I wanted another cigarette.

In essence, to me they are trying to force us to stop smoking and I have a right to smoke if I so choose. You cannot smoke in front of a building; you cannot smoke in front of an awning if there is inclement weather, if it is raining or snowing you cannot stand in front of an awning and smoke because you cannot smoke in front of this building I mean that's. They impose the marshal law on cigarette

I heard this guy got fired from his job, they found nicotine in his system, and they fired him.

Ok wait until they ask that question on the application man.

Your smoke will affect other people, so it ain't fair to other people also. Yes, you got the right to smoke but what about the other person who don't want to smoke?

They got the right not to smoke!

Yeah!

You take it over there so that I can't get affected!

I smoke a pack a day.

You have to die because I am going to smoke? I say why can't I have the right to smoke? Why can't I have the right to do what I want to do?

Don't smoke around me!

Ok, we can't smoke here you go over there.

You sit out and smoke alone, no one smokes alone

They still have one of those smoke eaters.

Workers who don't smoke are more productive than workers who do.

You believe in this thing?

You believe in that?

From my personal experience I believe it

Anytime there is some money involved they come up with something.

Who did the survey!

I surveyed it myself.

Right!

Man don't tell

What number did they got?

I don't know, I don't know who did the survey.

Yeah, well, you don't know, you got no statistics. You got to question.

I sure they got the numbers.

Yeah I got some numbers in the….somewhere

People get killed every day because they smoke crack alone. You know people are dying because of crack smoking. They should put your resources in that. People don't kill each other over cigarette.

How can you tell?

Yeah, to make friends

You want to give big Bubba a pack?

Yeah you can hand him a cigarette, no strings attached.

Hey excuse me Dr. Deason, let me say this, you know let think about the effect of nicotine and tobacco and smoke in that thing, you know. But hey we are breathing the air, right? We eating the fish, we are eating the vegetables from the earth. I mean all of these things, so what's the big deal about smoke? To me?

Because smoking is preventable, you don't have an option to stop breathing

The food is killing us, the mercury in the fish is killing us, and the air is killing us.

All right they are cloning animals.

The thing is, the water is killing us, the air is killing us

Let us, please let us out, question over here

Ok question?

It's not a question, it's just a statement I want to make; I think the change in the type of growing. We got a lot of tobacco being growed and processed in other countries, in Brazil, Columbia, South America and Mexico now and I think that the way things are it's a drug itself . There's been a 11% to 20% increase in the nicotine content in the cigarette as opposed to 20 years ago. It's like you know it begins and ends with Uncle Sam, in my opinion. Now that's just my opinion.

Ok

Good point!

That's a good point

This is my opinion because Kentucky, they haven't raised their resources there, their economic resources for decades, centuries as a matter of fact.

Yeah tobacco state

The last ten years now they have turned the economy over on the account of there is no tobacco.

In Kentucky?

Marijuana, so they grow marijuana

And you know in other part of the states, you know Idaho

No tobacco grown in Kentucky?
Very little.

No tobacco grown like there was 20 years ago.

Oh yeah that's everywhere, ok I can go little with that one

Yeah back there!

I grew up on a tobacco farm.

Where at?

Indiana and when I was a kid we had 14 thousand pounds that could be sold in Louisville, they cut that down to 8 thousand pounds and then they bought the base which means we couldn't grow tobacco there anymore.

I got you, that just the hit right there.

The same thing in Kentucky State at large, they just had their last tobacco sale last October in 2006 and that was just only a certain amount of bales that farmers had begged and pleaded to let them make some money to subsidize the money they have lost already

What is cigarette coming from?

What is cigarette used to be on the tax that have been coming from the cigarette manufacturers, RJ Reynolds and all those guys. But the tobacco they go to those manufacturers; is being grown in South America, some of them are even processed in South America, Columbia, Mexico, you know

There are a lot of countries that take

It’s from all over the world

I was just going to say that with all this awareness that they are coming out with as to with the controversy, you know, with the lawsuits that were pending, that they settled outside the court, now they don’t have to advertise them like they used to, correct? so if they were making more emphasis on the dangers of cigarette period. Same as they are promoting for drug awareness advertisement I think that will bring a little more attention to myself and others that do smoke. But I see rarely any awareness on TV about the harm of cigarette other than what I read on my pack.

All right it’s time for a cigarette break!

We don’t smoke!

He’s serious by the way.

I have one last question; does anybody have anything else to say about tobacco?

Lighter please!

Attachment G: Deaf transcript

Cross-Cultural Tobacco Control Alliance

Focus Group #3
Deaf Community
Portsmouth, Ohio
March 9, 2007

Arranged by the Community Services for the Deaf and Hard of Hearing (CSD/HH)
at the Southern Ohio Medical Center

What TV commercials or billboards that talk about the health hazards of tobacco use have you seen?

I've seen a commercial about the lungs where they smoke and then they show a picture of the lung. And also how to take of yourself when you have cancer of the throat, something like that. Also problems with the heart with breathing and maybe problems with stomach. Just different things like that. I've seen billboards where they show people smoking and one person is standing there with a tear running down their eye. It's for secondhand smoke. There is warnings about "please stop, please quit."

I've seen a commercial where a person has a hole in the throat, like a trachea, that smoking might cause that.

Smoking is addictive and you might have to have that trachea (operation) and can't talk anymore.

You've seen people lying on the pavement smoking like they are deceased and they are drawing lines around their bodies. Like they already died and all that's left is their outline. A man and he's talking and he's holding the microphone up to his throat so you can hear him.

Stand, stand up for yourself with peer pressure and choices you want to make.

Do you remember the name of that campaign where they use the chalk outline? Stand? Debunkify?

Yeah, that's it. Debunkify.

Have you seen any commercials, maybe West Virginia?

Not recently

Have you participated in any tobacco prevention or cessation activities, such as using the patch, any classes, anything like hypnosis or others?

I haven't because I don't smoke. I just live with a person who smokes.

I have tried one time. I asked the doctor about a patch to use. There's something like Nicorette, the gum. Or Nicoderm, the patch. I tried the patch for three days. It drove me crazy. I just couldn't stand it on me. I began to feel like it really bothered me. I had this funny feeling. I had high blood pressure, it caused my blood pressure to go up. I just couldn't use it so I didn't try anything after that. Not too long ago, I stopped smoking for three months. I was doing pretty good and then she (the daughter) had to take this big test. I really got anxious and exited and things and I started smoking again to keep myself calm. It just relieved my nerves. I was just so worried about her. It helped me because I was so worried about her. I tried but it just didn't work out.

I walked in and said "you're smoking again?" and she just said "yeah" I said "I thought you quit" and she said "well, I was worried about you." My brother always gets after her for smoking.

Secondhand smoke. My son was yelling at me "You know all this information" I was trying to quit but my body – it's just too hard. I try to quit but I don't know why but it's hard. I feel good when I quit but I always go back to it. I don't know why. There are so many things going on in my mind. Too many worry things. Too much conflict. It drives me crazy. It makes me nuts. I'm tired of eating all the time. I eat everything, and I'm tired of that.

We offered a cessation class here at our office with Derron Emmons' group. They came here once a week and offered classes. There was one person who came faithfully but still did not quit smoking. He quit for the time Derron was here then went back to smoking. We also had a couple who had transportation issues but they had the Video phone and they did classes over the VP. We don't know much about our under 18 youth.

It was a smoking meeting for all age groups and for second hand smokers to learn information about what smoking can do to you.

Let's move on to some more questions. We're interested in finding out about the deaf community, so when you answer, try to think of the other deaf people that you know who use tobacco. The question is why do persons from the deaf community use tobacco?

That's a good question, I'm really not sure. I don't really know the answer. For different feelings they may have different reasons. That's something that has happened in their culture. They may have problems in their family, when they were growing up they were frustrated, or you know maybe there is domestic violence or something. Maybe some problem pops up, some conflict. My father smoked and he stopped. He then started smoking cigars. But then he changed and started using chewing tobacco. Then he stopped that and would just go back and forth, maybe I started because my dad did. I don't know, maybe that's why I smoke. Then he does that chewing tobacco. That just

makes me sick. It's disgusting. They put it in their lip. I've told him "that stuff you put there in your lip, that's just wrong." You should not smoke. He would walk around with a cup and spit that stuff out. People who stop smoking shouldn't be allowed to use the snuff.

My father smoked because his father smoked. However, my father quit when I was born so I know he did not smoke for a long time just a few years. I also think that the deaf school had some influence on him to start smoking. My mother never smoked that I know of. My mothers' mother smoked for a few years, and I only know that because I saw pictures. I never witnessed her smoking though. I have heard some of my consumers say that they started smoking because they were bored. Many of them are social smokers.

Because I don't think deaf people are aware of all the consequences and problems with using tobacco products because of their lack of education.

The usage rate in Ohio is about one out of every four adults uses tobacco. Do you think that is about the usage within the deaf community also, that you know?

I would say so.

Yeah that's about right. About the same. One of my friends she's deaf and recently she had surgery, about nine years ago and she just smoked around the clock like a chain smoker. I said you really shouldn't smoke that much. It will cause problems with your heart. Then she had that surgery. You want to live a good healthy life. The doctor told her you need to stop smoking. If the doctor told me to stop smoking because of my heart, I would obey his rule. Whenever I work try to break off half of the cigarette because I want to change myself. I don't want to be like my friend to have to have surgery, have my chest opened up like that, always feeling bad. I think I could stop smoking in order to not feel bad. If the doctor told me, "Look, you can't eat, you can only eat small meals." It affects your whole body like that. Maybe I need to take a step back and look at me and maybe change myself. It kind of gave me the incentive to stop. You know my kids want me to stop. They say to me "Stop smoking, Mom. You need to stop smoking." I don't know why people continue to smoke, I don't know why I continue to smoke. I've been trying to control it. But you know when things pop up and you get frustrated, you know then you want to smoke.

Of the people you know, especially the deaf people you know, do more men smoke than women or do more women smoke than men?

Women

Women smoke more

I think men are more likely to do it.

How about younger people versus older people? Younger being 18 to 24 and older being 40s and 50s.

Youth are more likely to use it.

The ones I know, the older people smoke more.

The younger ones. I'm sure she said the older ones, but I think it is an even comparison. Kids smoke and then the older ones do too. I'm thinking some people start when they are young, about 16 or so, and then continue to smoke until they are older. I just don't know how old or when the older ones started. The younger ones smoke more than the older ones around 16 or so. The younger ones copy off the older ones. I still think it is about even.

Do you thing there is a connection between financial resources? Do poor people smoke more than rich people or the other way around?

If they're poor they will still smoke. They will find some kind of money to buy cigarettes. I think it is even.

I think that the rich people… the poor ones roll their own. People think it is pot but it is cigarettes. You just roll it yourself – Bugler it is. I don't roll my own but my friend does. It tastes awful and it burns your tongue. They are cheaper and you get those tobacco flecks on your tongue.

Persons in poverty are more likely to use it. Both are having the same effects and are just as harmful.

People get in a habit or they start some kind of protest. I think they should just get rid of it.

You think people should get rid of it? Make it illegal?

I think it would be good, but it might be bad there might be fights. People would protest because they want help with their life. I have a friend who can't live without smoking. If there were no more smoking permitted everywhere, would they get it illegally? They would find it somewhere in the world. I don't think there is any way they could do away with it.

You talked a bit about chewing tobacco, it has several names: chew, rub, spit. How popular do you think it is?

I think it is very popular. People use that.

It seems that it is the region we live in. In the southern part of the state it is very popular. What types of tobacco products are used? Cigarettes, smokeless, pipes, cigars, cross products, blunts, flavors?

Cigars, cigarettes

Cigars, cigarettes, cross between the two. People will sometimes change from one to the other.

Marlboro, Camels, Doral, cheap generic brands that I don't know the name of. The thin cigars, I'm not sure of the name. Copenhagen, Skoal. I would assume that the younger people use the flavored snuff. Roll your own cigarettes - Bugle. Skoal is the most popular for the snuff. I would assume cheap cigarettes are the most popular.

I think cigarettes are used most often, but you have cigarettes, chewing tobacco. You can have Marlboro, Camel, Basic, GMC. And for chewing tobacco you can have Skoal, Copenhagen. Most popular I have seen is Marlboro and Copenhagen.

What brand names are popular

Camel, Marlboro

Which is the cheapest – Marlboro, Camel, Winston – and easiest to get. Doral. Kools. They taste awful. Make me want to throw up.

Do people prefer menthol or regular?

Most prefer regular but it might be half and half. Some do like the menthol. It's probably even.

Do you get many coupons to get cigarettes at a reduced rate?

Yes we get those.

Yes we get those.

Do you rely on those to buy cigarettes?

I hardly ever use them at all. If I see another person who smokes that brand, I'll give them the coupons. If it is like on the carton, I'll give it to them. Because I don't use them. I don't like to have a carton at home because it is too expensive. If I see a coupon for a carton I'll give it to someone. I look for the cheap stuff.

What kind of messages would work with a deaf person to quit smoking? What do they listen to?

Well some people try to quit but it is really hard. Some will be able to quit if they go to the doctor and that will help them quit but sometimes people will secretly continue

smoking and not quit at all. Some people will crave it when they see someone else smoking and then say "I want one."

Raise the social security income and then the deaf won't be so stressed. Raise deaf awareness and hopefully employers would be more than willing to hire more deaf than not. There are many deaf that want to quit but it is hard for them because they have been smoking most of their lives and the added stress from not being able to find a job to having grandkids that they have to raise. It is really the same issues that a hearing person faces with the reasons that they smoke. It is just added stress being deaf and nobody being able to understand what it is that they want.

There are meetings that are scheduled to talk about them and truly I think it would be the only way because we have to educate them one on one basis

Would a message like knowing the health hazards, would that be effective? Did you hear much about that when you were in school?

Yeah, a lot.

Let me think about that, I'm not sure. It depends on the people in general. Some people see that and other people look but ignore it. Or they think they are not susceptible to the disease. Some just go ahead and smoke because they are young and they don't think it will happen to them. We were showed lungs that were cancerous and all that, they were all black, they were hard like steak. There was a lung from a pig that was black from cigarette smoke and it looked like a steak. My friend from college told me that when lungs are clean they look like steak before you cook it. At that time I wasn't smoking and they showed this picture that looked kind of like a steak and then ones that were filled with smoke looked like a (cooked) steak and I said "Ewww, I have to eat that?" No, just look at the comparison. So it was just a comparison between the pink meat and the other that looked like a steak.

When you were quit and not smoking, what kept you from starting again?

I was just really trying to stop smoking. I would feel pretty calm and pretty good and I would be ok for a while. Then other things occurred that happened and then I would start eating a little bit more and that would make me a little bit nervous and I would gain a little bit of weight. I'm really not sure.

You are a nonsmoker, why are you a nonsmoker, what has kept you from starting?

I don't want to be in the same position as other people. I already have a health problem myself so I don't want to be even more abnormal with problems.

I know my dad quit smoking due to health reasons. I think that is a big part of why many people do quit.

I have smoked off and on, I don't want to start because I know all the risks and consequences involved

Has it been difficult living in the household with a smoker?

Yes it because it smells bad and when I go out to places my clothes smell and when people come up to me they don't want to walk with me or they say "Do you smoke?" and I say "no, why?" "Well your clothes smell like smoke." "Well I live with my mom and step-dad and they smoke." They just say "well I don't want to walk with you because of the smell." That hurts her feelings too.

Are there any specific barriers in this community that keep people from accessing tobacco quitting programs? There are a variety of programs available through the health department, the Quitline and others.

Some places ask for ID but give it to you anyway.

The patch?

You know, she's right. Her friends will sneak around and give each other cigarettes. They borrow them from each other. It's not my responsibility. Some have friends over 21 who will buy and then give them to their friends. It's the same with liquor – you can get it if you want it.

The question is, if you say to yourself you want to quit smoking, do you know where to go for resources? Do you know where to go to sign up for class? Do you know where to go to get the patch? Do you know the Quitline phone number?

No, but I would go to the CSD/HH and they would give me the assistance that I would need to find these places. I would just need to go in there and ask for help and they would contact for me what I needed.

In the past, yes. Many deaf do not want to go to a 'hearing' cessation program. It is hard for them to understand the 'hearing' language. Even though they would have a interpreter. Having the cessation program in Dayton has been a big help for our consumers. Now with the video phone, I feel that the number will increase in deaf people who have quit smoking. Deaf feel more comfortable with other deaf. They understand each other and where they are coming from and why they started smoking and why they want to quit.

I wouldn't think so.

As a tobacco user, why do you keep using tobacco?

I don't know. I don't have any excuse for that.

Stressors are a big reason. Boredom.

For stress, helps relieve it a lot.

When and where are deaf persons most likely to use tobacco?

Anywhere. If we go to a special activity, Skateland or a bowling alley, we can only bowl for a half hour until they have to go outside to smoke. They have to have it. Even with the ban on smoking inside, when we go to a restaurant, Mom and my step-dad, since they're not allowed to smoke inside, they will say "hurry up and eat because I have to smoke." I'll say "I'm hungry." They'll say "hurry up", so I say "ok" and I'm eating and they go outside to smoke.

During stressful times, boring times just sitting at home with nothing to do. A lot of smoking happens at social events.

Probably all places they are allowed to smoke.

Maybe in the future if you smoke an alarm will go off, and then you will have to throw your cigarettes out. As soon as the fire is out then an alarm goes off and they fax you a little fine. Maybe it will happen. Like in a movie with Sylvester Stallone, you know which movie I'm talking about?

Where do you use tobacco the most?

I use Marlboro at home, at my house, in my car, at work.

Basically everywhere.

If people come when the alarms go off, I'd say, "Hey, it wasn't me". I'm an angel, I didn't do it.

What do tobacco companies do to encourage people from the community to start using tobacco products?

I think if they raise the prices I don't think they would buy them any more.

So you think if they could, the tobacco companies would lower their prices? The question is, what would they do to get more people to use tobacco?

Oh yeah, they would lower the prices.

That's kind of the idea behind the coupons.

The tobacco companies would go out of business if they out-price themselves so that people couldn't buy tobacco. Some people smoke so much and they need to stop but if

tobacco companies went out of business and there weren't any more to smoke there could possibly be a war over tobacco and the need to smoke. But if there was no more tobacco products people might learn how to control their anger.

Coupons and surveys. Deaf people tend to get things in the mail and if it says you get free stuff then they fill it out no matter what it is about.

I don't think society has done anything. They make commercials for, we make commercials against. That's about all we can do.

What is the impact on youth when they see tobacco used on TV and movies.

It makes them want to smoke even more.

It sends the wrong message.

It is having an impact because kids are starting early.

Do you think it is enough to make them start?

Yeah

Yeah, they see people on TV and they see their friends. That makes them want to smoke

How do young people under 18 years old get tobacco products since it is illegal for them to buy tobacco?

Some parents will supply their kids. I've seen it in many households where the parents really have no control over what their kids do. Older friends.

Family, friends, outside sources.

What are some tobacco-related health problems?

Cancer, heart disease, lung disease, lose taste buds, tar on lungs they have difficulty breathing, other things concerned with throat cancer, voice box removed. But some people won't stop even if they were offered money to stop. It just depends on the various situation s and their lifestyles and the family history. Some people have never smoked a day in their life and they get cancer from the secondhand smoke. It's just from their family history. But it doesn't matter. They have health problems but it's from something in their generation's health problems in the past and it is just passed down. You can't blame it on their smoking or on something that happens and we can't help. Cancer, we don't have a cure for it, just like smoking, it's hard to quit like that. You have to use your brain, but I'm not a doctor.

Lung cancer, emphysema, throat problems, stomach problems. My deaf grandfather died of lung cancer. Some of our clients are in beginning stages of emphysema.

Lung cancer is the biggest. Not sure if many deaf have a clue to smoking.

Do you see many of these health problems among people you know? Health problems that are typically related to tobacco use? People in particular? What kind of symptoms do they have?

Some of my friends. I'm not exactly sure. Maybe about two friends or three.

Black lung, bad lungs, throat problems, stomach problems, bad digestion, a nagging cough that happens all the time. Sore throat. I know one person who smokes and paid a hundred dollars for pills that will make him stop smoking. They make him cough and cough and get sick so that he doesn't smoke. Then the doctor recently, my friend went to the doctor. They gave her medicine to help her stop smoking. But then the doctor said stop taking this medicine because it's no good for your heart. Throw this away. You have to learn how to control your smoking. Control it yourself because you have heart problems. She just had surgery and the smoking could make it worse. So she stopped. There she is, she doesn't know what to do. She is between a rock and a hard place to what to do, what is worse.

Do persons from the deaf community think that secondhand smoke has a negative effect on their health? Do they think it is bad for them?

Yes, they think it is bad. You can be at an event or an outing or a meeting. People were explaining about secondhand smoke and I would say "Really? I just didn't have a clue about that."

Probably not, due to lack of education and I believe it would change their behaviors.

It's in the air, even if you smoke inside your car or your house. Even if the windows are open in your car, people are still affected by that. What about the pollution from the egg plant? What's the difference, it's all the same. The secondhand smoke, the pollution.

I think it is funny (not humorous) when you walk up to someone who is smoking and you ask them if they would go somewhere else and they just blow the smoke in your face.

Who did that?

I didn't smoke at all when I was pregnant. Not at all! I had problems with my marriage and there were disagreements you know. I was hurt and suffering. I asked someone if I could have a smoke. That's all it took. I'm hooked. But what am I to do, I'm hooked. When I was pregnant I did not smoke. I started after my son was born I started smoking again. Probably for about several years. The arguing and the fighting it just affects your nerves. It seems like smoking calms your nerves. Then once I was divorced then things

seemed to calm down and I felt like I was free from that stress and all. I didn't have the feeling so intensely that I needed to smoke. But when I worried about my kids and life is hard and you just don't know what to do and you have all this worry and you know, divorce, and you have problems with your kids, missing their parents and you have all this worry and responsibility on you and you start to smoke and you kind of get hooked again. I can't promise what is going to happen and sometimes you just get fed up with life in general. It's hard to say what for me. Sometimes when she is sick and I get so worried about her being sick and she has to go into the hospital and my son got sick and he had to go to the hospital for some virus or encephalitis. I had to drive to Columbus back and forth and I had so much worry and I had to focus on myself and my kids. At that point you don't worry about why you are smoking you are just focused on the kids and trying to make sure they are ok. Once they are up and things seem to be better, then I felt like I could start focusing on myself and my body and my needs. But you know I just can't make a promise about what is going to happen to me. I can't make a promise. For that three months that I was quit I was feeling great and then I started back, I just can't promise, it just happened.

I think they know about it but don't really think anything of it. They get bits and pieces of it from the news and gossip in the deaf community but they don't really get the full story and know exactly what is really happening.

Has a close friend or someone in your family died or been diagnosed with a condition that is related to tobacco use?

Not that I know of.

No.

Yeah, my friend died. She had breast cancer but she smoked too. She had different, tough problems but she found out her husband was cheating and things like that. So many problems. She smoked more and more and things continued to escalate. She wasn't able to stop or help herself to stop. So she died in her thirties.

My grandfather died from lung cancer. My father smoked but quit before his father died. (I smoked also for a few years but health related problems has forced me to quit too. I always have cravings)

Has it changed your outlook on tobacco use?

I'm not sure I understand.

When your friend died, did it make you want to quit more?

Yes it did. Because I saw my friend suffering. She was so sick and smoking. It made me want to quit. Her friend now is really sick and then my mom died. She didn't smoke

but I know my mom wanted me to quit. My kids are begging me to quit. So I'm stuck. I want to cut the addiction.

What is your opinion about the smoking ban voted on in November?

I really have not heard much from the deaf community about this. I know that since our Hospital has gone smoke free on the property of SOMC, a lot of our consumers are afraid to get the fine. Some of them don't care what happens if they get caught.

I like it.

I think it is a good thing and hopefully it has a big good impact on everyone.

I didn't even know that was going on. I didn't have a clue. People would tell me about that and I would say "I didn't even know that" It said that smoking was not allowed in any public places. I was just lock-jawed about that. Now when I go to a restaurant I put my cigarettes away so I won't be tempted to pick them up and smoke them
You get fined $250. I couldn't afford that $250 fine, I couldn't even afford food for my family if I did that. I put them up so I wouldn't be tempted to do that and I wouldn't forget.

Get in the car and hurry up and smoke so then you can tell me what to do. It's my car! I saw on the news that a guy actually got fined for smoking in his own car. I think it was in Ohio. West Virginia?

The law was written so you couldn't even smoke in your own car?

It's the new law that if they pull you over for another thing, like speeding or a seat belt ticket and they see that you are smoking in the car with a child, then they will fine you. But it is with a child, like under the age of 18, they will fine you. But they can't pull you over if they just see you smoking. You have to have a seat belt, speeding, run through a stop sign, that sort of thing. I always wear my seat belt! I hate tickets!

That is the end of the questions. Do you have anything else you would like to say about tobacco use that you would like us to put in our report?

I want to tell you about my friend. We were talking and I would tell her that you really need to stop that smoking. Because if you get caught outside of the CSD office you will get fined. And she said "I don't care!" "You don't care?" I told her that you have to go ask CSD "where can I go smoke at?" And she stood outside and said to me "come on, join me." And I told her "I'm too chicken, I'm too afraid. I don't wan the police to catch me." And I'm thinking, $250! So I went to the woman at the desk, the secretary and asked "Is she allowed to smoke outside?" "No, I already told her that she wasn't allowed to smoke outside. I warned her already." "So can I smoke in my car?" And she said, "Yeah, that's fine, go ahead." So I went out to my car and I told the other girl "I'm just going to go out to my car." And she followed me. So I sat in my car and she was just

standing there beside my car (smoking). "Oh no, everyone is going to see me!" And that other woman called for me to come in. And I'm like "Ok, I'm coming." Then the other woman got called in to see whoever she needed to see. So I was sitting out in the car and finally I went back inside and said "I'm done, I smoked in my car and I'm done. I didn't stand outside" So then I went in to my appointment. There are too many things. I don't want to get caught by the police. I don't want to be fined $250. That's one of the other reasons why I need to quit. It will save me money too.

Are all the places in Ohio banned or are there still some places you can smoke?

All work places are banned. There are some places where they don't care if they are breaking the law.

I saw today when we had to stop at McDonald's to use the restroom and I saw that there are some people still smoking. Before I walked in the door I saw them. And I saw a sign on the door that said you had to stand a certain number of feet away.

I told the woman that was complaining about it that "You go ask CSD and tell them to call Cory in and make the complaint for you, because you complain all the time. The interpreter will voice for you. Just do that." And she said "Oh I will!" And I said "Go ahead. The number is right there on the paper." But did she do it? I doubt it. I don't care. Would I call to complain? No. But maybe in the future I will. She had smoked 28 years. I have only smoked 15 years. She had smoked a lot longer than I have. I'm not addicted I just don't inhale all the time. I'm not like that. Other people are. If I inhale all the time I choke. Other people do but I can't do that. We're different.

Thank you. I have a survey I would like you to fill out. Don't put your name on them.

Attachment H: African American Transcript

Cross-Cultural Tobacco Control Alliance

Focus Group #4

African Americans living in Southeast Ohio

Gallipolis, Ohio

May 24, 2007

Arranged by the John Gee Black Historical Center

What television commercials, print advertisement or billboards that tell about the health hazards associated with tobacco use have you seen? And please explain the message as you remember it.

I'm not for sure I've seen any saying it's a hazard…

Commercials, print advertisements, billboards?

Oh, you say print advertisements, even on the cigarette package it tells you it's not good to smoke; it's not healthy.

Anything else?

I am sure there are many things, but I just can't think of them right now.

Okay, if you do we can come back to you. And we will move on to the next lady.

I can remember years ago that advertisement for cigarettes being on billboards-they are no longer on there and very seldom do you see them and on television too, every once in a while they flash on a commercial of how destructive smoking is. I see that on television.

So, you probably notice fewer billboards then there used to be?

Especially on cigarette smoking-either for or against.

I have seen the billboard era, the regular era, the television era and all the way up to smoking today including the Debunkify ads because I watch those today. My best memory for a smoking ad is that Winston's tastes good, like a cigarette should. I remember that it was grammatically incorrect, and they put it on my test!

You don't see as many cigarette ads on TV anymore. But, I do remember cigarette ad for Camel cigarettes. We always wondered why it was called Camel, but they had the picture of a camel on the pack with the big hump on his back. It was a regular cigarette wasn't filtered or anything. But now I've seen Camel cigarettes that are filtered cigarettes. I have a friend that had throat cancer from smoking and got over that but that didn't stop him from smoking.

Do you recall any advertisements or commercials about the health hazards of tobacco?

There were ads on television. It does cause throat cancer

Every time I go on the highway, I always look for the yellow (Debunkify) van. I've seen their commercials on the TV and so that's why I always look for it but I've never seen it. But also, I watched the program about the older movies, and the greats always have a cigarette in their mouths. Either that or they're smoking. And if you can recall, if you didn't have a cigarette in your mouth, you weren't the star. And that was to promote the sales of cigarettes in those days.

And now? Do you see any advertisements?

I've seen a few others but I don't recall the sponsors but I do recall seeing them.

I've seen stories. I watch the Lifetime Channel a lot and sometimes they have stories on there that the person dies of cancer because of smoking. But the commercial I remember from when I was young was the commercial where the guy in the red beret with a chin strap. Phillip Morris! So you know I didn't smoke. I can remember that very well. And I guess you thought that you were really smoking if you had a Phillip Morris cigarette. I never smoked, never even tired. The only the I ever did towards it was my mom made me smoke Life Everlasting when you had a cold. And I remember her showing us how to roll it in the brown paper, a brown paper bag. And that was the only smoking I ever did in my entire life and it was only for medical purposes or so she said.

And what was that herb called?

Life Everlasting.

Do you all remember that? No I guess not, I'm the oldest one in here, only I remember that. So I'm the oldest one in here. In the fall of the year it has a white blossom. They had tea in here. When you live in the country…

I actually do remember something. As teenagers, everyone thought it was cool to smoke. And those of us who didn't smoke – we had these trees around town, we called them cigar trees. We used to get one of those long things and walk around with it in our mouths. We'd be cool. What was the name of those trees with the long things?

The honey locusts has a long pod. Was it the honey locus?

They had seeds that would dry insides. We used to try to light them.

There's a man that would make his own toys too. He knows how to improvise.

Yes, the thing that I've been. Well, with my grandchildren, I raised them in my home. They bring home pamphlets from school tell them not to smoke, not to use drugs, not to drink alcohol. So I'm familiar with that, and also when they go for the physicals for sports at the hospital, they usually give them pamphlets that tells them all about the complications that come from smoking and that they shouldn't smoke and all that. So I usually read that. I would tell them to read it because I don't want them to smoke. It's a good thing that's reaching children that are in school. Maybe before they didn't see before because it's cool to smoke in the other generations. There a lot of things and information that you need to put out for the young ones to try to deter the smoking because it's hazardous to your health. I don't know I don't smoke.

Excuse me, but although Phillip Morris advertised smoking, didn't they do something to benefit those who had smoked? Oh that was after the lawsuits.

They also put out the information about the patches; I've seen that on TV too.

Phillip Morris continues to sell cigarettes though. Okay, for the rest of the questions feel free to answer as you come up with responses. The next question is have you participated in any tobacco prevention or cessation activities in the past 2 to 3 years? And if you have, could you describe if the focus was on adults or children and if it included information on second hand smoke.

I haven't either, but I know my insurance sends out a letter asking if you are a smoker or a non-smoker and I know if you're a non-smoker than it will decrease the policy – the cost of the policy.

That's a good motivation not to smoke. Okay, then next question. Why do you guys think that people from the African American community here use tobacco products? Around your area, in Gallipolis. Either chew it, or smoke it.

Maybe because their parents worked in the tobacco fields and they worked in the type of situation that it became part of their lifestyle. I would say that it would be one of the things because my great grandparents were on a plantation and that plantation grew tobacco and corn and the fields had all of that. That might have been part of their lifestyle passed on from one generation to another. And old women would smoke tobacco and chew it too. They wouldn't have cigarettes but they had their corncob pipes.

Yes my great great grandmother used to chew tobacco as well

I hadn't known so much about that, but I was born in Alabama and then moved from there to here. But I don't remember them raising tobacco and all that.

Depends where you came from

There was the cotton and corn and all that stuff, but I don't know where that came from. Maybe it was just a thing because everyone else was doing it.

What about in this community?

In this community? A lot of it is peer pressure. I know that's how my daughter got started behind the school. They try it and then they get hooked on it.

I don't think that they can distinguish between African Americans and anyone else as far as smoking. That question just, I don't know. If you really study the African Americans, especially in this community, they probably have smoked less than anybody. Money wise, because it takes money to buy cigarettes.

That's interesting.

Well, I went to an all black school, and I don't remember any of that. But my children and grandchildren they're in inter-mixed schools now and that's where my daughter got started on that. It was the white girls and that group. You hear them talking about how they got started.

(If you) drive downtown around lunchtime. Every student has a cigarette. They light up the minute they step outside. Black and white, mostly white.

So even though it's expensive, they find ways to get cigarettes.

I think it's foolish. That money could've gotten me something to eat. I never wanted to smoke so…

How do you think the kids got the cigarettes if it's illegal to sell them to minors?

They steal them from their mothers when they're out of the house.

I think that some parents, that they allow them to smoke if they smoke. They give them cigarettes. And they have their pocket money, allowances. And then the friends can go and buy them. They say that unless you're 18 you can't buy cigarettes but they find a way.

As long as you have the money

I think a lot of it is, the children and the young teenagers get an allowance. They get lunch money and all. When I was coming up you went to school and ate. Now they go all

over town eating food. Now it's a bottle of pop and a cookie or something like that and so maybe some of them really don't eat. Maybe they are willing to go with their extra money if they do smoke and buy cigarettes.

Oh okay, so you're saying that they use their lunch money and that to buy cigarettes.

And being a historian I'm going to have to defend the history of the African Americans. Now you know in Virginia, it was just across the river and that's one of their main things that they grew was tobacco. My husband's family came from North Carolina and they brought those tings with them. And that is the truth.

And now tobacco is the crop for Gallia country now.

Oh it is?

Yes all the dairy farm and other things are gone. Now its tobacco and soybeans and we send most of our soybean crop oversees. But the tobacco crop is for Ohio. Any 4H thing you want to go to.

But that's also true. But it's not for you to smoke in your home. It's a money making thing, that the means of money coming in. It's like other countries they sell tomatoes and its sent away to be processed, it not to be in your home just because you raise it, you smoke it. Yes, I'm from Alabama but I came here as a very young girl so I'm very familiar with tobacco and stuff here.

It's okay to have different experiences

Yea I've been here and there too

Are there any other ideas or thoughts about?

If you don't have any money to do anything, you're going to find some sort of recreation or relaxation to do with your neighbors or friends. When they finished eating they smoked, it may have been because it was that form of socialization that people had. It was that time too, now kids just sit at home by themselves.

I know when I was younger, my friend she, as they say, rubbed snuff. She tried to teach me how to but I never learned. It wouldn't stay where it was supposed to stay, it kept coming up. But her mother did snuff, so now it's just as dangerous as cigarettes, I don't know what it's made of. What is it, tobacco ground up finer?

My great grandmother she put that stuff down her lips. I couldn't stand that, it burns.

Some of them would have big puffs out here (motions to cheek). There was also tobacco too, that my mother's sister's husband. He would always have a big wad out in his jaw, stuck way out. I never saw him spit. Must have been swallowing the juice.

We're going to move on to the next question then.

I did mention that my husband started smoking. He started smoking sometime between when he was 13 to 15. But after about 10 years he quit. But now he has taken up that nasty habit of chewing tobacco. He kept opening the door and spitting. I don't know why other than smoking a cigarette, it's just as dangerous.

That goes into the next question. The question is what are the differences in tobacco use within your community? What do you think causes these differences? That is what are the differences between men and women smoking? Between youths and adults? People who have money versus those who don't. What are the causes of the difference between these different groups?

I think that a lot of time that I hear younger kids saying – you better chew that tobacco not smoking. I think it's that they believe that it's less dangerous and can't cause cancer. I think that where your Debunkify commercials need to do a better job, because it does have the same effects.

You can notice rural people chew more than local people. They do chew more than people in other professions

Quite a few young people get into snuff. They keep it in their pants. Also I'm like what is this? They sell this little thing that these young kids were buying and keeping something in. What is it?

Slug of tobacco. They stick it in their jaw

But for a while it was really going, I guess, I don't know. Anyone could buy it, these kids could, but I didn't like the looks of it. But of course, Grandma's old fashioned.

They're preparing these things neater. Years ago snuff was in a can. But now you can carry it more easily. But it could come in a roll, they would rip it off. A lot of the young children, kids, teenagers, were doing that.

Do young people here use Black and Milds? Those are these cigars; down in the Cleveland area, Dayton, and Cincinnati they use these. They're flavored cigars.

Chocolate flavored cigars? I don't know what it is but I know you can get them

So it's not popular among the young people here, it's more of the chewing and smoking cigarettes?

Cigarettes and chewing tobacco have been around since before I can remember

Let me ask this question then, who thought these children how to smoke this dope things.

I think that's a cigar

I don't know

Do the young kids use blunts here? They are cigars that they put marijuana and other things in there. Do they use these?

So they're flavored cigars?

Yes, they're cigars and they take some of it out and put either marijuana or something else in to it.

That's exactly what I'm talking about; apparently they're called chocolate covered cigars. That's just their way of not telling you, thinking that you're stupid.

What about the odor?

Have you ever smelled marijuana?

Yes the first time I smelt it I thought the house was on fire. I thought I was so dumb. I was at a party.

My first time, I didn't know what it was. Don't smoke it and don't care to. I went to Central State college, that's where my daughter was, she was a majorette. I was sitting outside and every time I'd get this odor and it smelt pretty good and I didn't know what it was. In the air it has a different smell. I would ask what is that? I didn't know, and they would say "Mom, you're smelling marijuana." I don't know. I've smelled it on other people and it's a different – it's a terrible smell. But when it was outside, I was just dumb to the fact.

We're going to switch the topic back to tobacco now. Okay, the next question is what types of tobacco products are used in your community. Can you recall some brand names and labels and which ones are the most popular?

Used to be Bull Durham

Skol chewing tobacco. Most of the cigaragettes were used at the time too. Kool, Camel, Marlboro.

Somebody said it. In the red and white packet was used all the time. I can go down to the corner and check.

My father used to smoke Lucky Strikes. I don't know if they still make them, they were small ones. Now cigarettes are much longer, I don't know.

They got filters in them now. That's why I said Kool. There's a difference between them. Half the cigarette is a filter and the rest in the regular.

Now they're light cigarettes they don't have as much tobacco in them.

The question is what do they smoke now. We keep avoiding her questions.

Marlboro, I don't know. Virginia Slims when they were for women. That was popular. They have generic cigarettes now. They're much cheaper.

The next question is, what kinds of messages do you guys think would work in your community to help people quit using tobacco and what do you think are the best way to reduce use of tobacco in your community?

I think they need to take them out to the hospital and show them the cancer patients. That's the best thing.

Education

I do think they try to use education.

If they'd see a cancer patient daily, I think that would work. But then again , you said no

Tobacco so foolishly causes so many diseases. You know you got bronchitis, and emphysema. I've seen people with emphysema, I think it's stupid. They got their oxygen and they take it off and go outside to smoke then go back in to the hospital. I think they're trying to discontinue some of that.

I think education would be the main thing. Education as to what it does. Maybe looking at it in a practical way. Films, going to the hospital, tracing the patient's progress or deterioration.

Education messages from whom?

The public, the health department, the schools.

The schools take the younger kids over to the jailhouse to show the kids the prisoners to keep them out of trouble. They can do the same things with the cancer patients at the hospital to show them that.

I don't think that they would take them to school, but they do have programs with trying to teach the children not to smoke. DARE is in all the schools. Like I said, my children

are grown, but I'm coming up with the grandchildren and so that's why I'm familiar with that.

Do you think DARE is working? Because they're hearing the messages, its working, they're not smoking?

None of my younger grandchildren I know of smoking. Not to my knowledge.

That's when they're younger in elementary school. When they get to high school, there's another set of instructions going out and it's called peer pressure. They are telling them, that if you want to fit it then you have to try this. This applies to cigarettes, alcohol and sex. Who wants to feel left out? Everyone wants to feel like they are part of something. And I agree that the home is where the instruction is. And a long time ago, I'm taking it back. When you got caught smoking, you had to smoke the entire pack in front of your parents. You didn't want to smoke again ever.

If they see it at home sometimes, the incentive is there though.

Okay, if you are a nonsmoker, it seems like everyone is. What has kept you from starting smoking?

Four-pack-a-day father stopped me from smoking. Four-pack-a-day father and watching him get sick and being told that for what other people got done for diabetes, my father could not have anything done for him because he wouldn't quit smoking. He could not get the nicotine out of his veins and the healing could not take place as they did those amputations, so for what is offered to many people today was not offered to my father because he would not stop smoking.

I just didn't want to smoke, I wanted to eat. I didn't want to waste my money on buying cigarettes. And then my parents would get on me. Parents today, I think a lot of their children do much more today than our parents did no matter if they did smoke or not. You didn't smoke. My father smoked though, but you did not smoke. Sometimes you may steal cigarettes from them to learn how to smoke, but my father smoked Lucky Strikes and I thought those were the most bad odor, I just wasn't interested in smoking.

I can tell you another story about not smoking. My father too was a four-pack-a-day smoker and he never had anything wrong with him with his lungs or anything because he only smoked half the cigarette. My mother who chopped tobacco and is still alive today says it's because he never got to the hard part because the burn the way down. But my aunt who also smoked cigarettes used to come over to my house and go to my father's ashtray and clean them up and smoke the rest of those cigarettes. So I saw a couple things with smokers that deterred me from smoking.

So what happened to your aunt?

Oh she's still alive today but she suffers from emphysema like crazy and it's terrible. When she comes to visit she has to bring all of her oxygen-type gadgets with her it's awful. And she has to bring paraphernalia galore. And my husband of course, has been on oxygen for years.

Breathing is important

I contribute my non-smoking to a father who continuously smoked King Edward cigars and he would have one in his mouth and from the time he got up to the time he went to bed. It may not always be lit but he had one in his mouth – chewing on it. And I had three brothers and none of us smoked. I say it's because of that.

And your mother, preaching to you.

Anyone else?

You know like I said, my father smoked a pipe and I always liked the smell of smoke from the tobacco. There was nothing wrong with it, he enjoyed while he was doing it and it never did anything to him. I never saw him smoke a cigarette though, I saw him smoke a pipe all of his life and I have cleaned out the bowl for him and things like that. But I think that what we see around us has an awful lot to do with the way we react because I'm pretty sure the things I saw my mom and dad do has a bearing on my life even until today. And I have a son and he, as far as I knew, had never smoked until one of his friends came over one day and they started laughing about what they used to do down in the basement at Ms. Pearl's house. And they got to talking and I said "oh," and he said he tried it but that was the end of it. But I guess Ms. Pearl cleaned the floors down there. Edward and that bunch and James and those but he never smoked as far as I know. I've never smelled it on him and he's 33 years old.

Excuse me, I just thought about this situation. To debunkify people that do smoke that want to find a reason to smoke they always point out someone who lived to be 100 and smoked all their lives, well now I can recall --- Great Grandmother who used to always be sitting on the porch. I used to see her sitting on the porch smoking a big pipe. And she was always smoking that pipe. She was in her 90s when she passed. She was close to 100.

I think it's different chemicals in the tobacco, because my great grandmother lived to be 109 and she chewed tobacco.

My mother actually worked in the tobacco fields. She used to chop the tobacco. And when my husband used to walk in she would turn to him and say "Frank – that don't smell the same." And I always remember that name and that's when all the information about tobacco changed and for some reason she knew something was wrong. It was before she gave it up to.

Do you notice that sometimes people before they smoke some of them inhale it before they let it back out. And some of the others they just let it out, they don't inhale it. So that would be I think awful damaging to you when some of them inhaling it.

Guess that's part of the second hand smoke

I have a son that smokes. He didn't smoke until he got a job at a factory where he has a lot of responsibilities. He says it relieves the stress when he smokes

Next question. Are there any specific barriers that keep people who smoke from getting access to cessation programs? From getting access to programs that could help them quit smoking? Is there a program that would help them? Are there free programs?

The paper has programs of all kinds.

We have several of them.

But if they go to one program it doesn't stress another, like Alcoholics Anonymous. My husband was sexton at a church where the Alcoholics Anonymous met and the cigarette stubs were ridiculous. And I thought "why don't they work on the both at the same time?" Evidently they didn't stress the non-smoking.

Interesting, that could be a variant. Anything else? Okay then we're going to move on to question 10 because no one here is a smoker. When and where are persons in your community most likely to use tobacco? At social events or stressful situations? When do you see them using tobacco products?

Social I think so. Usually in a group, community gatherings especially church gatherings.

Speaking of church gatherings, when church is out and bible study, there are certain people who would shoot out of there. In between we would have Sunday school and when that's over with people would stay but someone people would disappear. They were out in their car.

My answer would be anytime they get a chance. Around the businesses you can see. Break time you'll see them outside. I was in a rest home and I was talking to this guy and the nurse came in and asked him if he was ready go out for his smoke break. He was there for lungs problems.

I think any and every where

Okay. What do tobacco companies do to encourage tobacco use among people in your community?

Advertisements on the televisions, on billboards

One of the things you had asked about before and I don't care what area you near, a liquor store, especially if you're in your car. Isn't there is always a square cigarette thing on one of them poles each and every time. Somebody would always have that because I remember seeing that on Eastern Avenue. And if you were smokers then those were always reminders to go and purchase more.

Isn't there a law now that people in the public eye like baseball players and such cannot advertise cigarettes, isn't that a law?

I'm not sure about that but I do know that Ohio went totally smoke free. It's illegal to smoke in bars and public places and I think they're starting to enforce that.

The American Cancer Society has been working on this for a while.

I know that when you go to the gas stations there are advertisements all over the place. You can see them all over the windows and everything. You know

They've opened shops now that are strictly tobacco. There's one or two, what's it called. Smokin Rob's?

I thought that was a ribs place!

I did too

That big store that's up there in the shopping center. All that they sell is tobacco.

Yea they only sell cigarettes and cigars

There's two of them, I forget the name of the other one.

Is it becoming more popular around here?

There's a mixed message there. The country says one thing and the businesses say another.

They haven't been open long.

Smokin Robs has been there for a while, like 2 years. That's one of our businesses because we picked them up They were some place, up on the upper end then they moved.

They're promoting the use of tobacco whereas you hear more about them than the organizations that are fighting it.

That's actually my next question. What do you think would be some good counter strategies against the tobacco companies advertisements other than the debunkify ads. What do you think would be effective in this community?

Smoke free zones haven't done it.

My guess is that education is so vital. Getting out front and staying out front. We as Americans don't like to think for the long haul. But with this I think that they are going to have to devote their time to the long haul to creating a new age strategy for education. Starting to get younger and younger educating them.

But have you ever dealt with someone's attitude when you ask them – "Please don't smoke?"

They real have a problem with it

One thing would stop the entire thing, stop making it available.

Too much money

That's what I said, if you stop making it available then they would quit

They got the money to fight.

They'd be the first state to cut one of its cash crops. That means that they would have to bill the farmers again and do you think that they are going to do that?

If not tobacco then they'll find something else. One of the things they should do is for every place that sells cigarettes they should have a sign that says what it could possibly do to them.

A picture of a cancer patient or something?

You know that they have cut back on raising tobacco and all that here. They make it harder every year to make tobacco.

They make it harder?

Yea they make it more difficult, more stipulations.

A long time ago you had to have a certain allotment depending on how big your farm was, how much you could grow because we had to go through that.

And now they've cut down how much you can grow

Because not enough many people are able to participate because some people were monopolizing. There was an article in the paper about that

Are there any other good counter strategies that could work in this community?

I think education is important. Should be consistent, maybe that should be a tour in every school for every grade that every kids had to go. They used to have that medical museum up at the Smithsonian and I don't know if they still have it or if they moved it but they had the stages of smoking from the beginning. They started with a beautiful clear lung up until it was the same color as your (black) dress and it had the years written on top of it and how all the pitying started. My sister was studying nursing and she said, let me tell you what's going on. She pointed out the one that smoked. And we were looking at them she was so explicit and detailed in explaining what we were looking at. We had a tour group with us, at the Smithsonian. But they had all the real lungs in jars, now I don't know if they still have it, but the progression of lungs. But maybe those kinds of tours should be mandatory for school children. And then they come home and mom tells them – "I don't like you smoking, I don't want you to smoke," it's a repeating of the same idea. "I want you in my life, I don't want you sick." Maybe that's the type of education that we need.

Since the schools come here, maybe we can mention how harmful smoking is.

They come here for programs or something?

Yeah, the 6th graders they come and visit.

For summer programs or something?

Yeah, they come for a tour of the black community and other things in this area so they come through here.

Okay, so make it part of the tour

Wouldn't hurt to add it

I thought he said, I'm not sure but they had different people coming in to speak to them throughout the year

Even if you ended it with "I hope none of you smoke and you realize how harmful it is." Just a comment, you never know – it might help.

Because they do a lot more things than they used to do

Maybe a traveling exhibit might be a good suggestion.

It might be a good program

To come up with the way the Smithsonian had featured theirs was that it made it interesting.

It sounds interesting and if nothing else they have ways of teleconferencing where they can show a video and they could show it so schools who couldn't afford to take their kids on that tour or make it available could see it. They could show it on a video.

Money is involved in taking them out of town and where they used to take them, they don't

I don't know why Michael, that's one of my grandsons, and he's around his aunt a lot that smokes. And it must be something that they have at school because he comes home sometimes and says "I wished you wouldn't smoke. Do you know what that's doing to you?" So they've had something at school, they're studying stuff. So it still goes back to education.

How old is he?

He's 15. Also he says – "your clothes stink, you stink, your whole house smells like smoke." And it does

And if they let it go everything turns yellow. I have a sister-in-law and she has manic depression and she's depressed. She's usually immaculate and you can't step in the door and breathe.

From the smoking?

Yea from that. Everything's yellow, even her fingers.

Wow.

Furniture, everything

Next question, what is the impact on youth when tobacco is used on television and in movie theaters. What impact do you think that has on them?

It encourages them to want to do it when they see it on TV and in the movies. It encourages them. Makes them feel more grown up to be able to smoke to have a cigarette in your hand or something in your mouth. And it makes them feel important to have that, they're one of the crowd

Most of the time that goes with something else. When they smoke they drink as well.

What is it?

Any other ideas?

I think it makes them think it makes you important to smoke. It makes them feel grander.

Smoking and sex is all you see on the television. Lighting up then jumping in the bed. So those kinds of things are the way the world is going around. The youth they see sex in the car and smoking and they see that – "I want to try it."

Anything you see on television time after time, you just eventually believe it. Start doing it. Just like they say in politics, you tell people long enough to jump in the river and do all these things and they'll eventually do it.

You're right.

So if you see the advertisements of all people smoking, and they don't have a reason to smoke, but they're doing it because they see everyone else doing it.

Everything goes along with the cigarettes. Their mode of dress and everything, it's a style.

How do young people in your community get tobacco products if it's illegal for them to purchase them if they're younger than 18?

There's always someone to get it for them. They don't care.

Family? Friends?

Yea someone. They can always find people to do it. And then sometimes the store keepers sell it illegally. They've been caught, they do it here locally. They've been caught and charged. They lost their license.

Good, good. Any other ways they could have gotten tobacco products?

Stealing

They're good for that. They steal it. Whenever they can, but now see they're putting cigarettes up where you can't. It good, get them out of there.

So they get their friends?

Yea they get their friends to buy it for them. Something. They'd rather get a cigarette than a sandwich.

What are some tobacco-related health problems and do you see them in your community?

Lung cancer, emphysema, bronchitis

Breathing problems

Cancer, they it causes cancer so there's cancer. There's a lot of cancer.

I think it just makes people short of breath.

Yea they can't breathe

Okay, and you see people in your community with these types of problems as well?

Yes

Okay, do people in your community think that second hand smoke has a negative effect on others?

I think it's just as bad as smoking a cigarette

I think it's worse

So you think everyone knows that second hand smoke is bad?

Yeah, but they're not going to stop.

Yeah, I was going to ask that. So if you have a friend, for example, that smokes but you don't smoke. Would you tell your friend if they came over to your house that they can't smoke in your house?

Yes

Do people in this community do that as well? If they don't smoke they tell people not to smoke around them?

Yes.

Most places don't have ashtrays and that's a good sign. Where are they going to dump the stuff?

I used to tell my husband that I was going to be the one who had cancer and I was going to be real mad at you. Cause you smoke and I don't and I was getting the second hand smoke.

That's true, people that smoke may smoke outside of their own homes but that doesn't stop them from smoking. That doesn't bother them when they walk back into house. They don't care, they walk back into the house and the whole thing comes back in

I had a friend that they smoked from the time they were married and she died of lung cancer.

And I think people are becoming more conscious of second hand smoke.

They've got signs everywhere

I have them too. In my car

And also I don't have as many ashtrays around but I don't want them messing with my ashtrays. I'm an antique collector, I don't want them messing with my antiques.

They're not allowed to be used them

That's what I mean, don't use my ashtrays.

You don't see ashtrays too much anymore in people's homes. That's an encouragement.

It discourages people from smoking.

My son-in-law I remember used to ask – Where's your ashtray. And I would say outside. Don't smoke in here

I don't get that.

And now he says, we don't allow smoking in our house – right on. They go outside.

Next question has a close friend or someone in your family been diagnosed with cancer or any other complication due to tobacco use? And if they have, how has this change your outlook on tobacco?

I didn't like it before they died and I still don't like it. I think if you're going to smoke you do it because you want to do it. I don't think you do anything you don't want to do. All of my friends were smokers, my in-laws were smokers, but I just don't think it was my inclination to smoke.

People start smoking and they think its going to be easy to quit but its not. It's a bad addiction.

Some people have tried and tried but they can't, they don't give in.

Most people have to get sick before they give in and even then some don't.

Anybody else have an experience of someone close to you dying, a relative or friend? Did that impact how you felt about tobacco?

I had a brother in law that passed and he smoked for most of his life. I don't know why he died but he did have problems with coughing and lungs, bleeding. I mean it was pathetic how he just lived. I never, I didn't realize it but I know he had smoked and I guess it was cancer. That's what we thought it was. And it got so bad that you couldn't understand when he talked to you until he coughed or caught his breath a bit. I'm thinking that's where it came from. Like I said my husband, now he comes huffing and puffing through the house and I ask him- what's wrong with you. I can't breathe. And it's been a long time since he quit smoking but it probably already damaged him.

Has he had x-rays?

He doesn't like doctors

You said he's stopped smoking?

Its been probably 10, 20 years

You know, now they've said the longer it's been since they've stopped smoking the more it helps to reverse the effects that the smoking has had on them. So that's good.

But then, women used to smoke when they were pregnant but now they say that smoking when you're pregnant is bad.

-It bad for the fetus.

I've always had an aversion to smoking but what really impacted me was my daughter's father-in-law died of lung cancer-suffered a long time. He had two sons and they wouldn't stop smoking. One son died soon after his father and my son-in-law he had lung cancer, but he had quit smoking for a while. So he is in remission now.

Wow, it's good that he quit.

-He had to go through a lot because of it. Surgery, treatments-for a while it was touch and go.

Okay, what is your opinion about the ban on smoking inside close environments that was voted on by Ohioans and what impact do you think that's going to have?

-I think it's the best thing they've done. I'm for it and impact, I don't think that it had an impact until it became law. Because my husband was on oxygen and he had to take that everywhere he went and someone sitting right next to him lit up a cigarette. And I was like, "you people have lost your mind? You are going to blow up the whole restaurant and you don't even care." But if the person's on oxygen even the people don't care

Did Frank normally smoke?

He had given up smoking when he was around 40 or so

Oh so he had smoked before.

He had smoked prior to that. He started smoking in his teenage years just like everyone else, trying. Yeah, but we were sitting right beside a person who started smoking with an oxygen tank right beside him.

Any other views on the new smoking law or the ban on smoking? What impact do you think its going to have?

I hope it'll be a good one. But I don't know, people are set in their ways.

I think some of the older groups wont change. It's the way they feel about rules and regulations. If they're going to die, they're going to die. They'll keep smoking.

What was the question?

The question is your opinion about the new smoking ban that we have here in Ohio that was passed in November and what impact do you think it'll have on tobacco use?

Well I think its good, and I think it has the possibility of reducing the amount of smoking and the amount of diseases that are caused by smoking. And I think it's good for our health.

So you think this law's going to cause people to stop smoking?

I don't think it'll cause people to stop but it'll slow them down because they can't smoke a lot places and they got to wait until they can get somewhere

Look at the opposition it had, the smokers think that they have their rights they are determined to do what they want to do. And if a person's that determined that they get organized then it's going to be hard.

I know when I was bowling and they tried to stop them from going down to the lanes. They had to stop smoking then they could continue down to the lanes. And some people stopped bowling because they couldn't smoke which I think is stupid.

They consider that they think it's their right.

You'd think that if they listened to the laws, they would be saving they're health and a little bit of money too.

The law's not there to keep from smoking it's to stop people from being exposed to it. Therefore you're going to save lives but you're not going to stop the people. But you will save lives

Well that's not going to stop people who already smoke from fighting those laws.

I think that unless they prove it by the money, they're not going to prove anything. How much they save by not smoking.

Good point. Does anybody have anything else to say about tobacco use?

You've probably heard enough, probably too much.

Don't smoke.

I have a question for everyone. Everyone that intends to start smoking raise your hand. Okay, nobody.

Nobody but you.

Well thank you very much for you're participation and we're going to have a drawing but before we have the drawing, we'd like you to fill out a survey. We're going to be drawing for a couple of gift cards.

What for cigarettes?