



## **Focus Group Reports:**

- *Sharing tobacco free messages with elementary school age children within an after school setting*
- *Spit tobacco use among middle and high school age athletes*

### ***Focus Group Findings***

***A Report by the  
Kanawha Coalition for  
Community Health Improvement  
Tobacco Prevention Work Group***

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## INTRODUCTION AND METHODOLOGY

This report summarizes the findings of four focus groups conducted by the Kanawha Coalition for Community Health Improvement's Tobacco Prevention Work Group during May 2006. Three were held among staff of after school programs in Kanawha County and one was among Kanawha County school athletic coaches.

### Purpose of Focus Groups:

- To gain insight that would enable us to design or identify an existing tobacco-free educational program for elementary school age children that would work in after school settings.
- To gain insight that would enable us to design or identify an existing tobacco-free educational program for youth engaged in sports/athletic teams.

This report contains the findings of all four focus groups. In order to protect the identities of focus group participants and the youth in their programs, findings have been compiled and are reported out collectively.

## THE CURRENT ENVIRONMENT

It has been observed by members of the Coalition's Tobacco Prevention Work Group that most substance abuse prevention messages are intended for youth in fifth grade or above and are being delivered during school hours. As academic performance requirements continue to rise among schools, it is becoming harder for health promotion programming to take place during school hours. Furthermore, it has been reported that use of tobacco products actually begins among young people between the ages of ten and twelve, therefore the Tobacco Prevention Work Group believes prevention efforts need to occur while children are much younger, even as young as kindergarten age, and needs to occur outside of regular school hours. To test this hypothesis, the Work Group embarked upon a project to learn from those who spend time with elementary school age youth outside of school hours, in an after school setting.

According to the Campaign for Tobacco Free Kids ([www.tobaccofreekids.org](http://www.tobaccofreekids.org))

*“Since 1970, smokeless or spit tobacco has gone from a product used primarily by older men to one used predominantly by young men and boys. In 1970, males 65 and older were almost six times as likely as those ages 18-24 to use spit tobacco regularly (12.7% vs. 2.2%). Among all high school seniors who have ever used spit tobacco, almost three-fourths began by the ninth grade. Despite some recent declines in youth spit tobacco use, 9.9 percent of all boys in U.S. high schools – and 1.2 percent of high-school girls – currently use spit tobacco products. In some states, spit tobacco use among high school males is particularly high, including Kentucky (23.5%), South Dakota (23.5%), West Virginia (23.3%), and Oklahoma (23.0%).”*

The Tobacco Prevention Work Group believes that spit tobacco use is higher among youth who participate in athletic programs and that coaches can have a positive influence on helping youth stop using tobacco. To test this hypothesis, the Work Group held a focus group to learn the thoughts and opinions of athletic coaches as to whether or not these assumptions were true.

## AFTER SCHOOL PROGRAM FOCUS GROUP FINDINGS

There were 14 participants in three focus groups held among after school program staff. The three participating after school programs on average have a total of 178 elementary school age youth enrolled. One focus group was held within an urban setting (Charleston), one in a more rural community (Malden) and another in a community that represents both types of communities (Dunbar).

Following are the questions and prompts developed by the members of the Tobacco Prevention Work Group for use during the focus groups. Participate responses follow each question and are compiled to protect the identities of participants and the youth in their programs.

### # 1    **How important is it for children to be educated about the health affects of using tobacco?**

Prompts:        Do parents/family members of the children in your after school program use tobacco products?  
                      How might their use affect the children in your aftercare program?  
                      At what age do you think young people start using tobacco products?

All participants agreed that it is important for children to be educated about the health affects of using tobacco. However, two expressed concern s that children need to hear prevention messages about all types of drugs, not only tobacco.

***“Those other drugs can kill instantly and are a greater immediate risk (than tobacco) to our children”***

All participants said they knew of children who lived in homes where tobacco was used. They said they knew this because of the smell of tobacco smoke on the children’s clothing and backpacks and by witnessing some children “acting out” unhealthy behaviors. Examples included taking pretend drinks of whisky and pretending to roll “blunts”, a colloquial term for cigars which have been unrolled and re-rolled after being filled with marijuana instead of tobacco.

## AFTER SCHOOL PROGRAM FOCUS GROUP FINDINGS

When asked about other effects tobacco use within their homes may have on children, only four participants mentioned exposure to secondhand smoke as a risk. Those participants believed that neither adults nor children of those homes understood the dangers of secondhand smoke.

Participants said that they believed that children began using tobacco anywhere from age 8 through 12. All participants agreed that prevention messages need to be shared at earlier ages, some saying as young as kindergarten. One participant expressed concern that parental permission would be required in order to share these types of messages with younger children. Most said that caution should be taken to make messages age appropriate.

### **#2 What are the barriers to getting the tobacco free message out to children?**

Prompts:      What messages are kids hearing/seeing at home?  
                    What messages are kids hearing/seeing at school?  
                    What messages are kids getting through the media (TV, Video Games, and Internet)?

Barriers listed by Participants included:

- Children are exposed to adults who model unhealthy behaviors
- Children lack the ability to understand why they shouldn't do things when adults are permitted to do them.
- Getting prevention messages out to parents
- Parents lack of awareness or concern about health issues
- Parent's own addictions
- Need for parental permission to share these types of messages with their children
- Popular music (rap, etc.), listened to by elementary school age children, with lyrics that attempt to rationalize and even encourage drug use
- Popular cartoons on television that poke fun at things such as getting drunk

***“I even watched a popular children’s cartoon where the main character gets drunk and this was made to seem funny. I always thought cartoons were safe.”***

## AFTER SCHOOL PROGRAM FOCUS GROUP FINDINGS

Opportunities:

All three after school programs periodically held events for both children and their parents and said they would be open to using some of this time to share health-related messages.

Two of the three programs said it would be easy to incorporate health-related messages into the after-school program curriculum. One program indicated that the schedule was so full that this type of information would be hard to work in.

### **#3 Where is the best place for today's children to hear tobacco free messages?**

Prompts: Who do children listen to for this type of information?

All participants said that parents should play a major role in sharing tobacco-free messages with their children. Some participants, realizing that not all parents are willing to do so, said that after-school programs and the schools themselves need to serve as the “back-up” for such messages.

There was a general consensus that all adults (parents, teachers, coaches, after school staff, school janitors, bus drivers, etc.) should share in the responsibility of sharing and modeling healthy lifestyle messages.

The age of the person sharing these types of messages with young children was a point of discussion during all three focus groups. Almost all participants agreed that younger “messengers” are more listened to and remembered by the younger audiences. Participants said exceptions would be older adults who could relate to children in some way.

***“I guess the age of the messenger doesn't matter ---as long as it's a person who can related to children and has a dynamic personality”***

## AFTER SCHOOL PROGRAM FOCUS GROUP FINDINGS

### #4 What ways work best when communicating with children?

- Mass media campaigns (example)
- Awards/Recognition/Incentives (example)
- Special curriculum (share examples, i.e. American Cancer Society's Mini-Relay for Life Kit materials)

Participants were presented with three methods of communicating with young children:

- 1) Mass media (television and radio commercials, bill boards, etc.)
- 2) Awards and Recognition programs (using incentives and/or contests)
- 3) Special curriculum (teacher guide, lesson plans and worksheets)

Participants were then asked which method they believed would have the longer-lasting impact on children. Participants shared the following comments:

- All participants did not believe that mass media campaigns were that well received by young children. None of the participants expressed concern about children seeing advertisements or programs on television that promote use of tobacco. One participant expressed that this had become a thing of the past.

***“You just don’t see shows anymore like the Andy Griffith show with Sheriff Taylor constantly smoking”***

- About two-thirds of the participants recalled having heard about the RAZE campaign. None had seen the recent *Save Face* advertisements addressing the harmful affects of spit tobacco use.
- All but one participant agreed that awards and recognition programs are well received among young children. The one who did not agree said that this type of program had been overdone and children had begun to take those things for granted.

***“Kids love to get something that they have earned and can take pride in---they tend to remember those things”***

***“It doesn’t have to be much. A certificate. A ribbon. Even a pencil.”***

## **AFTER SCHOOL PROGRAM FOCUS GROUP FINDINGS**

- Of 14 participants only 4 said that curriculum-based programming would have the greatest impact. One participant expressed concern that this type of approach was too much like what the children already do in school.

All participants DID agree on the following points:

- The ultimate approach would be a combination of awards and recognition with curriculum.
- Parents should be involved in every way possible.
- If curriculum is used it should be flexible so that it could be used in an after school setting and should be age appropriate.
- Hands on activities and visual aids should be incorporated to help children learn and remember.
- Messages need to be repeated multiple times during each year of a child's life to be truly effective.



## **ATHLETIC COACHES FOCUS GROUP FINDINGS**

The Coalition attempted to hold two separate focus groups however due to lack of interest only four coaches participated. Of the four coaches that did participate all were school coaches, two from Kanawha County middle schools and two from Kanawha County high schools.

Following are the questions and prompts developed by the members of the Tobacco Prevention Work Group for use during the focus groups. Participate responses follow each question and are compiled to protect the identities of participants and the youth in their programs.

### **# 1 What is the best way to educate youth on tobacco prevention messages?**

Prompts:       -Where is the best place for youth to learn about this subject?  
                      -Who would be the most effective “messengers” for this type of information?

All participants agreed that the most effective place for youth to learn about this topic is at school. When asked why, they said that most young people start using spit tobacco at home due to family influence so they can’t get tobacco prevention messages from home.

Participants noted that spit tobacco use was higher in the rural communities than in the more urban areas of Kanawha County.

***“Kids in downtown Charleston are less likely to go out hunting, fishing, or ATV riding and take up the habit of chewing tobacco than those who live in outlying areas where that is what they do for entertainment”***

***“Chewing tobacco is accepted in many of these areas”.***

## ATHLETIC COACHES FOCUS GROUP FINDINGS

When asked who the most effective “persons” to deliver message would be, participants answered:

- The messenger must be able to relate to youth and be someone youth respect and recognize. Such as a famous sports figure.
- All agreed that younger students will also listen to older students better than health teachers or coaches.

Two participants said that the special visit by Gruen Von Behrens to their school was effective since an “in-person” approach works better than posters or handouts ---even those with Gruen’s photo on them --unless they have met him and there is that connection.

### # 2 What method would work best in communicating with youth?

- Prompts:
- Mass media campaign (i.e. RAZE)
  - Awards/Recognition of tobacco free leagues/teams
  - Special tobacco-free curriculum (share examples)

#### Mass Media Campaigns:

All agreed that the “mass media campaign” approach, posters, flyers, brochures, postcards, billboards, etc. are not as effective as “in-person” conversations.

### ***“Kids don’t pay attention to that stuff”.***

One coach in particular had a RAZE group and said how much that group was able to influence others at their own school and in their neighboring elementary schools. The RAZE students had presented to elementary school students and everyone learned in the process.

#### Special Tobacco Free Curriculum:

All agreed that “lesson plans”, “worksheets”, etc. would not be effective.

### **“They (students) have enough class work and would resent having more...it needs to be fun”.**

## ATHLETIC COACHES FOCUS GROUP FINDINGS

### Tobacco Free Awards/Recognition Programs:

All agreed that an awards-type program would be the most effective approach.

### ***“Kids buy into awards”***

Concerns were expressed about how a program like this could be administered fairly. How could we verify students were really tobacco-free?

One participant expressed concern about how program would be funded, saying that they had to do a lot of “fund-raising” already.

### **# 3 What are the barriers to getting tobacco-free messages out to youth?**

Prompts:      -Where does “tobacco use” rank in relation to all the other risky behaviors youth may engage in?  
                     -What kind of mixed or conflicting messages are young people getting about tobacco use?

Participants were asked where they believed YOUTH ranked tobacco use and where ADULTS ranked tobacco use.

### **YOUTH**

Participants said that they believed young people ranked tobacco use low in terms of danger compared to sexual activity, meth, and other illegal drug use.

They also believe that young people feel that spit-tobacco is safer than smoking since you don’t take it into your body---you spit most of it out. And that it doesn’t hurt other people like secondhand smoke from cigarettes does.

***“If kids see no outward defect or disability caused by tobacco use, like needing an oxygen tank, or having parts of your body removed, then they don’t perceive the danger to be real”***

***“Kids feel indestructible”***

***“Some point to relatives who live until their 70’s or 90’s that have used tobacco all their lives and say that it proves that it’s not that harmful”***

## ATHLETIC COACHES FOCUS GROUP FINDINGS

All agreed that youth feel that tobacco products are “cheaper, safer, and easier to get (than other drugs and alcohol).

All agreed that cost really doesn’t really seem to be an issue among students.

***“If they can’t afford it ...they can easily steal it”.***

### ADULTS

Participants said they believed adults (parents) also ranked tobacco use low in terms of risky behaviors.

One participant said that a parent had said, *“If all she does is smoke, then I will have done a good job as a parent* (referring to her daughter).

***Using tobacco is “culturally acceptable” among some families.”***

Another participant said that parents don’t care as much if they (their children) use tobacco, as long as they are *“kept off the streets and out of trouble”*.

### **# 4 In your opinion, are young people engaged in sporting activities using tobacco?**

Prompts:

- Are you aware of children and/or teens in your league that use tobacco products?
- Are there differences in the rate of tobacco use based on the type of sport? (i.e. baseball, soccer, etc.)
- Are there differences in the rate of tobacco use among athlete’s verses non-athletes?
- Do you believe athletes feel differently about spit tobacco use verses cigarettes?

All respondents strongly agreed that youth engaged in sporting activities DO NOT use tobacco at a higher rate than those who are not engaged in sporting activities.

Participants agreed that certain sports had more “users” than others, i.e. baseball and football more so than golf.

## ATHLETIC COACHES FOCUS GROUP FINDINGS

All participants had tobacco users on their teams currently. Three of the four schools represented said that the number of “users” were in the single digits.

One coach said that anywhere between 15-20% of his team were using tobacco products. This coach told of a student who had recently quit “cold turkey” and who was visiting with the coach around once a week for supportive talks.

### **# 5 In your opinion, how much of a problem is spit-tobacco use among Kanawha County’s youth?**

Prompts:       - If yes, what role, if any, can sports teams/leagues play?  
                  - If no, why not?

All agreed that spit-tobacco use was a problem and that coaches can play a role in informing youth about the harmful effects of tobacco use. All agreed that coaches along with health teachers should always be “*role models*” to kids.

When asked if adults who used tobacco themselves could play a role in educating youth about tobacco risks, they agreed that only if they were willing to open up and share their own addictions and some of the negative consequences of their own tobacco use.

Participants discussed among themselves the different tobacco prevention methods used in schools. All agreed that most in-school tobacco prevention/cessation methods “*penalize*” students who are caught. One school was currently applying for funding for a “Stealth” monitor to “*catch students*”. Participants felt that this method would discourage smoking since their peers would begin asking them to stop since they, as non-smokers, may get penalized by being in the same areas even though they were not smoking.

When asked if any of the four schools utilized the NOT (Not On Tobacco) Cessation Classes, none of the participants recognized that program. One said that there was a program used with students after they had been caught smoking several times but it was required.

***“Cessation classes won’t work when students are only there  
because they are required to”***

## ATHLETIC COACHES FOCUS GROUP FINDINGS

***“They need classes open to students who want to quit”.***

One coach said that faculty at her school would be willing to have NOT training and use it during “club” time.

All agreed that school principals’ support is the key in getting and implementing these types of programs at schools. *“Without that, our hands are tied”.*