Abstracts
2023 Colloquium on Qualitative Health Sciences Research in Oklahoma
May 1, 2023 from 10am-2pm
Presbyterian Health Foundation Conference Center
655 Research Parkway, First Floor
Oklahoma City, OK 73104

Keynote Address: "I Don't Know How to Do That!" Reasoning, Rigor, and Reflexivity in 21st Century Qualitative Health Research

Abstract:
In my keynote address, I reflect on lessons learned during my 40 years of experience as a qualitative researcher. Although each step of my early journey was fraught with systemic, institutional, and personal roadblocks, I have been blessed with amazing teachers, mentors, and participants who have collaborated and "co-constructed" with me along my way. The future of qualitative research in the health professions is bright, with a growing acceptance of our methodology and the rise of mixed methods. Our challenges in the 21st century will revolve around the "3 Rs" of qualitative research: reasoning (the thinking work), rigor (the doing work), and reflexivity (the feeling work).

Invited Keynote Speaker: Mary Ellen Young, University of Florida

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Title: Advanced Cancer Patients' Perspectives on Integrated Medical and Psychological Treatments and Technology-Based Strategies to Support Coping With Cancer Pain

Brief summary: We conducted a secondary analysis of qualitative interviews with Oklahoman and Northeastern patients with advanced cancer to understand their experiences managing cancer pain and their perspectives on the integration of mHealth interventions into their care. Major themes included patients' physical/behavioral and psychological pain management strategies. Patients recommended that mHealth interventions be directly relevant to the advanced cancer experience and provide convenient access to tools and resources.

Abstract:
Pain affects 40-90% of patients with advanced cancer. Supplementing pharmacologic therapy with behavioral treatment may improve pain outcomes. Few studies have examined patients' experiences and perspectives on how their pain self-management strategies may be complemented by mHealth interventions. In this secondary analysis, we describe themes derived from semi-structured qualitative interviews conducted with Oklahoman and Northeastern patients with advanced cancer. Patients (n=28, 54% female) with various cancer types discussed their experiences managing cancer pain while reviewing content and wireframes from our newly-developed cancer pain management app. Patients used a myriad of physical or behavioral (e.g., using tools/devices, physical activity, modifying routines, opioid therapy) and psychological strategies (e.g., reframing negative thoughts, distraction, pain acceptance, social support) to cope with cancer pain. Patient recommendations for how mHealth interventions could best address their needs coalesced around two themes: direct relevance to the advanced cancer experience and convenient access to tools and resources. Many patients felt that successful pain management strategies integrated medical and psychological treatments; this

underscores the importance of integrating approaches when developing cancer pain management interventions. To this end, stakeholder feedback is an accessible way to tailor future mHealth interventions that support pain self-management to the needs of patients with advanced cancer.

Authors:
Sara M. DeForge, University of Oklahoma Health Sciences Center
Kyla Smith, University of Oklahoma College of Medicine
Ashton R. Baltazar, University of Oklahoma Health Sciences Center
Kris-Ann S. Anderson, University of Oklahoma Health Sciences Center
Michael S. Businelle, University of Oklahoma Health Sciences Center
Desiree R. Azizoddin, University of Oklahoma Health Sciences Center

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Title: Stakeholder Informed Recommendations for Culturally Relevant Healthcare Professional Interventions for Native Americans in the United States

Brief summary: Introduction of the novel "Know, Do, Promote" framework for providers to better understand how to provide culturally-appropriate care to the Native American population.

Abstract:
Purpose: Many health disparities exist among Native American (NA) communities in the United States due to separation from cultural routines, rituals, roles, and environments, through forced relocation, trauma, and assimilation policies. Provider mistrust, racism, microaggressions, and lack of cultural humility training further exacerbate disparities. The purpose of this study was to identify educational and rapport-building strategies for healthcare professionals working with the native community.

Design and Method: This study examines secondary interview notes (N = 7) from stakeholders in the NA community to understand necessary aspects of culturally appropriate healthcare intervention. Inductive coding methods were used to create nine codes using a "Know, Do, Promote" framework.

Results: Three themes emerged: Know, Do, and Promote. Medical providers Know about historical trauma, generational differences between tribes, and cultural variability. Medical providers should emphasize client-centered practice through the "Know, Do, Promote" framework, use rapport-building strategies, and ask about personal preferences and culture during treatment. Medical providers should Promote colleague education regarding trauma, cultural humility strategies, and universal principles of "good customer service" for optimal healthcare services.
Conclusion: Findings from the study emphasize the strengths of holistic, client-centered, and culturally appropriate healthcare approaches. NA cultural, psychosocial, and environmental factors must[…]

Authors:
Mia Koch, Shenandoah University, Winchester, VA
Tara Klinedinst, University of Oklahoma Health Sciences Center

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Title: A Qualitative Exploration of Women's Perspectives on the Inclusion of Cancer Awareness Information in All-Clear Breast or Cervical Screening Results (INCLUSION)

Brief summary: Underpinned by the concept of 'teachable moments' and the Theoretical Framework of Acceptability (TFA), our study explored women's perspectives on the acceptability of including new cancer information with an all-clear breast or cervical screening result letter in England.

Abstract:
Little is known about the acceptability of informing women in England about less known cancers (e.g. ovarian) when they receive an all-clear breast/cervical screening result. This study addressed this gap in the evidence base. After receiving ethical approval and written informed consent, six focus groups (60-90 minutes each) were held in 2016 at community venues, with 38 women aged 25-67 years old, eligible for invitation to the National Health Service breast/cervical screening programme, resident in England and recruited using maximum variation sampling. Data was analysed using thematic analysis. Six descriptive themes were developed: i) general cancer awareness (ii) taking advantage of a 'teachable moment' (iii) a double-edge sword (iv) barriers to accepting and using new cancer information (e.g. young age) (v) motivators for accepting and using new cancer information (e.g. ease of understanding) and (vi) wider strategies to increase cancer awareness (e.g. tailoring awareness approach to women's age, ethnicity and literacy level). Explained by the Theoretical Framework of Acceptability, women perceived the 'Inclusion' approach as acceptable but highlighted some limitations - new cancer information could potentially stimulate anxiety and inadvertently widen inequalities by excluding non-attenders at screening programmes. The 'Inclusion' approach should be complemented with other complementary tailored strategies.

Authors:
Olufikayo Bamidele, Hull York Medical School, University of Hull, United Kingdom
Trish Green, Hull York Medical School, University of Hull, United Kingdom
Sara Tookey, Department of Clinical Health Psychology, The Hillingdon Hospital, Uxbridge, United Kingdom
Julie Walabyeki, Hull York Medical School, University of Hull, United Kingdom
Una Macleod, Hull York Medical School, University of Hull, United Kingdom

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Title: A qualitative analysis of use of cannabis for pain in rural communities in Oklahoma

Brief summary: This study is a qualitative analysis of the experiences of rural middle and older adults using medical cannabis to treat chronic pain. Most participants described cannabis as modifying secondary experiences related to pain and drew from a repertoire of substances to manage various aspects of their pain experience.

Abstract:
Background: Older U.S. adults increasingly report using cannabis to manage chronic pain. Pain management care is limited in rural areas. We aimed to understand how and why some rural Oklahomans use cannabis for pain, including in the context of dual use with opioids. The current findings are a subsample of participants in a mixed-methods pilot study with rural Oklahoman adults (n=14) engaging in multi-substance use.

Methods: Participants completed a baseline survey, smartphone-administered ecological momentary assessment (EMA) surveys regarding their substance use over 14 days, and completed in-depth interviews regarding mapped geolocations of their own substance use.

Findings: Half of participants (n=7; ages 43-65) reported using cannabis to manage chronic pain (i.e., the 'pain subsample'), with 6/7 reporting regular use. During interviews, most participants described cannabis as modifying secondary experiences related to pain, as opposed to eliminating the pain sensation itself. Participants described drawing from a repertoire of substances to manage various aspects of their pain experience.

Discussion: These findings offer insight into the practices, experiences, and motives of cannabis use among older rural Oklahomans with chronic pain and limited access to pain management. Further research should establish the risks and benefits of cannabis use to manage pain for older populations.

Authors:
Emily Warner, Oklahoma State University & University of Oklahoma Health Sciences Center
Desiree Azizoddin, University of Oklahoma Health Sciences Center
Lance Ford, University of Oklahoma Health Sciences Center
Hannah Appleseth, Oklahoma State University
David Bradley, University of Oklahoma Health Sciences Center
Amy Cohn, University of Oklahoma Health Sciences Center
Michael Businelle, University of Oklahoma Health Sciences Center
Paul Spicer, University of Oklahoma
Summer Frank-Pearce, University of Oklahoma Health Sciences Center
Julia McQuoid, University of Oklahoma Health Sciences Center

Title: Qualitative Assessment of Public Health Service Officer Deployment Needs Through Deployment Safety Academy for Field Experiences (D-SAFE) Training Pilot Program

Brief summary: With the emergence of infectious diseases, there is a need for high consequence infectious diseases training to prepare PHS for deployment in an infectious disease setting which the D-SAFE Pilot Training addresses. To address the concerns of PHS being deployed to infectious disease settings, a qualitative needs assessment via focus group methodology was conducted during a D-SAFE session training in Fall 2022. The findings of this needs assessment indicate D-SAFE should emphasize quick assimilation in austere settings, protocols on PPE constraints, and optimizing efficiency in deployment settings to better serve PHS Officers.

Abstract:
There are over 6,000 U.S. Public Health Service (PHS) Officers who are deployed to a myriad of locations, including dire, health crises and communities with a high risk of infectious diseases. The Deployment Safety Academy for Field Experiences (D-SAFE) Pilot Training Session consists of asynchronous courses and 3-day in-person training on high consequence infectious diseases. The training informs PHS officers of infectious diseases agnostically and familiarizes them with the broad stokes of infectious diseases safety and handling within a deployed setting. To address the concerns of PHS being deployed to infectious disease settings, a qualitative needs assessment via focus group methodology was conducted. The resulting qualitative needs assessment report discovered common themes from participant responses which will help guide future iterations of this training program and equip officers for deployment in an infectious disease setting. In compiling participant responses, this report assessed how well the program session met the needs of officers regarding infectious disease training and gauged what infectious disease focus areas are most beneficial to officers when preparing for deployment. To

better serve PHS Officers enrolled in this training, D-SAFE should emphasize quick assimilation in austere settings, protocols on PPE constraints, and optimizing efficiency in deployment settings.

Author:
Lydianne Juguilon, UTHealth Houston School of Public Health

Title: Exploring Food-Related Perceptions, Experiences, and Behaviors in the Context of Food Insecurity Among PLWH Using Three Qualitative Approaches: The NOURISH-OK Study

Brief summary: People living with HIV (PLWH) are disproportionately impacted by food insecurity due to complex structural, social, and individual factors. The Nutrition to Optimize, Understand, and Restore Insulin Sensitivity in HIV for Oklahoma (NOURISH-OK) study is designed to identify opportunities to support food security and well-being in this population. This presentation will provide an overview of study methods for Aim 2, which involve three qualitative techniques to understand how food insecurity affects personal relationships with food, food choices, and other behaviors that may affect health.

Abstract:
Introduction: People living with HIV (PLWH) are disproportionately affected by food insecurity (FI), which can negatively affect physical, mental, and social wellbeing. As a graded phenomenon, FI and its associated health risk behaviors may be related to limited resources, stress coping mechanisms, trauma, or isolation. Unpacking these complex relationships is best achieved through a combination of qualitative and quantitative approaches. Methods: Conducted in partnership with Tulsa CARES, the NOURISH-OK study is using a combination of quantitative and qualitative approaches to understand risk factors associated with FI among PLWH. Guided by significant pathways identified from a cross-sectional survey (Aim 1), we will further test and refine our conceptual model for FI using three qualitative techniques (Aim 2). Through structured interviews (n=24), participants will complete an initial self-reflective drawing activity, complete a sorting activity of various food choice opinion statements (Q-Sort method), and answer questions to explore how FI influences health risk. Aim 2 methods were finalized with input from community advisory group and other content experts. Conclusion: Through a variety of qualitative techniques, we hope to gain more clarity about what drives daily food choices among PLWH to inform a future nutrition intervention for long-term food security and wellbeing (Aim 3).

Authors:
Lacey Caywood, University of Oklahoma Tulsa
Casey Bakhsh, Tulsa CARES
Marianna Wetherill, University of Oklahoma School of Community Medicine
NOURISH-OK Community Advisory Committee Members

Title: How College Students Evaluate the Quality of Online Health Information: A Qualitative Study

Brief summary: Evaluating health information, especially online health information, is critical for decision-making. This paper aims to identify the strategies college students used to evaluate the quality of online health information.

Abstract:
Objective: Health information is critical for decision-making. This paper aims to identify the strategies college students used to evaluate the quality of online health information. Methods: Fifteen undergraduate students at a large Southwestern public university were recruited through SONA - an online research participation portal for universities. Data collection was used semi-structured individual interviews focused on experiences in retrieving health information from the internet, specifically how students evaluate the quality of online health information. To analyze the data, we applied a deductive approach to identify the criteria our participants used to evaluate the quality of online health information. Results: We identified four types of factors influencing our participants' judgment of information quality: content-related, source-related, design-related, and individual factors. The most commonly used content-related factor was authorship (e.g., author's credentials and author's previous work), which influences participants' judgement of whether the information can be trusted. The most widely source-related factor was site owners/sponsors (e.g., website domain type and ownership of the source or information), which influences their judgement of whether the source or information has a sufficient level of subject-related knowledge. Prior knowledge and experience of using a source were identified as the most important individual factors for evaluating online health information.

Authors:
Jati Ariati, Oklahoma State University
Xuewei Chen, Oklahoma State University
Darcy Jones McMaughan, Oklahoma State University

Title: Navigation of Online Information About Cannabis by Early Adults

Brief summary: This project will use grounded theory to produce a mid-level theory of how early adults encounter, recognize, and react to health information and misinformation about cannabis online.

Abstract:
The proliferation of health-related misinformation regarding cannabis has been a growing public health concern since the start of the decade. Adults aged 21-29 years (i.e., "early adults") came of age when the internet was already ubiquitous and as cannabis has been increasingly legalized across the United States. This group is now of legal age to make health decisions for themselves, including whether to consume cannabis products. Many studies have examined perceptions of cannabis among adolescents and among populations with specific health concerns, but not how early adults navigate information about cannabis online. This study uses grounded theory to produce a mid-level theory of how early adults encounter, recognize, and react to health information and misinformation about cannabis online. We report on preliminary findings from semi-structured interviews with people aged 21 to 29 who have encountered cannabis-related health information online. These findings should explain and predict how early adults navigate cannabis-related health information online, and will inform public health interventions that help early adults identify reliable and unreliable sources of health information about cannabis.

Author:
Madolyn Phillips, University of Oklahoma Health Sciences Center

Title: Qualitative Evaluation of a Novel Smartphone-Based Smoking Cessation Induction Application

Brief summary: This abstract explores perceptions of a smartphone application designed to help smokers who are not yet ready to quit. Overall, participants found the smartphone application to be user-friendly, helped them to become more aware of their smoking habits, and they enjoyed the app's on-demand content.

Abstract:
Smartphone applications have been used to support smoking cessation attempts in those who are committed to quitting smoking. The purpose of this study was to explore participant perceptions about a smartphone application designed to help smokers who are not yet ready to quit. Adult smokers who were not ready to quit smoking (N=152) participated in a 26-week, 3-arm (Phoenix, Phoenix+NRT, and Factoid) mHealth smoking cessation study. At the end of the study, 99 participants participated in an audio-recorded interview (Phoenix, N=36; Phoenix+NRT, N=30; and Factoid, N=33). Transcribed interviews were analyzed for acceptability, benefits, and helpful aspects of the mHealth app.
Major themes identified were: 1) App Ease of Use, 2) Habit Awareness, and 3) Payment Tracking. Participants reported the app interface was simple to use and helped them become more aware of their smoking habits via surveys and messages. Additionally, access to the on-demand payment tracking of survey completion was both helpful and beneficial. Overall, participants found the app to be beneficial - supporting easy access to on-demand informative content within the app. The use of a smoking cessation induction app could help individuals move from thinking about changing smoking habits to actually quitting smoking.

Authors:
Audrey Montgomery, University of Oklahoma Health Sciences Center
Marshall Cheney, University of Oklahoma
Blayne Barker, University of Oklahoma, Health Sciences Center
Nadia Stanley, University of Oklahoma, Health Sciences Center
Krista Kezbers, University of Oklahoma, Health Sciences Center
Taylor Zingg, University of Alabama
Summer Frank-Pearce, University of Oklahoma, Health Sciences Center
Darla Kendzor, University of Oklahoma, Health Sciences Center
Michael Businelle, University of Oklahoma, Health Sciences Center

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Title: Utilization Barriers of Preventive Dental Care Among Hispanic Children on Medicaid

Brief summary: Several factors are believed to influence utilization behavior among Hispanic, but little is known about the specific contextual factors that influence Hispanic children in Oklahoma. This pragmatic qualitative study aims to understand the contextual factors influencing preventive dental service utilization and home oral care procedures among Medicaid-enrolled Hispanic children in Oklahoma.

Abstract:
In the United States, dental caries is the most prevalent chronic disease among children and adults. In Oklahoma, the prevalence of dental caries is considerably high among children (66%), which is 24.5 % worse than the national prevalence (51.6%). Despite improvements in dental benefits included in Medicaid programs since 2010, Medicaid-enrolled children are still less likely to utilize preventive dental

care (49%) compared to the general population (72%). Nationally, Hispanic populations experience a higher burden of dental caries (33%) compared to non-Hispanic Whites (18%). Regular utilization of preventive dental care has been linked to a lower incidence of dental caries and improved oral health outcomes. Several factors are believed to influence utilization behavior among Hispanic, but little is known about the specific contextual factors that influence Hispanic children in Oklahoma. This pragmatic qualitative study aims to understand the contextual factors influencing preventive dental service utilization and home oral care procedures among Medicaid-enrolled Hispanic children in Oklahoma. We will present preliminary findings from in-depth interviews with Medicaid-enrolled caregivers (N=20). Findings will illuminate barriers and facilitators to preventive dental service utilization and home oral care procedures and will inform programmatic efforts to improve oral health outcomes for Hispanic Medicaid-enrolled children in Oklahoma.

Author:
Zahra Alhay, University of Oklahoma Health Sciences Center

Title: Barriers to Survey Completion in a Cessation App for Smokers Unmotivated to Quit: A Qualitative Study

Brief summary: This study utilized qualitative methods to examine how smartphone applications can optimize the delivery of smoking cessation resources and maximize the opportunity of cessation attempts. Through narrative experiences we may develop best practices to support communities to live longer and healthier lives.

Abstract:
Background: Around 70% of smokers express a desire to quit, yet only 7.5% successfully quit smoking in the past year. The purpose of this study was to assess adult smokers' experiences with a smartphone app aimed at prompting and supporting smoking cessation attempts. Methods: Adult tobacco smokers with no intentions to quit within the next 30 days participated in a 3-arm, 26-week mHealth smoking cessation intervention administered via a smartphone app. Audio interviews were conducted at the end of the study and transcribed (n=99). Responses to questions about challenges and barriers were coded using NVivo then analyzed for themes. Results: Acceptability/likability of the app was high with few barriers regarding daily app use. Reported barriers/challenges primarily focused on the weekly surveys. Themes related to barriers and challenges in survey completion were identified across the treatment groups. Participants reported challenges with completing surveys within the assessment time limit and conflicts with their sleep, work, family, and personal responsibilities. Some participants indicated a lack of awareness that they could modify the app assessment schedule. Conclusions: Participant responses illustrate the balance between intervention rigor and consistency with participant demands/pressures to complete scheduled and timed assessments which can lead to lower assessment completion rates.

Authors:
Clayton R. Ulm, University of Oklahoma Health Sciences Center
Catherine Bain, University of Oklahoma Health Sciences Center
Ivan Flores, University of Oklahoma Health Sciences Center
Marshall K. Cheney, University of Oklahoma, Norman
Taylor Zingg, University of Alabama
Darla Kendzor, University of Oklahoma Health Sciences Center
Summer Frank-Pearce, University of Oklahoma Health Sciences Center

Krista M. Kezbers, University of Oklahoma Health Sciences Center
Michael S. Businelle, University of Oklahoma Health Sciences Center

Title: How to Quit Smoking: Tips from United States Vietnamese Healthcare Providers, Community Leaders, and Past Tobacco Users

Brief summary: The study explores smoking cessation strategies for US Vietnamese individuals, especially those with limited English proficiency, who have high smoking rates. The researchers conducted 16 in-depth interviews with a diverse group of participants, including healthcare professionals, community leaders, and former smokers. They found several effective strategies across the four phases of smoking cessation, emphasizing the importance of social support throughout all phases, and providing healthcare providers with useful strategies for tailored support and guidance to help US Vietnamese quit smoking and improve their health outcomes and quality of life.

Abstract:
This study focuses on smoking cessation strategies for United States (US) Vietnamese individuals, a group with high smoking rates, particularly those with limited English proficiency (LEP). We conducted 16 in-depth interviews with a diverse group of participants, including healthcare professionals, community leaders, and former smokers. Data were analyzed using the Phase-Based Model of smoking cessation, resulting in several helpful strategies across the four phases: Motivation, Preparation, Cessation, and Maintenance. Prominent advice for Motivation phase included having a strong determination to quit and a reason why, such as protecting loved ones. For Preparation and Cessation phases, participants recommended healthy coping mechanisms, avoiding triggers, changing habits, and gradually reducing the number of cigarettes smoked. In the Maintenance phase, strategies included regular exercise and setting boundaries with other smokers. Participants also stressed the importance of social support throughout all four phases. These findings have implications for healthcare providers working with US Vietnamese who smoke, especially those with LEP. By understanding the unique challenges this group faces in accessing smoking cessation resources, providers can offer tailored support and guidance. Ultimately, this study provides useful strategies for helping US Vietnamese quit smoking, improving their health outcomes and quality of life.

Authors:
Tina N. Le, University of Oklahoma Health Sciences Center
Shweta Kulkarni, University of Oklahoma Health Sciences Center
Chuong P. Le, University of Oklahoma Health Sciences Center
Michael Businelle, University of Oklahoma Health Sciences Center
Darla E. Kendzor, University of Oklahoma Health Sciences Center
Anna Nguyen, University of Oklahoma Health Sciences Center
Thanh Cong Bui, University of Oklahoma Health Sciences Center