



Few U.S. schools of nursing on campuses with smoke-free policies: A Call for Action

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ABSTRACT

Introduction: Tobacco remains the leading cause of preventable death in the United States. Recognizing that smoke-free policies can significantly reduce tobacco-related morbidity and mortality by preventing exposure to second-hand smoke and increasing quit rates, members of the Tobacco Control Subgroup of the American Academy of Nursing's (AAN) Health Behavior Expert Panel launched a health policy initiative entitled the *Smoke-Free Campus Policy for Schools of Nursing Campaign*. Designed as a two-phased initiative, the Campaign is a Call to Action to increase smoke-free policies on campuses with Schools of Nursing across the United States by 2020.

Methods: Phase I of the AAN Campaign included a cross-sectional study using secondary data analysis to describe the presence of smoke-free policies on campuses of Schools of Nursing across the United States. A list of colleges and universities with smoke-free policies maintained by the Americans for Nonsmokers Rights Foundation in January 2015 was accessed to conduct the analysis. Schools of Nursing granting baccalaureate and graduate nursing degrees were included. Descriptive statistics were obtained for Schools of Nursing by region of the country and by highest level of nursing degree program of study at each institution.

Results: Smoke-free policies of 689 Schools of Nursing were examined. Of these, 442 (64%) did not have 100% smoke-free policies on their campuses. A greater percentage of nursing schools without a smoke-free policy were located in the Northeast (114, 79%) and West (70, 73%). Nearly half (57, 46%) of the Schools of Nursing with a PhD/DNS program had a smoke-free policy in place compared with all other degree program levels (BS/BSN: 69, 35%; MS/MSN: 83, 35%; DNP: 38, 30%).

Conclusions: With only 247 (36%) of Schools of Nursing on campuses with comprehensive smoke-free policies, more must be performed to promote healthy learning and working environments for nursing students, staff, and faculty. As public health advocates, nursing leaders in Schools of Nursing have a moral and ethical imperative to advance tobacco control on college campuses to meet the American College Health Association goals for smoke-free/tobacco-free environments.

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Introduction

Whether transforming health policy and practice or discovering new knowledge, nurses have been on the forefront leading change that promotes smoke-free professional nurses and healthy college environments as well as reducing needless death and suffering from tobacco use (Fallin et al., 2012; Hahn et al., 2012; Ickes, Rayens, Wiggins, & Hahn, 2015; Sarna & Bialous, 2013; Sarna, Bialous, Chan, Hollen, & O'Connell, 2013). Yet, it is not known how many Schools of Nursing are on college campuses that have adopted smoke-free policies that promote healthy environments in which their students, faculty, and staff can learn, teach, and work. Concerned with this issue, the Tobacco Control Subgroup of the American Academy of Nursing (AAN) Health Behavior Expert Panel sponsored a *Resolution for Smoke-Free Campus Policies for Schools of Nursing* (Figure 1) that was adopted in full by the AAN in 2013. To implement this resolution, the AAN launched a health policy initiative entitled *Smoke-Free Campus Policy for Schools of Nursing Campaign* under the direction of the Tobacco Control Subgroup of the Health Behavior Expert Panel. The aim of this article was to describe the two phase initiative of the AAN Campaign's Call to Action. In the first phase, we report the results of a baseline study of smoke-free policies on campuses of U.S. schools of nursing granting baccalaureate and graduate degrees. The second phase will include promoting available resources for academic nurse leaders to help lead efforts in implementing and evaluating smoke-free policies on college campuses and following up on changes in policies.

Background

The 50th anniversary of the landmark 1964 Surgeon General's Report on Smoking and Health, when smoking prevalence in the United States was 42% compared with today's prevalence of 18%, represents a historical outcome to celebrate (Centers for Disease Control and Prevention [CDC], 2014; U.S. Department of Health, Education, and Welfare, 1964). It is in large part due to the positive impact of tobacco control policies, including policies that have resulted in smoke-free universities and colleges, that have promoted change in social norms for smoke-free environments, contributed to increased quit rates, and decreased smoking prevalence and exposure to second-hand tobacco smoke (SHS). However, the celebration stops short knowing that approximately 45 million Americans aged 18 years and older continue to smoke, and

one in four nonsmokers continues to be exposed to SHS according to the U.S. Department of Health and Human Services (U.S. Department of Health and Human Services [USDHHS], 2014).

Although smoking prevalence of youth who smoke regularly continues to decline, 12.7% of college students have used tobacco within the last 30 days, and 16% are at risk for relapse (American College Health Association [ACHA]-National College Health Assessment, 2014). In 2013, the average age of first daily cigarette smoking among new daily smokers was 19.8 years (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). A vast majority of smokers begin smoking and using other forms of tobacco before age 26 years (CDC, 2014; USDHHS, 2012).

Although the decline of youth smoking traditional cigarettes is good news, the burgeoning popularity of electronic cigarettes (e-cigarettes) is prompting heightened attention for public health officials to address. The Centers for Disease Control and Prevention reports tripling use of e-cigarettes in the past 12 months with 3.9% middle- and 13.4% high-school youth vaping within the past 30 days (CDC, 2015). E-cigarettes are unregulated devices with unknown full health risks that not only facilitate a gateway for youth addiction to nicotine but to other tobacco products as well including the health concern of dual use (Grana, Benowitz, & Glantz, 2014). Recognizing that a new generation of youth is becoming addicted to e-cigarettes (CDC, 2015) and the annual toll of preventable deaths because of tobacco or SHS in the United States may be significantly underestimated (Carter et al., 2015), prevention of youth uptake of smoking is more critical than ever.

According to the Americans for Nonsmokers' Rights Foundation (ANRF, 2015), >1,300 U.S. colleges and universities have adopted smoke-free or tobacco-free policies as recommended by the American College Health Association (ACHA; ACHA, 2011a; ANRF, 2015). However, it was unknown how many Schools of Nursing resided on campuses with such policies. A 100% tobacco-free or smoke-free policy prohibits the use of any tobacco products including but not limited to cigarettes, cigars, cigarillos, small cigars, pipes, hookah, smokeless tobacco, and smokeless products such as electronic nicotine delivery devices (ACHA, 2011b). Overall, the impetus to achieve 100% indoor and outdoor campus-wide tobacco-free environments came off the heels of strong recommendations from Assistant Secretary for Health, Dr. Howard Koh, to focus more efforts on youth and young people. As a result of the Surgeon General's 2012 Report targeting tobacco prevention among youth and young adults, the U.S. Department of Health and Human Services created the Tobacco-Free College Campus Initiative

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