

Tobacco Use and Cessation Among Asian Oregonians



IRCO/Asian Family Center
NPC Research

Nga-My Vuong
API TPEP Coordinator

Agenda

- Introduction
- Background
- Phase I: Mail Surveys
- Phase II: In-Depth Interviews
- Recommendations
- Discussion

Introduction

□ **Primary Research Team**

- Asian Family Center/IRCO TPEP Staff
- NPC Research

□ **Consulting**

- API Health Network
- DHS TPEP & Self-management Teams
- Community members

Introduction

□ Gaps in Knowledge

1. In Oregon, no good estimates of tobacco use among various Asian ethnic subgroups
2. Do not know why Asian Oregonians do not use Oregon's Quit Line
 - Oregon Quit contract, 07/01/08-3/31/09, shows:
 - Caucasian-2929
 - African-American-101
 - Chinese-1, Filipino-2, Japanese-3, Korean-4

Introduction

Goals

- ***Collect*** information about tobacco use & cessation utilization among Asian Oregonians
- ***Examine*** how demographics, perceptions of harm, cultural factors, and linguistic acculturation relate to tobacco use and cessation

Background

□ What is the Problem?

National data shows that APIs have the lowest tobacco use in the U.S., **BUT** certain ethnic and gender subgroups have much higher tobacco use than the national average.

Background

Tobacco Use Rates vary

- 2.1% for Chinese women to 31% Korean men (Lew & Tanjasiri, 2003)
- 35%-56% for Vietnamese men to 47%-72% Cambodian men (Ma et al., 2005)
- **BUT**, not clear why...

CBPR Methodology

Community Based Participatory Research

- Approach to research & evaluation that engages community stakeholders in each project phase
- Promotes shared learning & power
- Iterative process
- Values community expertise, traditions, priorities

Phase I – Mail Survey (2007-08)

- Brief assessment of
 - tobacco use
 - linguistic acculturation
 - perceptions of harm
 - attitudes toward and use of cessation resources

Phase I: Mail Survey

- Instrument development
 1. The Center for Disease Control and Prevention's Behavioral Risk Factor Surveillance System
 2. The California Korean American Tobacco Use Survey
 3. Hmong Tobacco Cessation and Prevention Survey
 4. The North American Quit Line Consortium's Minimal Data Set Intake Questions
- Iterative process with Research Team

Phase I: Mail Survey

- 2-page mail survey
- 10 counties in Oregon
- 7 languages: Chinese, Japanese, Korean, Vietnamese, Tagalog, Lao, and Mienh
- Translation process challenges:
Chinese, Tagalog, Korean and Mienh
- \$2 cash included for participation + \$100 lottery
- Initial sample = 1,291

Phase I: Sampling Design

- Used 2005 Census to identify 10 counties with more than 500 residents of Asian-descent

Multnomah	37,638	Benton	3,506
Washington	29,752	Jackson	1,631
Clackamas	8,292	Deschutes	849
Lane	6,470	Malheur	619
Marion	4,997	Umatilla	530

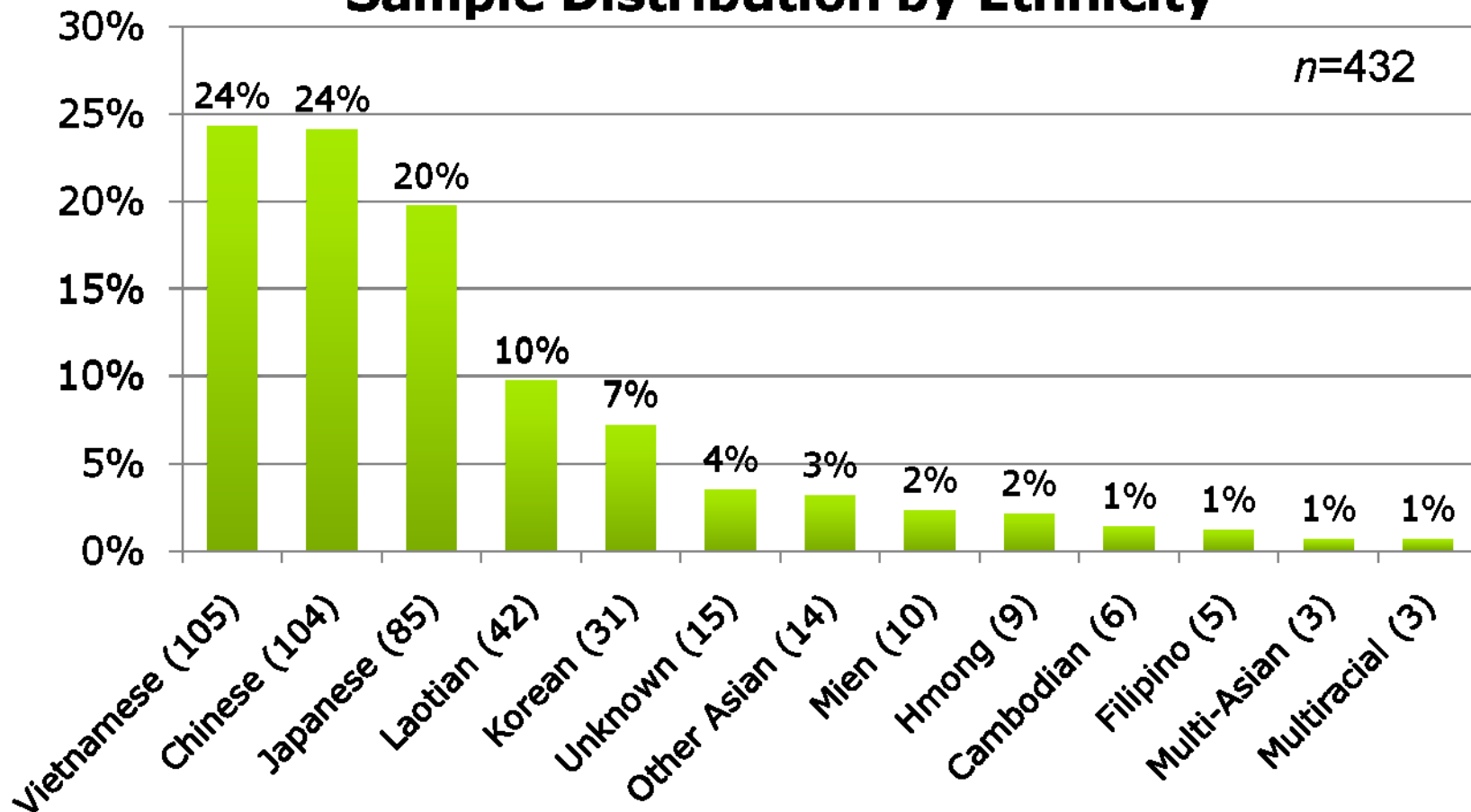
- Included representation from Eastern and Southern parts of the State

Phase I: Mail Survey Methods

- ❑ Purchased addresses from Survey Sampling International
- ❑ Addresses randomly selected within each county
- ❑ Less expensive than other data collection methods
- ❑ Response rate: 44% (491 out of 1,121)
- ❑ 61% men, 36% women (3% missing)

Phase I: Mail Survey Results

Sample Distribution by Ethnicity

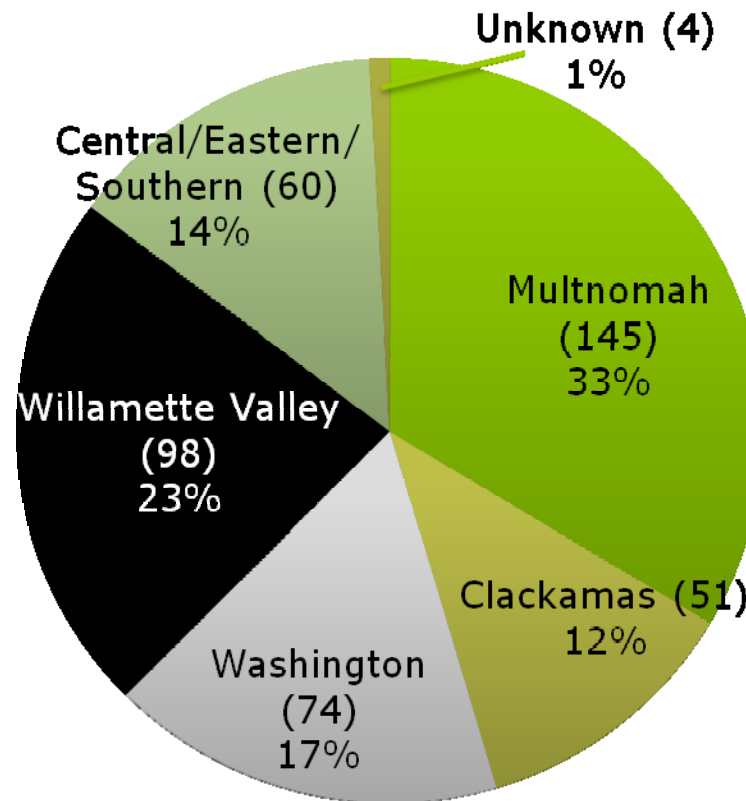


Number in parentheses = # respondents of that ethnicity

Phase 1: Mail Survey Results

Sample Distribution by Region

N=432

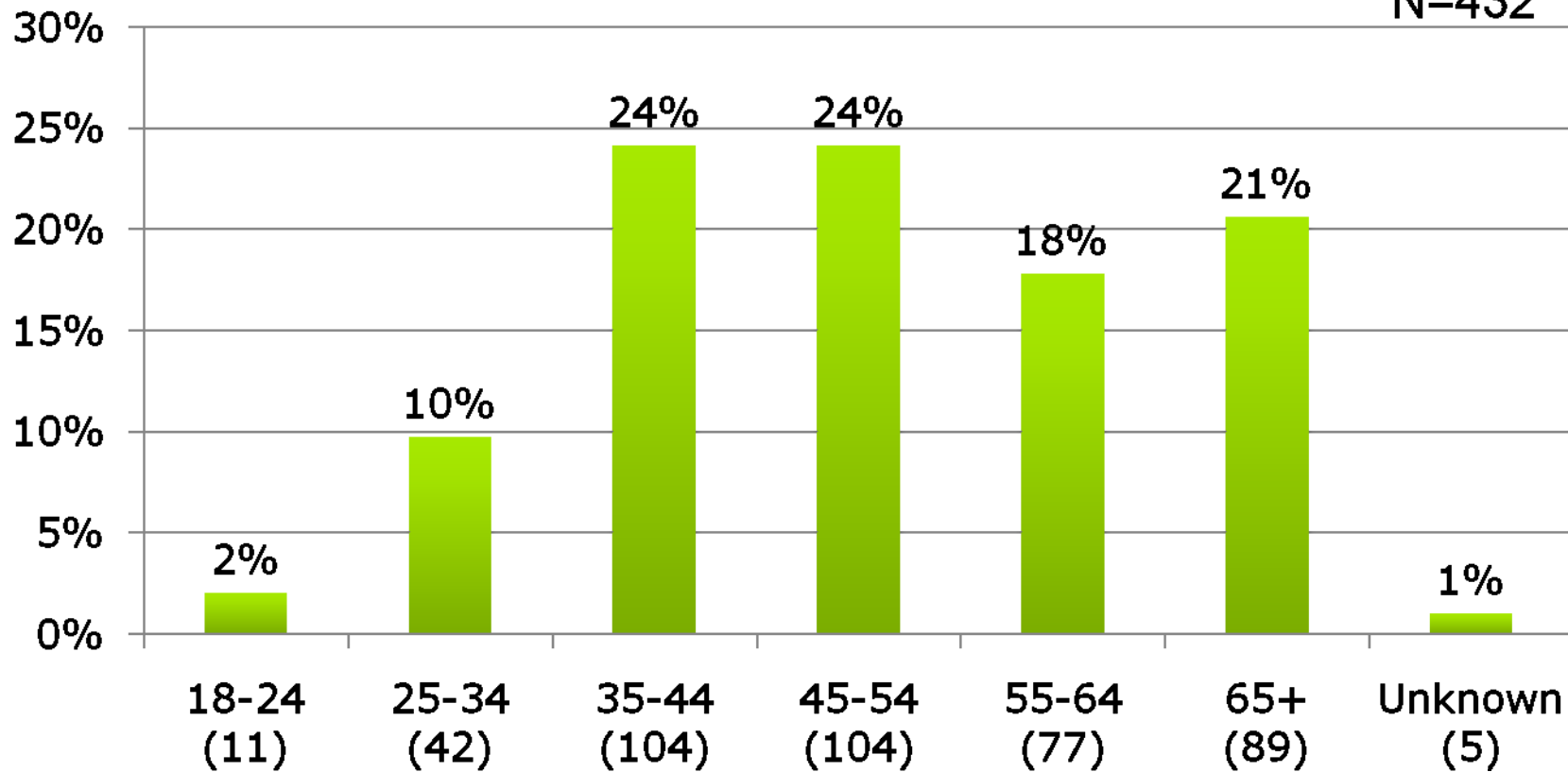


Number in parentheses = # respondents from that region

Phase 1: Mail Survey Results

Sample Distribution by Age

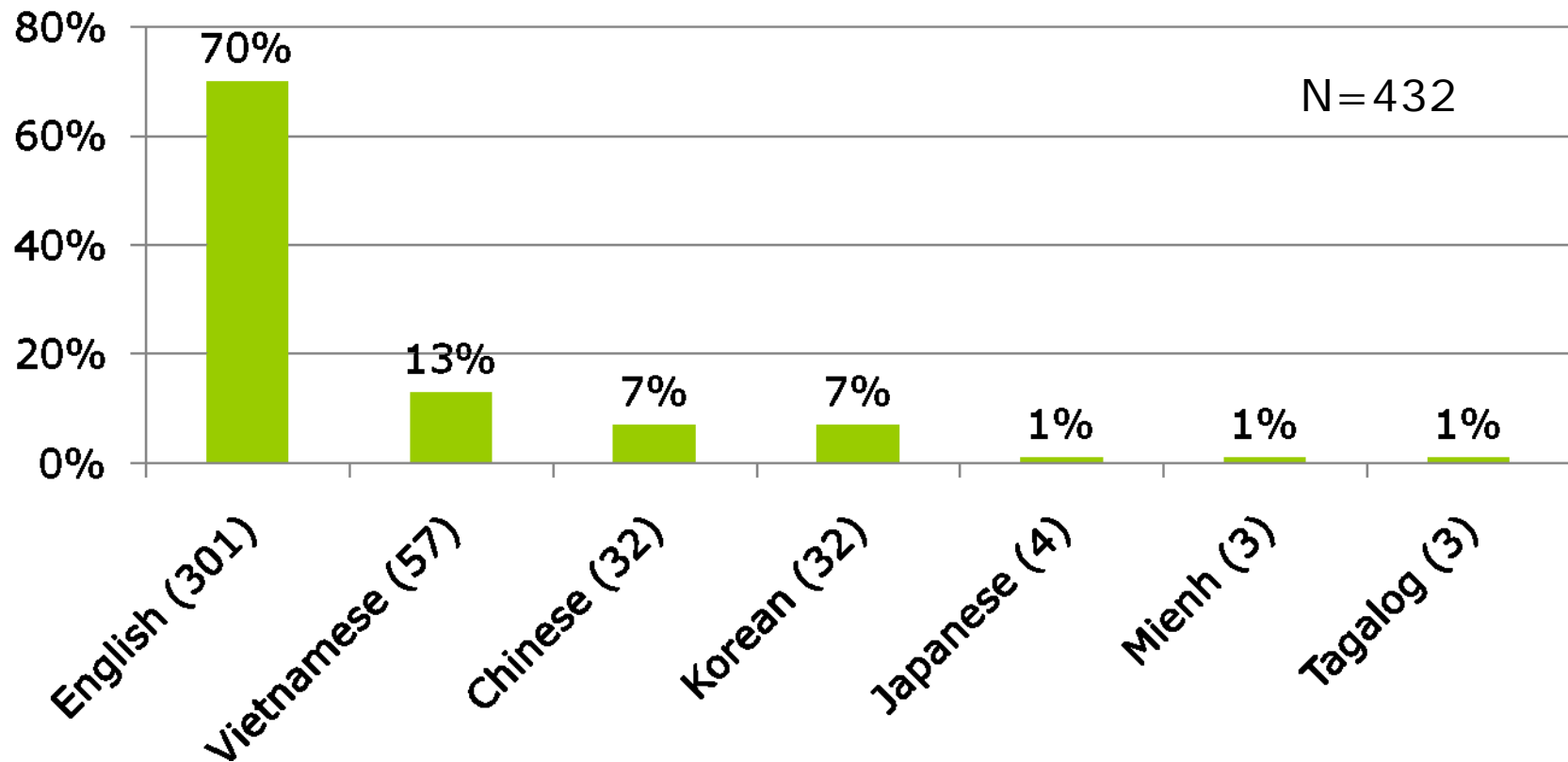
N=432



Number in parentheses = # respondents in that age group

Phase 1: Mail Survey Results

Survey Language



Number in parentheses = # respondents in that ethnic group

Phase 1: Mail Survey Results

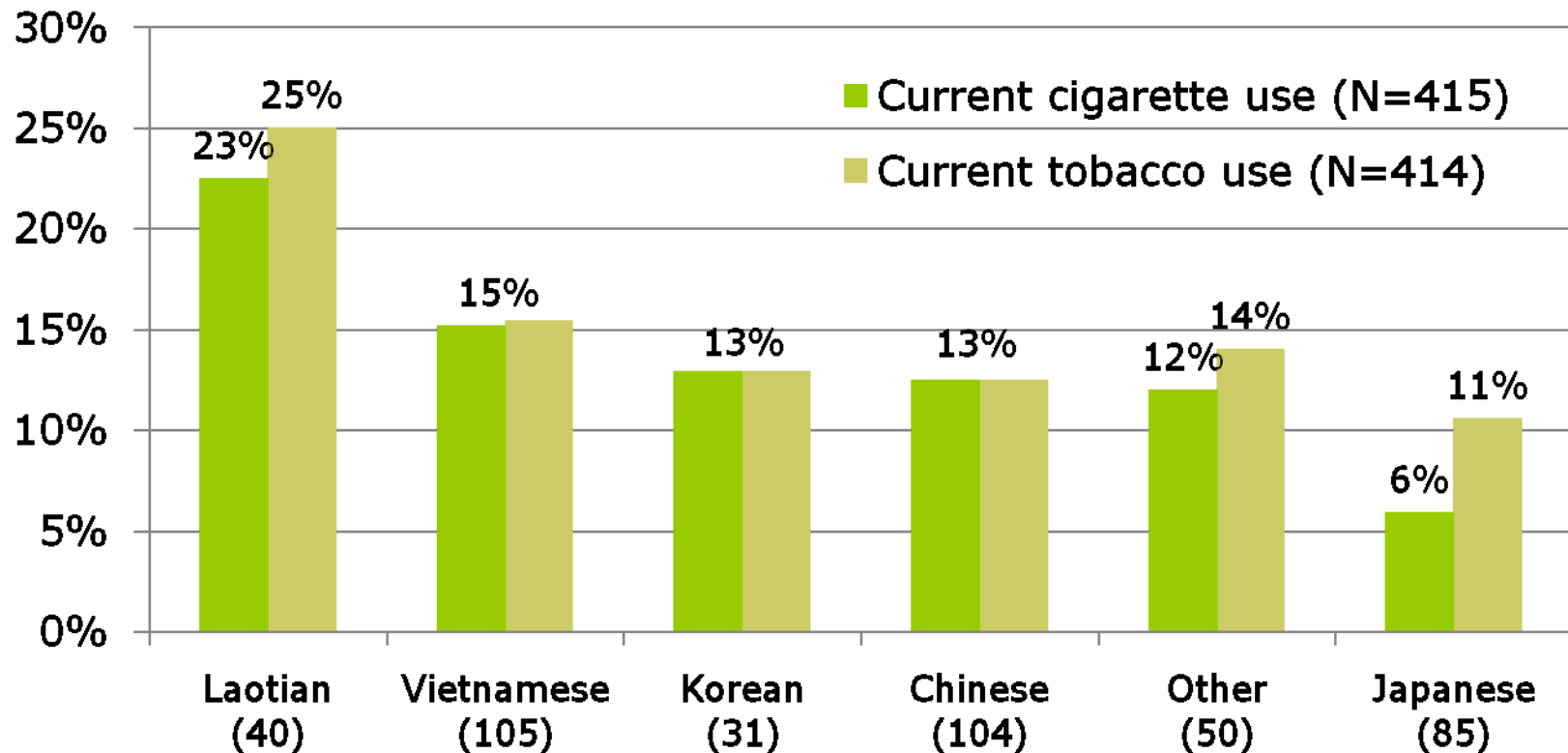
□ Prevalence

- 12.6% currently smoke cigarettes
- 14.0% currently use some form of tobacco

- 8.6% current smokers (BRFSS definition)
 - 100+ cigarettes & currently smoke cigarettes
- Smoking prevalence among Asian and Pacific Islanders was 10% (DHS, 2004-05)

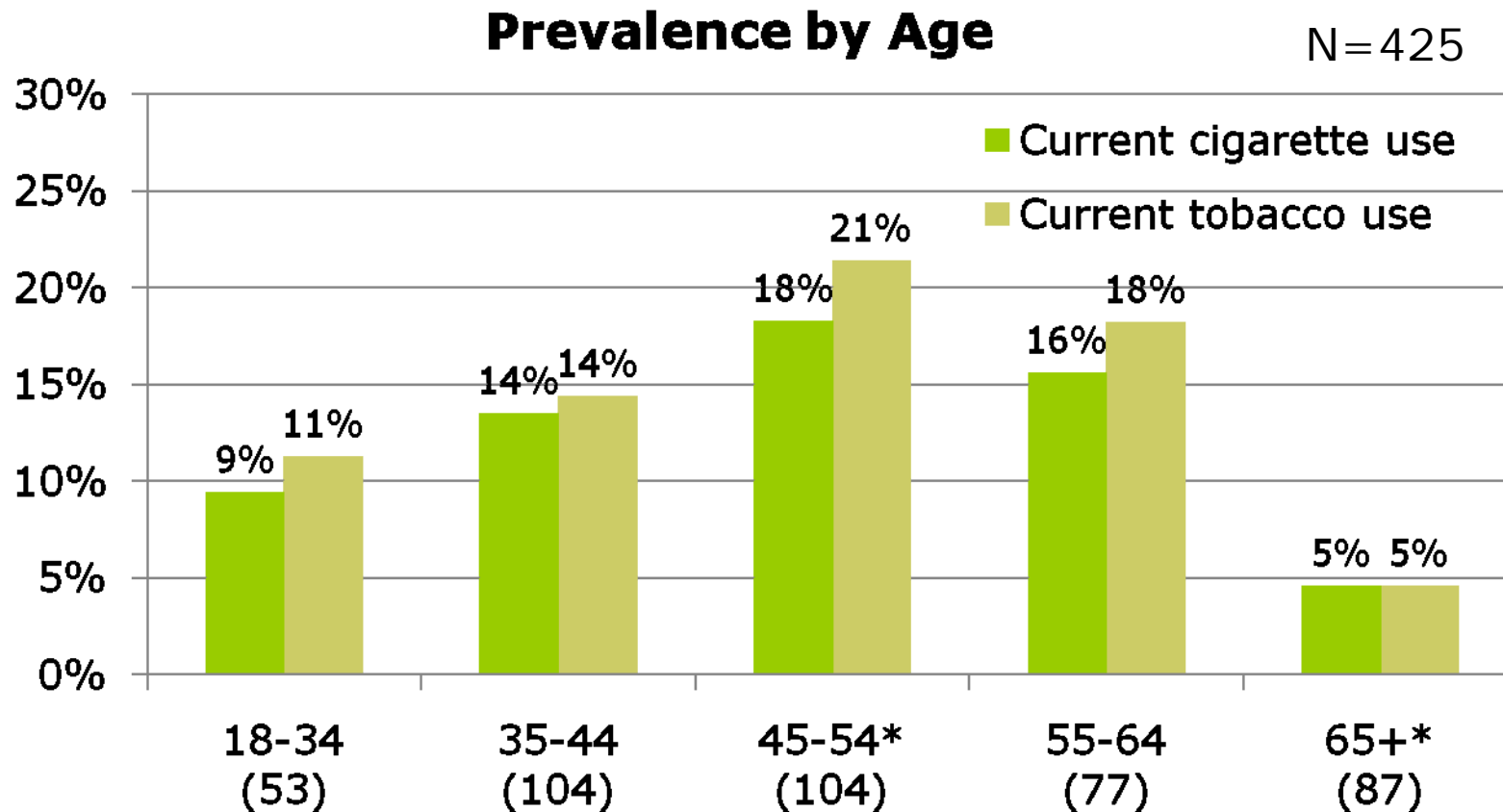
Phase 1: Mail Survey Results

Prevalence by Ethnicity



Number in parentheses = # respondents of that ethnicity

Phase 1: Mail Survey Results

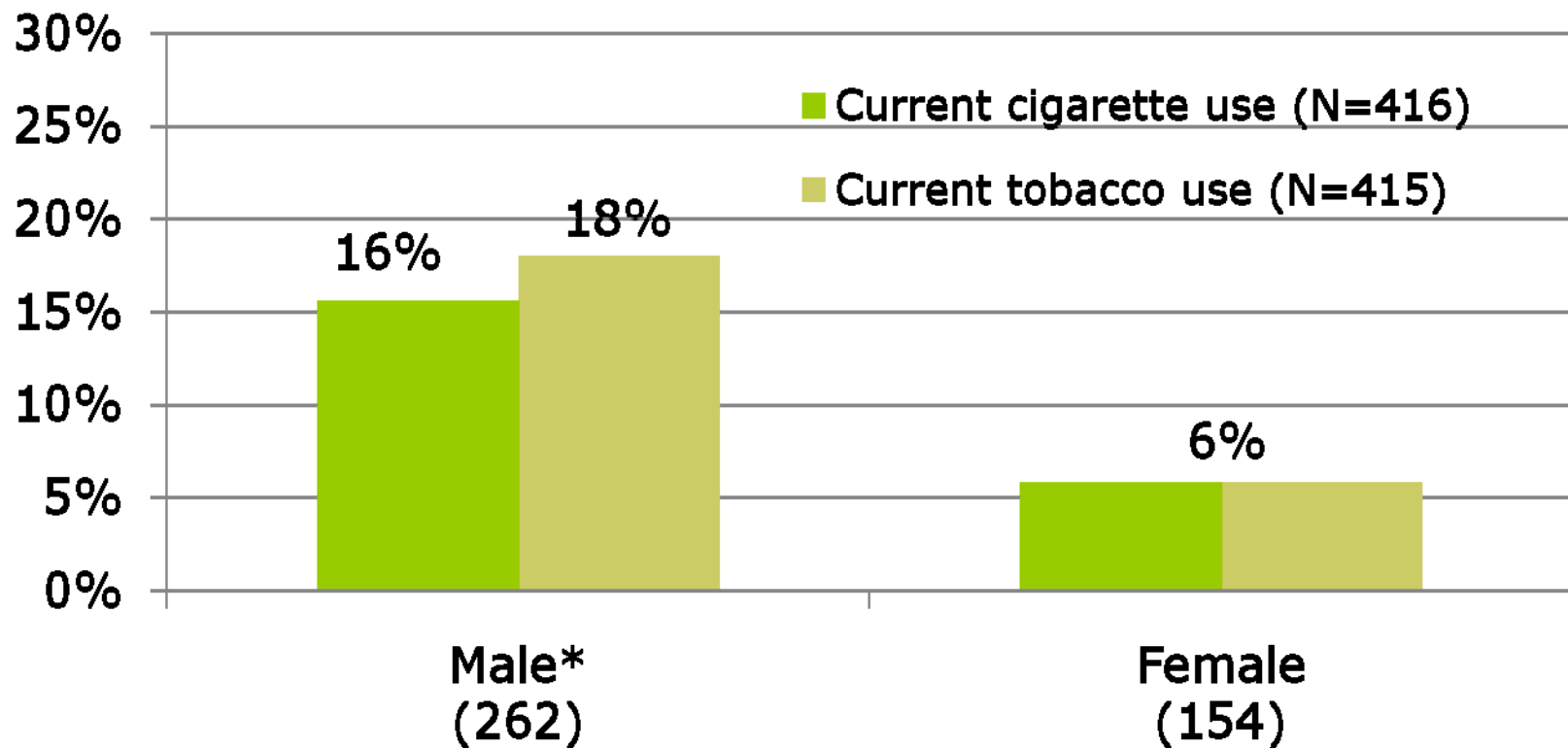


Number in parentheses = # respondents in that age group

* Indicates significant difference

Phase 1: Mail Survey Results

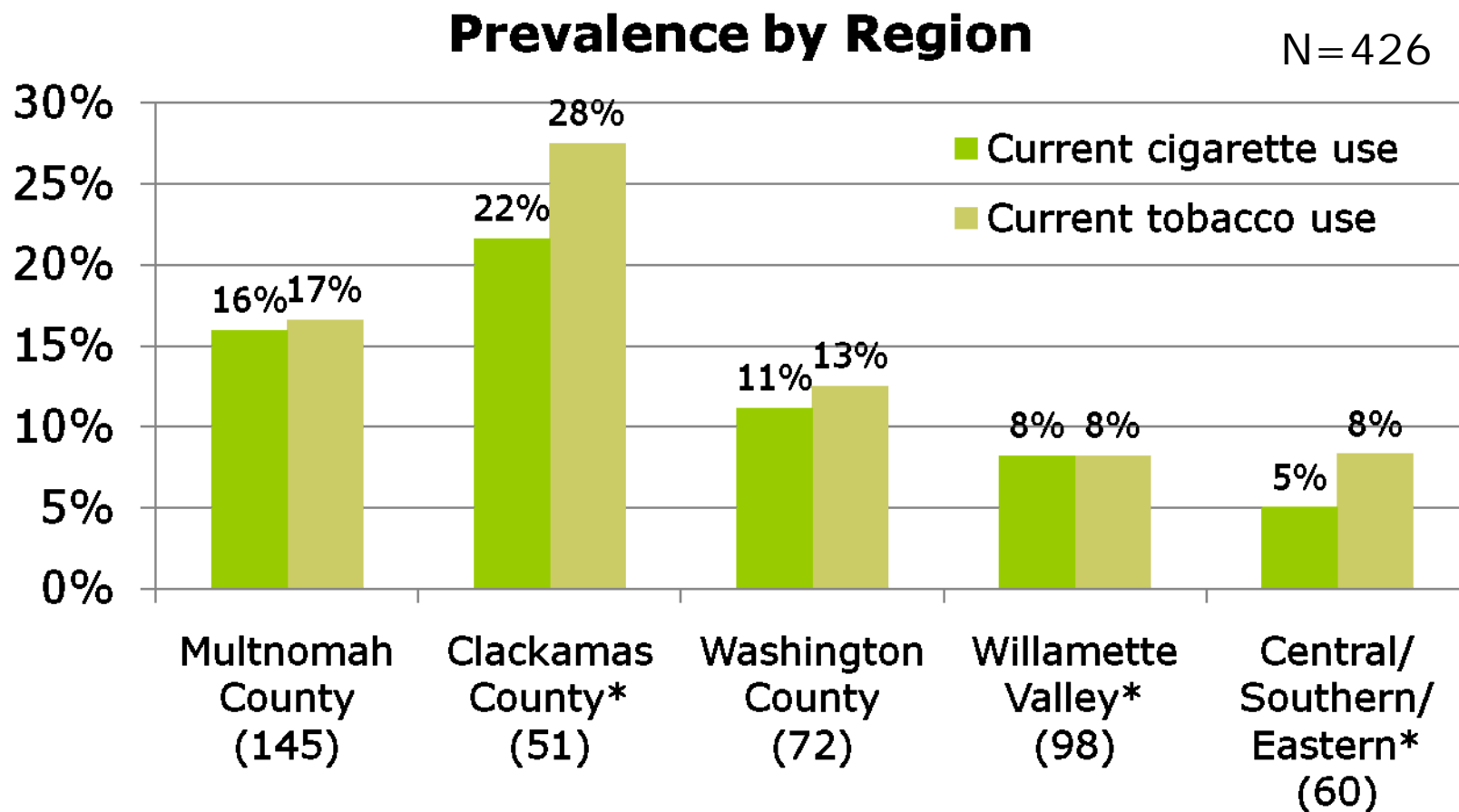
Prevalence by Gender



Number in parentheses = # respondents of that gender

* Indicates significant difference

Phase 1: Mail Survey Results



Number in parentheses = # respondents from that region

* Indicates significant difference

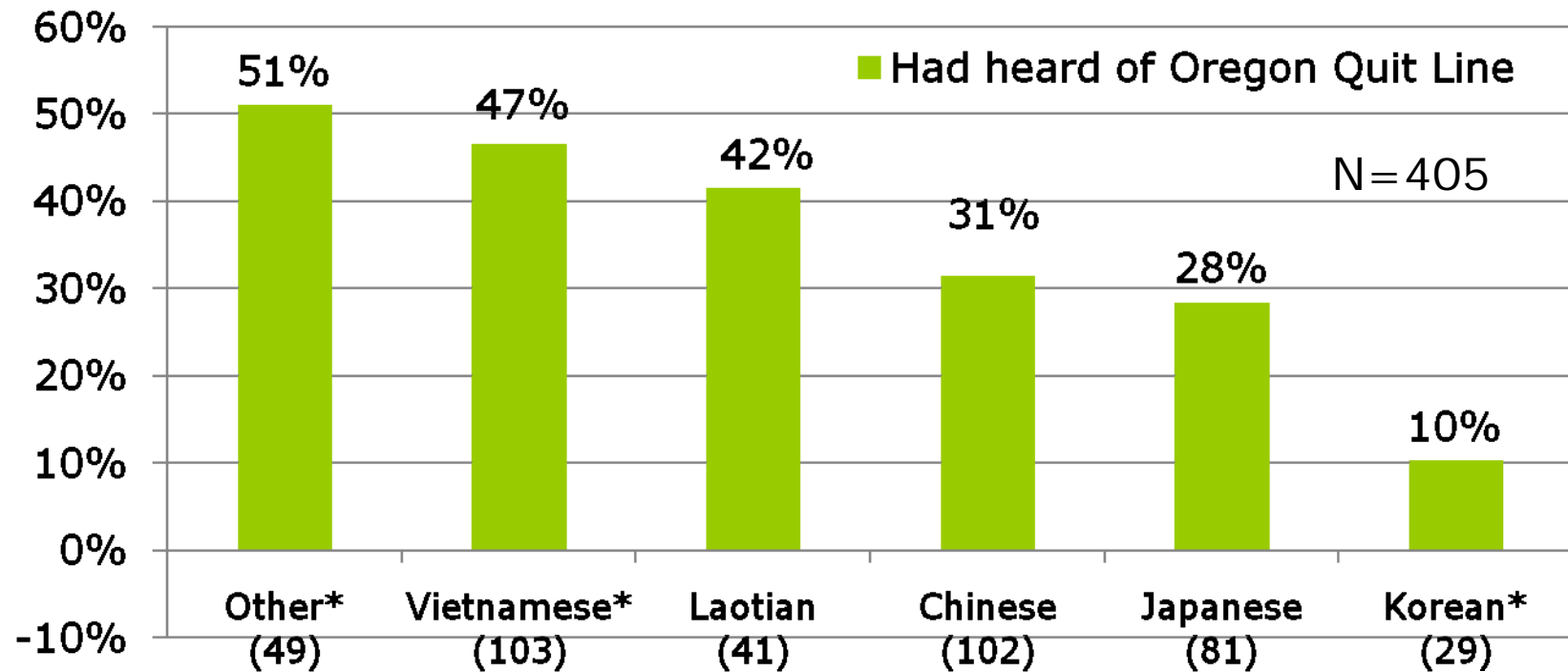
Phase I: Mail Survey Results

1. Asian Oregonians' knowledge of Quit Line compared to state
 - a) 43% of Oregonians in 2007
 - b) **34%** of Asian Oregonians participating in this study

2. Heard of Quit Line - current smokers
 - a) 60% of Oregonians in 2007
 - b) **56%** of Asian Oregonians participating in this study

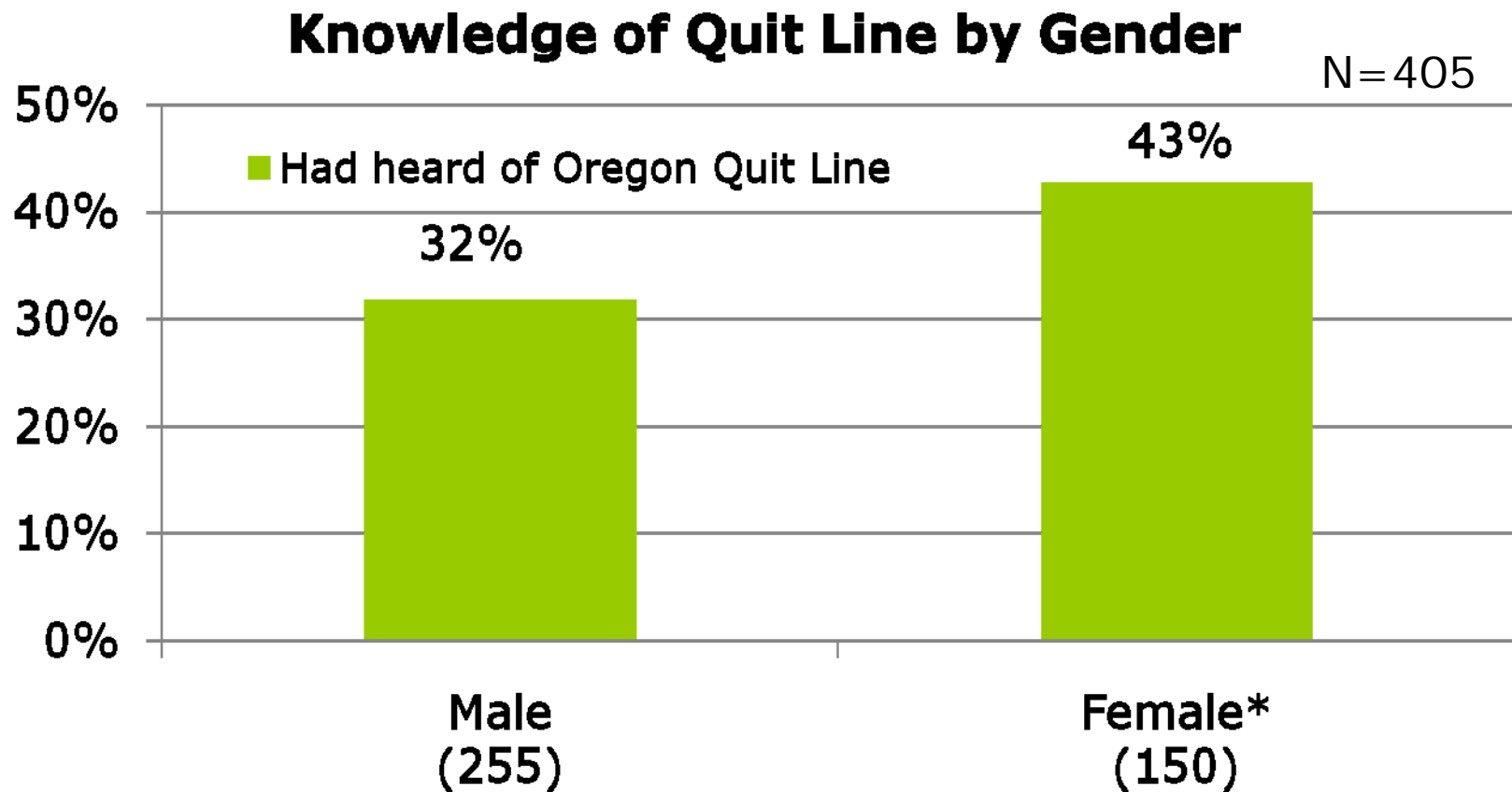
Phase 1: Mail Survey Results

Knowledge of Quit Line by Ethnicity



Number in parentheses = # respondents of that ethnicity

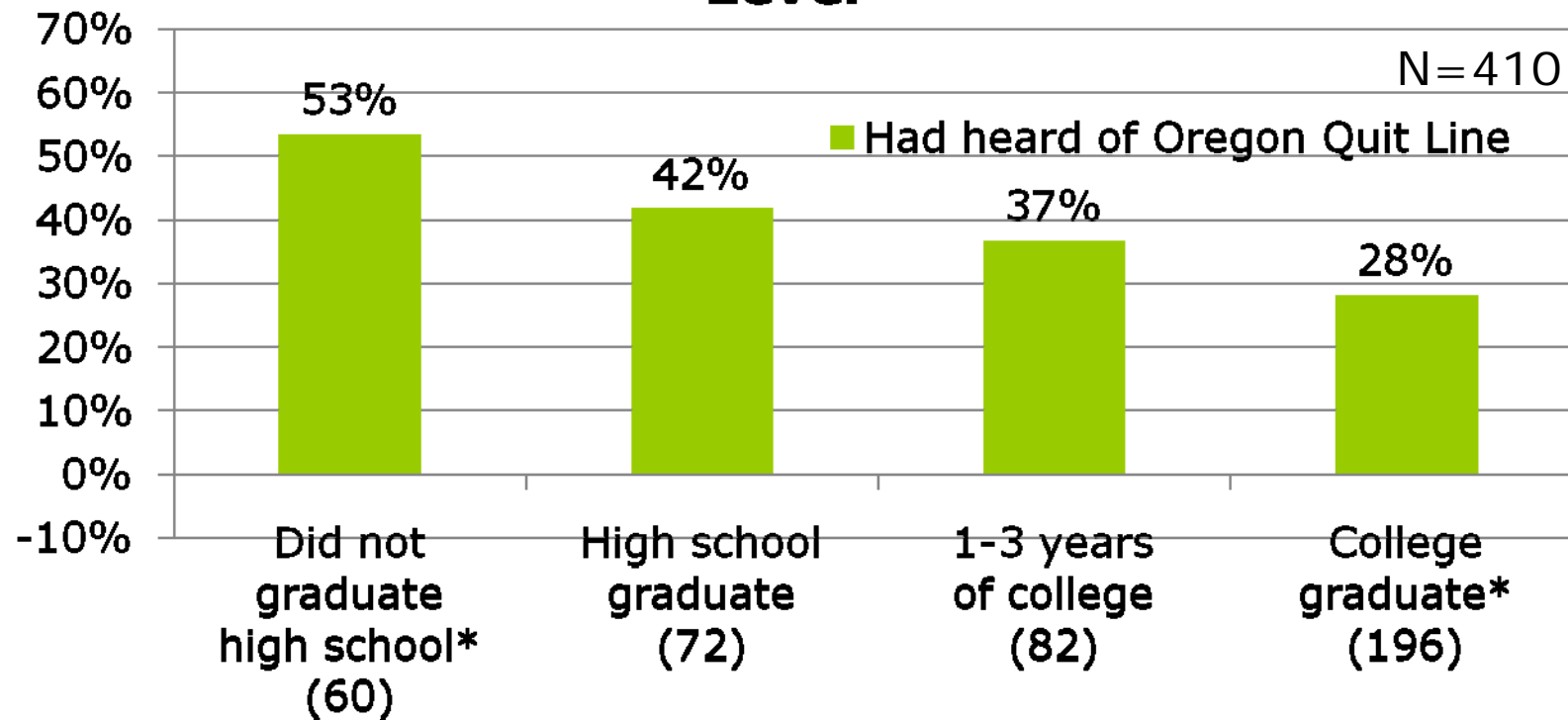
Phase 1: Mail Survey Results



Number in parentheses = # respondents of that gender

Phase 1: Mail Survey Results

Knowledge of Quit Line by Education Level

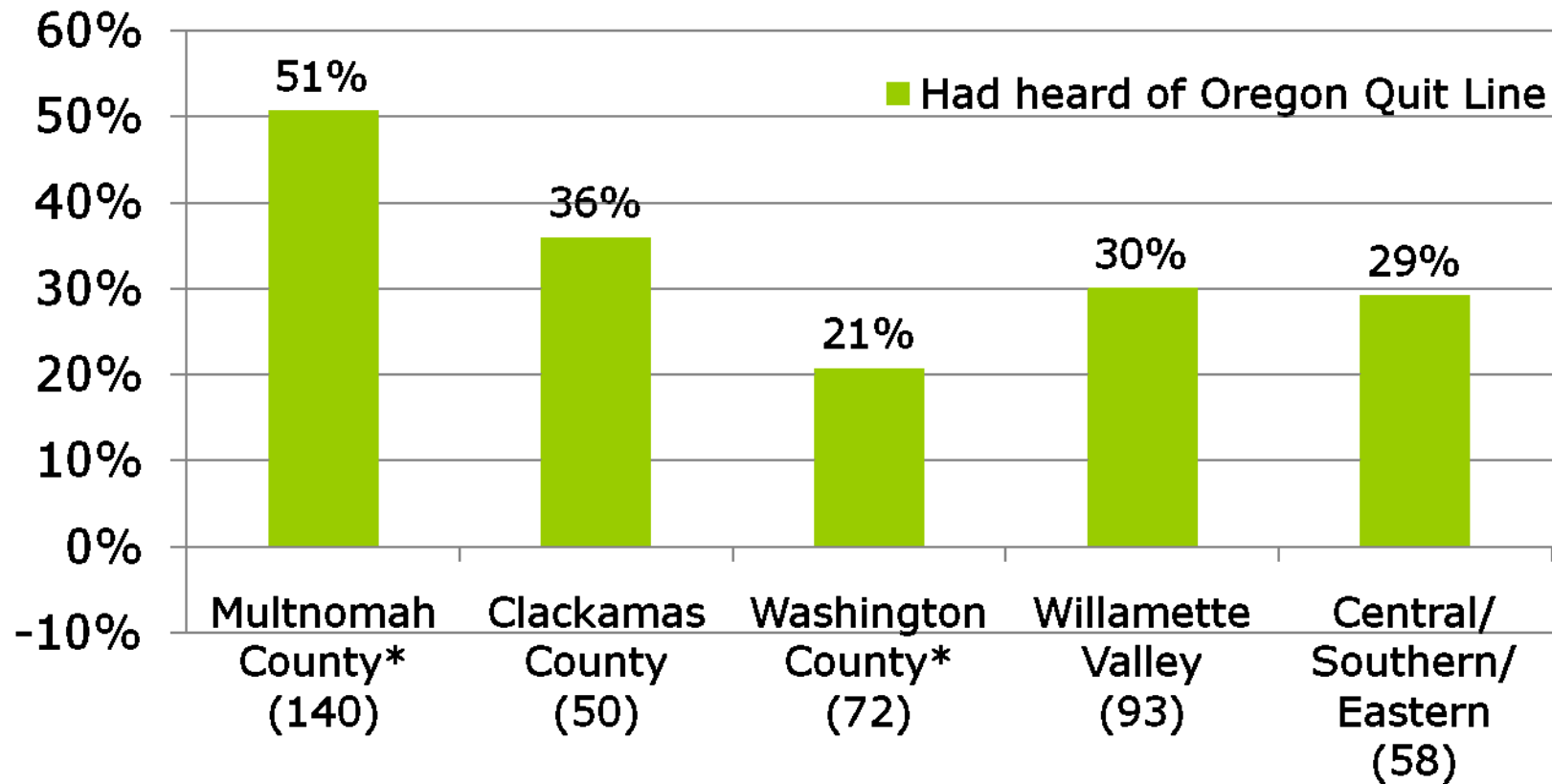


Number in parentheses = # respondents with that level of education

Phase 1: Mail Survey Results

Knowledge of Quit Line by Region

N=413



Number in parentheses = # respondents from that region

Phase I: Summary

- ❑ Smoking prevalence differs according to demographics
- ❑ Knowledge of Quit Line differs according to demographics
- ❑ One-third of Asian Oregonians completed survey in their native language
- ❑ Lower knowledge of Quit Line among Asian Oregonians than statewide estimates (similar for smokers)

Phase II –Interviews (2008-09)

- In-depth assessment of
 - attitudes toward tobacco use
 - cultural use of cigarettes
 - acculturation, perceptions of harm
 - motivation to quit
 - knowledge & utilization of cessation resources
- Goal: Compliment and enrich information collected through mail survey.

Phase II: Instrument Development

- Mix of 54 qualitative and quantitative questions adapted from:
 - Behavioral Risk Factor Surveillance System (BRFSS)
 - Diverse Racial & Ethnic Groups and Nations (DREAGAN) Study
 - Hmong Tobacco Use Survey
 - The California Korean American Tobacco Use Survey
- Iterative process with Research Team

Phase II: Recruitment

1. Word of mouth
2. Advertisements in local Asian ethnic newspapers : the Asian Reporter, The Portland Chinese Times, and the Korean Times
3. Posting fliers at Asian Grocery stores and community centers
4. Local community events: New Year events, community festivals, and Health Fairs

Phase II: Participation Criteria

- ❑ Identified as Asian, 18 years or older, and current smokers
- ❑ Purposeful in recruiting participants from different age groups, ethnic subgroups, gender, educational attainment, economic status, and acculturation status
- ❑ Conducted in English

Phase II: Interview Process

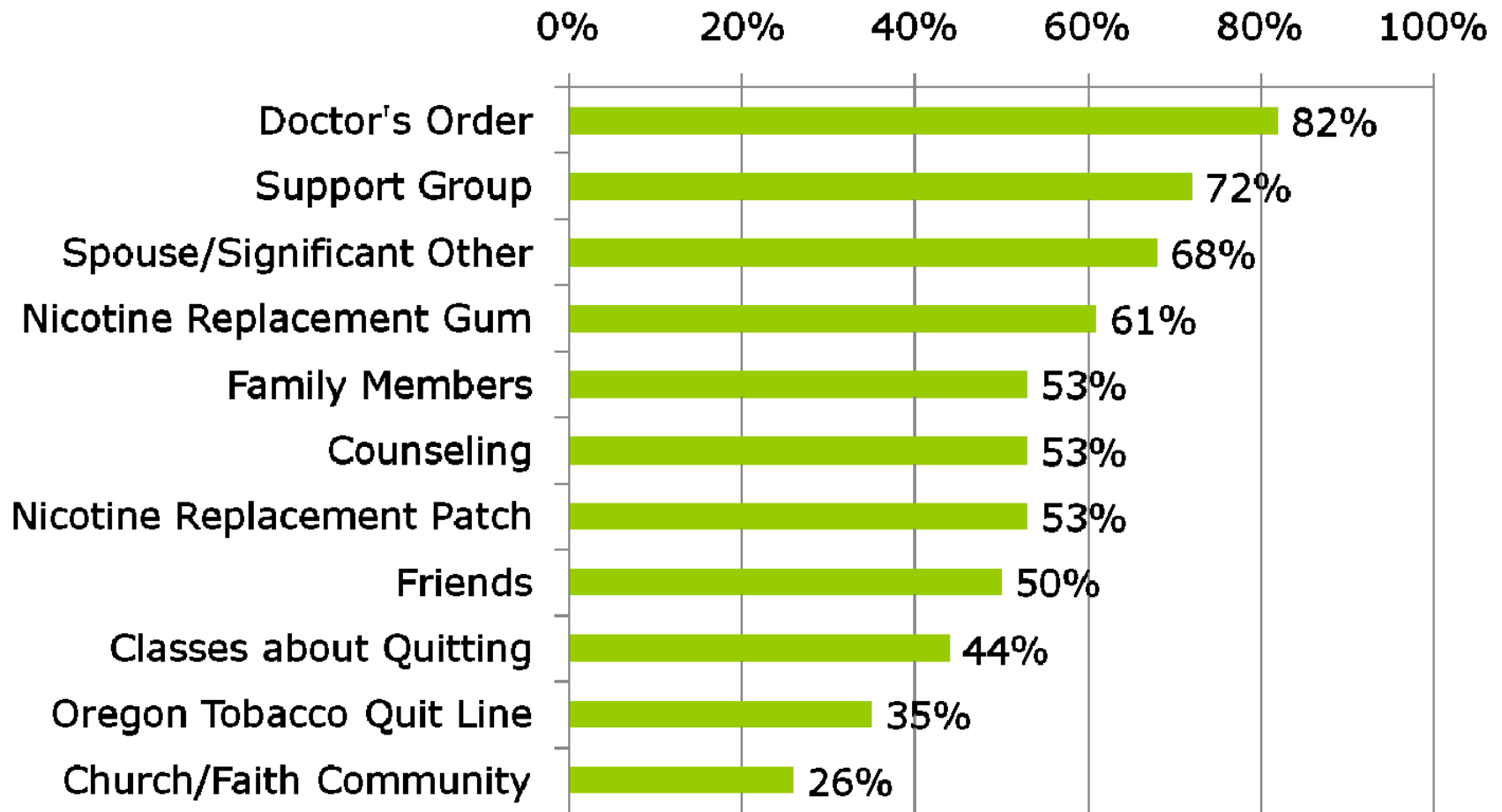
1. Face-to-face interviews
2. Private area: AFC or their homes
3. Digital recorder
4. Transcribed
5. \$20 gift card as incentive
6. Length of interview: 30-60 minutes

Phase II: Results

- 19 participants - 11 male, 8 female
- Age range: 18 to 47
- Ethnic diversity: 8 different ethnic groups
- Average length of time in the US: 24 years
- 63% spoke mostly English at home
- Support smoke-free housing policies

Phase II Results:

What would help you quit?



Phase II Results:

Knowledge of Oregon's Tobacco Quit Line

- Of the 19 interviewees:
 - 63% heard of the Quit Line ($n=12$)
 - 5% considered calling: ($n=1$)
 - 0% ever called
 - Uncertain about the exact source of the QL knowledge

"...it was either TV after one of those commercials or it was on the radio. I think I've heard both."

Phase II Results:

Reasons for Not Calling Quit Line

1. Not knowing enough about the services offered

"I don't know what they do. I mean do they have counselors there or? I don't know. I just think...If I wanted to quit that bad I don't need help. It is just mental thing."

Phase II Results:

Reasons for Not Calling Quit Line

2. Not wanting to discuss with an unfamiliar person – prefer to keep sensitive information within the family

"We don't believe in counselors. We just don't."

Phase II Results:

Reasons for Not Calling Quit Line

3. Discomfort using the phone for counseling

" I don't think a counselor- I mean, a counselor in person wouldn't help so over the phone...definitely I don't think it would do too much."

Phase II Results:

Reasons for Not Calling Quit Line

4. Seeking help from others is a sign of weakness

" I think some guys probably find it embarrassing. I mean probably because they don't want other people to see their own weaknesses."

Phase II: Additional Findings

□ Men vs. Women

"It is a gender status thing where it is hard for men in the community to ask for help for anything."

"I think they are more open to it because a lot of the women, they know that smoking is bad, especially if they have kids and stuff."

Phase II: Additional Findings

- ❑ Cold turkey: no direct questions but emerged among several interviews

" What I do is my own business. And if I decide to quit smoking I will quit on my own. The 'I will do it' mentality...it is just we don't ask for help, we do it all by ourselves."

Recommendations

1. **Improve media and public relations**

- Increase awareness of Quit Line among Asian Oregonians
- Advertise about the specific services offered
- Highlight the accessibility of the service and the philosophy used by Quit counselors
- Target messages (Asian ethnic groups, different beliefs about risk of tobacco use, gender, age, English language proficiency)
- Translation (Chinese, Vietnamese, Korean, Lao)

Recommendations

2. Diversify Quit Line services and increase use of Web Coach

- Advertise the Web coach as a prominent feature of the Quit Line, and explain how to gain access
- Translate information about the language capabilities of the QL and have this information posted on the Oregon TPEP Web site
- Continue to explore diversification of cessation services

Phase II: Recommendations

3. Deliver quit messages through healthcare providers

- Increase healthcare provider's awareness of API tobacco use rates
- Promote and explain cessation options
- Increase outreach to healthcare providers
- Address the model minority myth
- Translated materials

Dissemination of Research

- ❑ APHA Annual Meeting; Roundtable Presentation (Oct.08)
- ❑ SOPHE Conference; Poster Presentation (Oct. 08)
- ❑ Intercultural Cancer Conference; Poster Presentation
- ❑ API Health Network Presentation (Dec. 08)
- ❑ *Demographic Differences in Tobacco Use & Utilization of Cessation Resources Among Asian Oregonians (Jan.09)*
- ❑ *Asian Oregonians' Attitudes Toward the Tobacco Quit Line (June, 09)*
- ❑ *Acculturation, Perceptions of Harm, and Cigarette Smoking among Asian Oregonians (submitted AJPH, June 2009)*

Discussion

- Comments?
- Questions?
- Suggestions?

Thank you for your support!

For additional info, please contact:

- Nga-My Vuong, nga-myv@mail.irco.org,
503-235-9396 x 121
- Elizabeth Takahashi,
elizabeth.takahashi@co.multnomah.or.us,
503-988-3663 x22660
- Jennifer Kue, jenniferk@mail.irco.org,
503-235-9396 x 104