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Asian Oregonians' Attitudes Toward the Tobacco Quit Line



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Introduction

The Asian Family Center (AFC), *a program of the Immigrant and Refugee Community Organization (IRCO)*, has worked on tobacco control issues in Oregon since 1999. The AFC Tobacco Prevention and Education Program (TPEP) seeks to increase the capacity of Oregon's Asian and Pacific Islander (API) communities to develop and implement effective, culturally appropriate strategies to reduce the use of tobacco and exposure to secondhand smoke. This mission is accomplished through educational outreach, collaborative partnerships with API community leaders and organizations, and mobilizing API youth and adults to address tobacco disparity issues among APIs.



The AFC and its API Health Network identified two gaps in current knowledge about tobacco use and cessation among APIs.

- 1. We do not have good estimates of tobacco use among various API ethnic subgroups.**
- 2. We do not know why API Oregonians do not use Oregon's Tobacco Quit Line.**

In response to these gaps, the AFC worked with the TPEP at Oregon's Public Health Division (Department of Human Services [DHS]), Oregon's Tobacco Quit Line, and NPC Research to develop the current community-driven project. The goal was to collect information about tobacco use and cessation utilization among Asian Oregonians, and to examine how demographics, perceptions of harm, cultural factors, and linguistic acculturation are related to tobacco use and cessation.

In this brief report, we detail how we executed the interview phase of the project and describe the results related to our second research question:

What are Asian Oregonians' attitudes toward Oregon's Tobacco Quit Line?

This research was funded by the Oregon Tobacco Quit Line and Oregon's Tobacco Prevention & Education Program (TPEP) through the Public Health Division at Oregon's Department of Human Services.

What Is the Problem?

Tobacco Use Prevalence

Tobacco use is the leading cause of death and disability worldwide, contributing to 1 of every 5 deaths, and causes an estimated \$167 billion in annual health-related economic losses within the United States (U.S.) (CDC, 2006). Asian Americans and Pacific Islanders (APIs) tend to have the lowest smoking prevalence rate among adults of all racial/ethnic groups (American Lung Association [ALA], 2007). According to the ALA (2007), in 2005, 13.3% of Asians smoked, a much lower rate compared to American Indians/Alaskan Natives (32.0%), non-Hispanic whites (21.9%), non-Hispanic blacks (21.5%), and Hispanics (16.2%). Although APIs as a group constitute the lowest percentage of tobacco use within the U.S., certain ethnic and gender subgroups have a much higher prevalence of tobacco use than the national average. Estimates of tobacco use range from as low as 2.1% for Chinese women to 31% for Korean men (Lew & Tanjasiri, 2003).



API's are increasingly immigrating to the U.S., with census projections estimating a nearly threefold increase in API individuals by the year 2050 (US Census Bureau, 2008).

According to Census Bureau statistics from 2000, there were 2.8 million Asians living in Oregon. Within Multnomah County, with a population of 26,277 API residents, 63% of those were foreign born (Census Bureau, 2008). Many countries in Asia and the Pacific Islands have high rates of smoking prevalence; smoking is estimated to be 66% for men in Korea and 53.5% for men in Japan (Tong & Glantz, 2004; Otani et. al., 2003). With a growing number of immigrants from high tobacco prevalence countries, the burden of tobacco use and related illness is also expected to grow.

We do not know why API Oregonians do not use Oregon's Tobacco Quit Line

The utilization rate of the Oregon Tobacco Quit Line by APIs is markedly lower than other ethnic groups. Despite being the second largest ethnic group in Oregon (approx. 3%; CDC, 2008), less than 1% of API Oregonian smokers called the Oregon Tobacco Quit Line during the 2005–2006 contract year (ODHS, 2006). Oregon's Tobacco Quit Line is a telephone-based counseling service that guides and supports tobacco users in quitting. It provides individualized cognitive-behavioral therapy (CBT), educational materials, and offers nicotine-replacement therapy as a rounded approach to tobacco cessation. Studies have shown that telephone counseling nearly doubles the rate of successful quit attempts compared to the use of self-help educational materials alone (American Cancer Society, 2002). Little is known about the utilization of other types of cessation resources among APIs.

Research Methods

The larger research project employed a mixed methods approach – information was collected from a random sample of respondents using a mail survey and through in-depth interviews with Asian smokers. For the current report, we focus on data collected from the in-depth interviews.

The entire research project was based on community-based participatory research (CBPR) principles. CBPR methods were important in conducting this research project as it allowed for equitable involvement in the research process by the community (e.g., AFC, Asian Pacific Islander Health Network), researchers (NPC Research), and other key stakeholders (e.g., Oregon's DHS). CBPR methods also allowed for a co-learning experience by all partners. For example, NPC Research staff trained AFC's TPEP staff on interviewing and qualitative data analysis, and AFC staff shared its knowledge about the community with its other partners.

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Instrument Development

A 54-question interview guide was created for the qualitative phase of the current survey project (see Appendix). Questions were adapted or taken verbatim from existing instruments such as the Diverse Racial and Ethnic Group and Nations (DREGAN) study (Foldes, 2002), the Hmong Tobacco Cessation and Prevention Survey (La Cross County Health Department and the La Cross Area Mutual Assistance Association, Inc., 2004), the Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System (BRFSS) questionnaire (CDC, 2006), and the California Korean American Tobacco Use Survey (Carr, Beers, Kassebaum, & Chen, 2005). The interview guide included questions on tobacco use, attitudes toward starting and quitting smoking, access to tobacco cessation resources and services, linguistic acculturation, perceptions of harm, and standard socio-demographic questions.

Recruitment Procedure

Participants were recruited through word of mouth, advertisements in local Asian ethnic newspapers (e.g., *The Asian Reporter*, *The Portland Chinese Times*, and *The Korean Times*), through fliers posted at Asian grocery stores and community centers, and through local community events (e.g., New Year events, community festivals, and health fairs). The interviews were conducted with individuals who were at least 18 years of age, self-identified as Asian, and who were current smokers. We aimed to reach a wide range of participants in order to obtain diverse perspectives of Asians from different age groups, ethnic sub-groups, gender, economic status, education, and acculturation status.

Participants were given a telephone number and staff email addresses in order to schedule an interview. A password protected phone line was established at AFC for incoming phone calls from potential participants. Participants were able to leave messages on this phone line during after office hours and when research staff was not in the office. Research staff called back potential participants to screen them for their eligibility. If potential participants were eligible, an interview was scheduled.

Interviews were conducted face-to-face, in a private area of AFC's office or a location of the participant's choosing in order to assure confidentiality. As a "thank you" for participating in the study, each participant received a \$20 gift card to a local store at the completion of the interview. Interviews were conducted in English and took approximately 30-minutes to one hour to complete. Interviews were recorded using a digital recorder and then transcribed. After transcription, the document file was saved and the digital files were deleted.

Results

This report is the second in a series examining tobacco use and cessation among Asian Oregonians. The research question of interest for this report is:

What are Asian Oregonians' attitudes toward Oregon's Tobacco Quit Line?

Sample Description

Of the 19 participants interviewed, 11 were male and 8 were female. Age ranged from 18 to 47 years old, with an average age of 29 years. The majority of participants lived in Multnomah County (78.9%), and the remaining participants lived in Washington (15.8%) or Clackamas (5.3%) counties. On average, participants had lived in their county for 16 years (ranged from 1 to 27 years).

Participants were ethnically diverse, representing eight different Asian ethnic groups (see Table 1). While this sample is not representative of Oregon's Asian population, it does provide insight from a variety of different immigrant and refugee communities that have established population groups living in Oregon.

Table 1
Participants by Ethnicity

Ethnicity	Frequency	Percent
Asian-Laotian	1	5.3
Cambodian	1	5.3
Chinese-American	1	5.3
Chinese-Vietnamese-American	1	5.3
Filipino-Irish	1	5.3
Hmong	4	21.1
Hmong-Chinese	1	5.3
Korean	2	10.5
Mien	2	10.5
Vietnamese	4	21.1
Vietnamese-Cambodian	1	5.3
Total	19	100

Just over half (52.6%) of the participants were born in the US. The average length of time living in the US was 24 years (ranged from 7 to 35 years), and the majority of participants (63.2%) spoke mostly English at home. Taken together, these findings indicate a high level of US acculturation among most of the interview participants. This is noteworthy because

previous studies have found that acculturation is related to patterns of tobacco use among Asian Americans (Zhang & Wang, 2007). The fact that participants were highly acculturated likely limits the generalizability of information gathered for this study; however, this particular sample may also represent an important group of smokers to be targeted in outreach efforts by Oregon's Tobacco Quit Line. Because this group is more acculturated, they are not as burdened by traditional barriers to access (such as English language ability) that remain challenging for their less acculturated counterparts. As such, the group represented by this interview pool should be more accessible targets for cessation messages and media campaigns.

Although all of the interviewees were current smokers, all of them said that they would support smoke-free housing policies (2 respondents had missing information on this question). Furthermore, all but one of the participants indicated that they had a rule about not smoking inside of their home set by themselves, their roommates, or family members. This is a higher than average number of non-smoking homes than within the broader smoking population and can reflect a cultural norm that protects the quality of air inside the home. Participants acknowledged the "stink" of cigarette smoke indoors as a reason for not smoking inside the home, and also referenced protecting children as a reason to smoke outdoors or out of sight of children. None of the interviewees explicitly expressed concern over harm related to secondhand smoke as a reason why they do not smoke inside their home.

Knowledge of Oregon's Tobacco Quit Line

Twelve out of 19 respondents (63.2%) said that they had heard of Oregon's Tobacco Quit Line. In the mail survey portion of our larger study, we found that 56% of Asian Oregonians who were current smokers had heard of the Quit Line (Kue, Takahashi, & Furrer, 2009); however we also found that participants living in Multnomah County were more likely to have heard of the Quit Line, which is where the majority of interviewees lived. The Quit Line reported that 60% of Oregonians who were current smokers had heard of the Quit Line in 2007 (Oregon Department of Human Services, 2007).

When asked where they had heard of the Quit Line, participants were somewhat uncertain about the exact source of their knowledge of the Quit Line. They generally indicated that information about the Quit Line has been communicated through broad media campaigns, school based health education, and word of mouth.

"I feel like just from advertisements, billboards, newspapers, magazines – I've never had any personal referrals, just from reading things."

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

"Probably ads at high school."

"Social. People talk about it once in a while. Just in general."

Of the 19 interviewees:

- 63% heard of the Quit Line
- 5% considered calling
- 0% ever called

Use of Oregon's Tobacco Quit Line

Although nearly two-thirds of the interviewees said they had heard of the Quit Line, only one (5.3%) had considered using the Quit Line to help quit using tobacco and none of the respondents had ever called the Quit Line. Interestingly, the mail survey phase of our larger study revealed that 31% of Asian Oregonian smokers (11 out of 36) had considered calling the Quit Line, a rate that is nearly 6 times higher than what we found in the interviews.

Some of the reasons for not calling the Quit Line included not knowing enough about the services offered, discomfort using the telephone, and not wanting to discuss tobacco use with an unfamiliar person.

"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."

"It's just the fact that I don't like talking on the phone, that's probably why I don't want to use that."

"I don't want to talk to a stranger about it."

Not wanting to talk to a stranger about a personal behavior such as smoking was a common theme, both in these interviews and through AFC's years of tobacco prevention and education work. Many Asian cultures frown upon discussions of personal matters with strangers and prefer to keep sensitive information within the family.

"For Asian people, and I'm just saying this from my own beliefs, we don't believe in counselors."

We just don't. If you have your own problems, you just take care of it in the house. You take care of it inside the family. We don't go to marriage counselors, we don't go to drug counselors, we don't go to any kind of counseling because counseling means that you're weak in the mind."

"I just don't think people are exposed enough to that stuff where they feel comfortable enough to do that because they might think that someone might eventually find out...people might start talking about them...there's something wrong with this person."

"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."

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

The other theme evident in these examples is that seeking help from others is viewed as a sign of weakness. This belief is strongest for men, where asking for help is not seen as a masculine trait.

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

"I don't think they would reach out there, men in general and in our community. That makes you look weak, that makes you look like you need help..."

"If I decide to quit smoking, I will quit on my own."

Although we did not ask direct questions about quitting “cold turkey” (i.e., unassisted cessation), this theme emerged during 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,’ my mentality...it’s just we don’t ask for help, we do it all by ourselves.”

The belief that unassisted cessation is the most likely form of quitting, especially among men, may influence the likelihood that an Asian Oregonian would use the Quit Line. When asked about how men in their community feel about asking for help to quit smoking, participants replied:

“Not comfortable because they feel they can do it themselves.”

“They just have too much pride to ask for help. They always say they can do it on their own until they get that doctor’s visit that tells them you better stop or you’ll die. Because that’s how it was for my uncle and my dad, they went cold turkey after they went in for a check-up.”

“It’s a gender status thing where it’s hard for men in the community to ask for help for anything.”

Women were viewed as being more open to asking for and receiving assistance to quit, by both male and female interviewees.

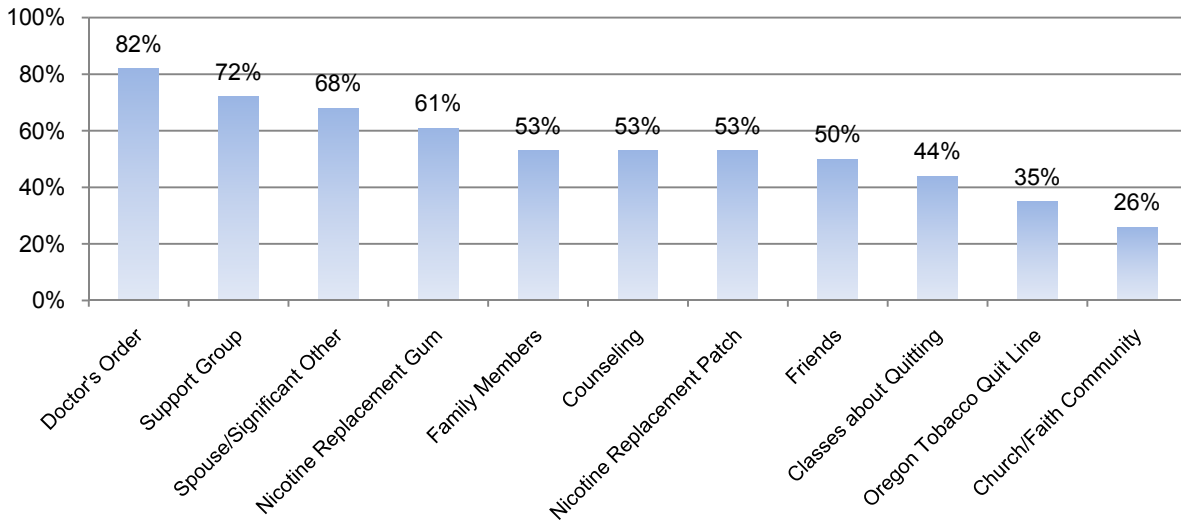
“I think they’re more open to it because a lot of the women they know that smoking is bad, especially if they have kids and stuff. You know, they don’t want their children to be around that or to see that, so for women I think they’re more open to quitting.”

While women are less likely to smoke across all Asian ethnic groups (Kue, et al., 2009), Asian American women have been shown to smoke at higher rates as acculturation status increases (Kim, Ziedonis, & Chen, 2007). The interviewees in this study are likely to represent this group of more highly acculturated female smokers; 5 out of the 8 women interviewed were US born, with the remaining 3 having lived in the US since the age of three or younger. Asian women are a target group for tobacco-industry marketing. However, they are also a key group who may leverage influence within their personal and familial relationships to encourage others to quit. Because they are viewed more favorably when seeking or receiving help, they may be granted more leeway when offering help or encouraging others to quit using tobacco.

Other Forms of Cessation Assistance

Beliefs in the effectiveness of different forms of cessation assistance were mixed (see Figure 1). More than half of the interviewees believed that a doctor's order, support groups, spouse or significant other, and/or nicotine replacement gum would help them to quit smoking. Less helpful forms of assistance were church or faith community and/or the Quit Line. It is interesting to note that although some participants spoke openly about not believing in counselors, over half of them thought that a counselor would help them to quit smoking.

Figure 1
What would help you quit smoking?



These results show that social influence may play a role in helping smokers to quit, especially when the support is more highly structured around quitting (such as the influence of a doctor's order, or a support group that is convened specifically to help smokers to quit). Friends were seen as both positive and negative influences, depending on whether they were smokers themselves, and whether they would help the smoker to resist the temptation to smoke or if they would pressure the smoker into relapse. Family members were also seen as both positive and negative, as they could be a source of stress as well as support. The church and/or faith community was not seen as helpful to quit, as this was viewed as an additional place where they might receive guilt over their addiction.

In addition, several interviewees expressed that the most influential people who could provide messages to quit were former smokers, because their experience with tobacco addiction provides them with legitimacy.

"...because they've actually gone through it, they've experienced it, they actually know how hard it is. People who never smoked, they might have an idea of, you know, how that person's going through but they never actually experienced it. So I think that someone who has smoked has more right to tell someone not to smoke."

Summary & Recommendations

The purpose of the current study was to examine the attitudes, beliefs, and behaviors associated with smoking and cessation among a sample of Asian Oregonian adult smokers.

Most interviewees had heard of Oregon's Tobacco Quit Line, but only 35% believed that calling the Quit Line would help them to quit smoking. None of our interviewees had ever called the Quit Line, and only one had considered calling for help in quitting tobacco. Factors contributing to the marked disinterest in the Quit Line include a lack of knowledge about available services and not wanting to talk to someone unfamiliar over the telephone.

Our interview group was relatively young, with high English fluency, and an overall high level of acculturation based upon years lived in the US and language ability. Because of the mitigation of these traditional barriers to access (linguistically and culturally), this particular group should be ideal candidates for a cessation service such as the Quit Line. Yet they are still unlikely to choose the Quit Line over other forms of cessation assistance. To address the factors that make Asian Oregonians less likely to call the Quit Line, our research team has the following recommendations:



1. Improve media and public relations

"Maybe explain what their services more clearly because I just hear 'hotline.' What am I suppose to do, just call them and tell them my problems?...I really don't know what it is all about."

"Maybe post it in more of the Asian newspapers. I guess, put it in places where Asians frequent, you know, like Asian restaurants, or the casino which has such a high number of Asians."

- **The Quit Line should advertise about the specific services it offers.** The lack of knowledge about the benefits, the free services, and what to expect from the service keeps smokers from calling.
- **In advertising the Quit Line, highlight the accessibility of the service and the philosophy used by Quit counselors.** Interviewees thought that Quit Line counselors would make them feel guilty or nag them to quit, which was unappealing because they already receive daily negative feedback. Displaying the Quit Line as welcoming would help smokers feel comfortable and trust the counselors.
- **Messages should be tailored for different target groups within the Asian community, taking into account differences in beliefs and risk for tobacco use due to gender, age, and English language proficiency.** For example, Asian men tend to feel that asking for help is a sign of weakness and not a masculine trait, which means they are less likely to receive help and may struggle with attempts to quit tobacco. Targeted messaging could show that strength comes from

quitting instead of weakness in asking for help.

“I think it is harder for them [men] because like two things, because they will look weak I guess in their mind, and secondly they don’t want to break away from the social group the community of like smokers.”

- **Encourage smokers’ loved ones to ask for help.** For example, women are less likely to smoke but they are often seen as the more acceptable gender to ask for help. Messaging targeted toward women, partners, and children of smokers may help to empower families to help their loved ones quit, as they are often the unintended victims of smoker’s behavior.

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

“Make it bigger I guess, have more programs other than just being there over the phone.”

“Maybe just cut off the Quit Line all together, put it on the Web site, throw in a bunch of visuals, list out the main stuff...I guess what it could do to you and...a bunch of visuals...or people who used to smoke or something like that...more of people who’s been there and [have] experience with that thing...that’d probably be effective, stories, real life stories so you can relate.”

The Asian Oregonian smokers interviewed were averse to using the telephone for cessation counseling, especially talking about personal information with an unfamiliar person over the phone. Several interviewees expressed interest in having a Web-based quit service as an alternative to the telephone, but were not aware of the Web Coach feature of the Oregon Quit Line. Recommendations to increase the use of the Quit Line’s Web Coach include:

- **Advertise the Web Coach as a prominent feature of the Quit Line, and explain how to gain access to Web Coach.** Information about Web Coach should also be advertised on Oregon’s TPEP Web site.
- **Translate information about the language capabilities of the Quit Line (telephone relay service) and have this information posted on the Oregon State TPEP webpage.** Currently, this information is listed in Spanish and English only.
- **Continue to explore diversification of cessation services.** Such services include but are not limited to text-message support, online support communities, multi-media interactive educational support (user created videos, photo manipulation of health effects, etc.), and others as developed and evaluated for utility by cessation service providers.

3. Deliver quit messages through healthcare providers

“For a lot of the older people in my community, they hold doctors and healthcare professionals, but mostly doctors, really high up on a pedestal...And, I would have to guess someone who has lost a family member to cigarette smoking or diseases related to it. I would say those two are the most influential groups of people.”

When asked “What would help you quit smoking?,” 82% of our interviewees said that a Doctor’s order would influence them to quit smoking. Despite this, 11 out of 19 (58%) of interview participants said their healthcare provider gave them information about quitting the last time they had a doctor’s visit. Providers can have a tremendous impact on their patients by making sure to explain in greater detail the consequences of continued tobacco use and provide support through avenues to quitting.

- **Increase healthcare providers’ awareness of API tobacco use rates.** It is important to debunk the “model minority” myth and other misconceptions that limit the care offered to Asian Americans, and increase the cultural sensitivity of healthcare providers.
- **Promote and explain cessation options.** Interviewees in the current study preferred support groups, nicotine replacement therapy, and the inclusion of spouses and family in supporting efforts to quit.
- **Increase outreach to healthcare providers.** Healthcare providers should be offered 5A’s training (Ask, Advise, Assess, Assist, and Arrange) and Quit Line information including the use of provider fax referrals.

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Appendix: Interview Instrument

Participant ID: _____

Date: _____

"Tobacco Use and Cessation among Asian Oregonians"

IRCO/Asian Family Center

INTERVIEW GUIDE

Thank you for participating in this interview. We are interested in your thoughts and experiences with tobacco, specifically smoking cigarettes.

My name is _____ and I will be asking you a variety of questions about your tobacco use. The interview will take approximately 1 ½ - 2 hours to complete. Please share your opinions freely. There are no right or wrong answers. If you do not feel comfortable with a question, you do not have to answer it. Please be sure to speak up so that we do not miss your voice on the audiotape.

If you have any questions about what we discuss during this interview, please feel free to ask them and I will try to answer as best I can. If you wish to receive a copy of the results of our study when it is completed, please contact [staff]. Their number is on the consent form you received at the beginning of our meeting.

So, let's get started.

1. Before we begin, let's find out some more information about you.

1a. According to my notes, you're [state age] – is that correct?

1b. What county do you live in? [Use county name – Multnomah, Clackamas, Washington – in questions below]

1c. How long have you lived in _____ county?

1d. What is your ethnicity?

1e. In what country were you born?

[If participant was not born in the U.S., then ask the following question]

1f. How long have you lived in the U.S.?

1g. What language do you speak mostly at home?

Now, let's talk about smoking.

2. In order to be eligible for this study, you said that you are a current smoker. Is that still correct?

2a. On average, about how many cigarettes a day do you smoke?

2b. How soon after you awaken in the morning do you smoke your first cigarette?

- Within the first 15 minutes
- 15 minutes to a half hour
- One-half to one hour
- Between 1 and 2 hours
- Longer than within the first 2 hours
- Don't know/Not sure

2c. The last time you bought cigarettes, what brand did you buy?

2d. Is this the brand you always buy?

2e. At what age did you start smoking?

2f. Describe the reason(s) why you started smoking or how you were first introduced to smoking.

[Prompt: What do you think was the biggest influence on why started smoking?]

3. What other kinds of tobacco do you use? *[Read off the list of tobacco]*

Type of Tobacco	Currently using?	How much per week?
Cigars	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Pipe bowls	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Chewing tobacco	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other tobacco Specify: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	

4. Are there other people in your home that smoke cigarettes or use other forms of tobacco?

- Yes. If yes, how many other people in your home smoke cigarettes or use tobacco?
Do they smoke cigarettes or use another form of tobacco?
- No

5. Are there any rules about smoking inside your home?

- Yes. If yes, what are they?
 No

5a. Who makes the rules about smoking inside your home?

Let's talk about smoking cigarettes in your ethnic community. From here on when I ask about your community, I will be referring to your ethnic community.

6. What ethnic community do you identify with?

7. How acceptable is it to smoke cigarettes in your community?

[Prompts: Is it common for men to smoke? Is it common for women to smoke? Is smoking a status symbol?]

8. How are cigarettes used in your community?

[Prompts: Is it freely given out at weddings as gifts? Is it used in religious or spiritual ceremonies? If yes, how is it used? Is it used medicinally? If yes, how is it used?]

9. How acceptable is it to smoke cigarettes in your family?

[Prompts: Do your parents smoke? Does your spouse/partner smoke? Do family members ever complain of your smoking habit or other family members' smoking habit?]

10. In your community, what effect does smoking have on a person's reputation?

[Prompts: Does it hurt or help a person's reputation? Does it make them more masculine? Does it make them more feminine?]

11. In your opinion, what effect does smoking have on a person's body?

[Prompts: Can you give me some examples? Can you be more specific about the types of effect it has?]

11a. What effect does smoking have on a person's health?

[Prompts: Can you give me some examples? Can you be more specific about the types of effect it has?]

11b. What effect does smoking have on pregnant women?

[Prompts: Can you give me some examples? Can you be more specific about the types of effect it has?]

11c. What effect does smoking have on children?

[Prompts: Can you give me some examples? Can you be more specific about the types of effect it has?]

11d. What effect does smoking have on older people?

[Prompts: Can you give me some examples? Can you be more specific about the types of effect it has?]

12. What is the most common belief in your community about the kinds of sicknesses caused by smoking?

12a. How does smoking make that happen?

13. Some people think that smoking is addictive. If you agree, what does “addictive” mean?

13a. Do you think that “addiction” is a cause for concern? Explain why or why not.

14. What other effects do you believe that smoking cigarettes may have, either positive or negative?

15. What, if any, effect do you think smoking cigarettes has on a person’s soul or spirit?

15a. How do you think smoking makes that happen?

15b. Is it possible to reverse this effect? Explain how.

16. What effect do you think smoke from another person’s cigarette (or secondhand smoke) has on a person’s body and health?

17. What do others in your community think about smoke from other people’s cigarettes?

18. Within your community, who can tell someone else to quit smoking?

18a. What family member can tell another family member to quit smoking?

18b. How effective do you think these people are in telling people to quit smoking?

19. In American schools, young people are taught that smoking will harm their health, but many young people still smoke. What messages from your culture might help discourage your community’s young people from starting to smoke?

19a. Who do you think young people would most likely listen to with a message not to start smoking?

[Prompts: Who are the people who have the greatest influence on a young person's decision not to smoke?]

19b. If there is one specific person, what role does this person have in your community?

[Prompts: Is this person a community leader? Clan leader? Religious leader? Spiritual healer? Teacher? Health professional?]

20. Think about your own experience when you started smoking. What kind of intervention do you think would have helped to prevent you from smoking?

20a. What kind of message would have helped to prevent you from wanting to smoke?

21. How effective do you think community leaders are in influencing people's decision to smoke and/or quit smoking?

22. If someone in your community really wanted to quit smoking cigarettes, how would they do it?

22a. What do you think might make it easier for them to quit?

22b. What do you think might make it harder for them to quit?

23. How do you think men in your community feel about asking for help to quit smoking? Explain.

24. How do you think women in your community feel about asking for help to quit smoking? Explain.

25. If a smoker in your community really wanted help to quit, where would you send that person for help?

26. Would some people who are trying to quit be willing to get help from a counselor over the telephone? Please explain.

26a. What if the counselor spoke their native language fluently?

26b. Why or why wouldn't this help?

27. What other support, services, or resources would they find helpful?

28. Do you know that Oregon's bars and taverns will go smokefree in January 2009?

- Yes
 No

28a. Would public support like this help you quit smoking?

- Yes
 No

Explain why it would or would not.

29. Would you be supportive of policies or practices that promote smokefree housing, such as in apartments and condominiums?

- Yes
 No

Explain why you would or would not.

Now, I'm going to ask you questions about quitting smoking.

30. Would you say that in general, your health is excellent, very good, good, fair, or poor?

31. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- Yes If yes, when you quit smoking, did you use any other assistance such as counseling or other medication (nicotine patch or nicotine gum) to help you?
 No

32. How interested are you now in quitting smoking?

- Very interested
 Somewhat interested
 Not very interested
 Not interested at all
 Don't know/no opinion

33. Do you think that you are addicted to nicotine? Explain why or why not.

- Yes
 No

34. How much do you agree with this statement, "My family will help me quit smoking."

- Strongly agree
 Agree
 Disagree

- Strongly disagree
- Don't know/no opinion

34a. In what ways do you think your family will or will not help you to quit smoking?

35. How much do you agree with this statement, "My friends will help me quit smoking."

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Don't know/no opinion

35a. In what ways do you think your friends will or will not help you to quit smoking?

36. Have you ever received help or advice to help you stop smoking? What kind of help or advice did you receive and from whom?

37. Have you heard of Oregon's Tobacco Quit Line?

- Yes
- No (If no, skip to question 44)

38. How did you hear about the Quit Line?

39. Have you considered using the Quit Line to help you quit using tobacco?

- Yes. Explain why.
- No. If no, why not?

40. Have you ever called the Quit Line?

- Yes. If yes, how many times in the past year?
- No. If no, why not?

41. How satisfied were you with the help you received?

- Very satisfied
- Satisfied
- Dissatisfied
- Strongly dissatisfied
- Don't know/no opinion

If dissatisfied or strongly dissatisfied, explain why.

42. What kinds of recommendations, if any, would you give that could improve Oregon's Tobacco Quit Line?

43. If you used the Quit line, what language(s) did you use during the telephone call?

44. Which of the following would help you quit using tobacco products?

Counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No
Classes about quitting	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nicotine replacement gum	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nicotine replacement patches	<input type="checkbox"/> Yes <input type="checkbox"/> No
The Oregon Tobacco Quit Line	<input type="checkbox"/> Yes <input type="checkbox"/> No
Support groups	<input type="checkbox"/> Yes <input type="checkbox"/> No
Doctor's order	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse or significant other	<input type="checkbox"/> Yes <input type="checkbox"/> No
Family members	<input type="checkbox"/> Yes <input type="checkbox"/> No
Friends	<input type="checkbox"/> Yes <input type="checkbox"/> No
Church or faith community	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other. Explain:	

Our final questions are about general health.

45. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

- Yes
- No

46. Have you seen a doctor in the past year?

- Yes
- No

47. In the past, has a doctor or other health professional advised you to stop smoking?

- Yes
- No

47a. When was the last time a health care professional advised you to quit smoking?

48. At your last visit to your health care provider, were you offered recommendations or assistance on how to quit smoking?

- Yes
 No

48a. If yes, what kind of information did you receive?

49. Has a doctor ever told you that you had [read list]?

Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emphysema	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lung Cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic obstructive pulmonary disease (COPD) -- it is a lung disease in which the lungs are damaged, making it hard to breathe	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
High Blood Pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stroke	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No

50. Does anyone else living in your home have [read list]?

Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emphysema	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lung Cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic obstructive pulmonary disease (COPD) -- it is a lung disease in which the lungs are damaged, making it hard to breathe	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No
High Blood Pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stroke	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No

51. Where do you get most of your health information?

Doctor/Health professional	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Radio	<input type="checkbox"/> Yes <input type="checkbox"/> No
English newspaper	<input type="checkbox"/> Yes <input type="checkbox"/> No
Language specific newspaper	<input type="checkbox"/> Yes <input type="checkbox"/> No
Internet	<input type="checkbox"/> Yes <input type="checkbox"/> No
Television	<input type="checkbox"/> Yes <input type="checkbox"/> No
Library	<input type="checkbox"/> Yes <input type="checkbox"/> No
Friends/Neighbor	<input type="checkbox"/> Yes <input type="checkbox"/> No
Family members	<input type="checkbox"/> Yes <input type="checkbox"/> No
Community-based organization	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other? Explain:	

52. Where do you receive most of your health care?

Acupuncturist	<input type="checkbox"/> Yes <input type="checkbox"/> No
Herbalist	<input type="checkbox"/> Yes <input type="checkbox"/> No
Western doctor or health care professional	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shaman/spiritual healer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Naturopath	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	

53. Do you have any additional comments that you would like to share?

54. Do you have any questions for me about what we talked about today?

Thank you very much for your time.

- ✓ Remind participant of number on informed consent, if any questions.
- ✓ Provide gift certificate for completion of the interview.
- ✓ Have participant sign incentive receipt form.