Pima County Smoking Cessation Promotion Program

Asian American Adult Males in Pima County

Program Plan

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CPH 350

Section 2

Group 7

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Introduction

Pima County is located in southern Arizona and shares an international border with Mexico. It has 980,000 residents, with 58.3% of that comprising the 19-64 year old age group (U.S. Census, 2015; U.S. Census, American FactFinder, 2010). The predominant racial group is White (74.3%), although there are many other racial groups, including African American, American Indian, Asian American, and Native Hawaiian (ordered by descending population). There are also many Native American tribes within Arizona (U.S. Census, American Fact Finder, 2010). The two main native peoples in Pima County are the Tohono O'Odham and the Pascua Yaqui tribes.

Poverty is a significant issue in Pima County, with 19% of the population living below the poverty level. Furthermore, a large proportion (38.2%) of Pima County residents cannot afford to live in houses and instead live in halfway houses, apartments, or are homeless (U.S. Census, American Fact Finder, 2015). Many residents also face food security issues (15.4%) or live in a food desert (14%) (U.S. Census, American Fact Finder, 2010). Public transportation is another problem within the county, with key shortcomings in cost barriers, low access, and poor infrastructure (Housing and Transportation, 2016). The most common causes of morbidity are circulatory diseases, respiratory diseases, mental health-related illnesses, diabetes, and accidental injuries (ADHS, 2014). Resources available to help Pima County residents include rental assistance, food pantries, nonprofit organizations, and services offered by the Pima County Health Department. Despite these resources, additional services and programs are required to impact the health problems within the county.

The target population that will be focused on for this program plan is Asian American adult males within Pima County. In Pima County there are a total of 8,937 total Asian American adult males, including varied subgroups of ethnicity and national background (U.S. Census Bureau, 2015). This population of Asian American males represents 2.6% of the total Pima County population (U.S. Census Bureau, 2015). Some of these subgroups include Chinese, Filipino, Vietnamese, and Korean populations. For the Asian American adult males in Pima County, the average age is 30 years old (Arizona Department of Health Services, 2014). The program plan will focus on the age group of 20-45 years and their smoking related habits.

Asian Americans have increasing rates of light and intermediate smoking within their communities and are experiencing increasing rates of associated morbidity (Blanco, Nydeger, et. al., 2014). Asian Americans are the only ethnic group with cancer as a leading cause of death; for males specifically, the leading cancer types are prostate, liver, and colorectal (Asian & Pacific Islander American Health Forum [APIAHF], 2013). Their next two highest causes of death are heart disease and stroke, which are also associated with smoking (Center for Disease Control and Prevention [CDC], 2016). Asian Americans have a smoking rate of 10.9%, but it varies widely by ethnic group with Chinese Americans with the lowest rate of 7.6% and Korean Americans with the highest rate of 20.0% (CDC, 2016). Until recently, there has been limited smoking cessation research and programming available for Asian Americans and existing programs tended to culturally exclude Asian Americans (Chen Jr., 2001). Their high morbidity and mortality from smoking related causes and their lack of access to appropriate quitting strategies demonstrates the need for smoking cessation programs within this community.

In Arizona, Asian Americans have a higher economic status than other racial groups, with both the highest median family income and the highest household income per capita (APIAHF, 2013). They also have high education rates. Nearly half of Asian Americans, 49.97%, have at least a Bachelor's degree compared to the state average of 19.00% (APIAHF, 2013). Roughly 15% of native born and 48% of foreign born Asian Americans are not English proficient (APIAHF, 2013). There are many smoking cessation programs offered nationally, but very few of them are Asian-language sensitive (Cummings, Wong, et al., 2015). In Pima County, Asian Americans face many barriers to health access, particularly cultural/language barriers, limited health literacy, and lack of urgency for health care (Center for Rural Health [CRH], n.d.). There are also many cultural groups in Pima County that are spread out over a large distance, making it harder to find programs targeting their specific cultural group and needs (CRH, n.d.). The Asian American population in Arizona is growing; it increased 21.93% from 2005 to 2011, with the highest three groups being Chinese, Filipino, and Asian Indian (APIAHF, 2013). This is slightly different from Pima County's top three subgroups of Chinese, Filipino, and Vietnamese (CHR, n.d.). The most prevalently spoken Asian languages in Pima County were Chinese, Tagalog, and Vietnamese respectively, but individuals that spoke Vietnamese, Korean, and Chinese were the least likely to also be proficient in English (Statistical Atlas). Though there is a slight difference in which ethnicities have the highest population in Pima County, they all face the same barriers for their health needs.

Literature Review

Smoking cessation in Asian Americans is an understudied point of research. By 2001 there were only two studies that had looked at the intersection between Asian Americans and smoking cessation (Chen, 2001). Since then, there has been more research involving smoking, Asian Americans, and related morbidity and mortality. Asian Americans are more likely to be light and intermediate smokers (LITS), leading to higher rates of associated morbidity (Blanco, Nydeger, et. al., 2014). Yamaguchi et al. conducted a study to analyze smoking and self-reported race in relation to non-small-cell lung cancer and found significant variation in EGFR mutations by race. Their results showed that Asian Americans had a mutation frequency of 62% compared to non-Hispanic whites (18.4%) and Black or African American individuals (18.2%) (2013). This indicates that specific cessation programs targeting Asian American populations are necessary.

The success of cessation programs can be dependent on the type of intervention and the target population. It has been shown that different racial/ethnic groups respond differently to treatments and the best program for a specific target population will vary from one designed for the general population (Trinidad, Perez-Stable, et al., 2014). There can be differentiation within subgroups of a race which should be taken into consideration when designing an intervention. A study looking at cessation attempts across various factors found that Asian Americans were less likely to have made cessation attempts and needed more resources for effective cessation strategies (Rafful, Garcia-Rodriquz, et al., 2014).

Research has also shown that acculturation is an important factor to consider. Shelly et al. found that acculturation was positively correlated with never smoking, but did not help smoking cessation, demonstrating that imposing a culture on a group does not impact their actions (Shelley, Fahs, et al., 2003). This study also found that knowledge about smoking morbidity was associated with both never smoking and cessation (Shelley, Fahs, et al., 2003). Their study establishes the idea that having knowledge about the risks of actions can decrease the prevalence of that action. It also addresses the role of culture in program planning.

Asian Americans face many barriers to accessing health care and programs that are pertinent to them. A significant factor to this is the lack of culturally and linguistically accessible health care. Research shows that English proficiency is a protective factor for smoking in Asian American communities, though it should be noted that English proficiency does not imply acculturation (Tang, Shimizu, Chen Jr., et al., 2007). Language is one of the largest barriers faced by Asian American adult males (Tang, Shimizu, Chen Jr.). In comparison to a control group of traditional means, researchers employed individualized counselor led interventions and nicotine replacement therapy. They found that "culturally and linguistically sensitive combined counseling" had a 67% cessation rate at the 6 month follow up to the study compared to 32% for the control group (Wu, Ma, et al., 2009). Incorporating culture and language competency into Asian American cessation programs has been increasingly studied and shown to significantly impact cessation success.

There have been several successful programs focusing on Asian Americans and smoking cessation that utilized culturally relevant interventions. The Asian Tobacco Education and Cancer Awareness Research (ATECAR) used the PRECEDE-PROCEED model, a community

and education based framework, to launch 22 different programs centered on cancer and smoking cessation (Ma, Tan, et al., 2006). One of the programs they implemented involved translating cancer and smoking research into the native languages of various Asian ethnic groups (Ma. Tan, et al., 2006). They also funded studies that further examined culturally appropriate, individualized counseling and found them to be successful in changing smoking attitudes (Ma. Tan, et al., 2006). Other programs have tried to take cessation programs proven effective for other minority groups and adjusted them to fit the specific cultural needs of Asian American communities. Cessation hotlines have been proven to be very effective for multiple racial/ethnic groups, but there is a distinct lack of hotlines administered in Asian languages. Cummings et al. set out to bridge this care gap by transitioning an intervention protocol into a multistate cessation hotline and focusing on Chinese, Korean, and Vietnamese languages (2015). The results of the program were so successful that it motivated the CDC to develop a national Asian language cessation hotline (Cummings, Wong, et al., 2015). The effectiveness of that study demonstrates the impact culturally specific measures can have in Asian American communities.

The literature indicates that the largest barriers to health care result from a lack of culturally and linguistically pertinent options for Asian Americans. Due to the high proportions of smoking among Asian American males, it is necessary to have specific cessation programs designed for this population. Additionally, for these programs to be be effective they need to be linguistically accessible, individualized, and teach accurate knowledge on the health risks associated with smoking.

Problem Statement

The target population of the Pima County Smoking Cessation Promotion Program is Asian American adult males in Pima County aged 20-45 years. The top causes of morbidity amongst our target population are heart disease, cancer, and stroke. Additionally, Asian American adult males ages 20-45 years old are about 75% more likely to develop heart disease than the average American adult male (Shelley, Fahs, et al., 2003). Within Arizona, Asian Americans had a 75.3% higher risk of developing hypertension than the rest of the population (AZDHS, 2013). These health issues experienced by our target population are all associated with the risk of smoking. Therefore, the purpose of our program is to reduce the smoking-related morbidity among Asian American adult males.

In order to reach out to our target population we must be able to relate to them in ways that gets their attention as well as make them feel comfortable. Probably the biggest obstacle that we need to surpass is the language barrier between each other. By doing this it will make it easier for our program to reach out to them on topics that promote smoking cessation. Another very important method to reach out to our target population is understanding their culture in order to make a reasonable impact on their community. Since smoking is a large part of the community, everyone will see it as a norm instead of a health hazard. Understanding why they smoke in the first place, whether it be for stress relief, peer pressure, or even a replacement addiction, will be able to give our program that extra incite to help find more alternatives that work for them individually.

Heart disease, cancer, and stroke are three of the top ten causes of mortality in the United States (Blanco, Nydeger, et. al., 2014). Not only does smoking affect the user, but it also affects

the people around them as well. Smoking makes one more at risk for heart disease, cancer, and having a stroke, but what most overlook is how it affect the people in their lives. Smoking not only creates physical health complications but also mental health complications for the people around them. Another part of our program that address people with these health problems involve access to culturally relevant health providers. By making our target population more comfortable, they are more likely to attend the proper health care facility when needed. Doing this will also be a significant factor in lowering smoking related morbidity as a whole.

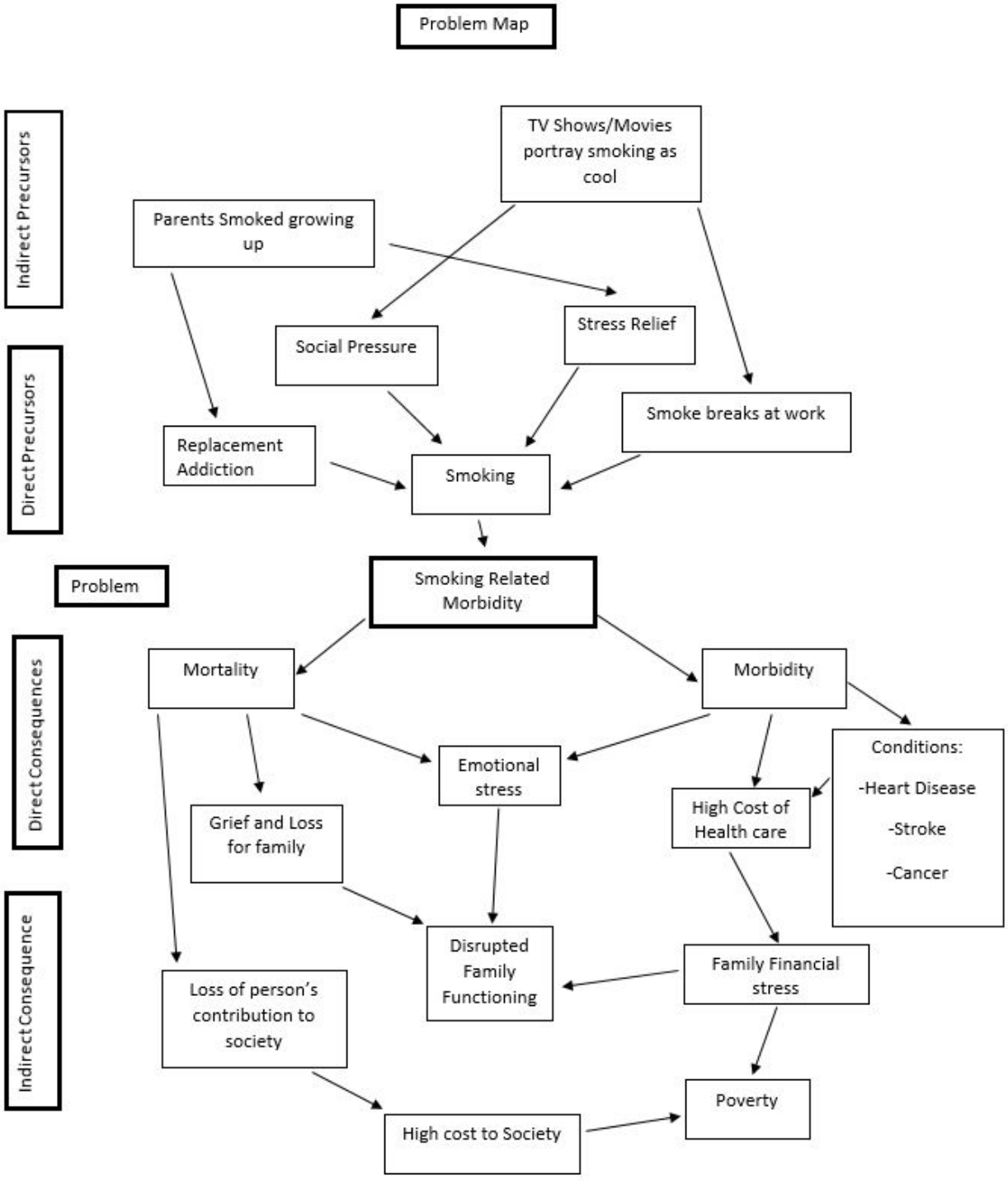
Hypothesis:

- If Asian American Adult males aged 20-45 years enrolled in the Pima County Smoking Cessation Promotion Program gain access to culturally relevant health providers;
- If Asian American Adult males aged 20-45 years enrolled in the Pima County Smoking Cessation Promotion Program utilize their available health resources;
- If Asian American Adult males aged 20-45 years enrolled in the Pima County Smoking Cessation Promotion Program understand the health complications that correlate with smoking morbidity;
- If Asian American Adult males aged 20-45 years enrolled in the Pima County Smoking Cessation Promotion Program gain knowledge about alternatives to smoking;

Then, there will be a 20% decline of smoking morbidity among Asian American adult males in Pima County, Arizona enrolled in the Pima County Smoking Cessation Promotion Program Plan by December 31, 2018 with the following consequences:

- There will be reduced health complications related to smoking morbidity in the population of Asian American males aged 20-45 years in the Pima County Smoking Cessation Promotion Program Plan.
- The anxiety caused by the language and cultural barriers amongst Asian American males aged 20-45 years in Pima county will be reduced in the Pima County Smoking Cessation Promotion Program Plan.
- The amount of smokers overall in the Asian American males aged 20-45 years in Pima county will be reduced by the Pima County Smoking Cessation Promotion Program Plan.

Precursors or Risk Factors Contributing to the Problem	**Level of Importance** ***(low, moderate, high)***	**Level of Changeability** ***(low, moderate, high)***
Access to Culturally Relevant Health Providers	High	Moderate
Health Service Utilization	High	Moderate
Understanding Risk Factors for Smoking	High	High
Smoking Among the Community	High	Moderate
English Proficiency *(Language Barriers)*	High	Moderate
Anxiety *(Being an immigrant, language barriers, cultural isolation)*	High	Moderate


Problem Map
Indirect Precursors
Direct Precursors
Problem
Direct Consequences
Indirect Consequence
TV Shows/Movies portray smoking as cool
Parents Smoked growing up
Social Pressure
Stress Relief
Smoke breaks at work
Replacement Addiction
Smoking
Smoking Related Morbidity
Mortality
Morbidity
Emotional stress
Grief and Loss for family
High Cost of Health care
Conditions:
-Heart Disease
-Stroke
-Cancer
Disrupted Family Functioning
Family Financial stress
Loss of person's contribution to society
Poverty
High cost to Society

Theoretical Framework

The model we will use to guide our program plan is the Health Belief Model. This model asserts that one's willingness to pursue health-related actions depends on one's perceived susceptibility to health threats, perceived severity of health threats, perceived benefits of behavior change, and perceived barriers to behavior change (Figure 1.1). The former two comprise one's perceived threat of a health behavior, and the latter two comprise one's outcome expectations of behavior change. Together, perceived threat and outcome expectations impact one's self efficacy with regards to carrying out specific health behaviors.

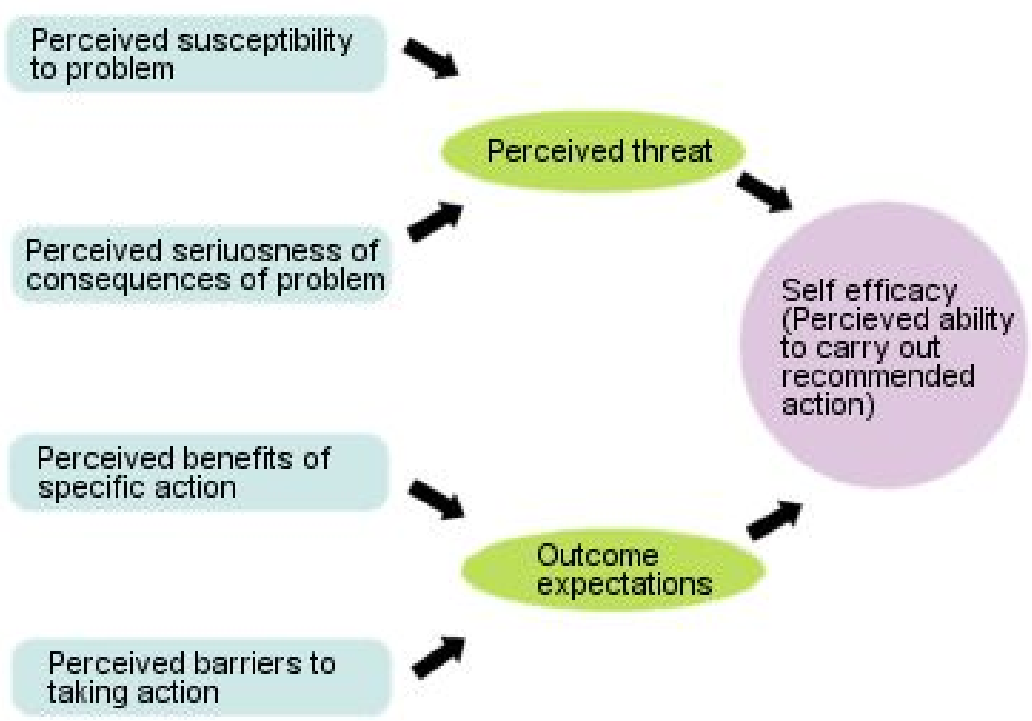


Figure 1.1: Source: Ontario Health Promotion Resource System, n.d.

The four tenants of the Health Belief Model will be considered heavily when creating program components. Our goal is to design the program components to maximize the perceived

threat and emphasize positive outcome expectations. This will motivate program participants to independently change their behavior. For example, giving participants the knowledge to identify negative outcomes of smoking will increase their perceived threat of smoking. Furthermore, making participants explain how smoking-related morbidity could affect them directly addresses their perceived susceptibility to health threats. This will increase their motivation to pursue smoking cessation.

Each of our learning objectives will impact at least one of the four tenants of the Health Belief Model in order to change program participant health perceptions in a positive way. In order to have participants contextualize the need for smoking cessation, the intervention will encourage them to internalize the knowledge given in the program lessons. Through developing peer support forces and alternative choices to smoking cigarettes, participants will aim towards creating positive smoking cessation habits. Participants will become more well-versed and empowered regarding their smoking habit. This will help them become more self-sufficient at regulating or breaking their smoking habit. This specifically addresses the self efficacy aspect of the Health Belief Model. Through modulating participants' perceived threat and outcome expectations in the intervention, the program will be more successful in promoting smoking cessation to reduce associated morbidity.

Program Description

Statement of Purpose

The mission of the Pima County Smoking Cessation Promotion Program is to reduce the smoking-related morbidity experienced by Asian American adult males aged 20-45 years. The Pima County Health Department recognizes the connection between morbidity and risk factors such as smoking and the importance of working towards healthier communities by promoting healthy behaviors.

Program Goal

I. To promote smoking cessation in target population to reduce associated morbidity, such as hypertension and cancer.

Objectives

I. Level 1: Administrative Objectives
    A. By January 2017, the 10 required staff members will be hired and begin working towards program implementation.
    B. By May 2017, surveys and educational materials will be translated into Chinese, Tagalog, Vietnamese, and Korean.
    C. By December 2017, 150 Asian American adult males aged 20-45 years will be enrolled in program.

II. Level 2: Impact Objectives
    A. Learning Objectives
        1. By the end of the first session, 60% of participants will be able to identify

4 negative outcomes of smoking.

2. By the end of the second session, 50% of participants will be able to explain how smoking-related morbidity could affect them.
3. By the end of the fourth session, 50% of participants will compare the barriers/costs versus the benefits associated with smoking cessation.
4. By the end of the sixth session, 40% of participants will demonstrate how to use nicotine replacement treatment strategies.

B. Behavioral Objectives

1. By the end of the program, 60% of participants will have regularly attended smoking cessation support groups for six months.
2. By the end of the program, 50% of participants will have maintained nicotine replacement therapy.

C. Environmental Objectives

1. By June 2018, 50% of the churches or cultural centers in the target population will be set up to host smoking cessation support groups beginning the following month.

III. Level 3: Outcome Objectives

A. By the end of the program, 50% of those enrolled in the program will have quit smoking.

B. Six months after the program, 45% of those enrolled in the program will have maintained their smoking cessation.

Program Methodology

The Pima County Smoking Cessation Promotion Program will be based in three interventional methods: five monthly classes, one physician appointment, and six months of support group attendance. In its entirety, the program will run for a full year. The combination of interventions and the length of the program are designed to maximize the number of smoking cessation motivators, support, and interaction time participants receive. This will help them develop and maintain smoking cessation habits that will contribute to decreasing their risk of experiencing smoking-related morbidity.

The monthly classes will take place during five of the first six months of the program. The 150 participants will be divided into 5 groups of 30 to reduce class size and increase facilitator to participant interactions. Each class will contain specific knowledge to target a segment of the health belief model in an effort to change the participants attitudes towards smoking cessation. The first class will cover smoking-related morbidity and target the participants' attitudes of the perceived severity of the consequences of smoking. In the second class, participants will learn about how smoking leads to health problems. They will also meet with members of their community who experience smoking-related morbidity. This will target their perceived susceptibility. The third class will cover tangible ways that smoking cessation will impact them in order to address perceived benefits. In the fourth class, participants will discuss their perceived barriers to smoking cessation. During this session they will also end with a comparison of their perceived benefits and barriers. This activity will demonstrate that the benefits of smoking cessation outweigh the barriers. The final class will address the self efficacy of participants by training them in nicotine replacement therapy and general cessation strategies. Over the course of these classes, participants will gain the knowledge needed to change their

health beliefs connected to smoking and empower them to quit smoking.

The Pima County Smoking Cessation Promotion Program will also feature an appointment with a physician in between the fourth and fifth classes. The physician appointment will provide expert advice on smoking and health. This will help give program participants additional motivation to pursue smoking cessation. Additionally, physicians will be able to prescribe nicotine replacement therapy to participants if that is required. Program staff will recruit physicians within Pima County who are part of the Asian American community and will be able to offer health advice in a culturally appropriate way. This search will also focus on recruiting physicians who speak Chinese, Korean, Tagalog, or Vietnamese. If this is not possible for all languages, interpreters will be present at the appointments to ensure program participants receive the knowledge they need and are able to ask questions.

The second half of the program will consist of smoking cessation support groups facilitated by staff members. The support groups will give space to participants to discuss their experiences and progress with smoking cessation in a supportive environment. It will also give participants the opportunity to be surrounded by their peers and will work to reduce the stigma surrounding smoking cessation. The support group sessions will run for six months after the educational classes end. This will assist participants in maintaining their smoking cessation efforts and prevent changes in their health beliefs established earlier in the program.

Program Implementation Plan

Target Population and Distribution Channels:

The Pima County Smoking Cessation Promotion Program will be carried out for the target population of Asian American males aged 20 to 45 years. The first year of implementation will begin within communities located in the Tucson metropolitan area. During following years the program will expand to other areas within Pima County. The program will reach out to participants through a flyering and social media advertising campaign. Flyers will be posted in acupuncture centers, Asian grocery stores, and the Tucson Chinese Cultural Center. Advertising will also be posted in community religious institutions that are partnering with the program to host the support groups later on in the program. These locations were selected to reach as many members of the target community as possible. Program staff will also work to share digital flyers and information to the social media platforms of the aforementioned organizations/businesses. The flyers will include cursory information about smoking and its health impacts in addition to logistical information about the program's length, components, location, and how to register.

Staffing Needs:

The program will be carried out by five staff members and five community facilitators. The five staff members will consist of the program leader, the educational class coordinator, the physician and support group coordinator, the community partnership coordinator, and the evaluation coordinator. Five community members will also be hired onto program staff to co-facilitate the educational classes and support group sessions. The community facilitators will also review and design educational materials to ensure they are culturally competent. If there are not enough staff members who speak Chinese, Korean, Vietnamese, and/or Tagalog, interpreters will also be hired.

The program leader's position will entail supervising staff members, overseeing program implementation, and managing the program budget. The educational class coordinator will develop lesson plans, create educational materials, and train community employees. This staff member must have a background in health education and promotion. The physician and support group coordinator will recruit community physicians, develop guidelines for support group sessions, and train community employees. The community partnership coordinator will carry out the advertising campaigns and work with community organizations to establish the locations of the support groups. This staff member will also collaborate with the educational class coordinator and the physician/support group coordinator to facilitate their partnerships with community organizations as well as hire and train community employees. If possible, this staff member should already have connections with the target communities in Tucson and Pima County. The evaluation coordinator will conduct the program's evaluation and will collaborate with all staff members to distribute required evaluation materials, such as the pre- and post-program surveys. All staff members will be required to undergo cultural competency training.

Facility and Equipment Needs:

The educational classes will take place on Saturday mornings at 11 a.m. once a month and will be held at five locations of the Pima County Health Department. These locations include the Abrams Public Health Center, the East Office, the Flowing Wells Office, the North Office, and the South Office at Walter Rogers which are spread across Tucson to increase program accessibility for all participants. Each class will host 30 participants and will require 30 chairs, 6

tables, and a projector. These materials will be provided by the Health Department locations and any additional needed chairs will be purchased by the program.

The physician appointments will be scheduled in coordination with participants during the month of May and will take place at the individual physician offices. If required, program staff will requisition use of county vehicles to assist participants with transportation to physician offices. The support group sessions will take place in partner churches within the community and will run for the last six months of the program. These sessions will involve discussion amongst the group and will only require 30 chairs for seating. They will be scheduled in coordination with the participants to best fit their schedule once they have completed the first six months of the smoking cessation program.

Program Planning Timeline

January 2 2017 *Program Leader Meets with Community Leaders*

January 9 2017 *Open Application for Core Staff Positions*

January 10 - 27 2017 *Interview for Core Staff Positions*

February 3 2017 *Hiring Deadline for Core Staff Positions*

February 13 2017 *New Hire Orientation*

March 31 2017 *Deadline for All Lesson Plans, Educational Materials, and Advertising Materials*

April 3 2017 *Meet with Community Leaders*

April 28 2917 *Deadline for Translation of All Materials*

May 1 2017 *Open Application for Community Facilitator Positions*

May 2 - 19 2017 *Interview for Community Facilitator Positions*

May 26 2017 *Hiring Deadline for Community Facilitator Positions*

June 12 2017 *Community Facilitator Orientation*

June 13 - 30 2017 *Review Advertising Materials*

July 3 2017 *Begin Advertising Campaign*

July 3 - 21 2017 *Review Lesson Plans and Educational Materials*

July 24 2017 *Meet with Community Leaders*

July 31 2017 *Deadline for Reserving Classroom Space with Pima County Health Department*

July 31 - December 22 2017 *Community Facilitator Training*

December 22 2017 *Deadline for Enrolling Program Participants*

December 31 2017 *Deadline for Identifying Community Physicians*

December 31 2017 *Deadline for Establishing Partner Churches*

The program planning process will begin with the program leader meeting with community leaders to introduce the program intention and plan. Following this, the hiring process for core staff positions will begin. Once staff members are hired, they will commence developing program materials and plans. During this process the team will continue meeting with community leaders to update them on progress and collaborate on needed revisions. Community members will also be hired as facilitators. These efforts to critically engage the community in the development and approval of the program will help to ensure the program is culturally competent and successful. It should also be noted that the deadline for identifying community physicians and establishing partner churches for support groups sessions is at the end of 2017 to make certain there is sufficient time to find new partners in the case of any cancellations. This will also provide sufficient time to schedule physician appointments in advance.

Program Implementation Timeline

January 5 2018 *Deadline for Participants to Complete Pre-Program Survey*

January 6 2018 *First Class - Perceived Severity*

January 31 2018 *Deadline to Schedule Physician Appointments*

February 10 2018 *Second Class - Perceived Susceptibility*

March 9 2018 *Third Class - Perceived Benefits*

April 6 2018 *Fourth Class - Perceived Barriers*

May 1 - 31 2018 *Scheduled Physicians Appointments*

June 9 2018 *Fifth Class - Self Efficacy*

June 9 2018 *Deadline for Scheduling Support Group Sessions*

July 1 - December 31 2018 *Scheduled Support Group Sessions*

December 31 2018 *Deadline for Participants to Complete Post-Program Survey*

Each class will take place at 11a.m. - 1p.m. on the first Saturday of the month. The individual physician appointments will be scheduled by a hard deadline of January 31st to make certain that each participant is able to gain an appointment. During the last class, participants will work with their community facilitator to schedule a weekly time to hold the support group sessions. These will begin the following month and run until the end of the calendar year.

Program Evaluation Plan

I. Level 1: Administrative Objectives

A. By January 2017, 10 required staff members will have been hired and will be working towards developing the program implementation which will be directed towards

serving the Asian American population in Pima County. The program implementation will serve as the method for collecting information about our target group.

B. By May 2017, the 10 newly hired staff members will translate surveys and educational materials into four different languages intended to incorporate all subcategories of our target population of Asian Americans. The four languages will be Chinese, Tagalog, Vietnamese, and Korean. The surveys and educational materials will be used to help collect information from all of the Asian American subgroups.

C. By December 2017, the 10 staff members will use the new program to enroll the target group of 150 Asian Americans that are aged 20-45 years old. The program will be the new method to collect further information on the participants that the 10 staff members will be in charge of monitoring throughout the duration of it.

II. Level 2: Impact Objectives

A. Learning Objectives

1. By the end of the first session on January 6, 2018, the 10 staff members will conduct an exit survey on our target population of 150 Asian American men aged 20-45. The desired percentage being sought out is 60% of the target population to be able to name four negative outcomes of smoking through the exit survey.
2. By the end of the second session on February 10, 2018, the aim is to have 50% of the 150 Asian American men aged 20-45 to be able to describe how smoking-related morbidity could potentially harm them. The 10 staff members will conduct the session and will hold an exit survey at the end in which the 150 men will accomplish the goal from the session.

3. By the end of the third session on March 9, 2018 that the 10 staff members will have conducted, they will hold a discussion at the end of the session with our 150 Asian American men aged 20-45. For this session, the goal is to have 50% of the participants to be able to compare and contrast the barriers/costs of smoking cessation with the benefits associated with it. This discussion will serve as the method of determining where the target group is at with the program.
4. By the end of the fifth session on June 9, 2018, an exit survey will be conducted at the conclusion of the session for the 150 Asian American men aged 20-45. This exit survey will be held by the 10 staff members and will allow them to see that 40% of the 150 participants know how to use nicotine replacement treatment strategies.

B. Behavioral Objectives

1. By the end of the program, the 10 staff members will have found and placed the 150 Asian American men aged 20-45 into support groups. These support groups will act as the method for continuing the education of smoking cessation for the participants. The intention is that out of the 150 participants there will be 60% of the participants who have regularly attended their assigned support groups.
2. By the end of the program, the 10 staff members will have been actively a part of the support groups created for the 150 Asian American men aged 20-45. With the support groups acting as a means for monitoring the progression of development in smoking cessation knowledge, a desired 50% of the participants is wanted in order to show maintained nicotine replacement therapy.

C. Environmental Objectives

1. By June 2018, the 10 staff members will have located churches and cultural centers that are linguistically and culturally related to the 150 Asian American men aged 20-45. These designated churches and cultural centers will host smoking cessation support groups the following month in order to further promote the the risks that come with smoking and tobacco use to the 150 participants. These new support groups will serve as a way for the 10 staff members to continue monitoring the development of our participants.

III. Level 3: Outcome Objectives

A. By the end of the program, the 10 staff members will conduct an exit survey for all of the 150 Asian American men aged 20-45. The exit survey will act as a way for the staff members to see the final progress of the participants. At this conclusion, it is a goal to see that 50% of the participants will have fully quit smoking all together.

B. Six months after the conclusion of the program, the 10 staff members will host a final exit survey for the 150 Asian American men aged 20-45 that were enrolled in the program. With this final exit survey, it is proposed that 45% of the 150 participants that were enrolled in the program have maintained their smoking cessation and knowledge about smoking related issues. The exit survey will be the final way of collecting information about all of the participants and will allow the staff members to see the amount of success that the program accomplished.

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Appendix A: Pre-Program Survey

Scale: 1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

1. **I smoke cigarettes several times a day.**

   1 2 3 4 5

2. **I smoke cigarettes several times a week.**

   1 2 3 4 5

3. **I smoke cigarettes several times a month.**

   1 2 3 4 5

4. **I have smoked at least 100 cigarettes in my lifetime.**

   1 2 3 4 5

5. **I have attempted to quit smoking before.**

   1 2 3 4 5

6. **I have attempted to quit smoking in the past 6 months.**

   1 2 3 4 5

7. **I do not want to quit smoking.**

   1 2 3 4 5

8. **I have heard that smoking is bad for your health.**

   1 2 3 4 5

9. **If someone smokes frequently, their health will deteriorate.**

   1 2 3 4 5

10. If someone smokes only occasionally, their health will not be impacted

1 2 3 4 5

11. I believe smoking can impact my health.

1 2 3 4 5

12. I believe that smoking will result in negative changes to my life.

1 2 3 4 5

13. I am concerned about my loved ones smoking.

1 2 3 4 5

14. I am concerned about my smoking habit.

1 2 3 4 5

15. Smoking habits are difficult to break.

1 2 3 4 5

16. There are many barriers to quitting smoking.

1 2 3 4 5

17. If someone quits smoking, their health will improve.

1 2 3 4 5

18. A physician has advised me to quit smoking.

1 2 3 4 5

19. If I wanted to quit smoking, I could.

1 2 3 4 5

20. I am confident in my ability to control my smoking habit.

1 2 3 4 5

Appendix B: Post-Program Survey

Scale: 1 2 3 4 5
Strongly Disagree Disagree Neutral Agree Strongly Agree

1. I smoke cigarettes several times a day.

1 2 3 4 5

2. I smoke cigarettes several times a week.

1 2 3 4 5

3. I smoke cigarettes several times a month.

1 2 3 4 5

4. I have attempted to quit smoking before.

1 2 3 4 5

5. I have attempted to quit smoking in the past 6 months.

1 2 3 4 5

6. I have successfully quit smoking during the past 6 months.

1 2 3 4 5

7. I know how smoking impacts your health.

1 2 3 4 5

8. If someone smokes frequently, their health will deteriorate.

1 2 3 4 5

9. If someone smokes only occasionally, their health will not be impacted

1 2 3 4 5

10. I believe smoking can impact my health.

1 2 3 4 5

11. I believe that smoking will result in negative changes to my life.

1 2 3 4 5

12. I believe that quitting smoking will decrease my risk of smoking-related morbidity.

1 2 3 4 5

13. I believe the benefits of smoking cessation outweigh the barriers.

1 2 3 4 5

14. Smoking habits are difficult to break, but I am confident in my ability to do so.

1 2 3 4 5

15. I understand how to carry out nicotine replacement therapy.

1 2 3 4 5

16. I employ smoking cessation techniques.

1 2 3 4 5

17. I am part of a community that supports my efforts to quit smoking.

1 2 3 4 5

18. A physician has advised me to quit smoking.

1 2 3 4 5

19. I am confident in my ability to control my smoking habit.

1 2 3 4 5

20. This program helped me quit smoking.

1 2 3 4 5

Appendix C: Smoking Cessation Barriers vs. Benefits Activity

This activity is designed to follow presentations on the barriers to and benefits of smoking cessation. It will serve as summary to previous discussions and demonstrate that the benefits of smoking cessation outweigh the barriers. It is important that the activity is guided so that participants are able to make this realization themselves; simply being told this information will be less effective in altering their health beliefs.

Summary

Alan is 42 years old and has a wife and two children. He runs an asian grocery store in Tucson and works hard to build a future for his children. He is also a committed community member and teaches Mahjong classes at the Tucson Chinese Cultural Center. Alan is currently a frequent smoker but he is considering trying to quit. Your task is to help Alan make this decision by informing him about the benefits and barriers to smoking cessation.

Materials

- Poster paper
- Colored Markers
- Timer

Instructions

1. Divide the group into two sections. For example a group of 30 participants would be divided into 2 sections of 15 participants. One group will represent the benefits and one group will represent the barriers to smoking cessation.
2. Instruct each group to list the barriers or benefits of smoking cessation using the poster paper and markers. This should take 10-15 minutes.
3. Ask each group to nominate 1-3 people to present their poster to the group.

4. Give each group 5-10 minutes to present their list of benefits/barriers to smoking cessation.
5. After both presentations, give the group 15 minutes to discuss the benefits compared to the barriers with the aim of finding how they balance to give Alan advice.
6. Once the groups has reached consensus, give them 15 minutes to come up with strategies Alan could use to overcome the barriers in order to receive the benefits of smoking cessation.
7. Use the last 5 minutes to facilitate a summary of the group's decisions and suggestions for Alan.