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Community-based participatory research on smoking cessation among Chinese Americans in Flushing, Queens, New York City

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Introduction and baseline data

In the first phase of the present study, household interviews in Chinese languages of 2,537 adults ages 18 – 74 in Flushing, Queens and Sunset Park, Brooklyn found a smoking rate of 30.3% for men. This smoking prevalence is consistent with results from surveys in California (Centers for Disease Control and Prevention, 1992) and Chicago, Illinois (Yu et al., 2002) showing 28 and 34% of Chinese-American men smoking, respectively. The smoking rate for Chinese-American men is higher than that of any other ethnic group in the USA except for Native Americans (MMWR, 2003). Six focus groups with men in Flushing, Queens who smoke, three conducted in Mandarin and three in Cantonese, revealed a low level of awareness of approaches to quitting smoking and where to go for assistance in quitting. Both the household survey and focus groups found a low level of knowledge about the health consequences of smoking. These baseline survey and focus-group data point to a disparity in information and services for smoking cessation available to the Chinese-American population compared with other populations in the USA. The baseline household survey also found that 87.8% speak Chinese at home and 79.6% read Chinese newspapers at least once a week, documenting a specific need for Chinese-language information.

Intervention

This study is a collaboration of community-based organizations and universities with investigators from the fields of community development, journalism, marketing, health economics, medicine and psychology. The objectives of the intervention are to provide culturally-specific information about smoking and to increase capacity for smoking-cessation services. The study is framed from the perspective of agenda-setting theory

(McCombs & Shaw, 1972) and posits that the intervention activities will serve to put smoking cessation on the agenda of the Flushing Chinese community, prompting the community to mobilize toward smoking cessation as a goal. Intervention components being developed include: awareness campaigns led by a community-based organization, conducted through local Chinese media and in-person channels and supported by a Chinese-language telephone information service; Chinese language print materials, and capacity building through training staff and volunteers of neighborhood groups in smoking-cessation methodology.

Assessing community mobilization

To determine if a community mobilization for smoking cessation has taken place, four waves of field data are being collected in Flushing during the 18-month intervention period; baseline data were collected immediately before the intervention launch in October 2003, and the first post-intervention data collection was completed in April 2004. Remaining waves are scheduled for October 2004 and April 2005. Data include: requests for quit-smoking products at neighborhood herbalists, pharmacies, and convenience stores; anti-smoking posters inside and outside buildings; cessation brochures displayed in health-care provider offices and businesses; observations of compliance with non-smoking laws at restaurants; participant observations interviews at bars and street interviews; and articles on smoking or smoking cessation in three local Chinese language newspapers.

Progress to date

Key informant interviews were conducted in person, in Chinese or English with 28 active members of the Flushing Chinese community, representing all sectors of the community: business, religion, law enforcement, politics, education, health care, social service, culture and history. These structured depth interviews addressed perceptions of strengths, needs and changes in the community, health issues and the role of smoking. Information from these interviews has informed the development of the intervention activities.

A detailed community needs assessment map was created by block-walking all of the four census tracts representing the parts of Flushing where the majority of the Chinese residents work and live. The community map includes 1,045 organizations; a 10% sample of these serve as data collection sites for the field data enumerated above.

The field data collection will permit an assessment of the extent to which community mobilization contributes to any smoking cessation observed in the second household interview survey to be conducted at the end of the 18-month intervention.

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