

# The Healthy Family Project



## An Innovative Intervention Approach to Mobilize Families and Peers to Promote smoking Cessation in Chinese Americans

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# Overview

- Challenges and facilitators in addressing tobacco use in Asian American smokers
- Preliminary evidence of a novel family-based smoking cessation intervention using lay health worker outreach for Asian American smokers and their family
- An on-going randomized controlled trial with the Chinese community in the San Francisco Bay Area: “The Healthy Family Project”

# Addressing tobacco use disparities in Asian Americans: Challenges and Facilitators

## Challenges

- High social acceptability of smoking among Asian men
- High proportions with low motivation to quit smoking
- Very few utilize evidence-based smoking cessation treatment resources

## Facilitators

- Family members want their smokers to quit
- Smoke-free home rule was associated with intention to quit or former smoking
- Family encouragement was the most helpful facilitator for cessation

Original investigation

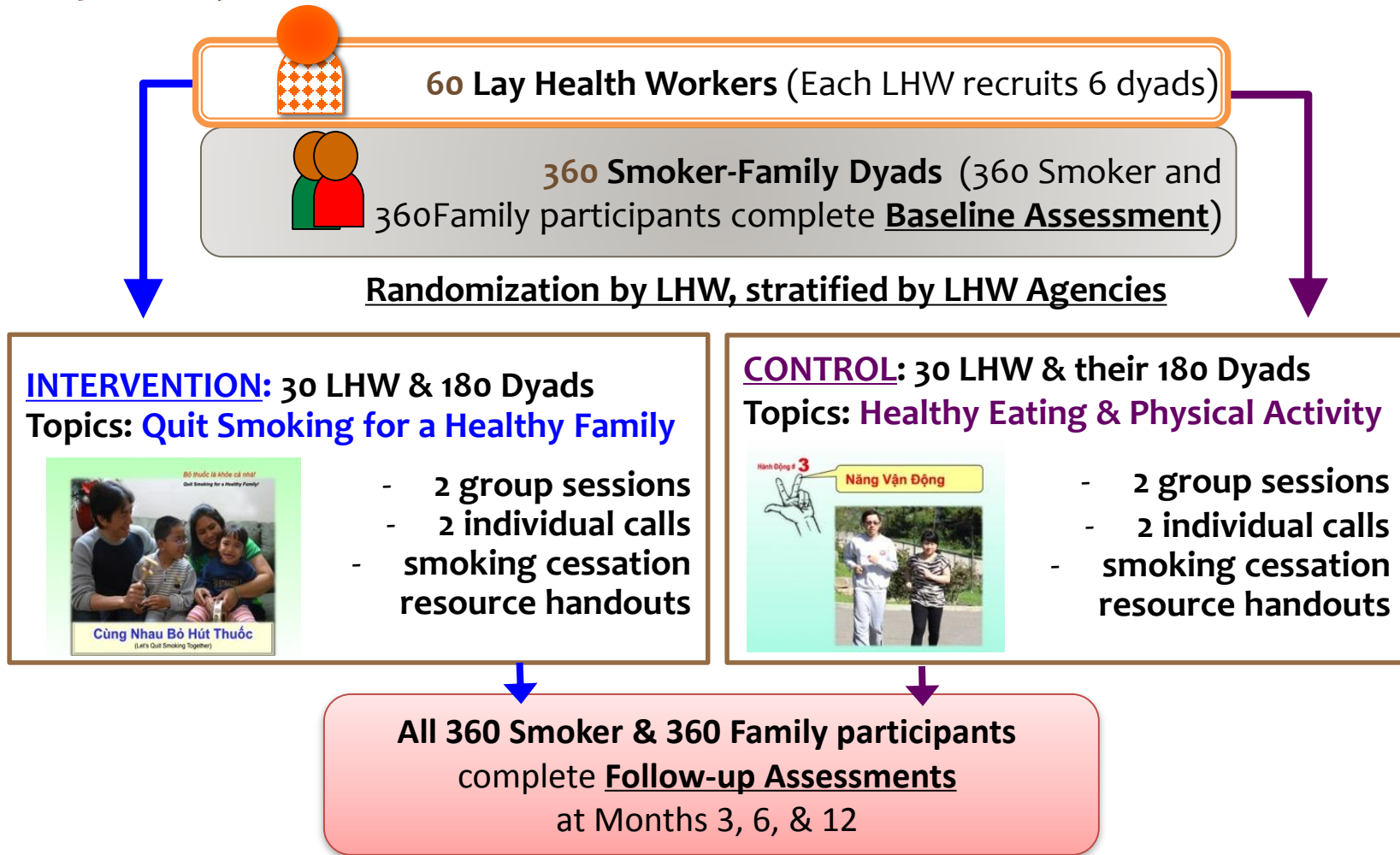
## **A Social Network Family-Focused Intervention to Promote Smoking Cessation in Chinese and Vietnamese American Male Smokers: A Feasibility Study**

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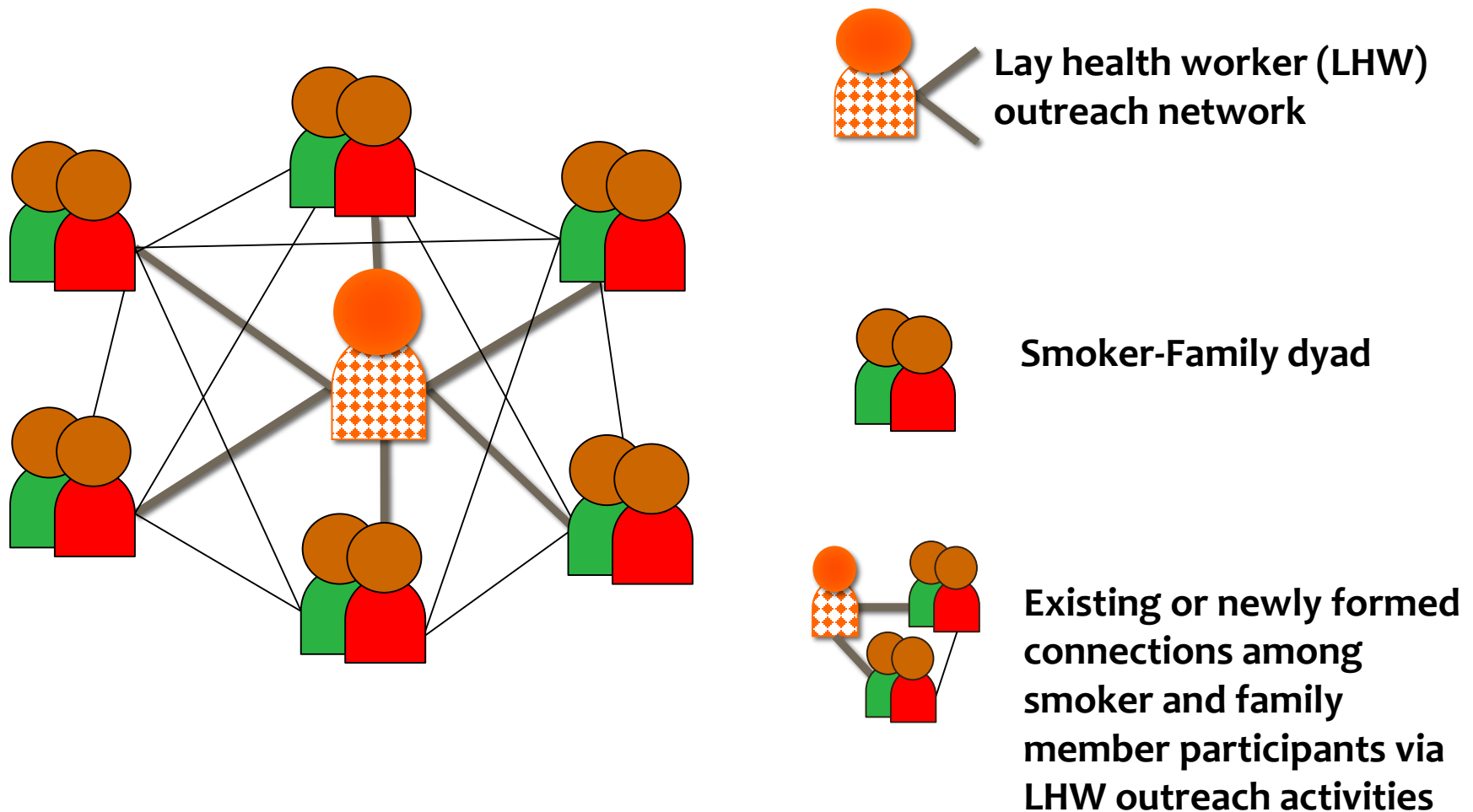
### **Single-group pilot with 96 smoker-family dyads**

- **Engaged smokers with low intention:** 42% in precontemplation (no plan to quit within months)
- **High retention:** 98% retention
- **Promoted use of evidence-based smoking cessation resources:** from 2% to 60% reported usage
- **Promising quit rate at 3-month:** 24% had 30-day abstinence verified by family

# On-going Randomized Controlled Trial: “The Healthy Family Project for Chinese and Vietnamese Male Smokers”



# Family-Based Lay Health Worker Outreach Intervention Model



# Intervention Activities

**Small Group Session #1**  
(2-4 dyads per group)



**Follow-up Telephone Call #1**  
(2 weeks after Session #1)

**Small Group Session #2**  
(1 month after Session #1)



**Follow-up Telephone Call #2**  
(2 weeks after Session #2)

To increase:

1. Supportive communications
2. Awareness of tobacco risks
3. Understanding of quitting process
4. Knowledge & acceptability of using evidence-based resources

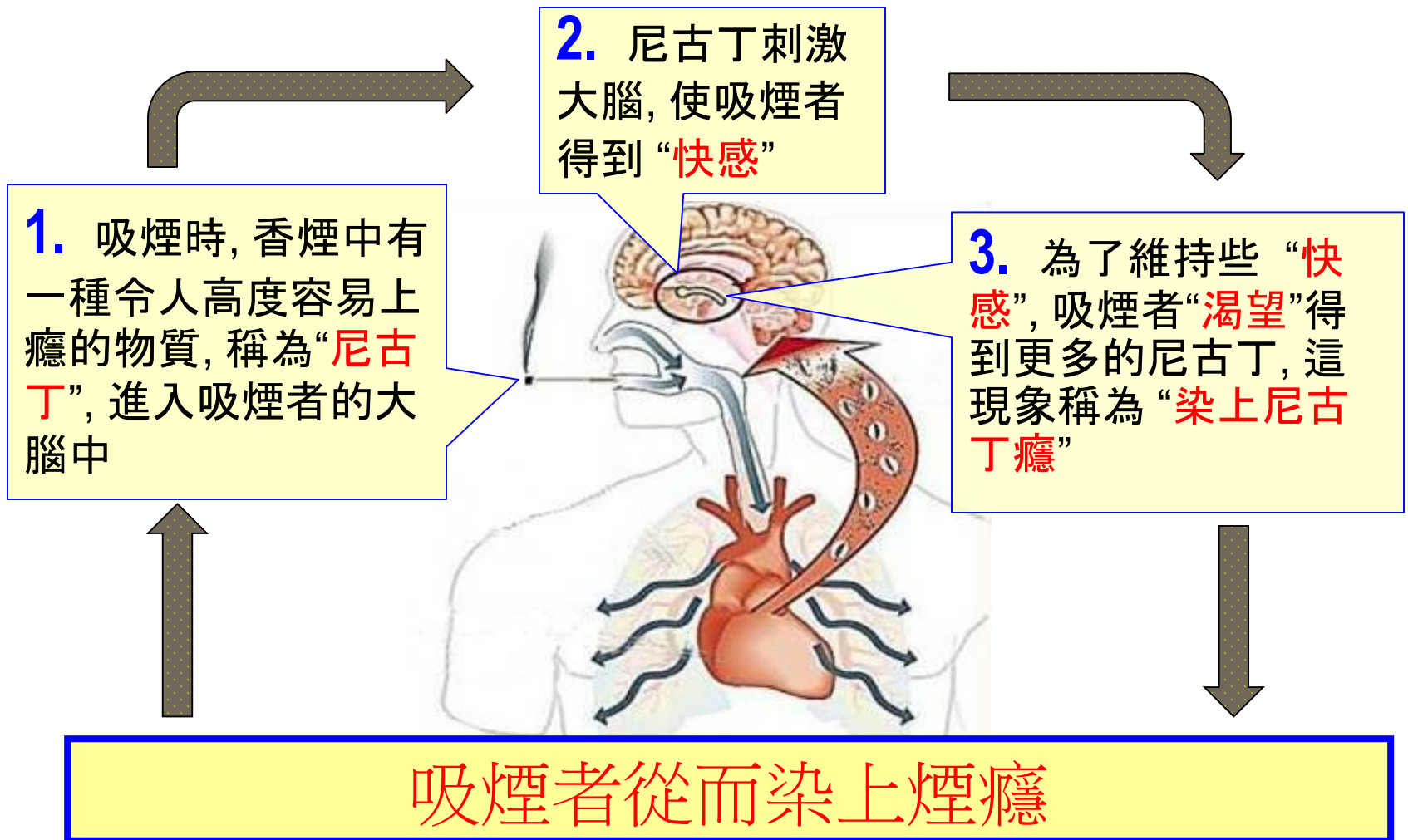
# Chinese Lay Health Workers' Small Group Sessions





# Sample Intervention Flipchart – Front Page Facing Participants

## 持續吸煙, 戒不掉的主要原因: 尼古丁癮



## Sample Intervention Flipchart – Front Page

# 吸煙影響人際關係



受到煙害的  
不是只有  
你一個人

California Department of Health Services © 2001 CDHS

- 導致家庭**磨擦**和**衝突**
- 影響**親密**關係
- 導致吸煙者感到與不吸煙的家人，親友或同事**隔離**

# Flipchart – Back Page Facing Lay Health Worker

## 吸煙影響人際關係

- 最近的研究顯示，吸煙可以影響家庭關係，導致潛在的磨擦和衝突
- 吸煙影響親密關係
- 令到吸煙者在大多數的社交場合中感到被不吸煙的家人，朋友和同事孤立

### Smoking Cigarettes Affects Relationships Negatively

- Recent research shows that smoking can affect family relationships by causing underlying tensions and conflicts
- Smoking impacts intimate relations
- It causes smokers to feel isolated from their non-smoking family and friends, and their colleagues in most social settings



### Smoking Cigarettes Affects Relationships Negatively

- Causes tensions and conflicts in the family
- Impacts intimate relations
- Causes smokers to feel isolated

## Sample Flipchart Front Page

健家行動 **3**



致電華語戒煙專線  
1-800-838-8917



- 這是一項免費服務, 任何人都可以使用
- 它提供中英雙語服務
- 這項服務既有幫助又有效

# OUR HEALTHY FAMILY ACTION

**STEP 1: Mark Our Current Smoking Situation...** Smoker checks the box to best indicate his current smoking situation and puts a date next to the selection.

Not ready to quit



Date \_\_\_\_\_

Thinking to quit



Date \_\_\_\_\_

Want to quit **NOW**



Date \_\_\_\_\_

Successfully quit



Date \_\_\_\_\_

**STEP 2: Select 1 or more Action Item(s)** Each of us picks at least 1 or more action items to improve our family health as shown below.



**STEP 3: Commit To Do the Action Item(s)** Each of us checks the box corresponds to the selected action item(s) and write below **WHAT**, **HOW**, and **WHEN** to complete the item(s).

**WE ARE COMMITTED TO IMPROVE OUR FAMILY'S HEALTH BY TAKING THESE "HEALTHY FAMILY ACTIONS"**

**ACTION ITEMS FOR \_\_\_\_\_ (him) TO DO**

1. Talk within the family  
\_\_\_\_\_, Date \_\_\_\_\_

2. Make some changes

**ACTION ITEMS FOR \_\_\_\_\_ (family) TO DO**

1. Talk within the family  
\_\_\_\_\_, Date \_\_\_\_\_

2. Make some changes

## Participants (up to August, 2016)

	Male Daily Smokers (n=178)	Non-Smoking Family (n=17)
Chinese	47%	47%
Age M (SD)	55.6 (13.2) range: 21-83	52.6 (14.1) range: 19-90
Female	0%	91.6%
Education: < HS	61.2%	59.4%
Employed	50.5%	53.4%
Annual income <\$20K (USD)	46.1%	--
Spoke English “poorly/not at all”	71.4%	71.9%
Rated health as “good”	43.2%	50.0%



# Smoking Characteristics of Smoker Participants

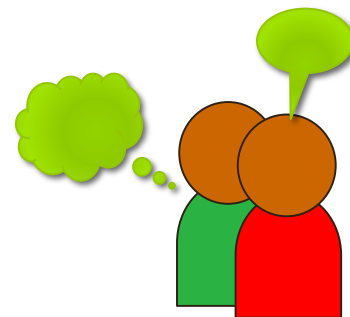
- Average cigarettes smoked per day = 7.4 (range: 1 to 30)
- 54% smoked first cigarette within 30 minutes after waking
- 50% had smoked regularly 30+ years
- 21% had ever used e-cigarettes
- Few used Quitline (2%), physicians' advice (6%), NRT (9%) in their recent quit attempt
- 37% had no plan to quit smoking within next 6 months
- Among those who had a medical visit past year, 41% discussed tobacco use with their doctors



# Selected Comments from Chinese Participants at 3-month follow-up

"I like it. We can share our experience with each other. Sometimes I hear the experience from those who completely quit smoking already and I am envy. I can talk to other people about the side effects and bad effects of smoking, and they understand it because we are all going through the same thing." (S)

" I like the description with illustration to teach us how to talk about quitting smoking with smokers. Before joining the program, we would only tell him to 'stop smoking', but now we learn techniques to talk about it, which might be easier for him to accept." (F)







## Conclusions

- Evidence to-date showed that this novel lay health worker-led Intervention yields large impacts on smoking cessation resource utilization and short-term quit rates
- This large-scale trial will be completed in 2018 to test the efficacy of the intervention for long-term 12-month outcomes
- Findings underscore the importance of involving family members in the quitting process
- Trained non-health professionals such as community or lay health workers can be effective in reaching our Chinese / Asian American immigrant population to promote smoking cessation.

## Acknowledgements: Community Partners



Chinese Community Health Resource Center



Southeast Asia Community Center



Immigrant Resettlement & Cultural Center



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Vietnamese Reach for Health Coalition



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VCHPP Community Advisory Board

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