



“Creating Smoke-free Living Project”: **Smokefree Education and Biomarker Feedback among Chinese** **American Smokers and their Household Nonsmokers**

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Background

- The Surgeon General states “there is no risk-free level of smoke exposure.”
- Chinese American men smoke at high rates
 - Household nonsmokers’ health at risk from smoke exposure
 - Asian American men are more likely to quit with a smoke-free home, especially if immigrate <10 years ago (Tong et al. AJPM 2008)
- QUESTION: Can smokefree education and biomarker feedback promote smokefree living in household pairs?
 - Increase smoking cessation for Chinese American smokers
 - Increase elimination of smoke exposure for household nonsmokers





Chinatown Public Health Center
invites the Chinese Community to participate in a

CREATING SMOKE-FREE LIVING

Project

You must be:

- 18 years or older smoker and nonsmoker living together
- Both participate in the program

Activities over 12 months:

- Both attend 2 group sessions (1st month and 12th month)

During each session:

- o Complete brief questionnaire
- o Provide urine and saliva samples
- Complete 1 additional questionnaire by mail
- Some will attend an additional group session and receive 3 brief telephone follow-ups by computer selection



Earn \$120 per pair for full participation

Whether you plan to quit or not, you are still welcome to participate!

If interested, please contact:

Chinatown Public Health Center, Health Education Department
1490 Mason Street, San Francisco, CA 94133

(415) 364-7907

Project funded by American Cancer Society
Principal Investigator: Elisa Tong, M.D., University of California, Davis
Collaborators: Chinatown Public Health Center, UC Davis & UCSF

Version Date: 07/07/12

Trial Protocol for Household Pairs

Month	Intervention	Control
0	Group education of pairs: “Why and How to be Smoke-free”	Brief group education of local resources
1-2	CPHC staff call: Smoke-free Change	
3	Group education of pairs: “Smoking Cessation and Positive Support” & discuss lab report	
4-5	CPHC staff call: Quit Plan CPHC staff call: Follow-up	
6	Assessment by mail	
12	Assessment	Delayed information

Group Education



Intervention Booklet

共創無煙生活

為吸煙者和家庭成員共創一個互相支持、
無煙環境和健康生活的教育指南



An educational guide for a smoker and
household member to create a supportive,
smoke-free environment and healthy living

Creating Smoke-free Living

INTRODUCTION



"There is no risk-free level of secondhand smoke."

- U.S. Surgeon General, 2006

Chinese smokers are 1 in 3 of the world's smokers.
This has been called a "global epidemic."

When Chinese smokers are in the United States, the
support for a smoke-free society provides an opportunity
to improve the health of the smoker and those who live
with them.

The goals of creating smokefree living together are that:
The best thing for a smoker's health is to quit smoking.
The best thing for a nonsmoker's health is not to be
exposed to smoke.

The purpose of this booklet is to educate about
the benefits of being smoke-free for smokers and
nonsmokers. It also provides useful strategies to
reach and maintain the goal of smoke-free living in the
same household.

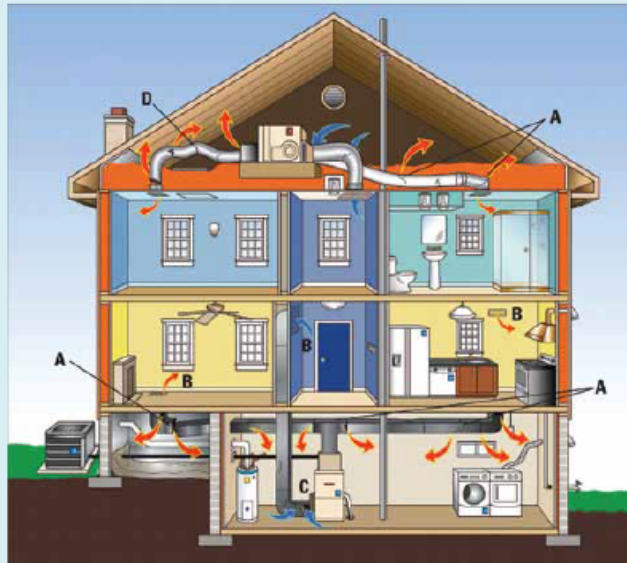
Intervention Booklet

CHAPTER 3

SMOKE-FREE ENVIRONMENTS HOUSING AND SMOKE

WHERE CAN SMOKE REACH YOU

- Shared air between units in apartments and condominiums
- Back seat of a car in seconds
- Up to 65% of air is shared between units or rooms
- Air leaks around building gaps in electrical wiring, plumbing, and baseboards



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WHAT DOES NOT HELP CLEAR THE AIR?

- Sealing air leaks: only reduces air flow by 3%
- Ventilation: distributes smoke throughout building
- Air cleaning systems: cannot remove small particles or gases from smoke

WHAT CAN BE DONE ABOUT SMOKE?

- Does not help to seal or ventilate housing units
- Does not help to have cigarette outside car window
- California law allows housing rentals to have smoke-free policy
- Establish and enforce a smoke-free rule at home and in the car
- Talk to housing manager about a smoke-free policy or environment
- Find free resources and advice from California Technical Assistance Legal Center (510) 444-8252, www.phi.org/talc

SMOKE-FREE ENVIRONMENTS

REFLECTIONS

- 1) Circle the locations where you are exposed to smoke.

Home
Car
Work
Public places: bus stop, park, restaurant, bar, casino
Other _____

- 2) If you are exposed to smoke at home, circle one of the action items below:

- Establish smoke-free home and car rule
- Talk to housing manager about how smoke-free environment can be enforced
 - Ask to prohibit smoking in common areas, units, or balconies
 - Ask to move to vacant unit away from smoke
 - Ask to "break" your lease without penalties so you can move
 - Send a letter, a doctor's note, and a record of the drifting smoke
- Call the California Technical Assistance Legal Center for local resources and free advice (tenants or landlords/managers). (510) 444-8252, www.phi.org/talc
- Other _____

- 3) If you are exposed to smoke at work or public places, circle one of the action items below:

- Talk to manager about how smoke-free work environment can be enforced
 - Ask if employees can go outside to smoke
 - Ask manager about if there is a smoke-free rule
 - Tell manager about how smoke harms health for everyone
 - Tell manager about how smoke leads to more worker sick days
- Call to complain: San Francisco 311, Alameda county (510) 628-7867
- Other _____

CHAPTER 3





共創無煙生活計劃

Creating Smoke-free Living Project

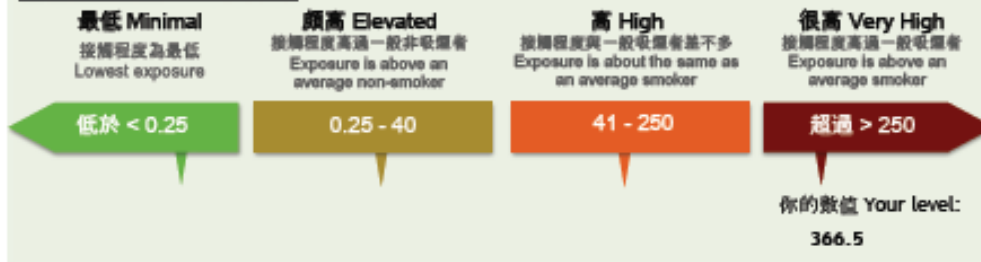
Chinatown Public Health Center
1490 Mason Street, Room 304
San Francisco, CA 94133

煙霧接觸化驗報告 Tobacco Exposure Report

樣本收集日期 Collection Date: 4/4/2015

參加者 Participant: 盧先生 Mr Lu

亞硝酸胺數值 NNAL Level



亞硝酸胺接觸化驗註解 NNAL Exposure Explanations

- 亞硝酸胺 (NNAL) 是一種會引致癌症的化學物質，只會在香煙煙霧及煙草產品中發現。
- NNAL 最佳的數值是 0。任何程度的煙霧接觸都是危險的!
- 亞硝酸胺數值能反映過去 2 個月你對煙霧接觸的平均值。短暫煙霧的接觸雖不能量度，但仍會對身體造成影響。
- NNAL is a chemical causes cancers and is found only in tobacco smoke and products.
- The best level is zero. There is no safe level of exposure!
- NNAL level reflects the past 2 months of average tobacco exposure, and may not reflect brief exposures that may still be harmful.

建議 Suggestion

- * 你的亞硝酸胺接觸程度是**很高**。
- * 保護自己健康的最佳方法是**停止吸煙**!
- * **立即行動**，保護自己和家人避免接觸煙霧，使你的亞硝酸胺接觸程度降至最低。

- * Your NNAL level is **very high**.
- * The best way to protect your health is to **stop smoking**.
- * **Act now** to protect yourself and your family from tobacco smoke exposure.
Bring your NNAL level to a minimal level!

如對這化驗報告有任何問題，請致電 415-364-7907 與計劃輔導員商討
Please call project staff for any questions: 415-364-7907

本計劃由美國癌症協會資助，加州大學戴維斯分校、加州大學三藩市分校及華埠公共衛生局合辦
Project funded by American Cancer Society as a collaboration of UC Davis, UC San Francisco, and Chinatown Public Health Center

NNAL Lab Report



- Tobacco-specific carcinogen (nitrosamine)
- Measures past 2 months exposure



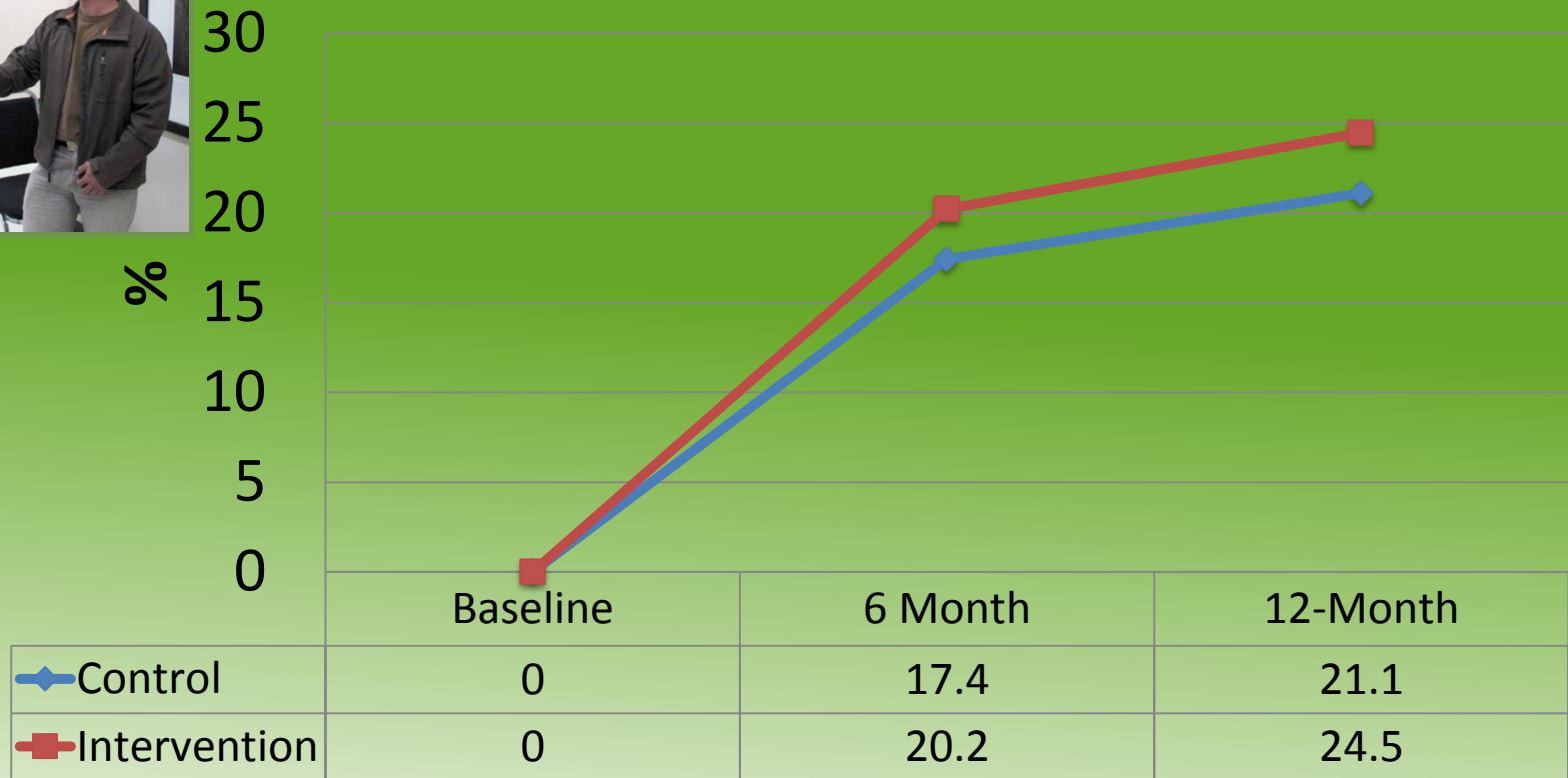
Participants

Baseline	Smoker (N=205)	Nonsmoker (N=205)
Age (years)	Median: 55 (18-86)	Median: 49.6 (18-82)
Women	0%	99%
Years in U.S.	Median: 9	Median: 7
Education: < HS	32%	31%
Prefer Cantonese	91%	92%
English “not too well/not at all”	76%	71%
NNAL/Cr: % detected (median)	94% (64.34 pg/mg)	70% (2.35 pg/mg)

Results: Smoker Cessation



30-day Point Prevalence Smoking Abstinence



Results:

Nonsmoker Home Exposure



Self-Reported Exposure to Smoke in Home



Smoker Interviews after Study: “What do you think about the lab report”

MOTIVATIONAL IMPACT FOR SELF

- “It’s helpful and beneficial. Now I have quit smoking. It’s because when I looked at my lab results and was shocked by the fact that even though I smoked little, I still reached the orange level.



MOTIVATIONAL IMPACT FOR OTHERS

- “Even though my wife does not smoke, she still got second-hand smoke. She also reached to this level, like the second bar”

Nonsmoker Interviews after Study: “What do you think about the lab report”

MOTIVATIONAL IMPACT FOR SMOKER

- “Look at the number. Look at the report, it is very high. So he quit smoking. He saw the (project staff) talked about it. He saw it, and felt that it is bad. He tried to not smoke...”



MOTIVATIONAL IMPACT FOR SELF

- “it is a huge effect...It is very unforgettable for me...even though I don’t smoke, I am still affected by the smoker. This realization has been influencing me. That’s why I always remember it.”

Conclusions

- Both intervention and control groups had similar rates for quitting and eliminating smoke exposure.
 - Quit outcomes are similar to standard group counseling programs
 - No medication provided which might increase rates
 - Bringing in a household nonsmoker for support and acknowledging secondhand smoke harms may be very powerful in itself
- Participants valued biomarker feedback.
 - Repeat lab test might be useful especially for smokers who reduced rather than quit





共創無煙生活計劃

Creating Smoke-free Living Project

華埠公共衛生局，UC Davis 及 UCSF 合辦
Collaborators: Chinatown Public Health Center, UC Davis & UCSF

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