

# **CALD Communities Tobacco Control Project**

## **Evaluation Report: Participant Surveys and Outcomes**

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## 1. Introduction

The Ethnic Communities' Council of NSW (ECC), peak body for all culturally and linguistically diverse (CALD) communities in NSW, has developed and implemented a project to reduce smoking and the risk of cancer in the communities across five CALD communities in Sydney. This project was based on a series of bilingual activities and resources for the Arabic (predominantly Lebanese), Mandarin/Cantonese, Vietnamese and Korean speaking communities.

The project aimed to reduce the use of tobacco in these CALD communities that had been identified as high users, and to promote the use of early intervention support services available through the NSW Government health system.

The project objectives were to:

1. Increase the engagement of males in Arabic (mainly Lebanese) and Vietnamese speaking communities and all smokers in the Chinese and Korean communities in Sydney to reduce the use of tobacco in their peer group
2. Increase awareness of the Multicultural Quitline and encourage smokers to contact it
3. Educate the members of the target communities about the health impact of tobacco smoking (including 'Shisha')
4. Increase commitment of males to cessation of smoking in Arabic (mainly Lebanese) and Vietnamese speaking communities and both genders in the Chinese and Korean communities.

The project included:

1. A series of workshops facilitated by bilingual educators (trained by the Smoking Research Unit at Sydney Medical School), conducted in five languages (Vietnamese, Arabic, Mandarin, Cantonese and Korean) and designed to be culturally appropriate, in venues where the community members meet. There were 66 participants in total attending these workshops. The workshops outlined the health impacts and financial costs of smoking, demonstrated how to approach giving up and how to manage nicotine withdrawal.
2. Attendance of bilingual educators at seven festivals or expos, coordinating a stall with information in language, particularly promoting the Multicultural Quitline, in areas of high population of the targeted language groups.
3. Five interviews (in the five target languages) of bilingual educators on SBS radio, recorded for use by other health professionals when conducting education sessions with members of the targeted communities.
4. Production of a short (2-3 min) video using culturally appropriate animation techniques in the five languages, distributed for use by other health professionals when conducting education sessions with members of targeted communities.

This report covers an evaluation of the effectiveness of the project for workshop participants, conducted via two short surveys with those participants:

1. the first survey was conducted by the educator on initial attendance at a workshop (generally at the end of the workshop) - termed the pre-questionnaire
2. the second survey was conducted by the educator by phone, on average 2 months after the workshop - termed the post-questionnaire.

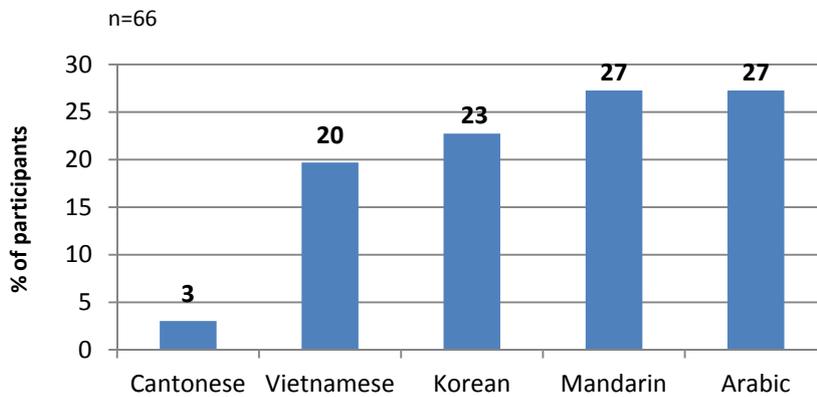
The two surveys are reproduced at Appendix 1.

## 2. Participant profile

### Language

Of the total participants in the project workshops, approximately one quarter each were from Arabic, Korean and Mandarin Chinese language groups, one fifth from Vietnamese and a small proportion from Cantonese language groups (Figure 1).

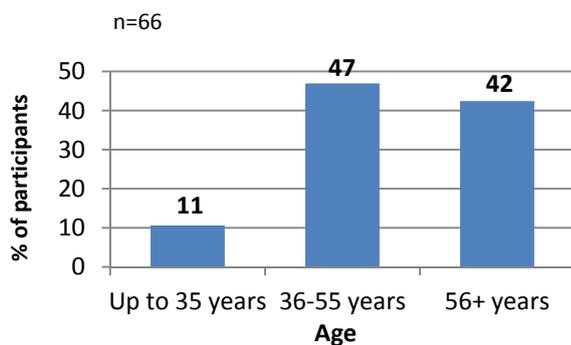
**Figure 1. Language groups of workshop participants**



### Age and Gender

Almost all participants were male (65 of 66).

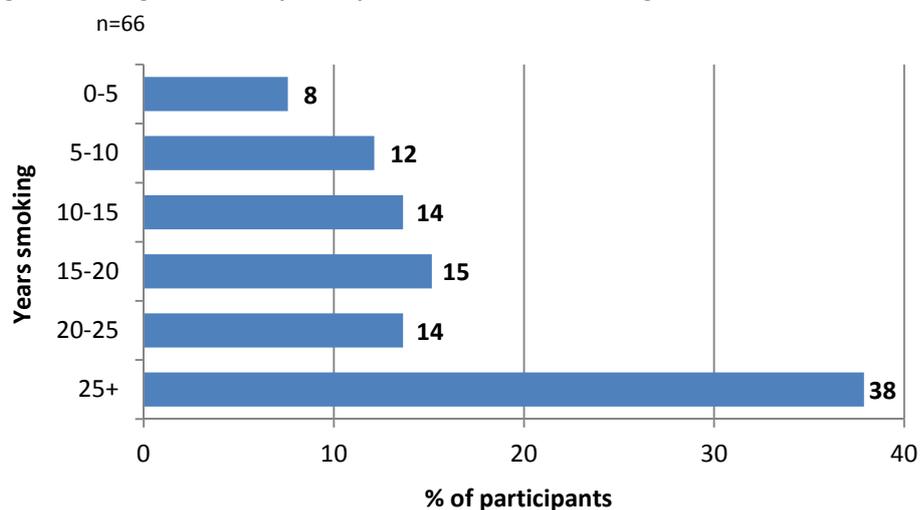
**Figure 2. Age of workshop participants**



Most participants were in the middle or older age brackets, with a total of 89% aged over 35. Only 11% were under 35 (Figure 2).

### Smoking habits

**Figure 3. Length of time participants had been smoking**



Almost 40% of participants were long-term confirmed smokers, having smoked for 25 or more years. 20% had smoked for 10 years or less and the remainder had smoked for between 10 and 25 years (Figure 3).

### History of trying to quit

Of the 66 participants, 39% (26 people) had tried to stop smoking previously. Of these, one third (9) had tried patches, one third had tried gum (8) and one third (9) tried other methods. One person had tried both patches and gum. Only 3 of the 66 participants had ever contacted Quitline. They said this had not helped them.

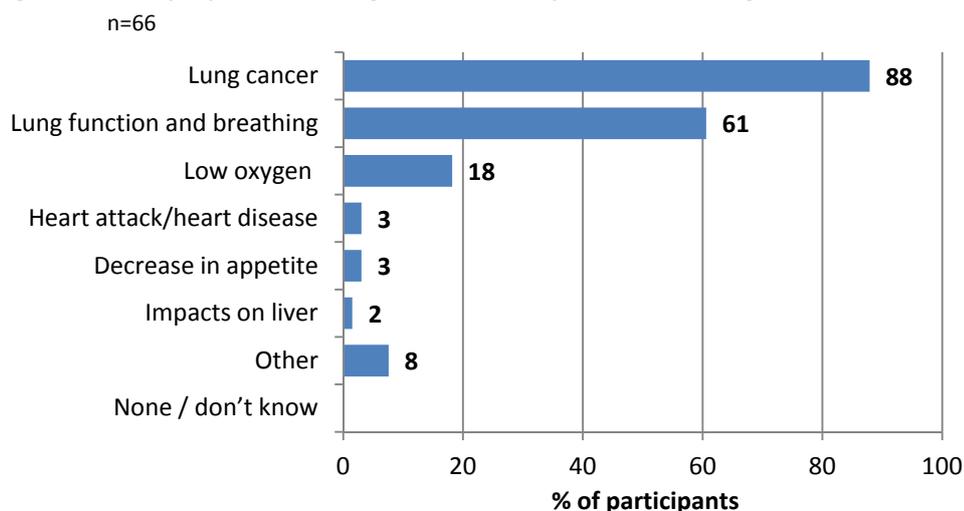
## 3. Knowledge of the health impacts of smoking

All participants said they knew about the health impacts of smoking in the question asked at the beginning of the project. However, as the survey was conducted after the workshop, this is not an accurate measure of their pre-project knowledge, or knowledge had they not attended the workshop.

**Question:** *What do you think now are the two most important impacts of smoking on your health?* (unprompted)

At the end of the project period, the post questionnaire asked participants to specifically name health impacts of smoking (Figure 4).

**Figure 4. Post-project knowledge of health impacts of smoking**



All participants were able to nominate at least one impact. Nineteen, or 29%, were able to nominate only one impact.

Health impacts were predominantly seen in terms of their lungs and lung function. The overwhelming majority of participants (88%) mentioned lung cancer as a key health impact, including 17 of the 19 who gave only one response. Along with this response, 61% gave responses related to lung function and breathing and a further 18% responses related to high carbon monoxide/low oxygen in their bodies.

There was much lower knowledge of any other impacts on health. Two participants mentioned heart attack or heart disease and two a decrease in appetite. Only one person nominated impacts on their liver.

In other responses, one person each mentioned blood clots, throat cancer, other cancers, yellow stain on fingers and teeth, and impacts on fitness.

Eight participants initially gave more than two answers. Of these, six were nominating the top three associated impacts, but four gave impacts on the liver as an additional factor.

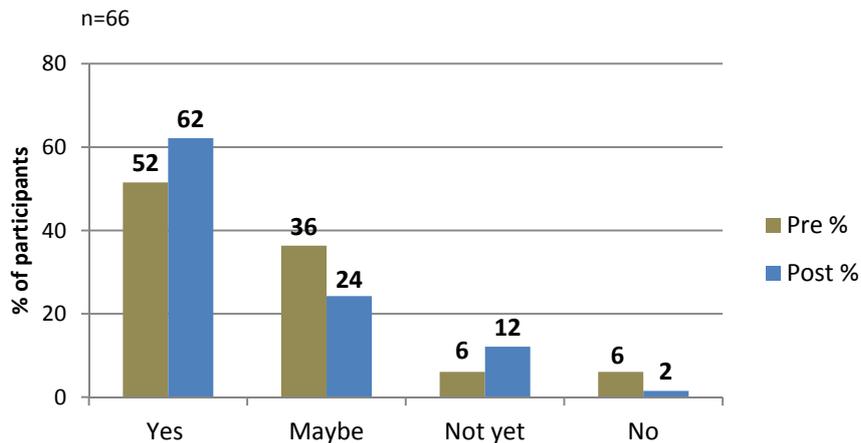
## 4. Stopping smoking

### Desire to stop smoking

Question: *Do you want to stop or manage smoking?*

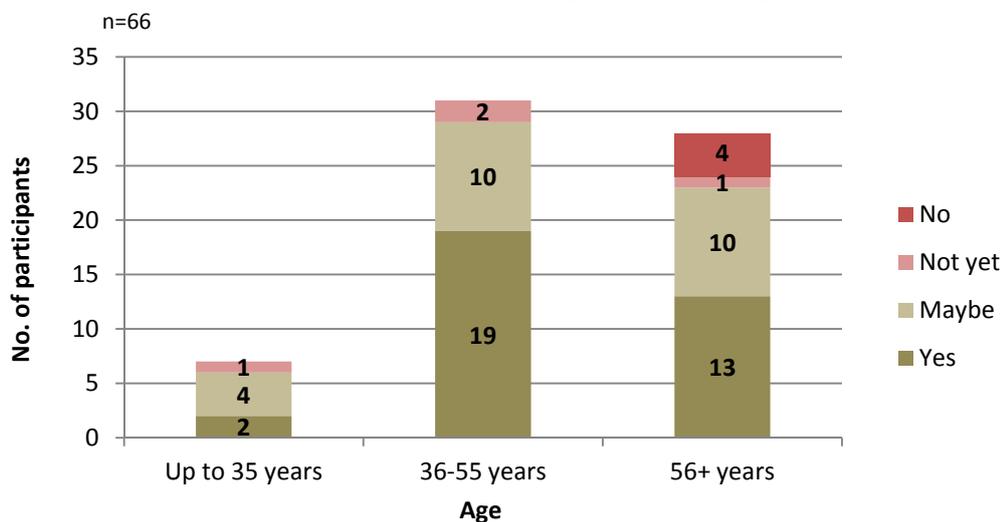
At the beginning and end of the project, participants were asked about their desire to stop smoking. Although the relative proportions of those who said *yes* or *maybe* compared to those who said *not yet* or *no* remained very similar, there was an overall positive shift from *maybe* to *yes* and *no* to *not yet* (Figure 5).

**Figure 5. Desire of participants to stop smoking**



At the beginning of the project the desire to stop smoking was stronger in the younger age groups than in the oldest (56+ years) group. Nineteen, or 61% of the middle group (36-55 years) said they wanted to give up smoking, compared to 46% (13 participants) of the older group. Those who said they did not want to give up smoking were all in the 56+ age group (Figure 6).

**Figure 6. Desire of participants to stop or manage smoking by age, pre-project**



### Getting help

Question: *Have you contacted Multicultural Quitline since you attended a workshop?*

Six of the participants, or 10%, had contacted the Multicultural Quitline since their workshop, double the proportion of the participants who had done so at any time prior to the workshops. Of these six, three-quarters (4) found it helpful.

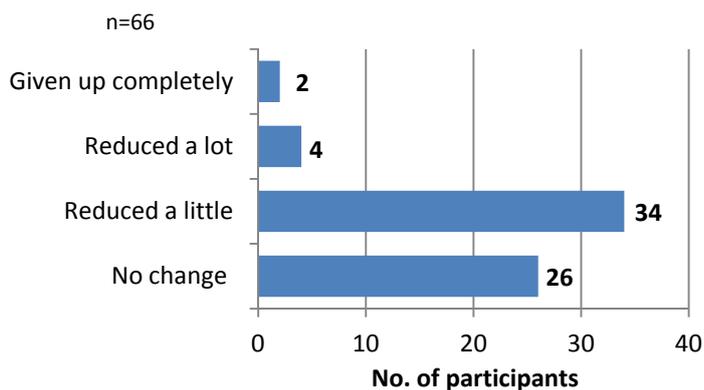
## Reducing smoking

**Question:** *Have you reduced smoking 'a little', 'a lot' or 'given up completely' or is there no change in your smoking since the workshop?*

This measure provides an insight into participants' view of their own efforts at reduction. Other measures are a better guide to actual reductions.

Of 66 participants, 40 claimed to have reduced smoking or given up smoking. An additional two people said there had been no change but they had dropped one band in number of cigarettes smoked per day, for a total of 42 who had given up, reduced or said they had reduced.

**Figure 7. Extent to which participants perceive they have reduced smoking**



While two participants said they had given up smoking completely another 38 (or 58%) said they had reduced a little or a lot (Figure 7). More than a third (39% or 26 participants) said they had made no change in their smoking since the workshop.

However, in comparing participants' answers on the number of cigarettes they said they were smoking at the time of the first workshop and at the time of the post questionnaire, a more detailed pattern emerges:

- The two who had given up completely were originally smoking only 0-5 per day.
- Of the four who said they had reduced 'a lot' two had indeed dropped two or three bands (measured in five cigarette increments). One had been smoking 15-20 and one 10-15 per day and both dropped to 0-5. Of the other two, one was a 'shisha' smoker who changed from smoking it once a week to once a month, while the other dropped from 5-10 cigarettes to 0-5, which may or may not have been a substantial drop.
- There were two quite heavy smokers who reduced smoking substantially although they only claimed it was 'a little' - one dropped 4 bands from 30+ per day to 10-15, and another dropped three bands from 25-30 to 10-15 per day.
- A third smoker dropped two bands from 30+ to 20-25, so that in total 6 participants could be said to have reduced smoking 'a lot'.
- Of the 34 who said they had reduced 'a little', three dropped 2+ bands and 10 dropped one band. There was no band change for 21 participants who said they had reduced 'a little', indicating they had made only small changes in their smoking.

## Changes in number of cigarettes smoked per day

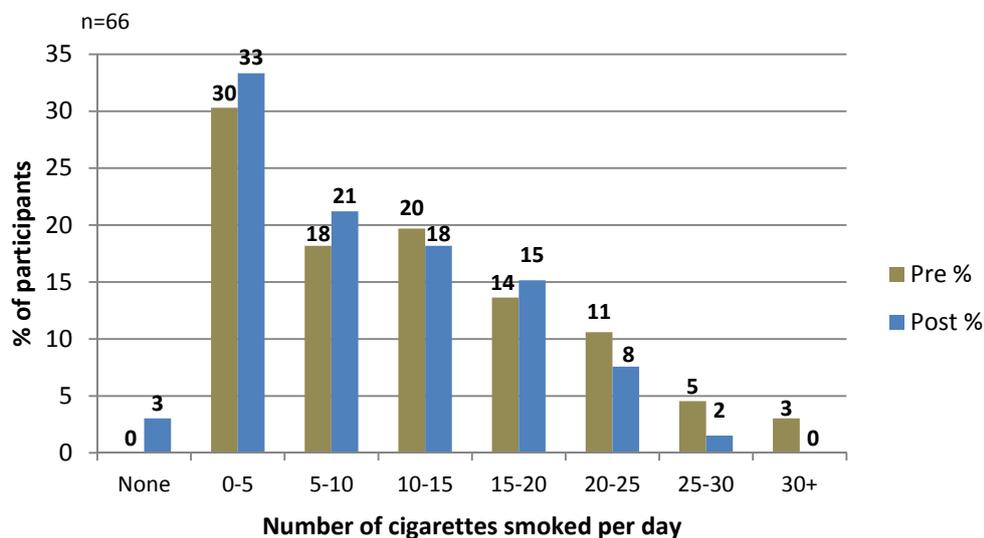
**Question:** *On average how many cigarettes do you smoke daily?*

This measure compared to the number smoked at the beginning of the project, is a better measure of actual reduction in smoking as it does not rely on participant notions of 'a little' or 'a lot'. It also avoids requiring participants to remember how many they were smoking at some time in the past.

Overall there has been a positive shift in the number of cigarettes smoked by these workshop participants. Those in the in the top three smoking bands, 20-25, 25-30 and 30+ per day, halved from 12 to 6, while those in the bottom three bands, none, 0-5 and 5-10, increased from 32 to 38 participants or 55% of total participants (Figure 8).

In total 21 participants, or almost one third, dropped one or more bands in number of cigarettes smoked per day, including two light smokers who ceased smoking.

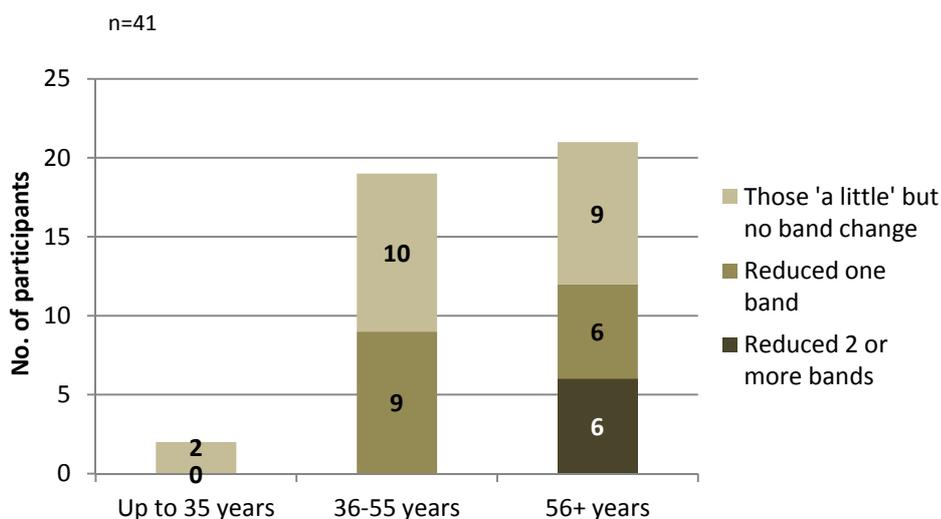
**Figure 8. Number of cigarettes smoked per day**



### Impact of age on reducing smoking

Despite the expressed desire to stop smoking being more prevalent among the younger age groups at the beginning of the project (Figure 6), the greatest effort in reducing smoking was seen in the oldest group (56+). In this group, 12 participants, or 43%, had reduced the number of cigarettes they smoke by one or more bands, compared to 9 participants, or 29%, of the middle group (36-55 years). All six of those who had reduced by 2 or more bands were in the oldest age group (Figure 9).

**Figure 9. Age and extent of reduction in smoking**



Of the six who had made significant reductions in smoking (2 or more bands), three had contacted the **Multicultural Quitline**. Of these, one was a shisha smoker who went from smoking once/week to once/month. The other two made some of the biggest reductions in the project - dropping three and four bands. A fourth smoker who contacted MQ made a one band reduction.

## Other factors

In terms of language/culture, those who reduced smoking were spread across the language groups, although the extent of changes within the Korean and Vietnamese groups was lowest (together 5 of 28, or 18%, made band reductions), and highest in the Arabic and Mandarin groups (together 15 of 36, or 42% made band reductions). The Cantonese group was too small to consider rates of change.

## 5. Design issues

There are several issues with the survey design and methodology that should be kept in mind when interpreting these results:

1. Overlapping ranges in several questions in the pre-project survey: length of time smoking, number of cigarettes smoked per day, and how long before the first cigarette of the day. This problem was identified after a number of workshops and participant surveys had been completed, but the ranges were not altered for the question replicated in the second survey (number of cigarettes smoked per day) so that the participants' interpretation of the range and their place in it could be equivalent between surveys.
2. Applying the first survey at the end of the first workshop prejudiced the answers on two questions:
  - pre-project knowledge of health impacts
  - desire to stop smoking

## 6. Summary and conclusions

Sixty-six participants, almost all male, from five different CALD communities attended workshops facilitated by bilingual educators to encourage reduction or cessation in smoking. A survey related to their smoking was completed at the workshop and a follow-up survey was conducted by phone an average two months after their workshop.

Two-thirds (67%) of the participants had smoked for over 15 years, with 89% of the participants aged over 35. About half (51.5%) smoked 10 or more cigarettes per day and half (48.5%) smoked less than 10 per day. In the initial survey a greater proportion of the younger groups (up to age 55) expressed interest in stopping or reducing smoking than in the 56+ group.

Number of cigarettes smoked per day was measured in increments of five cigarettes. Of the 66 participants, 21, or almost one third, dropped one or more bands in number of cigarettes smoked per day. Six participants dropped two or more bands and 15 dropped one band, of whom two light smokers (0-5 per day) gave up completely. For the 19 who reduced but didn't cease smoking, dropping one or more bands can be seen as a very positive step towards giving up completely.

A further 21 participants said they had reduced 'a little' but there was no band change for the number they smoke daily, indicating responses based on social acceptability or very small within-band changes.

The oldest group (56+) made the greatest changes. All those with big drops in number of cigarettes smoked daily, and one of the two who gave up completely, were from this age group. In this group, 43%, had reduced the number of cigarettes they smoke by one or more bands, compared with 29% of the slightly larger middle group (36-55 years).

Contacting Multicultural Quitline was associated with good reduction in smoking for 4 of 6 contacts.

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## Appendix A: Pre- and Post Questionnaires

### Pre Questionnaire

### Tobacco Control Program, Cancer Institute NSW

**1. How long have you been smoking? (please circle)**

0-5 years      5-10 years      10-15 years      15-20 years      20-25 years      25+ years

**2. On average, how many cigarettes do you smoke daily? (please circle)**

0-5      5-10      10-15      15-20      20-25      25-30      30+

**3. When you wake up in the morning, how long does it take before you smoke your 1<sup>st</sup> cigarette? (please circle)**

As soon as waking up      0-30 min      30 min – 1 hour      1-2 hours      2-3 hours

3-5 hours      5+ hours

**4. Have you ever tried to stop smoking in the past?**

Yes (please explain what you tried)

Did you use patches     gums     champix     (please tick ✓)

Did you use anything else?

No

**5. Do you know about the health impacts of smoking? If you do, what impacts?**

Yes

No

**6. Do you want to stop or manage smoking? (please circle)**

Yes                      Maybe                      Not yet                      No

**7. Have you ever contacted quitline?**

Yes (did you get help from quitline?)

No

***Thank you for taking time to answer the questions.***

Please provide your name, contact number and email address so we can send you more information on smoking.

Name:

Contact number:

Email address:

## Post Questionnaire

## Tobacco Control Program, Cancer Institute NSW

Language \_\_\_\_\_

Interview No. \_\_\_\_\_

**Instructions**

- Follow any instructions in capitals
- Do not read out the words in capitals or italics
- Circle the number(s) corresponding to the respondents answer(s). All questions except Q1 have a single answer.

Hello I am \_\_\_\_\_ from the ECC Tobacco Control Program. I am ringing today as a result of the workshop you attended on quitting smoking. Could I ask you a few quick questions to follow up on that workshop?

1. What do you think now are the two most important impacts of smoking on your health? DO NOT READ OUT THE OPTIONS. IF ONLY ONE NOMINATED, PROBE (e.g. can you think of anything else?) BUT DO NOT SUGGEST ANSWERS. IF MORE THAN TWO NOMINATED ASK FOR THE TWO MOST IMPORTANT TO THEM.	1	Possibility of getting lung cancer
	2	High carbon monoxide reduces oxygen in my body
	3	Impact on my lung function and breathing
	4	Affects my liver
	5	None/Don't know any
	6	Other, please explain
2. Do you want to stop or manage smoking? READ OPTIONS	1	Yes
	2	Maybe
	3	Not yet
	4	No
3. Have you contacted Multicultural Quitline since you have attended a workshop?	1	Yes
	2	No
4. <i>If yes to Q3.</i> , did you get help from the Quitline?	1	Yes
	2	No
5. Have you reduced smoking 'a little' 'a lot' or 'given up completely', or is there no change in your smoking since the workshop?	1	No change
	2	Reduced a little
	3	Reduced a lot
	4	Given up completely
6. <i>If 2. or 3. to Q5</i> , on average how many cigarettes do you smoke daily now? Is it.....READ OPTIONS	1	0-5
	2	5-10
	3	10-15
	4	15-20
	5	20-25
	6	25-30
	7	30+

That's all, thank you very much for your time.