RAISE Network Webinar Series

Asian Smokers’ Quitline (ASQ): Promoting Cessation in Our Communities

March 17, 2015
1:00 pm – 2:00 pm PT
National Council of Asian Pacific Americans

Website:
www.ncapaonline.org

Twitter:
www.twitter.com/NCAPATweets

Facebook:
www.facebook.com/nationalcouncilofasianpacificamericans

Tumblr:
www.ncapablog.tumblr.com
APPEAL RAISE Network

• What is RAISE?
  • Reaching Asian Americans Pacific Islanders through Innovative Strategies to Achieve Equity in Tobacco Control and Cancer Prevention (RAISE) is a network of national and local organizations that work together to prevent and reduce tobacco use and other cancer-related disparities in the diverse AANHPI communities.

• For more information, please visit www.raisewellness.org
Asian Smokers’ Quitline (ASQ): The First Two and a Half Years

Shu-Hong Zhu, Ph.D.

University of California, San Diego

APPEAL-NCAPA Webinar
March 17th, 2015
Acknowledgments

Funding from California Department of Public Health

Funding from NIH/National Cancer Institute

Funding from CDC

Numerous collaborators at UCSD and other institutions, including multiple state tobacco control programs and CBOs across the U.S.
Background

• Asian Americans are the fastest growing immigrant group in the U.S.

• Quitlines have been a standard cessation service for more than 10 years for all U.S. states

• Recent Asian immigrants, however, have not had the same access to quitline counseling for a long time

• Lack of access to quitlines also leads to limited access to nicotine replacement therapy (NRT).
State Quitlines in 1992

- **Statewide Quitline**
- **No Statewide Quitline**

- **CA** (California) is highlighted as having a Statewide Quitline.
State Quitlines in 1995

- **Statewide Quitline**
- **No Statewide Quitline**
State Quitlines in 2004

- **Statewide Quitline**: Green
- **No Statewide Quitline**: Light Blue

States with Statewide Quitlines:
- AZ, WA, NV, CA, TX, AR, OK, ND, LA, IA, NE, SD, CO, NM, MO, MN, WI, IL, IN, OH, MI, PA, NY, NJ, CT, VT, ME, MA, RI, DE, MD, NC, SC, VA, WV, DC

States without Statewide Quitlines:
- AL, FL, KY, TN, MS, GA, FL, PA, ME, NH, MA, HI, AK, HI, WY, ID, MT, OR, WI, ND, SD, MN, IA, KS, OK, OK, AR, LA, TX
Quitline Coverage with 1-800-QUIT-NOW
Asian Smokers’ Quitlines in 1993

- **Statewide Quitline**
- **No Statewide Quitline**

States with Statewide Quitlines:
- CA

States without Statewide Quitlines:
- All other states
Asian Smokers’ Quitlines in 2004

- **Statewide Quitline**
- **No Statewide Quitline**

The map shows the states with statewide quitlines and those without in 2004.
Asian Smokers’ Quitlines in 2010

- **Statewide Quitline**
  - CA

- **No Statewide Quitline**
  - All other states
Why So Slow in Adoption?

• Doubts about feasibility

• Doubts about efficacy

• Concern for the potential costs of language-specific services
  – The group in question is too “small”
Feasibility, Efficacy and Dissemination

- Will recent Asian immigrants use a phone-based counseling program?
- Does “talk therapy” work for them?
- What are the lessons learned in disseminating an evidence-based intervention for a population that has traditionally been underserved?
A Three-Language Asian Smokers’ Quitline

- Statewide Quitline
- No Statewide Quitline

- CA (California) is highlighted as having a Statewide Quitline.
Likelihood of Calling the Helpline
(15 year data from CSH, Using CHIS as the reference)

It is Feasible:

When a language-specific quitline is properly promoted, recent Asian immigrants will use it.
A Randomized Trial: One protocol, three language groups

Interested Smokers (N=2,277)

Chinese (N=729)
- Self-help materials
- Counseling + Self-help materials

Vietnamese (N=700)
- Self-help materials
- Counseling + Self-help materials

Korean (N=848)
- Self-help materials
- Counseling + Self-help materials

Six-month Prolonged Abstinence
(all three language groups, ITT analysis)

It is Efficacious:

“Talk therapy” works for the recent Asian immigrants, too
The Multi-State Asian Language Quitline Dissemination Project

**California**
Asian Pacific Partners for Empowerment, Advocacy, and Leadership (APPEAL)

**Colorado**
State Tobacco Education and Prevention Partnership, Colorado Dept of Public Health and Environment

**Hawaii**
Hawaii Tobacco Prevention and Control Trust Fund
University of Hawaii at Manoa

**New York**
New York State Smokers’ Quitline (Roswell Park Cancer Institute)
NYC Dept of Health and Mental Hygiene

**Texas**
Texas Tobacco Prevention Control Program

**Washington**
Asian Pacific Islander Communities Against Tobacco (APICAT)

*Advisory Board chaired by David Willoughby, former NAQC Board Chair*
The Objectives of the Multi-State Project

- To overcome the ambivalence of funding agencies that support the state tobacco control programs
- To show the feasibility of a centralized operation for multiple states
- To enlist more states to participate
- To replicate the effects of intervention shown in the efficacy trial
Project Timeline

Jan 2010
Open Asian lines to other states

Feb 2010
Start monthly reporting

Aug 2012
End counseling
Cessation Outcomes for Smokers in the Efficacy Trial and the Multi-State Program

Prolonged Abstinence (ITT vs CC) 
≥180 days

Efficacy Trial  | Multi-state (All)  | Multi-state (CA)  | Multi-state (Other States)

ITT  | CC
National Asian Smokers’ Quitline (ASQ)

• Funded by CDC Office on Smoking and Health

• Open to all Asian-language speakers nationwide
  – Hours: Mon-Fri, 8am-9pm, Pacific Time
  – Chinese: 1-800-838-8917
  – Korean: 1-800-556-5564
  – Vietnamese: 1-800-778-8440

• Services:
  – Self-help materials
  – In-language counseling
  – Free nicotine patches with refills delivered to the smoker’s home
ASQ Promotion in the First Two and a Half Years

- Paid Media (Print, Radio, Internet, Out of Home)
- PR and Earned Media
- Website and YouTube
- State and local efforts
想呵护他健康成长
先要戒烟保护自己的健康

新年新希望，为挚爱家人成功戒烟！
新年送家人的最好礼物，就是立即展开戒烟行动。快拨打华语戒烟专线，索取可直接邮寄到家的免费戒烟贴片，并获得ASQ全美亚裔戒烟热线(Asian Smokers’ Quitline)所提供的免费戒烟服务。许多吸烟者已从戒烟中获得成功，您为什么不也可以是下一位，今天就拨打专线开始戒烟！

HAY DÁY VIỆC GIẢI THUỘC LÁ VÀO QUÁ KHỬ BẰNG NHỮNG BẰNG DÀN NICOTINE MIỄN PHÍ.
Nếu bạn muốn cắt đứt sự trở lại của thuốc lá, hãy để chúng tôi giúp bạn một cách Xin gọi Trung tâm Cai Thuốc Lá cho người ở châu nguyễn và bạn có thể nhận được hộp bảng dán nicotine miễn phí đúng cho hai tuần đầu, đồng thời nhận được dịch vụ miễn phí đã được chứng minh làm giảm nguy cơ mắc cao cai thuốc lá thành công. Hơn 6,000 người đã gọi để thực hiện bước đầu tiên cai thuốc lá, bạn có thể là người kế tiếp. Hãy gọi cho chúng tôi ngay hôm nay!
Out of Home
Posters and Post Cards
How can I access MCRC materials?
MCRC’s home page is:
http://www.cdc.gov/tobacco/media_campaigns/
Click on “Browse” and then “Detailed Search” under Options.

In order to access materials:
1. Register for an online account.
2. Order promo materials online.
3. Sign a contract/agreement for release.
MCRC will deliver a download link for materials.

How can I promote ASQ with materials from MCRC?
Detailed Searches allow users to search MCRC’s database. Users may filter by media platform, health theme (such as “Cessation - Quitline”), target audience and language.
PR and Earned Media

World Journal, NY
February 20, 2015, Friday
“사업 하려면 스페인어 필수”

VA한인사회종합학교서 강의하는 조영길 목사
애날테이블 내달 10일 개강 - 16일 공개강좌

"스페인어, 라틴노 커뮤니티와의 상생을 위해 이제는 필수입니다".

VA한인사회종합학교(교장 육용호)가 스페인어 강좌를 개설하고 수강생을 모집한다. 강사는 조영길 목사가 강의하는 조영길 목사가 이어줍니다. 조영질 스케인어를 배우는 이유로 "라틴노 커뮤니티와의 상생"을 추구하고 있다. 조 영길은 한인들이 스페인어를 배워야하는 이유로 "라틴노 커뮤니티와의 상생"을 추구하고 있다. 조 영길은 한인들이 스페인어를 배워야하는 이유로 "라틴노 커뮤니티와의 상생"을 추구하고 있다. 조 영길은 한인들이 스페인어를 배워야하는 이유로 "라틴노 커뮤니티와의 상생"을 추구하고 있다. 조 영길은 한인들이 스페인어를 배워야하는 이유로 "라틴노 커뮤니티와의 상생"을 추구하고 있다. 조 영길은 한인들이 스페인어를 배워야하는 이유로 "라틴노 커뮤니티와의 상생"을 추구하고 있다. 조 영길은 한인들이 스페인어를 배워야하는 이유로 "라틴노 커뮤니티와의 상생"을 추구하고 있다. 조 영길은 한인들이 스페인어를 배워야하는 이유로 "라틴노 커뮤니티와의 상생"을 추구하고 있다. 조 영길은 한인들이 스페인어를 배워야하는 이유로 "라틴노 커뮤니티와의 상생"을 추구하고 있다. 조 영길은 한인들을 상생하기 위한 상생 역할을 하는데, 스페인어를 배우는 것이 상생의 가장 효과적인 방법이라고 말했다.

한인교육센터, 전화무료상담, 실시
간접협력 아이들 행동·학습장애 피해

한인교육센터는 "사회적 어려움이 간접협력 아이들의 행동과 학습에 보다 적절하게 상생을 위해서는 상생 역할을 하는 것이 필요하다"고 말했다. 한인교육센터는 "사회적 어려움이 간접협력 아이들의 행동과 학습에 보다 적절하게 상생을 위해서는 상생 역할을 하는 것이 필요하다"고 말했다. 한인교육센터는 "사회적 어려움이 간접협력 아이들의 행동과 학습에 보다 적절하게 상생을 위해서는 상생 역할을 하는 것이 필요하다"고 말했다. 한인교육센터는 "사회적 어려움이 간접협력 아이들의 행동과 학습에 보다 적절하게 상생을 위해서는 상생 역할을 하는 것이 필요하다"고 말했다. 한인교육센터는 "사회적 어려움이 간접협력 아이들의 행동과 학습에 보다 적절하게 상생을 위해서는 상생 역할을 하는 것이 필요하다"고 말했다. 한인교육센터는 "사회적 어려움이 간접협력 아이들의 행동과 학습에 보다 적절하게 상생을 위해서는 상생 역할을 하는 것이 필요하다"고 말했다. 한인교육센터는 "사회적 어려움이 간접협력 아이들의 행동과 학습에 보다 적절하게 상생을 위해서는 상생 역할을 하는 것이 필요하다"고 말했다. 한인교육센터는 "사회적 어려움이 간접협력 아이들의 행동과 학습에 보다 적절하게 상생을 위해서는 상생 역할을 하는 것이 필요하다"고 말했다. 한인교redit;
The Asian Smokers Quitline, which is operated by the University of California, is offering free services to people to quit smoking.

When those who want to quit smoking call the Quitline for the first time, they will ask many questions.

All Asians belonging to these three communities can call in anytime as long as you reside in the U.S.
# Total Intake Calls

<table>
<thead>
<tr>
<th>Language</th>
<th>%    (N = 7,081)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chinese</td>
<td>30.2</td>
</tr>
<tr>
<td>Korean</td>
<td>38.0</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>31.8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Proxy vs. Smoker</th>
<th>Chinese (N=2137)</th>
<th>Korean (N=2689)</th>
<th>Vietnamese (N=2255)</th>
<th>Total (N = 7,081)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proxy</td>
<td>6.9</td>
<td>3.5</td>
<td>4.4</td>
<td>4.8</td>
</tr>
<tr>
<td>Smoker</td>
<td>93.1</td>
<td>96.5</td>
<td>95.6</td>
<td>95.2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender (Smokers only)</th>
<th>Chinese (N=1989)</th>
<th>Korean (N=2593)</th>
<th>Vietnamese (N=2155)</th>
<th>Total (N=6,737)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>86.6</td>
<td>81.9</td>
<td>94.3</td>
<td>87.2</td>
</tr>
<tr>
<td>Female</td>
<td>13.4</td>
<td>18.1</td>
<td>5.7</td>
<td>12.8</td>
</tr>
</tbody>
</table>
# Total Intake Calls
**(Aug 1, 2012 – Feb 28, 2015, Smokers only)**

<table>
<thead>
<tr>
<th>Age</th>
<th>Chinese % (N=1989)</th>
<th>Korean % (N=2593)</th>
<th>Vietnamese % (N=2155)</th>
<th>Total % (N=6737)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;18</td>
<td>0.4</td>
<td>0</td>
<td>0</td>
<td>0.1</td>
</tr>
<tr>
<td>18-24</td>
<td>2.1</td>
<td>0.7</td>
<td>1.3</td>
<td>1.3</td>
</tr>
<tr>
<td>25-44</td>
<td>35.3</td>
<td>19.4</td>
<td>22.4</td>
<td>25.1</td>
</tr>
<tr>
<td>45-65</td>
<td>48.4</td>
<td>60.7</td>
<td>60.0</td>
<td>56.8</td>
</tr>
<tr>
<td>65+</td>
<td>13.8</td>
<td>19.2</td>
<td>16.4</td>
<td>16.7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education</th>
<th>Chinese % (N=1989)</th>
<th>Korean % (N=2593)</th>
<th>Vietnamese % (N=2155)</th>
<th>Total % (N=6,737)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than high school</td>
<td>35.4</td>
<td>5.9</td>
<td>39.2</td>
<td>25.3</td>
</tr>
<tr>
<td>High school</td>
<td>29.0</td>
<td>29.8</td>
<td>26.6</td>
<td>28.5</td>
</tr>
<tr>
<td>More than high school</td>
<td>35.6</td>
<td>64.3</td>
<td>34.2</td>
<td>46.1</td>
</tr>
</tbody>
</table>
# Total Intake Calls
(Aug 1, 2012 – Feb 28, 2015, Smokers only)

<table>
<thead>
<tr>
<th>Heard About ASQ from . . .</th>
<th>Chinese % (N=1989)</th>
<th>Korean % (N=2593)</th>
<th>Vietnamese % (N=2155)</th>
<th>Total % (N=6,737)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare Provider, HMO etc.</td>
<td>12.1</td>
<td>4.1</td>
<td>10.0</td>
<td>8.4</td>
</tr>
<tr>
<td>Other (CBOs, schools, etc.)</td>
<td>10.4</td>
<td>8.8</td>
<td>6.1</td>
<td>8.4</td>
</tr>
<tr>
<td>Friends &amp; Family</td>
<td>12.5</td>
<td>19.4</td>
<td>15.8</td>
<td>16.2</td>
</tr>
<tr>
<td>Media</td>
<td>65.0</td>
<td>67.7</td>
<td>68.2</td>
<td>67.1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Insurance source</th>
<th>Chinese % (N=1989)</th>
<th>Korean % (N=2593)</th>
<th>Vietnamese % (N=2155)</th>
<th>Total % (N=6,737)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>4.8</td>
<td>8.7</td>
<td>8.3</td>
<td>7.4</td>
</tr>
<tr>
<td>Private</td>
<td>13.8</td>
<td>14.6</td>
<td>22.2</td>
<td>16.8</td>
</tr>
<tr>
<td>Medicaid</td>
<td>30.0</td>
<td>20.1</td>
<td>35.2</td>
<td>27.9</td>
</tr>
<tr>
<td>No insurance</td>
<td>51.4</td>
<td>56.6</td>
<td>34.3</td>
<td>47.9</td>
</tr>
</tbody>
</table>
## Total Intake Calls
*(Aug 1, 2012 – Feb 28, 2015, Smokers only)*

<table>
<thead>
<tr>
<th>Chronic diseases</th>
<th>Chinese %</th>
<th>Korean %</th>
<th>Vietnamese %</th>
<th>Total % (N=5,524)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stroke</td>
<td>1.9</td>
<td>2.2</td>
<td>2.0</td>
<td>2.1</td>
</tr>
<tr>
<td>Heart attack</td>
<td>2.9</td>
<td>2.0</td>
<td>1.9</td>
<td>2.2</td>
</tr>
<tr>
<td>Diabetes</td>
<td>11.8</td>
<td>17.2</td>
<td>11.9</td>
<td>13.9</td>
</tr>
<tr>
<td>Hypertension</td>
<td>22.2</td>
<td>28.9</td>
<td>31.9</td>
<td>27.9</td>
</tr>
<tr>
<td>Any one of the conditions above</td>
<td>30.1</td>
<td>39.5</td>
<td>37.0</td>
<td>35.9</td>
</tr>
</tbody>
</table>
# Total Intake Calls
(Aug 1, 2012 – Feb 28, 2015, Smokers only)

<table>
<thead>
<tr>
<th>Mental Health</th>
<th>Chinese %</th>
<th>Korean %</th>
<th>Vietnamese %</th>
<th>Total % (N=2,325)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schizophrenia</td>
<td>0.8</td>
<td>0.7</td>
<td>2.1</td>
<td>1.2</td>
</tr>
<tr>
<td>Drug or alcohol problem</td>
<td>0.6</td>
<td>3.3</td>
<td>1.4</td>
<td>1.9</td>
</tr>
<tr>
<td>Bipolar disorder</td>
<td>3.8</td>
<td>2.6</td>
<td>4.9</td>
<td>3.7</td>
</tr>
<tr>
<td>Anxiety</td>
<td>8.3</td>
<td>5.6</td>
<td>8.8</td>
<td>7.4</td>
</tr>
<tr>
<td>Depression</td>
<td>7.8</td>
<td>8.7</td>
<td>6.6</td>
<td>7.7</td>
</tr>
<tr>
<td>Any one of the mental health conditions above (but not specified)</td>
<td>12.0</td>
<td>13.3</td>
<td>12.2</td>
<td>12.6</td>
</tr>
</tbody>
</table>
Callers Represented 48 States

ASQ Data from August 2012 to March 2015
Definition of Regions

- **West**
  - AK, AZ, CA, CO, ID, MT, OR, NV, UT, WA, WY

- **Midwest**
  - IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, WI

- **South**
  - AR, FL, GA, LA, MS, NC, OK, SC, TN, TX, VA, WV

- **Northeast**
  - CT, DE, MA, ME, MD, NH, NJ, NY, PA, RI, VT, WV, DC
Intake Calls by Region  

<table>
<thead>
<tr>
<th>Region</th>
<th>Chinese % (N=2114)</th>
<th>Korean % (N=2684)</th>
<th>Vietnamese % (N=2245)</th>
<th>Total % (N=7043)</th>
</tr>
</thead>
<tbody>
<tr>
<td>West</td>
<td>50.1</td>
<td>61.3</td>
<td>62.8</td>
<td>58.0</td>
</tr>
<tr>
<td>South</td>
<td>10.4</td>
<td>17.0</td>
<td>34.0</td>
<td>20.4</td>
</tr>
<tr>
<td>Northeast</td>
<td>37.0</td>
<td>17.1</td>
<td>1.7</td>
<td>18.2</td>
</tr>
<tr>
<td>Midwest</td>
<td>2.5</td>
<td>4.5</td>
<td>1.5</td>
<td>3.0</td>
</tr>
</tbody>
</table>
# Intake Calls by Services
(Aug 1, 2012 – Feb 28, 2015, Smokers only)

<table>
<thead>
<tr>
<th>Service Selected</th>
<th>% (N=6737)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counseling</td>
<td>80.4</td>
</tr>
<tr>
<td>Materials</td>
<td>19.1</td>
</tr>
<tr>
<td>No service</td>
<td>0.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NRT</th>
<th>% (N=6737)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sent NRT</td>
<td>88.0</td>
</tr>
<tr>
<td>Not sent NRT</td>
<td>12.0</td>
</tr>
</tbody>
</table>
Summary: ASQ, the First Two and Half Years

• ASQ has worked well.
  It has served more than 7,000 Asian language speakers, 95% of them smokers
    • Both telephone counseling and NRT are proven treatments

• ASQ has also served as a critical element for a population-based approach to cessation
  • Working with CDC and state/local campaigns
  • Increasing collaboration among ASQ, state TCP’s and CBO’s
Lessons Learned

• People are more similar than different

• Centralized operations may be one way to help reduce the disparity associated with access to service for “small” groups

• ASQ could serve as a model for other health behavior services
Future Directions

ASQ . . .

• needs to be institutionalized
• needs more support from state tobacco control programs
• needs more support from healthcare providers
• needs more support from CBO’s
Asian Smokers' Quitline

The Asian Smokers’ Quitline is a free nationwide Asian-language quit smoking service operated by the Moores Cancer Center at the University of California, San Diego. The Quitline offers self-help materials, referral to local programs, one-on-one telephone counseling to quit smoking, and a free two-week starter kit of nicotine patches.
Thank you!

Contact:

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Shu-Hong Zhu   szhu@ucsd.edu
Thank You!

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