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The webinar session will start soon. Please standby.

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Today's session provides the opportunity for a *Certificate of Completion* for those attendees that participate in the full webcast event, complete the Session Feedback AND Post-Webinar Certification Test.





Cancer Survivorship: Improving Health Equity with Culturally Relevant Tobacco Cessation for Asian Populations

Dwana "Dee" Calhoun, MS-National Network Director, SelfMade Health Network (SMHN)-CDC Consortium of National Networks May 12, 2020

HOUSEKEEPING

The webinar is **recorded** and will be made available by email following event for on-demand viewing and future reference.

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by clicking on the maximize icon on the top right of the slide area or by dragging the bottom right corner of the slide area.

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Time to address Q&A will be included at the end, but *feel free to submit questions* at any point via the Q&A widget.

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SelfMade Health Network

Member of a consortium of eight (8) national networks funded by the Centers for Disease Control (CDC) Office of Smoking and Health (OSH) in partnership with the Division of Cancer Prevention and Control (DCPC) to advance prevention and control efforts involving cancer and tobacco-related disparities.

SMHN Priority Populations:

Populations nationwide with low socioeconomic status (SES) characteristics residing in rural, metropolitan and frontier communities.









- Background: Health Equity (Low-Income Populations)
 Culture, Cancer Survivorship and Tobacco Cessation
- Asian Populations and Tobacco-related Disparities
- Asian Smokers Quitline: Access, Services, Utilization Data, Referrals and Engagement
- Community Engagement: Tobacco Cessation Access Before/During the Coronavirus Pandemic
- Questions & Answers (Q & A) Session

#CessationandCancerSurvivorship



Hammond's Seven Nested Layers of Culture

1	Environment
2	Economy
3	Technology
4	Religion/World View
5	Language
6	Social Structure
7	Beliefs and Values

Reference: Kagawa-Singer, M. and Valdez Dadia, A. and Yu, M. C. and Surbone, A. (2010) Cancer, Culture, and Health

Disparities: Time to Chart a New Course? CA: A Cancer Journal for Clinicians, 60 (1). pp. 12-39.

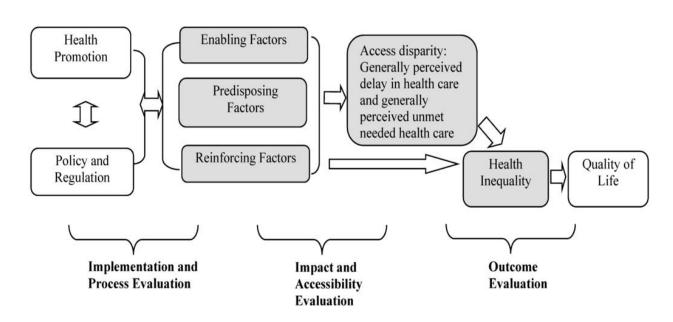


PRECEDE-PROCEED Model: Delays in Healthcare Utilization

Phase 5
Policy Assessment

Phase 4 Behavioral Factors Phase 3 Behavioral Assessment Phase 2 Health Assessment

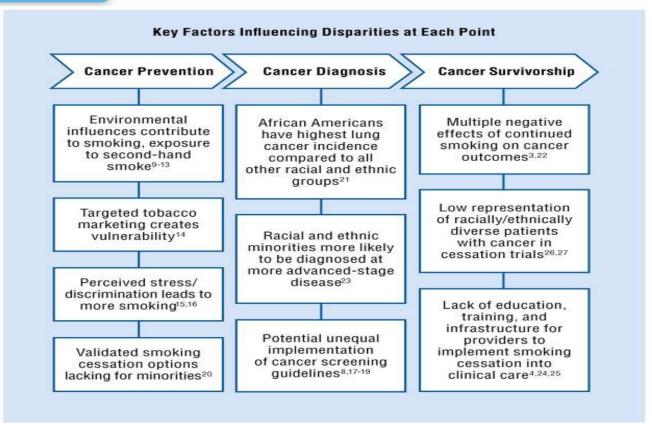
Phase 1 Quality-of-Life Assessment



Reference: Yamada, T.; Chen, C.-C.; Murata, C.; Hirai, H.; Ojima, T.; Kondo, K.; III, J.R.H. Access Disparity and Health Inequality of the Elderly: Unmet Needs and Delayed Healthcare. Int. J. Environ. Res. Public Health 2015, 12, 1745-1772.



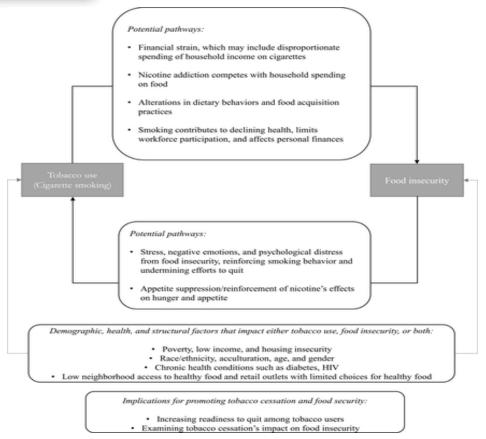
Key Factors Influencing Cancer-Related Disparities



Reference: Simmons VN, Pineiro B, Hooper MW, Gray JE, Brandon TH. Tobacco-Related Health Disparities Across the Cancer Care Continuum. Cancer Control. 2016;23(4):434-441.



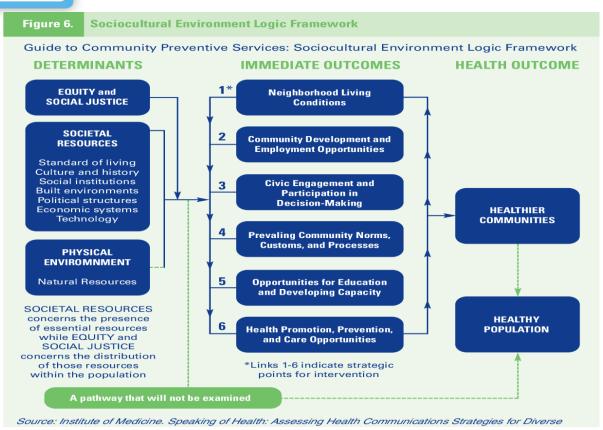
Health Disparities: Intersection Tobacco Use and Food Insecurity



Reference: Kim-Mozeleski, J. E., & Pandey, R. (2020). The Intersection of Food Insecurity and Tobacco Use: A Scoping Review. Health Promotion Practice, 21(1 suppl), 124S-138S.



Sociocultural Environment Logic Framework



Reference: Institute of Medicine. Speaking of Health: Assessing Health Communications Strategies for Diverse Populations. Washington, D.C.: National Academies Press, 2002.



Camille Mendaros ASPIRE Network Program Manager May 12, 2020

Cancer Survivorship: Improving Health Equity with Culturally Relevant Tobacco Cessation for Asian Populations

APPEAL

Asian Pacific Partners for Empowerment, Advocacy, and Leadership



APPEAL is a national non-profit working to advance health equity and to eliminate tobacco and cancer health related disparities in Asian American, Native Hawaiian, and Pacific Islander communities (AANHPI). APPEAL implements the ASPIRE Network.

ASPIRE Network

ASPIRE is a national network that aims to build community capacity and facilitate the development of tobacco and cancer policy initiatives among the diverse AANHPI populations. It is funded by the Centers for Disease and Prevention's Office on Smoking and Health as well as the Division of Cancer Control and Prevention.



Asian Health Services (Oakland, CA)

Center for Pan Asian Community Services (Atlanta, GA)

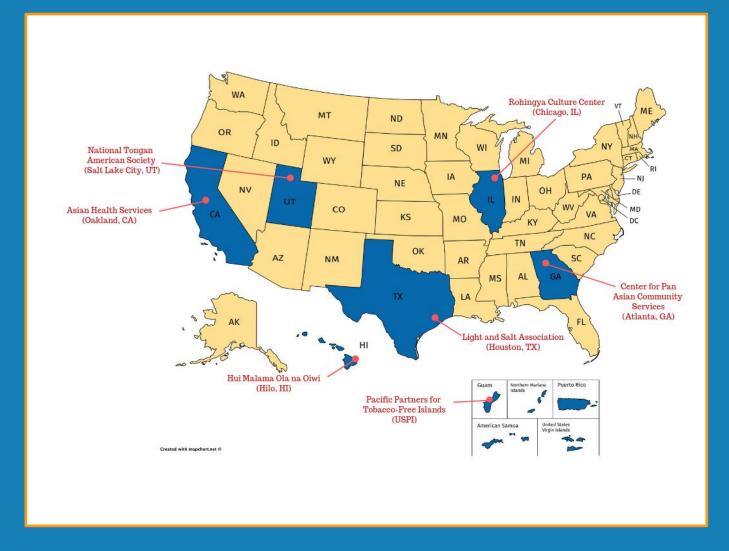
Hui Malama Ola na Oiwi (Hilo, HI)

Light & Salt Association (Houston, TX)

National Tongan American Society (Salt Lake City, UT)

Pacific Partners for Tobacco-Free Islands (USPI)

Rohingya Culture Center (Chicago, IL)



ASPIRE Network

<u>AS</u>ian Americans, Native Hawaiians and <u>Pacific Islanders network to Reach Equity in tobacco and cancer</u>

Asian Population Percentage by State



Note: The race group represented is the Asian alone or in combination population.



U.S. Department of Commerce Economics and Statistics Administration U.S. CENSUS BUREAU CENSUS.gov Source: Vintage 2015 Population Estimates www.census.gov/programs-surveys/popest.html

Disaggregated Asian American Tobacco Use Data

PAST 30-DAY CIGARETTE USE AMONG ASIAN AMERICANS (PATH 2013 – 2014)

Asian Indian 13.25%

Chinese 16.06%

Filipino 18.06%

Japanese 19.37%

Korean 18.83%

Vietnamese 18.86%

Other Asian 17.73%



AANHPIs and Cancer

Causes: Female Causes: Male

Breast Prostate
Colorectal Lung

Lung Colorectal

Deaths: Female Deaths: Male

<u>Lung</u>
Breast <u>Liver</u>

Colorectal Colorectal

Number of New Cancer Cases among Asian and Pacific Islander Populations in the U.S. (2016, US Cancer Statistics)

55, 031 New Cancer Cases in total

Breast (female) 10, 435

Lung and Bronchus 6,148

Colon, 678

Lung Cancer is Preventable

Lung Cancer Screenings

Cultural and educational barriers to health care

Quit Smoking

- Culturally relevant cessation materials
- Leverage existing cessation resources for AAs

Thank you!

You can find me at cmendaros@appealforhealth.org



Cancer Survivorship: Improving Health Equity with Culturally Relevant Tobacco Cessation for Asian Populations

May 12, 2020

Ying Cherrie Ng University of California, San Diego

Acknowledgments

- Centers for Disease Control & Prevention
- Dwana Calhoun at the SelfMade Health Network
- Camille Mendaros at APPEAL
- Kenny Chen and Chen Yo Chi at AAFE
- Collaborators at the University of California, San Diego, including multiple state tobacco control programs and community partners across the U.S.

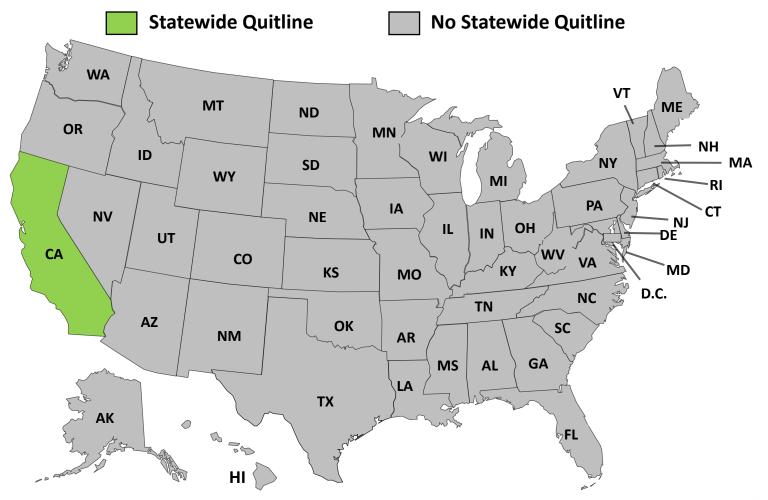


Outline

- Overview of ASQ
- ASQ clientele and intake data
- ASQ services
- ASQ partners and promotions
- ASQ services during COVID-19
- ASQ resources and new services

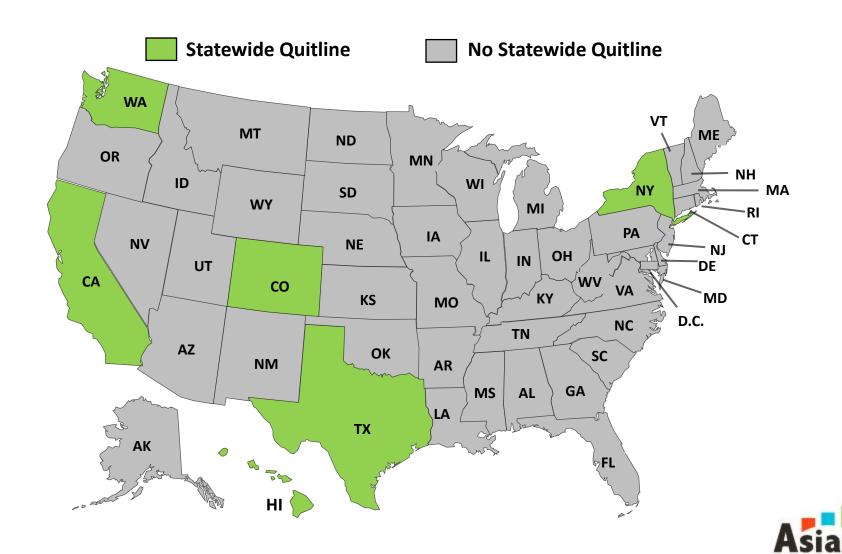


Asian Language Quitlines in 1993



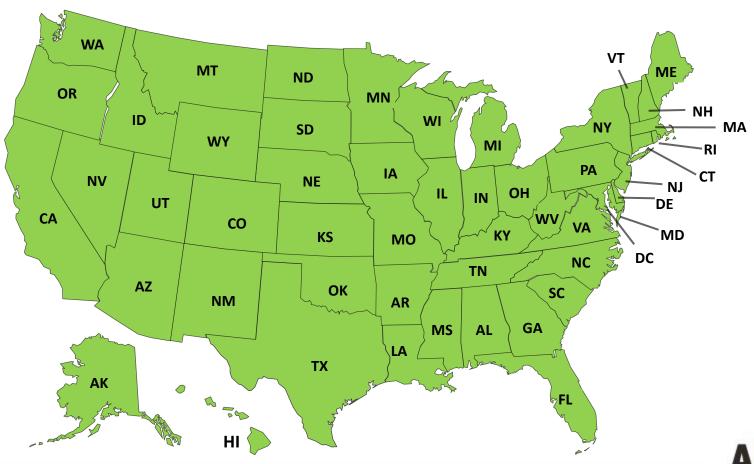


Multi-State Asian Language Quitline (2010-2011)



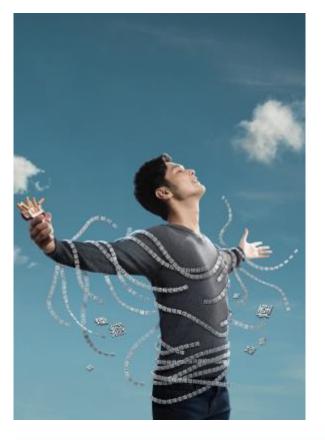
Asian Smokers' Quitline (2012-today)





Asian Smokers' Quitline

Mission - to provide accessible, evidence-based, smoking cessation services in Cantonese-, Mandarin-, Korean- and Vietnamese-speaking communities in the U.S.



What does ASQ offer?

- One-on-one cessation counseling in Chinese,
 Korean and Vietnamese
- In-language self-help materials
- •Free nicotine patches sent directly to the smoker

ASQ is open:

Mon – Fri, 7am – 9pm PT (10am – midnight ET)

Chinese 1-800-838-8917 Korean 1-800-556-5564 Vietnamese 1-800-778-8440

www.asiansmokersquitline.org



Who We Help

- Chinese, Korean & Vietnamese smokers with limited English proficiency
 - Smoking prevalence is higher in Asian countries than in the U.S.
 - Prevalence is high among some Asian American subpopulations.
 - Asian males smoke more than the general population.



ASQ Clients

- Smoker/Proxy
- Gender
- Age
- Physical and Behavioral health
- Education level
- Insurance Status
- Referral source



Enrollments in ASQ services

2012 - 2019

Language	% (n = 16,183)
Chinese	31.4
Korean	37.6
Vietnamese	31.0



ASQ services



Nicotine Patches



ASQ will send a two week starter kit of nicotine patches to smokers

Eligibility Criteria:

- Chinese (Cantonese and Mandarin),
 Korean or Vietnamese speaker
- 18 years or older
- Everyday smoker
 (does not matter how many cigarettes per day)
- If medical conditions exist, we will (their provider for approval

Self-Help Booklets





"How to help others quit" Booklets



Chinese (simplified)

Chinese (traditional)



ASQ: Counseling Protocol





Intake

- Intake call
 - Approximately 5-7 minutes long
 - Assess client needs
 - Arrange for counseling session on-the-spot when possible
 - Send materials digitally or physically (upon request)



Counseling

- Initial Call
 - Approximately 30 minutes long
 - Establishing motivation
 - Creating a plan
 - Setting a quit date
- Proactive Follow-up Calls
 - Up to 4 calls, 5-10 minutes long
 - Relapse sensitive schedule
 - Relapse prevention



Standard Protocol – Summary of Topics

Help clients to:

```
    Identify a strong reason (Motivation)
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- Bolster belief in ability (Confidence)
- Develop a solid plan (Skills)
- Adopt a new view of self (Self-image)
- Keep trying (Perseverance)



Triaging to ASQ



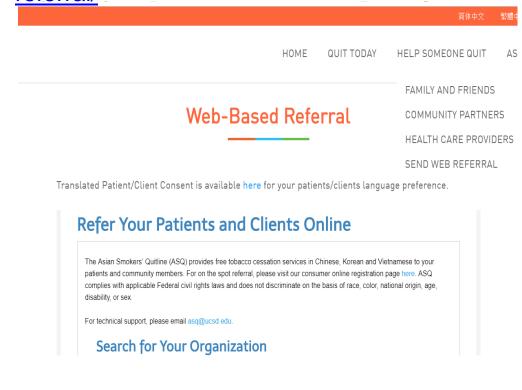
State Quitline

- State Quitline (1-800-Quit Now)
 - <u>Takeback And Transfer</u> (TNT) Codes :
 - 80 (Chinese: 1-800-838-8917)
 - 81 (Korean: 1-800-556-5564)
 - 82 (Vietnamese: 1-800-778-8440)



Web Referral

https://www.asiansmokersquitline.org/web-based-referral/



Who can refer?

- Quitlines
- Providers
- Nurses
- Pharmacists
- Faith-based groups
- Community-based groups
- Employers
- International student offices
- Researchers, others



Partnership with AAFE



- Asian Americans for Equality has a long history of providing wide range of services in the communities in New York
- In 2016, AAFE and ASQ establish partnership to expand the reach to smokers who are limited in English proficiency
 - Distribute co-branded materials
 - AAFE provides tobacco cessation counseling and the information about ASQ to all the smokers
 - Refer smokers to ASQ via web-based referral options



Partnership with AAFE



- In 2018, change up the referrals method:
 - Assist motivated clients to sign up ASQ service online
 - Speed up the process for smokers to connect with ASQ
 - Receive digital materials almost immediately

 As of 2020, there is an over 80% increased enrollments from AAFE



Online Enrollment

 Online enrollment forms are two pages and available in Traditional and Simplified Chinese, Korean and Vietnamese

請填好表格,我們會在下一個工作日和您聯繫。

NYC promotion efforts

 New York City Department of Health and Mental Hygiene ran a campaign "Fades like Smokes" in summer 2018 to promote ASQ Chinese Quitline:



Enrollment from New York to ASQ had more than doubled when compared to prior month.

Los Angeles County Department of **Public Health**

Health Benefits of Quitting Smoking

Within Three Days...

Within 20 minutes:1

- · Heart rate and blood pressure drop
- Temperature of hands and feet goes up

Within 8-24 hours:1

- Carbon monoxide level in blood goes down
- Oxygen level in blood rises to normal
- Chance of heart attack goes down

Within 48 - 72 hours:1

- Damaged nerve endings start to re-grow
- Sense of smell and taste begin to improve
- Nicotine is out of the body in about 3 days2

Within a Year...

2 weeks to 3 months:1

- Blood flows better in the body
- Exercise is easier
- Lungs work better
- Wounds heal faster

1 to 9 months:1

- Coughing and shortness of breath get better
- Sinus issues all go down
- Body has more energy
- Tiny hairs in the lungs (cilia) start to work again.³
- This helps the lungs stay clean and make it easier to breathe.
- The risk of getting sick also goes down.

For the Rest of Your Life...

· Risk of heart disease is cut by half

· Risk of stroke goes down to that of a non-smoker

- · Risk of cancer of the mouth, throat, esophagus and bladder are cut in half
- · Cervical cancer risk falls to that of a non-smoker

- · Lung cancer risk is cut in half
- Risk of voice box (larvnx) and pancreatic cancer

15 years:3

Risk of heart disease returns to that of non-smoker.



Call to Get FREE help to quit smoking today! English: 1-800-QUIT-NOW (1-800-784-8669)

- U.S. National Library of Medicine, (2018). Benefits of Quitting Tobacco
- American Cancer Society. (2015). Why People Start Smoking and Why It's Hard to Stop.
- American Cancer Society. (2016). Benefits of Quitting Smoking Over Time

금연과 건강 혜택

3일 이내...

금연 후 20분 이내:1

- 심박 수와 혈압이 내려감
- 손과 발의 체온이 올라감

금연 후 8~24시간 이내:1

- 혈중 일산화탄소의 농도 감소
- 혈중 산소 함유량이 정상으로 상승
- 심장마비 발병 확률의 감소

금연 후 48~72시간 이내:1

- 손상된 신경 말단 조직의 재생
- 후각과 미각이 향상되기 시작
- 니코틴은 대략 3일 내 체내에서 모두 배출됨²

금연 후 1년 이내의 변화...

2주에서 3개월 :1

- 혈액 순환 개선
- 운동이 쉬워짐
- 폐 기능 향상
- 상처가 빨리 치유됨

1~9개월:1

- 기침과 숨 가쁨 증상이 완화됨
- 부비강(코) 관련 증상이 완화됨
- 신체 확력의 증가
- 폐 속의 작은 융털들(섬모)의 재활성화³
- 재생 섬모가 폐를 깨끗하게 유지하고 호흡이 편해지도록 도움을 줌
- 폐 관련 질병에 걸릴 확률이 낮아짐

평생의 건강 혜택...

심장병 발병 확률이 절반으로 감소

뇌졸중 발병 확률이 비흡연자와 같아짐

- 구강암, 후두암, 식도암, 방광암 발병률이 절반으로 감소
- 자궁 경부암의 위험이 비흡연자와 같아짐

- 폐암 발병률이 절반으로 감소
- 후두암과 췌장암의 발병률 감소

심장병 발병 확률이 비흡연자와 같아짐.



ASQ 한인금연센터 1-800-556-5564로 전화하여 무료 금연 서비스를 받으세요!

- U.S. National Library of Medicine. (2018). Benefits of Quitting Tobacco. American Cancer Society. (2015). Why People Start Smoking and Why It's
- American Cancer Society. (2016). Benefits of Quitting Smoking Over Time.

⊕ ASQ-Korean.org

m YouTube.com/user/AsianSmokersQuitline

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Content by California Smokers' Helpline. Translation funded by the Centers for Disease Control and Prevention (CDC). | Updated: 08/19





Community Clinic Partnership: Charles B. Wang Community Health Center

恭喜 Congratulations Xin chúc mừng 축하합니다! ผู้สื้นโลยี Xin chúc mừng! 恭喜! ちょうようしてト 恭喜! Sin chúc mừng! 恭喜!

Congratulations! You have taken the first step toward a healthier life by registering for the free services of the Asian Smokers' Quitline, funded by the U.S. Centers for Disease Control and Prevention (CDC). A Quitline counselor will call you within 24 hours to help you set up a plan to quit smoking and send you a packet of quit smoking materials. If we don't reach you on the first call, we'll try back every few days for the next 2 weeks. Feel free to call us if you have questions or want to get started right away!

Mandarin and Cantonese: 1-800-838-8917 • Korean: 1-800-556-5564 • Vietnamese: 1-800-778-8440

恭喜! 恭喜! 你已經參加由美國疾病控制與預防中心 (CDC) 資助,並由《華語戒煙專線》提供的免費服務,適出了健康人生的第一步! 《華語戒煙專線》的戒煙輔導員將在 24 小時內與你電話聯絡,幫你設定一個戒煙計劃及寄給你一份戒煙資料。如果第一次電話我們沒辦法聯絡上你,我們將會在兩星期內,每隔幾天繼續嘗試。如果有任何問題或是想要馬上開始戒煙,請即致電 (1-800-838-8917) 給我們!

恭喜! 恭喜! 你已经参加由美国疾病控制与預防中心(CDC)資助,並由《华语戒烟专线》提供的免費服务,迈出了健康人生的第一步! 《华语戒烟专线》的戒烟辅导员将在24小时内与你电话联絡,帮你设定一个戒烟计划及寄给你一份戒烟资料。如果第一次电话我们没办法联絡上你,我们将会在两星期内,每隔几天继续尝试。如果有任何问题或是想要马上开始戒烟,请即致电(1-800-838-8917)给我们!。

Xin chúc mừng! Bạn đã thực hiện bước đấu tiên để hướng tới một cuộc sống lành mạnh bằng cách dăng ký cho các dịch vụ miền phí của Trung Tàm Cai Thuốc Lá Dành Cho Người Việt, được tài trự bởi Trung Tàm Kiểm Soát và Ngăn Ngừa Bệnh Tặt Hoa Kỳ (CDC). Một chuyển gia cai thuốc lá của Trung Tàm sẽ gọi cho bạn trong vòng 24 tiếng để giúp bạn lập một kế hoạch để cai thuốc và gửi cho bạn những tài liệu hướng dần. Nếu chúng tôi không liên lạc được với bạn sau khi gọi, chúng tôi sẽ cố gắng gọi lại mỗi vài ngày trong 2 tuần kế tiếp. Xin liên lạc Trung Tàm tại 1-800-778-8440 nếu bạn có thắc mắc hoặc mướn khởi hành ngay!

축하합니다! 한인금연센터의 무료 서비스에 등록하셔서 더 건강해지는 삶으로 첫걸음을 때신 것을 축하드립니다!한인금연센터는 미 궐병통세에방센터(CDC)의 기금을 받고 있습니다. 한인금연센터의 상담원이 24시간 이내에 전화를 드려 금연 계획을 세우는 데 도움을 드리고 금연 안내서도 보내드릴 것입니다. 귀하와 바로 연결이 되지 않더라도, 2주 안에 연락이 닿도록 노력할 것입니다. 질문이 있거나 지금 바로 금연하길 원한다면 1-800-556-5564 번으로 전화 주시면 한국어 상담원이 도와드릴 것입니다.





Free Yourself from Smoking!



Learn more about us: www.AsianSmokersQuitline.org

> Contact us: asq@ucsd.edu

Thousands of people have already quit.

You can too! The Asian Smokers' Ouitline (ASO) can help.

What is ASQ?

- A free smoking cessation program that doubles your chance of quitting smoking
- A nationwide service funded by the Centers for Disease Control and Prevention (CDC)

What does ASQ offer?

- One-on-one cessation counseling in Chinese, Korean and Vietnamese
- · In-language self-help materials
- · Free nicotine patches sent directly to your home

ASQ is open:

Monday–Friday, 10am - midnight, Eastern Time

Services provided in:

Chinese
Korean
Vietnamese
1-800-838-8917
1-800-556-5564
Vietnamese
1-800-778-8440







Community Events



A UCSD student promoted ASQ at TET Festival in San Diego





APPEAL gave out the ASQ branded red envelopes to promote ASQ during 2019 Lunar New Year local event in Oakland

How ASQ has responded to COVID-19?

- Launched COVID-19 and smoking webpages
- Translated press release
 - ASQ service is still operating during the COVID-19 outbreak and stay at home order
- Developed in-language social media messages
 - encourage smokers to quit and former smokers to stay quit
- Provided a list of resources that are related to COVID-19 to ASQ agents
 - Share the info with our clients to help relieve their anxiety about the current COVID-19 situation

ASQ Resources and new services



Free Promotional Materials

https://asq-shop.org/





https://asq-shop.org/collections/ads/products/website-banner









Free ads for the Asian Smokers' Quitline

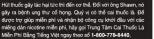
www.cdc.gov/tobacco/multimedia/media-campaigns/index.htm

















MCRC provides access to many CDC-licensed advertisements developed by more than 25 state health departments, nonprofit health organizations, and federal agencies. MCRC provides tobacco-control organizations with tools for finding, learning about, and ordering CDC-licensed tobacco counter-advertisements.

www.cdc.gov/tobacco/multimedia/media-campaigns/index.htm

Browsing MCRC materials:

- 1. Click on
- **BROWSE MCRC ADS**

View ad collections, including earned media and collateral materials.

- 2. Under "Options", click on "Detailed Search"
- 3. Under Keywords, type in "ASQ"*
- 4. Click on "Search Ads"

Options

- > MCRC Home
- Detailed Search



^{*}To broaden your search, choose the theme "Cessation-Quitline" and set the "Languages" selection to "Cantonese, Mandarin, Korean and Vietnamese."



MCRC provides access to many CDC-licensed advertisements developed by more than 25 state health departments, nonprofit health organizations, and federal agencies. MCRC provides tobacco-control organizations with tools for finding, learning about, and ordering CDC-licensed tobacco counter-advertisements.

www.cdc.gov/tobacco/multimedia/media-campaigns/index.htm

Accessing MCRC materials:

1. Click on

BROWSE MCRC ADS

View ad collections, including earned media and collateral materials.

- 2. Register for an MCRC online account
- 3. Order promotional materials online
- 4. Sign an agreement for releasing the materials

MCRC will share a download link for promotional materials.

New User? Register Now



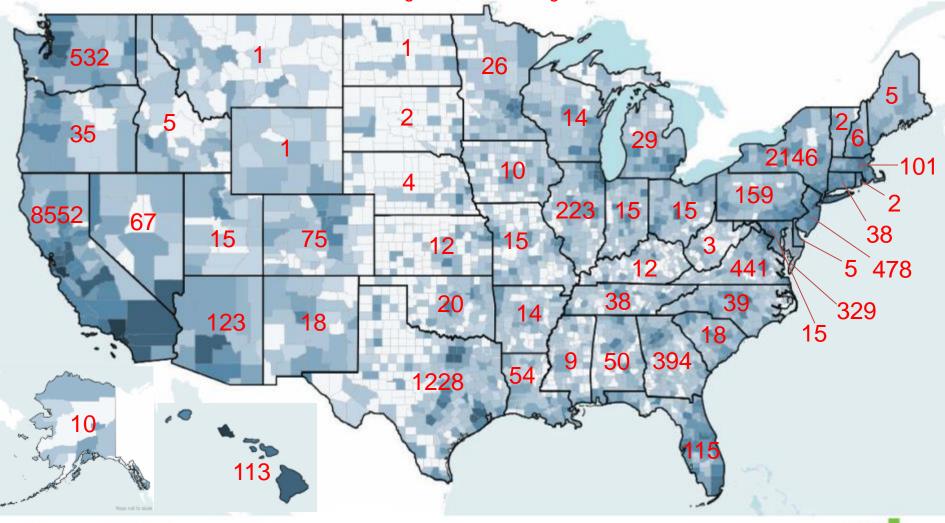
New Services for ASQ

- Proxy counseling service (just launched)
- In-language Texting Program (within 2020)
- In-language Online Chat (stay tuned)



Geography of Asian Americans Living in the United States

Enrollments in ASQ services from August 1, 2012 – Aug 31, 2019







Source: Pew Research Center using source data from the 2010 U.S. Census (http://www.pewsocialtrends.org/asianamericans-maps/)









Thank you!

Ying Cherrie Ng
ASQ Project Manager
University of California, San Diego
asq@ucsd.edu



Smoking Cessation



AAFE History

Founded in 1974 to advocate for equal rights,

AAFE has transformed in the past four decades
to become one of New York's preeminent
housing, social service and community
development organizations.





Services

Community Services

- Health & Entitlement
- Immigration
- Housing
- Workforce Development
- Youth Program



Services

Affiliates

- Renaissance Economic
 Development Corporation
 - O Small Business Loans
 - O Training programs
- Community Development Fund
 - O Homeowner education
 - O Home loans
- Affordable Housing
 - Rehabilitate and build affordable housings



Community

Offices

AAFE has several locations throughout New York City including:

- Manhattan Chinatown
- Queens Union Street
- Queens One Flushing
- Queens Jackson Heights



Program History

With the support from **NYU**, AAFE Navigator program has been providing smoking cessation services in the Chinatown since 2014.





Program Goals

Outreach and engagement to increase tobacco cessation and decrease exposure to environmental tobacco smoke (ETS)

Goals

- Increase access to tobacco use treatment and smoking cessation through outreach and engagement activities
- 2. Increase awareness of the danger of environmental tobacco smoke and importance of creating smoke free homes

Program Model

- 1. Initial meeting
 - a. Provide counseling
 - b. Participant survey
 - i. Background information, smoking history, smoking behavior, and past quit attempts
 - c. Provide free Nicotine Replacement Therapy(NRT)
 - i. Patch and/or Gum
 - d. Referral to Asia Smokers' Quitline(ASQ) with participant's consent
- 2. Two weeks follow up
 - a. Quit rate, NRT usage, ASQ follow up, answer questions/concerns
- 3. Six weeks follow up: program evaluation from NYU



Recruiting Participants

IN THE OFFICE

- Participants or family members inquire about our Smoking Cessation program
- Counselors "smelled"
 participants when they come to
 our office for other services
 (housing, immigration, etc)
 - Refer to Smoking Cessation Navigator
 - O Participants are more willing try



Recruiting Participants

DURING OUTREACH

- Participate and table in community health related events
- Promote the program in AAFE community educational workshops
- Door knocking (new)

Different Scenarios

- 1. Smoker is interested
 - a. Briefing on the program and the survey
 - Provide initial counseling on smoking harms, quitting benefits, identifying triggers, and explanation of proper usage of NRT Patches and/or Gum
- 2. Smoker has no time when approached
 - a. Collect participant contact and follow up
- 3. Smoker is not interested
 - a. Provide contact info

***We can always approach smokers again when they come back for other or more services provided by AAFE

66. want you to try 2.2

- Navigator



AAFE and ASQ Partnership

AAFE has been referring smokers to ASQ since year one of the program

AAFE's program is a Navigator program

Provide initial counseling and short term follow up

Asia Smokers' Quitline(ASQ)

- ASQ offers free long term counseling which has been clinically proven to double smokers' chances of quitting
- Self-help materials will be mailed to smokers



Thank you.

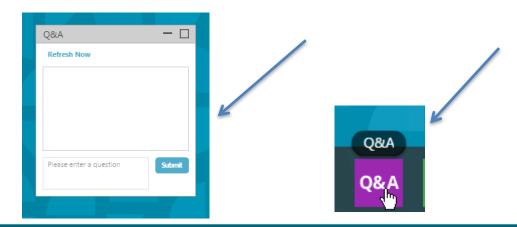
Chen Yo Chi 212.979.8988 chen_chi@aafe.org



Questions?

If you have questions at this point, please *type them into your console* using the Q&A tool, and we will address them as time allows.

Any questions not addressed verbally today will have written responses directly to you, including any viewers who watch on-demand.





Certificate of Completion



- Must participate in all actions related to this webcast event, including postsession assessment questions and feedback
- No time limit may complete today or may return to session using original registration login once "on-demand" to fulfill requirements of participation if needed.
- Once all items have been completed, click on Certificate image icon to download and view certificate





SMHN Resources

SelfMade Health Network

Webcast Events







CERTIFICATE OF COMPLETION

When: Live webcast events focused on topics of relevance to member organizations and practitioners who are working to reduce cancer and encourage smoking cessation. Each session is free to attend and available on-demand viewing following the live event. Includes SelfMade Health Network's "Opening Doors" Series. Certificate of Completions are included for most sessions.

Where: Website -> Empower-> Webcasts



Resources (1)

Cancer Survivorship: Information of Healthcare Providers (Centers for Disease Control and Prevention)

https://www.cdc.gov/cancer/survivors/health-care-providers/

Asian Smokers' Quitline

https://smokingcessationleadership.ucsf.edu/resources/asq

Tips From Former Smokers Campaign and Resources (Centers for Disease Control and Prevention)

https://www.cdc.gov/tobacco/campaign/tips/index.html

Lung Cancer Screening Insurance Coverage

https://www.lung.org/lung-health-and-diseases/lung-disease-lookup/lung-cancer/healthcare-professionals/resources-for-your-patients.html

The Brief Tobacco Intervention - Quick Reference for Healthcare Providers https://www.cdc.gov/tobacco/campaign/tips/partners/health/materials/twyd-5a-2a-tobacco-intervention-pocket-card.pdf

#EndCancerSilence #CessationandCancerSurvivorship

@DeeCalhounSMHN



Resources (2)

From Coverage to Care (C2C)-Centers for Medicare & Medicaid Services

New Languages for C2C Prevention Materials

https://www.cms.gov/About-CMS/Agency-Information/OMH/equity-initiatives/from-coverage-to-care

Sin, M., Ha, A. & Taylor, V. Sociocultural Barriers to Lung Cancer Screening Among Korean Immigrant Men. J Community Health 41, 790–797 (2016).

Tsoh JY, Burke NJ, Gildengorin G, et al. A Social Network Family-Focused Intervention to Promote Smoking Cessation in Chinese and Vietnamese American Male Smokers: A Feasibility Study. Nicotine Tob Res. 2015;17(8):1029-1038.

Yoon H, Chatters L, Kao TS, Saint-Arnault D, Northouse L. Factors Affecting Quality of Life for Korean American Cancer Survivors: An Integrative Review. Oncol Nurs Forum. 2016;43(3):E132-E142.

Vyas P, Tsoh JY, Gildengorin G, et al. Disentangling individual and neighborhood differences in the intention to quit smoking in Asian American male smokers. Prev Med Rep. 2020;18:101064. Published 2020 Feb 11.

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@DeeCalhounSMHN



Healthy People 2020 National Objectives

Examples of Leading Health Indicators (LHIs)

Access to Health Services: Persons with a usual primary care provider [AHS-3]
Cancer: Reduce the lung cancer death rate [C-2] Cancer: Increase the proportion of cancer survivors who are living 5 years or longe after diagnosis [C-13]
Tobacco Use: Adult cigarette smoking [TU-1.1] Tobacco Use: Increase smoking cessation attempts by adult smokers [TU-4] Tobacco Use: Increase recent smoking cessation success by adult smokers [TU-5] Tobacco Use: Reduce the proportion of nonsmokers exposed to secondhand smokeU-11]
RD-10: Reduce deaths from chronic obstructive pulmonary disease (COPD) among adults



Dwana "Dee" Calhoun, MS
Director, SelfMade Health Network (CDC Disparity Network)

E-mail address: d.calhoun@selfmadehealth.org

Twitter: @DeeCalhounSMHN and @SelfMadeHealth

Website: http://www.selfmadehealth.org/

Facebook: SelfMade Health Network

Send questions or contact us at anytime via shared

SMHN mailbox: info@selfmadehealth.org

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