

Evaluation of ASC

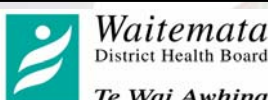
Asian Smokefree Communities Pilot

A culture specific and appropriate approach that combines both smokefree promotion and smoking cessation in a family-oriented setting

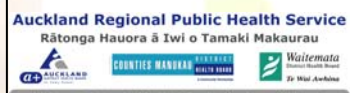


March 2007

ASC – a collaborative project of Auckland Regional Public Health Service, Harbour Primary Health Organisation and Waitemata District Health Board's Asian Health Support Services



Asian Health Support Services



아시안

금연
커뮤니티

亞裔社群
無煙推廣行
動

ASIAN
Smokefree
Communities

ASC is
here to
support
you
and your
family
to be
smokefree!



Background

Research undertaken by the Waitemata DHB Health Gain Team identified a gap in smoking cessation services for the growing Asian population of the district. Language, culture and access have been identified as barriers to care for Asian migrants. The Asian Smokefree Communities (ASC) pilot tested a novel Asian-specific service delivery model combining smoking cessation and smokefree environments promotion to address these issues. The structure of the ASC service was based on an innovative formalised partnership of public health, primary health and secondary healthcare organisations.

Aims of the pilot:

- to reduce smoking and to reduce exposure to second-hand smoke
- to determine the appropriateness of the ASC model for the Asian population living in the Waitemata district

The service, launched on 28 April 2006, included promotion of ASC through Asian community media and networks, new and translated resources, and Korean and Chinese speaking smokefree coordinators delivering family focused community-based home, workplace or clinic based interventions with the option of individual appointments. Two trained coordinators assisted Asian smokers and their families to create smokefree environments (home and cars), and supported smokers to go smokefree using advice, education, counselling, nicotine replacement therapy (NRT), and carbon monoxide (CO) monitoring.



Service referral criteria

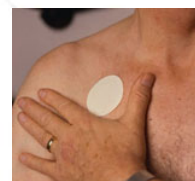
Free Service for Asian peoples who:

- Smoke
- Have a smoker in the family
- Wish to live smokefree: work, home, car
- Live on the North Shore and/or enrolled with Harbour PHO

Services offered

Specially trained ASC Co-ordinators who can speak English and Mandarin/Cantonese/Korean offer:

- Help to you and your family to create a smokefree environment: work, home, car
- Smoker support to go smokefree:
 - ◆ Advice on smoking cessation
 - ◆ Nicotine patch and/or Gum
 - ◆ Counselling
 - ◆ Phone support
 - ◆ Home Visits
 - ◆ Information, eg, booklet, stickers



Evaluation

A formal evaluation commissioned by the ASC Steering Group, and funded by the Ministry of Health, was undertaken for the period between 1 May and 21 December 2006.

Evaluation aims

The evaluation aims were to investigate:

- the effect of the ASC service on smoking in cessation clients
- the effect of the ASC service on exposure to second-hand smoke in homes and cars of clients
- the acceptability of the ASC service to clients
- the elements that contributed to the success or otherwise of the ASC service

Evaluation methods

- analysis of ASC service records
- mail survey of all clients about their perceptions of the service
- key informant interviews with personnel involved in the development and delivery of ASC
- analysis of ASC Steering Group records and documents

Evaluation results

One hundred and thirty-five mainly male migrants, with Korean or Chinese as their first language, and a high level of dependency on tobacco, approached ASC in its first seven months. Many (27) were out of area and unable to receive service. Nine people used the smokefree environments only option for service.

Of the 93 ASC cessation clients who had access to some form of intervention, the self-reported quit rate (continuous abstinence) was 72.0% at one month, and 53.8% at three months. Point prevalence quit rates would have been even higher, as many relapsed clients have since set second quit dates and remained quit for at least one month. These high quit rates (although self-reported and short-term) were supported by the high motivation levels of the clients and coordinators, demonstrated by a particularly low "did not attend" rate and a high level of follow-up contacts.

One month post-quit date		
Quit	67	67 (72.0%)
Relapsed	14	
Lost to follow up	1	
Not ready to quit	11	26 (28.0)
		93
Three months post-quit date		
Quit	50	50 (53.8%)
Relapsed	29	
Lost to follow up	3	
Not ready to quit	11	43 (46.2)
		93

One month post-quit date <i>Excluding "not ready to quit"</i>		
Quit	67	67 (81.7%)
Relapsed	14	
Lost to follow up	1	15 (18.3%)
		82
Three months post quit date <i>Excluding "not ready to quit"</i>		
Quit	50	50 (61.0%)
Relapsed	29	
Lost to follow up	3	32 (39%)
		82

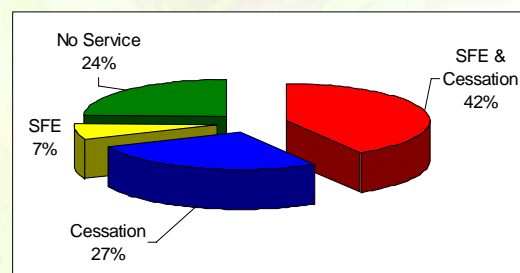
All homes (100%) were smokefree after the intervention, an increase of 18.4% from pre-intervention levels.
All but two households had smokefree cars after the intervention, an increase of 60.9%.

Second-hand
Smoke
in New Zealand



ASC Referrals: Service and intervention type (Total Clients = 135)

Service: Cessation	SFE and cessation	56		
	Cessation	37	93	68.9%
Service: Smokefree environments only		9	9	6.7%
No service	Out of area	27		
	Pending appointment	4		
	Incorrectly referred	1		
	Unable to contact	1	33	24.4%



ASC cessation clients: Service use (Total appointments = 806)

Appointment type			
Phone, email		561	561 (69.6%)
Face-to-face	Individual	196 (83.1%)	236 (29.2%)
	Family	37 (15.7%)	
	Group	3 (1.3%)	
	Cancelled	4	9 (1.1%)
	Did not attend	5	

**Appointment DNA
(Did not Attend)
Rate**

1.1%

Clients were satisfied with factors associated with language and culture, such as talking to coordinators (88.9%) and family involvement in treatment (79.4%). Access barriers were addressed since clients reported high satisfaction levels with their choice of appointment venue (88.9%) and appointment attendance was high (96.5%). The community-focused culturally specific service promotion was successful. Sixty-four percent said they had heard about ASC from family and friends or a community group.

Almost all (92.1 %) clients said they would recommend the ASC service to family or friends

The factors critical to the success of the ASC model were good governance, cultural sensitivity, and community leadership and engagement. Cultural sensitivity and community engagement flowed through ASC from the Steering Group to service promotion and delivery.

Conclusion

The ASC service decreased smoking rates in clients, increased household protection from second-hand smoke, and was acceptable to its Asian clients. The ASC model was carefully designed and robust. The ASC service could make an effective contribution to ongoing smoking cessation and smokefree services for the New Zealand Asian population.

Recommendations

Decisions are pending concerning the continuation and/or expansion of the ASC pilot at this time. Therefore, recommendations for funders/planners have been suggested by the evaluator to assist with the decision-making process.

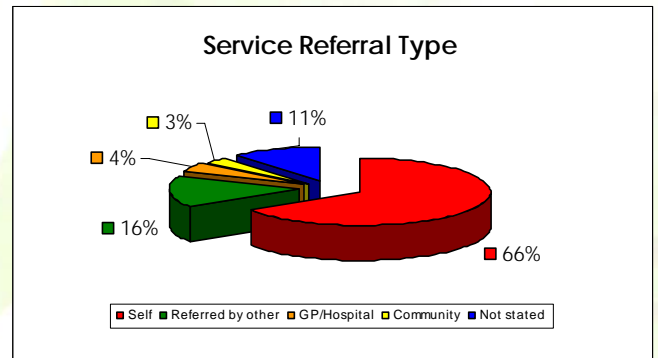


The ASC Concept

This initiative is unique and the first of its kind in New Zealand featuring the 8 Cs:

1. Community engagement *to assist in developing a culturally specific approach*

Self Referrals make up the majority of the referrals received showing that the community is behind this initiative. The DNA "Did Not Attend" rate for the 852 appointments was 9 (1.1%). Of those 9 appointments, 4 were cancelled ahead of time!



2. Collaborative partnership *between primary health, public health, Asian health and the health gain team*



3. Combination of smoking cessation and smokefree promotion *as a package of intervention for clients*

The quit results show the success of combining the interventions

4. Culturally responsive approach *including family-oriented services with translated resources*



5. Capacity building *of the Asian workforce* Two Asian Smoke-free Coordinators - Korean and Chinese

6. Communication support *for non-English speaking Asian clients with the provision of interpreters*

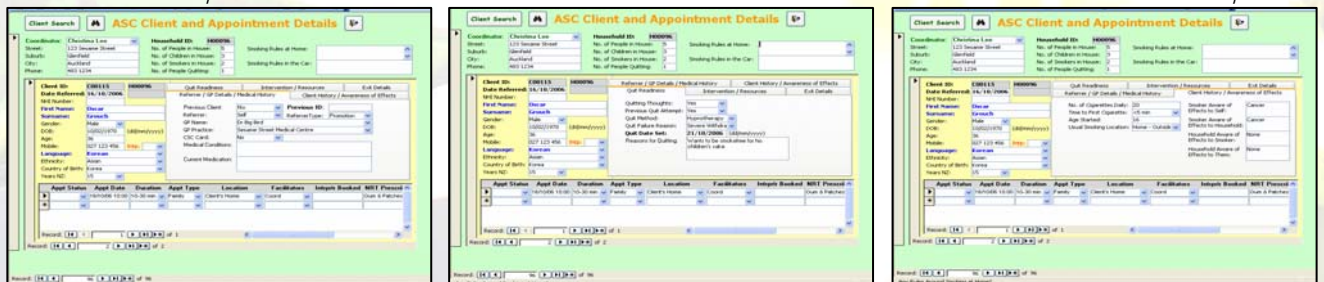


7. Community based outreach

8. Collecting of client information *to support monitoring and evaluation to inform future planning* Creation of an ASC Access Database



ASC Database Snapshots:



Interpreters



Title: Evaluation of ASC: Asian Smokefree Communities Pilot, March 2007.

Author: Grace Wong, AUT University.

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The full version of the Evaluation of ASC: Asian Smokefree Communities Pilot, March 2007 is available on the following websites:

Waitemata DHB's Asian Support Services: www.asianhealthservices.co.nz
Asian Health Website www.asianhealth.govt.nz
Harbour PHO www.harbourhealth.org.nz

Acknowledgements and thanks

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Grace Wong
Project evaluator

