

APICAT Focus Group Study on Healthy Behaviors

In November-December 2013, the Asian Pacific Islander Coalition Against Tobacco (APICAT) conducted a community-based assessment to identify potential policy-focused health promotion strategies. Groups were conducted in King County with people from seven different Asian/Pacific Islander community cultures.

Participant profiles and recruitment

Participants for the focus groups were identified by referral from existing APICAT coalition members. Each group was intended to represent a specific community, with 6-10 participants. Preferred participants were ages 18-39, representative of the specific ethnicity in each group, and who spoke English proficiently enough to participate in an English language discussion group.

Quantitative Participant Surveys

A short questionnaire about personal characteristics, and a short survey about perceptions of different health problems and potential strategies to address them, were given prior to the focus groups. Results for these two surveys are presented in Sections 1 and 2 of this report, with simple descriptive statistics.

Discussion and Analysis

Focus group discussions lasted approximately 90 minutes, and were facilitated by an APICAT staff person using a discussion guide. Specific comments and paraphrased comments were transcribed from notes and audio recordings from the groups (discussions were not fully transcribed). A coding scheme was created to identify discussion themes. A summary of themes identified in the focus group discussions, with supporting quotes, is included in this report as Section 3.

Section 1: Participant Characteristics Survey

Characteristics of participants in the groups are summarized below. Responses to survey questions should be considered both as potentially reflective of different community factors and cultural values, and also reflective of different characteristics of the individuals who participated in each group.

Participant Summary

A total of 52 community members were engaged in seven different discussion groups, ranging in size from 6 to 9 people. In keeping with the participant profile, most people were 18-39 years old (mean 27.5), but a few participants were younger or older. There were slightly more women than men in most groups, with the exception of the Cambodian group (43% women) and Vietnamese group (22% women).

Asian or Pacific Islander Ethnicity	Total Participants	Age Range (average)	Men	Women
Korean	6	19-37 (23.5)	2 (33%)	4 (67%)
Khmu (Laotian)	9	14-54 (27.9)	2 (22%)	7 (78%)
Chinese	6	22-35 (28.4) ¹	2 (33%)	4 (67%)
Cambodian	7	19-34 (26.0)	4 (57%)	3 (43%)
Samoan	6	23-54 (41.2)	2 (33%)	4 (67%)
Filipino	9	18-32 (26.2)	3 (33%)	6 (67%)
Vietnamese	9	20-34 (22.8)	7 (78%)	2 (22%)
Total	52	14-54 (27.5)	22 (42%)	30 (58%)

¹ One participant did not have have information)

Acculturation

Most groups mainly included people fluent in English, which was consistent with recruitment criteria (since discussion was in English). However, four out of five participants spoke other languages routinely in the home. More than half were born in the USA, and most were citizens or permanent residents.²

Asian or Pacific Islander Ethnicity	English Fluency	Language spoken in home	Residency	Immigration Status	Years in USA among those who immigrated
Korean	4 fluent 1 fair 1 poor	5 Korean 1 English & Korean	2 US Citizen 3 Perm resident 1 other	2 born in USA 4 immigrant	1 <5 yrs 3 10-19 yrs
Khmu (Laotian)	5 fluent 2 good 1 poor 1 <i>missing</i>	3 English 3 Lao/Khmu & English 3 Asian mixed	7 US Citizen 2 <i>missing</i>	6 born in USA 3 immigrant	1 10-19 yrs 2 20+ yrs
Chinese	5 fluent 1 fair	2 English 2 English & Chinese 1 Chinese mix 1 non-Asian mix	5 US Citizen 1 other	5 born in USA 1 immigrant	1 20+ yrs
Cambodian	6 fluent 1 fair	4 English & Khmer 2 mixed Asian 1 Khmer	5 US Citizen 1 Perm resident 1 other	5 born in USA 2 immigrant	2 5-9 years
Samoan	4 fluent 1 good 1 fair	5 English and Samoan 1 Samoan	4 US Citizen 1 Perm resident 1 other	3 born in USA 3 immigrant	1 10-19 yrs 2 20+ yrs
Filipino	9 fluent	5 English 4 English & Tagalog	6 US Citizen 1 Perm resident 2 <i>missing</i>	6 born in USA 3 immigrant	1 10-19 yrs 2 20+ yrs
Vietnamese	9 fluent	8 Vietnamese 1 Laotian	8 US Citizen 1 Perm resident	6 born in USA 3 immigrant	2 5-9 yrs 1 20+ yrs
Total	42 (81%) fluent in English	10 (19%) English only 19 (37%) English and other language 23 (44%) non-	37 US Citizen 7 Perm resident 4 Other 4 <i>missing</i>	33 (63%) born in USA 19 (37%) immigrant	1 <5 yrs 4 5-9 yrs 6 10-29 yrs 8 20+ yrs

² The question on residency had 8 respondents with missing data or who marked “other”

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Education and Occupation

Slightly more than half of participants were employed, in a variety of occupations including clerks and laborers, education, health or social work and business fields. Most of the rest were students, and about 10% were unemployed or worked in the home.

Asian or Pacific Islander Ethnicity	Education in Years³	Employment status	Occupation among employed
Korean	3 some college 2 4-yr degree 1 graduate work	3 student 3 employed	Assistant teacher, Academic tutor, Pastor
Khmu (Laotian)	5 less than HS 3 some college 1 4-yr degree	2 student 1 homemaker 1 volunteer work 2 "n/a" (unemployed? Retired?) 3 employed	Production worker Home care Caregiver
Chinese	1 less than HS 1 some college 3 4-yr degree 1 graduate work	1 student 5 employed	Software developer Sales rep at Amazon Analyst at T-mobile Project Manager Financial Planner
Cambodian	1 less than HS 1 HS/GED 2 some college 2 4-yr degree 1 graduate work	1 student 1 unemployed 5 employed	Youth program specialist Product manager Machine operator Bartell's cashier Project Coordinator
Samoan	2 less than HS 1 HS/GED 1 some college 2 4-yr degree	1 unemployed 5 employed	Education specialist Machinist Port Dispatcher Nurse

³ HS=high school. Some people reported number of years of education – we assumed that <13 years = less than HS; 13-16 years = some college; 17 = college graduate; >17 = graduate work

Asian or Pacific Islander Ethnicity	Education in Years³	Employment status	Occupation among employed
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Filipino	4 some college 4 4-yr degree 1 graduate work	3 student 6 employed	Engineer Medical assistant Katalyst facilitator Social worker Operations coordinator Community organizer
Vietnamese	4 less than HS 1 HS/GED 4 some college	5 student 4 employed	Landscaping Student Library Assistant Community Organizer General Laborer
Total	13 less than HS 3 HS/GED 18 some college 14 4-yr degree 4 graduate work	15 students 2 home-based 2 unemployed 2 unknown "n/a" 31 employed	

Children

Overall, about half of participants had children in the home, ranging from infants to adult children. The Chinese group had no participants with children in the home, and the Samoan group had all participants with children in the home.

Asian or Pacific Islander Ethnicity	Children in home	Ages of children⁴
Korean	1 with children 5 no children	3 children, ages 2-6

⁴ Some information on child gender was also collected, but due to large amounts of missing or confusing data this is not included in report.

Asian or Pacific Islander Ethnicity	Children in home	Ages of children⁴
Khmu (Laotian)	5 with children 4 no children	1 child, age 11 4 children ages 21-30 3 children ages 2-9 4 children 21-30 3 children 4-21
Chinese	0 with children 6 no children	No children
Cambodian	5 with children 2 no children	3 children, 2-14 2 children, 18 and 22 2 children, 5 and 9 2 children, 5 and 7 1 child, age 16
Samoan	6 with children 0 no children	2 children, 6 and 8 1 child, age 10 2 children, 6 and 8 2 children, 16 and 18 2 children, 16 and 18 2 children, 8 and 11
Filipino	3 with children 6 no children	2 children, 12 and 17 1 child, age 14 2 children, 2 and 5
Vietnamese	7 with children 2 no children	2 children, 16 and 18 1 child, age 17 2 children, 13 and 17 2 children, 8 and 12 3 children, infant, 2 and 12 1 child, age 1 1 child, age 11

Asian or Pacific Islander Ethnicity	Children in home	Ages of children ⁴
Total	27 with children 25 no children	5 homes with baby/toddler (<3 yrs) 7 homes with preschool/kindergarten (4-5) 9 homes with elementary age children (6-10) 6 homes with middle school children (11-13) 10 homes with high school children (14-18) 4 homes with adult children (19+)

Summary of specific group characteristics

The list below identifies important ways in which the participants in some groups may have been different than most participants. These differences should be considered before generalizing differences in discussion for any group as indicative of a broader cultural difference in that group. For example, a relatively older group might have opinions or discussions that are different than other groups because of the influence of age rather than influence of culture.

- Korean – relatively more immigrants and fewest number of US citizens (only 2 of 6 born in USA), more students (3 of 6), relatively more educated (all had some college), relatively few with children in home (1 of 6)
- Khmu (Laotian) – relatively greater age spread included youngest (age 14) and oldest (age 54) participants, included one “poor” English speaker, relatively less education (5 of 9 with less than HS)
- Chinese – relatively smaller group (6), relatively few with children (0 of 6)
- Cambodian – more men than most groups (4 of 7)
- Samoan – relatively smaller group (6), older (average age 41, range to 54), relatively more with children (all 6 participants)
- Filipino – relatively more spoke English at home (5 of 9 English alone; 4 of 9 English in combination with other language), relatively more educated (all had some college)
- Vietnamese – relatively younger (average age 23), dominated by men (7 of 9), none of this group’s participants spoke mainly English at home, relatively large share of students (5 of 9),

We did not have any information about personal tobacco use or HEAL-related lifestyle, but differences in these factors could explain different responses across groups as well.

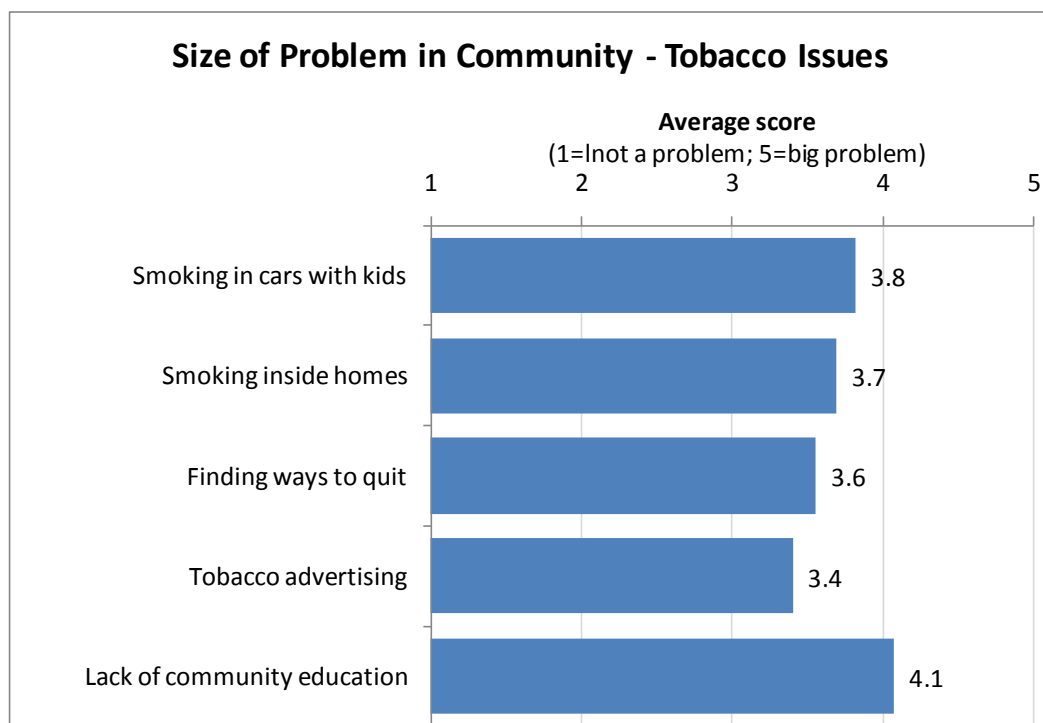
Section 2: Participant Surveys on Health Problems and Strategies

Participants were asked to take a survey before the start of the focus group. This survey asked about perceptions of community problems, and potential effectiveness of different strategies to address the problems, for tobacco and healthy eating/active living. In general, higher scores are indicative of a need for more attention (correlating with “big problems” and “effective strategies”) while lower scores suggest relatively less attention is warranted (correlating with “not a problem” or “not an effective strategy”).

Tobacco Problems and Strategies

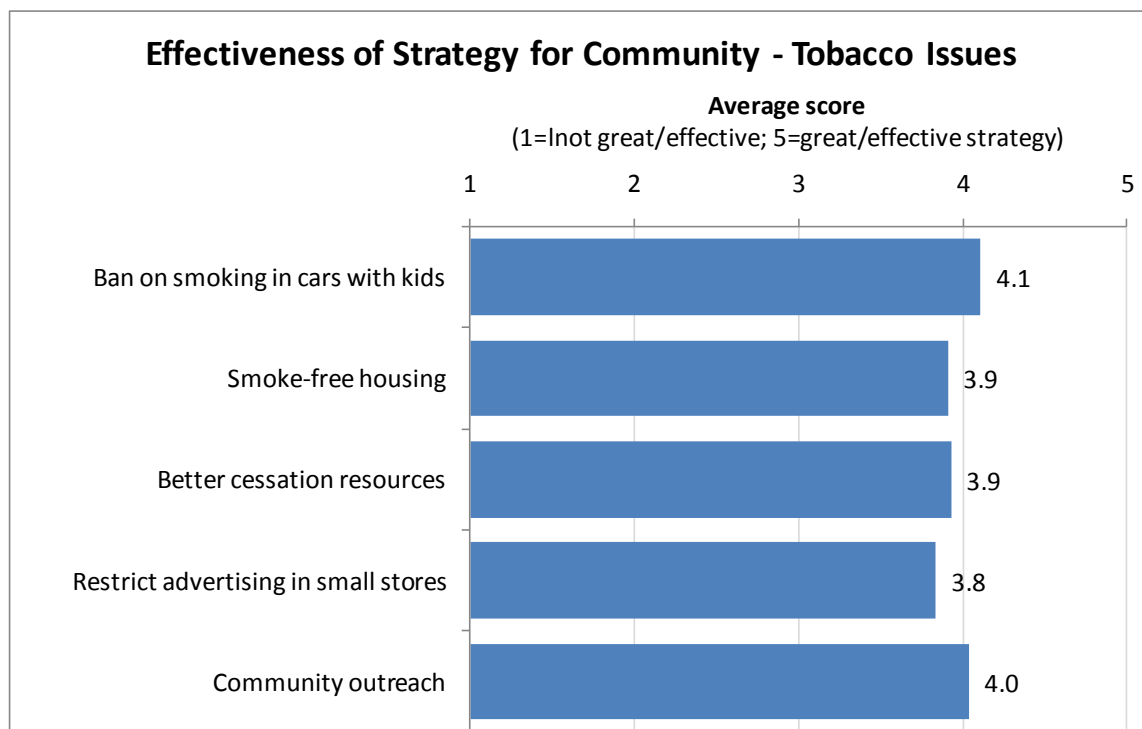
Summary of Problems

All tobacco-related problems in the community were considered relatively important problems on average, with similar average scores; no problem had an average score of less than three, and average problem scores ranged from 3.4-4.1. Lack of community education about tobacco issues was seen as the most important problem overall, followed by smoking in cars with children, smoking inside homes, finding ways to quit, and tobacco advertising was rated lowest.



Summary of Strategies

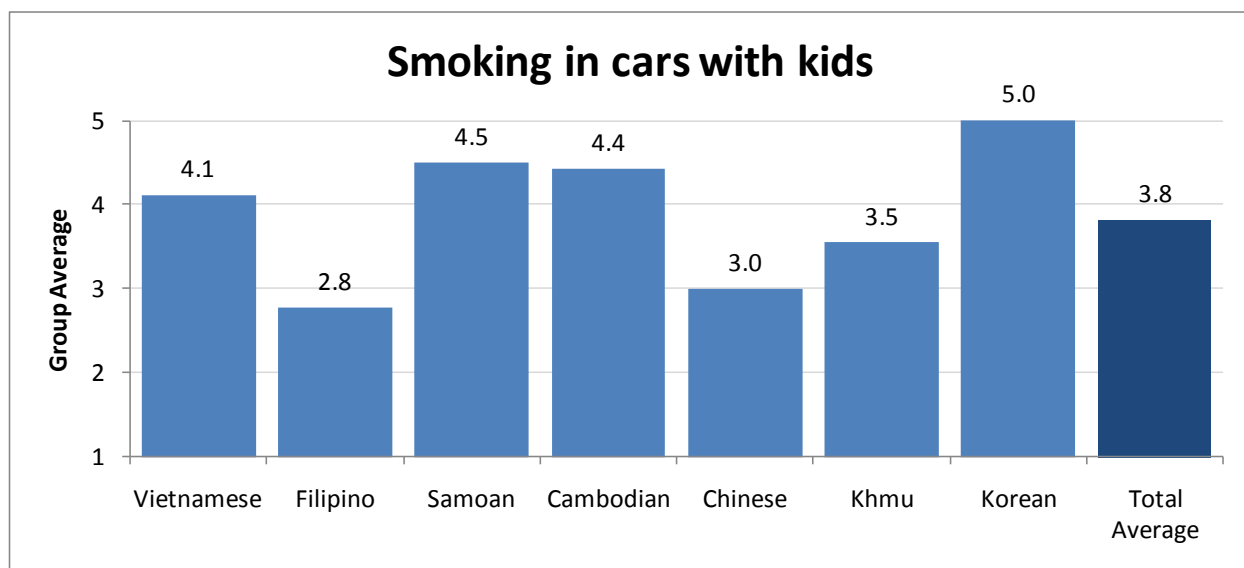
All proposed strategies for tobacco control (which correlated to the identified problems discussed previously) were also ranked relatively high and close together (range 3.8-4.1). Bans on smoking in cars with children was seen as the strategy with greatest potential, followed closely by community outreach, smoke-free housing and better cessation resources, and restricting advertising in small stores was seen as the least potentially effective strategy (although by only a small margin).



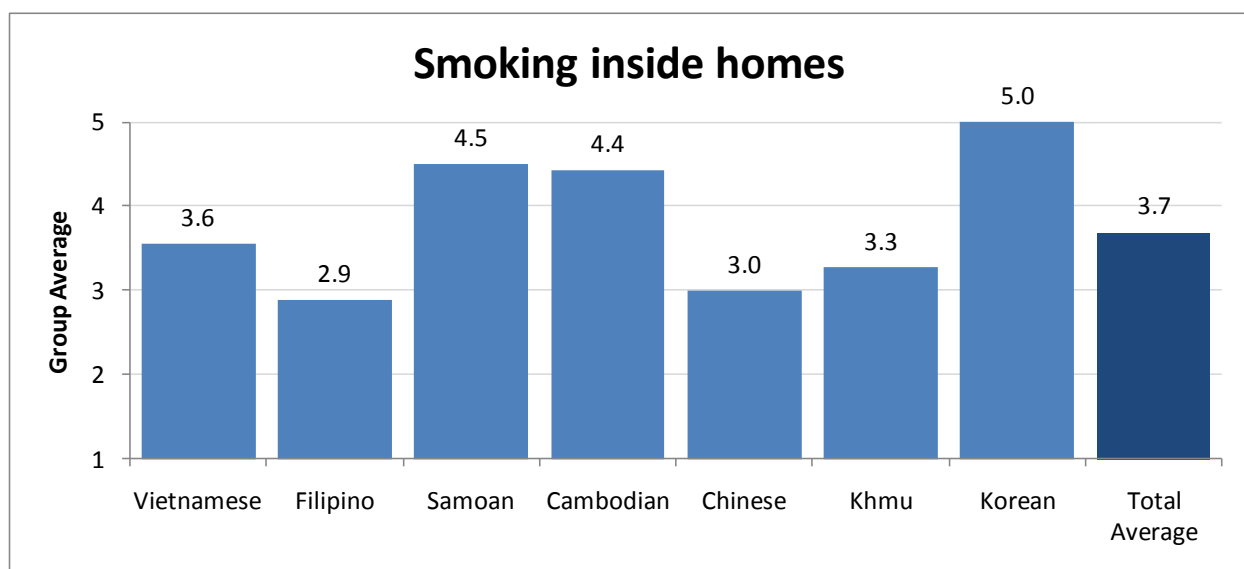
Community-specific Perception of Problems

Perceptions of problems were somewhat varied by community. These differences should be considered in identifying the most important problems to address. The relative demographic composition of the individuals in each group should be considered as well (for example, the Vietnamese group was the only group that was predominantly male; the Samoan group participants all had children in their homes, while none of the Chinese group participants had children in the home).

There was variation in the perceived importance of the problem of smoking in cars with children: the Korean, Samoan, Cambodian and Vietnamese groups thought this was important, while the Khmu, Chinese and Filipino saw this as relatively less important.



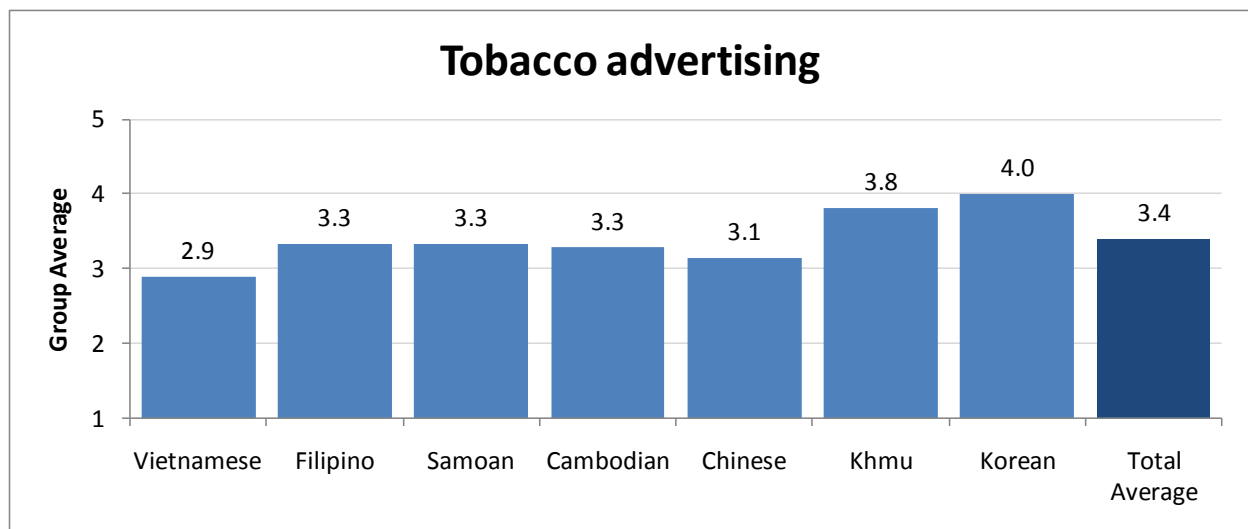
Variations in perceived importance of smoking inside the homes showed a similar pattern to the perceived importance of smoking in cars with children (highest among Korean, Samoan and Cambodian; lowest among Khmu, Chinese and Filipino participants).



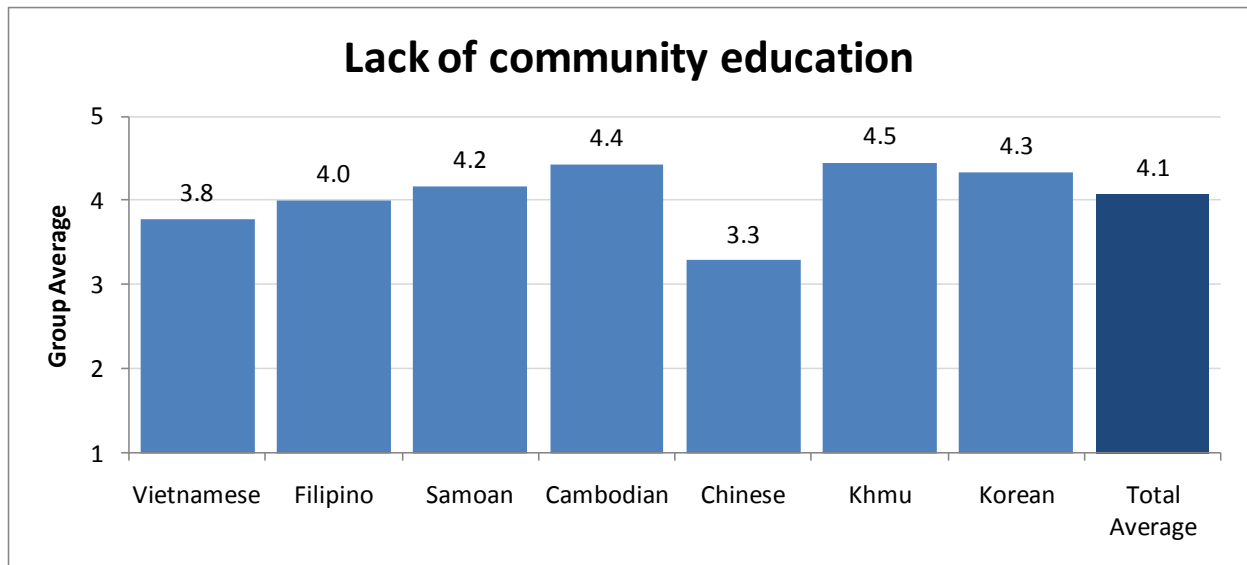
The problem of “finding ways to quit tobacco” was perceived as relatively similar in importance across groups.



The problem of tobacco advertising was also seen as similarly important across groups.

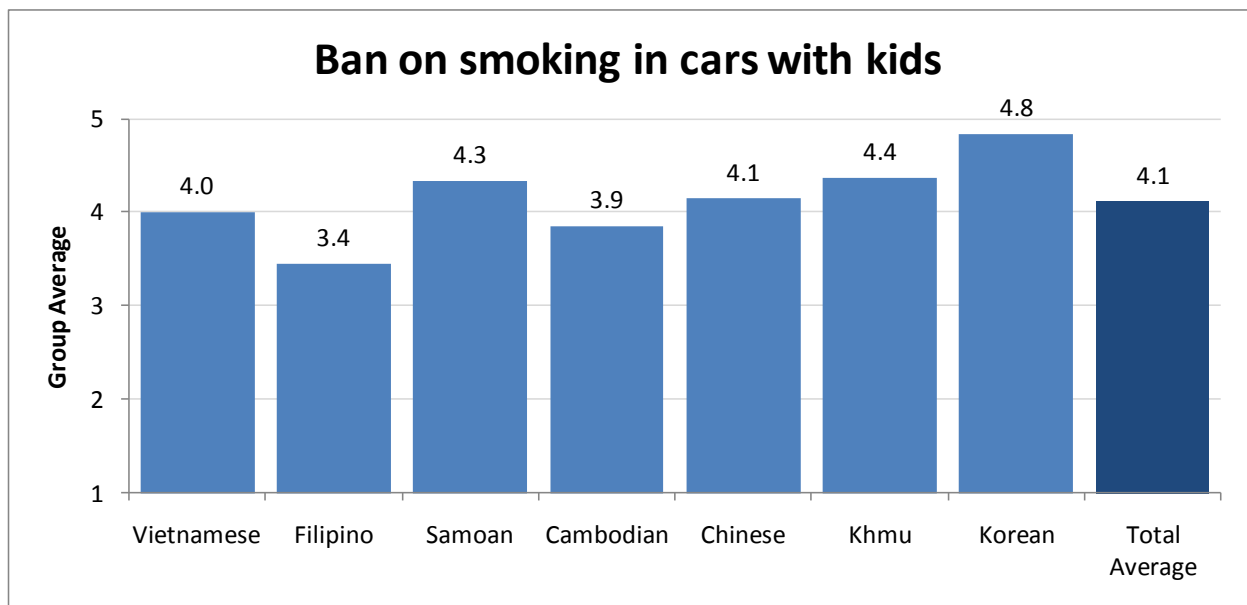


The problem of lack of community education was generally seen as similarly important across groups, with the exception of the Chinese group, who rated this as somewhat lower in priority.

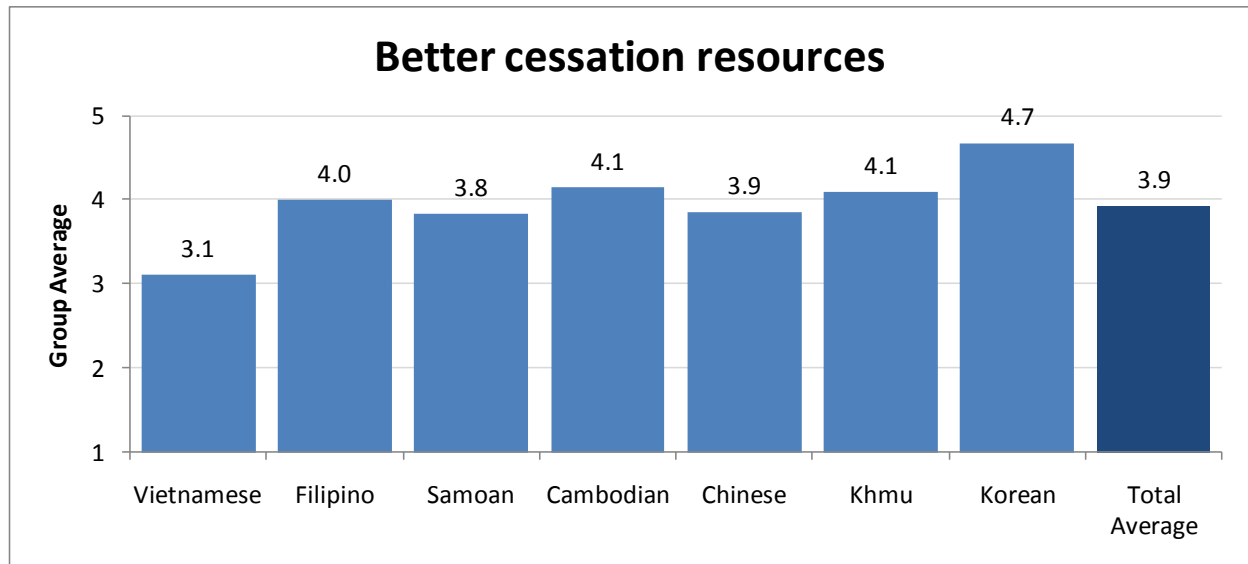


Community-specific Perception of Strategies

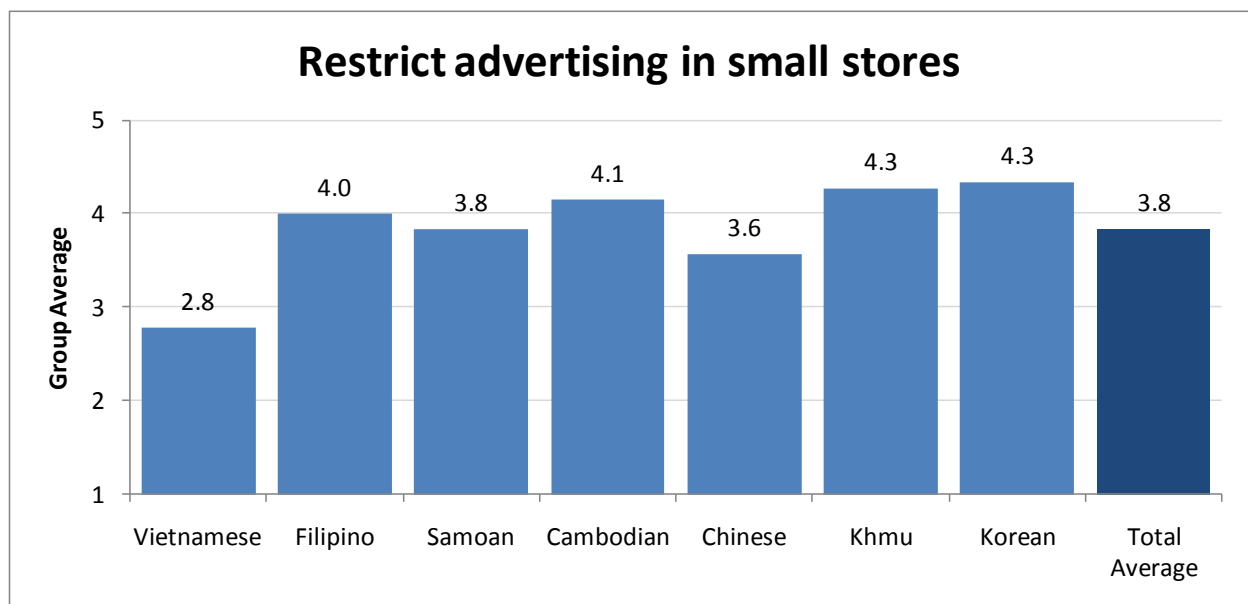
Bans on smoking in cars with children was rated as relatively effective by most groups, although most so among the Korean and least so among the Filipino groups.



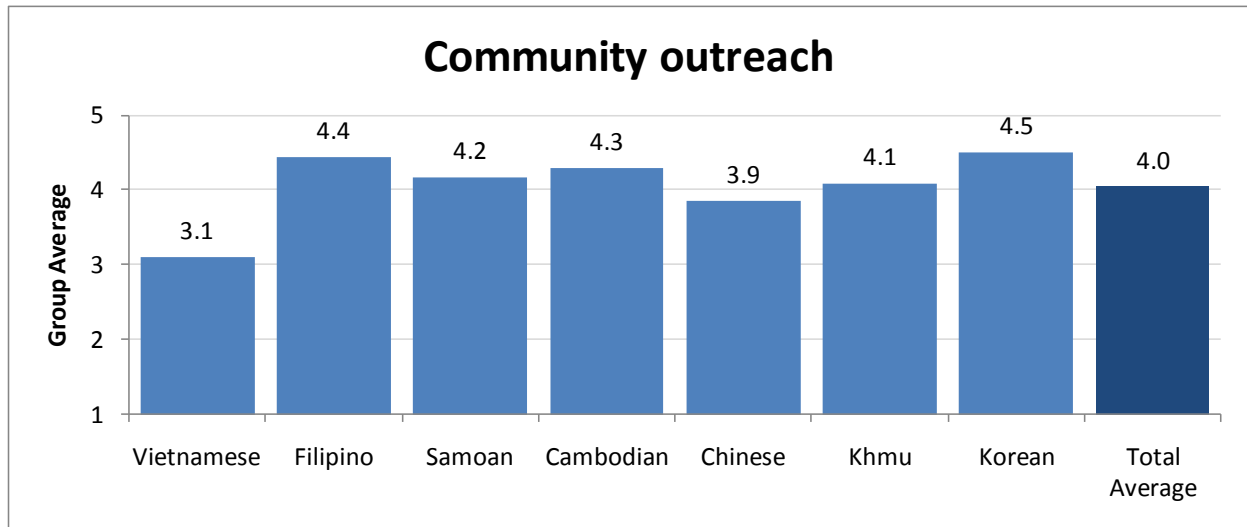
Although the problem of insufficient cessation resources was perceived similarly across groups, the solution of providing better cessation resources was rated as most effective by Korean, and least effective by the Vietnamese group.



Similarly, although the problem of tobacco advertising was perceived similarly across groups, the solution of advertising restrictions was perceived most favorably by the Korean and Khmu groups, and least favorably by the Vietnamese group.



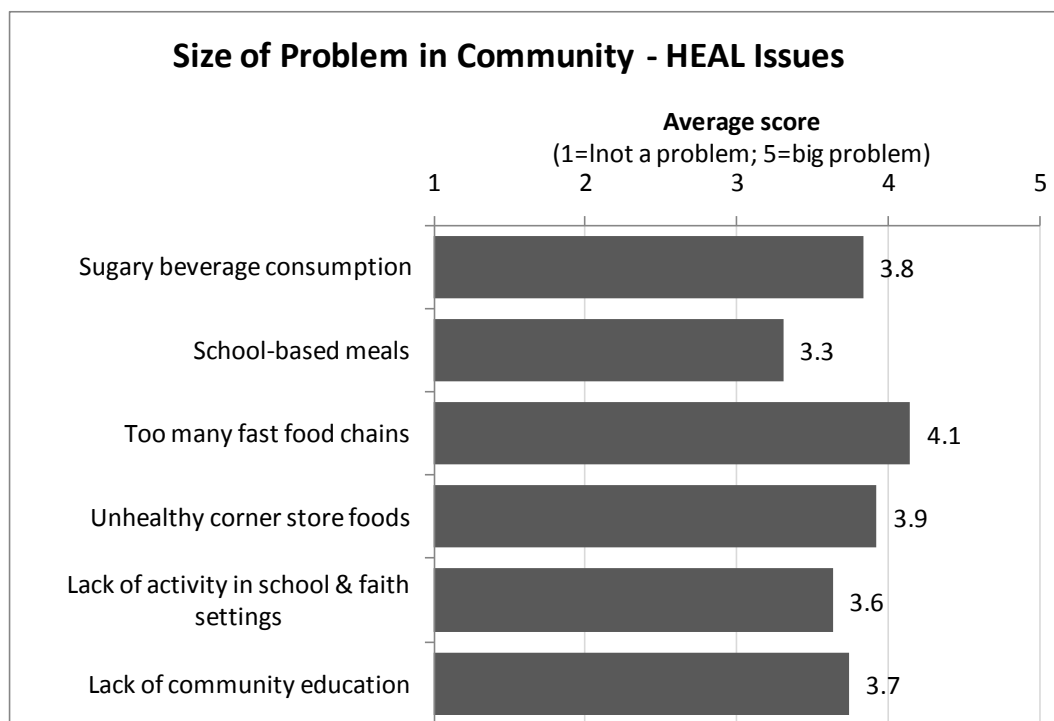
Most groups rated community outreach as fairly effective, with the exception of the Vietnamese group who rated it lower in comparison to other groups.



Healthy Eating/Active Living (HEAL) Problems and Strategies

Summary of Problems

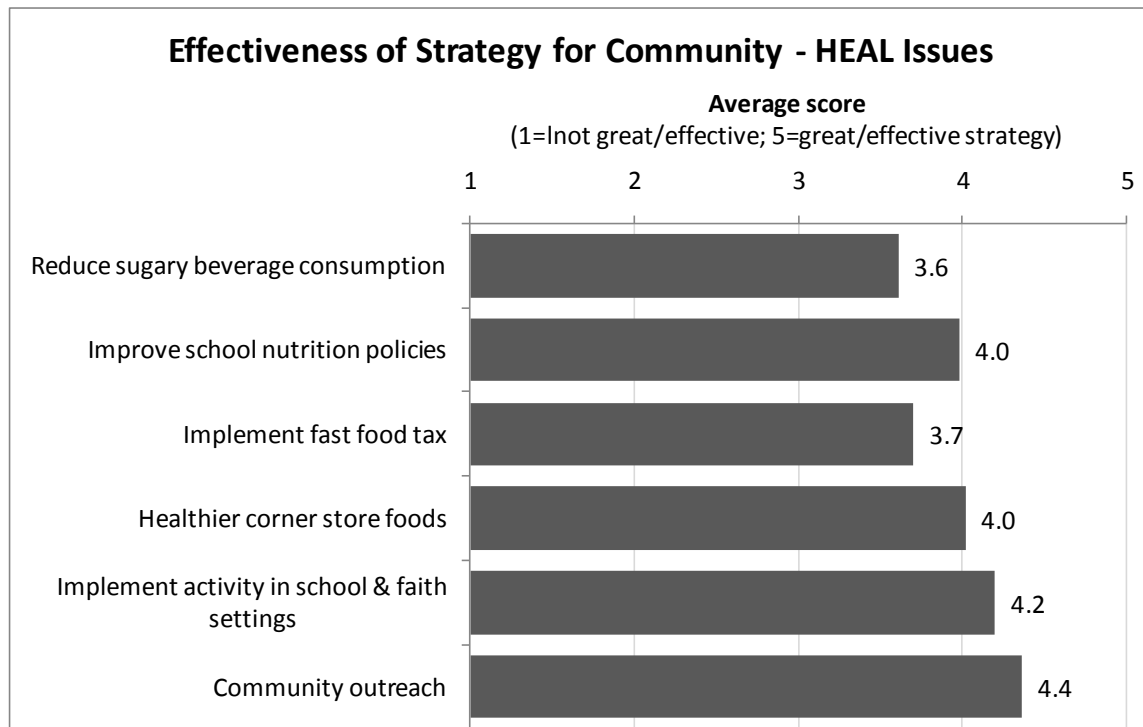
Among HEAL problems, focus group participants rated “too many fast food chains” as most important, followed in order of decreasing importance by “unhealthy corner store foods”, “sugary beverage consumption”, “lack of community education”, “lack of physical activity in school and faith settings”, with “school-based meals” as the least important problem among the options.



Summary of Strategies

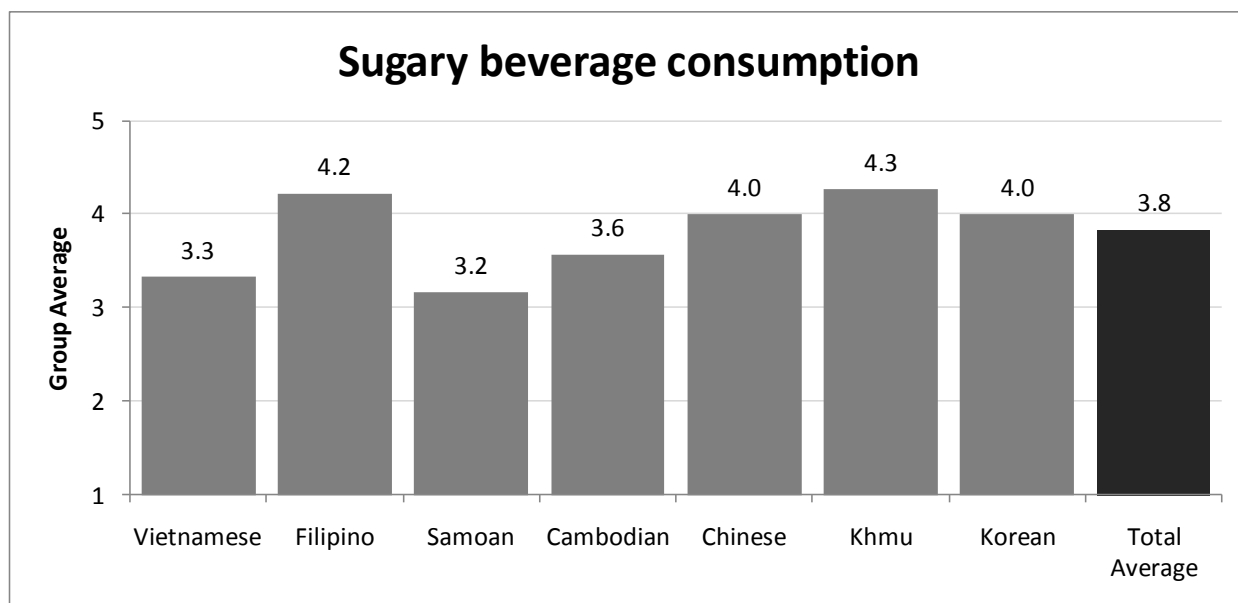
Among HEAL-related strategies, participants rated “community outreach” as potentially most effective, followed in descending order by “implementing physical activity in school and faith settings,” equal ranking for “improve school nutrition policies” and “healthier corner store foods,” “implement a fast food tax,” and last was “reduce sugary beverage consumption.”

It is interesting to note that participants rated “community outreach” as potentially most effective although this was among the lowest-rated problems reported in the previous figure. Conversely, the strategy of implementing a fast food tax was ranked as second to least effective, despite “fast food chains” being ranked as the highest HEAL-related problem.

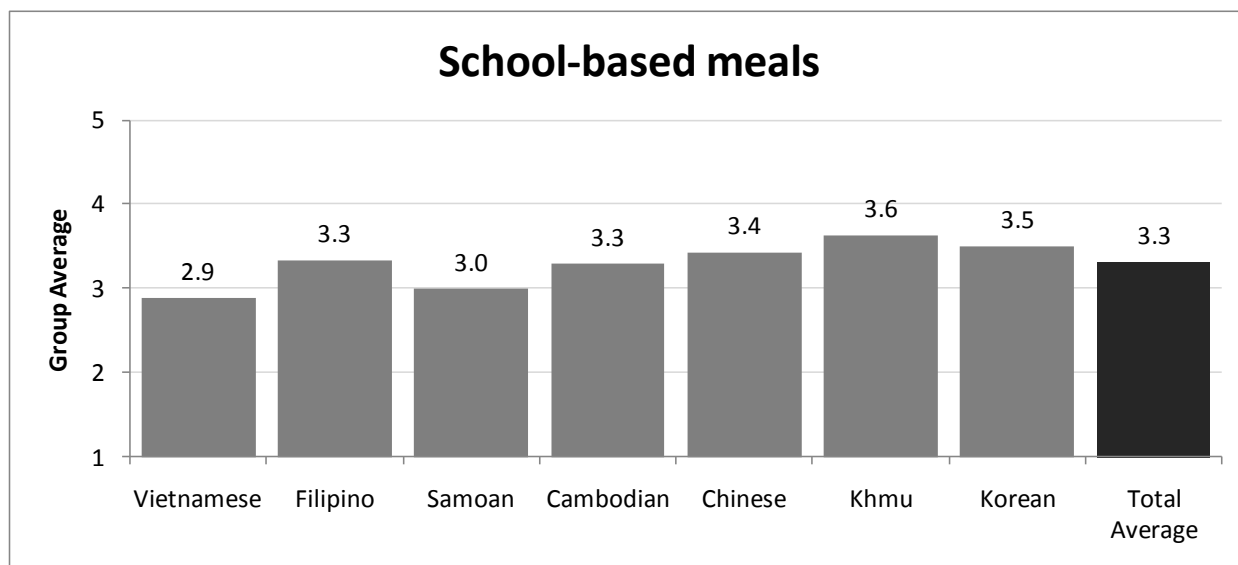


Community-specific Perception of Problems

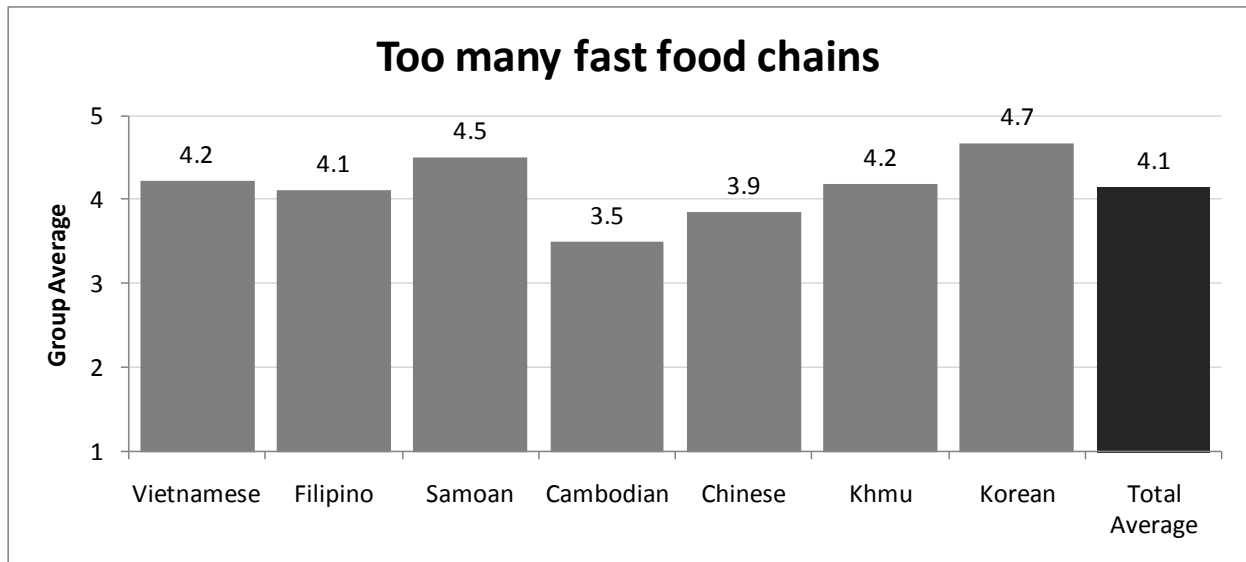
Sugary beverage consumption was rated as a relatively greater problem by Khmu and Filipino participants, and relatively lower by the Samoan and Vietnamese community participants.



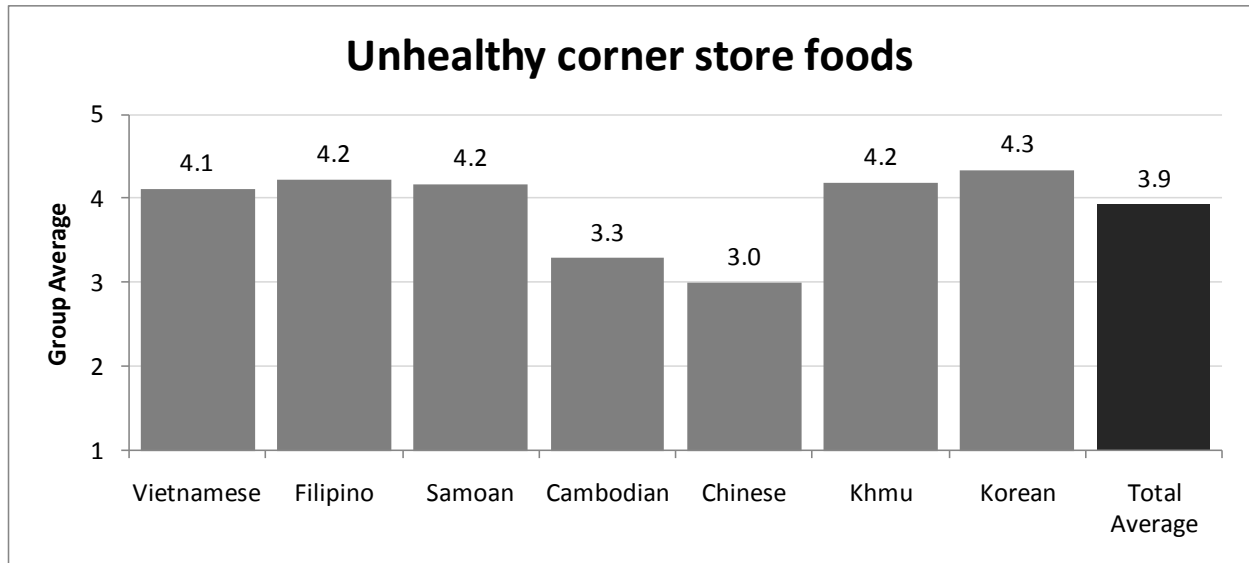
The quality of school-based meals was ranked relatively similarly as a problem by all participant groups.



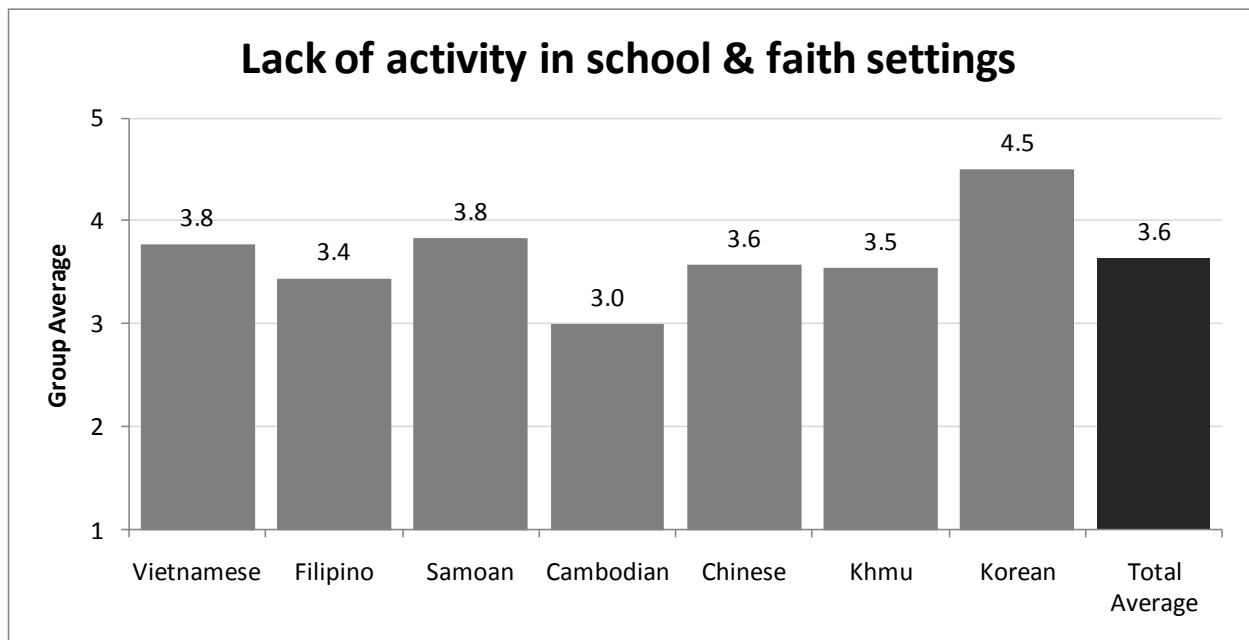
Having too many fast food chains was ranked as a relatively greater problem by Korean and Samoan participants, and somewhat less of a problem by Cambodian and Chinese participants.



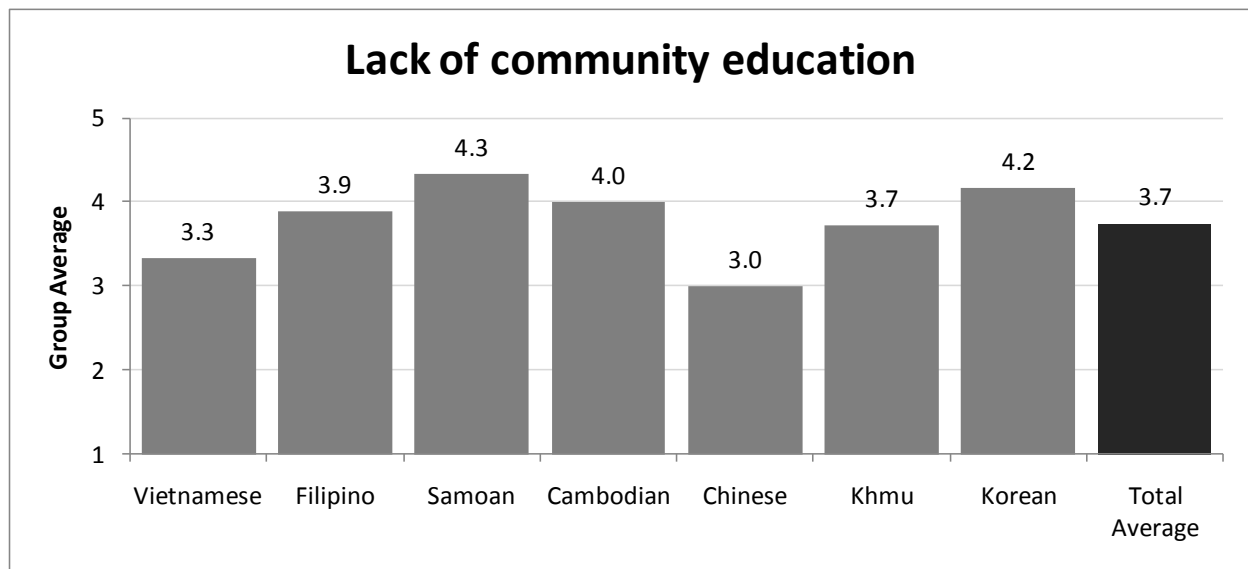
Unhealthy corner store foods was ranked as a relatively similar problem with the exception of Chinese and Cambodian participants, who ranked this as a less important problem.



Lack of activity in school and faith settings was ranked as a relatively greater priority by Korean participants and as a relatively lower priority by Cambodian participants.

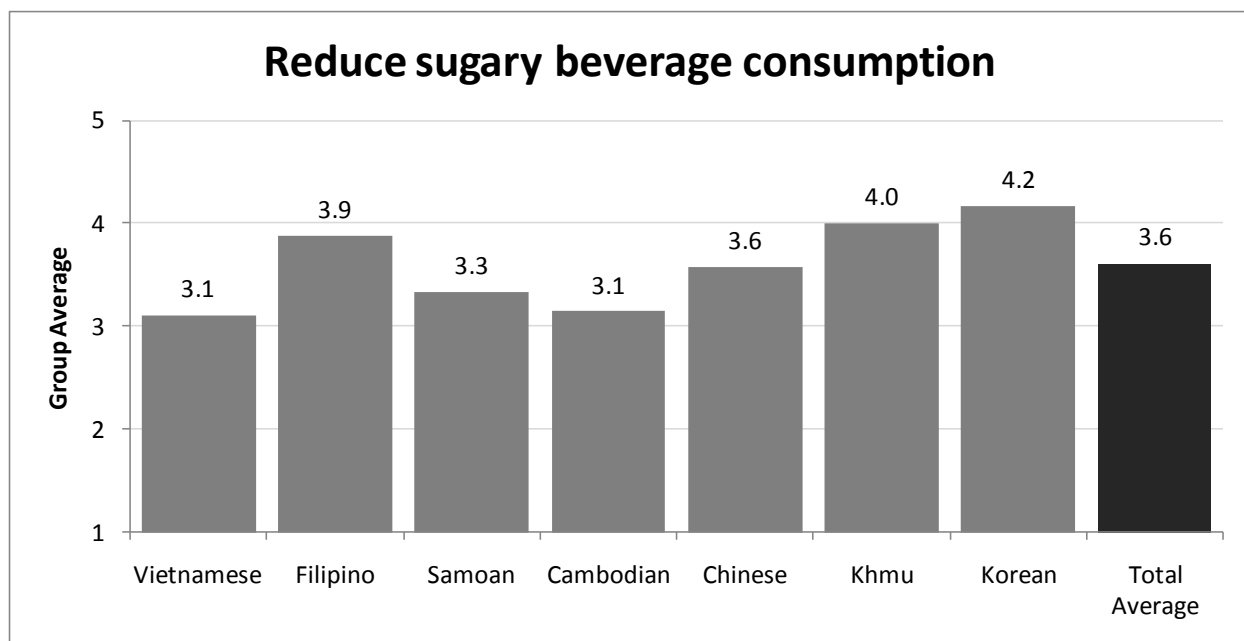


Lack of community education varied in problem ranking, receiving relatively higher ranking among Samoan and Korean participants, and relatively lower among Chinese and Vietnamese participants.

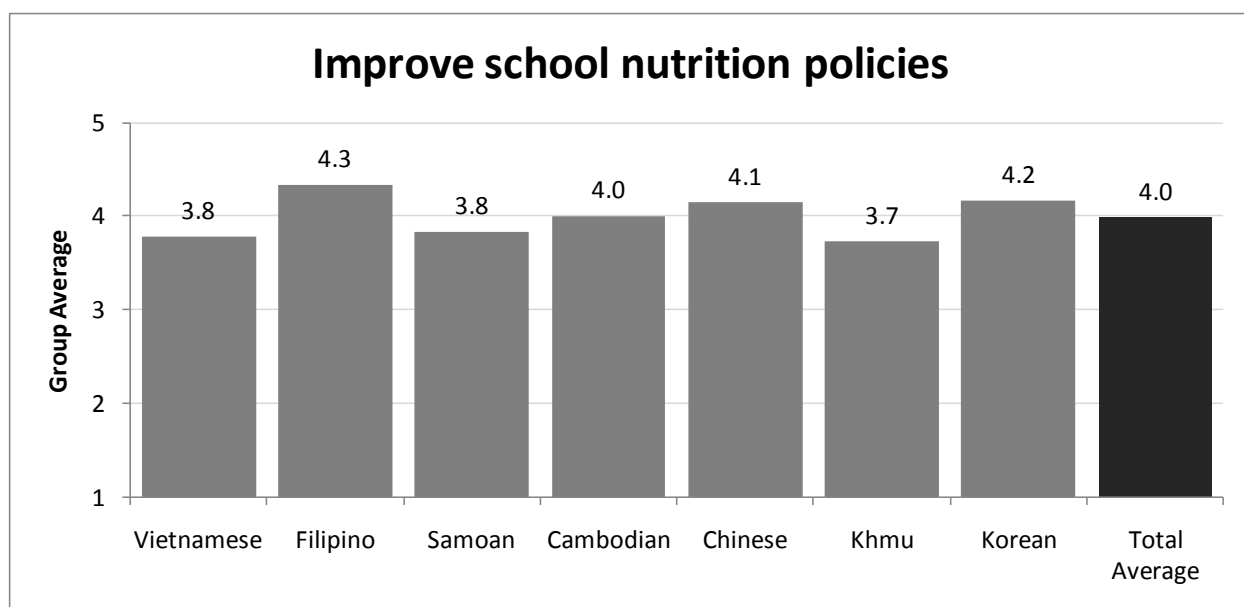


Community-specific Perception of Strategies

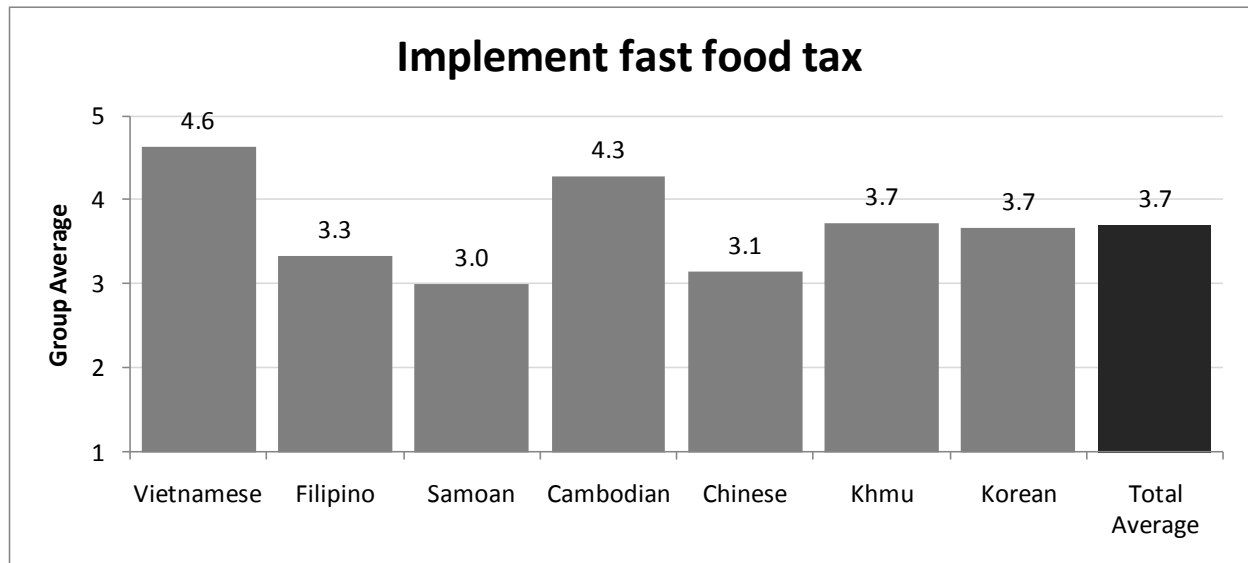
Reducing sugary beverage consumption was seen as a relatively more effective strategy by the Korean, Khmu and Filipino participants, and perceived as relatively less effective by Cambodian, Vietnamese and Samoan participants.



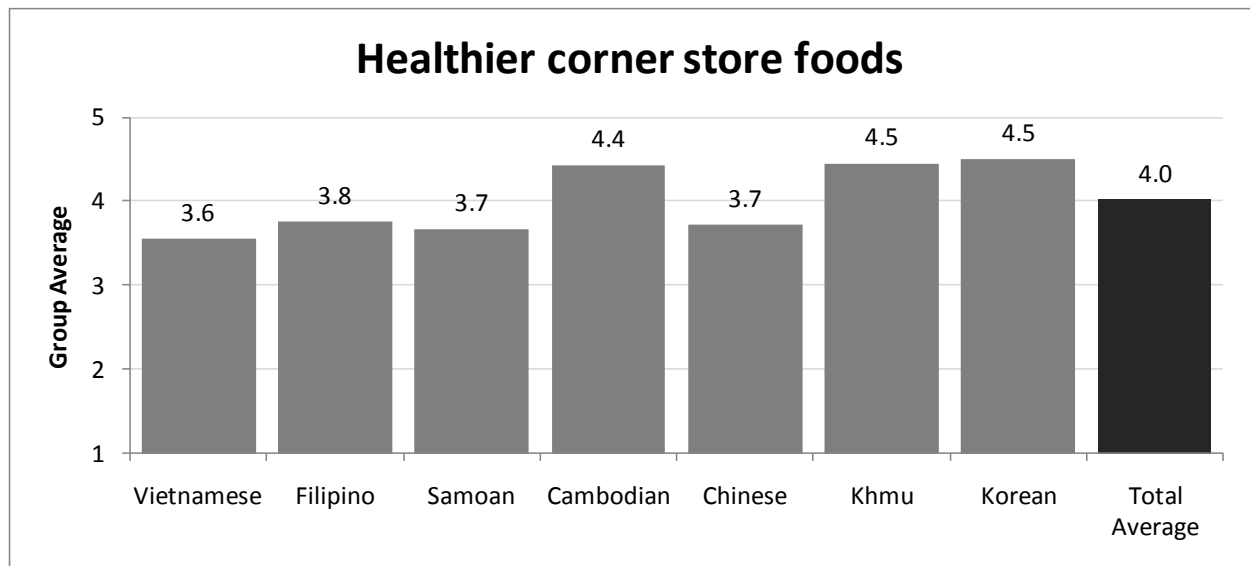
Improving school nutrition policies was perceived as similarly effective across groups.



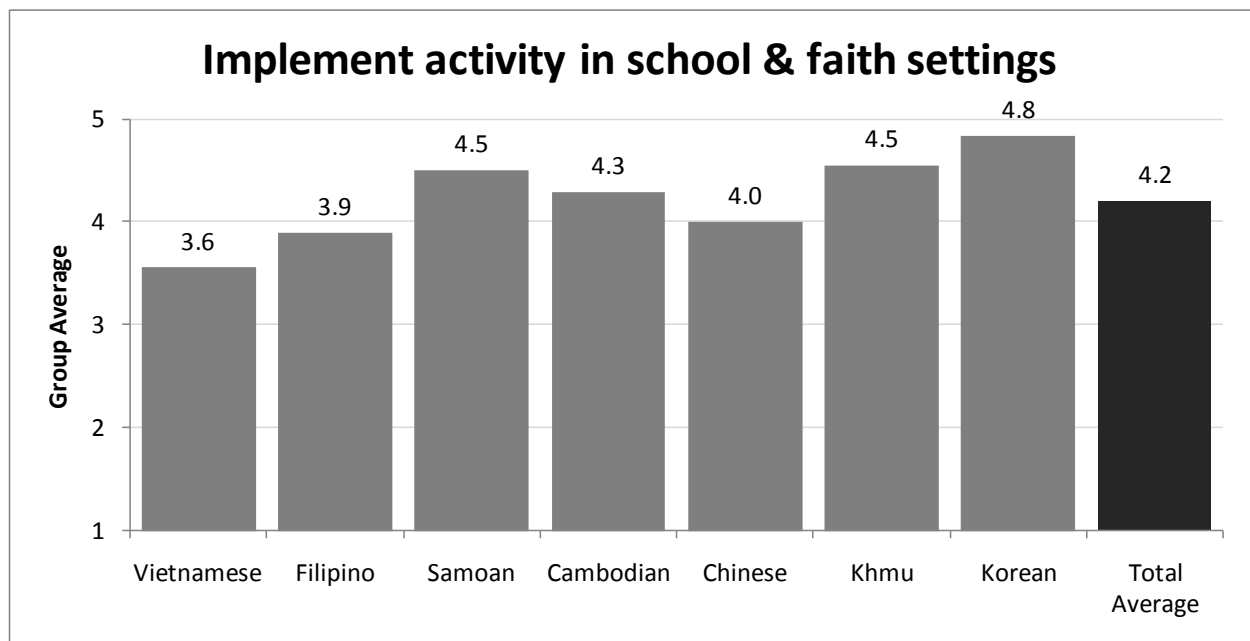
Implementing a fast food tax had somewhat large variation across groups, with Vietnamese and Cambodian participants most likely to rank it as effective, and Samoan, Chinese and Filipino participants least likely to rank it as effective.



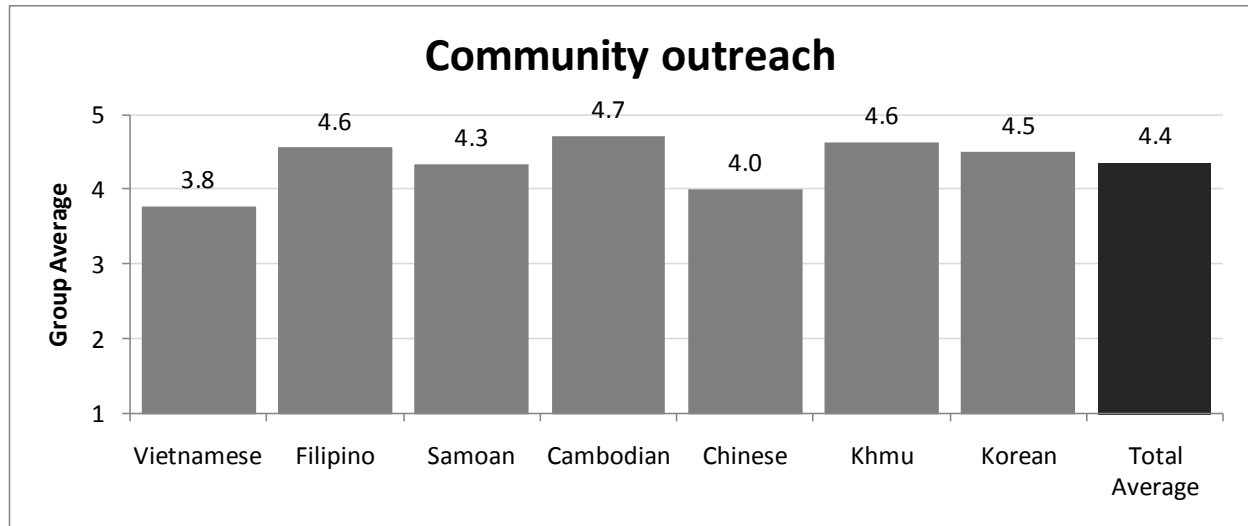
Healthier corner store foods was perceived as a similarly effective potential strategy across groups.



Implementing physical activity in school and faith-based settings was ranked as relatively higher by Korean, Khmu and Samoan participants, and relatively lower by Vietnamese participants.



Community outreach was seen as a similarly effective potential strategy across groups.



Section 3: Focus Group Discussion Themes

Summary of the Focus Groups

The focus groups for this assessment were conducted in a more discussion-like manner. A set of questions were asked to all the groups to generate honest and authentic discussions around tobacco control and healthy eating/active living. Some of the reoccurring themes are written below.

Tobacco Control: Why do people smoke?

- **Influence from others and social settings**

Social settings and social norms were the most frequently mentioned reasons for smoking across all groups. For many communities, smoking is considered as a vehicle for personal connection and a bonding experience. In the Korean community, it is considered “rude” for young men to refuse cigarettes given by older men. The Chinese community also mentioned, “*all the chinese men, they smoke together. It feels natural.*” Cambodian groups mentioned drinking and smoking to be normal and expected at

family gathering and community events. In the Samoan group, a lot of them live together, so *“it is the exposure.”* Similar was found to be true for the Vietnamese community. Filipino group, to summarize eloquently, said, *“it is a way for people to connect.”* According to these communities, smoking is more prevalent for men, compared to women.

- **Youth**

Another common theme that emerged was the prevalence of smoking rate among young people. The Vietnamese community mentioned that in recent years, youth as young as 14 years old start taking up the habit. For the Chinese and the Korean community, smoking among college students is very common-- as an individual from the Chinese community summed it up by saying, *“college and roommates-- it's easy to pick up.”* Additionally, young people can also pick up smoking habits in their home countries. For example, in the Cambodian community, teens in Cambodia, where access to tobacco is much easier than United States, pick up the habit there and continue upon immigrating. A few exceptions were the Laotian and the Samoan communities, where mostly “dads” and “uncles” smoke. Laotian community illuminated that actually cannabis usage is more common for the youth.

- **Stress**

Stress was known to influence people to smoke in all communities. However, the source of this stress was often varied. For the Chinese community, stress involved with academics and school-work often led to smoking. Filipino community mentioned that people with stressful jobs smoke. In the Vietnamese community, however, the cause was more environmental. The following quotes were mentioned in the Vietnamese community: *“poverty, suffering...we come from a bad community!,” “my mom would say, you know, you don't know what I've been through. I can smoke if I want,”* and *“you know why they smoke? Because of poverty and stress. That's why people smoke!”*

Tobacco Control: What can we do about it?

- **Culturally competent education outreach: Educate people and information should go directly to the communities**

Educational outreach was the most frequently mentioned strategy to prevent individuals from smoking across all ethnic groups, except for the Chinese community in which the theme was only mentioned once. Many mentioned reasons why it is necessary. For instance, the Cambodia group stated *“The tobacco companies-- look at how they advertise to people of color; lower class people smoke w/o knowing what the*

consequences could be” and “outreach should be community-based, should be the language the community is familiar with.” Laotian and Cambodian community both mentioned that community education is critical, especially on teaching members the risks of smoking. Filipino groups mentioned that perhaps the educational materials should be in language, especially Tagalog, which would capture the elder's attention.

Many mentioned that education outreach should not only be in language but also reflect the culture it is outreaching to. Laotian group mentioned “churches or community centers” would be appropriate; people delivering messages should be individuals whom the community members are familiar with. This theme was consistent throughout all the communities except for the Chinese and the Korean communities. They preferred social media and/or website for education.

- **Change messaging around tobacco control**

Participants also mentioned that messaging around tobacco control should be different and more relevant. Both the Filipino community and Cambodian community stated that there should be media campaign-- youtube videos to deliver “powerful messages.” The Vietnamese community also mentioned, “we've been hearing the same thing for the past 10 years. Something's not working” which was reflected in the Chinese community as well. The Filipino community added that the messaging should be no longer about “stigma and shame, but should promote optimism and shared values.” Samoan community discussed that the messaging should talk about how tobacco affects families and communities, and not imply individuals.

- **Visibility of resources**

All seven different communities mentioned that they are not aware of the Asian language Quit-line. Additionally, past-smokers also discussed quitting cold-turkey and how it is expected in their communities when going through the quit process. There was hardly any mention regarding the resources that are available currently, except for an individual from the Chinese community whom mentioned that Chantix has proven to be helpful. All seven communities also said if the Quitline was available to them, they would “maybe” utilize the services. The Vietnamese community said, “they would not do that. They would not go out of their way.” The Cambodian community reflected this by saying, “they will need to hear it through word of mouth. Elders are not going to say they need help.” They showed ambivalence and distrust towards the resources that are available.

HEAL: Who is drinking sugar sweetened beverage and where?

- **Everyone is affected by sugar sweetened beverage**

According to the discussions conducted, everyone, especially young people are affected by sugar sweetened beverage. The Filipino community mentioned, “we would go through 2 liters of soda every minute.” There is also a prevalence of young people who are exposed to the habit early on and continue to drink soda as they grow up. The Chinese community and the Laotian community both informed us that they have soda vending machines at school, which creates easy access to these beverages. A participant from the Filipino community mentioned, “they start advertising to the young folks they can continue the habit. For the elders, the sugary drinks actually come from their ethnic drinks, such as coconut drinks and condensed milk according to the Cambodian community.

HEAL: What can we do about promoting health in our communities?

(1) Community Education: Teach community members how to read the label

Participants across all ethnic groups discussed the need for community education to eat healthy. Laotian and Samoan communities both mentioned the need for the community to know more about what's actually in our foods. Samoan community also specified that they should not only learn how to read the labels but also how to decipher the label-- “Samoans do not read labels. Even if they read the labels, they do not know how to decipher. They do not know the consequences of eating those foods.” They also would like to have workshops on what to do when going to grocery stores-- learning about what to buy and what not to buy.

Additionally, Cambodian community stated that when drafting educational materials to promote health messaging, people should be mindful of the older generations' attachment towards their traditional ethnic foods that are considered

“unhealthy.” This is a source of comfort for them and should be respected.

(2) Increase access to healthy foods

This solution only applied to a few ethnic groups: Laotian and the Samoan communities, specifically. Chinese and Korean communities along with others felt that they have access to healthy foods if they choose. However, for Laotian and Samoan communities, the members discussed their barriers in accessing affordable and healthy foods. The Samoan community stated, “when walking down the organic aisle, it is more expensive and lots of families are on a “survival mode.” The Laotian community mentioned, “would you go to PCC? It costs a lot! If you are willing to drive a lot, then do it” and “access is big-- if you go to west seattle, there is food desert. There is no grocery store where you can buy produce.”

Most participants shop at Safeway and other Kroger grocery shops. There are also individuals that own corner stores; organizing those owners and implementing health initiatives could be one of APICAT's potential involvement.

(3) Offer up alternatives to sugary drinks at community events

This was unanimously agreed that we need alternatives to sugary drinks and unhealthy snacks at community events. The Cambodian community discussed having coconut water or tea instead of soda and sugary drinks at their events. The Laotian community members also mentioned that they need healthier alternatives at community events.

(4) involve community centers to create exercise classes and offer free/low-cost facilities

According to the discussions, most members of the seven ethnic communities prefer exercising by walking and using the gym. Many mentioned the importance in community-facilitated exercise initiatives. The Laotian community offered the following ideas: (1) “every other week, host an outside exercising group at a park.” (2) “perhaps with a free membership or a voucher to the gym, Lao people may use it. The Cambodian community also reflected this sentiment-- (1) it would be cool to have a cambodian football team for youth (2) it would be great if there was more tai-chi and yoga in the Cambodian community.

Potential APICAT involvement would be to work with community centers such as the Neighborhood House to encourage exercise classes and organized activities that bring community members together to promote health. Mt. Baker Village was identified as the big Cambodian community in Seattle, and could be a great place to test out some exercise initiatives.