

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%)
Samoaan	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 missing	3 English 3 Lao/Khmu & English 3 Asian mixed	7 US Citizen 2 missing	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 missing	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-English	37 US Citizen 7 Perm resident 4 Other 4 missing	33 (63%) born in USA 19 (37%) immigrant	1 <5 yrs 4 5-9 yrs 6 10-29 yrs 8 20+ yrs

Education and Occupation

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

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
Samoaan	2 less than HS 1 HS/GED 1 some college 2 4-yr degree	1 unemployed 5 employed	Education specialist Machinist Port Dispatcher Nurse "O Boy Oberto"
Filipino	4 some college 4 4-yr degree 1 graduate work	3 student 6 employed	Engineer Medical assistant Katalyst facilitator Social worker

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
			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
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

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
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
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.

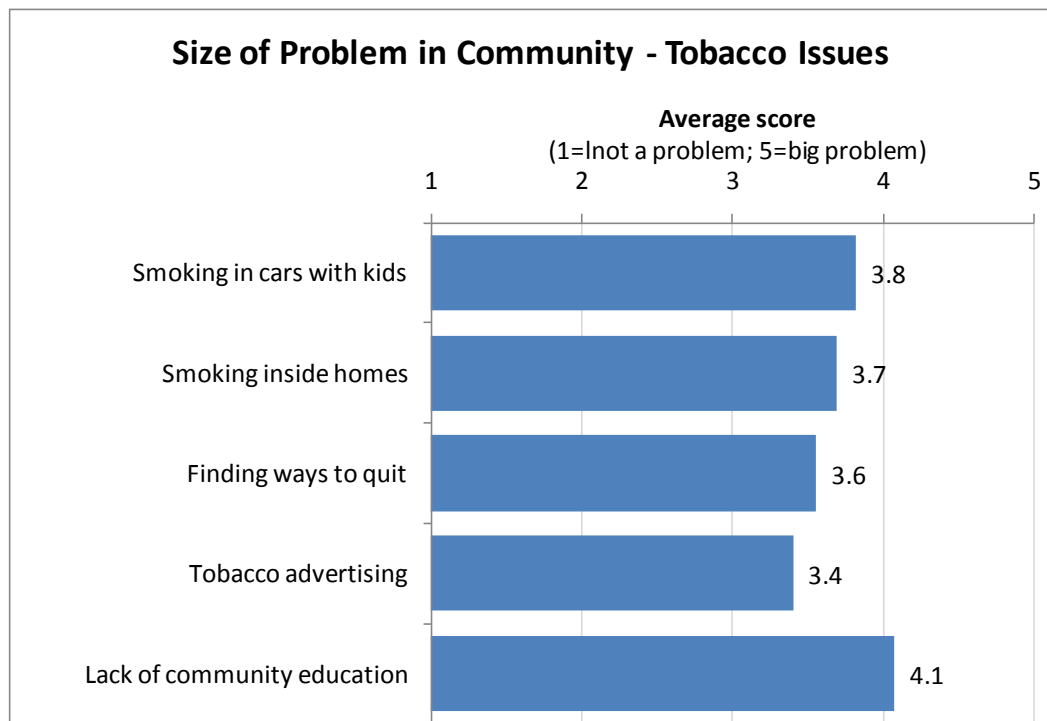
Section 2: Participant Surveys on Health Problems and Strategies

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

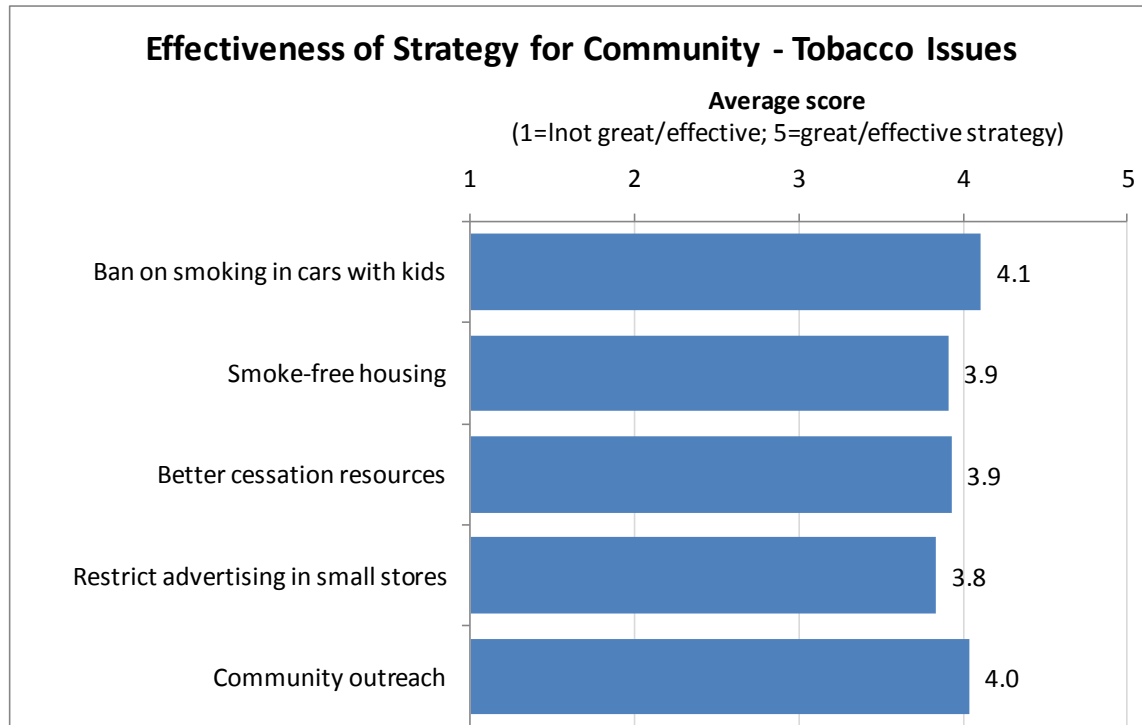
All tobacco-related problems in the community were considered relatively important problems on average, with similar average scores; no problem had an average score of less than three, and average problem scores ranged from 3.4-4.1. Lack of community education about tobacco issues was seen as the most 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 ranged relatively high and close together (range 3.8-4.1).

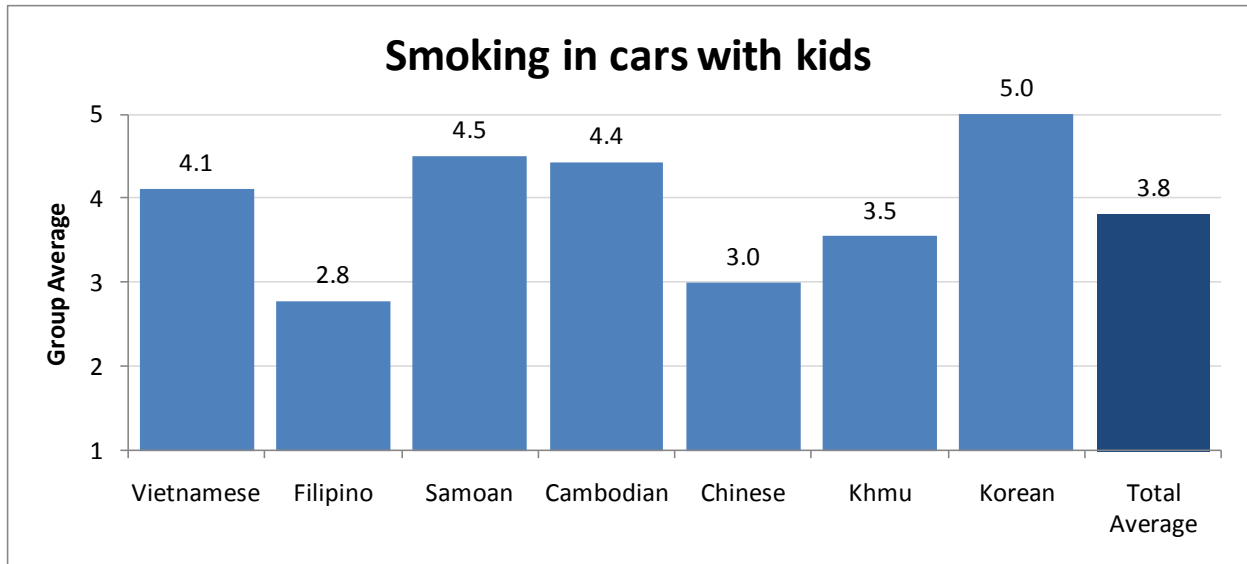
Bans on smoking in cars with children was seen as the strategy with greatest potential, followed closely by community outreach, smoke-free housing and better cessation resources, and restricting advertising in small stores was seen as the least potentially effective strategy (although by only a small margin).



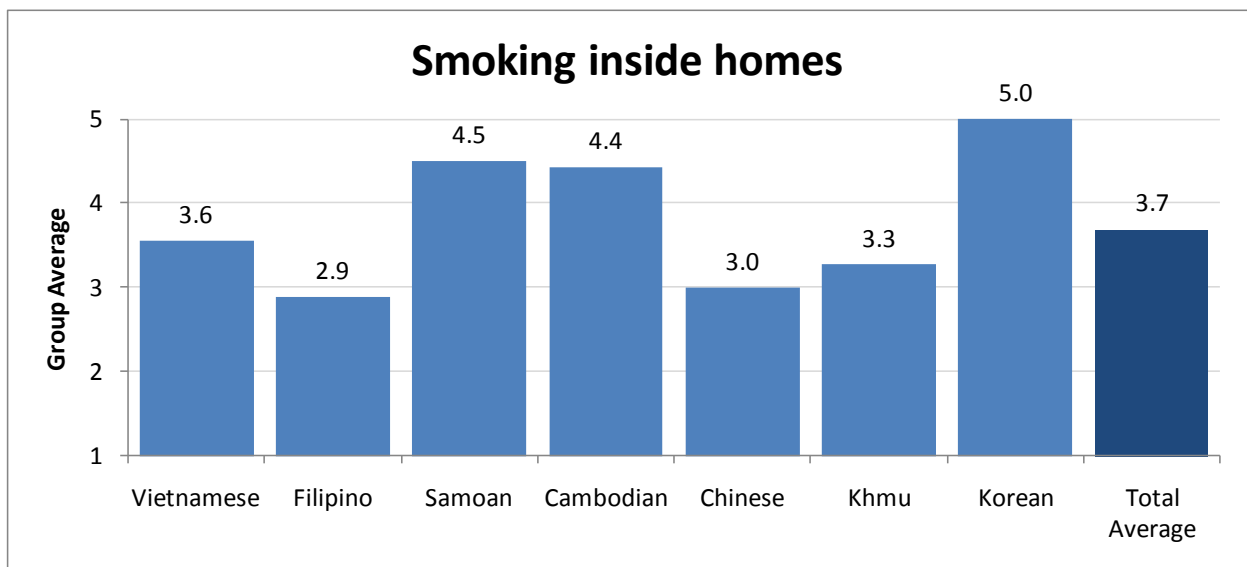
Community-specific Perception of Problems

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.



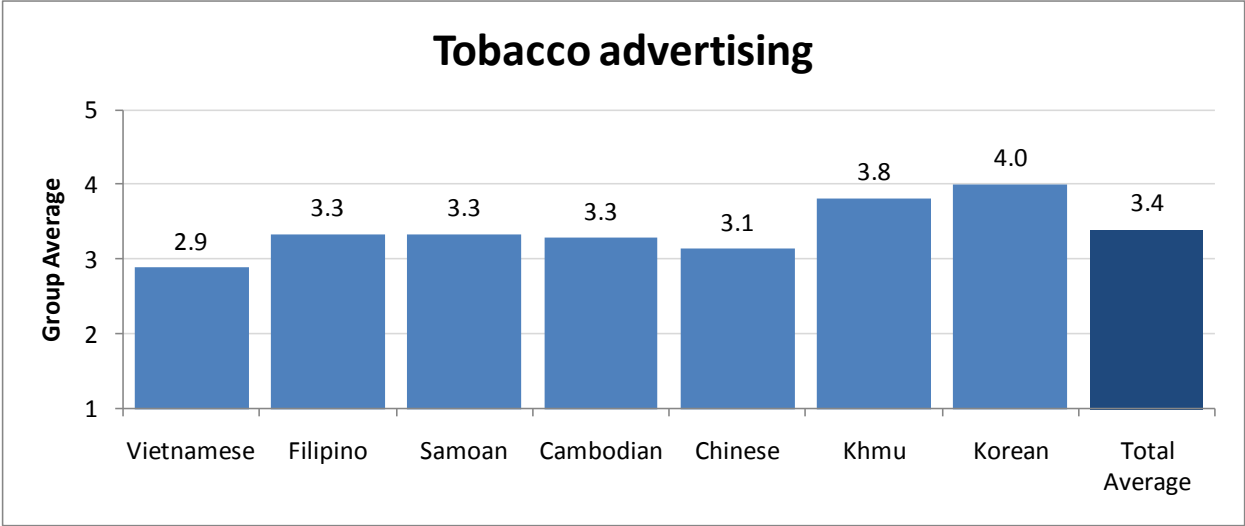
Variations in perceived importance of smoking inside the homes showed a similar pattern to the perceived importance of smoking in cars with children (highest among Korean, Samoan and Cambodian; lowest among Khmu, Chinese and Filipino participants).



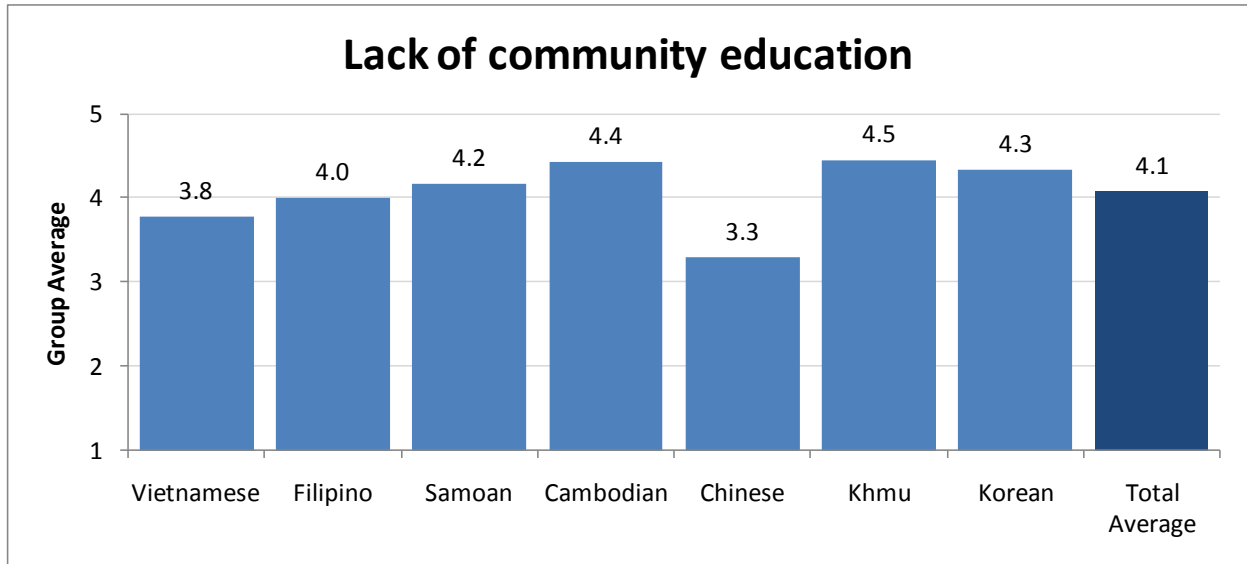
The problem of “finding ways to quit tobacco” was perceived as relatively similar in importance across groups.



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

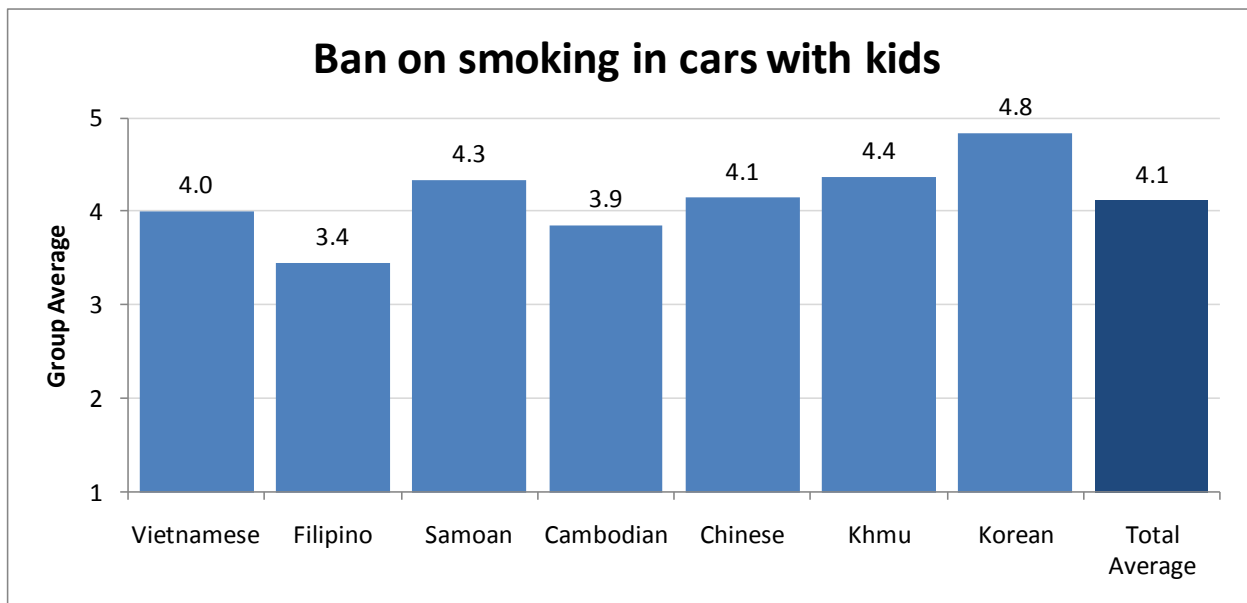


The problem of lack of community education was generally seen as similarly important across groups, with the exception of the Chinese group, who rated this as somewhat lower in priority.

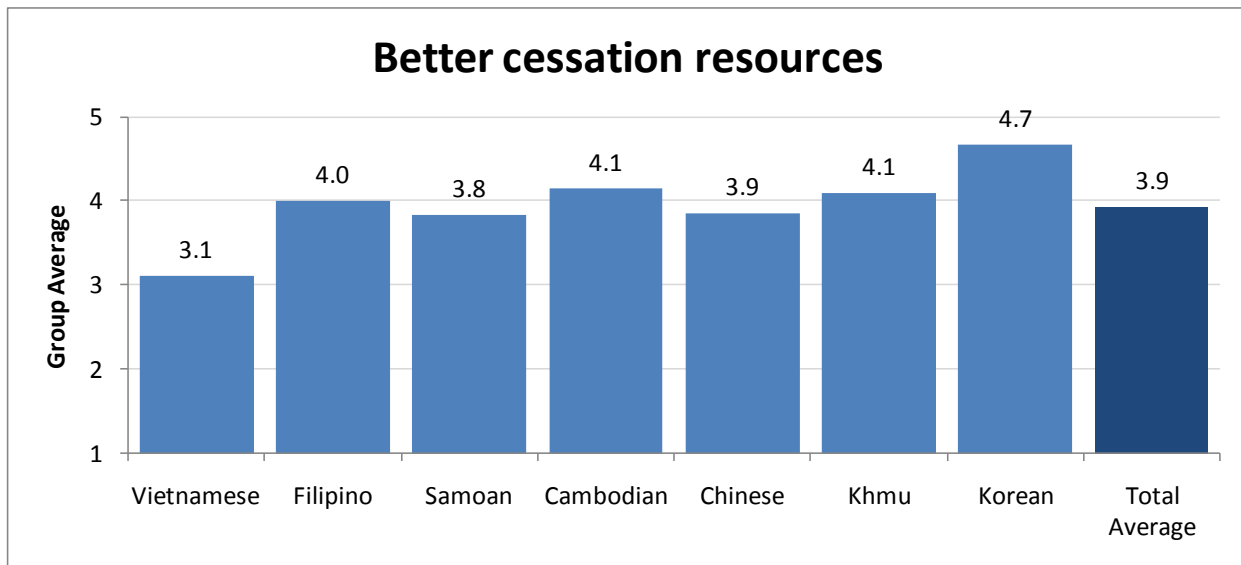


Community-specific Perception of Strategies

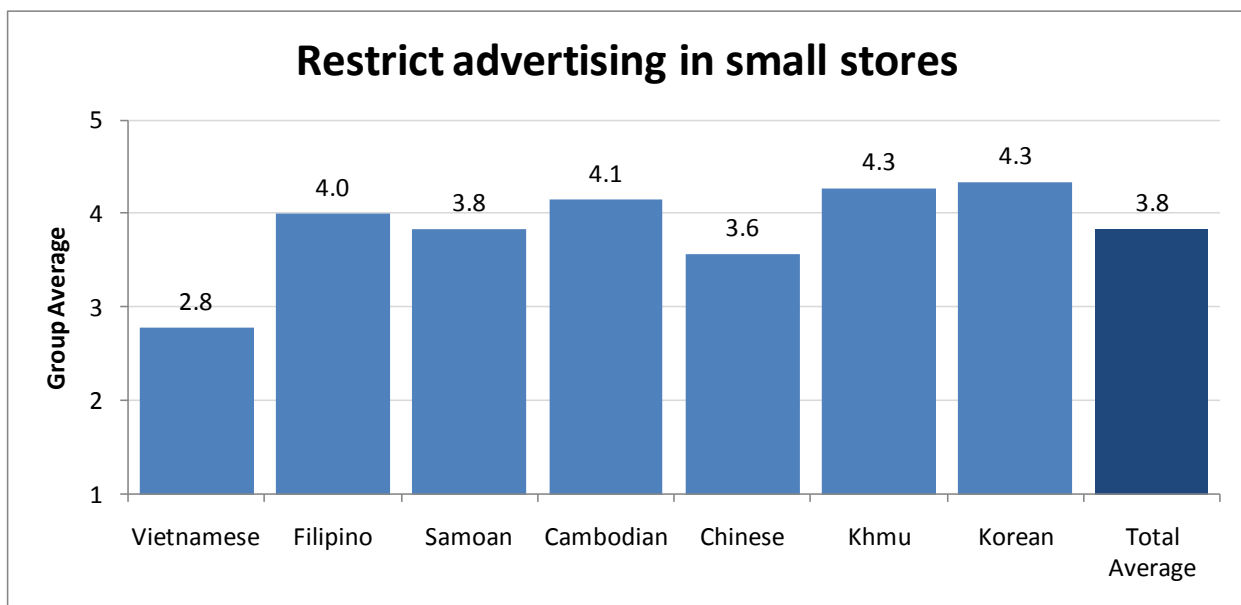
Bans on smoking in cars with children was rated as relatively effective by most groups, although most so among the Korean and least so among the Filipino groups.



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.

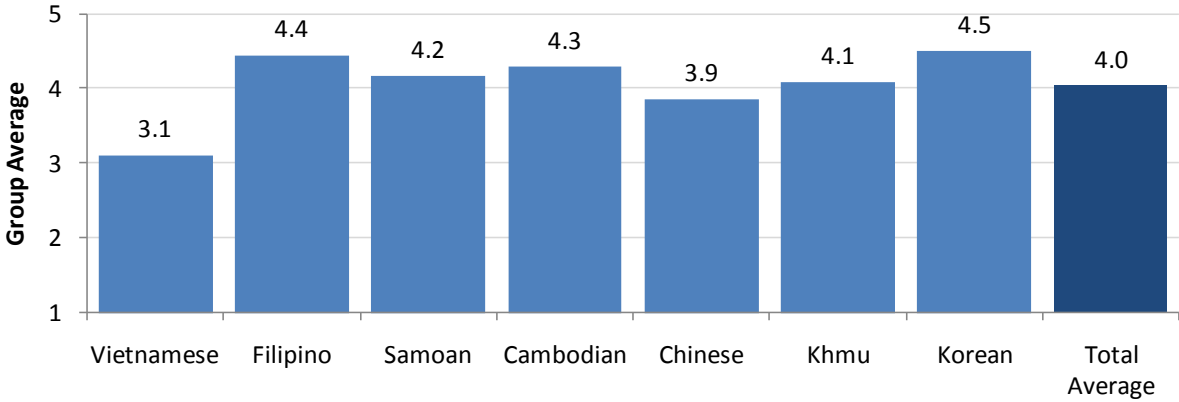


Similarly, although the problem of tobacco advertising was perceived similarly across groups, the solution of advertising restrictions was perceived most favorably by the Korean and Khmu groups, and least favorably by the Vietnamese group.



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

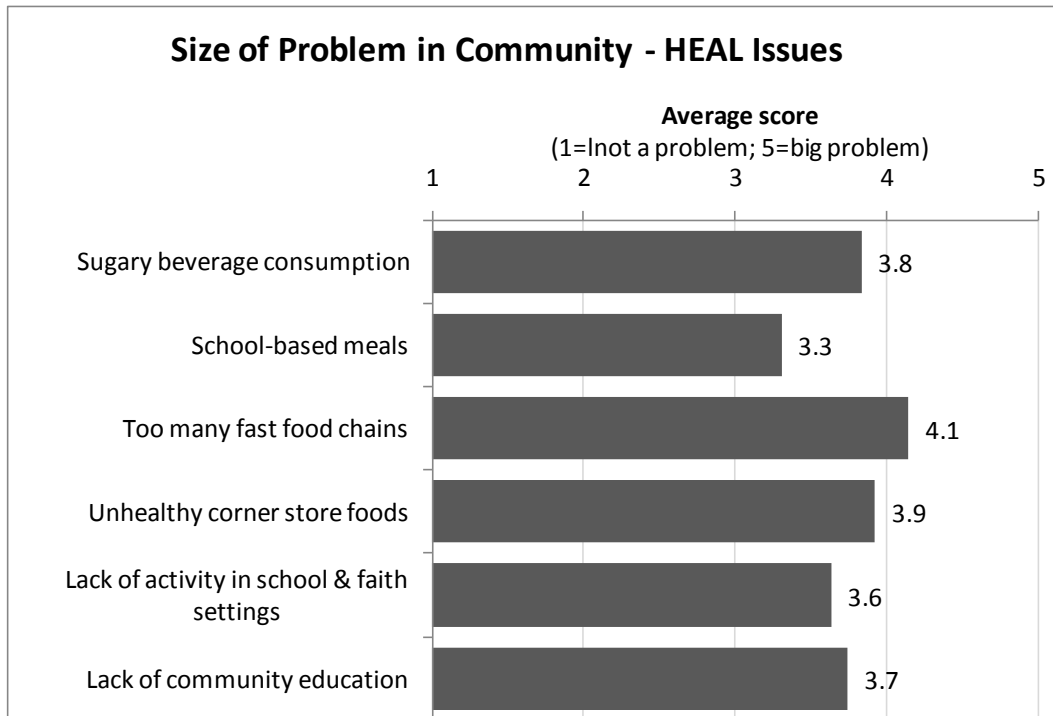
Community outreach



Healthy Eating/Active Living (HEAL) Problems and Strategies

Summary of Problems

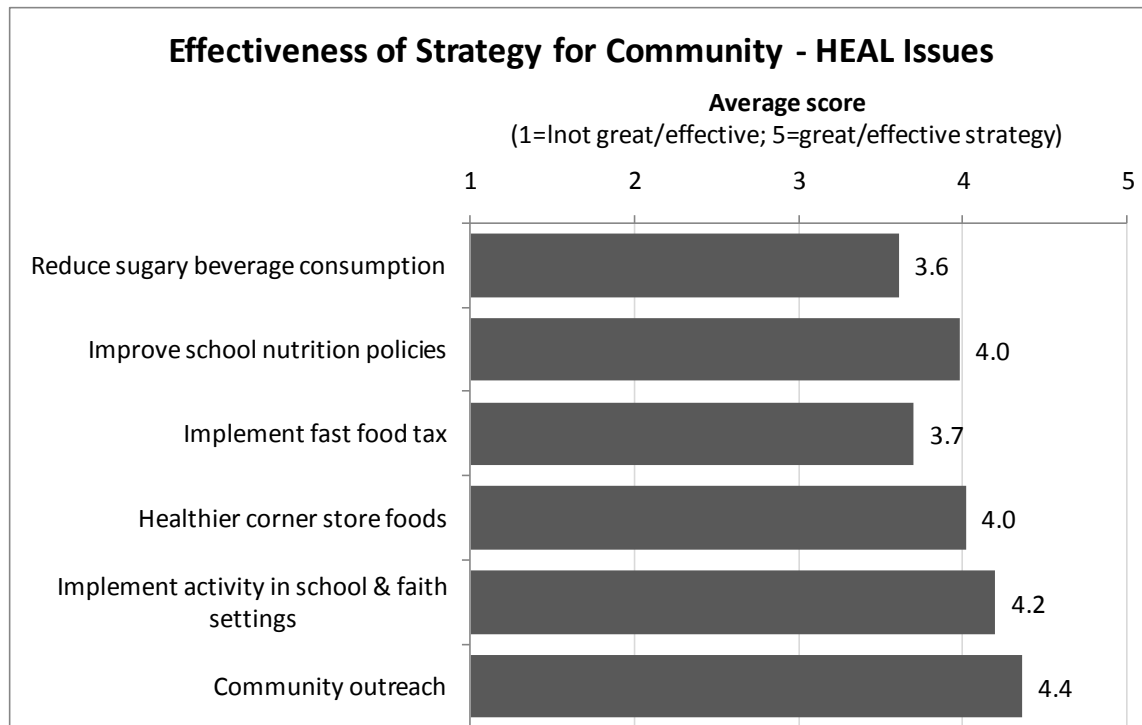
Among HEAL problems, focus group participants rated “too many fast food chains” as most important, followed in order of decreasing importance by “unhealthy corner store foods”, “sugary beverage consumption”, “lack of community education”, “lack of physical activity in school and faith settings”, with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



Summary of Strategies

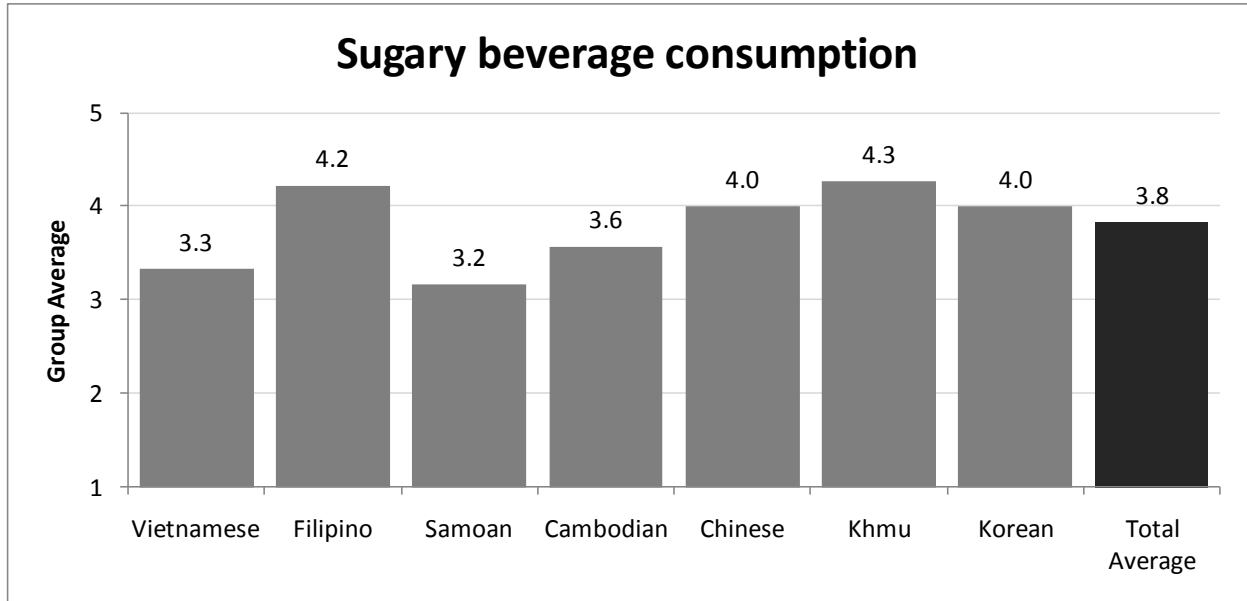
Among HEAL-related strategies, participants rated “community outreach” as potentially most effective, followed in descending order by “implementing physical activity in school and faith settings,” equal ranking for “improve school nutrition policies” and “healthier corner store foods,” “implement a fast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

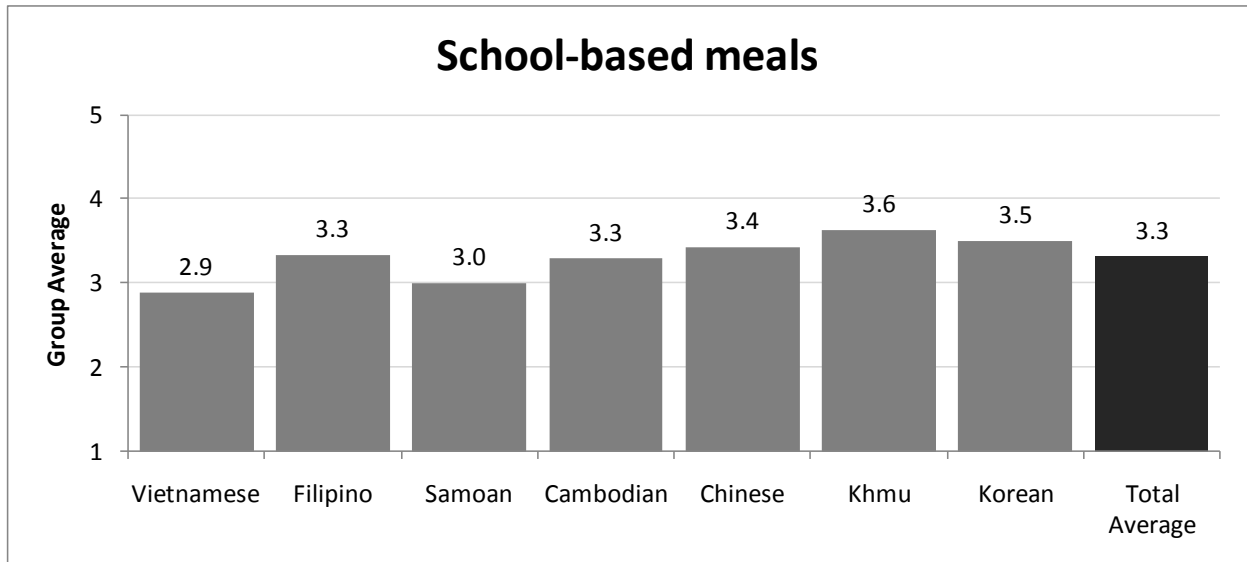


Community-specific Perception of Problems

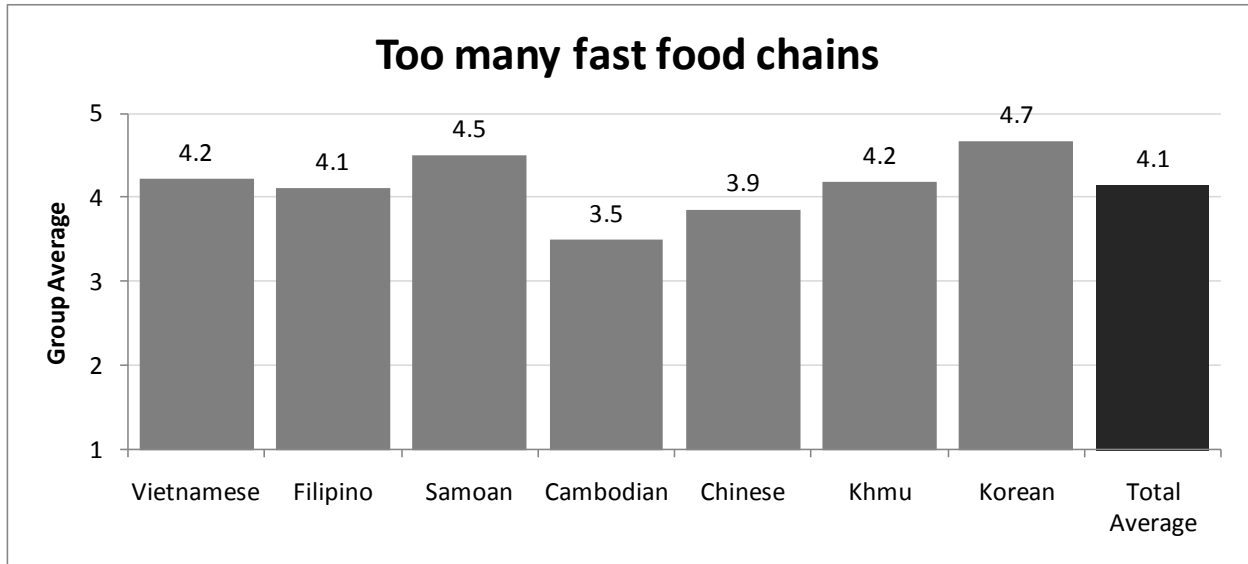
Sugary beverage consumption was rated as a relatively greater problem by Khmu and Filipino participants, and relatively lower by the Samoan and Vietnamese community participants.



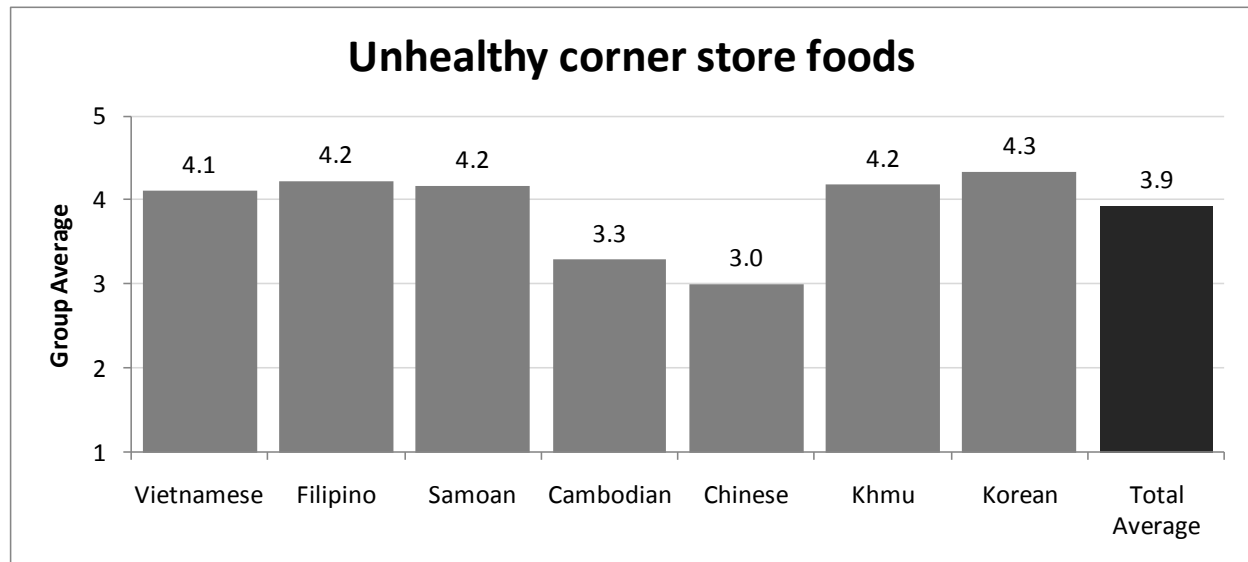
The quality of school-based meals was ranked relatively similarly as a problem by all participant groups.



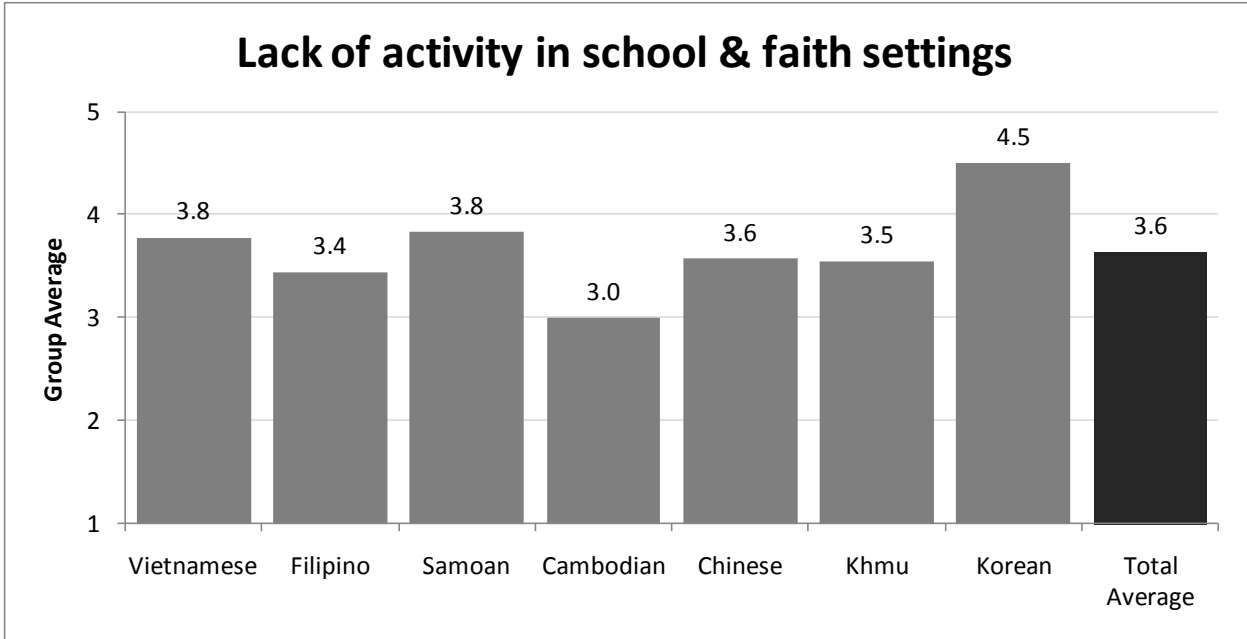
Having too many fast food chains was ranked as a relatively greater problem by Korean and Samoan participants, and somewhat less of a problem by Cambodian and Chinese participants.



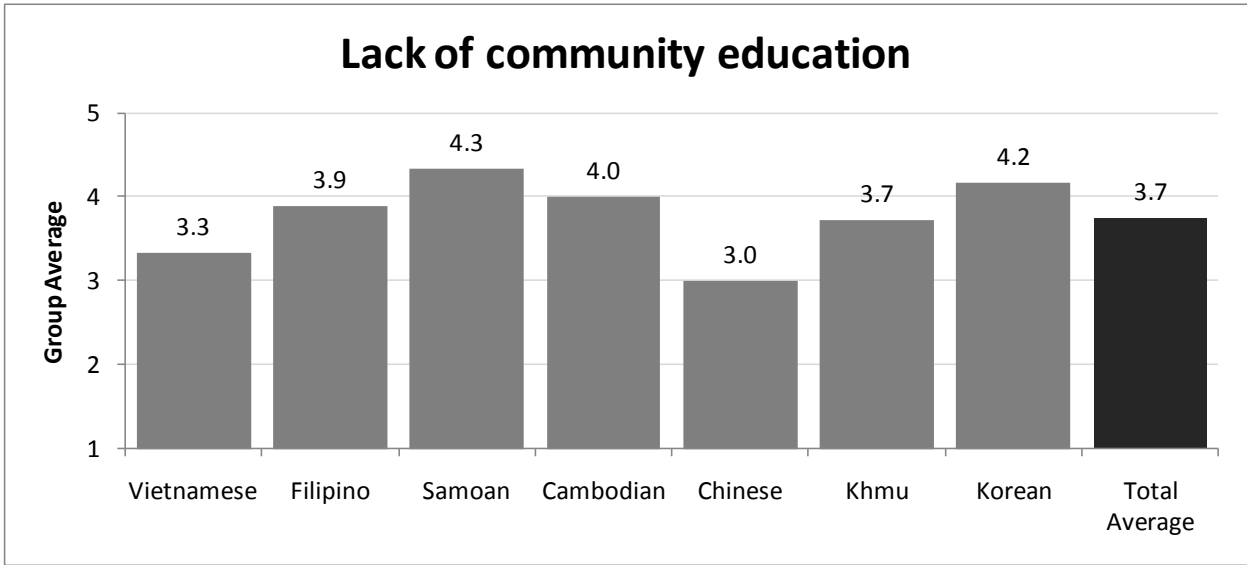
Unhealthy corner store foods was ranked as a relatively similar problem with the exception of Chinese and Cambodian participants, who ranked this as a less important problem.



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.

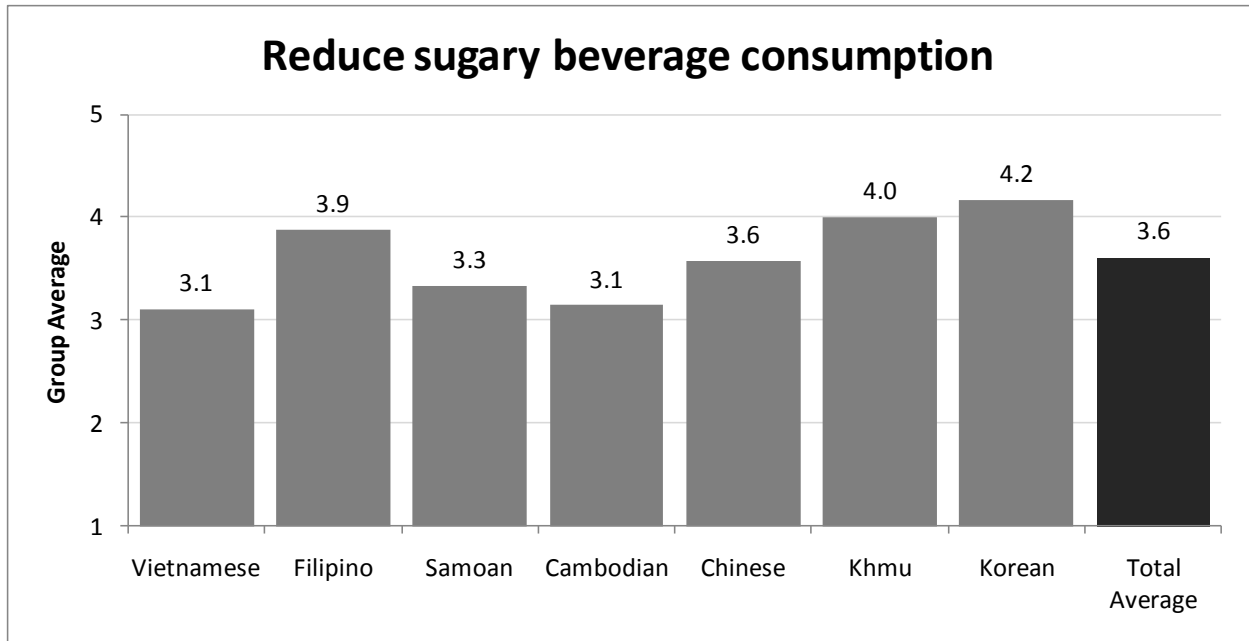


Lack of community education varied in problem ranking, receiving relatively higher ranking among Samoan and Korean participants, and relatively lower among Chinese and Vietnamese participants.

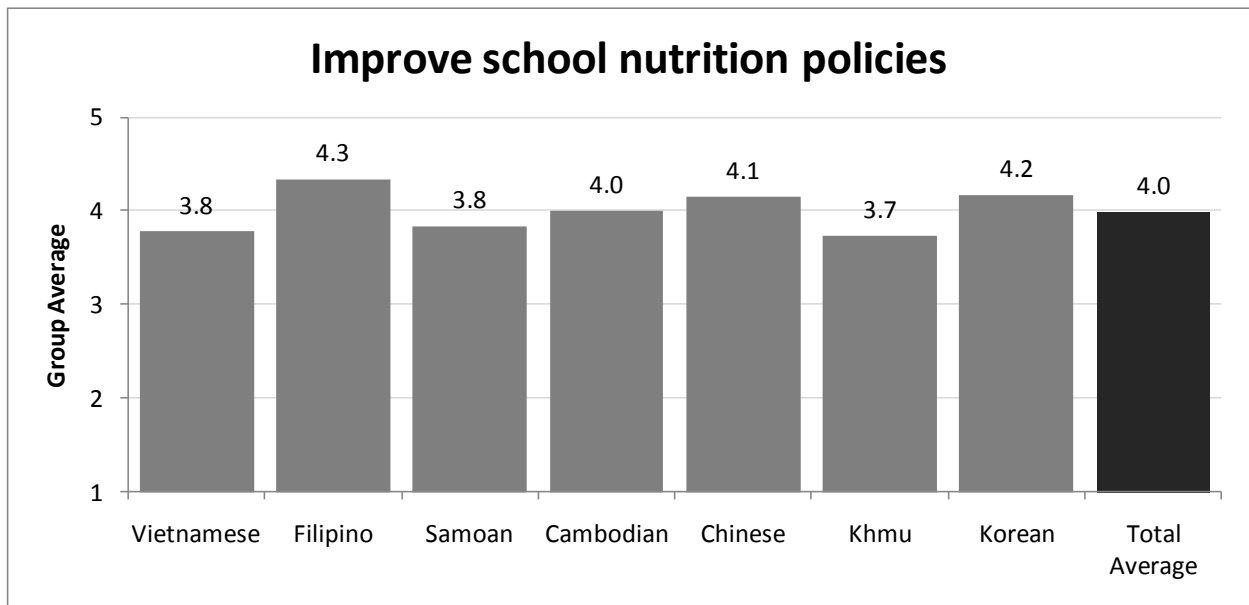


Community-specific Perception of Strategies

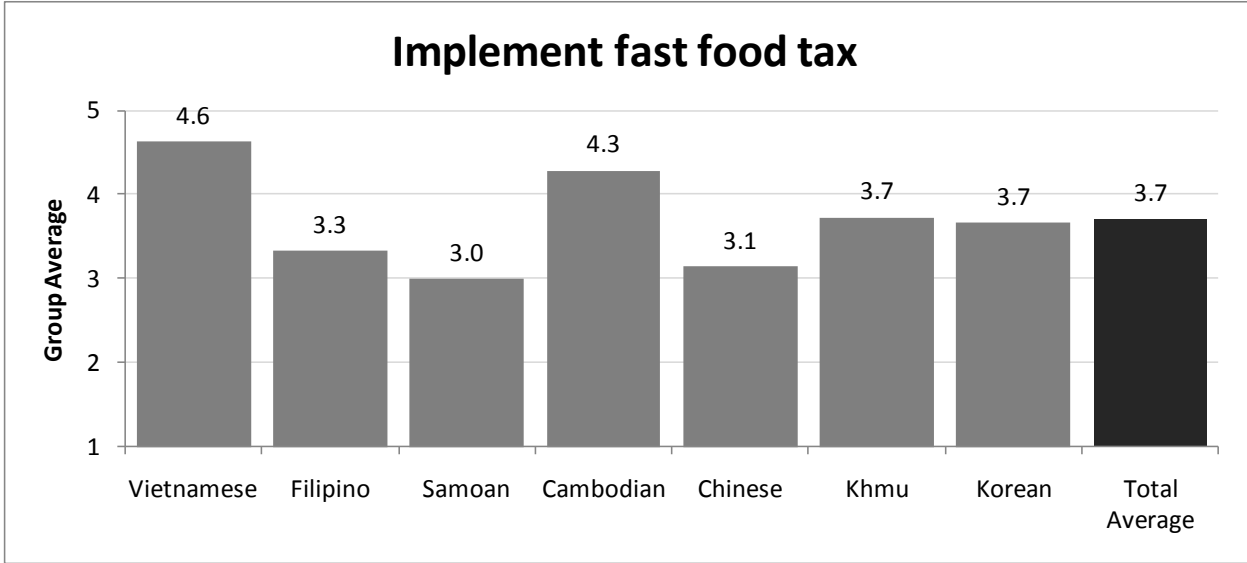
Reducing sugary beverage consumption was seen as a relatively more effective strategy by the Korean, Khmu and Filipino participants, and perceived as relatively less effective by Cambodian, Vietnamese and Samoan participants.



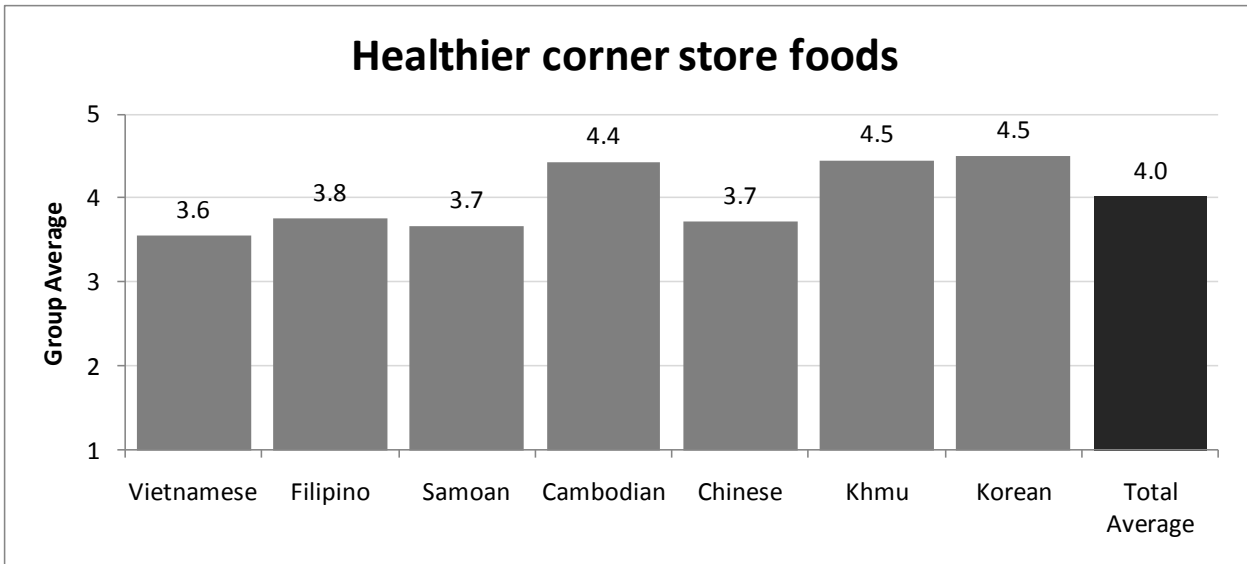
Improving school nutrition policies was perceived as similarly effective across groups.



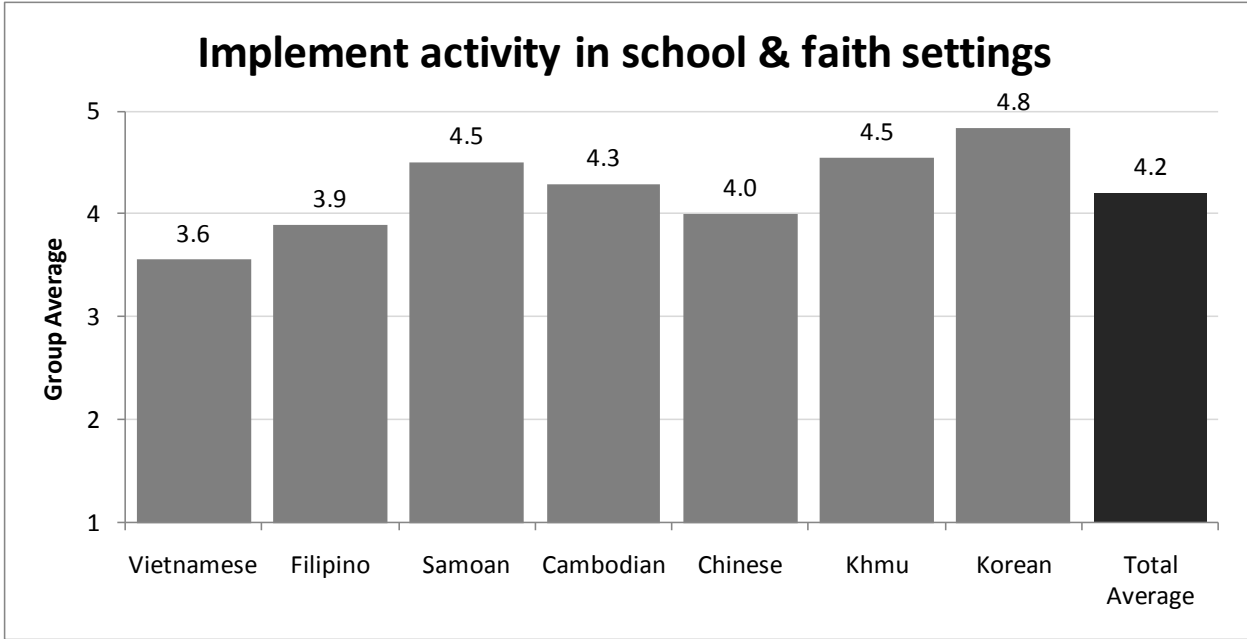
Implementing a fast food tax had somewhat large variation across groups, with Vietnamese and Cambodian participants most likely to rank it as effective, and Samoan, Chinese and Filipino participants least likely to rank it as effective.



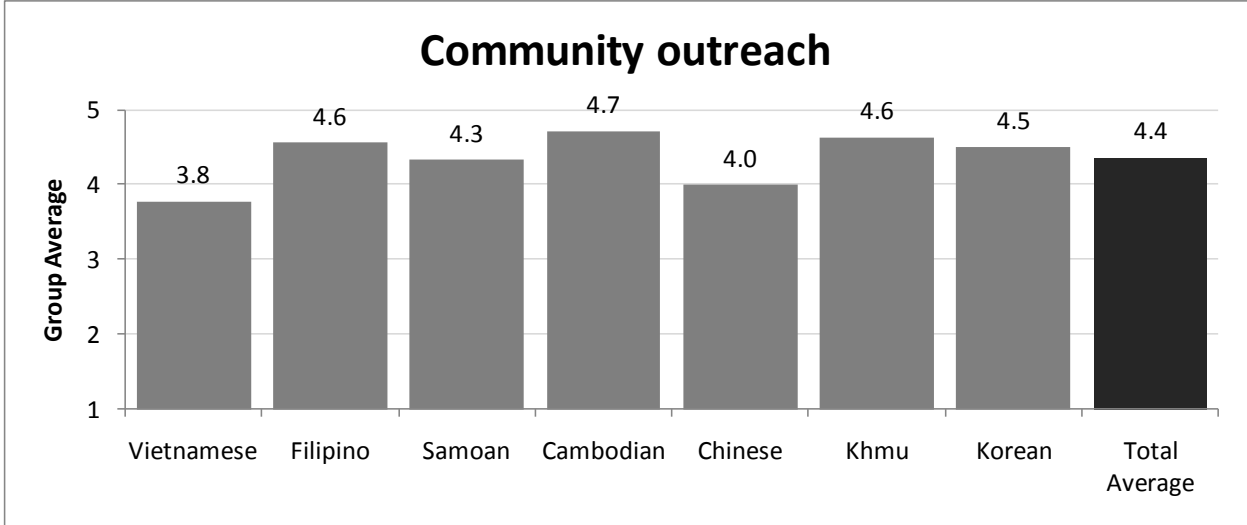
Healthier corner store foods was perceived as a similarly effective potential strategy across groups.



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

This section describes issues that emerged from focus group discussions. Questions from discussion are shown in bold. Below each question, themes that emerged from at least two independent groups are listed, and the number of groups that identified the issue is summarized. Italicized bullet points are quotes or paraphrased statements from participants that illustrate specific mentions around the theme.

Tobacco Discussion

Who is smoking cigarettes in your community and why? What kind of tobacco products are people using the most?

- Social settings or social norms were the most frequently mentioned influence on smoking behaviors (12 total mentions, in all groups but Laotian group)
 - o *All the Chinese older men – they smoke together. It feels natural. (Chinese)*
 - o *A way for people to connect (Filipino)*
- Young people were often mentioned as most commonly smoking (8 total mentions, all groups), but elders (4 mentions across 3 groups) were also listed as smoking
 - o *College and roommates – it’s easy to pick up (Chinese)*
 - o *High school – Vietnamese parents let their 14 year old kids smoke. (Vietnamese)*
 - o *Smoking is a social thing now among college students (Cambodian)*
 - o *Perspective of an elder: you know what I’ve been through? I can smoke if I want to! (Vietnamese)*
 - o *Tradition (Filipino)*
- Stress (7 mentions across 4 groups) was commonly mentioned as an influence of smoking
 - o *Relieves stress, because I was constantly studying (Chinese)*
 - o *People with stressful jobs (Filipino)*
 - o *Poverty, suffering, we come from a bad community (Vietnamese) *** note you didn’t list this as “stress” theme but it seems like it might fit, or maybe the original statement meant something different than how I read it...*
- Influence of people was also frequently listed as an important factor in smoking (7 mentions across 4 groups)
 - o *All the guys in the family smoke, so... (Vietnamese)*
 - o *When older people give you a cigarette it’s rude to say no. (Korean)*
- Other influences listed in multiple groups were
 - o *New e-cigarettes (4 mentions across 4 groups)*
 - o *“looks cool” (3 mentions across 2 groups)*
 - o *“habit” (3 mentions across 2 groups).*

What are ways to prevent smoking?

- Educational outreach was the most frequently mentioned strategy to prevent individuals from smoking (22 total mentions; however most infrequent in the Chinese community)
 - o *Should be education. The tobacco companies-- look at how they advertise to people of color; lower class people smoke w/o knowing what the consequences could be (Cambodian)*
 - o *Talk about how it also affects the family, not only yourself (Samoan)*
- Changing media/culture shift/changing messaging was the second most frequently mentioned strategy to prevent individuals from smoking (14 total mentions; most mentioned within the Chinese and the Filipino communities)
 - o *Ban advertisement (looks cool) (Chinese)*
 - o *We've been hearing the same thing for 10 years. It's gonna be something new. It's not working. (Vietnamese)*
 - o *Stigma and shame-- culture shift, promote optimism & talk about shared values (Filipino)*
 - o *Videos on youtube. Deliver powerful messages via youtube (Cambodian)*
- Make it pricier (7 total mentions; Chinese, Cambodian and Korean only)
 - o *Ban advertisement (looks cool) (Chinese)*
 - o *We've been hearing the same thing for 10 years. It's gonna be something new. It's not working. (Vietnamese)*
 - o *Stigma and shame-- culture shift, promote optimism & talk about shared values (Filipino)*
 - o *Videos on youtube. Deliver powerful messages via youtube (Cambodian)*

Best way to outreach?

- Temples, monk, church (9 total mentions; was mentioned in all 6 different groups aside from the Chinese community)
 - o *through the monks-- elders listen (Cambodian)*
 - o *catholic church, they always have whole bunch of stuff there (Vietnamese)*
 - o *church or community centers (Laos)*
- People (6 total mentions; was ONLY mentioned within the Laos and the Filipino groups)
 - o *mentoring from people/ see it from eye to eye (Laos)*
 - o *actually having folks going to the community-- church groups, etc (Filipino)*
 - o *we start small. Word of mouth (Laos)*

Would smokers call the QL?

- Maybe (4 mentions; Chinese, Cambodian, Filipino, and Vietnamese)
 - o *they will need to hear it from word of mouth. Elders are not willing to say that they need help (Cambodian)*
 - o *too stubborn, prideful, language barrier, hotlines are not a thing in our community, word of mouth (Laos)*

- *they would not call that number. They would not go out of their way to do that. (Vietnamese)*

Heard of using Asian QL?

- No (7 mentions; from all groups)

HEAL Discussion

Who is drinking sugar beverage and where?

- “everyone” (11 total mentions, across all seven communities)
 - *we would go through 2 liters of soda every minute (Filipino)*
 - *mostly kids/ parents buy what the kids think they want (Laos)*
- “young people” (9 total mentions; most frequently mentioned in the Laos community)
 - *they have soda vending machines at school (Chinese)*
 - *middle school and high school (Laos)*
 - *fast foods-- they start advertising to the young folks so they can continue the habit (Filipino)*
 - *teenagers (Korean)*
- Elders (5 mentions; only Cambodian, Filipino, and Samoans)
 - *sugary ethnic drinks-- coconut drinks/condensed milk (Cambodian)*
 - *older folks are often forgotten—esp when their own families aren't practicing (Filipino)*

Where to go buy grocery?

-

What are types of exercises?

When you’re done, at the end of each section (tobacco and HEAL), you might summarize:

- Altogether what was learned that informs ongoing development of policy-focused strategies for the community
- Describe whether discussions suggested there may be different cultural responses, effectiveness/unintended consequences, or important attention to culture is needed, for some strategies (recognizing that with only one group per culture this may not be a representative finding and confirmatory study is needed)