

Reducing smoking in migrant and refugee communities

Quit Victoria Report 2009

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Smoking prevalence in Culturally and Linguistically Diverse (CALD) communities in Australia varies considerably from one community to another. Anecdotal evidence suggests that in some communities tobacco is used in forms other than cigarettes, such as waterpipes within the Arabic and African communities, and chewing tobacco within the Burmese community.

Collecting information about smoking behaviour and attitudes towards smoking can be an important tool in the development of strategies to reduce tobacco-related harm. While attempts have been made to collect this information, systematic surveying of CALD groups in languages other than English has been limited.

According to the third edition of *Tobacco in Australia, Facts & Issues, 2006* "The highest rates of smoking occur among migrants from "Other Oceania" (comprising New Zealand, Melanesia, Micronesia and Polynesia, but excluding Hawaii) and North Africa and the Middle East". This report also suggests that migrants who arrived in Australia after 1996 are less likely to be smokers than migrants who arrived prior to this date. Migrants who arrived after 1996 are also less likely to smoke than the Australian population as a whole¹.

A recent report from the Drug and Alcohol Multicultural Education Centre (DAMEC) in Sydney studied six ethnic communities and found that within these communities, alcohol, tobacco and other drug use was generally less prevalent compared to the general NSW population. While this finding is encouraging, the resulting recommendations of this study were that tobacco education and quit smoking programs should aim to increase the number of people seeking help to stop smoking and improve quitting success rates, and that priority should be given to Vietnamese men and to Pasifika men and women due to the higher proportion of daily smokers in these groups. (The Pasifika CALD group mostly includes people born in Australia, New Zealand, Fiji, Samoa, Cook Islands and Tonga). Other recommended groups to be targeted included Italian men, and men and women from Arabic speaking communities².

As health providers we know that individuals from CALD groups who wish to quit smoking encounter extra barriers, such as: inherited health beliefs and cultural attitudes towards smoking, a lack of awareness of the health consequences caused by smoking and second-hand smoke, a lack of tobacco regulations in their country of origin, and difficulties accessing access health information due to low literacy in English³.

Quit Victoria works with a range of community, health, and ethnic organisations to reduce smoking rates and to educate migrants and refugees on the health impact of smoking. Amongst others, these organisations include: Migrant Resources Centres, ethnic specific organisations, English as Second Language (ESL) providers, community and health centres, and bilingual General Practitioners.

Quit Victoria has collected information about smoking behaviours and attitudes towards smoking from groups that are diverse in regards to their cultural and language backgrounds. The information collected has indicated that smoking is prevalent amongst many migrant and refugee communities in Victoria. Further, this information has shown that in some cultures smoking symbolises maturity or masculinity, while in others it is believed to stimulate thought and relieve stress⁴.

Quit's Multicultural Project began in the early 1990's and has implemented a number of strategies to reach CALD communities. This document presents an overview of current multicultural initiatives that Quit Victoria has implemented and evaluated.

1. Promotional strategies

1.1 "Helping Hands" e-newsletter

Helping Hands is a quarterly e-newsletter aiming to provide community workers and health professionals with information about projects and services, as well as information on Quit's latest campaigns and research involving CALD communities.

A survey was conducted in October 2009 to gather feedback amongst community and health workers who received "Helping Hands".

Example of the feedback to the *helping hands* newsletter:

"Looks like a great resource, I will be interested to hear how it is received and used"

"I did not know you currently have 24 bilingual educators! This is a very energetic team. As a researcher I am very glad to know that so many people are helping to communicate the health messages to the wider communities. This is a very good newsletter, with a lot of good info, even with the story and 'voice' of the educators/volunteers"

"It's great -- short, sweet, to the point, easy to read, a good variety of articles explaining all about Quit"

1.2 Ethnic Media Campaigns

Multicultural Quit media campaigns are annually executed in May, for World No Tobacco Day, and at the end of December and the beginning of January. These media campaigns typically involve radio interviews in language-specific programs and advertisements on SBS radio and 3ZZZ to promote Quitline's interpreter service (TIS). Table 1 illustrates the number of calls

that used Quitline's TIS service in December and January, when the media campaigns were on air. In December/January 2006/2007 there were 7 Quitline calls that used TIS, in December/January 2007/2008 there were 31 Quitline TIS calls, and in December/January 2008/2009 the TIS Quitline service was used 10 times (Table 1).

In December/January 2006/2007 there were no ethnic media campaigns, and in December/January 2008/2009 the budget for the ethnic media campaign was reduced to a third of the 2007/2008 budget, which resulted in less media exposure on fewer radio stations in 2008/2009 (Table 2). The decline in the number of callers who used the Quitline interpreter service in December/January 2008/2009, compared to 2007/2008, may at least in part be due to the reduced amount of ethnic media exposure.

Table 1:

Use of the Quitline interpreter service in December/January 2006/07, 2007/08, and 2008/09

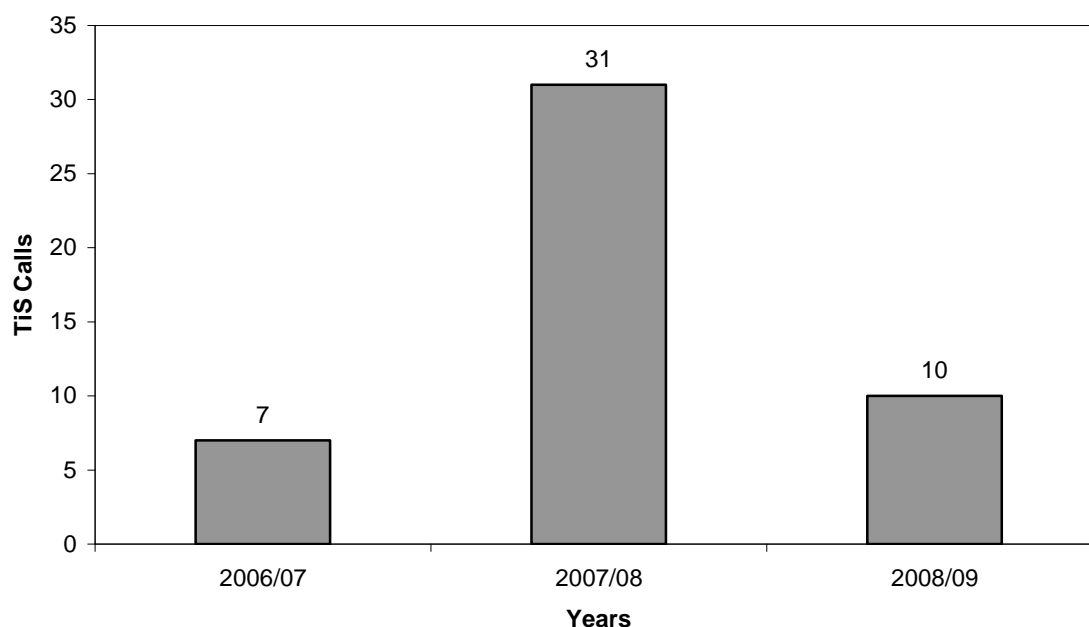


Table 2:

Media Campaigns for December and January in 2006/07, 2007/08, and 2008/09

Period	Amount of CALD Media	Languages covered	Radio stations
2006/2007	None	None	None
2007/2008	528	22	SBS radio, 3ZZZ, 3XY, 3CW & Rete Italia.
2008/2009	144	22	SBS radio, 3CW, 3XY & Rete Italia.

2. Specific Projects and Services

2.1 Resource development

Quit Victoria offers resources in the following languages: Arabic, Bosnian, Cambodian, Chinese, Croatian, Dari, Greek, Italian, Korean, Kurdish, Macedonian, Persian, Polish, Russian, Serbian, Spanish, Sudanese, Tigrinya, Turkish, and Vietnamese. Resources include multilingual printed brochures & posters and Audio CDs. The majority of the resources are available online and hard copies are distributed within Victoria free of charge.

Table 3:

Number of Multicultural Quit resources distributed since 2007

2007	2008	2009 (January to September)
8229	15690	19134

Example of the feedback from the Australian Polish Community Services:

“Thanks for sending the resources. They are fantastic particularly the brochure. The information is very clear and easy to read so congratulations on producing such a wonderful resource. All the brochures which I have received have gone already.”

2.2 Scholarships

Since 2007 Quit has offered scholarships for bilingual health and community workers to be trained as Quit Educators. The role of an accredited Quit trained educator is to conduct Quit programs and provide one-to-one assistance for people wanting to stop smoking. Some training participants go on to work with the Multicultural Project and some continue to work with their own organisations. Scholarships have been granted to bilingual workers from a variety of settings including: Wellsprings for women, Family Drug Helpline, Victorian Arabic Social Services, St Vincent’s Health, and the Spanish Latin-American Welfare Centre.

Table 4:

Number of Quit Educator Scholarships granted since 2007

2007	2008	2009 (January to September)
9	18	15

Example of the feedback from participants:

“The training was intensive and very informative. Even though the course went for two full days, I was not bored and have learnt a lot from the training course. I enjoyed the interactive exercises and the good food as well. I am hopeful that I can run programs in the future. Quit has done a great job”

Dorothy Yiu, Chinese Quit Educator, Chinese Cancer Society

2.3 Bilingual staff

Quit Victoria recruits and trains bilingual educators to facilitate health information sessions, promote its community support grants, and plan and deliver anti-smoking campaigns in the ethnic media. They also assist with checking translations and assessing the cultural relevancy and sensitivity of Quit publications. Our bilingual educators attend regular training to update themselves on the latest developments within Quit. We employ 30 bilingual educators on a sessional basis.

Example of the feedback from the Australian Greek Welfare Society:

“On behalf of Australian Greek Welfare Society (AGWS) we would like to thank you for your participation and contribution to the Men's Health & Relationships Forum at the city of Whittlesea on Friday 12th June 2009. We received very positive feedback from the evaluations completed by participants stating that the topic that the Greek Educator presented was of high interest, participants have learnt a lot, it was useful; participants understood most of the information. The presentation was the right length, the written and verbal material was of immense use and they all enjoyed the Educator's presentation style. AGWS welcomes opportunities to work in collaboration in the future for similar and other events”.

2.4 Information sessions

Bilingual Quit Educators provide free education sessions to groups including: Migrant Resource Centres, Multicultural organisations, and Sporting Clubs. We also visit English as a Second Language classes for newly arrived migrants and refugees.

Table 5:

Number of information sessions conducted in 2007, 2008 and 2009

2007	2008	2009 (January to September)
19	57	36

Example of the feedback from a Quit Educator;

"They were very attentive and some asked questions and other people approached me at the end of the session to talk about their experience of smoking, its effects on their health and how they had quit. Few were aware of Quit but most of them did not indicate that they knew Quit and its services"

Kalleni Ituarte, Greek Educator, Information session at Greek Women's Association in North Altona, October 2008.

Example of the feedback from ESL student participants;

"Very straight forward" "

"it was easy to understand"

"You should continue the Quit activities and touch with multicultural communities closely. As we are Karen community you should add more languages for our community"

"You have done a good job already but if you keep doing information session with the community, that would be great! Wish you all success"

ESL Students, NMIT Information Session, January 2009

2.5 Community Support Grants

Since 2008 grants have been offered to ethnic community organizations to disseminate information about the health effects of smoking. Bilingual staff are involved in a range of projects and activities working in collaboration with migrant and refugee groups.

Example of feedback from organisations:

"The best thing about the project was the bilingual educator and resource kits. Session was very informative"

Springvale Indo-Chinese Mutual Assistance Association Inc

" (The activity) helps to raise awareness of the effect of smoking on health and encourage the community to quit smoking both through cigarettes and water pipes"

Victorian Arabic Social Services

"All is good. It would be better if attendants have flyers or video about smoking information in their own language/dialects to take home"

Migrant Information Centre – Eastern Melbourne. Chin Men's Group

Table 6:

Number of organisations supported in 2008 and 2009

2008	2009 (January to September)
19	24

CONCLUSIONS AND RECOMMENDATIONS

The direct community involvement through the information sessions and bilingual educators is proving to be the more effective way to engage CALD groups and individuals backed up by available resources.

The provision of scholarships to bilingual health and community workers, with ongoing training, will ensure a more sustainable approach in delivering the Quit message.

Although we cannot truly measure the effectiveness of the past ethnic media campaigns, we should continue our media presence as this provides an ongoing voice to reinforce the message we deliver through our face-to-face interaction with the individuals of the CALD groups.

The number of TIS calls to Quitline while the ethnic media campaigns were on air in December and January declined in 2008/2009, compared to in 2007/2008. This may be due to the substantial decrease in the amount of CALD media in December and January 2008/2009, compared to 2007/2008. In the future we should explore new forms of media, so that our limited budget is more cost effective. The online ads through our website to radio broadcasters are a good example of this alternative approach.

Quit should continue to work in partnership with relevant agencies, and support their smoking cessation programs and seminars that deliver our smoke free messages and help smokers from diverse community groups to quit.

While the feedback from some successful grant recipients has been positive, others had not shown the desired commitment. Financial support in the form of grants to community groups would be better utilized by encouraging more individuals to train as Quit Educators and by supporting them to offer Quit courses or one to one support within their own work places.

Funding is needed to conduct proper research on smoking prevalence within CALD communities in Victoria to better identify the needs of these communities. This will enable us to implement a more focused approach in the development of future strategies. Partnerships with relevant agencies to seek financial support are recommended.

References:

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Accessed from:

<http://www.tobaccoinaustralia.org.au/chapter-7-cessation/7-19-interventions-for-special-groups>

4. Smoking in multicultural communities, Quit Victoria website. Accessed from:

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