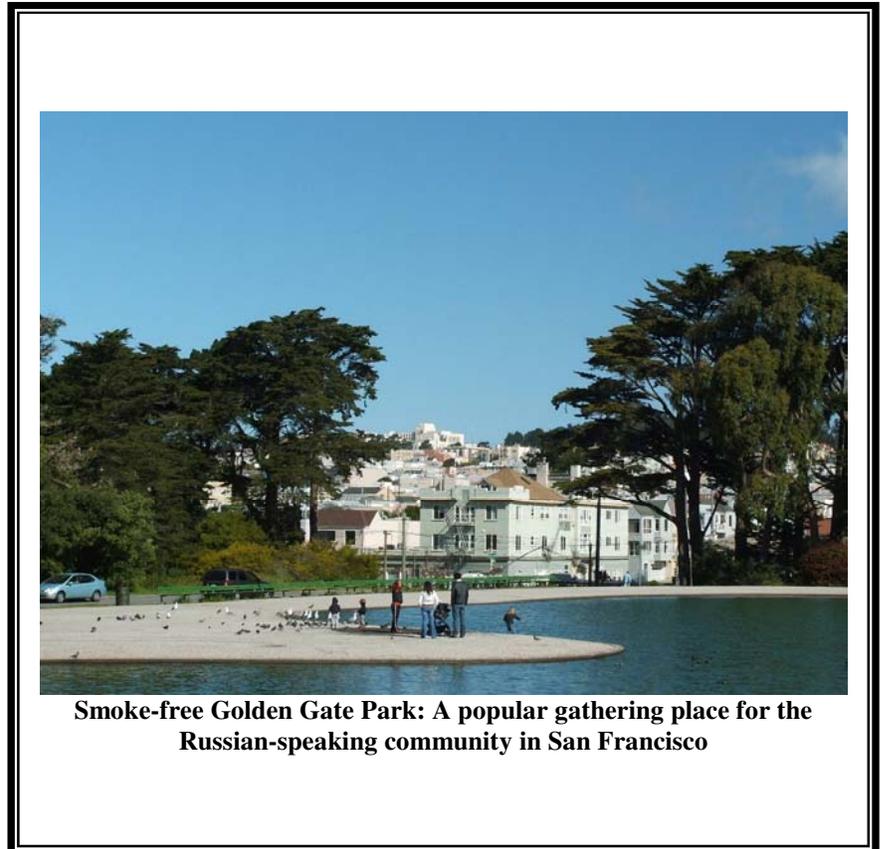


Final Evaluation Report

SUNSET Russian Tobacco Education Project

July 1, 2005 to June 30, 2008



A project of Bay Area Community Resources in collaboration with the San Francisco Department of Public Health – Newcomers Health Program

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ABSTRACT: SUNSET Russian Tobacco Education Project Evaluation Report

The SUNSET Russian Tobacco Education Project emerged in 2000 to address tobacco use in the immigrant Russian-speaking community in San Francisco. Staff has completed working on the third grant cycle in delivering tobacco education and cessation services and initiating policy level interventions focused on the adult Russian – speaking community. The following section is a summary of key findings and some general recommendations from the evaluation of the third grant cycle. The body of the report contains the supporting documentation and detailed recommendations organized according to the four project objectives.

Objective 1: Countering Pro-Tobacco Influences in the Russian Language Media

Summary: There is currently no tobacco advertising in Russian Language Media, and SUNSET continues to counter pro-tobacco influences.

- ❑ *Over the three year period, Tobacco advertising was observed only in one Russian language media outlet.*
- ❑ *SUNSET was able to secure signed anti-tobacco policies in 6 of the 15 Russian language media outlets, including one that has accepted advertising in the past, representing a significant countering of tobacco industry influence.*
 - *Recommendation: Although there is some debate for the need for prophylactic policies, the Russian language media is essential to this community and these formal policies are solidifying community norm change. It is interesting to note that tobacco advertising has only been seen in a more sophisticated media form targeting young people whereas the local papers target the older community. It would be worth expanding observation to media not based in San Francisco, but accessed by locals, to see if young adults are being targeted. Examples of such media include websites advertising Russian parties and performances, dating sites and national and Los Angeles based papers. However, given limited resources, SUNSET should continue to place anti-tobacco messages in the local Russian-speaking media but focus more time on innovative policy interventions.*

Objective 2: Reduce Exposure to Secondhand Smoke by Workers at Russian Worksites

Summary: SUNSET is successful at increasing knowledge about secondhand smoke issues, affecting individual behavior changes around SHS and getting worksites to adopt anti-tobacco policies. However, Russian-speakers in San Francisco report a high smoking prevalence rate and very high rates of exposure to SHS.

- ❑ *From baseline, there was a small decrease in the percentage of Russian-speaking workers reporting they smoke at work from 27% overall to 25% at follow-up. However, the percentage of people overall reporting co-workers or customers smoking around them at work significantly increased from 35% to 67%.*
- ❑ *In follow up surveys, workers at 2 sites reported that workplace regulations prohibiting smoking had been enacted since the workshop. However, one of the 2 reported no enforcement of the regulations. All the workplaces surveyed also had 50% or more of respondents reporting exposure to secondhand smoke at work from co-workers or customers.*
- ❑ *26% of all the workers surveyed after the workshop still believed that you can smoke at work if people agree it is all right. The numbers were highest at workplaces where respondents had reported high exposure to smoking at work including New Age Realty, SF Ecosystems, Saving Energy and South City Auto.*
- ❑ *At baseline, only 35% overall reported that there were ways they were or would continue to protect themselves, co-workers and/or family members from secondhand smoke. At follow-up, 60% reported they actually had reduced their own, co-workers or family members' exposure to secondhand smoke since the workshop.*
- ❑ *SUNSET was successful in creating behavior changes around exposure to secondhand smoke. The biggest change was that 44% of employees overall reported that they have reduced secondhand smoke exposure at work. This was true even in workplaces with continued high reporting of secondhand smoke exposure at work. At home, overall 42% have reduced exposure with 21% reporting they have reduced it in their vehicle.*
 - *Recommendation: The percentage of smokers and people living with smokers in the Russian-speaking community is high. There has been no prevalence data on this community collected in California, so this small sample showing a 53% smoking rate is very instructive in California where the general adult smoking rate is 13%. SUNSET should continue its workplace presentations and consider offering cessation services at worksites.*
 - *Recommendation: SUNSET should determine if there are cultural reasons why management will enact a policy, but then not enforce it. Some questions to consider are if they just want to please the CHOW who made the visit, if they believe a policy on the books will limit liability, or if they feel it would hurt morale to enforce the policy.*
 - *Recommendation: SUNSET should follow-up with site management to discuss enforcement of policies and educate management about California smoke free workplace laws. Repeated visits should be made to observe compliance.*

Objective 3: Increase Compliance with Smoke-free Worksite Laws

Summary: SUNSET designed a campaign that included measuring incidence of smoking at worksites for baseline, conducting education to worksites out of compliance, then observing worksites again to measure change.

- ❑ *Although SUNSET did not definitively measure workplace compliance, anecdotal evidence suggests Russian-speakers are observing the indoor smoke-free workplace laws.*
- ❑ *There is a significant amount of smoking in outdoor public places in the Russian-speaking community.*
- ❑ *SUNSET increased the amount of signage prohibiting smoking at worksites.*
 - *Recommendation: In the future, if SUNSET would like to capture data to support anecdotal evidence that smoke-free workplace laws are being followed, observations should be conducted anonymously and indoors where feasible.*
 - *Recommendation: SUNSET should continue to do work educating the community around SHS and the importance of smoking away from doorways and windows.*
 - *Recommendation: SUNSET had an excellent outcome to have more visible Russian-language signage in the community. SUNSET should continue to work with businesses and encourage them to display the provided signs.*

Objective 4: Promote Tobacco Cessation Services

Summary: SUNSET is actively pursuing agencies to replicate their successful cessation program, but whether or not agencies respond to the technical assistance is beyond the control of the program.

- ❑ *SUNSET has given information and offered technical assistance to 16 Russian-serving agencies statewide. However, without a cessation budget agencies are reluctant to implement their own cessation programs.*
- ❑ *SUNSET gave 3 cessation “train the trainer” trainings to 23 people from 4 different agencies.*
- ❑ *One agency reports more promotion of cessation services since the training. No agencies have reported institutionalizing cessation services as a result of SUNSET’s intervention.*
 - *Recommendation: Continue to follow-up with agencies and seek new collaborators such as Russian medical provider offices to encourage adoption of quit clinics. For those hesitant, explore further their barriers in order to find solutions.*
 - *Recommendation: When seeking new funding opportunities, consider option of providing mini-grants for other agencies to provide cessation or having SUNSET provide quit clinics at other sites.*

I.**Project Description**

The SUNSET Russian Tobacco Education Project is a joint program of the San Francisco Department of Public Health's Newcomers Health Program and Bay Area Community Resources. The Newcomers Health Program (NHP) has been serving refugees and immigrants in San Francisco since the late 1970s through community collaborations and a range of clinic-and community-based programs and services. Bay Area Community Resources (BACR) was founded in 1976 to promote the healthy development of individuals, families and communities through direct services, volunteerism, and partnerships in the San Francisco Bay Area.

The project is the first and only comprehensive tobacco education program for Russian-speakers in California. SUNSET has a range of culturally-appropriate interventions related to tobacco control including sessions on secondhand smoke (SHS), train the trainer for cessation counselors, and technical assistance, and policy work for smoke-free worksites, homes, vehicles and public places.

Russian-speakers have one of the world's highest smoking prevalence rates with a male smoking rate in the former Soviet Union as high as 67%. The original grant in 2000 contained policy activities, but the California Tobacco Control Section recognized that the community was not ready for that level of intervention. There was still a great need for education around the dangers of tobacco. In response, SUNSET, since its inception, has worked on raising awareness about the issues and increasingly changing community norms to support policies that reduce smoking and exposure to secondhand smoke in the community.

I a**Project Context**

Immigration Stressors

While California's Russian-speaking newcomers are a diverse group in many respects, the majority in San Francisco are Jewish people who emigrated from Russia, the Ukraine and other republics. Sacramento's community is mainly evangelical Christian. Most faced numerous difficulties before arriving in the United States, including civil wars, social and religious persecution, nutritional deprivation, and loss of home, family, and country. The majority also experiences a loss of professional and socio-economic status (SES) once they reach the US.

Many adult Russian-speakers become isolated due to lack of English skills and acculturation difficulties. While work or school provide a point of contact with the larger San Francisco community for younger Russian-speakers, economic and resettlement demands make health a low priority for many older adults. Loss of country, work, status and social networks can be particularly stressful for immigrants from the FSU where power and status stem from the community rather than the individual.

All of these stresses lead many newcomers to feel isolated and depressed and profoundly impact physical health by making it difficult for people to practice healthy behaviors.

Traditional Health Practices and Beliefs

Having lived through Soviet government propaganda, newcomers from the FSU often express strong suspicion of US government-sponsored campaigns, including those that are health-related. For instance, at the start of the SUNSET Project, many participants questioned the scientific evidence that second-hand smoke is harmful. Such suspicion, coupled with the oppression they faced in the FSU, makes many newcomers fiercely protective of their personal health choices. They hold the fatalistic view that one's health status is ultimately up to fate and the choices one makes are insignificant to eventual death, as expressed in the Russian maxim, "A man who doesn't smoke or drink dies a healthy man."

Community Assets

Russian-speaking newcomers may face many health-related challenges; however, they also possess much strength. These strengths enabled them to survive difficult social, cultural and political conditions in the FSU and now help them to successfully confront the health-related issues facing their community. Russian-speaking newcomers are resourceful, resilient, and hard working. They enjoy and find comfort doing things in groups, and have developed numerous skills for overcoming obstacles. Recent immigrants from the FSU also have a strong sense of family, the definition of which extends to networks of friends. An important aspect of Russian-speaking newcomer culture is the value placed on always being available to "help a friend in need." We have seen this tradition at work in past accomplishments of the SUNSET Project when community members offer to speak at quit clinics, participate in focus groups, and share their images and stories in media campaigns. San Francisco's Russian-speaking newcomers have used their unique qualities, values and skills to establish Russian-language media outlets and businesses and to create a place for themselves within existing religious institutions and social service agencies, particularly those serving the Jewish community. They have vibrant networks throughout California.

I b

Objectives

In this grant cycle, the project undertook four objectives reflecting a shift from more educational and individual work to policy change. The objectives focused on countering pro-tobacco influences in the Russian-language media, reducing exposure to secondhand smoke by workers at Russian worksites, increasing compliance with smokefree workplace laws and promoting culturally and linguistically appropriate cessation services.

The evaluation was conducted under supervision of Sandra Meucci, PHD in concert with the project staff. Together they designed evaluation protocols for observations, surveys, interviews and focus groups to correspond to each of the project objectives. These protocols were forwarded to the funder, the California Tobacco Control Program of the California Department of Public Health (formerly Tobacco Control Section of California Department of Health Services), in progress reports over the 3 year grant cycle.

II.**Objectives and Progress**

II. a**Countering Pro-Tobacco Influences in the Russian Language Media**

II.a.1.**Objective and Intervention**

Objective #1: By 6/30/2008, up to three Russian language media outlets (such as newspapers, websites or radio programs) currently accepting tobacco advertising will adopt a policy to not accept tobacco advertising. CX INDICATOR 1.1.2

Rationale:

The SUNSET Project seeks to address the high smoking rates of white males and those of low SES by countering pro-tobacco influences targeted at Russian-speakers, many of whom are white male and of low SES. Russian language tobacco advertisements targeting the Russian-speaking community had been observed in both newspaper and web-based formats. Typically, these low-income refugees and immigrants are linguistically isolated, and there are few, if any, programs or educational materials for Russian-speakers concerning the impact of tobacco use on health. Given the lack of linguistically and culturally appropriate tobacco-related health information in the Russian-speaking community, it is vitally important to both reduce the prevalence of pro-tobacco messages and simultaneously counter the pro-tobacco messages with culturally appropriate health information.

Intervention Activities:

A broad-spectrum of community-based strategies was applied to leverage programmatic effectiveness through coordinating and collaborating with existing social structures. In order to raise awareness and educate the community regarding the dangers of tobacco and the pervasiveness of pro-tobacco advertising, articles and a booklet were published by SUNSET on the topic of the tobacco industry targeting of Russian-speakers. This marks the first time the community has seen a link to industry targeting of their community. Another strategy to reduce the prevalence of pro-tobacco messages was to encourage and assist media outlets to adopt specific policies not to accept tobacco industry money. A 2-3 hour strategic planning session with community and Advisory Board members utilizing the MWA strategy chart was held to identify goals, organizational considerations, constituents/allies/opponents, targets and tactics. SUNSET developed a list of contact information for the media management and contacted managers by phone or mailing and requested to meet with them. Media were provided with an information packet regarding the impact of the tobacco industry on the community, the impact of secondhand smoke, and were asked to adopt a policy prohibiting the acceptance of tobacco industry advertising.

Intervention Targets: Russian language media owners.

Project Settings: Media offices.

II.a.2

Evaluation Methods

Evaluation Design: The desired outcome for this objective is for at least 2 Russian language media outlets such as newspapers, websites or radio programs that currently accept tobacco advertising to adopt a policy to not accept tobacco advertising. To measure success towards achieving this goal the Evaluator applied a non-experimental evaluation design, which utilizes a combination of observation and surveying to document the process of policy adoption. The intervention group was 5-10 Russian language media outlets that received intervention to adopt “no tobacco advertising” policy (Intact Group). The measurements included pre and post media observation (e.g., looking at issues such as: *Does media outlet accept tobacco advertising? Is media outlet still accepting tobacco advertising post-intervention?*). The SUNSET staff and community volunteers reviewed Russian-language media using the media assessment tool to identify whether or not tobacco advertising is accepted. The SUNSET staff conducted a business phone survey to select Russian language media outlets and conducted follow-up interviews with media site managers 3-6 months following the educational intervention. The Evaluator interviewed SUNSET staff to capture advocacy campaign process and outcomes as well as jointly analyze survey and interview findings.

Design Limitations: A baseline on tobacco advertising in the identified Russian media outlets taken prior to the writing of the objectives would have been helpful. That is, the existence of tobacco advertising in media outlets was only anecdotally observed, but was not systematically documented until the evaluation of the project, at which time little to no advertising was observed (by repeated interval observations). The policy to restrict tobacco advertising thereby served primarily as a prophylactic policy. Project staff added a step at that point, to try to get the media outlets to advertise the activities of the SUNSET project and to promote health messages regarding tobacco, but this was not in the original objective.

Sample Selection: Media outlets include all the major newspapers, television/radio stations and websites available to the Russian-speaking community in San Francisco and beyond.

Sample Size and Response Rate: 12 newspapers; one television station; one radio station; and one website were observed and contacted with 100% response.

Sample Limitations: We had no estimates on the number of people reading, watching the television, listening to the radio or reading the website. We simply observed and intervened with all the media venues serving Russian-speakers in the area.

Data Collection Instruments and Procedures: A standardized observation/interview checklist (with interval measures) was used. Initial observations were conducted to determine the presence of tobacco advertising. Phone calls were made to all media venues to document the existence or lack of a policy regarding tobacco advertising. Follow-up contacts were made with media site managers 3 – 6 months following the initial educational intervention.

Limitations of Data Collection Procedures: Some of the newspapers were not added to the list until 2007 so the number of observations for each newspaper was not standardized.

Data Analysis: The number of observations for each venue was recorded, along with the total number of messages promoting tobacco use. These data were used to assist program managers in targeting the venues promoting tobacco use for education.

II.a.3

Evaluation Results

Finding # 1: Over the three year period, tobacco advertising was observed only in one media outlet.

Finding # 2: SUNSET was able to secure signed anti-tobacco policies in 6 of the 15 Russian language media outlets, including one that has accepted advertising in the past, representing a significant countering of tobacco industry influence.

Outlets that signed ads are: Kstati, New Life, Russian Voice Radio, NZ Magazine, Baraban.com and Odesskiy Listok.

Finding #3: In the last two years, no tobacco advertising was observed in the 15 Russian language media in the Bay Area.

The SUNSET staff identified 15 Russian-speaking media outlets that are available to residents of the San Francisco Bay Area representing print, TV and web media. From July 2005 to December 2007, they conducted multiple observations and checks (76 checks total) of the media outlets: The results of these observations appear in a table on the next page.

By March 2006, SUNSET staff had conducted interviews with representatives of the following media outlets: The West East; 24 Hours; Vmeste; Komsomolskay a Pravda; Vzglyad; Kstati; Partnet newspapers; RTN television; New Life Magazine and Baraban.com website. The staff found the most commonly used media and followed closely to see if any tobacco depictions occurred in them.

The following table is the media observation report for this year's project activities along with a summary of the total number of checks from 2005-2007. The numbers in parentheses indicate the number of observations that were conducted during each month, Jan – June 2007, for each media outlet.

Table 1. Number of Media Observations											
Media Name	# of Checks 2005-07	Jul 05	Aug 05	Sep 05	Oct 05	Nov 05	Dec 05	Apr 07	May 07	Jun 07	Dec 07
Newspapers											
The West East	11	No (1)	No (3)				No (3)	No (2)	No (2)		
24 Hours	9	No (1)	No (2)				No (2)	No (2)	No (2)		
Vmeste	4			No (1)	No (1)	No (1)	No (1)				
Komsomolskaya Pravda	7		No (2)				No (1)	No (2)	No (2)		
Vzglyad	6	No (1)	No (1)	No (1)		No (1)	No (2)				
Kstati	11	No (2)	No (2)				No (2)	No (2)	No (2)		No (1)
Partner	5	No (1)	No (1)		No (1)	No (1)	No (1)				
New Life	3							No (1)	No (1)		No (1)
Viewpoint	4							No (2)	No (2)		
Odeskiy Listok	1										No (1)
Arlekin (magazine)	2							No (1)	No (1)		
NZ (To Health!) (magazine)	1										No (1)
Total	64										
Television /Radio											
RTN (TV)	1						No (1)				
Russian Voice Radio	1										No (1)
Total	2										
Websites											
Baraban.com	12	Yes (1)	Yes (3)		Yes (1)	Yes (2)			No (3)	No (1)	No (1)
Total	12										

Table 2. Results of Media Policy Work					
Media Name	Total # of checks	Total # of Messages Promoting Tobacco Use	Adoption of Policy Regarding Tobacco Advertising		Adoption of Sunset Ads promoting Tobacco Education?
Newspapers			Current Status		
The West East	11	0	No		
24 Hours	9	0	No		
Vmeste	4	0	No		
Komsomolskaya Pravda	7	0	No		Yes
Vzglyad	6	0	No		
Kstati	11	0	YES		Yes
Partner	5	0	No		
New Life	3	0	YES		Yes
Viewpoint	4	0	No		
Odeskiy Listok	1	0	YES		Yes
Arlekin (magazine)	2	0	No		
NZ (To Health!) (magazine)	1	0	YES		Yes
<i>Total</i>	<i>64</i>	<i>0</i>	<i>Yes=4</i>	<i>No=8</i>	<i>5</i>
Television					
RTN (TV)	1	0	No		
Russian Voice Radio (Radio)	1	0	YES		Yes
<i>Total</i>	<i>2</i>	<i>0</i>	<i>YES=1</i>	<i>No=1</i>	
Websites					
Baraban.com	12	7	YES		Yes
<i>Total</i>	<i>12</i>	<i>7</i>	<i>Yes=1</i>		

Finding #4: Project staff are countering the effects of tobacco advertising with the creation of a bi-lingual booklet “Tobacco Then and Now: History, Targeting and the Russian community” about tobacco industry targeting of Russian-speakers as well as producing a regular newsletter.

SUNSET field-tested the brochure with three business owners. Responses included: "Russian people should know that tobacco companies target our community." "I enjoyed reading about the Russian speaking community in SF." "I hope these messages will get the attention of young people." "I like the brochure because of the beautiful artwork, and it will be appreciated by English and Russian speakers." "The images remind me of my past life in Russia." "The data and history part was meaningful to me."

Finding #5: Media that adopted a policy frequently cited SUNSET’s media campaign and concern for the health of their community as a reason for adopting the policy.

II.a.4

Conclusions and Recommendations

The SUNSET Russian Tobacco Education Project has made significant gains in inculcating the Russian language media against tobacco industry influence as evidenced by the number of policies the media have signed (double what was in the original objective) and their ability to obtain a policy with a site that had accepted tobacco advertising in the past. Although there is some debate for the need for prophylactic sponsorship policies, the Russian language media is essential to this community and having these formal policies in place helps solidify community norm change. San Francisco Russian-speakers are now more likely to see anti-tobacco ads in their ethnic media than tobacco advertising.

- **Recommendation #1:** It is interesting to note that tobacco advertising has only been seen in a more sophisticated media form targeting young people whereas the local papers target the older community. It would be worth expanding observation to media not based in San Francisco, but used by locals, to see if young adults are being targeted. Examples of such media include websites advertising Russian parties and performances, dating sites and national and Los Angeles based papers. However, given limited resources, SUNSET should continue to place anti-tobacco messages in the local Russian-speaking media while supporting other community norm change efforts.

II. b

Reduce Exposure to Secondhand Smoke by Workers

II.b.1

Objective and Intervention

Objective #2: By 12/31/2006 from a baseline survey of at least 100 Russian-speaking workers from at least 10 worksites, at least 60% who report smoking in their home, at their worksite, and/or in their vehicle will report at 3 to 6 month follow-up that smoking is not permitted inside their home, at their worksite or car as a result of a secondhand smoke educational campaign conducted through the worksites. Worksites will include taxi companies, airport shuttle companies and Russian grocery stores. CX INDICATOR 2.1.1

Rationale: The SUNSET Russian Tobacco Education Project seeks to address the high incidence of SHS exposure within the Russian-speaking community, many of whom are white males of low SES. Staff and community members observed that a large number of Russian-speakers gather in restaurants, parks, and other community/social locations, often with their children and grandchildren, while many are smoking. Signs at local parks and worksites are often not translated, and no signs in Russian were observed before the project's worksite educational campaign. Staff had observed some smoking at restaurants, bars and a retail store and identified this as an area of concern. This working population is difficult to recruit into activities because of their schedules and pressing economic concerns.

Intervention Activities: In order to raise awareness and educate the community regarding the dangers of second hand smoke and the benefits of compliance with local and statewide worksite smoking statutes, SUNSET's goal was to conduct one-on-one and small group 15-30 minute educational visits with at least 100 Russian-speakers at 10-15 worksites such as car service companies or grocery stores about smoke-free workplace laws, secondhand smoke awareness, promoting smoke-free homes and vehicles and where to go for help in quitting smoking. Bilingual educational material including second hand smoke brochure was distributed to a minimum of 100 participants. A short intervention was designed to accommodate worker's lunch breaks.

Intervention Targets: Russian-speaking workers

Project Settings: Various worksites in the Russian-speaking community.

II.b.2

Evaluation Methods

Evaluation Design: The desired outcome is for this objective is to reduce SHS exposure in the target community. To measure our success towards achieving this goal the evaluator applied a non-experimental evaluation design. She conducted a retrospective pre-test survey following educational intervention as well as 3 to 6 month follow-up phone surveys with at least 100 workshop participants to document changes in their smoking practices inside their home, worksite or car as a result of the secondhand smoke educational campaign conducted through the worksites.

Design Limitations: The only limitation regarding design is in the hypothesized outcome of the intervention; that is, after receiving only a one hour training on second-hand smoke, the expectation that workers would decrease the amount of smoking in their home, workplace, or automobiles seems unrealistic.

Sample Selection: This was a convenience sample of Russian-owned worksites where the training would be permitted.

Sample Size and Response Rate: Ten worksites and 101 workers – 100% response rate.

Sample Limitations: The sample was a self-selected group of Russian business owners who would permit the training on second-hand smoke to occur during the workday.

Data Collection Instruments and Procedures: A baseline survey was administered at the end of the training, and the survey served a dual purpose. This survey measured the learning from the training (so in that regard it was retrospective) and it also established baseline measures for smoking at work, and permitting smoking in the home and in automobiles. A follow-up telephone survey was conducted with workers to ascertain any changes in permitting smoking in homes and automobiles. See Appendix for Data Collection Instruments.

Limitations of Data Collection Procedures: Follow up telephone calls are labor intensive and success depended upon the worker being at the same telephone number as listed during the worksite training and being reachable and willing to be surveyed over the phone.

Data Analysis: Pre and post responses to questions about smoking at the worksite and exposure to second-hand smoke in homes and automobiles were examined to establish the strength and direction of change, and normative statistics were used to compute the change.

II.b.3

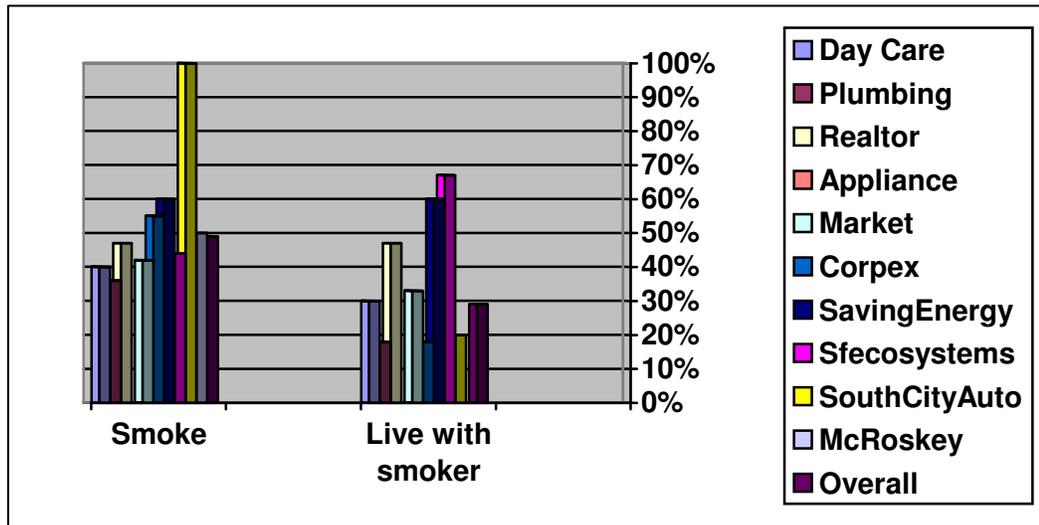
Evaluation Results

BASELINE SURVEY RESULTS

Finding #1: SUNSET Russian staff conducted second-hand smoke workshops at ten Russian-owned workplaces by 12/31/2006 reaching 101 workers.

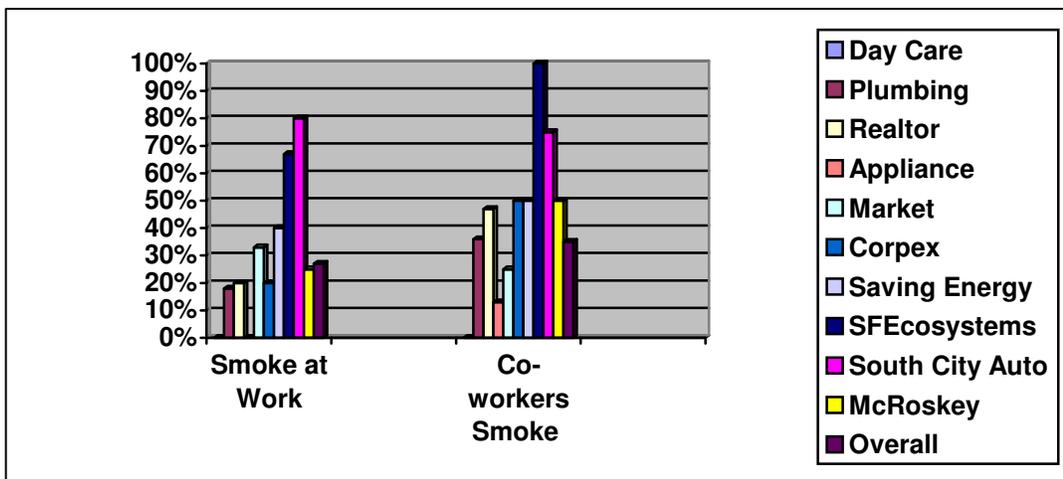
The staff reached the numbers outlined in the objective for baseline giving ten workshops to a total of 101 Russian-speaking staff. These worksites were: New World Market; Arko Plumbing; New Age Real Estate Office; Sunflower Day Care; Pap Appliance, Service and Repair Shop; Corpex Transportation Services, Mcroskey Mattress Company; Saving Energy Company; SF Ecosystems; and South City Auto Repair.

Finding #2: Of the 101 workers surveyed at baseline, 49% smoked and 29% lived in a household with someone who smokes. The appliance repair workers reported the lowest rates of smoking (0%) and the auto repair workers reported the highest (100%).



The chart to the left depicts the answers to survey questions about whether or not the person smokes and the question about whether or not the person lives with a smoker.

Finding #3: Overall at baseline, 27% of the workers reported smoking at work and 35% reported that their co-workers or customers smoke around them at work. South City Auto had the highest percentage reporting smoking at work, and no smoking was reported in the day care center. SF Ecosystems had 100% of respondents reporting exposure to secondhand smoke at work, but only half of the survey takers chose to answer that question.

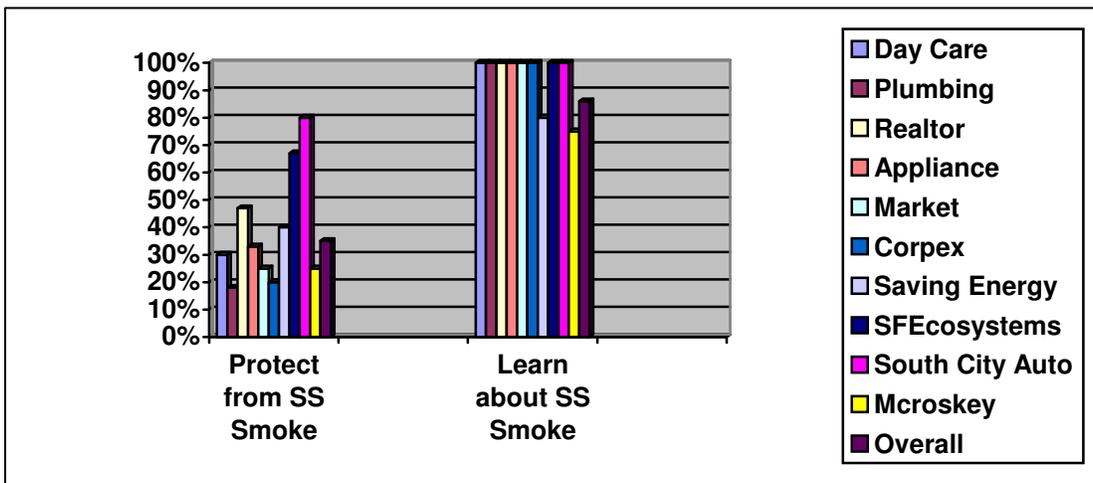


The workers answered questions about whether or not they themselves smoke at work and whether their co-workers smoke around them at work. In California where smoke free workplace laws have been in

effect for some time, there is nevertheless a great deal of smoking at some Russian-speaking worksites. However, the question did not differentiate between indoor and outdoor smoking. At New Age Realty,

for example, where 15 people completed the training and post-training survey, reported at a rate of 47% that co-workers or customers smoke around them.

Finding #4: Almost all worksites had 100% report that they learned new things about second hand smoke at the workshop, with the exception of two sites where the averages were 80% and 75% of respondents. Despite this high level of reported learning, overall only 31% on average reported that there are ways they will (or will continue to) protect themselves, their co-workers and/ or family from second hand smoke.



The types of things people mentioned that they could do to protect themselves from second-hand smoke were to think more about themselves and other people; quit smoking;

reduce the number of cigarettes they smoke; and smoke outside. One person said they could “divorce a smoker” which is difficult to interpret (i.e., this may have been an expression of frustration that there was little they can actually do when their spouse smokes).

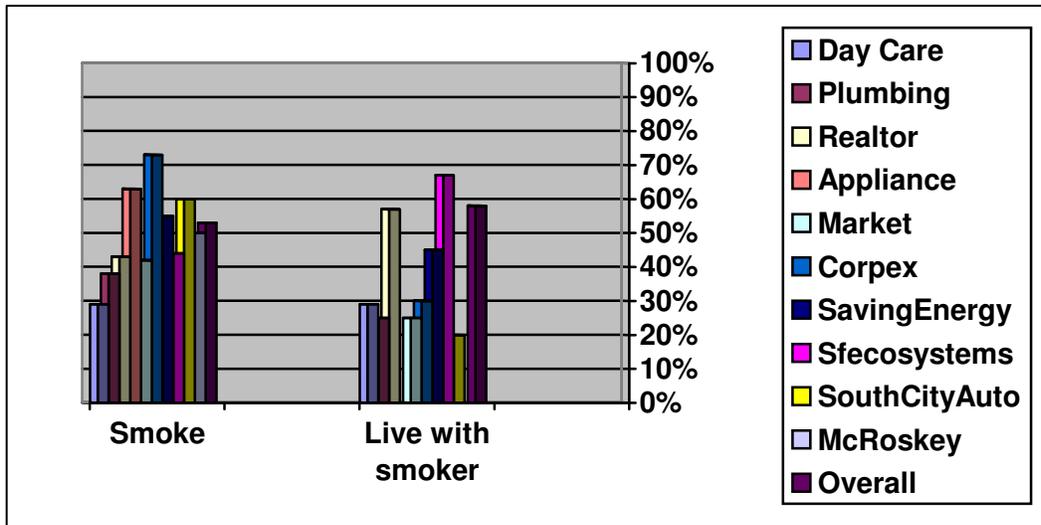
Finding #5: Only four of the 101 people surveyed after the workshop reported that they did not believe second hand smoke is dangerous, and most people with the exception of eight, believed that you are at greater risk of cancer if you live with a spouse that smokes.

Finding #6: 26% of all the workers surveyed after the workshop still believed that you can smoke at work if people agree it is all right. The numbers were highest at workplaces were respondents had reported high exposure to smoking at work including New Age Realty, SF Ecosystems, Saving Energy and South City Auto.

POST-INTERVENTION FOLLOW-UPS

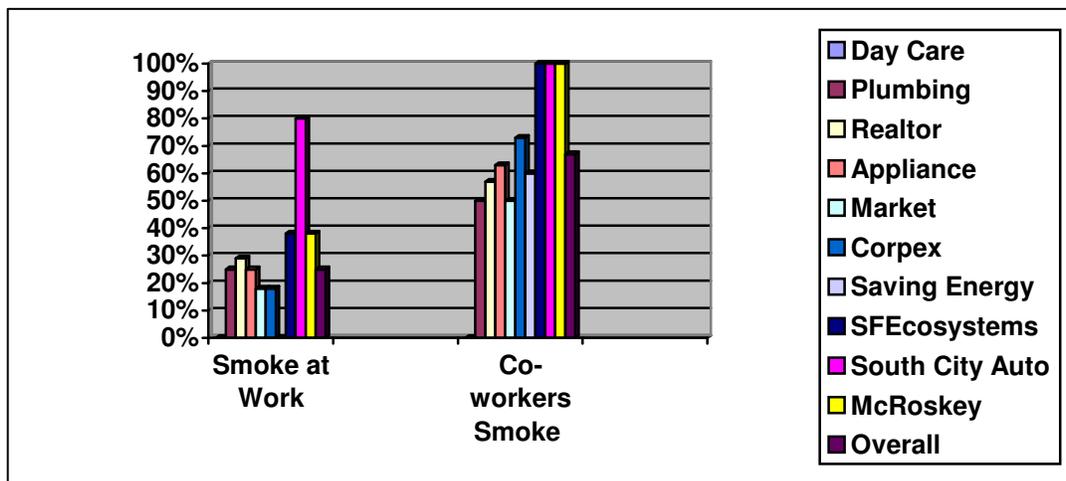
Finding #7: Instead of contacting only those who reported smoking in the home, worksite or car, SUNSET staff telephoned people at all ten sites to measure change as a whole at the worksites. They telephone surveyed 81 people total.

Finding #8: At worksite follow-up, 81 workers were surveyed showing an overall increase in the percentage of smokers to 53% smoking and 58% living with smokers. This is compared to 101 workers surveyed at baseline, where 49% smoked and 29% lived in a household with someone who smokes.



The chart to the left shows percentages of workers who reported they smoke and/or live with a smoker at the follow-up phone call.

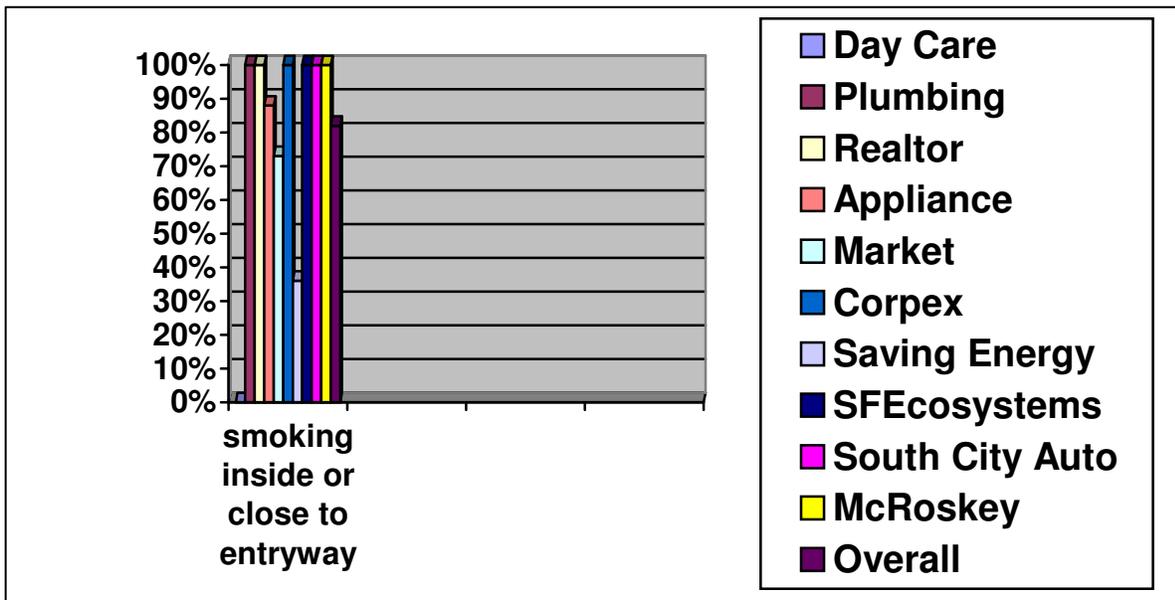
Finding #9: From baseline, there was a small decrease in the percentages reporting they smoke at work from 27% overall to 25% at follow-up. However, the percentage of people overall reporting co-workers or customers smoking around them at work significantly increased from 35% to 67%.



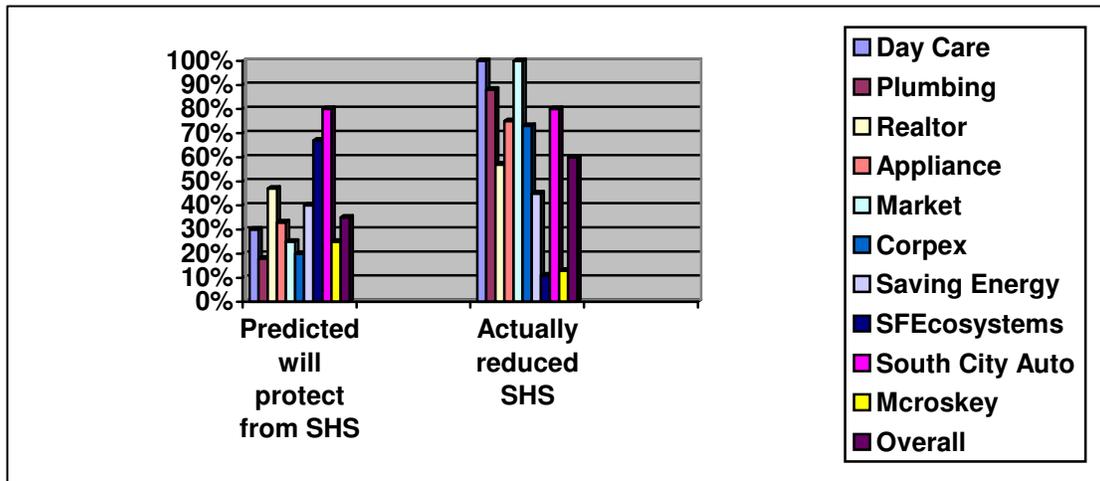
The chart to the left shows percentages of workers who reported smoking at work and/or having co-workers or customers smoke around them at work post intervention.

Finding #10: In follow up surveys, workers at 2 sites reported that workplace regulations prohibiting smoking had been enacted since the workshop. However, one of the 2 reported no enforcement of the regulations. All the workplaces surveyed also had 50% or more of respondents reporting exposure to secondhand smoke at work from co-workers or customers.

Finding #11: Considering California is a leader in smoke-free workplace laws, Russian-speakers are being exposed to smoking at the worksite or immediately outside the entrance at an alarming high percentage of 82% overall. This could put Russian-speakers at higher risk for disease than the general California population.

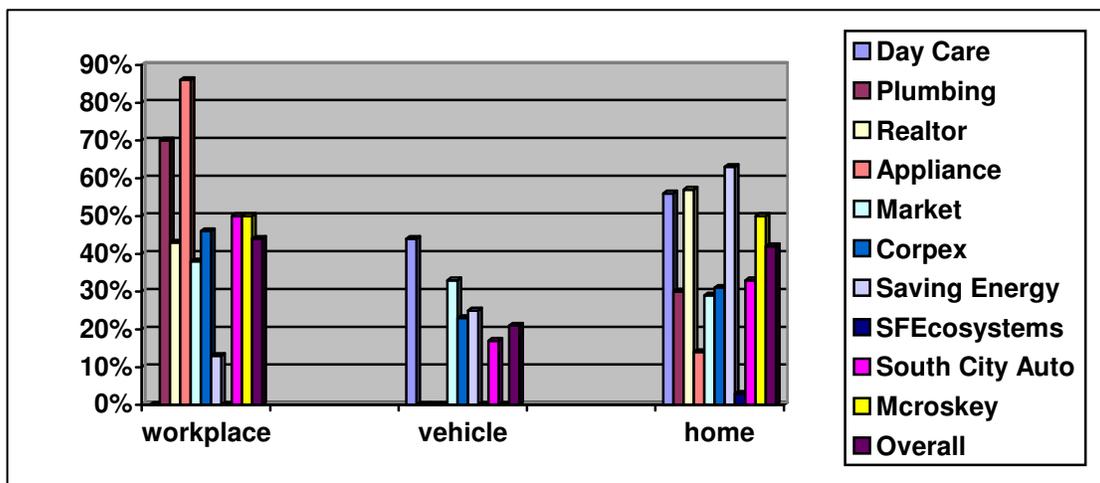


Finding #12: At baseline, only 35% overall reported that there were ways they were or would continue to protect themselves, co-workers and/or family members from secondhand smoke. At follow-up, 60% reported they actually had reduced their own, co-workers or family members' exposure to secondhand smoke since the workshop.



In the first year of SUNSET's work in the community, they discovered smoke-free home "pledge sheets" were not culturally-appropriate because they were reminiscent to people of being forced to sign communist pledges. Instead, SUNSET created "intention" sheets and only used them in contexts where they could be explained adequately. It is interesting to note that when originally asked if they would take steps to reduce SHS after the workshop, participants were reluctant. However, the reality is that more than half actually made a behavior change at follow-up. It is another example of how this culture is open to behavior change, but cultural competency is key in understanding this community.

Finding #13: SUNSET was successful in creating behavior changes around exposure to secondhand smoke. The biggest change was that 44% of employees overall reported that they have reduced secondhand smoke exposure at work. This was true even in workplaces with continued high reporting of secondhand smoke exposure at work. At home, overall 42% have reduced exposure with 21% reporting they have reduced it in their vehicle.



- **Recommendation #1:** *Since there was high self-reported learning and understanding about SHS issues, future trainings should continue much in the same way as they have been conducted, but focus more on practical ways people can protect themselves and their families from second hand smoke. Facilitating group problem-solving around this issue may help as might modeling some specific solutions to the problems they present.*
- **Recommendation #2:** *SUNSET staff should look for culturally competent ways to counter this thinking that group consensus is more important than workplace safety and create safe ways for employees who do not agree to speak up.*
- **Recommendation #3:** *the follow-up data measured the impact SUNSET had on the workplace environment versus individuals. This measures workplace change. To capture individual behavior change it would be necessary to conduct follow-up phone calls only with those who reported smoking. Although, we did measure some individual change with regard to self-reported behavior of protecting self at home or in vehicle.*
- **Recommendation #4:** *There is still a high percentage of smokers and people living with smokers in the Russian-speaking community. There has been no prevalence data on this community, so this small sample showing a 53% smoking rate is very instructive in California where the general adult smoking rate is 13%. SUNSET should continue its workplace workshops and consider following individual smokers.*
- **Recommendation #5:** *SUNSET should determine if there are cultural reasons why management are saying they will enact a policy, but then not enforce it. Some questions to consider are if they just want to please the CHOW who made the visit, if they believe a policy on the books will limit liability, or if they feel it would hurt morale to enforce the policy.*
- **Recommendation# 6:** *SUNSET should follow-up with site management to discuss enforcement of policies and educate management about California smoke free workplace laws. Repeated visits should be made to observe compliance.*
- **Recommendation #7:** *Since the question did not differentiate between smoking indoors and outside the entryway, it would be worth determining if smoking is happening inside. This would be a clear violation of smoke-free worksite laws whereas the smoking near the entryway may or may not be subject to pertinent ordinances. SUNSET should bring this matter to the attention of their advisory board and look for culturally competent ways to address the issue. At this point, it could possibly harm SUNSET's ability to do workplace education if they respond by reporting to the authorities because of the unique socio-political history of this community. SUNSET should seek future funding opportunities to do a comprehensive media and education campaign around exposure to secondhand smoke at work.*

II.c

Increase Compliance with Smoke-free Worksite Laws

II.c.1

Objective and Intervention

Objective #3: *By 6/30/2008, there will be a 20% increase in compliance with the smoke-free worksite law among Russian serving businesses as a result of a merchant/employee education campaign and as determined by an annual observational survey including restaurants and/or other social locations.*

This objective was reported on in a case study entitled “Spaseba” for Not Smoking: A Case Study on Merchant Education in a Russian-speaking Community. (Please see next page for information to obtain the case study).

SUNSET designed a campaign that included measuring incidence of smoking at worksites for baseline, conducting education to worksites out of compliance, then observing worksites again to measure change.

The case study outlines in detail the process, cultural issues, findings and recommendations of the intervention and evaluation process. Below is a summary of key findings.

Finding #1: Although SUNSET did not definitively measure workplace compliance, anecdotal evidence suggests Russian-speakers are observing the smoke-free workplace laws.

Finding #2: There is a significant amount of smoking in outdoor public places in the Russian-speaking community.

Finding #3: Smoking outside Russian-serving businesses decreased after the intervention.

Finding #4: SUNSET increased the amount of signage prohibiting smoking at worksites.

Finding #5: Merchants who participated expressed positive feelings about SUNSET after the intervention.

Finding #6: SUNSET has developed culturally competent approaches in working with the Russian-speaking community.

IMPORTANT LESSONS LEARNED

- 1. Establish Connections.** In many new immigrant communities, outsiders are viewed warily. This is especially true with immigrants from the former Soviet Union who lived through a complex political history that bred mistrust for government sponsored programs. The Community Health Outreach Worker should ideally be someone from the community who can work their personal network to establish a personal connection to the business owner.
- 2. Be flexible and patient.** In trying to set up appointments with business owners, the CHOW was very often told to call another day or was not able to be put through to the owner. It took patience, persistence and flexibility to meet the owner’s needs.

- 3. Use incentives.** SUNSET offered volunteers as well as business owners \$10 gift card incentives. Although the gift card was not a substantial amount of money, it helped people feel appreciated for giving their time.
- 4. Use a Personal touch.** It is necessary in this community to take the time to establish a personal rapport as part of the intervention. The CHOW would discuss what and who they had in common, life in the FSU vs. life here, how much she enjoyed their products.....etc. Sometimes tobacco was not discussed until 45 minutes into the meeting. This established her as an insider to be trusted, and as a guest who was to be welcomed rather than a government official.

For further information, please refer to the complete case study. It can be ordered from Delilah Raybee, SUNSET Russian Tobacco Education Project, (415) 682-1963.

II.d

Promote Tobacco Cessation Services

II.d.1

Objective and Intervention

Objective #4: *By 6/30/2008 at least 16 public or private agencies in California that serve Russian-speakers such as immigrant or Jewish-serving agencies will have received information and/or technical assistance on providing culturally appropriate cessation services for this community. Of the 16, at least 4 will begin providing culturally and linguistically appropriate cessation services at their sites.*
CX Indicators: 4.11 and 4.2.2

Rationale: San Francisco's Russian-speaking newcomer population has grown rapidly over the last 15 years; currently it is estimated to number between 25,000 to 30,000 people. These individuals from the former Soviet Union (FSU) have very high rates of chronic health conditions. The following startling statistics from the World Health Organization¹ highlight the extent of cardiovascular and chronic disease among people in the FSU. The average mortality is currently three times that of the European Union while the average life expectancy for Russian men has dropped to less than 59 years of age². In 2002, the NHP completed an assessment of the Russian-speaking newcomer population in San Francisco³, which included focus groups, surveys and clinical data reviews, and identified a complex set of factors that contribute to high rates of chronic illness, tobacco use being chief among them. The California Helpline does not offer Russian language services and the San Francisco area is the only place where -CTCP has funded a comprehensive Russian language tobacco education project. Los Angeles and Sacramento have large Russian-speaking communities that can benefit from the efforts begun in San Francisco.

The SUNSET Russian Tobacco Education Project has developed a successful culturally and linguistically appropriate quit clinic model. Cessation was initially part of the CTCP funding and has been the biggest draw to the program. SUNSET currently offers its cessation services through mini-grant funding from the San Francisco Tobacco Free Project. The program has shared its unique approach at the World Conference on Tobacco or Health highlighting what really works for Russian-speakers: cultural and linguistic reference points, inclusion of family members, and alternative therapies such as acupuncture and hypnotherapy combined with American Lung Association practices. This has resulted in good quit rates and excellent rates in reduction of cigarettes smoked per day. This objective seeks to replicate SUNSET's success and build the capacity of agencies to offer appropriate smoking cessation services to Russian-speaking immigrants.

¹ *Selected Russian Federation data*, World Health Organization Web Site, <http://www.who.int/countries/rus/en/>

² "Russian men face hard, short lives," *St. Petersburg Times*, January 17, 2003. Obtained at <http://www.sptimesrussia.com/archive/times/276-277/russian-men.html>

³ Erwin, Patricia MPH and Chappo, Linda L., et al. (2002) *Russian-speaking Newcomers in San Francisco: A Community Assessment Report*; San Francisco Department of Public Health, 2002. Available at <http://www.sfdph.org/Reports/RussAssessNMap.pdf>

Intervention Activities: To achieve this outcome, SUNSET's goal was to conduct numerous training and technical assistance activities, with particular emphasis on Russian-speaking communities outside San Francisco such as Sacramento and the East Bay, which would build capacity in the community expanding SUNSET's geographical impact and allowing for the effects to resonate long after the contract ends. To achieve this outcome, SUNSET's goal was to conduct numerous training and technical assistance activities which would build capacity in the community allowing for the effects to resonate long after the contract ends. The goal was to provide one 30-60 minute training to clinic staff from 1-2 public health centers on assessing smoking status as a vital sign when patients first arrive for appointment and/or brief intervention techniques. Curriculum would include statistics on how smoking as a vital sign and medical provider brief intervention increase patient success in quitting, harmful effects of tobacco use and steps to integrate a brief intervention into busy office visits. SUNSET also sought to provide 3-10 hours of TA to 3-10 public health centers or community-based organizations in areas in California with large Russian-speaking newcomer communities to implement smoking as a vital sign and appropriate documentation at their sites, as well as, follow-up with 3-15 social service agencies interested in technical assistance and arrange for training dates, times and locations. SUNSET created at least 20 bilingual packets of educational materials for training participants that included information such as how to conduct a quit clinic, special considerations of this ethnic group and information on the negative health effects of tobacco.

Intervention Targets: Public or Private Agencies serving Russian-speakers

Project Settings: Various agencies serving the Russian-speaking community state-wide.

II.d.2

Evaluation Methods

Evaluation Design: The desired outcome for this objective is that at least 2 public or private agencies that receive technical assistance from the SUNSET project will begin to promote cessation services either by adopting a policy institutionalizing brief cessation intervention counseling with smoking as a vital sign or by providing culturally and linguistically appropriate cessation services for Russian-speakers by June 30, 2008. To measure success towards achieving this goal the evaluator applied a non-experimental evaluation design with at least 2 public or private agencies that receive SUNSET's intervention. She conducted a follow-up survey to a census sample of all public or private agencies that received technical assistance and analyzed data to assess increased capacity of recipients to promote cessation services either by adopting a policy institutionalizing brief intervention or to provide culturally or linguistically appropriate services.

Design Limitations: Some of the agencies did not serve Russian-speaking clients and since SUNSET tobacco brief intervention techniques were culturally specific, this posed a "goodness of fit" issue.

Sample selection: Convenience sample of agencies, many who have had served in the past or continue to serve Russian-speaking clients.

Sample Size and Response rate: Four human service agencies that received training were contacted, but only one responded despite multiple attempts to reach agencies.

Sample limitations: The sample was constituted largely through agencies with which the SUNSET staff had collaborative relationships, after other agencies serving Russian-speakers did not respond to mailings and follow up phone calls offering training.

Data Collection Instruments and Procedures: Follow-up phone calls and emails were made to the four agencies which received training from SUNSET staff to ascertain the extent to which they had adopted brief intervention techniques with their clients who have tobacco dependence.

Limitations of Data Collection Procedures: Many of these agencies were not available for the telephone follow-up due to changes in funding from the initial technical assistance encounter, or other unknown reasons.

Data Analysis: Pre and Post technical assistance measures were to be compared regarding the movement toward adoption of brief intervention techniques.

II.d.3

Evaluation Results

Finding #1: SUNSET has given information and offered technical assistance to sixteen Russian-serving agencies statewide. However, without a cessation budget agencies are reluctant to implement their own cessation programs.

The sixteen agencies contacted with a mailing of an informational packet and invitation for technical assistance/training included CHAI Tobacco Control, American Lung Association of Sacramento, American Lung Association of the Greater Bay Area, Jewish Family and Children's Services of the East Bay, Big Hands for Little Hearts, Bay Area Region, Sacramento County Refugee Health Assessment Program, Los Angeles County Refugee Health Assessment Program, Alameda County Refugee Health Assessment Program, Contra Costa County Refugee Health Assessment Program, International Institute of Los Angeles, International Rescue Committee, Catholic Charities, Jewish Family Service of Sacramento, and Jewish Family Service of Los Angeles.

No agencies responded to the initial information packet. Beginning in April, 2007 the Project Director and Community Health Outreach Worker began to follow-up with five agencies where staff had contacts. There was minimal interest in offering cessation services. At least one agency said this is because there is no funding available to offer cessation.

Finding #2: SUNSET gave 4 cessation "train the trainer" trainings to 23 people from 4 different agencies.

SUNSET expanded their reach to include agencies serving other underserved refugee and immigrant groups as well as Russian-speakers. Four presentations were completed. Presentations included: a November 2007 presentation to 3 *pomoshniks* (lay health workers) of the Let's Be Healthy! Project serving Russian-speakers, an October 2007 Alameda County Refugee Health Assessment Program for 4 people, a February 2008 training at the Fresno Center for New Americans for 13 people, and a May 2008 training at Sacramento County Refugee Health Assessment Program for 3 people, including one Russian speaking health worker.

Finding #3: One agency reports more promotion of cessation services since the training. No agencies have reported institutionalizing cessation services as a result of SUNSET's intervention.

At Newcomers (*pomoshniks*/lay health workers), created a plan to offer incentive for community members who refer a friend or family member to cessation services. If the referred individual completes a 4-session quit clinic, the individual making the referral will receive a \$10 gift certificate. The goal is to increase the rate of referrals by community members and increase the reach of smoking cessation services. In addition to the Project Director, one of the three trained individuals was contacted for follow-up. She reported referring friends to SUNSET quit clinics.

Unfortunately, the other agencies have not responded to follow-up survey requests. SUNSET's Project Director reports that the Fresno Center for New Americans was not refunded by CTCP beyond June 2008 which will probably affect its ability to do tobacco work.

II.d.4

Conclusions and Recommendations

- **Recommendation #1:** *Continue to follow-up with agencies and seek new collaborators such as Russian medical provider offices to encourage adoption of quit clinics. For those hesitant, explore further their barriers in order to find solutions.*
- **Recommendation #2:** *When seeking new funding opportunities, consider option of providing mini-grants for other agencies to provide cessation or having SUNSET provide quit clinics at other sites.*

III.

Summary

The SUNSET Russian Tobacco Education Project's approach to addressing tobacco issues among the Russian-speaking immigrant population has historically been multi-varied. This was necessary coming into a community with very high smoking prevalence rates, no history of public health education and a unique political history that bred mistrust in government programs. Something as simple as a smoke-free home pledge sheet was reminiscent of being forced to sign communist pledges. In years past the focus has been on outreach to the community members, developing a culturally appropriate media campaign linking smoking cessation with symbols of health and vitality, providing linguistically and culturally appropriate smoking cessation services, and increasing the number of smoke-free public spaces. The project has come a long way from its early days in 2000 when Russian-speaking newcomers in San Francisco referred to the notion of quitting smoking as "the American way," and did not seriously consider it.

Through the years the project has learned how to formulate public health messages regarding smoking to Russian-speaking immigrants, largely by recruiting and working closely with Russian-speaking community health outreach workers and by creating and sustaining a network within the Russian-speaking community (including physicians and other clinicians associated with the Newcomers Health Program). The project has also learned how to increase interest in quitting smoking by offering acupuncture and other alternative treatments (e.g., hypnotherapy) which better fit the Russian-speaking community cultural norms. The project has seen the need to involve women who play a critical role in overseeing the health care of their families, and offered them opportunities to help friends and family to quit smoking.

SUNSET has provided needed research into this community, shared its findings and created high quality culturally and linguistically appropriate materials where before there were none.

In their most recent grant term encompassing years 5-8 of the project, the focus has been on policy related to the Russian workplaces. Similar to their campaign to educate merchants within the Russian-speaking community, the staff this grant period have sought to educate media company directors, managers at Russian – owned and operated businesses and workers themselves.

SUNSET was recently re-funded with new interventions that leverage the community norm changes and policy achievements reflected in this report. There is a buzz of volunteers, media presence, merchants, Russian-language brochures and other Russian-serving projects that were not in existence when the project started 8 years ago with 2 staff. SUNSET has truly become an important resource in this tight-knit community, and its accomplishments have helped make it a recognized and admired presence and resource in the community.

APPENDIX A

Newage Realty and Mortgage Workplace Survey Results

Question 1	Total Responses =		15	Comments
Type of Workplace	Restaurant	0	0%	The workshop was conducted at the NEWAGE Realty and Mortgage Company, 1990 Noriega St, San Francisco, CA 94122
	Nightclub	0	0%	
	Taxi Service	0	0%	
	Airport shuttle	0	0%	
	Grocery	0	0%	
	Other	15	100%	
Question 2	Total Responses =		15	Comments
Gender	Male	6	40%	
	Female	9	60%	
Question 3	Total Responses =		15	Comments
What is your primary language?	Russian	15	100%	
	English	0	0%	
	Other	0	0%	
Question 4	Total Responses =		15	Comments
Do you smoke?	Yes	7	47%	
	No	8	53%	
Question 5	Total Responses =		15	Comments
Do you live with someone who smokes?	Yes	7	47%	
	No	8	53%	
Question 5a	Total Responses =		15	Comments
Do you smoke at work?	Yes	3	20%	
	No	12	80%	
Question 6	Total Responses =		15	Comments
Do your co-workers or customers smoke around you at work?	Yes	7	47%	
	No	8	53%	
Question 7	Total Responses =		14	Comments
Where is your workplace?	Office	14	93%	
	Vehicle	0	0%	
	Store	0	0%	
	other	0	0%	
Question 8	Total Responses =		15	Comments
If you drive a taxi (town car, etc.) do you allow	Yes	0	0%	
	No	4	27%	

people to smoke in it?	Not Applicable	11	73%	
Question 9	Total Responses =		15	Comments
Has anyone smoked in your taxi (town car, etc.) in the last month?	Yes	0	0%	
	No	1	7%	
	Not Applicable	14	93%	
Question 10	Total Responses =		15	Comments
Are there ways that you will (or will continue) to protect yourself, your co-workers and/or your family from secondhand smoke?	Yes	8	53%	
	No	0	0%	
	Don't know	7	47%	
	Not Applicable	0	0%	
Question 11	Total Responses =		15	Comments
Secondhand smoke is very dangerous to your health.	T	14	93%	
	F	1	7%	
Question 12	Total Responses =		15	Comments
Secondhand smoke is cleaner than the mainstream smoke the smoker inhales.	T	7	47%	
	F	8	53%	
Question 13	Total Responses =		15	Comments
There are very few chemicals in cigarette smoke.	T	4	27%	
	F	11	73%	
Question 14	Total Responses =		15	Comments
Adult nonsmokers married to a smoker increase their risk of heart disease.	T	6	40%	
	F	9	60%	
Question 15	Total Responses =		15	Comments
You can smoke at work if everyone agrees it's alright.	T	6	40%	
	F	9	60%	
Question 16	Total Responses =		15	Comments
Children exposed to secondhand smoke are more likely to develop asthma.	T	13	87%	
	F	2	13%	
Question 17	Total Responses =		15	Comments
Did you learn new things about secondhand smoke at the workshop?	Yes	15	100%	
	No	0	0%	

Appendix B

Arko Plumbing Worksite Survey Results

Question A	Total Responses =		12	Comments
Type of Workplace	Restaurant	0	0%	The workshop was conducted at the Arko Plumbing worksite.
	Nightclub	0	0%	
	Taxi Service	0	0%	
	Airport shuttle	0	0%	
	Grocery	0	0%	
	Other	12	100%	
Question 1	Total Responses =		11	Comments
Gender	Male	11	100%	
	Female	0	0%	
Question 2	Total Responses =		11	Comments
What is your primary language?	Russian	9	82%	
	English	4	36%	
	Other	0	0%	
Question 3	Total Responses =		11	Comments
Do you smoke?	Yes	4	36%	
	No	7	64%	
Question 4	Total Responses =		11	Comments
Do you live with someone who smokes?	Yes	2	18%	
	No	9	82%	
Question 5	Total Responses =		11	Comments
Do you smoke at work?	Yes	2	18%	
	No	9	82%	
Question 6	Total Responses =		10	Comments
Do your co-workers or customers smoke around you at work?	Yes	4	36%	
	No	6	60%	
Question 7	Total Responses =		11	Comments
Where is your workplace?	Office	10	91%	
	Vehicle	0	0%	
	Store	1	9%	
	other	0	0%	
Question 8	Total Responses =		0	Comments
If you drive a taxi (town car, etc,) do you allow people to smoke in it?	Yes			This establishment is a Plumbing business, and workers do not drive taxis.
	No			
	Not Applicable	0	100%	

Question 9	Total Responses =		11	Comments
Has anyone smoked in your taxi (town car, etc.) in the last month?	Yes	0	0%	
	No	0	0%	
	Not Applicable	11	100%	
Question 10	Total Responses =		11	Comments
Are there ways that you will (or will continue) to protect yourself, your co-workers and/or your family from secondhand smoke?	Yes	2	18%	smoke outside (2); try to quit (1); reduce number of cigarettes (1)
	No	9	82%	
	Don't know	0	0%	
	Not Applicable	0	0%	
Question 11	Total Responses =		12	Comments
Secondhand smoke is very dangerous to your health.	T	12	100%	
	F	0	0%	
Question 12	Total Responses =		12	Comments
Secondhand smoke is cleaner than the mainstream smoke the smoker inhales.	T	0	0%	
	F	12	100%	
Question 13	Total Responses =		12	Comments
There are very few chemicals in cigarette smoke.	T	0	0%	
	F	12	100%	
Question 14	Total Responses =		12	Comments
Adult nonsmokers married to a smoker increase their risk of heart disease.	T	12	100%	
	F	0	0%	
Question 15	Total Responses =		12	Comments
You can smoke at work if everyone agrees it's alright.	T	0	0%	
	F	12	100%	
Question 16	Total Responses =		12	Comments
Children exposed to secondhand smoke are more likely to develop asthma.	T	12	100%	
	F	0	0%	
Question 17	Total Responses =		10	Comments
Did you learn new things about secondhand smoke at the workshop?	Yes	10	100%	
	No	0	0%	

Appendix C

New World Market Workplace Survey Results

Question A	Total Responses =		12	Comments
Type of Workplace	Restaurant	0	0%	The workshop was conducted at the New World Market
	Nightclub	0	0%	
	Taxi Service	0	0%	
	Airport shuttle	0	0%	
	Grocery	12	100%	
	Other		0%	
Question 1	Total Responses =		12	Comments
Gender	Male	4	33%	
	Female	8	67%	
Question 2	Total Responses =		12	Comments
What is your primary language?	Russian	12	100%	
	English	0	0%	
	Other	0	0%	
Question 3	Total Responses =		12	Comments
Do you smoke?	Yes	5	42%	
	No	7	58%	
Question 4	Total Responses =		12	Comments
Do you live with someone who smokes?	Yes	4	33%	
	No	8	67%	
Question 5	Total Responses =		12	Comments
Do you smoke at work?	Yes	4	33%	
	No	8	67%	
Question 6	Total Responses =		10	Comments
Do your co-workers or customers smoke around you at work?	Yes	3	25%	
	No	7	70%	
Question 7	Total Responses =		10	Comments
Where is your workplace?	Office	2	20%	
	Vehicle	0	0%	
	Store	8	67%	
	other	0	0%	
Question 8	Total Responses =		12	Comments
If you drive a taxi (town car, etc,) do you allow people to smoke in it?	Yes	0	0%	
	No	0	0%	
	Not Applicable	12	100%	

Question 9	Total Responses =		10	Comments
Has anyone smoked in your taxi (town car, etc.) in the last month?	Yes	0	0%	
	No	0	0%	
	Not Applicable	10	100%	
Question 10	Total Responses =		11	Comments
Are there ways that you will (or will continue) to protect yourself, your co-workers and/or your family from secondhand smoke?	Yes	10	91%	think about other people (1), quit smoking (2), divorce a smoker (1), do something else (1), don't smoke (1)
	No	1	9%	
	Don't know	0	0%	
	Not Applicable	0	0%	
Question 11	Total Responses =		12	Comments
Secondhand smoke is very dangerous to your health.	T	12	100%	
	F	0	0%	
Question 12	Total Responses =		12	Comments
Secondhand smoke is cleaner than the mainstream smoke the smoker inhales.	T	1	8%	
	F	11	92%	
Question 13	Total Responses =		12	Comments
There are very few chemicals in cigarette smoke.	T	2	17%	
	F	10	83%	
Question 14	Total Responses =		12	Comments
Adult nonsmokers married to a smoker increase their risk of heart disease.	T	12	100%	
	F	0	0%	
Question 15	Total Responses =		11	Comments
You can smoke at work if everyone agrees it's alright.	T	1	8%	
	F	10	91%	
Question 16	Total Responses =		11	Comments
Children exposed to secondhand smoke are more likely to develop asthma.	T	11	100%	
	F	0	0%	
Question 17	Total Responses =		10	Comments
Did you learn new things about secondhand smoke at the workshop?	Yes	10	100%	
	No	0	0%	

Appendix D

Sunflower Daycare Workplace Survey Results

Question 1	Total Responses =		10	Comments
Type of Workplace	Restaurant	0	0%	The workshop was conducted at the Sunflower Day Care
	Nightclub	0	0%	
	Taxi Service	0	0%	
	Airport shuttle	0	0%	
	Grocery	0	0%	
	Other	10	100%	
Question 2	Total Responses =		10	Comments
Gender	Male	4	40%	
	Female	6	60%	
Question 3	Total Responses =		5	Comments
What is your primary language?	Russian	5	100%	
	English	0	0%	
	Other	0	0%	
Question 4	Total Responses =		10	Comments
Do you smoke?	Yes	4	40%	
	No	6	60%	
Question 5	Total Responses =		10	Comments
Do you live with someone who smokes?	Yes	3	30%	
	No	7	70%	
Question 5a	Total Responses =		9	Comments
Do you smoke at work?	Yes	0	0%	
	No	9	100%	
Question 6	Total Responses =		9	Comments
Do your co-workers or customers smoke around you at work?	Yes	0	0%	
	No	9	100%	
Question 7	Total Responses =		9	Comments
Where is your workplace?	Office	9	100%	
	Vehicle	0	0%	
	Store	0	0%	
	other	0	0%	
Question 8	Total Responses =		9	Comments
If you drive a taxi (town car, etc,) do you allow people to smoke in it?	Yes	0	0%	
	No	9	100%	
	Not Applicable	0	0%	

Question 9	Total Responses =		9	Comments
Has anyone smoked in your taxi (town car, etc.) in the last month?	Yes	0	0%	
	No	1	11%	
	Not Applicable	8	89%	
Question 10	Total Responses =		9	Comments
Are there ways that you will (or will continue) to protect yourself, your co-workers and/or your family from secondhand smoke?	Yes	9	100%	
	No	0	0%	
	Don't know	0	0%	
	Not Applicable	0	0%	
Question 11	Total Responses =		10	Comments
Secondhand smoke is very dangerous to your health.	T	10	100%	
	F	0	0%	
Question 12	Total Responses =		10	Comments
Secondhand smoke is cleaner than the mainstream smoke the smoker inhales.	T	2	20%	
	F	8	80%	
Question 13	Total Responses =		9	Comments
There are very few chemicals in cigarette smoke.	T	2	22%	
	F	7	78%	
Question 14	Total Responses =		10	Comments
Adult nonsmokers married to a smoker increase their risk of heart disease.	T	10	100%	
	F	0	0%	
Question 15	Total Responses =		10	Comments
You can smoke at work if everyone agrees it's alright.	T	0	0%	
	F	10	100%	
Question 16	Total Responses =		10	Comments
Children exposed to secondhand smoke are more likely to develop asthma.	T	9	90%	
	F	1	10%	
Question 17	Total Responses =		10	Comments
Did you learn new things about secondhand smoke at the workshop?	Yes	10	100%	
	No	0	0%	

Appendix E

Pap Appliance and Repair Workshop Survey Results

Question A	Total Responses =		Comments	
Type of Workplace	Restaurant	0	The workshop was conducted at the Pap Appliance Service and Repair Shop.	
	Nightclub	0		
	Taxi Service	0		
	Airport shuttle	0		
	Grocery	0		
	Other	8		100%
Question 1	Total Responses =		8	Comments
Gender	Male	4	50%	
	Female	8	100%	
Question 2	Total Responses =		8	Comments
What is your primary language?	Russian	8	100%	
	English	0	0%	
	Other	0	0%	
Question 3	Total Responses =		8	Comments
Do you smoke?	Yes	4	50%	
	No	4	50%	
Question 4	Total Responses =		8	Comments
Do you live with someone who smokes?	Yes	0	0%	
	No	8	100%	
Question 5	Total Responses =		7	Comments
Do you smoke at work?	Yes	0	0%	
	No	7	100%	
Question 6	Total Responses =		8	Comments
Do your co-workers or customers smoke around you at work?	Yes	1	13%	
	No	7	88%	
Question 7	Total Responses =		8	Comments
Where is your workplace?	Office	7	88%	
	Vehicle	1	13%	
	Store	0	0%	
	other	0	0%	
Question 8	Total Responses =		0	Comments
If you drive a taxi (town car, etc.) do you allow people to smoke in it?	Yes	0	#DIV/o!	
	No	0	#DIV/o!	
	Not Applicable	0	#DIV/o!	

Question 9	Total Responses =		8	Comments
Has anyone smoked in your taxi (town car, etc.) in the last month?	Yes	3	38%	
	No	1	13%	
	Not Applicable	4	50%	
Question 10	Total Responses =		8	Comments
Are there ways that you will (or will continue) to protect yourself, your co-workers and/or your family from secondhand smoke?	Yes	3	38%	
	No	1	13%	
	Don't know	4	50%	
	Not Applicable	0	0%	
Question 11	Total Responses =		8	Comments
Secondhand smoke is very dangerous to your health.	T	8	100%	
	F	0	0%	
Question 12	Total Responses =		8	Comments
Secondhand smoke is cleaner than the mainstream smoke the smoker inhales.	T	2	25%	
	F	6	75%	
Question 13	Total Responses =		8	Comments
There are very few chemicals in cigarette smoke.	T	1	13%	
	F	7	88%	
Question 14	Total Responses =		8	Comments
Adult nonsmokers married to a smoker increase their risk of heart disease.	T	8	100%	
	F	0	0%	
Question 15	Total Responses =		8	Comments
You can smoke at work if everyone agrees it's alright.	T	0	0%	
	F	8	100%	
Question 16	Total Responses =		8	Comments
Children exposed to secondhand smoke are more likely to develop asthma.	T	8	100%	
	F	0	0%	
Question 17	Total Responses =		8	Comments
Did you learn new things about secondhand smoke at the workshop?	Yes	8	100%	
	No	0	0%	

Appendix F

SF Ecosystems Workplace Survey Results

Question A	Total Responses =		10	Comments
Type of Workplace	Restaurant	0	0%	
	Nightclub	0	0%	
	Taxi Service	0	0%	
	Airport shuttle	0	0%	
	Grocery	0	0%	
	Other	10	100%	
Question 1	Total Responses =		9	Comments
Gender	Male	5	56%	
	Female	4	44%	
Question 2	Total Responses =		13	Comments
What is your primary language?	Russian	9	69%	
	English	4	31%	
	Other	0	0%	
Question 3	Total Responses =		9	Comments
Do you smoke?	Yes	4	44%	
	No	5	56%	
Question 4	Total Responses =		9	Comments
Do you live with someone who smokes?	Yes	6	67%	
	No	3	33%	
Question 5	Total Responses =		9	Comments
Do you smoke at work?	Yes	6	67%	
	No	3	33%	
Question 6	Total Responses =		5	Comments
Do your co-workers or customers smoke around you at work?	Yes	5	100%	
	No	0	0%	
Question 7	Total Responses =		7	Comments
Where is your workplace?	Office	6	86%	
	Vehicle	1	14%	
	Store	0	0%	
	other	0	0%	
Question 8	Total Responses =		1	Comments
If you drive a taxi (town car, etc.) do you allow people to smoke in it?	Yes	0	0%	
	No	1	100%	
	Not Applicable	0	0%	

Question 9	Total Responses =		7	Comments
Has anyone smoked in your taxi (town car, etc.) in the last month?	Yes	6	86%	
	No	0	0%	
	Not Applicable	1	14%	
Question 10	Total Responses =		9	Comments
Are there ways that you will (or will continue) to protect yourself, your co-workers and/or your family from secondhand smoke?	Yes	6	67%	Do not allow smoking anywhere (3); Avoid pregnant and kids from the smoke area (2); Let people smoke in restricted areas only; Don't allow smoking around people who don't smoke; Stop producing cigarettes.
	No	3	33%	
	Don't know	0	0%	
	Not Applicable	0	0%	
Question 11	Total Responses =		9	Comments
Secondhand smoke is very dangerous to your health.	T	9	100%	
	F	0	0%	
Question 12	Total Responses =		9	Comments
Secondhand smoke is cleaner than the mainstream smoke the smoker inhales.	T	6	67%	
	F	3	33%	
Question 13	Total Responses =		9	Comments
There are very few chemicals in cigarette smoke.	T	9	100%	
	F	0	0%	
Question 14	Total Responses =		9	Comments
Adult nonsmokers married to a smoker increase their risk of heart disease.	T	8	89%	
	F	1	11%	
Question 15	Total Responses =		8	Comments
You can smoke at work if everyone agrees it's alright.	T	7	88%	
	F	1	13%	
Question 16	Total Responses =		8	Comments
Children exposed to secondhand smoke are more likely to develop asthma.	T	8	100%	
	F	0	0%	
Question 17	Total Responses =		9	Comments
Did you learn new things about secondhand smoke at the workshop?	Yes	9	100%	
	No	0	0%	

Question 18	Total Responses =		9	Comments
Would you recommend this workshop to your friends and family?	Yes	9	100%	
	No	0	0%	
	Maybe	0	0%	
Question 19	Total Responses =		9	Comments
Are there ways that we can improve this workshop? What might we do?	Provide more educational literature (4); Food would be good to have at the workshop (3); Thank you for your work; I enjoyed everything; More food.			

Appendix G

Saving Energy Corporation Survey Results

Question A	Total Responses =		10	Comments
Type of Workplace	Restaurant	0	0%	
	Nightclub	0	0%	
	Taxi Service	0	0%	
	Airport shuttle	0	0%	
	Grocery	0	0%	
	Other	10	100%	
Question 1	Total Responses =		10	Comments
Gender	Male	6	60%	
	Female	4	40%	
Question 2	Total Responses =		13	Comments
What is your primary language?	Russian	9	69%	
	English	4	31%	
	Other	0	0%	
Question 3	Total Responses =		10	Comments
Do you smoke?	Yes	6	60%	
	No	4	40%	
Question 4	Total Responses =		10	Comments
Do you live with someone who smokes?	Yes	4	40%	
	No	6	60%	
Question 5	Total Responses =		10	Comments
Do you smoke at work?	Yes	4	40%	
	No	6	60%	
Question 6	Total Responses =		8	Comments
Do your co-workers or customers smoke around you at work?	Yes	4	50%	
	No	4	50%	
Question 7	Total Responses =		8	Comments
Where is your workplace?	Office	5	63%	
	Vehicle	0	0%	
	Store	0	0%	
	other	3	38%	
Question 8	Total Responses =		3	Comments
If you drive a taxi (town car, etc.) do you allow people to smoke in it?	Yes	3	100%	
	No	0	0%	
	Not Applicable	0	0%	

Question 9	Total Responses =		10	Comments
Has anyone smoked in your taxi (town car, etc.) in the last month?	Yes	7	70%	
	No	1	10%	
	Not Applicable	2	20%	
Question 10	Total Responses =		10	Comments
Are there ways that you will (or will continue) to protect yourself, your co-workers and/or your family from secondhand smoke?	Yes	4	40%	take the smoke out of people; go outside, then husband smoke; do not let people smoke at work; don't be around smokers (2); ask smokers to leave the room or leave the room myself; people don't smoke, don't smoke around them;
	No	6	60%	
	Don't know	0	0%	
	Not Applicable	0	0%	
Question 11	Total Responses =		9	Comments
Secondhand smoke is very dangerous to your health.	T	7	78%	
	F	2	22%	
Question 12	Total Responses =		9	Comments
Secondhand smoke is cleaner than the mainstream smoke the smoker inhales.	T	4	44%	
	F	5	56%	
Question 13	Total Responses =		9	Comments
There are very few chemicals in cigarette smoke.	T	9	100%	
	F	0	0%	
Question 14	Total Responses =		9	Comments
Adult nonsmokers married to a smoker increase their risk of heart disease.	T	6	67%	
	F	3	33%	
Question 15	Total Responses =		10	Comments
You can smoke at work if everyone agrees it's alright.	T	5	50%	
	F	5	50%	
Question 16	Total Responses =		10	Comments
Children exposed to secondhand smoke are more likely to develop asthma.	T	8	80%	
	F	2	20%	
Question 17	Total Responses =		10	Comments
Did you learn new things about secondhand smoke at the workshop?	Yes	8	80%	
	No	2	20%	

Question 18	Total Responses =		10	Comments
Would you recommend this workshop to your friends and family?	Yes	7	70%	
	No	0	0%	
	Maybe	3	30%	
Question 19	Total Responses =		9	Comments
Are there ways that we can improve this workshop? What might we do?	food in class (2); tell more real stories; bring in people who used to smoke; everything was great; we need more educational material; you should do more lecture; to have classes more often and classes for younger people; if workshop were more fun, more people would come.			

Appendix H

McRoskey Mattress Survey Results

Question 1	Total Responses =		8	Comments
Gender	Male	6	75%	
	Female	2	25%	
Question 2	Total Responses =		8	Comments
What is your primary language?	Russian	8	100%	Two people reported that they also speak good English.
	English	0	0%	
	Other	0	0%	
Question 3	Total Responses =		8	Comments
Do you smoke?	Yes	4	50%	
	No	4	50%	
Question 4	Total Responses =		8	Comments
Do you live with someone who smokes?	Yes	0	0%	
	No	8	100%	
Question 5	Total Responses =		8	Comments
Do you smoke at work?	Yes	2	25%	
	No	6	75%	
Question 6	Total Responses =		6	Comments
Do your co-workers or customers smoke around you at work?	Yes	3	50%	
	No	3	50%	
Question 7	Total Responses =		8	Comments
Where is your workplace?	Office	2	25%	
	Vehicle	0	0%	
	Store	0	0%	
	other	6	75%	
Question 8	Total Responses =		3	Comments
If you drive a taxi (town car, etc.) do you allow people to smoke in it?	Yes	0	0%	
	No	3	100%	
	Not Applicable	0	0%	
Question 9	Total Responses =		7	Comments
Has anyone smoked in your taxi (town car, etc.) in the last month?	Yes	0	0%	
	No	0	0%	
	Not Applicable	7	100%	

Question 10	Total Responses =		8	Comments
Are there ways that you will (or will continue) to protect yourself, your co-workers and/or your family from secondhand smoke?	Yes	2	25%	Don't smoke inside;
	No	6	75%	
	Don't know	0	0%	
	Not Applicable	0	0%	
Question 11	Total Responses =		8	Comments
Secondhand smoke is very dangerous to your health.	T	8	100%	
	F	0	0%	
Question 12	Total Responses =		7	Comments
Secondhand smoke is cleaner than the mainstream smoke the smoker inhales.	T	4	57%	
	F	3	43%	
Question 13	Total Responses =		8	Comments
There are very few chemicals in cigarette smoke.	T	8	100%	
	F	0	0%	
Question 14	Total Responses =		8	Comments
Adult nonsmokers married to a smoker increase their risk of heart disease.	T	6	75%	
	F	2	25%	
Question 15	Total Responses =		5	Comments
You can smoke at work if everyone agrees it's alright.	T	2	40%	
	F	3	60%	
Question 16	Total Responses =		6	Comments
Children exposed to secondhand smoke are more likely to develop asthma.	T	5	83%	
	F	1	17%	
Question 17	Total Responses =		8	Comments
Did you learn new things about secondhand smoke at the workshop?	Yes	6	75%	
	No	2	25%	
Question 18	Total Responses =		7	Comments
Would you recommend this workshop to your friends and family?	Yes	3	43%	
	No	0	0%	
	Maybe	4	57%	
Question 19	Total Responses =		9	Comments
ways that we can improve this workshop?	Give help to quit smoking			

Appendix I

South City Auto Repair Survey Results

Question 1	Total Responses =		5	Comments
Gender	Male	5	100%	
	Female	0	0%	
Question 2	Total Responses =		5	Comments
What is your primary language?	Russian	5	100%	One person indicated that they also speak English.
	English	0	0%	
	Other	0	0%	
Question 3	Total Responses =		5	Comments
Do you smoke?	Yes	5	100%	
	No	0	0%	
Question 4	Total Responses =		5	Comments
Do you live with someone who smokes?	Yes	1	20%	
	No	4	80%	
Question 5	Total Responses =		5	Comments
Do you smoke at work?	Yes	4	80%	
	No	1	20%	
Question 6	Total Responses =		4	Comments
Do your co-workers or customers smoke around you at work?	Yes	3	75%	
	No	1	25%	
Question 7	Total Responses =		3	Comments
Where is your workplace?	Office	1	33%	
	Vehicle	0	0%	
	Store	0	0%	
	other	2	67%	
Question 8	Total Responses =		5	Comments
If you drive a taxi (town car, etc.) do you allow people to smoke in it?	Yes	0	0%	
	No	0	0%	
	Not Applicable	5	100%	
Question 9	Total Responses =		3	Comments
Has anyone smoked in your taxi (town car, etc.) in the last month?	Yes	0	0%	
	No	2	67%	
	Not Applicable	1	33%	
Question 10	Total Responses =		5	Comments
ways that you will protect from secondhand smoke?	Yes	4	80%	
	No	1	20%	
	Don't know	0	0%	

Question 11	Total Responses =		5	Comments
Secondhand smoke is very dangerous to your health.	T	5	100%	
	F	0	0%	
Question 12	Total Responses =		5	Comments
Secondhand smoke is cleaner than the mainstream smoke the smoker inhales.	T	3	60%	
	F	2	40%	
Question 13	Total Responses =		5	Comments
There are very few chemicals in cigarette smoke.	T	5	100%	
	F	0	0%	
Question 14	Total Responses =		5	Comments
Adult nonsmokers married to a smoker increase their risk of heart disease.	T	5	100%	
	F	0	0%	
Question 15	Total Responses =		5	Comments
You can smoke at work if everyone agrees it's alright.	T	3	60%	
	F	2	40%	
Question 16	Total Responses =		5	Comments
Children exposed to secondhand smoke are more likely to develop asthma.	T	5	100%	
	F	0	0%	
Question 17	Total Responses =		5	Comments
Did you learn new things about secondhand smoke at the workshop?	Yes	5	100%	
	No	0	0%	
Question 18	Total Responses =		5	Comments
Would you recommend this workshop to your friends and family?	Yes	5	100%	
	No	0	0%	
	Maybe	0	0%	
Question 19	Total Responses =		9	Comments
Are there ways that we can improve this workshop? What might we do?				

Appendix J

Corpex Survey Results

Question 1	Total Responses =		11	Comments
Gender	Male	8	73%	
	Female	3	27%	
Question 2	Total Responses =		10	Comments
What is your primary language?	Russian	10	100%	Three people indicated that they were also fluent in English.
	English	0	0%	
	Other	0	0%	
Question 3	Total Responses =		11	Comments
Do you smoke?	Yes	6	55%	
	No	5	45%	
Question 4	Total Responses =		11	Comments
Do you live with someone who smokes?	Yes	2	18%	
	No	9	82%	
Question 5	Total Responses =		10	Comments
Do you smoke at work?	Yes	2	20%	
	No	8	80%	
Question 6	Total Responses =		10	Comments
Do your co-workers or customers smoke around you at work?	Yes	5	50%	
	No	5	50%	
Question 7	Total Responses =		11	Comments
Where is your workplace?	Office	5	45%	
	Vehicle	6	55%	
	Store	0	0%	
	other	0	0%	
Question 8	Total Responses =		8	Comments
If you drive a taxi (town car, etc.) do you allow people to smoke in it?	Yes	0	0%	
	No	8	100%	
	Not Applicable	0	0%	
Question 9	Total Responses =		8	Comments
Has anyone smoked in your taxi (town car, etc.) in the last month?	Yes	2	25%	
	No	5	63%	
	Not Applicable	1	13%	
Question 10	Total Responses =		10	Comments
Ways to protect from secondhand smoke?	Yes	2	20%	To avoid public smoking (2); To clean your airways to make breathing exercises; Don't smoke inside of the buildings (2); To be absent in places where people smoke;
	No	8	80%	
	Don't know	0	0%	

Question 11	Total Responses =		11	Comments
Secondhand smoke is very dangerous to your health.	T	10	91%	
	F	1	9%	
Question 12	Total Responses =		10	Comments
Secondhand smoke is cleaner than the mainstream smoke the smoker inhales.	T	4	40%	
	F	6	60%	
Question 13	Total Responses =		11	Comments
There are very few chemicals in cigarette smoke.	T	11	100%	
	F	0	0%	
Question 14	Total Responses =		11	Comments
Adult nonsmokers married to a smoker increase their risk of heart disease.	T	9	82%	
	F	2	18%	
Question 15	Total Responses =		11	Comments
You can smoke at work if everyone agrees it's alright.	T	2	18%	
	F	9	82%	
Question 16	Total Responses =		11	Comments
Children exposed to secondhand smoke are more likely to develop asthma.	T	11	100%	
	F	0	0%	
Question 17	Total Responses =		11	Comments
Did you learn new things about secondhand smoke at the workshop?	Yes	11	100%	
	No	0	0%	
Question 18	Total Responses =		11	Comments
Would you recommend this workshop to your friends and family?	Yes	11	100%	
	No	0	0%	
	Maybe	0	0%	
Question 19	Total Responses =		9	Comments
Are there ways that we can improve this workshop? What might we do?				