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SUNSET Russian Tobacco Education: Evaluating Quit Clinics

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Report Summary

The SUNSET Russian Tobacco Project has been working to educate and reduce tobacco use and exposure among Russian-speaking communities in San Francisco and the East Bay for the past five years. Through a combination of smoking cessation classes, secondhand smoke workshops, merchant education, community-wide education and policy advocacy efforts, SUNSET has begun to increase the Russian-speaking community's understanding of tobacco's impact on both the individual and the community over the past five years.

The Quit Clinics provide culturally-relevant information for smokers and their non-smoking family members. The clinics run for 90 minutes each day for one or two days, during which time SUNSET staff use a variety of educational techniques—both exercises and demonstrations—to increase participants' understanding of the risks of tobacco smoke to smokers and non-smokers, and to integrate simple substitutions for cigarettes into their daily activities to help in reducing consumption. Through the delivery of 27 Quit Clinics in community settings, SUNSET reached a total of 459 individuals. Twenty-seven of these participants attended Quit Clinics in the East Bay, where SUNSET is working on strengthening its presence with staff and programming; the remaining 432 attended Quit Clinics in San Francisco. Almost all of the Quit Clinics occurred over a two-day period, with the exception of two in the East Bay which took place in one day.

Workshop participants completed surveys before and after each workshop about their characteristics, whether they live with a smoker, and about what they felt they had learned or would change as a result of the workshop. Community Health Outreach Workers (CHOWs) with SUNSET followed-up with participants by conducting a telephone interview between one and eleven months after each workshop. A total of 526 follow-up interviews were conducted during the period of this evaluation. (Many Quit Clinic participants were contacted at an average of two and seven months after attending a Quit Clinic.)

The following evaluation is an analysis of the data from the pre- and post-workshop surveys and the follow-up interviews. Key findings show that almost 100% of all Quit Clinic participants increased their understanding of smoking cessation methods, and every single participant who smoked felt ready to try quitting by the end of the workshop. As reported in follow-up interviews, 37% of those who smoked at the time of the Quit Clinic had since quit. There was no stated ambivalence among those who still smoked about the need to quit; on average, they had reduced their daily cigarette intake, and all indicated that they planned to quit, although they were at varying stages of readiness. Other key findings are that 53% of Quit Clinic participants had taken action to help someone else quit smoking by the time of follow-up, and 70% had reduced or eliminated secondhand smoke from their homes.

Recommendations based on the findings in this report include: providing more frequent and more diverse program offerings to support members of the Russian community in living smoke-free, healthy lives; providing tangible recruitment materials (such as wallet-sized notices) to increase the likelihood that participants' word-of-mouth encouragement leads to more future Quit Clinic participants; and analyzing characteristics of participants at San Francisco and East Bay locations in order to gain insight into outreach activities and logistics that may be more effective at bringing in some populations over others. One final recommendation relates to data collection: it would be beneficial for SUNSET to develop a better practice of tracking participants' identities surveyed over time in order to compare the responses of those contacted after approximately two months with those contacted a second time, after approximately seven months. This capacity to evaluate matched pairs would lead to specific findings about the effectiveness of the Quit Clinics in changing the habits and attitudes of those who attend, which could be used for future program planning.

Project Description

The SUNSET Russian Tobacco Education Project seeks to reduce exposure to secondhand smoke and increase the number of smoke-free public spaces, worksites, and schools throughout the San Francisco Bay Area's Russian-speaking community. SUNSET has designed and is implementing a multi-pronged approach to achieving these objectives. Starting in 2000 with a comprehensive outreach campaign that included disseminating educational flyers and other tobacco-prevention materials to merchants, health practitioners and organizations serving the Russian-speaking community; offering educational presentations on complying with California and the Bay Area's secondhand smoke policies; and placing public service announcements in newspapers targeting the Russian-speaking community; SUNSET began to change community norms about tobacco use.

In addition to community outreach, SUNSET offers both Secondhand Smoke Workshops and Quit Clinics for Russian-speaking community members—providing direct intervention against the use and presence of tobacco within the community.

The Secondhand Smoke Workshops aim to increase participants' understanding about the impact of secondhand smoke on individuals' health as well as offer strategies to address this serious issue.

The Quit Clinics—accessible and culturally-relevant to the Russian-speaking community—offer participants a forum in which to learn about strategies and to obtain support to quit tobacco use. The Quit Clinics are the focus of this report.

Quit Clinics

Between July 2003 and April 2005, SUNSET conducted 27 Quit Clinics for smokers and their non-smoking family members in San Francisco and the East Bay. SUNSET staff realized early on that smokers are most likely to attend the Quit Clinic with supportive family members. The number of people in each workshop ranged from as few as two to as many as 45 participants, with an average of 18 participants at each workshop.

The clinics run for 90 minutes each day for one or two days, during which time SUNSET staff use a variety of educational techniques—both exercises and demonstrations—to increase participants' understanding of the risks of tobacco smoke to smokers and non-smokers, and to present ways to integrate simple substitutions for cigarettes into smokers' daily activities to help in reducing consumption. SUNSET designed the Quit Clinic to include both cessation and ETS information—targeting all Clinic participants. In addition, SUNSET invites participants from earlier Quit Clinics to attend future Clinics when and if they are interested. This invitation helps to foster ongoing support for smokers seeking to quit and, for those who have quit, to continue not to smoke. Their participation also helps to provide a role model for current participants.

The Quit Clinic curriculum is as follows:

- ❖ Introduction
- ❖ Medical Consequences
- ❖ Nicotine as an Addictive Drug/Physiological Concerns
- ❖ Methods of Quitting
- ❖ Things to Do—Alternatives to Smoking
- ❖ Psychological Aspects of Smoking
- ❖ Resources
- ❖ Discussion

In addition, a mini-grant allowed SUNSET to provide acupuncture following 19 of the Quit Clinics, and hypnotherapy following eight. These treatment methods are familiar to members of the Russian immigrant community, and are believed to augment the success of the smoking cessation program.

Evaluation Methods

Tools for Measuring Effectiveness

At the start of each Quit Clinic, staff ask participants to complete a brief pre-Quit Clinic evaluation form designed by Korwin Consulting. Staff learn whether participants are smokers, their feelings about their own smoking, whether they live with a smoker, and whether they intend to encourage smokers that they live with to quit or to smoke outside of the house. This evaluation form is later compared to the post-clinic and follow-up evaluation forms.

At the conclusion of each workshop, participants fill out a survey, designed by Korwin Consulting with input from SUNSET staff. The survey asks questions about participants' characteristics, whether and where they are exposed to secondhand smoke, and what new knowledge and/or strategies they have gained from the workshop.

Within two to eleven months following the workshop, SUNSET Community Health Outreach Workers, or CHOWs, conducted follow-up phone surveys with all former participants they were able to reach. The Project staff and evaluator weighed the impact that staff conducting the follow-up surveys might have on the survey results (namely, the potential for the participants to seek to "please" the project by providing answers that they believe the project would like to hear) against the importance of conducting the interviews in a linguistically and culturally-competent manner, the desire to minimize the potential negative impact that participants may experience being approached by a "stranger" to answer personal questions, the limited follow-up resources available, and lastly, the benefits that are derived by the project extending itself toward the participants — communicating interest and continued support. We opted for the project staff to administer these follow-up surveys. Staff conducted a total of 526 approximately. The majority of individuals in each Quit Clinic was contacted at an average of two and seven months after attending a workshop for a follow-up phone evaluation with a Quit Clinic participant between August 2003 and February 2005.

Analytical Procedure

Pre- and Post-Quit Clinic survey and follow-up interview results were stored in a database, which was used to conduct targeted queries for reports to facilitate comparison and analysis. Graphs and tables were used to assist in the development and clarification of the narrative analysis.

Presentation of Results

Workshop and Participant Characteristics

SUNSET conducted 27 Quit Clinics between July 2003 and April 2005. This exceeds SUNSET's goal of conducting 14-20 cessation workshops during this period of time. Twenty-four (24) Quit Clinics were in San Francisco; three were in the East Bay. (At the time of this report, SUNSET had conducted an additional three Quit Clinics in the East Bay, bringing the total to six. However, the timing precluded us from formally analyzing their results.)

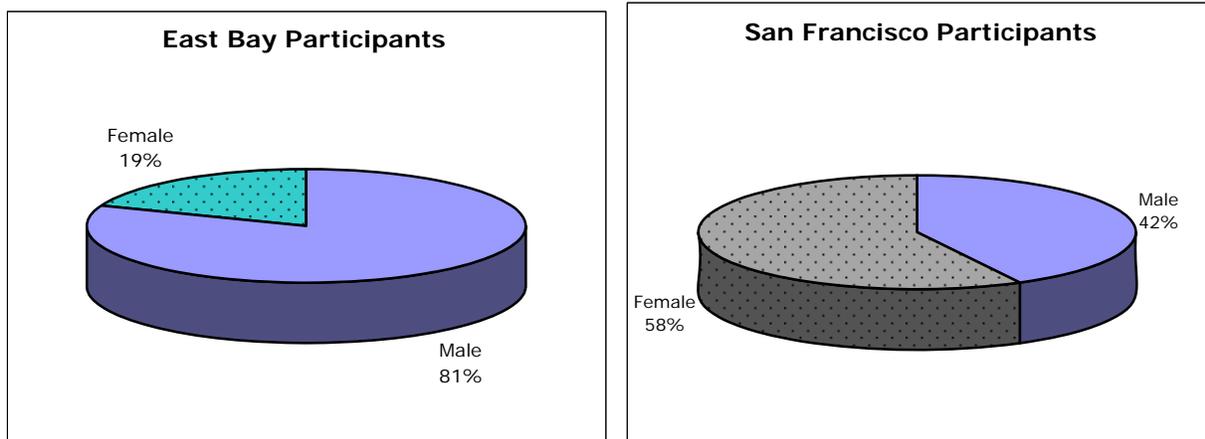
SUNSET conducted 27 Quit Clinics between July 2003 and April 2005, reaching a total of 459 individuals. This includes 432 in San Francisco and 27 in the East Bay.

The workshops take place in community settings, such as the Ocean Park Health Center and the Center for Emotional Support in San Francisco, or the Russian Club of Diablo Valley College in the East Bay.

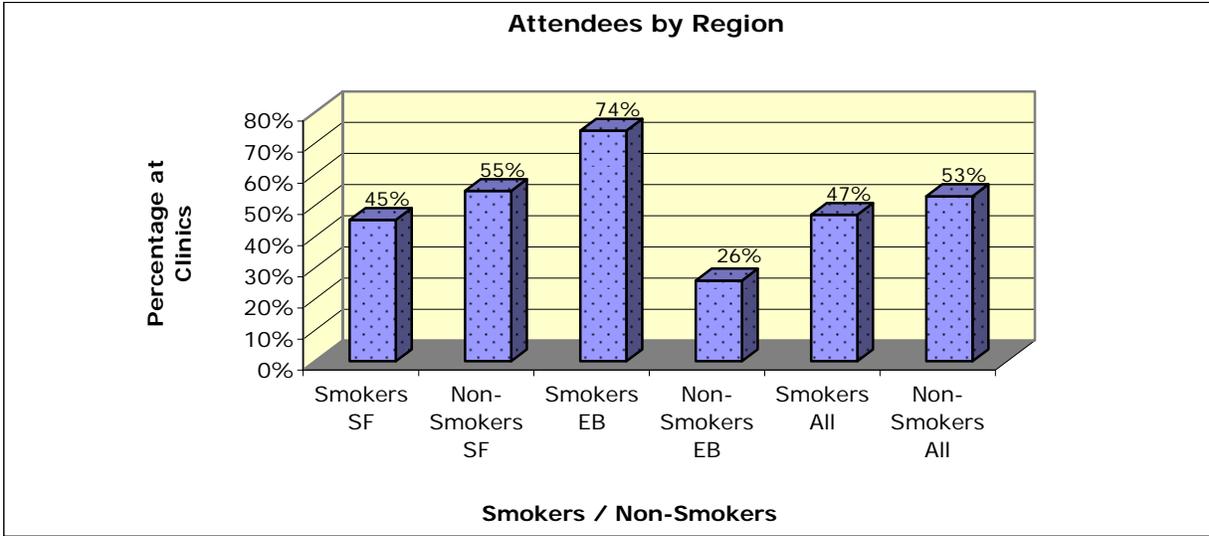
All were conducted over a period of two days (one week apart), with the exception of two of the East Bay Quit Clinics, which were conducted in one day. Workshops were presented in a lecture format, emphasizing behavior modification. Cessation guides and brochures on helping a family member quit smoking were distributed, along with a telephone number for participants and/or family members to call for support. In addition, Quit Clinics were followed with either hypnotherapy or acupuncture for participants (funded through separate mini-grants.) Within one to three weeks after the Quit Clinic, participants received a telephone call offering support or assistance, as well.

SUNSET originally planned for 14-20 Quit Clinics, with seven to 25 participants in each. A total of 459 individuals actually participated in the 27 smoking cessation workshops. San Francisco Quit Clinics reached 432 participants; those in the East Bay reached 27. This represents far more than (458%) the minimum goal of reaching 98 individuals, and 92% of the maximum goal of 500 individuals in SUNSET's Scope of Work.

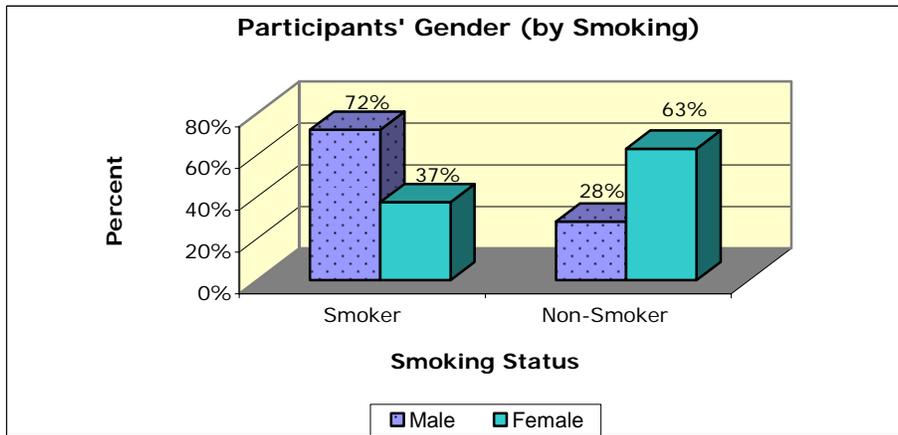
Forty-five percent of all participants (45%) were male and 55% were female. This proportion differed by area, as a large majority (81%) of East Bay participants was male, and a small majority (58%) of San Francisco participants was female.



Nearly half, or 47%, of all Quit Clinic participants smoked. These proportions differed by area, as well. Nearly three-quarters, or 74%, of East Bay participants were smokers; fewer than half (45%) of San Francisco participants were. (It is important to recognize that the number of non-smokers may be somewhat misleading in that SUNSET's quit clinics invite former participants to continue participating in future clinics. Therefore, a percentage of those deemed non-smokers may have at one point entered the program as smokers.) Unfortunately, we are unable to determine that amount with our data tracking system.)



Given the gender composition of the San Francisco and East Bay groups, the differences in proportions of smokers to non-smokers are not surprising: SUNSET data shows that women are more likely to attend in a supportive role with a smoker, and men are more likely to be smokers.



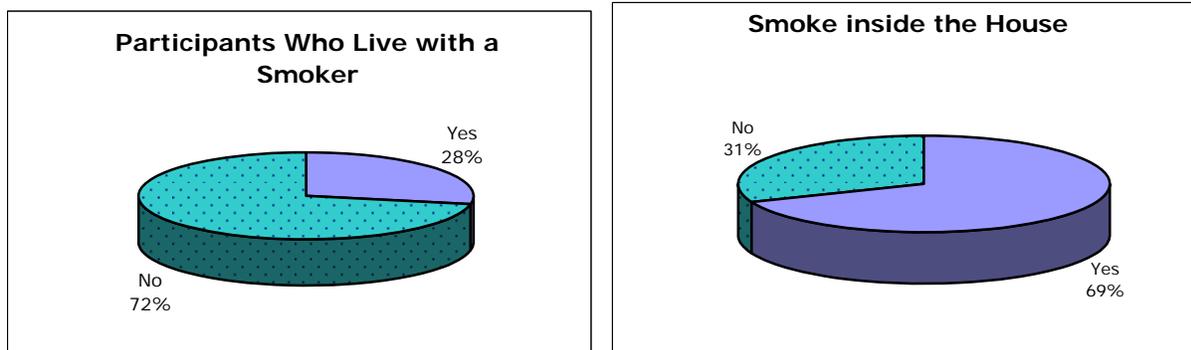
It might be useful to SUNSET to determine why proportionately more smokers (and men) attend the Quit Clinics in the East Bay than in San Francisco. Are the means of publicity and/or recruitment different? Are the times and/or locations more conducive to one gender attending than another in each place? While teaching non-smoking family members is beneficial in helping others to quit and in spreading knowledge about healthy living habits throughout families and the community, outreach methods to bring proportionately more smokers in to the San Francisco Quit Clinics would increase the number of smokers who receive information about reasons to quit and various smoking cessation techniques from professional trainers.

Whether they smoked at the time of the workshop or not, only one percent (1%) of participants said they had never smoked. Of those who identified as smokers at the time of their workshop, 41% had smoked for 26 years or more. Fourteen percent (14%) had done so for 21 to 25 years, and 18% had smoked for 16 to 20 years. The remaining 27% had smoked for fifteen years or less. The amount they smoked varied tremendously: About a third (36%) smoked five or fewer cigarettes a day, another third (33%) smoked between six and ten a day, 16% smoked between 11 and 15, and 12% smoked between sixteen and twenty. A small number — 2% — smoked over twenty cigarettes a day.

Nearly three of every four smokers (74%) who attended the Quit Clinics indicated in their pre-Quit Clinic survey that they were ready to quit. Another four percent (4%) planned to quit soon, and 16% were not sure. Only three percent said that they were not yet ready to quit. The high number of individuals who saw quitting smoking as desirable may be an indication of the prevalence of information in the Russian community about the harmful effects of smoking or it may simply reflect the attitudes of people who choose to attend the workshops. Even if it is the latter, the large numbers of participants in the smoking cessation workshops — an increase of 58% over numbers from the previous evaluation period — may well attest to an increasingly widespread understanding in the community of the benefits of quitting smoking.

Exposure to Secondhand Smoke

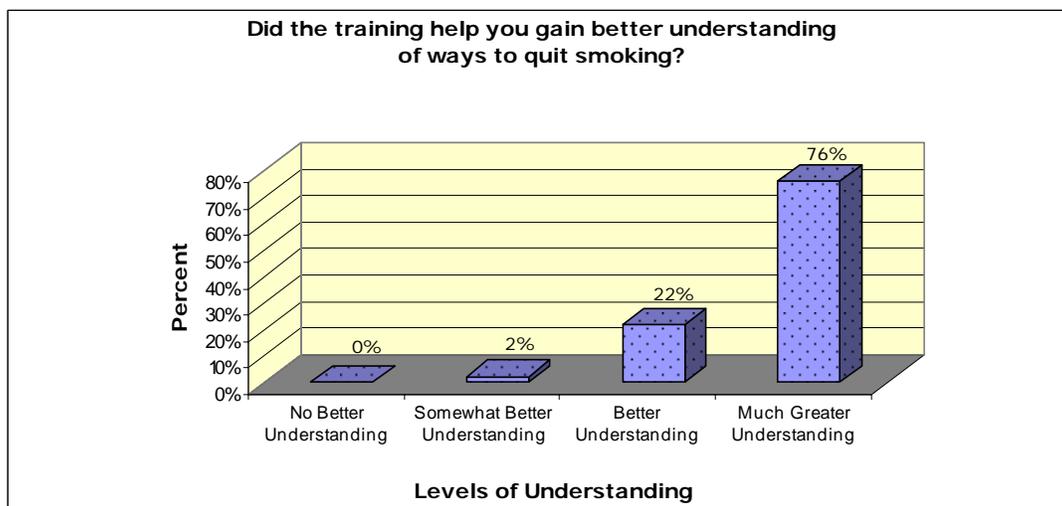
At the time of the Quit Clinics, 28% of participants indicated that they were currently living with a smoker. Most of those smokers (69%) smoked inside the home.



In the pre-Quit Clinic survey, 83% of attendees who lived with a smoker indicated that they intended to encourage that person to smoke outside of the house, while only seven percent (7%) indicated that they intended to encourage that person to quit smoking.

Knowledge Gained From Quit Clinic

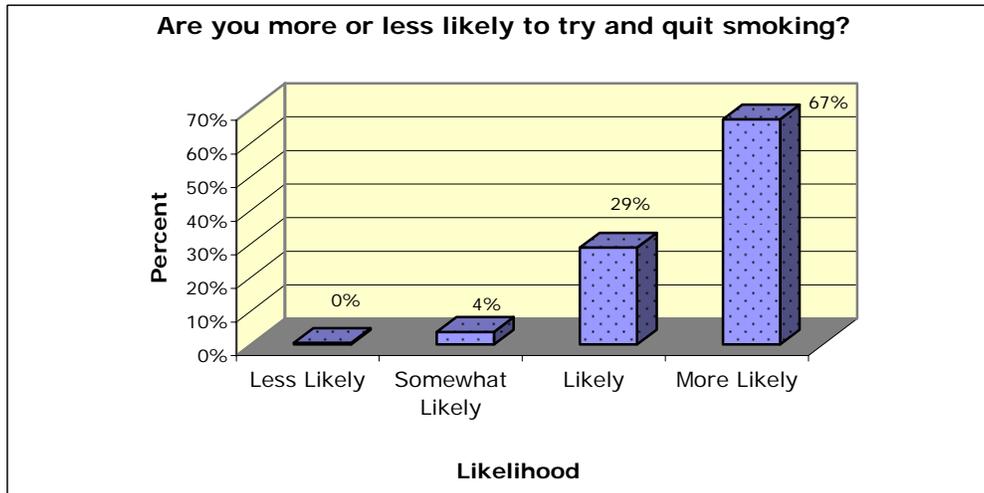
All but one of the Quit Clinic participants (nearly 100%) had increased their understanding of smoking cessation methods by the end of the workshop. Slightly more than one in every four individuals who attended the Quit Clinic (76%) gained a “much greater understanding” of ways to quit smoking at the workshop. Another 22% said they had a better understanding.



Intended Behavior Change

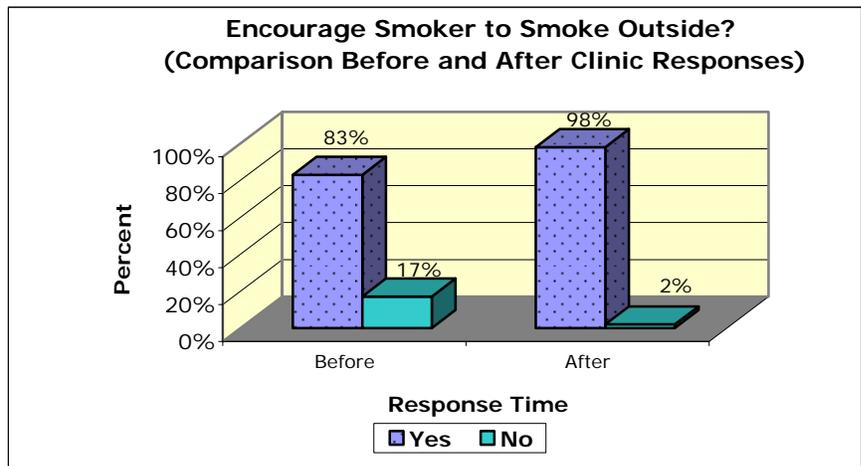
Every smoker participating in the Quit Clinics felt likely to try quitting smoking by the end of the workshop. A majority of Quit Clinic participants (67%) believed that they were definitely “more likely to try and quit smoking,” 29% felt “likely” to, and 4% felt “somewhat likely to try and quit smoking” after the workshop.

These proportions exactly matched how successful they believed they would be. This post-Quit Clinic feedback by participants indicates that the Quit Clinics are very effective in fostering intended behavior change among smokers.



Secondhand Smoke

The Quit Clinics were even more effective at changing attitudes and intentions regarding secondhand smoke. Twenty-eight percent (28%) of attendees live with a smoker. Of those, nearly seven in ten (69%) say that person smokes inside the house. After attending the Quit Clinic, 98% of those living with a smoker said they intended to encourage her/him to smoke outside the house within the next six months. This shows an increase in commitment to this goal over the pre-Quit Clinic survey, indicating that the workshop had a noticeable influence on people’s attitudes about secondhand smoke and their ability to take control over this aspect of their health.



Strategies attendees mentioned for ending secondhand smoke in the home included:

- ❖ Encouraging the smoker to exercise
- ❖ Supporting the smoker in quitting
- ❖ Encouraging the smoker to come to group acupuncture
- ❖ Distributing SUNSET's smoking cessation materials
- ❖ Encouraging the smoker to come to Quit Clinics

In another sign of changing attitudes and planned behavioral shifts, all of those with family members who smoked felt "likely" (15%) or "very likely" (85%) to try to help that family member quit smoking after attending the Quit Clinic.

Training Evaluation and Outreach

Quit Clinic participants were very satisfied with their experience in the program. Eighty-five percent (85%) said the Quit Clinic met all of their expectations. Another 15% said it met many of their expectations.

In its Scope of Work, SUNSET outlines a multi-faceted strategy for recruiting smokers and their families to the Quit Clinics. Attendees' feedback on outreach illustrates the effectiveness of relying on several avenues for publicizing the program. Slightly more than half (51%) of Quit Clinic participants heard about the program through an advertisement. Another 18% heard about it from a flyer or newsletter, 16% learned of it through a class presentation, and 13% were told by a healthcare provider. Another 2% learned through other means, mostly by word-of-mouth from a friend or family member.

The most effective outreach method for the Quit Clinics was advertising, followed by flyers or newsletters, class presentations, and healthcare providers.

Several participants included additional comments about the Quit Clinics at the end of their post-clinic survey. Among these are:

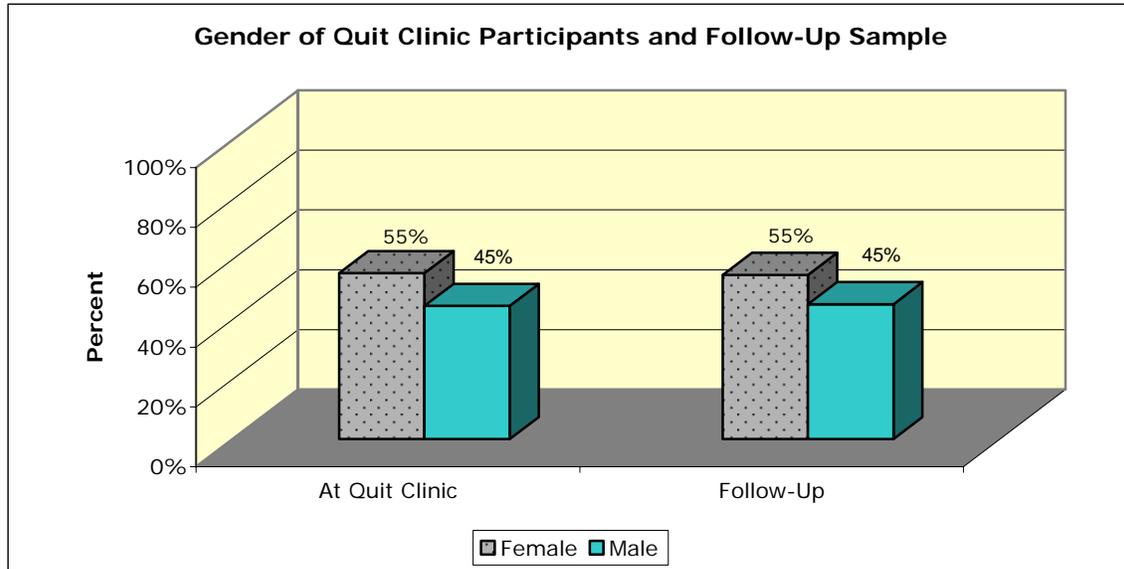
- ❖ "Your support will help me quit smoking."
- ❖ "Acupuncture and relaxation techniques helped me quit."
- ❖ "I came to support my friend."
- ❖ "This program changed my life for the better."

Participants' intentions to change and their positive opinions immediately following the Quit Clinics are indicators that they received training which felt useful and relevant. Whether or not all participants carry out the changes they envision in their own or their family members' behavior, they all felt they had gained techniques and inspiration; they seem likely to pass on information to others about the harmfulness of cigarette smoke and the benefits of changing behaviors and/or attending SUNSET programs.

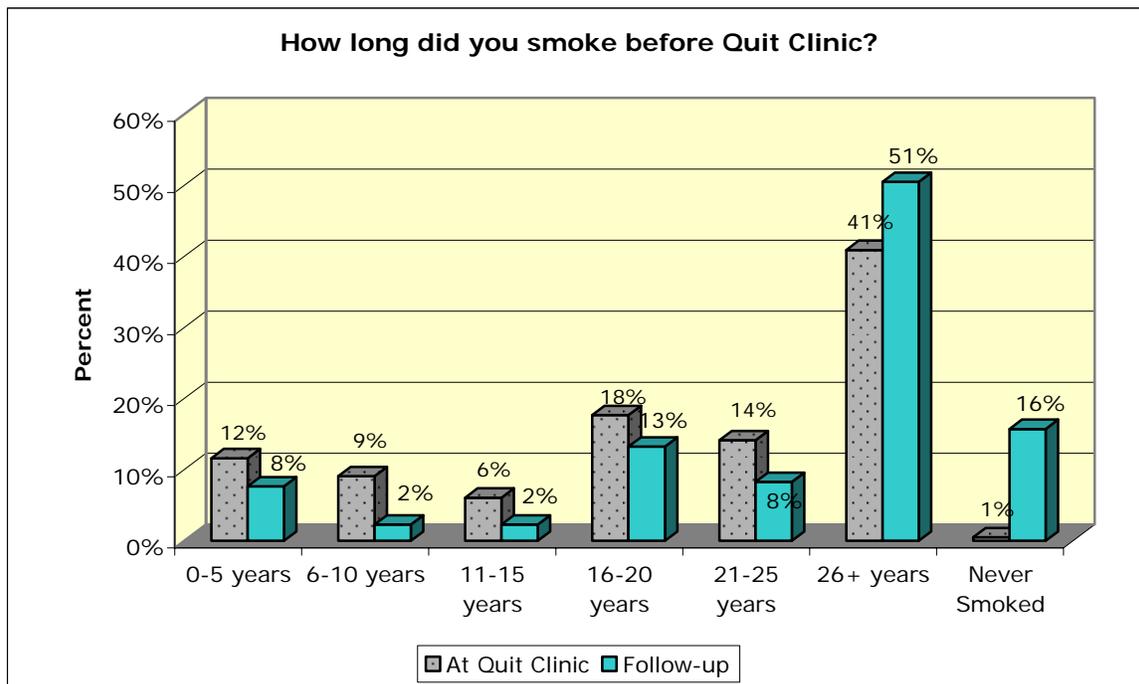
Follow-up to Quit Clinics

Between July 2003 and April 2005, SUNSET conducted 526 follow-up phone interviews with Quit Clinic participants. Many participants were contacted more than once — at an average of two and seven months after their participation. Moreover, some participants took part in more than one Quit Clinic, and their answers were recorded with the follow-up interviews for each clinic. As it is not feasible at this time to separate out all repeat clients' answers, numbers reported below will reflect some duplication. Nevertheless, the evaluator believes that the following analysis provides valid information and insight into the impact of SUNSET's Quit Clinic on its participants.

The follow-up sample closely matched the total Quit Clinic population. Fifty-five percent (55%) of the follow-up interviews were with women, and 45% were with men.



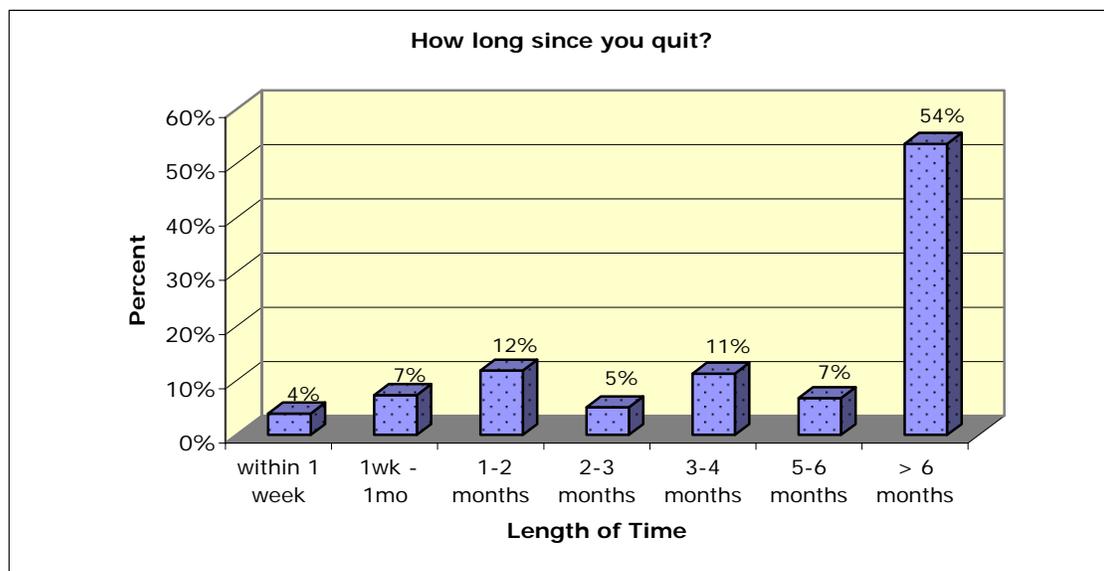
The largest proportion (51%) had smoked between 21 and 25 years before attending the Quit Clinic, a comparable finding to the overall Quit Clinic population. Sixteen percent (16%) of follow-up calls were to individuals who said they had never smoked. Since the Quit Clinics are designed to reach non-smoking family members who may support the person quitting and reinforce healthy habits within the family, these follow-up interviews should also provide useful feedback about the impact of the Quit Clinic program on them.



SUNSET's follow-up surveys measured changes in attitude and behavior along a continuum, including how participants feel about their smoking, whether or not they have quit, and whether they have reduced the number of cigarettes they smoke each day, if they have not quit. Follow-up interviews also explored changes related to secondhand smoke exposure.

Behavioral changes include:

- **Readiness to Quit.** Forty-two percent (42%) of those contacted at follow-up indicate that they are “ready to quit” smoking. Another 4% says they will “quit soon.” No one indicated “not being sure whether or not to quit” or “not being ready.” These proportions compare favorably with those from pre-Quit Clinic surveys, where 3% were “not ready to quit,” and 16% were “not sure.” The fact that 526 follow-up calls did not identify anyone who was ambivalent about the need to quit indicates widespread understanding of the harmful effects of smoking.
- **Quitting Smoking.** More than a third of Quit Clinic participants (37%) contacted has quit smoking since the training. Follow-up interviews show that more than half of Quit Clinic participants who have quit have done so for over six months. Seven percent (7%) have quit for five to six months, and 11% have quit for three to four months. Possibly reflecting ongoing benefits of the Quit Clinics, some individuals had just quit within one week of their follow-up interview.



SUNSET’s goal was that a minimum of 23% of Quit Clinic participants would have quit smoking at time of follow-up contacts. Although there may be some duplication due to various people participating in multiple workshops, it is likely that the 37% who reported quitting at the time of follow-up comprised at least 23% of individuals attending Quit Clinics.

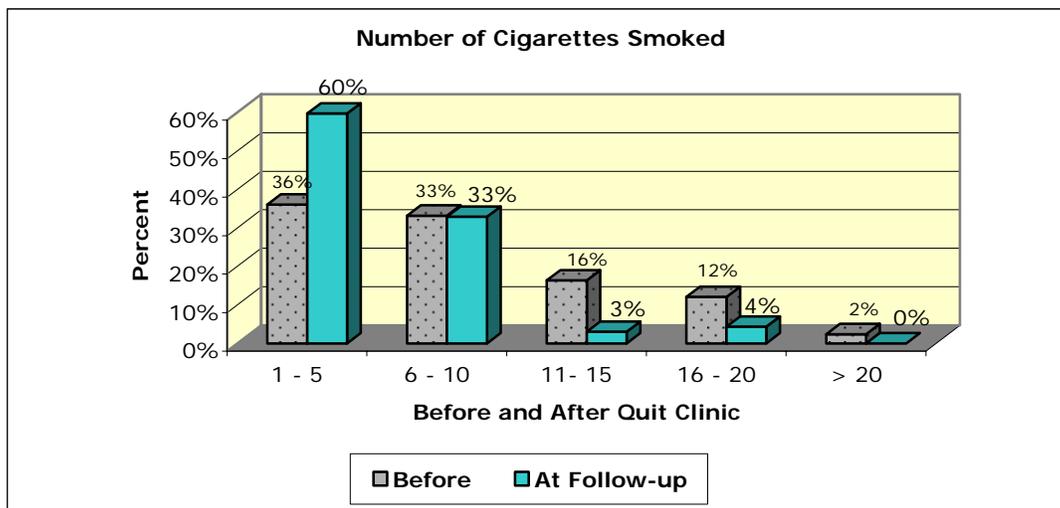
Those who quit indicated several factors that helped them quit, such as:

- ❖ the Quit Clinic,
- ❖ health problems and/or the high cost of healthcare,
- ❖ exercise,
- ❖ fresh air,
- ❖ support of family and/or friends,
- ❖ a positive attitude,
- ❖ acupuncture and/or hypnotherapy, and
- ❖ a strong motivation to be healthy.

The list of what allowed individuals to maintain their non-smoking status was similar, although many people indicated that what helped keep them from a relapse was different from what helped them to quit. For instance, someone who quit because of health problems

may have maintained that status because of a new job or because of acupuncture. Each person drew on a unique combination of resources available in order to create a non-smoking lifestyle.

- **Reducing Smoking.** The majority of those who still smoked at the time of follow-up limit their intake to one to five cigarettes a day (60%). As only a little more than a third (36%) of the smokers who completed the pre-Quit Clinic surveys indicated smoking that number a day, it appears that those who still smoke have reduced their intake. The reduction in proportions of individuals whose intake was at eleven cigarettes or more a day before the Quit Clinic further supports this assumption.

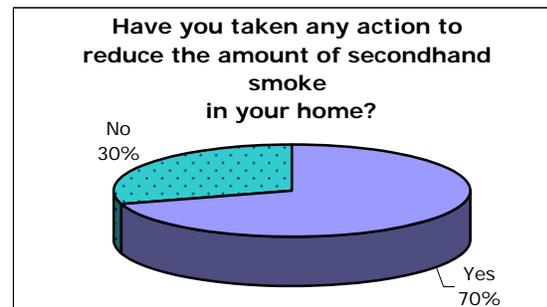


Changes related to others' smoking and secondhand smoke include:

- **Helping Others Quit.** SUNSET sought to include family members in their Quit Clinics. This decision was based on prior experience suggesting that family members can provide critical support to a smoker trying to quit smoking. SUNSET anticipated that at least 10% of Quit Clinic participants would be family members. While only 7% of those who completed pre-Quit Clinic surveys indicated that they intended to help someone they live with to quit smoking, a much greater proportion of those reached for follow-up had actually helped someone (either in or outside the home) to do so. More than half (53%) of the Quit Clinic participants have taken action to help someone else quit smoking.

The most common way in which they have done this is by encouraging friends to come to the Quit Clinics; more than 10% of participants have told friends about the program or brought friends with them to a Quit Clinic. Some have encouraged family members or partners to come. Other participants have helped reduce smoking by forbidding smoking in their homes, passing out SUNSET brochures, and encouraging smokers to get acupuncture.

- **Reducing Exposure to Secondhand Smoke.** One of the components of the Quit Clinic training is learning about the dangers of secondhand smoke. A large majority (70%) of Quit Clinic participants have taken action to reduce the amount of secondhand smoke in their homes. Almost all who have done so say they do not permit smoking in the home. A couple of others say the only smoker in the house has quit.



Comments and suggestions:

The follow-up interviews provided an opportunity for participants to give feedback on their experiences and make recommendations to SUNSET. Comments were overwhelmingly positive, with many people simply saying “thank you!” In addition, participants said: “We need to meet more often in order to quit,” “I’d like to continue to visit the acupuncture/hypnotherapy sessions,” “Repeating the program had a big impact in my life,” “More people should know about the consequences of smoking,” “ Many Russian people need this program,” and “I have a new opportunity to enjoy life.”

Discussion and Recommendations

Interpretation of Results

Quit Clinic participants demonstrate increased commitment and confidence in their power to reduce cigarette smoke in their lives after attending the workshop. Where 83% of those surveyed beforehand indicated that they would encourage a smoker to smoke outside the home, 98% indicated that they would by the time the Quit Clinic ended. A solid majority of Quit Clinic participants carry out their plans, too, as 70% actually had reduced or eliminated smoking in their homes by the time of follow-up. The same is true of those who were smokers when they attended the Quit Clinic. Where 16% indicated in their pre-Quit Clinic surveys that they were not sure if they were ready to quit smoking, and 3% were not ready to quit, all of them felt likely to quit by the end of the Quit Clinic. In follow-up interviews, 37% had actually quit — the majority of them (54%) for more than six months.

All participants indicated planned life changes after attending the Quit Clinics, including:

- **Quitting smoking,**
- **Reducing exposure to secondhand smoke, and**
- **Helping someone quit smoking.**

The SUNSET Quit Clinic is a positive, culturally-relevant experience for the Russian language community. The majority of participants feel the Quit Clinics provide the knowledge and support they need in order to make a change in their lives, whether that be to cut back on cigarettes, reduce or eliminate secondhand smoke in their homes, or to quit smoking. In addition, many verbalize a new-found value on integrating other healthy choices into their lives, such as exercise and a positive attitude about their own abilities, after attending the Quit Clinic.

Conclusions and Recommendations

Participants are grateful for their experiences with the Quit Clinics and with SUNSET support services. While only two participants specifically articulated their belief that more frequent opportunities to take part in SUNSET programs would help them to reduce cigarette smoke and increase healthy habits in their lives, it is likely that many in the Russian community would utilize more frequent and even more diverse program offerings — for instance, a post-quit exercise group — to help them maintain healthy, smoke-free lives.

It may be possible for SUNSET to build its capacity for outreach. Although many Quit Clinic participants indicated at the time of follow-up that they had told others about the program, less than two percent (2%) of those who filled out post-clinic surveys indicated learning about the program through word-of-mouth. This seems to point to a lack of follow-through on the part of those who are told about the program. SUNSET might be able to increase attendance, especially in the East Bay, by making wallet-sized notices about the Quit Clinics for participants to take and distribute to others. Developing two different notices, one designed for outreach to smokers and one for supportive family members, or one for outreach to men and one for women, might be a cost-effective way to bring in more members of the Russian-speaking community.

Another potential outreach tool is to track whether differences in ratios of men to women — and smokers to non-smokers — persist in the East Bay and San Francisco Quit Clinics. This would help SUNSET to evaluate whether its outreach activities and logistics differ in those locations, which would help it to target specific group(s) for future Quit Clinics.

A final recommendation is for SUNSET to develop a better practice of tracking participants identities surveyed over time in order to compare the responses of those contacted after approximately two months with those contacted a second time, after approximately seven months. This capacity to evaluate matched pairs would lead to specific findings about the effectiveness of the Quit Clinics in changing the habits and attitudes of those who attend, which could be used for future program planning.

Limitations

This evaluation was not able to compare changes by individuals over short- and longer-term intervals after attending the Quit Clinic. As a result, follow-up findings are more useful for determining general trends among all Quit Clinic participants, rather than being illustrations of the effect of the workshops on individuals' behavior over time.

Use and Dissemination of the Results

This evaluation showed the success of various strategies in reducing smoking and exposure to secondhand smoke within the Russian immigrant population. It will be used in the development of future outreach strategies and curriculum materials.

**SUNSET Russian Tobacco Education Project
Pre-Quit Clinic Survey**

To Be Completed by Staff Only:

Date: _____

Location: **San Francisco** **East Bay**

Mini Grant: Acupuncture Hypnotherapy

Name: _____

Address: _____

Phone Number: _____

Email: _____

Date: _____

1. Are you a smoker? Yes No

2. If you are a smoker, how many cigarettes do you smoke a day? _____

3. If you are a smoker, what are your feelings about your own smoking?

(Please check the box that best describes how you feel right now)

_____ _____ _____ _____ _____

I am not ready to quit I 'm not sure I'll quit soon I'm ready to quit I already quit

4. Do you live with someone who smokes? Yes No

5. If someone you live with smokes inside the house, do you intend to encourage them to smoke outside of the house within the next 6 months?

Yes No

6. If you live with someone who smokes, do you intend to encourage them to quit smoking within the next 6 months?

Yes No

10. Because of this workshop, are you more or less likely to try and help a family member quit smoking? (*Please circle the number that best describes how you feel.*)



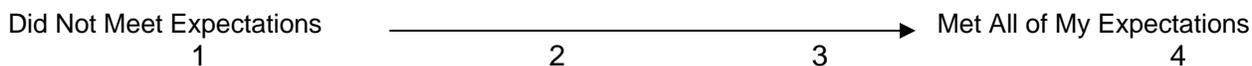
11. Please name 2 steps you will take to quit smoking, help someone quit or reduce the amount of secondhand smoke in your home.

- _____

- _____

Rate this Training...

12. Did this training meet your expectations? (*Please circle number that best describes how you feel.*)



12. How did you hear about the Quit Clinic?

- | | |
|--|--|
| <input type="checkbox"/> Presentation at class I attend | <input type="checkbox"/> Saw an ad in paper |
| <input type="checkbox"/> Doctor or healthcare provider referred me | <input type="checkbox"/> Saw a flyer or newsletter |
| <input type="checkbox"/> Other (please explain): _____ | |

13. Do you have any other comments?

Thank you for your participation!

SUNSET Russian Tobacco Education Project Follow-Up Quit Clinic Interview Survey

I am calling on behalf of the SUNSET Russian Tobacco Education Project. You participated in our Quit Smoking Clinic this past year. I am calling first to see if there is anything that we can do to help you in your efforts to quit smoking or encourage others to quit smoking. In addition, I would like to ask you several questions about the Clinic and your tobacco use since that time. This will only take five minutes and your answers will help us to improve our future trainings and services. May I ask you these questions? Is this a good time?

1. Gender:
 Male Female

2. How long did you smoke before you attended this quit clinic?

Exposure to Secondhand Smoke... 0-5 years 6- 10 years
 11-15 years 16-20 years
 21-25 years 26+ years Never Smoked

Smoking Related Questions...

3. Since attending this Quit Smoking Clinic, what are your feelings about your own smoking?
(Please check the box that best describes how you felt about smoking prior to attending this workshop)

I am not ready to quit I 'm not sure I'll quit soon I'm ready to quit I already quit

4. Have you quit smoking since the training? Yes No

5. How long since you quit?

0-7 days (within 1 wk) 8 - 30 days (1 wk – 1 mo) 31 - 60 days (1-2 months)
 61 -90 days (2-3 months) 91- 120 days (3-4 months) 5 - 6 months

5.a. If you did not quit yet, how many cigarettes do you smoke a day? _____

6. What helped you to quit smoking?

7. What has helped you to maintain your commitment to quit smoking?

8. Have you taken any action to help someone else quit smoking?

Yes No

If yes, what action have you taken?

9. Have you taken any action to reduce the amount of secondhand smoke in your home?

Yes No

If yes, what action have you taken?

10. Do you have any other comments?

11. Is there anything that we can do to help you quit smoking or to encourage others to quit smoking?

Thank you for your participation!

LOCATION, DATES AND ATTENDANCE AT QUIT CLINICS

Quit Clinics 7/1/03 - 4/30/05			
Date	Location	Participants	
		Smokers	Non-Smokers
July 23 & 30, 2003	San Francisco	17	3
Aug. 13 & 20, 2003	San Francisco	6	11
Sept. 24 & 30, 2003	San Francisco	3	15
Oct. 9 & 17, 2003	San Francisco	6	15
Oct. 21 & 23, 2003	San Francisco	16	7
Nov. 18 & 25, 2003	San Francisco	21	22
Dec. 2 & 9, 2003	San Francisco	5	8
Mar. 2 & 9, 2004	San Francisco	8	7
March 14, 2004	East Bay	2	0
Mar. 31 & Apr. 6, 2004	San Francisco	11	23
Apr. 27 & May 4, 2004	San Francisco	9	6
May 11 & 18, 2004	San Francisco	15	14
May 16 & 23, 2004	East Bay	9	3
Jun. 15 & 22, 2004	San Francisco	10	5
July 13 & 20, 2004	San Francisco	4	13
Aug. 10 & 17, 2004	San Francisco	12	10
Sept. 21 & 28, 2004	San Francisco	4	7
Oct. 5 & 12, 2004	San Francisco	7	10
Nov. 16 & 23, 2004	San Francisco	6	11
Nov. 30 & Dec. 2, 2004	San Francisco	3	8
Jan. 12 & 14, 2005	San Francisco	4	8
Jan. 18 & 25, 2005	San Francisco	10	8
Feb. 1 & 8, 2005	San Francisco	11	6
Mar. 1 & 8, 2005	San Francisco	6	7
Mar. 22 & 29, 2005	San Francisco	4	7
Apr. 12 & 19, 2005	San Francisco	8	9
Apr. 16, 2005	East Bay	9	4

PRE-QUIT CLINIC SURVEYS

PARTICIPANTS' CHARACTERISTICS

IF SMOKER, HOW MANY CIGARETTES DO YOU SMOKE A DAY	#	%
1 - 5	75	36%
6 - 10	69	33%
11- 15	34	16%
16 - 20	25	12%
> 20	5	2%
Unknown	9	NA
TOTAL	217	100%

IF SMOKER, FEELINGS ABOUT OWN SMOKING	#	%
I am not ready to quit	6	3%
I'm not sure	29	16%
I'll quit soon	8	4%
I'm ready to quit	137	74%
I already quit	6	3%
Unknown	31	NA
TOTAL	217	100%

INTENDED BEHAVIOR CHANGE

DO YOU INTEND TO ENCOURAGE SMOKER YOU LIVE WITH TO SMOKE OUTSIDE OF THE HOUSE	#	%
Yes	78	83%
No	16	17%
TOTAL	94	100%

DO YOU INTEND TO ENCOURAGE SMOKER YOU LIVE WITH TO QUIT SMOKING	#	%
Yes	7	7%
No	87	93%
TOTAL	94	100%

POST-QUIT CLINIC SURVEYS

PARTICIPANTS' CHARACTERISTICS

GENDER	#	%
Female	234	55%
Male	188	45%
Unknown	37	NA
TOTAL	459	100%

DO YOU SMOKE?	#	%
Yes	216	47%
No	243	53%
TOTAL	459	100%

HOW LONG DID YOU SMOKE BEFORE ATTENDING QUIT CLINIC	#	%
0-5 years	23	12%
6-10 years	18	9%
11-15 years	12	6%
16-20 years	35	18%
21-25 years	28	14%
26+ years	81	41%
Never Smoked	1	1%
Unknown	18	NA
TOTAL	216	100%

QUIT CLINIC LOCATION AND GENDER

	EAST BAY		SAN FRANCISCO		TOTAL	
	#	%	#	%	#	%
Male	21	81%	167	42%	188	100
Female	5	19%	229	58%	234	100
Unknown	1	4%	36	9%	37	100

POST-QUIT CLINIC SURVEYS (CONTINUED)

BEHAVIOR CHANGE

DID TRAINING HELP YOU GAIN BETTER UNDERSTANDING OF WAYS TO QUIT SMOKING	#	%
No Better Understanding	1	0%
Somewhat Better Understanding	5	2%
Better Understanding	45	22%
Much Greater Understanding	164	76%
Unknown	1	NA
TOTAL	216	100%

BECAUSE OF WORKSHOP, ARE YOU MORE OR LESS LIKELY TO TRY AND QUIT SMOKING	#	%
Less Likely	1	0%
Somewhat Likely	8	4%
Likely	62	29%
More Likely	144	67%
Unknown	1	NA
TOTAL	216	100%

BECAUSE OF WORKSHOP, DO YOU FEEL MORE OR LESS CONFIDENT IN ABILITY TO SUCCESSFULLY QUIT SMOKING	#	%
Less Confident	1	0%
Somewhat Confident	9	4%
Confident	62	29%
More Confident	143	67%
Unknown	1	NA
TOTAL	216	100%

POST-QUIT CLINIC SURVEYS (CONTINUED)

EXPOSURE TO SECONDHAND SMOKE

LIVE WITH A SMOKER?	#	%
Yes	129	28%
No	330	72%
TOTAL	459	100%

DO THEY SMOKE INSIDE THE HOUSE?	#	%
Yes	89	69%
No	40	31%
TOTAL	129	100%

DO YOU INTEND TO ENCOURAGE THEM TO SMOKE OUTSIDE OF THE HOUSE IN NEXT 6 MONTHS?	#	%
Yes	87	98%
No	2	2%
TOTAL	89	100%

BECAUSE OF WORKSHOP, ARE YOU MORE OR LESS LIKELY TO TRY HELP A FAMILY MEMBER QUIT SMOKING	#	%
Less Likely	0	0%
Somewhat Likely	0	0%
Likely	19	15%
More Likely	105	85%
Unknown	335	NA
TOTAL	459	100%

TRAINING EVALUATION AND OUTREACH

DID TRAINING MEET YOUR EXPECTATIONS?	#	%
Did not Meet Expectations	0	0%
Somewhat Met Expectations	1	0%
Met Many Expectations	59	15%
Met All of My Expectations	328	85%
Unknown	71	NA
TOTAL	459	100%

HOW DID YOU HEAR ABOUT QUIT CLINIC?	#	%
Saw an Ad in Paper	189	51%
Saw a flyer or newsletter	69	18%
Presentation at class I attend	60	16%
Doctor or healthcare provider referred me	47	13%
Other	9	2%
Unknown	85	NA
TOTAL	459	100%

QUIT CLINIC FOLLOW-UP INTERVIEWS

PARTICIPANTS' CHARACTERISTICS

GENDER	#	%
Female	287	55%
Male	236	45%
Unknown	3	NA
TOTAL	526	100%

HOW LONG DID YOU SMOKE BEFORE ATTENDING QUIT CLINIC	#	%
0-5 years	37	8%
6-10 years	11	2%
11-15 years	11	2%
16-20 years	64	13%
21-25 years	40	8%
26+ years	244	51%
Never Smoked	76	16%
Unknown	43	NA
TOTAL	526	100%

BEHAVIORAL CHANGES

SINCE ATTENDING QUIT CLINIC, WHAT ARE YOUR FEELINGS ABOUT YOUR OWN SMOKING?	#	%
I am not ready to quit	0	0%
I'm not sure	1	0%
I'll quit soon	17	4%
I'm ready to quit	176	42%
I already quit	222	54%
Unknown	110	NA
TOTAL	526	100%

HAVE YOU QUIT SMOKING SINCE THE TRAINING?	#	%
Yes	195	37%
No	331	63%
TOTAL	526	100%

QUIT CLINIC FOLLOW-UP INTERVIEWS (CONTINUED)

BEHAVIORAL CHANGES (Continued)

HOW LONG SINCE YOU QUIT?	#	%
within 1 week	7	4%
1wk - 1mo	13	7%
1-2 months	21	12%
2-3 months	9	5%
3-4 months	20	11%
5-6 months	12	7%
> 6 months	95	54%
Unknown	18	NA
TOTAL	195	100%

IF YOU DIDN'T QUIT YET, HOW MANY CIGARETTES DO YOU SMOKE A DAY	#	%
1 - 5	138	60%
6 - 10	76	33%
11- 15	7	3%
16 - 20	10	4%
> 20	0	0%
Unknown	100	NA
TOTAL	331	100%

EXPOSURE TO SECONDHAND SMOKE

OTHERS' SMOKING

HAVE YOU TAKEN ANY ACTION TO HELP SOMEONE ELSE QUIT SMOKING?	#	%
Yes	278	53%
No	248	47%
TOTAL	526	100%

SECONDHAND SMOKE

HAVE YOU TAKEN ANY ACTION TO REDUCE THE AMOUNT OF SECONDHAND SMOKE IN YOUR HOME?	#	%
Yes	369	70%
No	157	30%
TOTAL	526	100%