

Data collection with underrepresented population _Michigan

- ❑ Limitation of the BRFSS related to sample size plus the number and quality of the questions about tobacco use and quitting behavior.
- ❑ Michigan Tobacco Control Program “MTCP” agreed to conduct a local community surveys to assess tobacco use behavior and quitting behavior among different racial, ethnic, sexual orientation groups and People Living With HIV “PLWH”.
- ❑ Before the pandemic, these surveys used to be a face to face by trained staff from the community-based organizations “CBO”.
- ❑ Sometimes going from house to house or recruiting community members during events and sometimes in their satellite centers in different locations of that CBO.
- ❑ During the pandemic, we used the online and phone interview instead of face-to-face survey.

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#	Population	year	Participants (n)	Partner's organization
1	Arab and Chaldean Americans (First survey)	2009	n = 2025	1. ACCESS 2. ACC 3. Diabetes and Tobacco
2	People Living with HIV "PLWH" [First Survey]	2015	n = 1485	16 Aids Service Organizations
3	Veterans	2017	n = 575	American Indian Veterans of Michigan
4	Asian Americans	2017	n = 1,416	Association of Chinese Americans
5	Arab and Chaldean Americans (second survey)	2017	n = 2056	1. ACCESS 2. ACC and Tobacco program
6	People Living with HIV "PLWH" [second Survey]	2017	n= 1475	18 Aids Service Organizations

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#	Population	year	Participants (n)	Partner's organization
7	LGBTQ+ community (first survey)	2018	n = 597	Through 5 LGBTQ funded agencies
8	African Americans Tobacco users.	2020	n = 1500	Black Caucus Foundation of Michigan and Wayne Detroit Tobacco Reduction Coalition
9	LGBTQ+ Community (second survey)	2021	n = 348	Grand Rapids Pride Center with 10 LGBTQ+ organizations and Calvin University
10	Latino's	2023	n = ???	In the planning process

The Arab-Chaldean American tobacco use behavior survey- 2017 Michigan

1. First step: We wrote down a justification why we need to conduct such survey among this specific population.
 - a. Very low representation in the BRFSS
 - b. Increase hookah sale and use.
 - c. Determine the current smoking rate and pattern among this community.

2. When you convince the program management, they will allocate some funding to the survey.
(we got \$ 60,000)

3. We communicated with different Community Based Organizations “CBO” and recruited the best 2 who are influential and have great community engagement.
 - a. ACCESS.....\$30,000
 - b. ACC\$30,000

4. Prepare draft of the questionnaires for the survey, and provide them to both CBOs to tailor them, edit, cancel, or add any topic to make them more culturally responsive.
Run it by:
 - a. community members and
 - b. stakeholders

The Arab-Chaldean American tobacco use behavior survey- 2017 Michigan

5. After finalizing the questionnaire, we applied for IRB approval.
6. Training of the staff from both CBOs on how to conduct the survey. (2 days training)
7. Translate the survey questionnaire into the local language of that community.
 - a. in this example it was translated to Arabic Language
8. From the census, we focused on the cities where that local community are residing.
9. We used to open the surveys for at least 3 months to get as many participants as possible.

The Arab-Chaldean American tobacco use behavior survey- 2017 Michigan

10. Training of the staff included:

- a. City street map
- b. Keep your “ID badge” visible always
- c. Keep record of visits
- d. Recruitment Protocol
- e. Planning and preparation
- f. Doorstep approach.
- g. General safety reminder.

11. Surveys were collected on daily bases and entered in excel.

12. We analyzed the data, created slides, reports, fact sheets and submitted abstract to different internal and external conferences.

[[Survey to Assess Tobacco use among Arab and Chaldean Americans]]

The purpose of this survey is to assess knowledge, beliefs, behavior around smoking and Narghile (Hookah) use among the Arab and Chaldean Americans in Michigan. You are invited to participate in this important voluntary survey study.

1. What is your gender identity: • Male • Female
2. What is your age group: • 18-24 • 25-34 • 35-44 • 45 and above
3. What is your educational level: • Less than high school • High school graduate • Some college and above
4. What is the annual gross household income from all sources? • < \$20,000 • \$20,000 to \$34,999 • \$35,000 to \$49,999 • \$50,000 to \$74,999 • \$75,000 +
5. What is your country of origin: • Lebanon • Iraq • Syria • Jordan • Yemen
6. Are you : • Refugee/Asylee • Immigrant
7. Were you born inside the USA? • Yes • No.

8. Cigarette smoking only status: • Current* cigarette smoker only • Former-Smoker • Never-Smoker
**Current Smokers means you have ever smoked at least 100 cigarettes, plus you smoke now.*

9. Narghile (Hookah) user only status: • Current* narghile (Hookah) user only. • Former narghile user • (Hookah) user • Never narghile (Hookah) user.
**Current Hookah use means used hookah on 1 or more days in the past 30 days.*

10. Smoke both cigarette and narghile (Hookah) currently: • Yes • No.
11. Have you suffered from any of the following? • History of violence (including domestic violence) • Depression
• Post-Traumatic Stress Disorder • Addiction to substances • Anxiety

- Questions 12 -17 are for current Narghile (Hookah) smokers:
12. How often do you smoke Narghile (Hookah)? • Daily • Twice a week • Weekly • Twice a month • Monthly
13. Do you use fruity/non-fruity flavored shisha or non-flavored shisha when you smoke Narghile (Hookah)?
• Flavored shisha • Non-flavored shisha. What is your favorite flavor _____.
14. Do you use tobacco shisha or herbal shisha (i.e. tobacco/nicotine free) when you smoke narghile (Hookah)?
• Tobacco shisha • Herbal shisha • Both

((استطلاع لتقييم استعمال التبغ بين العرب والكلدان الاميركان))

الغرض من هذا الاستطلاع هو لتقييم مدى المعرفة وكيفية تدخين السكان والناركيلة في البالغين من الجالية العربية والكلدانية الامريكية.

انت مدعو للمشاركة الاختيارية المهمة في هذا الاستطلاع .

1. الجنس: ذكر انثى
2. الفئة العمرية(سنة): 18-24 25-34 35-44 45 فاكثر
3. التحصيل العلمي: اقل من الاعدادي اكملت التعليم الاعدادي خريج كلية او جامعة
4. ماهو مجموع دخل العائلة السنوي: اقل من \$20,000 20,000-34,999 35,000-49,999 50,000-74,999 75,000 فاكثر
5. ماهو اصل بلدك: لبناني عراقي سوري اردني يمني اخرى اذكرها.....
6. هل انت: لاجئ ام مهاجر
7. هل كانت ولادتك داخل اميركا: نعم كلا
8. تدخين السكائر فقط: هل تدخن سكائر حاليا هل انت مدخن سابق او غير مدخن
- ((تعريف المدخن الحالي هو الذي دخن ولازال يدخن 100 سكاره على الاقل خلال فترة حياته))**
9. تدخين الناركيلة فقط: هل تدخن الناركيلة فقط حاليا هل انت مدخن سابق للنركيله او غير مدخن للناركيله
10. تدخين كلا من السكائر والناركيله معا حاليا: نعم كلا
11. هل عانيت من: العنف او العنف المنزلي من الكابه من اضطراب وتوتر بعد الصدمة
- من ادمان على بعض المواد من القلق
- الاسئلة 17 الى 12 ركيلة**
12. كم تدخن الناركيلة ؟ مره باليوم مرتان بالاسبوع مره بالاسبوع مرتان بالشهر مره بالشهر
13. هل تستعمل تبغ ذو نكهة الفواكه وغيرها ام التبغ بدون نكهة؟
تبغ ذو نكهة تبغ بدون نكهة ماهي نكهتك المفضلة.....
14. هل تستعمل التبغ ام الاعشاب (الخالية من التبغ والنيكوتين) عندما تدخن الناركيلة؟
التبغ الاعشاب كلاهما
15. هل استعملت خدمات توصيل (الدليفري) راس الناركيلة الى البيت او الحفلة؟ نعم كلا

Cigarette, Hookah Use Prevalence & Behavior among Arab and Chaldean_Americans in Metro Detroit, Michigan, 2017

Introduction and background:

Arab and Chaldean Americans constitute the third largest minority group in Michigan after African Americans and Latinos, yet the amount of data available on Arab and Chaldean American populations is disproportionately small particularly in the area of health. The main reason for this paucity of information is that Arab and Chaldean Americans have not been officially recognized as a distinct minority group separate from the majority (white population)⁽¹⁾.

Arab Americans in the US number more than million and consist of immigrants and their descendants from the Arabic-speaking world who reside in this country and share a sense of geographic, historical and cultural identity⁽²⁾ (Census 2000). Chaldean Americans originated in northern Iraq, are Christian, and speak (in addition to Arabic) a modern version of Aramaic as their common language⁽³⁾.

The Michigan Department of Health and Human Services (MDHHS) Tobacco Prevention and Control Program worked collaboratively with the ACCESS (Arab Community Center for Economic and Social Services) in Dearborn and the ACC (Arab-American and Chaldean Council) in Troy to conduct a study in 2016 as a community health survey design. The survey was implemented in Metro Detroit the “Tri County area”

Studies on smoking and Hookah use in the Arab and Chaldean American community found higher smoking rates and lower quitting rates when compared with National and Michigan data for other population groups⁽⁴⁾.

Objective:

The purposes of this study are to:

1. Determine the current cigarette smoking prevalence and pattern among the Arab and Chaldean Americans in Michigan.
2. Determine hookah use rate, knowledge, attitude and behavior among Arab and Chaldean Americans in Metro Detroit area.
3. Study some demographic factors among Arab Americans in Metro Detroit area related to tobacco use.
4. Assess quitting behavior among Arab and Chaldean Americans in Metro Detroit area.
5. Compare the 2017 results with those of 2009 one.

Method:

A study team was convened from Michigan Department of Health and Human Services “MDHHS”, Tobacco Prevention Program staff, and members from ACCESS and ACC. The team developed survey questionnaires that seek demographic, socioeconomic, and behavioral information as well as attitudes and beliefs related to smoking, hookah use, quitting behavior. The survey was conducted during 2016 and 2017 in Metro Detroit where the Arab and Chaldean Americans live.

13. Dissemination of the findings :

- a. Presented the findings to a crowd of local community in both COBs.
- b. Presented to stakeholders and discuss any recommendations from the findings.
- c. Presented to our program and department sections.
- d. Presented in the TFM “Tobacco Free Michigan” which is statewide coalition.
- e. Created a poster to be displayed in different summits and local statewide meetings
- f. Created fact sheets to educate the local elected officials
- g. Presented in a conference in D.C.
- h. Published an article in a conference journal.

Assessing Prevalence, Knowledge, Attitude, Beliefs and Behavior of Hookah Use among Members of Arab and Chaldean Americans in Metro Detroit Area, Michigan, 2017

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Abstract

Background: Previous studies have shown a high prevalence of cigarette smoking and hookah use among Arab Americans in the Metro Detroit area in Michigan. This study has used a larger sample size to be more representative for Arab and Chaldean Americans in Michigan.

Objective: To determine current cigarette and hookah use prevalence, knowledge, beliefs and behavior among Arab and Chaldean Americans. Also, will compare the results with a previous similar study of 2009.

Methods: This is a cross sectional study designed to provide a large sample size of Arab and Chaldean American adults among Metro-Detroit residents. Questions about behavior and beliefs related to hookah were asked. The survey was administered throughout ten cities which are highly populated with this community. A total of 2056 adult, 18 years and older, were surveyed between August 2016 and August 2017.

Results: The study revealed that current cigarette smoking rate is 18.4% while the hookah use rate is 34.1% with heavier use among males than females. Dual use rate of cigarette and hookah is 26.3%. Regarding the age groups, the data indicate that hookah use is higher among the lower age group and use decreases as age increases after 34 years of age. By educational level, hookah use starts low with lower education and use increases as educational level increases.

Conclusion: Arab and Chaldean Americans smoke cigarettes at a lower level compared to the 2009 study but use hookah more. This study found that there is a positive change in believe and knowledge about the harm of hookah compared to the 2009 study.

Keywords: Arab-Americans; Health beliefs; Smoking, Hookah

Introduction

Tobacco use is the single most preventable cause of disease, disability, and death in the U.S. Nearly one-half million Americans still die prematurely from tobacco use each year ⁽¹⁾. And a growing body of evidence suggests that hookah use may expose the user to substantial amounts of smoke volume, carbon monoxide, nicotine, carcinogens, and tar ^(2,3,4,5).

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