MICRONESIAN ISLANDER COMMUNITY

Micronesian Islander Community (MIC)

Community Tobacco Prevention Readiness Report

Marion County, Oregon

Tobacco Prevention & Education Program

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Marion County
OREGON
Health & Human Services

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## Introductions

According to the State of Oregon Tobacco Facts webpage, 24.1% of Pacific islander adults account for the percentage of adult cigarette smokers when stratified by race and ethnicity (Oregon, 2020).

Until recently, it was unknown the total number of Pacific Islanders on the Oregon Health Plan who were tobacco users. That number is 18.6% as of 2015-2017 (Oregon, 2020)

This is the most information available since the last tobacco study in 2004 when the DHS reported that approximately 38 APIs die from tobacco use. This information is essential/significant as the earlier reports did not disaggregate the data, often lumping together Asian and Pacific Islanders.

It is still challenging to find Micronesian-specific data since Micronesians are a minority within a minoritized group and are often lumped together with Pacific islanders and Native Hawaiians.

However, from community conversations, observations, and prior studies, we know that tobacco use is not a straightforward question. There is a small but growing number of Islanders who use e-cigarettes, and more we utilize a product called areca nut, better known as 'betel nut' (Paulino et al., 2011). Betel nut is classified as a stimulant drug (Alcohol and Drug Foundation, 2023). It is considered an important cultural practice and custom, with social, religious, and cultural connotations (Paulina et al, 2011).
It is prepared in multiple ways, from being shredded into pieces and chewed as is, or it can be added with tobacco or chewed with tobacco and banana leaves, leaving a traditional reddish hue (Paulina et al., 2011). The betel nut and subsequent saliva may be swallowed or chewed depending on the culture and custom.

References

State of Oregon. Oregon Tobacco Facts. **Source**: Oregon Behavioral Risk Factor Surveillance System. Unpublished data. **Note**: Estimates are age-adjusted to the 2000 standard population.
https://www.oregon.gov/oha/ph/preventionwellness/tobaccoprevention/pages/oregon-tobacco-facts.aspx#s3

Oregon OHA Prevention Wellness Tobacco Prevention Report.
https://www.oregon.gov/oha/ph/PreventionWellness/TobaccoPrevention/Documents/apifact.pdf'

Oregon tobacco facts from Oregon Health Authority released in 2020.

What is Betel Nut? *Alcohol and Drug* Foundation, December 5, 2023.
https://adf.org.au/drug-facts/betel-nut/

## Project Overview

For our report, our commercial tobacco product of concern was cigarette and betel nut use. The tool will identify interventions as we understand those using betel nuts. However, due to conversations, the final report focuses on cigarette use (generally) versus betel nut as people shied away from wanting to talk about betel nut.

We interviewed community members who attended food shopping events and people who participated in a workshop we held discussing tobacco use.

We held a focus group and had informal 1:1 conversation with community leads to go over the purpose/function of the report to ensure people understood the purpose of the CRA.

The CRA was conducted in English and in Chuukese (as needed) to ensure people understood the questions being asked of them.

## Dimensions of Readiness

There are six dimensions of readiness that are used to evaluate community feedback.

A. **Community Efforts:** To what extent are there efforts, programs, and policies that address the issue?

B. **Community Knowledge of the Efforts:** To what extent do the community members know about the local efforts and their effectiveness, and are the efforts accessible to all segments of the community?

C. **Leadership:** To what extent are appointed leaders and influential community members supportive of the issue?

D. **Community Climate:** What is the prevailing attitude of the community toward the issue? Is it one of helplessness or one of responsibility and empowerment?

E. **Community Knowledge about the Issue:** To what extent do community members know about the causes of the problem, consequences, and how it impacts your community?

F. **Resources Related to the Issue:** To what extent are local resources- people, time, money, space, etc.- available to support efforts?

## Stages of Community Readiness

1. **No Awareness:** Issue is not generally recognized by the community or leaders as a problem (or it may truly not be an issue).

2. **Denial/Resistance:** At least some community members recognize that it is a concern, but there is little recognition that it might be occurring locally.

3. **Vague Awareness:** Most feel that there is a local concern, but there is no immediate motivation to do anything about it.

4. **Preplanning:** There is a clear recognition that something must be done, and there may even be a group addressing it. However, efforts are not focused or detailed.

5. **Preparation:** Active leaders begin planning in earnest. Community offers modest support of efforts.

6. **Initiation:** Enough information is available to justify efforts. Activities are underway.

7. **Stabilization:** Activities are supported by administrators or community decision makers. Staff are trained and experienced.

8. **Confirmation/Expansion:** Efforts are in place. Community members feel comfortable using services, and they support expansions. Local data are regularly obtained.

9. **High Level of Community Ownership:** Detailed and sophisticated knowledge exists about prevalence, causes, and consequences. Effective evaluation guides new directions. Model is applied to other issues.

## Community Readiness Scores

| Dimensions of Readiness | | Score (Scale 1-9) | Readiness Level |
|---|---|---|---|
| A | **Community Efforts:** | | 4 |
| B | **Community Knowledge of the Efforts:** | | 3 |
| C | **Leadership:** | | 2 |
| D | **Community Climate:** | | 1 |
| E | **Community Knowledge about the Issue:** | | 4 |
| F | **Resources Related to the Issue:** | | 2 |
| | TOTAL: | | 16 |

These scores are averaged by dimension across all key stakeholder interviews. The Community Readiness Manual highlights goals and general strategies appropriate for the stage of readiness scores received to reduce tobacco use in the Micronesians in Marion County.

## Focus Groups Findings

Generalized ideas:

-The attendees are aware of tobacco use and see it as cultural and part of every day.

-There is an acknowledgment that leaders know, but nothing is being done about it.

-Some people are interested in quitting but need to know what resources are available or the first step. They also acknowledge it is a cultural/community thing (to use tobacco).

## Long Term Goal

While community climate was ranked the lowest (1), we recognize that we, as an organization, cannot waltz into our community and start talking about tobacco. Instead, we will focus on talking more about betel nuts in the next phase, as many use tobacco products and betel nuts.

The goal to improve CRA scores will be focused on the two scores - providing resources related to the issue and leadership development.

For leadership development, it was discussed that leadership knows, but no one says anything, in particular the churches. As such, while churches is one mechanism where people attend/hear sermons, we envision outreach and education at two locations:

1. Churches (after obtaining permission, especially among churches we do not have a relationship with) should have an information table, or if there is a newsletter, include in the newsletter and talk about tobacco prevention by focusing on the health harms.
2. Workshops (we host these) where we invite and encourage the community to come, talking about tobacco, tobacco products, and their impact on our health.

Strategic Objectives:

The following considerations were identified for effectiveness in Micronesians in Marion County:

1. Build relationships with church leaders, and if given permission, request having an information table or health fair for community members.
2. Organize a community health fair during food outreach events to distribute anti-tobacco material, including tobacco prevention and resources for stopping tobacco use.
3. Connect with PI organizations that also received tobacco funding to support their efforts to reduce tobacco use.
4. Continue working with LPHA/OHA on reducing tobacco use within the community.

## Recommendations

1. Have available tobacco prevention and treatment for tobacco addiction. MIC is exploring the process to train staff and key community leaders to become certified alcohol and drug counselors (CADCs). This includes reducing tobacco use. We have since established a relationship with the Mental Health and Addiction Certification Board of Oregon (MHACBO), received funding (from another outside source), and will enroll staff in the training to become CADCs. Staff and community members trained/certified as CADCs will have the knowledge to infuse cultural understanding when leading addiction and mental health work. More information about MHACBO can be found here: https://www.mhacbo.org/en/

2. MIC organized and hosted a health screening and clinic in partnership with Salem Health Community Health Education Center (CHEC). In addition to blood pressure checks, cholesterol checks, and diabetes testing, we had a health care provider available who served an “Ask a doctor” role at the clinic. Due to limitations in the total number of tests available, we had 30 appointments. With the cancellations and no-shows, we accepted walk-ins and, altogether, saw 33 people. Each person who came discussed with the healthcare provider about tobacco use and tobacco prevention. This was during our regular monthly food pantry event, where we offered holiday foods. We had 154 people register/attend, totaling 1,010 people in the households. Of the 154 individuals, 117 were brand new people. During the event, people took flyers and information about tobacco prevention, expressing interest in workshops that cover health topics including tobacco prevention (and other health issues).

Based on our experience, the following steps are our recommendations/next steps:
#1: Train staff and community to become certified alcohol and drug counselors
#2: Organize workshops on health topics including tobacco prevention
#3: Explore/organize an annual health fair

3. The following were important quotes captured from the focus groups. These are conversations from community members, discussing the use of products, including materials that may be used along with tobacco.

*When referring to chewing betel on why it is a priority:*
"It is a part of the culture, some people use for personal reasons. I chew because it wakes me up and it curbs my diet. It's like a cigarette when you're a smoker. The nicotine addiction keeps you going. It's just a habit. It's something to keep you from being depressed. It's helpful to attract friends, especially with vaping. Some kids think it's cool. It's a cultural thing too because the Yapese use it as a way of enlightenment in dances and cultural gathering."

*(Excerpt):* "People go crazy over betelnut (need tobacco for the betelnut) and will sacrifice grocery money in order to pay for their habit. Tobacco will make them smile. If they don't have tobacco they don't smile. If I wake up in the middle of the night and I don't have it in my bag I will go to the store and get. Elders would rather that you don't drink too much and don't get in trouble. But they don't talk about not smoking."

*When mentioning programs (that they know of) that address tobacco use among youth:*
"In schools I hear about them, they prioritize it there. Boys and Girls Club. To be honest I don't see any programs in the state of Oregon. In the religious gathering we never see it. This is the first time we have in our community. Maybe we need to do more to the community so we can do more."

*When discussing if tobacco cessation is a priority:*
"Some leaders do promote the priority of tobacco cessation, but some don't. Some leaders kind of care, and some leaders don't care. The church now doesn't talk about tobacco use. But it's more a practice for them. And people turn to the church for how to live. On my island, if you smoke or drink alcohol, they remove your membership from the church."

## Appendix A: Community Readiness Assessment Script

**A. Existing Community Effort**

1. In your opinoin, using a scale from 1 to 10, how much of a priority is tobacco to the tribe/community, one being not at all and ten being a high priority? Please explain your rating.

2. Please describe the efforts, programs, or activities that are available in your community to address tobacco.

3. How long have these efforts been in place?

4. Who can receive services from these programs/efforts?

5. What are the strengths of these efforts?

6. What are the weaknesses of these efforts?

7. What types of plans are in place to continue these services?

8. How is evaluation data being used to develop new efforts?

9. Please describe any policies that are in place in your community that address or support tobacco.

10. How long have these policies been in place?

**B. Community Knowledge of the Efforts**

11. In your opinion, using a scale from 1 to 10, how aware is the community of these efforts, programs, activities, or policies, with one being not at all and ten being a great deal? Please explain your rating.

12. Please explain what you believe that the community knows about the efforts, such as purpose, what services do they offer, how to access the services.

13. Are there community members who are involved in sharing information about activities or efforts? Please explain.

**C. Leadership**

14. In your opinion, using a scale from 1 to 10, how much is tobacco a priority to leadership in the community, with one being not at all and ten being high priority? Please explain.

15. How do the leaders in your community support and promote anti-tobacco efforts, activities, or events? (Prompt: on committees, attend events, speak on issue in public)

16. Would the leadership support additional efforts? Please explain.

**D. Community Climate**

17. Describe your tribe/community.

18. What is the community's attitude about tobacco?

19. How supportive or involved is the community in the support of addressing tobacco use? Please explain.

**E. Community Knowledge About the Issue**

20. In your community, what type of information is available about tobacco use?

21. How knowledgeable are community members about tobacco use? Such as signs, symptoms, and local data, etc.? Please explain.

22. What local data is available about this issue in your community?

23. How do people obtain this information in your community?

**F. Resources Related to the Issue**

24. What is the community's attitude about support efforts, such as people volunteering time, making financial decisions, and providing meeting space?

25. Are you aware of any proposals or action plans that have been written to support addressing tobacco use in your community? If yes, please explain.

26. What types of evaluation are being conducted on effort?

27. Do you have any additional comments?

## Appendix B: Focus Group Findings: Identified Strategies

Identified Strategies

1. **Cultural and language appropriate resources**
   Participants described their frustration in finding appropriate resources. This included ensuring the resources had information on their community.

   "There's information for white people that's available. Nothing that is easily understood. Especially at the doctors office, where that's the only place really that someone will talk to you about quitting smoking."

2. **Better Education and Outreach on Tobacco**
   Participants mentioned that there needs to be better education and outreach on the dangers of tobacco use.

   **"I** think it's less knowledge about it. Some people will ignore smoking signs. They'll make excuses for any health impacts."

   "Even pregnant women will use vapes because they think it's safer. Everything outside is a smoking area."

3. **Limited Resources for Tobacco Prevention Engagement**
   There was interest in tobacco prevention engagement; however, there were concerns about limited resources.

   **"**Nothing. I think people want to support it but they won't put their resources into it, especially because resources are limited".