

Capital Area New Mainers Tobacco Prevention and Control Needs Assessment June 30, 2022



A CANMP Community Event

The CANMP Tobacco Prevention and Control Needs Assessment examines tobacco use, attitudes and beliefs among immigrants who are connected with the Capital Area New Mainers Project (CANMP pronounced “camp”), a non-profit organization located in Augusta, Maine.

PURPOSE

The Needs Assessment, led by Healthy Communities of the Capital Area (HCCA) located in Gardiner, Maine, is a partnership with CANMP. This is the second tobacco-related project in which HCCA worked with CANMP, building on existing relationships and reducing the challenges inherent in the cross-cultural and cross-lingual collaborations. The overall goal of the Needs Assessment is to inform future tobacco prevention and control efforts for this unique population.

A sincere thank you goes to Nakaa Nassir who served as the primary community contact in this project. She is a staff member at CANMP working in community outreach and serves as a translator and Arabic and English teacher assistant. Her deep relationships in the community have been invaluable to this project.

This project received funding through Maine Prevention Services which is an initiative through the Maine Center for Disease Control and Prevention working across the state to impact tobacco, substance use, and obesity.

CAPITAL AREA NEW MAINERS PROJECT (CANMP) OVERVIEW



Banner Painted by a CANMP Member

Capital Area New Mainers Project utilizes a strong network of volunteers and staff members to meet the needs of arriving and established immigrants, referred to by CANMP as “New Mainers.” The mission is to be a cross-cultural organization that welcomes immigrants and works to build a thriving, integrated community in central Maine.

CANMP provides numerous opportunities for both New Mainers and the local community to meet, establish relationships, and share their many experiences. In addition, they help to connect immigrants to people and resources in the Augusta area in order to meet both their immediate and long-term needs, and educate the public on immigration issues and diverse cultures. Learn more about CANMP at <https://www.newmainersproject.org/>.

Much of the community information below was provided by CANMP Director Chris Myers Asch as a snapshot in time during February 2022. The CANMP population is in regular flux as some individuals and families arrive in the Augusta area, or other individuals and families return to states where they previously resided, or back to their home countries.

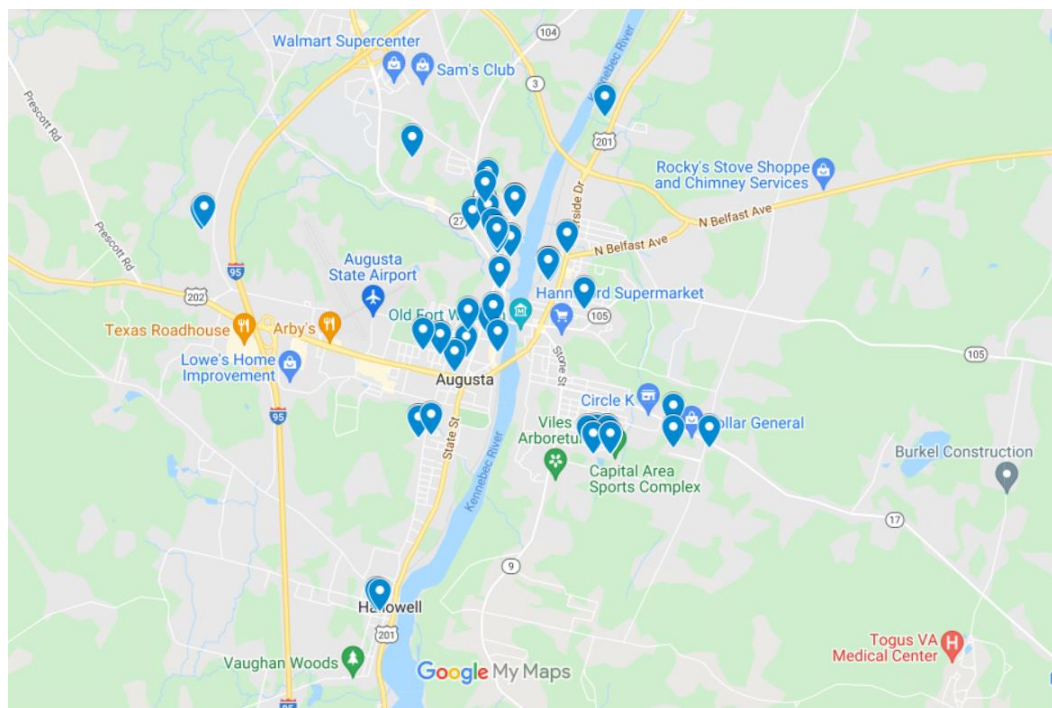
GENERAL DEMOGRAPHICS

At the time of our February 2022 snapshot, 413 refugees (74 immigrant families) were settled in Augusta, Waterville, Skowhegan, Hallowell, and Gardiner. Most of these families came from Iraq, Syria, and Afghanistan, with a few from Morocco. The map below is included to show the location of the home countries of the New Mainers in the Augusta area. Iraq is located to the west of Iran, Syria shares a border with Iraq to the northwest, Afghanistan is on the eastern border of Iran, whereas Morocco is on the northwest corner of Africa, across the Strait of Gibraltar from Spain. This highlights that the New Mainers in the greater Augusta area are a diverse population, with diverse perspectives on life, family, and tobacco use as well.



Map that includes Iraq, Syria, Afghanistan and Morocco

Current CANMP immigrants often have large, close-knit, multi-generational families with anywhere from eight to twelve people, and nearly all these newly arrived families are Muslim. The Capital Area New Mainers (CANMP) director, Chris Myers Asch, shares, “They are resilient and resourceful people who have overcome significant adversity, and they bring strong cultural, faith, and culinary traditions that enrich our shared community. They also arrive with significant needs, particularly for employment, housing, language, transportation, and health care.” Out of the roughly 413 refugees in the Augusta area, 203 are male and 210 are female. This includes 152 adults and 261 children.



Map of locations where CANMP Community Members lived in February 2022

EDUCATION

A majority of the school-aged youth, approximately 111 foreign-born students, are currently enrolled in the Augusta School Department. Farrington Elementary School serves all of the elementary-aged Arabic-speaking students as it is the one elementary school in the Augusta School System that offers classes for English Language Learners (ELL). Families who live on the western side of the river must send their children to Farrington, located at 249 Eastern Avenue if they want to enroll in ELL. More families live on the western side of the Kennebec River as you can see on the map above. Both Cony Middle School and Cony High School provide classes for English Learners (EL).



English Language Class at the Augusta Multicultural Center

Many adults are in English language classes taught at the Augusta Multicultural Center. Most of the children of CANMP families speak Arabic as their first language and in the home and at social events. Some children are becoming less fluent in Arabic, and may also be attending Arabic classes on Saturday mornings. Several young adult participants in the focus groups had graduated from Cony High School, and two were attending Kennebec Community College in Fairfield, Maine.

IMMIGRATION

Most of the families here have spent time first in one to four other states before arriving in Maine. The majority of immigrants who participated in focus groups had been in Arizona, California, New Hampshire or Wisconsin previously. All participants had emigrated from Iraq and Syria. There are also families from Afghanistan, with a few from Morocco who are CANMP members..

LOCAL MUSLIM RESOURCES

The Islamic Society of Greater Augusta provides a mosque on Pearl St. in Augusta, and serves the CANMP Muslim community.

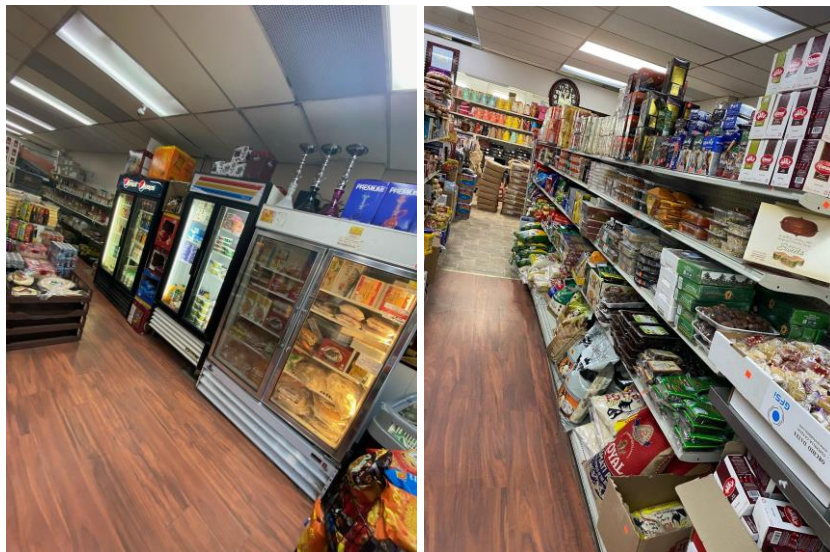


Mosque - Islamic Society of Greater Augusta

There are two halal markets in Augusta, Al Naeem Market on Water Street and Mainly Groceries on Northern Avenue. Halal refers to food allowed under islamic dietary laws. Mainly Groceries also offers a community gathering place primarily for men.



Mainly Groceries Storefront



Inside Al Naeem Market
Products Used by CANMP Members are Available Including Hookahs

The Augusta Multicultural Center offers the English and Arabic classes as noted above, and also sponsors events that bring people together to learn and develop relationships, including holiday celebrations, and potluck dinners, as well as outdoor events.

The Hallowell Multicultural Center is a new site having recently been remodeled and is developing its own identity and activities. It will host the second International Kids Festival as part of Old Hallowell Days the third Saturday in July 2022.



Colby Students hold the Hallowell Multicultural Center Banner in front of the Building

ACCESSING HEALTHCARE

Health care is a major issue for refugees and immigrants. Many people arrive having experienced trauma and loss, and they often have physical and psychological ailments that demand significant medical attention.

Most of the CANMP members have MaineCare and access medical care through MaineGeneral and local family practices. MaineCare is a tremendous resource and provides stability and peace of mind. Family Medicine Institute (FMI) in Augusta in particular has been welcoming to immigrants. FMI has primary care providers and is a residency training program for doctors specializing in family medicine.

Medical care providers are required to have interpreters available, and they generally use phone interpretation services. These phone interpreters are helpful, but sometimes it can be difficult because of differences in dialect. For example, if the patient is Syrian and the interpreter is Egyptian, then there may be some difficulties with the interpretation because Egyptian Arabic is quite different from Syrian Arabic. A challenge for some is also the gender of the interpreter. For example, if the patient is male, they would prefer to speak with only a male interpreter who may not be available.

FOCUS GROUPS

Focus Group Script found in Attachment #1

Recruitment

The Capital Area New Mainer Project (CANMP) assigned Nakaa Nassir, the outreach coordinator in the community who also serves as an English teacher-assistant, to serve as both recruiter and translator for this shared HCCA-CANMP project. Recruitment was done almost entirely by Nakaa with support from other community members.

Participation criteria included that participants must be at least 18 years old and be immigrants connected to the Capital Area New Mainers Project. The project offered \$35.00 gift cards to one of the two local halal markets and was awarded following submission of individual demographic information at the end of each focus group.

The opportunity to have a gift card from one of the halal markets was instrumental in achieving the high number of participants. Saturday worked well and families attended together for the focus groups scheduled on a Saturday. The location, the Augusta Cultural Center, which also serves as the location for Arabic/English classes, provided a familiar setting for community members. Nakaa's husband assisted with recruitment for the third group.

Nakaa Nassir served as the translator during all three focus groups, translating both the questions and the answers. The focus group facilitator and translator debriefed each focus group immediately following each session. The familiarity of and respect for the translator were important factors in participants understanding the questions, and more freely answering them.

Participant Demographics

Arabic is the primary language spoken among friends and family members within the community. Many of the adults have limited English proficiency. The individuals with strong English skills tended to be the younger participants who had attended schools in the United States. Demographics were captured using pencil/pen and paper formats available both in Arabic and English versions. The Arabic language forms were completed by a majority of participants. Friends and family members helped each other with completing the English versions as needed.

Nakaa Nassir served as the translator during all three focus groups, translating both the questions and the answers, and debriefed with the facilitator immediately following each session. The familiarity of and respect for the translator were important factors in participants' understanding of the questions, and more freely answering them.

A total of 37 people participated in the three focus groups, with attendance in each ranging from 6 to 18 individuals. A total of 22 participants were men and 15 women. Two of the three focus groups included individuals as well as multiple members from several families. Ages across all groups ranged from 18 to 65. There were a total of 8 individuals ages 18-20, two women and 6

men, whose answers reflected their experiences in schools as well as in the community. These young adult family members also served as important conveyors of information on behalf of their parents who had less English proficiency and asked their children to translate their answers or pose questions to the facilitator. The participants of the third group were all between 40 and 65. Twenty of the participants had lived in the Augusta area between 2-5 years, 5 for over 5 years, and the remaining 12 had lived in the Augusta area under 2 years. Participants were from Iraq (25) and Syria (12) and had lived in 1-4 other states before moving to Maine, mentioning Arizona, California, New Hampshire, and Wisconsin. Although CANMP members also live in Waterville, Skowhegan, and Gardiner, all participants reported residing in Augusta.

Each one hour focus group session began with two contextual questions to learn more about the lives of the community members. First they were asked to talk about families and friends, and what the children like to do, providing an overview of families and relationships. Participant families ranged in numbers from 3 to 11 members, in two parent homes, many with children in elementary, middle and high school, and some include a grandparent, a single aunt or uncle as well. Other families shared that many of their relatives were still in their country of origin, or had emigrated to countries other than the United States. The relationships between mother and daughters included daughters translating and interpreting the culture around them as well as helping with decision-making for the family, particularly among the Syrian families. Middle, high school, and post high school boys frequently played soccer and participated on wrestling teams. Younger children in particular played video games, and there were few outdoor activities during the winter. Overall, they reported that children liked going to school.

Secondly, they were asked where they came from and what they did for work and for fun both in their home countries and in Maine. Many had been small entrepreneurs, managed shops, and sold things in small stores, served as mechanics and welders, one was a barber, one was an artist. Those who are unemployed reported that it had to do with their lack of English skills, and talked about barriers to be certified or licensed to do the type of work they had previously done. For fun, there were many references to card games, having friends over, getting together and laughing, enjoying friends and family.

Learning More about Tobacco Use and Beliefs

Participant Use

Participants responded to prompts that asked about tobacco use in the community; and in what ways moving to this country has changed tobacco use among the members of the Capital Area New Mainers. Across all three groups, they reported many men smoke cigarettes and that hookah use is high, sometimes on a daily basis. However, more reported that hookah use was further described as largely when company comes or for celebrations. Women more commonly smoke cigarettes than use the hookah, with more women from Syria than women from Iraq smoking at all. One man shared that he smokes more cigarettes here in this country than in his home country saying unemployment, more time on their hands, as well as stress of the transition to a new culture contributed to his higher use. Others nodded their heads in nonverbal agreement. No one reported vaping, smoking cigars or little cigars, nor chewing tobacco.

Concerns about Tobacco Use by their Children

Focus group participants reported that in middle and high school many of the immigrant students are involved in afterschool programs and that younger children are more likely to come home, and generally avoided the direct question about their children's use. They were, however, very aware of the high use of vaping and smoking by the students who had grown up here. A few said that they have seen CANMP youth smoke, but not vape.

Parents, primarily from Iraq, shared they were not worried about their children smoking once they were old enough to purchase cigarettes, and that it was their decision. However, the Syrian participants voiced more concern about their children ever smoking. No one shared that children in the CANMP community were vaping.

Influencers in the Community

Participants were asked who are the people in Augusta or other parts of Maine - that you would listen to, and who would the youth listen to. Answers to these prompts showed cultural differences between immigrants from the two countries.

The Iraqi participants reported that men would listen to each other, and to the owner of the Mainly Groceries halal market, which also has an upstairs meeting space for men. Women listen to each other, their daughters, and their husbands. Parents and young adults agreed that children listen to their parents. Parents said teachers would be a source of information, but the youth reflected back that they listen to teachers, but do not really trust them.

Syrian Families reported they would listen to leaders of the Mosque. The culture in Syria, even more than in Iraq, places a high value and expectation on respect and honor for parents. Youth will listen to their teachers, but not trust them, they trust their parents to guide them. Men listen to their wives and wives to their husbands.

Thoughts on Tobacco Prevention and Control

We had anticipated that Arabic speakers might not be clear about the various tobacco related products that were being discussed. The researchers provided pictures of tobacco products to reduce misinterpretations. Having pictures helped participants to be responsive to the questions and influenced deeper conversations. As each poster was shown, the participants responded whether they recognized the product as well as what they knew of its use in the community.

Poster 1: Little Cigars and Chew were unknown products to the participants.

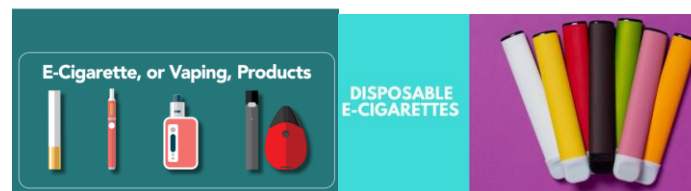


Poster 2: Cigarette and Cigar Everyone recognized the cigarette, and reported they were the most used tobacco product. Cigars are rarely used, and generally considered to be a 'rich man's' tobacco.



Poster 3: E-cigarettes, Vape products: Although parents had previously said they had not seen CAMNP teens use vapes, they were not familiar with these examples. Parents spent a lot of time looking over these pictures and asking questions about the relative nicotine content in cigarettes versus vapes.

- TYPES OF E-CIGARETTES -



Poster 4: Hookah Participants appeared to relax when they saw the hookah, told stories of use when playing cards, getting together with family and friends. Reported that youth were not using hookah in their homes.



Ideas for Prevention: Conveying Information

Considering that so many people speak and read Arabic, and that some read and speak English and that many are learning English, what are your ideas for messages? The recommendations were consistent: share messages that are very short and one idea at a time; use English and Arabic side-by-side; and the best channels are text or email as well as posters/flyers/pictures in the places where they shop and spend time

Questions for the Facilitator

There were many questions about quitting tobacco use, including discussion of quit support groups that could be held at the cultural center. Nicotine Replacement Therapy (NRT) in the form of the patch was well known. Several shared they had tried the patch, but had not been able to quit, and asked about other NRT and other medications. I wrote the medications Bupropion and Chantix on the flip chart in response to the questions, and several people took pictures to take back to their doctors for further discussion. Additionally, many questions were asked about relative amounts of nicotine and levels of 'safety' of different products. This suggested that participants wanted more information and possible options to quit tobacco for themselves, as well as wanting resources to share with others.

Parents shared they are more concerned with the other drugs that their children were being exposed to. They asked about marijuana, and if education about marijuana could be provided along with the tobacco messages.

Note: See Focus Group Analysis Recommendations following the Survey Data

SURVEY

Survey Questions found in Attachment #2

Please note some labels on the graphs may contain English or Arabic words that are not in the original English version of the survey (found in the Appendix). Since most respondents completed the Arabic version, the results were translated back into English for this report with some alternative words. An example is that we use the term hookah, and the translator used the term shisha which did not then translate back to hookah. Additionally, the order of the words is sometimes changed in translation from English to Arabic and back to English.

The survey was developed asking the same general questions as the focus group without the option for open-ended responses. The purpose of the survey was to reach more or different people and to elicit responses anonymously rather than in a group setting with the facilitator present. HCCA staff members created the survey which was reviewed by CANMP staff Nakaa Nassir and Chris Myers Asch. They distributed both an English and an Arabic version of the survey in Google Forms to the CANMP community members. We received two electronic, and one paper copy response from the English version, and fifteen electronic responses from the Arabic version.

Respondent Demographics

Approximately two-thirds of the respondents were female, and the age range of all respondents was 21-65, with half of the responses from individuals between the ages of 40-49. A majority of

the respondents have lived in the Augusta area between 2-10 years, with a few having been here less than a year or more than 10 years. More than half of them were from Iraq, with about one quarter from Syria, and a few from Morocco and a few checked the Other Countries category without specifying. For those that responded “other countries” they did not complete the prompt by writing in their country of origin.

Tobacco Use at Home

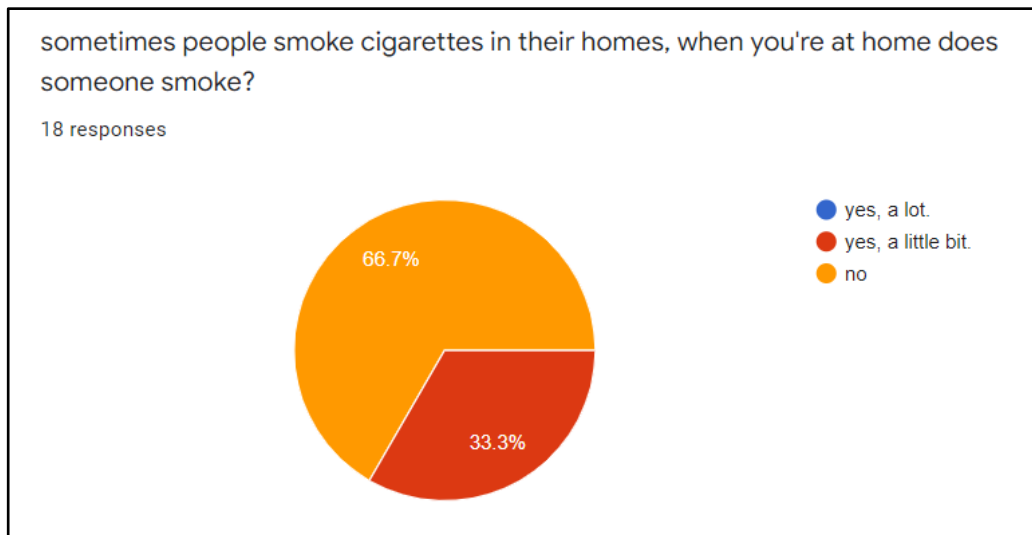


Chart #1 Two-thirds of respondents indicated no smoking in their homes, and no respondents reported a lot of smoking in their homes. Only one-third of respondents identified any smoking in their homes.

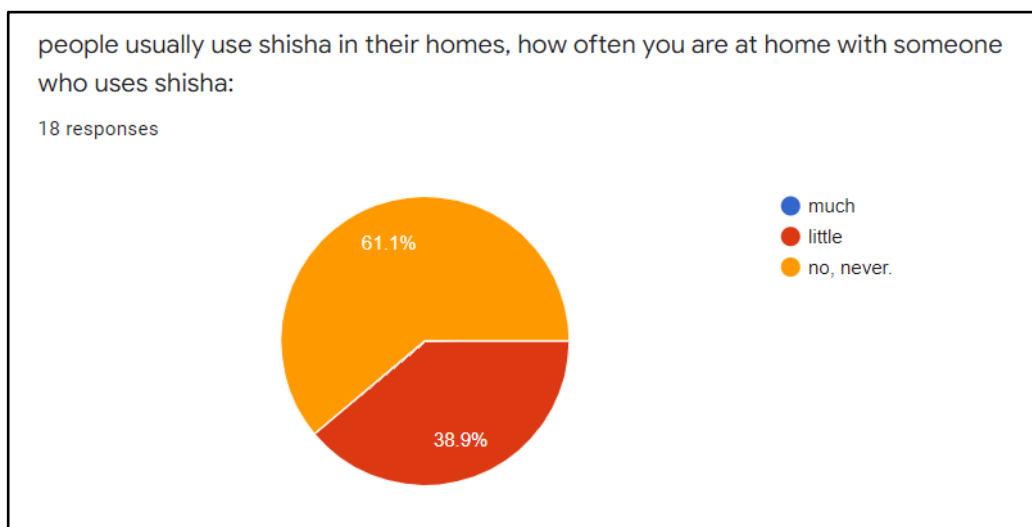


Chart #2 60% of respondents indicated no shisha (hookah) use in their homes, and no respondents reported a lot of shisha use in their homes. Almost 40% of respondents identified any shisha use in their homes.

Community Messengers

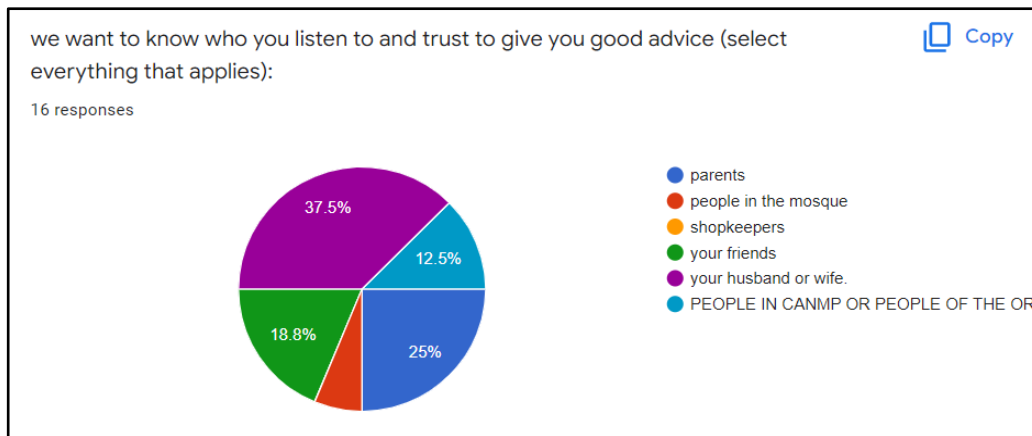


Chart #3 Possible reliable tobacco messengers. Family members (parents, husband, wife) accounted for 62.5% of the responses, whereas friends and people at CANMP when combined accounted for approximately 30%.

Ideas About Tobacco Treatment

This question was added to the survey following the focus groups as there was a lot of interest in ways to quit, how to support parents and other family members, to quit, and what resources they might have access to.

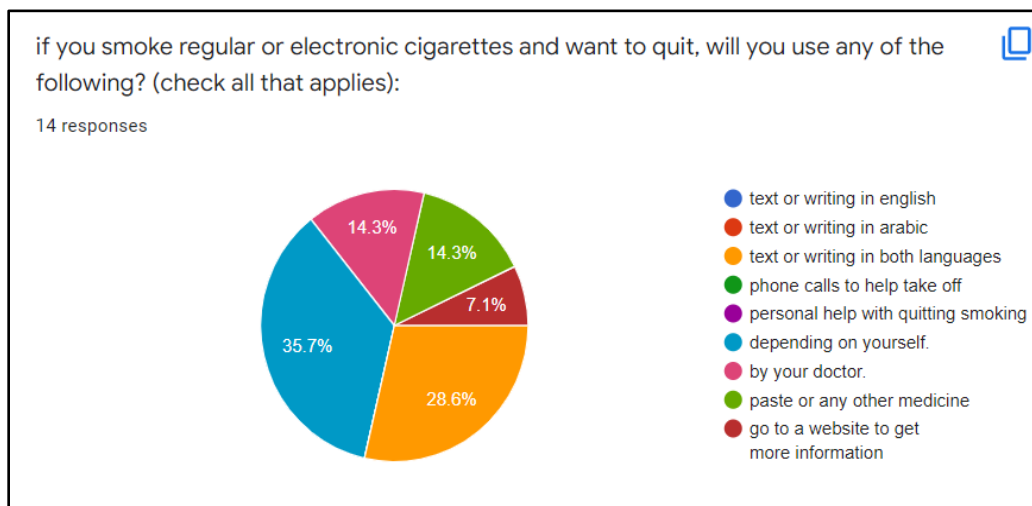


Chart #4 Fourteen of the eighteen respondents indicated what resources they think they would use to quit tobacco: 35.7% would depend on themselves, 28.6% would text or use messages in both languages (English and Arabic). 14.3% would connect with a doctor, 14.3% would use the patch (paste) and other medicine, 7.1% would go to a website to get more information.

Thoughts About Youth Use

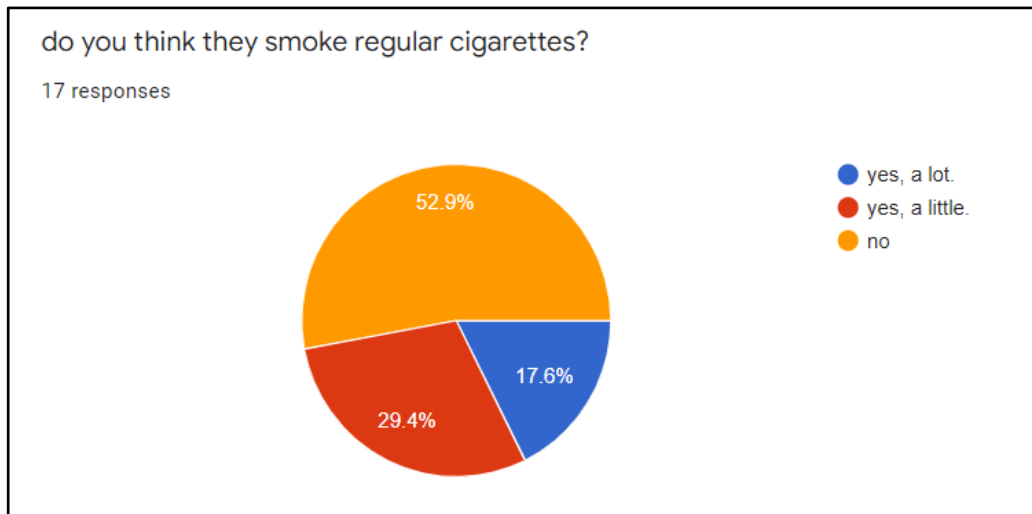


Chart #5 The adults reported that they thought almost half of CANMP high school-aged youth (47%) were smoking cigarettes and that almost 1 in 5 smoked a lot.

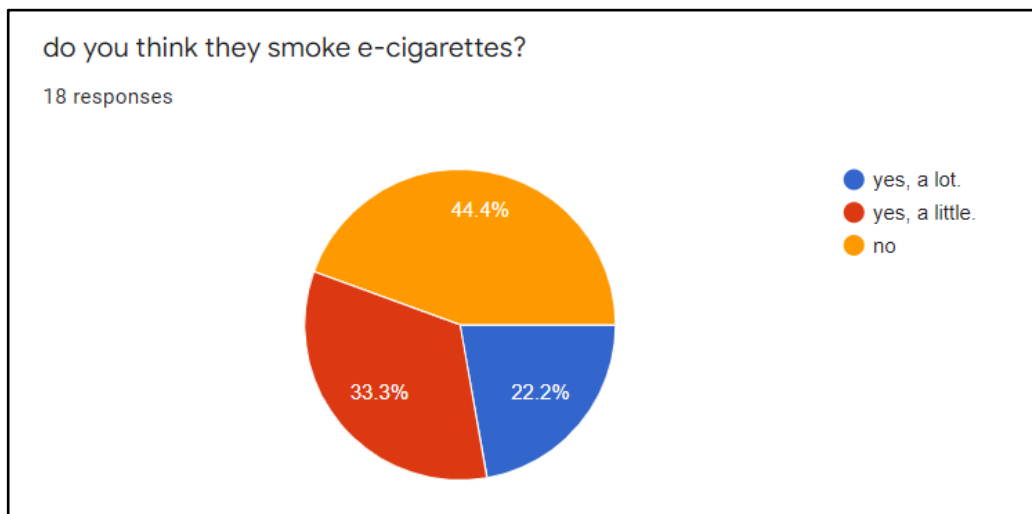


Chart #6 The adults reported that they thought over half of CANMP youth (65%) of high school age were using e-cigarettes., and that over 1 in 5 use e-cigarettes.

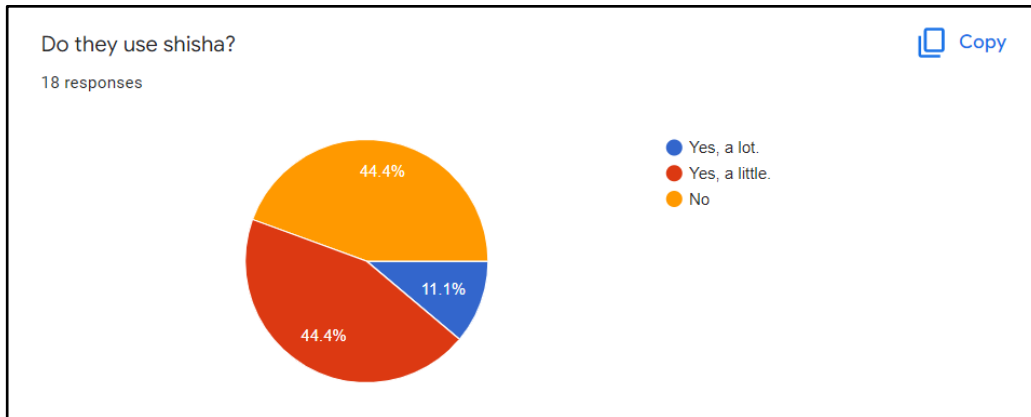


Chart #7 Of the 18 responses, most (16) adults believe that over half (55%) of CANMP youth use shisha (hookah).

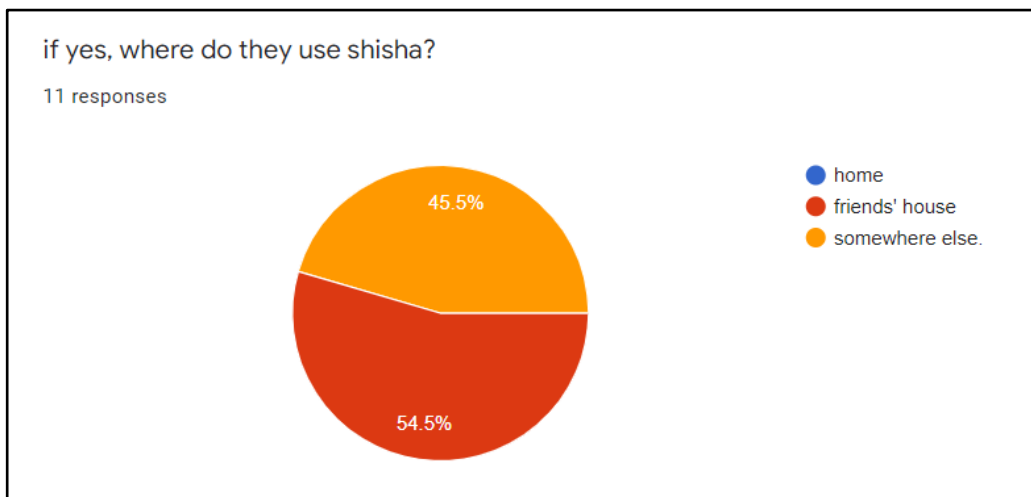


Chart #8 When asked about where youth were using shisha (hookah), 11 of the 18 respondents answered that the hookah users were using someplace other than in their homes

Reliable Community Messengers

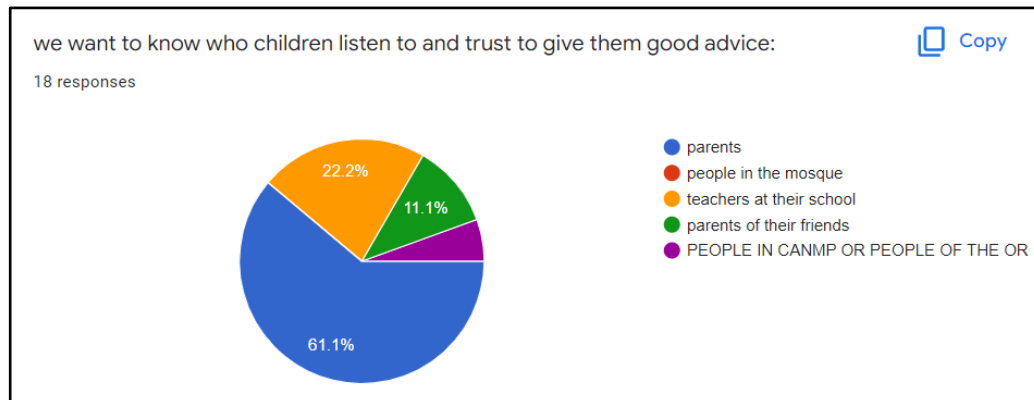


Chart 9 The adults believe youth would listen to and trust the following to give them good advice: 61.1% responded parents, almost a quarter responded teachers, over 10% responded parents of their friends, and a little over 5% would go to someone at CANMP.

ANALYSIS AND RECOMMENDATIONS

FOCUS GROUP OVERVIEW

Overall, the majority of participants took a while to respond with more than the fewest possible words. The questions about family, fun, etc. were the first set of questions in order to provide a more comfortable topic to discuss, while we learned more about the participants and the community. While a few people were quiet, there were multiple responses to topics and questions. They communicated with one another when they had different opinions and observations or needed further translation. The men were more likely to be the primary spokespeople, including the young adult males. The translator had other relationships with the participants as both the community outreach person and an assistant in English classes. She would occasionally encourage participants to share more with the facilitator.

Some participants may have joined the groups primarily for the incentives, which was anticipated. However, bringing diverse people together including family members produced a lot of information.

Observations from both the translator and the direction of CANMP suggested that there is more tobacco use that focus group participants shared. The CANMP members prefer to present their community in a positive light. The differences between observations about youth use between focus groups and surveys

SURVEY OVERVIEW

Overall, CANMP members who responded to the survey noted that a majority of CANMP youth are using e-cigarettes and shisha, but that this was occurring in other places other than their homes. CANMP member Nakaa shared that CANMP youth place a high value on respect for parents, a sentiment that was also shared by the majority of respondents who said that CANMP youth would trust their parents to give them good advice.

According to the survey responses, there is a little cigarette smoke and shisha exposure in the home. However, there is no indication as to how much “a little” exposure is. This may be an area to address or research further in the future.

There is interest among the CANMP adults around tobacco treatment. The options they would chose to help them quit using cigarettes or e-cigarettes were primarily around depending on themselves and utilizing text in both English and Arabic. We noted that a few respondents selected their doctor or medication as another to quit tobacco. However, Chris Myers, shared that there are barriers to the CANMP community accessing healthcare and the availability of interpreters may be a challenge.

CANMP respondents chose husband or wife and parents as the people who they would go to and trust to give them good advice. This is a similar response at to who the youth would go to as well. The CANMP community places a high value on familial support.

Common Themes

CANMP Youth Use

Focus Group (FG): Generally, the focus group participants did not say much about tobacco use by their youth family members, and the young adults as well avoided direct responses about CANMP youth and young adult use. They shared that they see many youth smoking and have heard about the problems with vaping.

About $\frac{2}{3}$ of participants reported that once someone was age 21 (old enough) then it was their choice, and they had no strong opinion on whether they should use.

The Syrian families expressed more interest in their children never using tobacco

When shown the poster with the various vape products, there was a lot of interest in examining the picture, and some shared they were not familiar with these products so would not know really if their children had them.

Survey: In a contradiction to the focus group responses, a majority of survey respondents believed that almost half of CANMP youth are smoking, and over half are using e-cigarettes or shisha/hookah. None of the respondents believed using shisha/hookah was occurring in their home. They responded that shisha/hookah use was occurring in either friends homes or another location. Respondents did not specify a location under “somewhere else”.

In discussion with CANMP director and community member, the following was noted: The focus groups were of mixed ages and genders, with the men frequently responding to the questions, and the women responding primarily when called upon. This face-to-face experience with a non-community member may have influenced the answers to be designed to put the community members in the best light.

The survey was answered by more women (11) than men (6) and was anonymous. Based on comments from the interpreter, we are hypothesizing that the greater number of women responding could be the reason for more accurate responses on youth tobacco use.

Input from CANMP: The Muslim religion places a high value on respect for parents.

Environmental Smoke Exposure

Focus Group: Although when asked about where people use tobacco, the responses were largely “we wouldn’t smoke in the house, we would smoke outside and away from children”. Later in the conversation, there were references to using hookah regularly in the home and smoking inside as well. It is clear that some families try to limit secondhand tobacco use and secondhand aerosol, but are less concerned with hookah being used in the home. Also women who were not accompanied by their spouses reported that their husband smoked or used hookah, and the wives tried to encourage them to only smoke outside, but sometimes they used in the home.

Syrian women also smoke at higher rates than women from Iraq, and it is unclear whether there is more frequent smoking in homes among these individuals.

Survey: While a majority of respondents selected “no” to being around others in the home who are smoking or using shisha/hookah, we noted a slightly higher percentage of people who said “yes, a little” to shisha than those who said “yes, a little” to cigarettes. There were no indicators as to what “a little” exposure meant as compared to “a lot” of exposure..

Although approximately one-third of survey respondents reported they are at home with someone who is smoking cigarettes or using shisha/hookah, the CANMP staff members suggested that these responses could be aspirational and that in-home tobacco use may be higher based on their observations.

Adult CANMP Use and Interest in Tobacco Treatment

Focus Group: The topic of adult use and interest in quitting tobacco was common to all three groups. Many asked about which products or modes of tobacco use were more or less harmful. Each group had one or more male participant talked about quit attempts, long term quits with weight gain, trying the patch unsuccessfully, and concerns about the amount of smoking that is common. One person reported smoking between 2 and 3 packs per day, and another using hookah all day as well, and even more when playing cards or entertaining. When asked about the rates of using tobacco in this country versus in their home country, the answers were increased use here due to not working, boredom, not being as engaged in other activities largely due to a lack of English language both spoken and read.

One group identified that women were more likely to smoke cigarettes, and men were more likely to use hookah, but all shared that smoking cigarettes was the most common use of tobacco

Survey: A majority of respondents identified that they would use the following methods to quit if they were using cigarettes or e-cigarettes and wanted to quit: depending on themselves and text and writing in both languages (Arabic and English). The response of writing in both English and Arabic coincides with what we learned during the focus groups. A smaller number of respondents selected their doctor or medication as an option for quitting regular cigarettes or e-cigarettes.

Input from CANMP: Barriers to medical care as noted in the “Accessing Healthcare” section of this report may be a reason for the lack of responses to using a doctor or medication to help them quit smoking or using e-cigarettes.

There were six areas of tobacco treatment support that respondents identified as possible to use for quitting. Although we cannot identify whether all respondents use tobacco products we do feel this information is relevant for planning and further assessment and evaluation.

Community Influencers

Focus Group: The men identified relying on themselves, talking with their wives, talking with their friends, and support from their children for information and decision-making about quitting. The young adults resoundingly asked for ways for their parents to quit. The leaders at the Mosque were also mentioned. Many people identified the owner of one of the halal stores as a trusted person.

The women reported that their daughters were very important in translating information, sorting out cultural differences, and providing support for decision-making.

Survey: The majority of respondents who said that CANMP youth would trust their parents to give them good advice indicates that the youth value the input from their parents. A little less

than a quarter of respondents said teachers at their school would be who the youth would trust to give them advice.

Input from CANMP: It is important to know that culturally youth, young adults and adults all place a high value on respect for parents and their guidance. CANMP shared that the ELL teacher at Cony High School was an individual that CANMP youth trusted to give them good advice. The students in school have interactions primarily with the ELL program. They don't necessarily have relationships with other adults, other than their parents, teachers, and occasionally CANMP program staff.

Ideas for Prevention

The prevention discussion happened in the focus groups, with no questions on the survey.

FG - Focus Groups: A common theme was to provide information in brief/small installments as text messages in Arabic and English to the parents. If information was being provided at school, then parents should receive notification of the messages as well so they could talk to the children in an informed manner. They also believe posters and flyers at the halal markets, community centers, at English and Arabic classes, and at community events would be important. They also suggested that the community outreach person be better informed about tobacco resources, etc. so the information could be shared in more social contexts.

RECOMMENDATIONS

These recommendations are informed by tobacco prevention and control best practices, Maine's existing resources like Breathe Easy Maine; Mylife, MyQuit; The Maine QuitLink, Maine Center for Tobacco Independence's youth and adult vaping presentations and materials, as well as the information gathered through the focus groups, surveys, and discussions with the CANMP director and community outreach worker.

Materials and Communication

HCCA created materials to share information about tobacco that are in English and Arabic in a prior project. The recommendations below go beyond the translation of materials, which was an important first step, to finding effective ways to tailor prevention and treatment messages, as well as identify channels and messengers specific to the New Mainer community's needs.

Materials that are provided to CANMP youth and adults should contain both English and Arabic. This will also help inform parents. As noted in the focus group analysis, it is possible that there may have been little understanding of the variety of e-cigarettes products among CANMP adults. New and emerging tobacco product materials should include detailed descriptors, pictures, and if possible, actual examples to be shown at a community setting.

1. All materials developed should:
 - Include English and Arabic together on the same page
 - Generally be brief, one topic or point
 - Be eye catching and colorful
 - Text messages are preferred, although email could be another option. An example would be sharing messages with the parents when children are educated about tobacco at school or at the Cultural Center.
 - Provide pictures of products and methods of tobacco use
 - Briefly describe harms
 - Provide links to more information in Arabic and English, or ensure that there is a translation option on the website or Facebook site
 - Avoid negative connotations; noting the higher use rates among the CANMP population will likely stop parents from reading further or engaging overall
 - Pair with positive messages
2. Engaging CANMP Community Messengers
 - With parents identifying themselves as the individuals their children trust to give them good advice, and with role models and familial support being protective factors that decrease the likelihood of tobacco use, reduction of tobacco among parents should be coupled with youth prevention.
 - Parents have expressed interest in learning more and being resources for their children. Identify and implement strategies to share the same information at the school level and with the parents of the students.
 - Engage the EL teachers in the Augusta School Department to identify strategies for information sharing at the school.
 - Partner with the Cultural Center to provide additional information in existing events and opportunities.
 - Identify services that can be shared between CANMP and other Arabic speaking immigrants, such as a treatment group or working with a tobacco treatment specialist. Although The Maine QuitLink phone service has translators, the individual is still primarily working with someone who is not a community member, and as stated in healthcare access, translators with different dialects or a different gender would not be optimal.
3. Continue to work with trusted community partners
 - Ongoing collaboration and partnership with CANMP on tobacco prevention programs and projects is essential for continued positive relationships and information sharing in the community.
4. Focus over a longer period of time on second-and thirdhand smoke prevention efforts
 - There are high rates of indoor tobacco use, primarily due to smoking and hookah. Although there is a general understanding of the importance of smoking outside and

away from children, a campaign to increase the understanding of risks of secondhand and thirdhand smoke is needed.

- A key partner in this campaign would be local landlords because many New Mainers don't own homes upon arriving in the U.S.
- Review existing Breathe Easy smoke-free housing materials to ensure they are using similar communication tactics as mentioned above: using Arabic and English on the same materials, keeping messages brief and eye-catching, etc.
- Collaborate with New Mainers to create materials and resources that will best inform the community regarding thirdhand smoke and the importance of keeping tobacco use outside the home.

Tobacco Treatment

Develop community specific tobacco treatment

- There was a lot of interest in tobacco treatment among adults in the community. Physicians may not be trained in tobacco treatment; however, they must be able to provide various medications for tobacco treatment as well as additional support and quit strategies.
 - Identify translators in local agencies that may be interested in being trained as tobacco treatment specialists to provide support for adults who wish to quit.
 - Modify tobacco treatment information to comply with the above materials and communications recommendations.
 - Provide training and education to healthcare providers on tobacco treatment best practices, combined with a cultural competency component.

Additional Research

Below are a few unanswered questions that may be explored over time.

- Tobacco use is considered haram, forbidden or proscribed by Islamic law. How does tobacco being haram impact tobacco use among the New Mainer community? Is this an opportunity for prevention?
- The survey used 'a little' and 'a lot' as measures for secondhand smoke exposure/use in their homes as well as the rates of youth use of tobacco'. Is more exploration of these amounts useful to prevention strategies? Would it be beneficial to define these rates further?
- Across the country, are there tobacco programs for Arabic speaking immigrants that we could adapt?

ACKNOWLEDGEMENTS

Nakaa Nassir



A sincere thank you goes to Nakaa Nassir, an immigrant from Iraq, who served as the primary community contact in this project. She is a staff member at CANMP working in community outreach and serves as a translator and Arabic and English teacher assistant. Her deep relationships in the community have been invaluable to this project.

Chris Myers Asch

Thank you for your partnership and guidance on this project. The history, the community snapshot, the comments on healthcare, and other information you provided are very important to this report. Also, your review and comments and recommendations have helped to inform this needs assessment and will provide a well-informed basis for further work in reducing the impact of tobacco on CANMP members.

ATTACHMENTS

ATTACHMENT 1: Focus Group Script

The purpose of the meeting is to know more about you and tobacco in your community so we can help prevent youth from using tobacco, and provide information about tobacco, smoking, hookah, and vaping to you.

Nakaa has provided food to share, and adults will get a gift card for \$35 for one of the halal stores in Augusta.

If you want a report about our conclusions and plans, I will share with Chris and with Nakaa. They can share with you.

Thank you for coming to Maine. New Mainers are important for our communities.

1. Can you tell us a little bit about your families? And your friends?
2. Talk a little bit about where you came from – what you did for work, for fun?
3. What do your children like to do?

Tell us about tobacco use in your community

1. What are your concerns about your kids and tobacco use – smoking, vaping, hookah?
2. Can you tell us in what ways moving to this country has changed tobacco use among the members of the Capital Area New Mainers?

We would like to know more about other people around you.

1. Tell us about people in your local community - Augusta or other parts of Maine- that you would listen to?
2. We plan to do messages in English and Arabic - tell us if this is a good idea - why or why not.
3. Who do the youth listen to? Friends, family, people at school, who else?
4. Tell me about what you have heard or seen about the following.(Show Posters)
Note: See posters in body of report
5. What questions do you have for me/Joanne? The participants can ask us anything they want that is tobacco related.

ATTACHMENT 2: Survey Questions in English

CANMP Tobacco Survey

Please answer

- ☐ Man
- ☐ Woman

Ages - Check

- ☐ Between 18-20
- ☐ Between 21-29
- ☐ Between 30-39
- ☐ Between 40-49
- ☐ Between 50-65
- ☐ Over 65

1. How long have you lived in the Augusta area

- ☐ Less than 1 year
- ☐ 1 year
- ☐ 2-5 years
- ☐ 5-10 years
- ☐ Over 10 years

2. Did you live in another state before living in Maine?

- ☐ Yes -
How many years _____
- ☐ No

3. Which Country did you come from?

- ☐ Iraq
- ☐ Syria
- ☐ Afghanistan
- ☐ Other - Please write country here _____

4. Sometimes people smoke cigarettes in their house, are you in homes while someone is smoking?

- ☐ Yes, a lot
- ☐ Yes, a little
- ☐ No

5. People usually use hookah in their house, how often are you in the house with someone using hookah:

- ☐ A lot
- ☐ A little
- ☐ Never

6. We want to know who you listen to and trust to give you good advice (check all that apply):

- ☐ Parents
- ☐ People at the mosque
- ☐ Business owners
- ☐ Friends
- ☐ Your husband or wife
- ☐ People at CANMP
- Who else? _____

7. If you smoke or vape and want to quit, would you use any of the following? (Check all that apply):

- ☐ Text in English
- ☐ Text in Arabic
- ☐ Text in both
- ☐ Phone calls for help quitting
- ☐ In-person help with quitting
 - ☐ With other people
 - ☐ By myself
- ☐ Your doctor
- ☐ The patch or other medicine
- ☐ Go to a website for more information

The following questions are about CANMP high school students:

8. Do you think they vape?

- ☐ Yes, many
- ☐ Yes, few
- ☐ No

9. Do you think they smoke cigarettes?

- ☐ Yes, many
- ☐ Yes, few
- ☐ No

10. Do they use hookah?

- ☐ Yes, many
- ☐ Yes, few

☐ No

11. If yes, where are they using hookah?

☐ Your home

☐ Friends home

☐ Someplace else

12. We want to know who the kids listen to and trust to give them good advice:

☐ Parents

☐ People at the mosque

☐ Teachers at their school

☐ Their friends' parents

☐ People at CANMP

Who else? _____