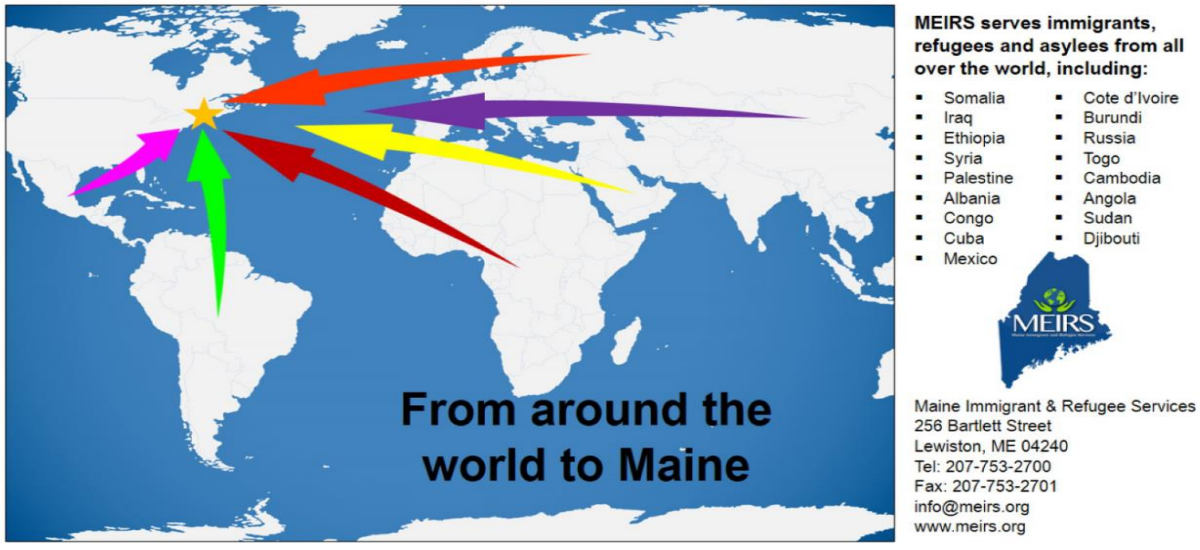
Maine Immigrant & Refugee Services

Immigrants in Lewiston

As of May 2021, the city of Lewiston had an estimated 6,000 immigrants, representing approximately 16% of the population. Most of the immigrants in Lewiston are from Somalia, Afghanistan, Iraq, DRC, Rwanda, and other sub-Saharan African nations. The majority of the immigrant population in Lewiston is Muslim. There are currently two mosques as well as several stores that sell halal meat or prepared food. Most are secondary arrivals, though since November 2021, Maine Immigrant and Refugee Services have settled 102 Afghan refugees in the area, and the city of Portland is in the process of moving a large group of asylum seekers to the Lewiston/Auburn area.

Maine Immigrant & Refugee Services Overview

Maine Immigrant and Refugee Services (MEIRS) was established in 2008 to educate, support, and empower immigrant and refugee youth in the Lewiston/Auburn area. Initially, the program was known as the Somali Bantu Youth Association of Maine as the majority of the clients were Somali Bantu. Soon after MEIRS's establishment, the organization grew, and it started serving a diverse group of clients, including children, families, and adults. Currently, MEIRS serves clients from different Somali ethnicities as well as from Burundi, Ethiopia, Eritrea, Cote d'Ivoire, Iraq, Sudan, DRC, Angola, Afghanistan, and others.



MEIRS has a wide range of services available to assist immigrant and refugee families in the area. They offer different programs, which include citizenship classes, English-as-a-Second

Language classes, financial literacy, employment services, and even parenting classes to wider refugee communities. Since MEIRS started citizenship classes in 2009, all of its students have passed the naturalization exam. They also provide culturally competent behavioral health services to clients. Their services include case management services for children and adults, outpatient counseling for children and adults and home and community treatment services. MEIRS has several programs dedicated to serving vulnerable youth, which include the Community Soccer Program, Girls Empowerment, Youth Leadership Program, and Juvenile Justice Program (some of which were on hiatus due to Covid-19 but are now returning). Annually, MEIRS serves over 1600 youth and families.

The staff at MEIRS provide linguistically and culturally competent services to a diverse group of clients who are based in Lewiston and the surrounding areas. Staff members possess strong case management skills and are very familiar with community resources available for clients. Some of the staff members have prior resettlement experience, so they can lead the resettlement program with lived experience as well as strong guidance from the management staff as well as board members.

Community Need Assessments:

MEIRS has strong collaborative relationships with several organizations, not limited to community organizations but also with academic institutions. To better understand the needs of the community, MEIRS has previously conducted several community-needs assessments. Previous partners include but are not limited to Boston College School of Social Work, Maine Shared CHNA, CMMC, Lewiston Public Schools, Maine CDC, New Mainers Taskforce Toward Covid-19, and several other ethnic community-based organizations.

This needs assessment is a collaboration between Healthy Communities of the Capital Area, Portland Public Health Public Health, AK Health and Social Services and Maine Immigrant and Refugee Services. It is also a partnership with and funded by MaineHealth's Center for Tobacco Independence.

The intent of the needs assessment is to: to:

- Inform tobacco prevention and control programming in Maine.
- Engage a community advisory committee or coalition of community stakeholders
- Develop an assessment process, collect data, analyze data, and make recommendations.

MEIRS' primary data collection (focus groups, interviews, surveys) under this needs assessment will contribute to a greater understanding of why the youth in our community are using tobacco and what is the best way to dissuade their use or get them to stop. We are also hoping to determine the primary factors that affect youth tobacco usage behavior. Based on the results, we aim to provide the best fitting interventions and preventive options for our community.

Community Mapping/Advisory Group:

MEIRS conducted community mapping to help community health workers identify the locations of potential participants. We created an advisory group before we deployed the surveys and focus groups. The advisory group and community mapping was a system to equip us to conduct this assessment . The locations identified were the Tree Street neighborhood, Hillview Apartment neighborhood, Masjid Salaam Mosque, immigrant shopping stores, soccer fields, and other community locations. MEIRS' surveys were focused on youth and young adults 18-30 years. Most of these young people live with their parents. We also included community interviews and focus groups with faith-based leaders, soccer coaches, Sunday school teachers, and so forth. Social media (Snapchat, Facebook, and WhatsApp, etc.) was a great tool to recruit participants to this need assessment.

Community Partners:

MEIRS partnered with language providers like Maine Unlimited Language Access, Sahal Interpreters, Hope Language Services, and Banta Language Express to help conduct the surveys and focus groups

Key Findings:

This study suggests that peer pressure and stress are the two main influences of tobacco use, followed by awareness of health risks associated with tobacco use. Increased use of tobacco is higher in the US as opposed to native countries due to the new environment, culture and access to tobacco products. Cigarettes, hookah and marijuana are the most popular products that were identified. Other influences discussed include families and religious beliefs. This study also stressed that there is a taboo along with shame and discomfort around tobacco talk. Some individuals are aware that tobacco is bad for their health but do know alternative ways to cope with stress and from peer pressure. Religious leaders such as the imams and pastors are important people and influencers among immigrant communities.

RECOMMENDATIONS:

This study found that the stress prevalent among immigrant communities in Maine affects new Mainers smoking behavior. As a result, the majority of the respondents indicate they use tobacco for comfort, stress relief, and to fit into their age group.

- Culturally appropriate programs and youth activities are important to reduce the initiation of smoking among youth immigrants in Lewiston-Auburn. We believe programs that make use of peer pressure to influence behavior positively can be of great help-such as peer-to-peer support group facilitation-an approach that can help nonsmoking youth help their smoking friends
- The vibrant role of faith community-based organizations should be explored in the context of such programs, such as through mosques and churches. As results shown, religious leaders have strong influence for many individuals in this study.
- Additionally, it is important to notice that the number of years in the U.S. and society integration/duration of the stay in the U.S. may be factors that lead to increased use of

smoking products.

- Peer to peer support and tobacco awareness among immigrants is needed, particularly for non-English speaking parents. It is also essential to educate these parents about tobacco products and harms, as many immigrants are not aware of their children's tobacco use.

Limitations of Needs Assessment: A limitation of this assessment is that talking about tobacco is not culturally acceptable and there is shame associated with its use. These dynamics may have led participants to be less forthcoming or comfortable sharing their experiences or behaviors. Literacy (written) also affected completion and comprehension of the survey questions. There was also crossover of individuals participating in more than one of the data collection activities (i.e. they participated in the interviews and completed a survey) which resulted in some duplication within the results, particularly with the narrative responses and the opinions or perspectives shared. Another limitation is the use of cross-sectional data and the fact that the assessment only covered the Lewiston/Auburn area. Therefore, our findings cannot be generalizable, yet provide valuable insights understanding the behaviors of young adults.

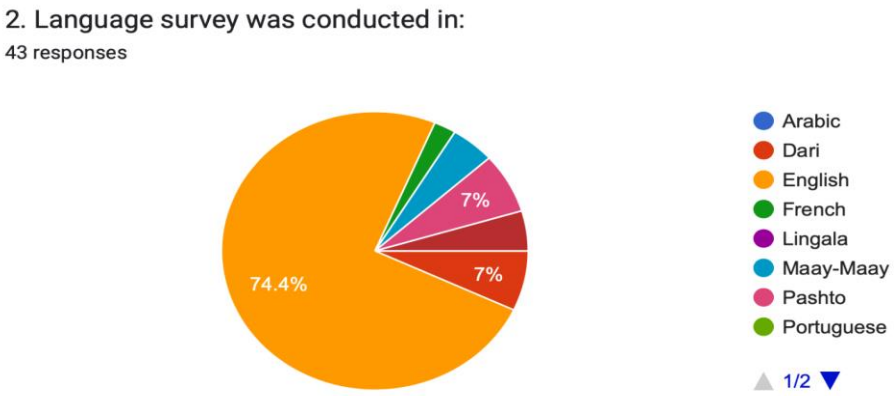
SURVEY:

The purpose of the survey was to assess the tobacco use in the immigrant community and gain understanding of the motivations and considerations around tobacco use. It was also intended to help make informed decisions on intervention and messaging for the community to encourage healthy behaviors and understanding of the health risks, and to minimize secondhand smoke to members.

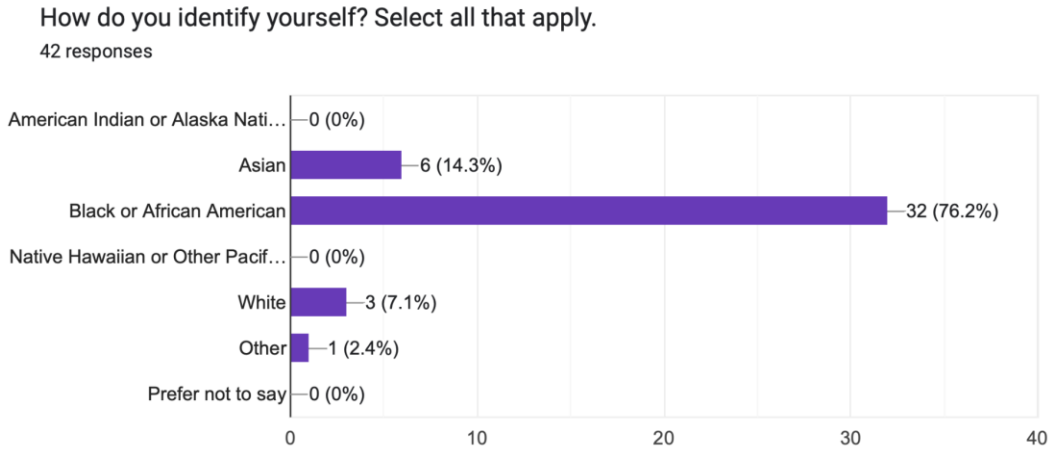
METHODS OF SURVEY IMPLEMENTATION AND PARTICIPANT RECRUITMENT

Participants were recruited through outreach efforts of community health workers. Recruitment was informed by conducting community mapping and identifying potential youth participants. Each participant was paid a $20 gift card. Questions of the survey were written in a Google form and were either filled out by participants directly or with the help of an interpreter. Immigrant community members were recruited in community spaces or potential participants were suggested by other members who had taken the survey. The total number of respondents was 43 individuals.

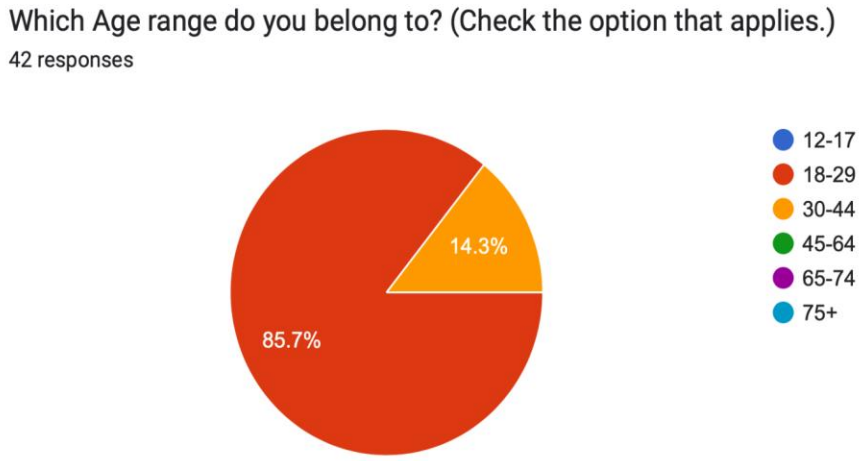
DEMOGRAPHICS OF SURVEY RESPONDENTS



As shown on the above chart, most of the respondents accessed the survey in English.

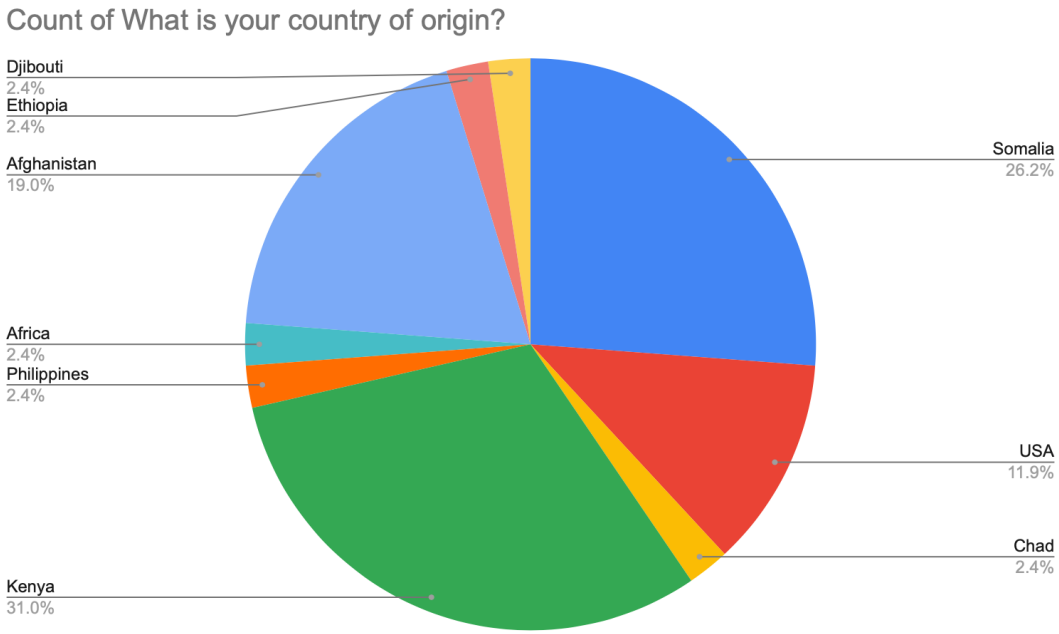


For racial identity, the majority were Black or African American:

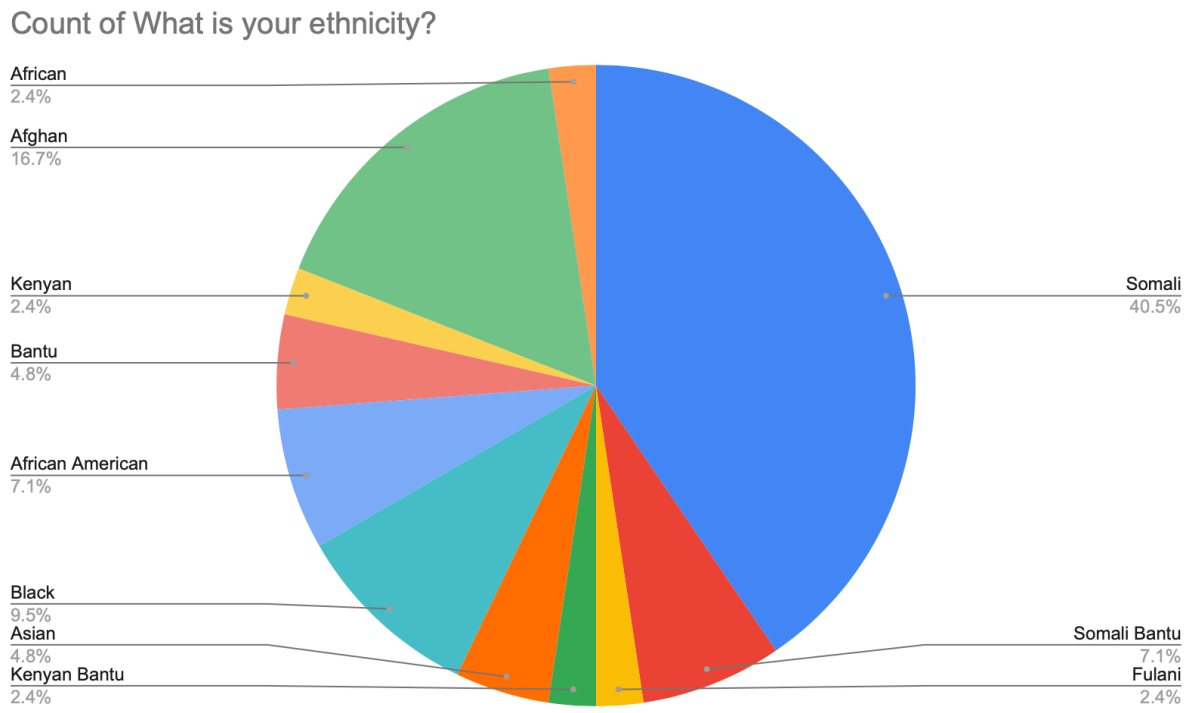


Age categories: The target age group was 18-30 year old. 57.1% were males and 42.9% were female:

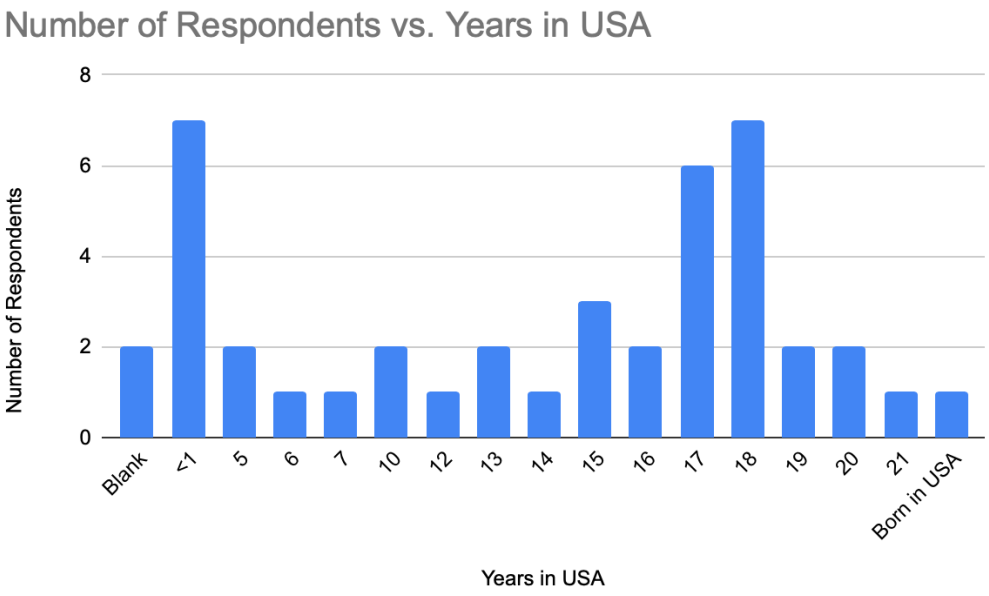
Country of Origin:

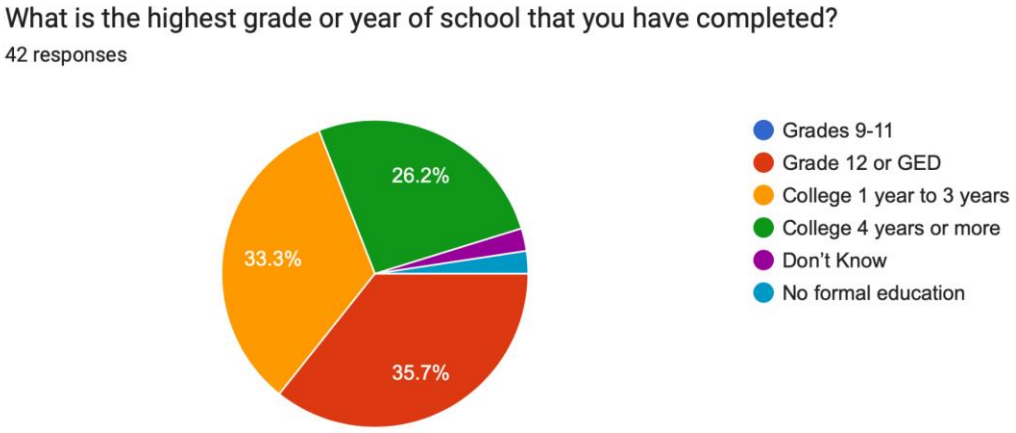


Country of origin: The top three countries of origin were Kenya, Somalia and Afghanistan respectively.



Ethnicity: The top three respondents identify as Somali, Afghan, and Black, respectively.





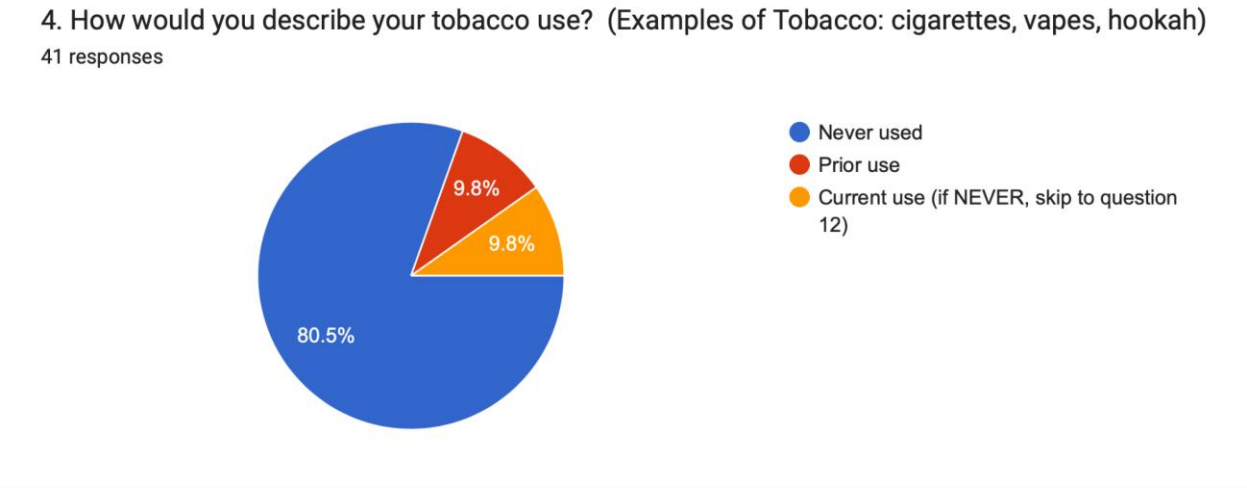
A little over one third of the group had graduated high school/GED, while one-third of the participants had had 1 to 3 years of college and 26.2% had graduated 4 years of college. Both categories of No Formal Education or Don't Know had one participant response:

RESULTS FROM THE SURVEY (DATA)

The majority of the respondents indicated that they had never used tobacco products (80.5%). Prior use or current use was each indicated by 19.5% of the survey group, which is equivalent to 4 persons in the prior category and 15 in the current category. The survey design did not allow for selecting both of these latter categories (and the multiple-choice format could have been confusing for non-native English speakers). It was not clear whether respondents indicating prior use are still using tobacco products. A better question format would be a simple Yes or No question to, "Do you use tobacco products now?" rather than the multiple-choice format (*Never used, Prior use, Current use).* Four of the tobacco users were from Afghanistan and of those respondents, three indicated they were male. Three were Somali males and one was an Asian female. This group said they started using tobacco from ages 15 to 19 with one stating they started at age 12.

When asked, *describe your current use of tobacco products (what you use/how frequently)?* Seven people indicated the use of cigarettes (or cigarette brand) and two of those also indicated shisha(hookah). Number of cigarettes smoked per day ranged from 3 cigarettes to 2 packs. Only 2 of the tobacco user group said that a parent had smoked. Five of the non-smokers said that a parent used tobacco or had used in the past.

When asked, *If you moved to the US, did you smoke/vape/use tobacco before you moved to the US?* Five people indicated that they used tobacco before living in the USA. Although more respondents (17) indicated that they did not use tobacco before coming to the US, the data indicated that at least three of the eight (current or prior) tobacco users initiated their tobacco use after leaving their original country. This indicates that not everyone followed the survey directions of skipping to question 12. Changes to the survey wording could have avoided any potential misunderstanding.



Two of the respondents in the tobacco user group responded that they would smoke in front of other people. This pair also said that there were people they would not smoke in front of, such as: kids, older people, parents, faith leaders, and well-respected people in their life. Some said they would also not smoke indoors where it is a hazard (home or hotel), a friend's house, work, or their own apartment. Most of the tobacco users said their tobacco use was about the same or less than in their home country, while one replied they used more now.

Short answers to tobacco influence questions:
When asked what factors influenced their decision to smoke or not, their responses were: (highlighted boxes are the tobacco users):

Health
Heath problems
Idk
Sports
i just never had the desire to
I do not like the smell of cigar
My parents and religion
The smell was just nasty to me I never thought about using it since you don't get anything from doing it maybe have you stop stressing from what I have learned but the stress never goes away so what's the point
Liver diseases, not good for the health
Not good for your health
Health risks to not smoke
None
Non

None
nothing
Stress
I don't know
Smoking is not good for health
It's dangerous for health
I'm trying to quit smoking. There are no factors that influenced me to smoke.
I will not smoke
None
None
I don't smoke
My religion and healthy
The health of myself and family.
My friends and stress relief
Military colleagues/ peers
Its taboo in my culture and my religion and my health
I don't know
Peer Pressure, Stress and
Smoking is disgusting and it damages your health big time
My Health
I don't smoke

Of the tobacco users, most indicated that people in their lives had discouraged them to smoke. For example, *"Some of my friends don't like to smoke and their reactions are that they keep telling me not to smoke cigarettes*."

The final tobacco use question was: *What factors or do you think influences whether someone from your community decides/begins to use tobacco/smoke*? Many respondents indicated that it was peer pressure (Highlighted boxes are the tobacco users.):

I think it is because they have no other way to deal with inner anger or mental issues.
Cigarettes
Peer Pressure
Peer pressure, depression.
I think it's the environment and the friends they keep around
Peer pressure
Morals and family
Stress. The number one thing is stress. And anxiety. It helps them feel at ease or at least they think it does.
Peer pressure
Peer pressure and peer influence
Peer pressure, availability of different tobacco in that neighborhood

Non
Environment/neighborhood, peer influence
Peer pressure.
Stress and boredom
I don't know
Smoking is not good for health
I don't know
The common factors would be happiness or either sadness situation that a person starts to use Tobacco
Tobacco is not good for health and that's all
Social media
Peer pressure, famous people, environment, depression.
Social, mental health, peer and environmental exposure.
To follow the flow and copying role model people
Stress and peer follow.
For relaxation and to fit the society and peer groups.
Boston
Misinformed about the use of smoking for self-soothing
Friends do it so I will do it as well
Tobacco is addicting and bad for people

Additional Comments of interest given by respondents and numbered by individual responses:
1) Just be there for people so they do not get into the habit of smoking anything. Many youth and young people lack a good role to mentor them and guidance.
2) I was in the military. Often people experience stress and pressure while they are in the military.
3) That was a good survey I had, which encouraged me to start thinking about quitting tobacco use. Even though some people want to quit smoking, they don't know how. Often immigrants do not talk about smoking and alcohol as it is considered taboo and an uncomfortable topic.
4) Smoking awareness is needed in young people in the immigrant population. Young people tend not to resist peer pressure and often do not make the right decision about their health and wellbeing.
5) Tobacco use is a killer, and many people are not aware of it. People need education around smoking. Some people are aware that tobacco is not good for their health and body but do not know of other alternatives.
6) I tried many times to quit, and I am still willing to do so.

Observations/recommendations from Survey Collectors and Advisory Group:

Many immigrant young adults and youth do not have other alternatives to cope with stress other than tobacco use. Even though some people do not smoke because of religious prohibition; they also did not know the consequences that tobacco use has on one's health. Less than 10% of the participants believed that tobacco is not good for their health. Others were simply not into

smoking because they did not like its smell. From our observations, there are varying levels of understanding or belief that tobacco is harmful. Future surveys should also include directions to submit anonymously.

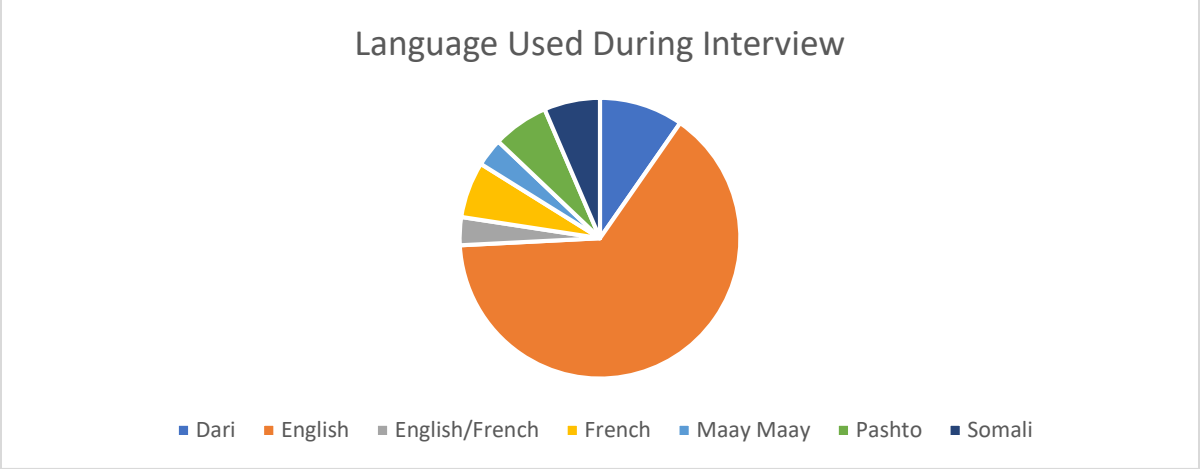
INTERVIEWS: The purpose of the interviews was to assess the tobacco use in the immigrant community and gain understanding of the motivations and considerations around tobacco use. To help make informed decisions on intervention and messaging for the community to encourage healthy behaviors and understanding of the health risks, and to minimize secondhand smoke to members.

METHODOLOGY

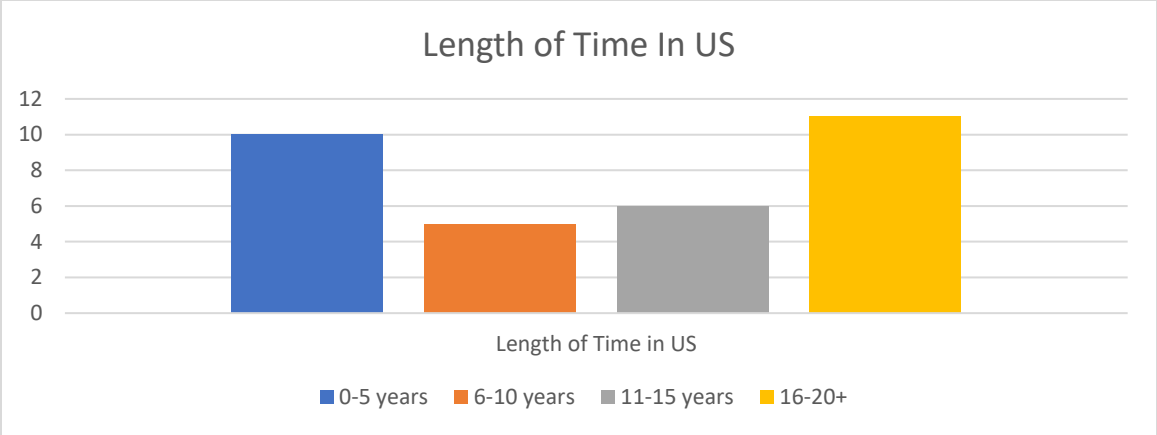
Participants were recruited for the interviews as walk-ins to the Maine Immigrant & Refugee Services office, in local shopping areas, sports fields, or were family and friend referrals. Participants were provided a $20 gift card as a thank you for their participation. Interviews were conducted either in person or over the telephone. Most interviews did not require interpretation, but when interpretation was needed, in-person or telephone interpreters were used.

DEMOGRAPHICS

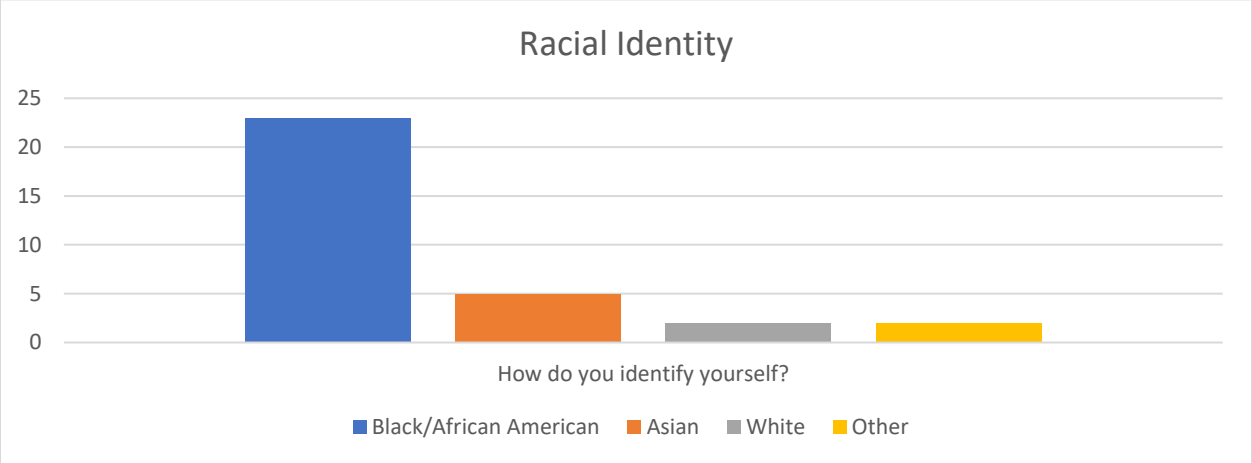
General Information: There were 32 adult participants involved in the study. The interviews were conducted between 3/13/2022 and 5/1/2022. Half of the participants identified themselves as male, half as female. The majority (29) of participants were in the 18-29 age range, and three were between 30-44.



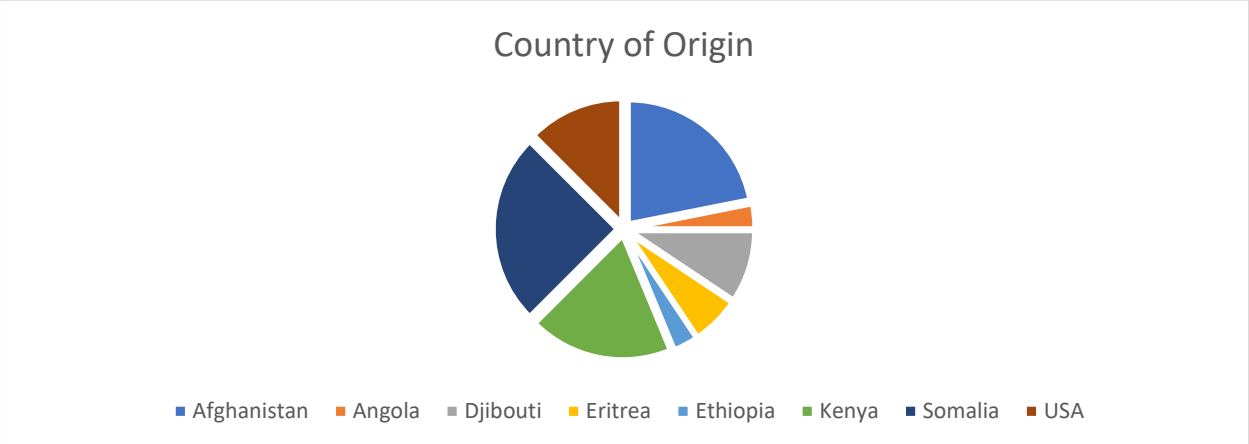
Language of interview: Twenty interviews were conducted in English, 3 each in Dari and Somali, 2 in Pashto and French, one in Maay Maay, and one in both English and French.



Length of time in United States: Responses varied from 6 months to "all my life," (which was interpreted as 18+ years because all participants were adults.)



Racial Identity Twenty-three identified themselves as Black/African American (one specified Somali), 5 as Asian, 2 as White and 2 as "other."



Country of Origin: One-quarter of participants were originally from Somalia. The other most common home countries were Afghanistan, Kenya and the USA, respectively

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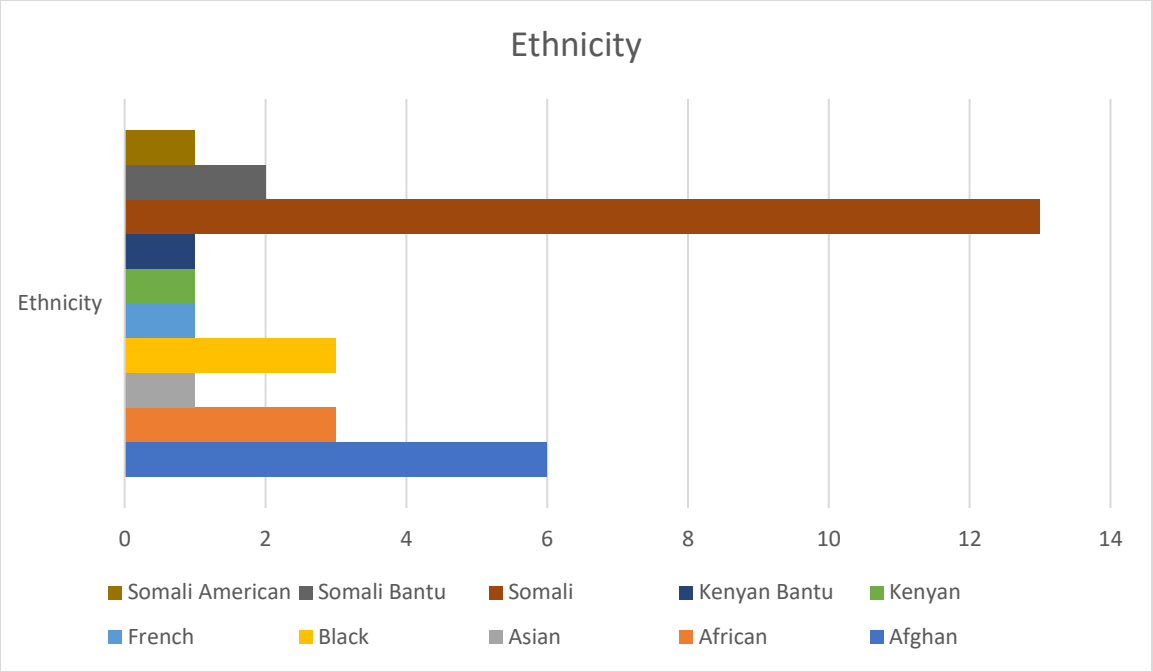
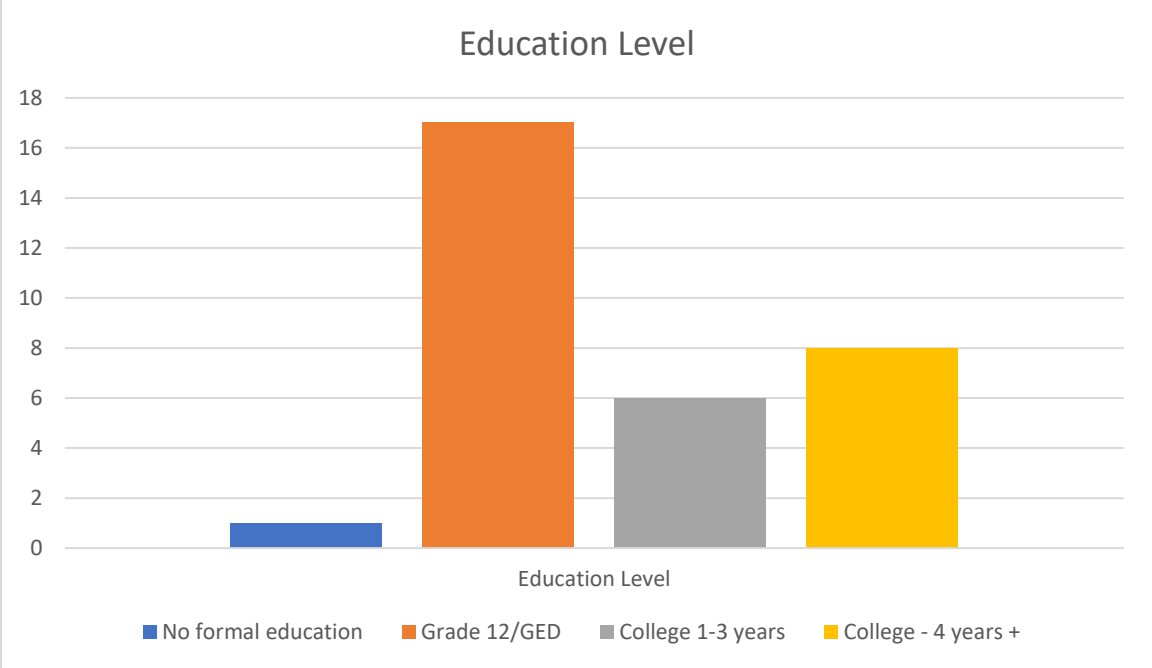


Ethnicity: Participants gave wide-ranging answers to the question of ethnicity. Some described their ethnicity by continent, country, or tribe. Others spoke of race or identified both a country and an ethnic/tribal group. Younger people who were born in refugee camps may identify Kenya as their country of origin, but ethnically identify as Somali.



Educational Level: Participants were also asked about their highest level of education. Almost all had completed at least the equivalent of high school. One reported no formal education, and a large portion had attended or completed four years of college or more.

RESULTS/DATA FROM INTERVIEWS:

Tobacco Use: When participants were asked about their tobacco use, half (16) reported that they had never used tobacco products, 12 reported current use (answers of "daily" and "more often" were included as current use), and four reported prior use.

Gender of Tobacco Users: 37.5% of women interviewed indicated that they use (current and past) tobacco and 62.5% of men interviewed also indicated use (current and past) tobacco. Therefore, within the community represented in these interviews, male gender makes a person 1.67 times more likely to use tobacco.

Parental Use of Tobacco Products: 62.5% of the participants whose parents did not use tobacco also did not use tobacco, and the matching percentage of people whose parents do use tobacco also use tobacco. So parental modeling of behavior is an enormous factor in predicting a young person's tobacco use.

Reasons for Use: 56% of respondents who do not use tobacco mentioned health as the reason for abstaining. The reasons most often given for why a respondent started smoking was peer pressure (43%) and stress relief/relaxation (38%). The majority of respondents (62.5%) cited peer pressure/friends as a reason why they believe other people in the community use tobacco.

Tobacco Products: Participants were asked to list the tobacco products they use/have used. Fourteen replied that they had never used tobacco products, 13 reported use of cigarettes, 6 listed shisha (hookah), and two responded that they smoke marijuana. Two of the participants that had listed "never use" to the previous question about tobacco use listed cigarettes as something they have/had used. This may have been an issue with the wording of one of the questions.

Age of First Use: Of those participants who report use of tobacco products, all began during their pre-teen or teen years. The youngest reported age was 10. The highest age was 19. The median age was 15.

Frequency of Use: Of those who answered this question, the answers are below.

A lot (2)
Active (4)
Current user (1)
daily and night (1)
More Frequently (3)
More often (4)
NA (3)
Never used (2)

No user (1)
None (1)
Not Regular (1)

Number of Cigarettes Daily: Of those who responded to the question regarding the number of cigarettes they smoke daily, the answers are below. Again, the number of people who responded previously that they smoke cigarettes was higher than the number of respondents who provided a number/amount under this question..

3 (2)
12 (5)
10 per day (2)
6 a day (2)
at night (1)
N/a (4)
Never smoked (1)
No use smoking (1)
None (3)

Smoking indoors in the presence of others: Seven respondents reported that they smoke indoors in the presence of others. All other respondents either declined to answer or reported that they did not.

Smoking around others: Nine respondents said that they smoke nearby and/or in the presence of others. Eleven people did not respond. Of those who said there are people they will not smoke around, these were their responses:

Yes (9)
Skipped (11)

As a subset of that question, respondents were asked where they would not smoke. Of those who responded, these were the answers: 11 responded that they will not smoke around other people.

Not around Children

Not Friend's home.
Not Around Kids, older people
Not around My parents
Not around others
Not around others
Not around others
Not in my apartment and not in my workplace
Not next to my children
Not Parent and my nonsmokers' friends
Not around parents and elderly

Smoking before coming to the US (for those born elsewhere): Of those who responded, 8 said that they smoked before they moved to the United States and 12 said they did not. As a subset of that question, participants were asked if they smoked less, more, or the same upon moving to the United States. Four reported that they smoked the same amount. Four said they smoked more. The remainder either did not answer or responded that they did not know.

Factors that influenced the decision to smoke or not to smoke: Responses to the question are below.

My friends and stress relief
I do not know
I'm trying to quit smoking. There are no factors that influenced me to smoke.
Peer Pressure and for relax
It's dangerous for health
I will not smoke
I don't smoke
Heath problems
None

Peer Pressure, Stress and
Military colleagues/ peers
Skipped
Poor country and neighborhood
Stress and friends
Smoking is not good for health
None
Its taboo in my culture and my religion and my health
I don’t know
I don't know
My religion and healthy
My friends and stress relief
Skip
The health of myself and my family.
Skipped
My Health
I don’t smoke
My religion and healthy
Stress and friends
Skip
I do not know
Unknown
Smoking is disgusting and it damages your health big time

People who influenced decision to smoke or not smoke: Of those who responded, 17 participants said that no one influenced their decision-making, 11 said that there was someone in their life who influenced their decision.

The responses for those who had someone that influenced their decision to smoke or not smoke included:

Singer and older friend I used to hang out with
Some of my friends don't like to smoke and their reactions are that they keep telling me not to smoke cigarettes
Friends and society
My grandparents are my idol
Family and friends
Friends and society
My grandparents
My parents and teachers
Faith leaders
I was advised of the dangers of smoking therefore I remained away from it
Parents and religion leaders

Factors that influence whether someone from your community decides/begins to use tobacco/smoke: Participants were asked what factors might influence members of their community to decide to use tobacco/smoke. These were their responses:

Peer Pressure
I don't know
Tobacco is not good for health and that is all
Tobacco is addicting and bad for people's health
Health and religious
Gangs and bad friends
Smoking is not good for human body
Religious
I don't know
I don't know
Peer pressure, famous people, environment, depression

Soothing
Lack of information about tobacco
I don't know
Peer Pressure
Lack of community resources
Friends do it so I will do it as well
To follow the flow and copying role model people
for happiness
Socialization
Peer Pressure and stress
Misinformed about the use of smoking for self-soothing
Stress and peer follow.
Lack of job
For relaxation and to fit the society and peer groups.
Social, mental health, peer, and environmental exposure
Social media
I think it is because they have no other way to deal with inner anger or mental issues.
Lack of youth activities
Relaxation
Friends do it so I will do it as well
Relax

Observations/Perspectives of the Survey Collectors/Interpreters/Advisory Group

Almost all of the participants were young adults (i.e. under 30) and had the perspective of being a youth or young person in Lewiston/Auburn. It is noted that to openly share their tobacco use habits in studies like this is dependent on how long the participant has lived in the U.S. Those who have come to the U.S. as children (versus those who were already adults or were born in the US) tend to be more susceptible to peer pressure and culture. In interviews participants who had

been here longer, responded to current users than those who were in the U.S shorter. Once a teenager becomes a smoker it is hard to quit without proper intervention. The most popular opinion on why people use tobacco was "peer pressure." The advisors/interpreters found it to be the main reason behind immigrant youth's use of tobacco. Stress was the second most common factor affecting use of tobacco products. Youth who faced peer pressure from their friends were more likely to use tobacco to fit it. Peer pressure tends to be one of the leading factors immigrant youth faces. It is even hard when youth struggles to live in two different cultures—one at their home and outside home culture. A handful of smokers served in the military have also been revealed in this study that serving in the military sometimes can be stressful.

Purpose of the Focus Groups:

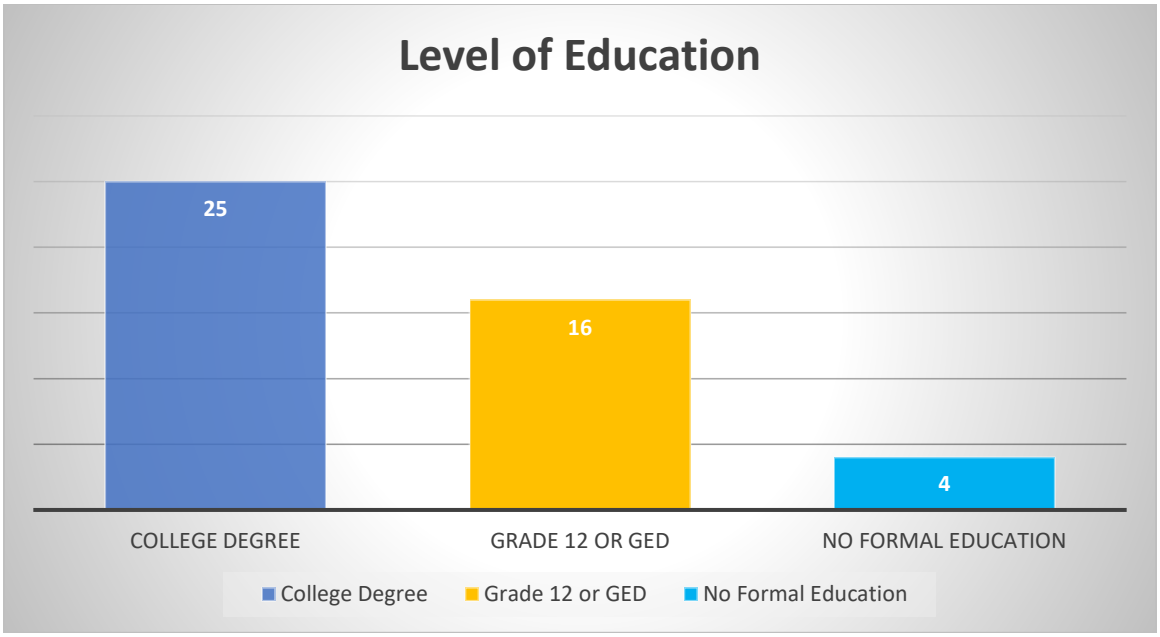
The purpose of the focus groups is to meet some community leaders, faith leaders, and soccer coaches. MEIRS conducted four small focus group sessions to study why the youth in our community are using tobacco and how we can dissuade them or get them to stop. We were also hoping to determine the primary factors that lead to youth starting to use tobacco products, then collect some recommendations from the focus group participants.

Methods:

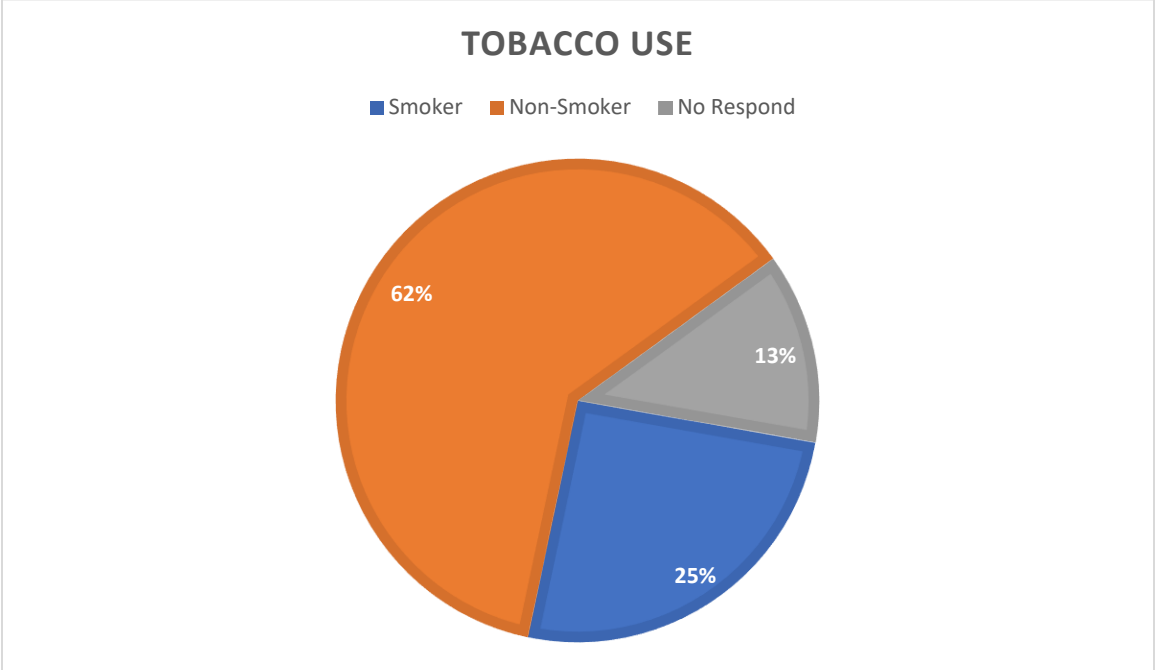
MEIRS created an advisory group before starting data collection. The focus groups were recruited by coordinating with community leaders, attending Friday prayers, and attending community leaders' meetings. During these advisory group meetings, we identified some potential community leaders and faith leaders to participate in the focus groups. Each participant received a $20 gift card for the participation. Some of the community-faith-based leaders needed interpreters to participate in the meetings. The four-focus group sessions were conducted in various places; two of the meetings were at the MEIER'S office, one at Masjidul Salam Mosque, and one at the community soccer field. In total 45 people participated in the focus groups. The focus group conducted at the community soccer field included young adults who completed anonymous surveys as part of the group. In addition, one other group was held on ZOOM and the participants answered a few of the questions through the chat capability. The charts below are tabulations of the responses from these two groups which had a total of 28 (14 in each) participants.

Demographics/Descriptions:

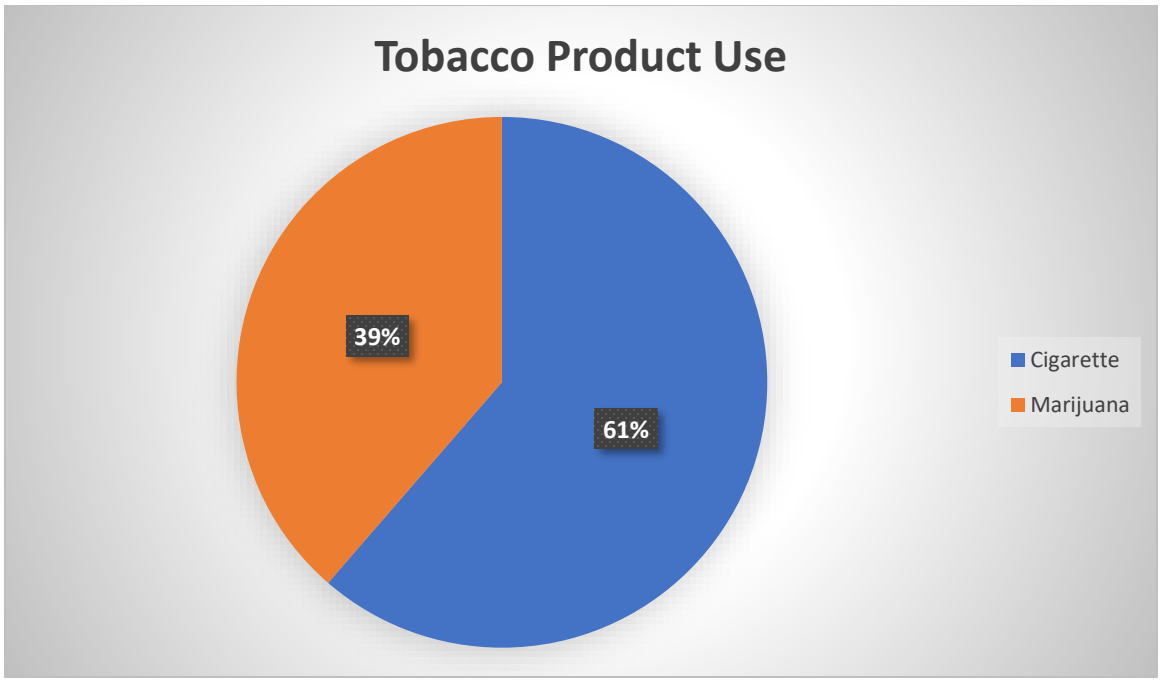
The demographic characteristics of the focus group participants comprised the following: Most participants were from Androscoggin County. 100% of the participants identified their races as Black or African American. Ethnicities were immigrants from Somalia (16), followed by Kenya (11), Ethiopia (6), Djibouti (6), the USA (4), and Angola (2). Gender identification, 37 were male, and eight were female. Ages categories, (22 of the participants were between 30-44, followed by 19 participants between 18-29 and four between 45-64.



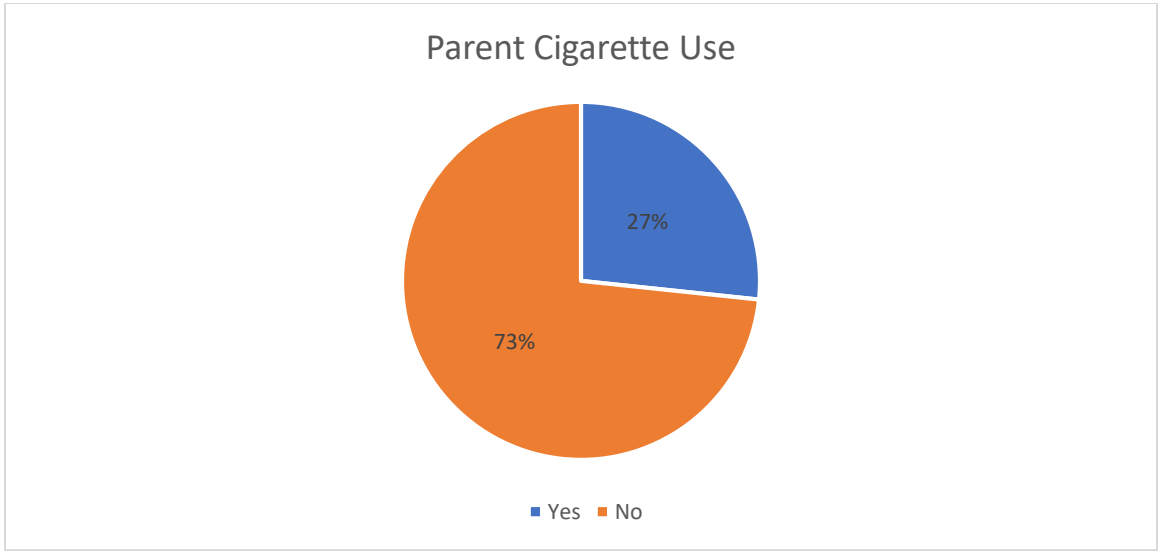
Among our participants, 25 had college degrees, followed by some Grade 12 or GED (16), and lastly (4) had no formal education



When focus group participants were asked, how many people smoke cigarettes or use tobacco? 62% indicated non-smokers (29) followed by 25% smokers (12) and 13% did not respond to this question (6). Responses were collected through Zoom chat privately and by asking the participants privately.



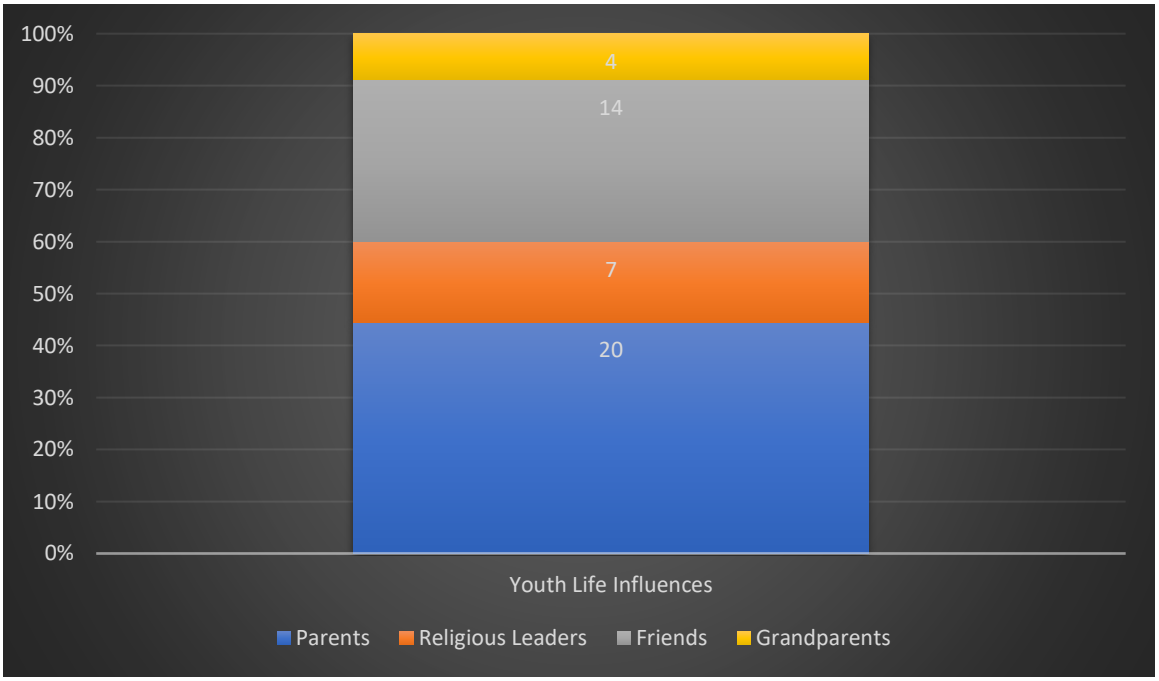
Participants were asked, "Whi*ch types of tobacco products do youth usually use*?" 61% responded to smoking cigarettes and 39% reported marijuana/weed. Responses were collected through Zoom chat privately and by asking the participants privately.



When asked:"*Did your parents smoke cigarettes*?" 73% of the participants responded no and 27% responded yes.

Focus Group 1 Peer Pressure, stress. Religious purposes For relaxation Health concern
Focus Group 2 Peer Pressure Health concern
Focus Group 3 Peer Pressure Health concern
Focus Group 4 Peer Pressure, environmental, poor neighborhoods

Above are the responses for the question that asked what factors do you think influences whether someone from your community decides/begins to use tobacco/smoke?



When asked, were there people in your life that influenced you? 20 participants reported parents are their life influencers, followed by friends (14), religious leaders (7) and grandparents (4).

Results/Data from Focus Group:

Unsurprisingly, the peer pressure factor tends to be the leading factor influencing tobacco use.. One of the focus groups believes children start with secondhand cigarettes and become more dependent on tobacco. Secondhand cigarettes are those obtained through older friends/siblings/family members, through secondary sales and/or by picking up discarded cigarettes. Young people often do not understand the health consequences of using tobacco. In one of the focus groups with community leaders, many suggested that it is hard to parent or supervise immigrant youth about their tobacco use. Participants also observed that living in a poor neighborhood allows children access to tobacco products. Typically, children whose parents are smokers are more likely to use tobacco. This is because children model what their parents do. Some parents tell their children not to use tobacco; however, when the parent does use tobacco, their actions and guidance conflict. They believe community members need to be good role models for our children. Cigarettes and marijuana are two major tobacco products used by immigrants. The focus group attendees also think that more girls in the Lewiston-Auburn area smoke weed than in their home country. Due to some religion and cultural norms, it is considered shameful to talk about smoking/tobacco use in public spaces. It is also taboo for girls to smoke in some cultures. Because of this society and environment, many people use tobacco more here than in their African home countries. People smoke in the neighborhood while children are playing around. The attendees also supported increased availability of smoke-free apartment buildings. The number of years in the U.S. is an influence too. The focus group attendees posit that the longer immigrants live in the U.S. immigrants they tend to use/increase their use of tobacco as they spend more time in their host/new country. Many of the focus groups believe that youth smoke more in the US than their country of origin. The needs assessment suggests that environmental exposure such as tobacco access is one of the factors behind many immigrant youths' use of tobacco products. Most of the people are from low-income families, and the poverty level is quite high in the neighborhood they live in, and most neighborhood convenience stores sell tobacco products. Therefore, the easy access they have to tobacco products makes youth start using tobacco. Additionally, living in a complex building where neighbors throw out cigarettes in the hallway or smoke on the stairs is a bit problematic. One of the participants in FG3 responded, *"I think it is the environment and the friends they keep around that starts smoking."*

Conclusions:

The purpose of the four focused groups was to better understand the factors influencing immigrants' use of tobacco, what ages they start at and how we can provide intervention to stop tobacco use among immigrants. Many of the youth respect religious leaders as much as their parents if not more. As the results indicate, many people are influenced by their parents and follow religious leaders. Young people often do not understand the health consequences of using tobacco. Cigarettes and marijuana are two major topics discussed in the focus groups. Marijuana use is a big problem for the immigrant community. Since legalization of marijuana, many of the children are using this substance. Many of the focus groups believe parents find it hard to control or supervise their children's tobacco use. Another interesting point was raised by one of the participants in FG4, and according to them the actions of parents do not match their words.

They will stop their kids from smoking but parents themselves keep smoking. One of them recounted an incident when the father asked the child about smoking, and he replied that he was smoking his father's remaining cigarettes. There is evidence that immigrants lack parental and child appropriate education on tobacco use. Lastly, it appears that the more time they (youth and young adults) spend in the United States, the more likely they will pick up a cigarette, hookah, marijuana, etc.

APPENDIX

Survey introduction:

Tobacco Prevention Needs Assessment Partners (TNAP) MEIRS Survey Questions
This Needs Assessment is based in collaboration with Healthy Communities of the Capital Area, Portland Public Health Public Health, AK Health and Social Services and Maine Immigrant and Refugee Services. In partnership with and funded by Maine Health.

We use the survey information to:
- Inform tobacco prevention and control programming in Maine.
- Engagement of a community advisory committee or coalition of community stakeholders to inform development of assessment process, data collection, analysis, and development of recommendations.
- Primary data collection (focus groups, interviews, surveys should contribute to greater understanding of those community factors, assets, and dynamics that inform/predict exposure to secondhand smoke and/or contribute to improved recognition of current/future use of tobacco by Maine's immigrant and refugee individuals, families, and communities.

Your participation is voluntary, and all information you share with us on this survey is confidential. All information collected in this survey is grouped together and will not be used to identify you or any other person who answers questions. Your opinion is important.

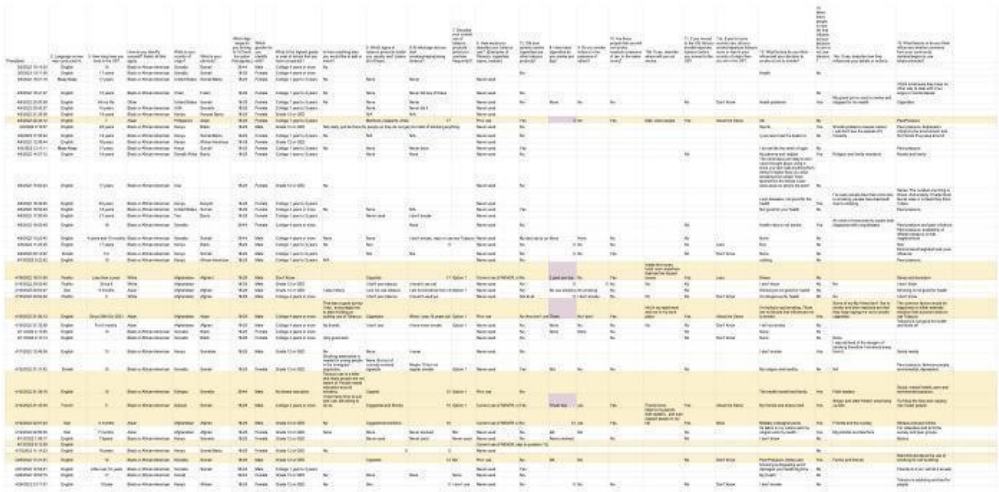
Questions asked in the survey/interviews:
If you do not have any questions, do you agree to participate? (Y / N)
1. Organization conducting the survey: Maine Immigrant & Refugee Service (MEIRS)
2. Language survey was conducted in: (multiple choice)
3. How long have you lived in the US?
4. How would you describe your tobacco use? (Examples of Tobacco: cigarettes, vapes, hookah). (*Never used, Prior use, Current use* (if NEVER, skip to question 12))
5. Which types of tobacco products do/did you usually use? (name all of them)
6. At what age did you start smoking/vaping/using tobacco?
For CURRENT Users ONLY:
7. Describe your current use of tobacco products (what you use/how frequently)?
CIGARETTE USE ONLY (if you do not smoke cigarettes, skip to Question 12)
8. How many cigarettes do you smoke per day?
9. Do you smoke indoors in the presence of others?
10. Are there people that you will not smoke nearby/in presence of (ex. In the same room)? (Y/N)
10a. If yes, describe where will you not smoke.
11. If you moved to the US, did you smoke/vape/use tobacco before you moved to the US?
11a. If yes to home country use, did you smoke/vape/use tobacco more or less in your country of origin than you do in the US? (More, Less, About the same, Don't know)
12. Did your parents smoke cigarettes/use other tobacco products?
13. What factors do you think influenced your decision to smoke or not to smoke?
14. Were there people in your life that influenced your decision to use or not use tobacco? (Y/N)
14a. If yes, describe how they influenced your beliefs or actions.
15. What factors or do you think influences whether someone from your community decides/begins to use tobacco/smoke?
Demographic Questions:
How do you identify yourself? Select all that apply.
What is your country of origin?
What is your ethnicity?
Which Age range do you belong to? (Check the option that applies.)
Which gender do you identify with?
What is the highest grade or year of school that you have completed?
Is there anything else you would like to add or share?
Can you recommend three other people for me to interview? (Name and phone)

FOCUS GROUP QUESTIONS
Date:
Focus group#:
Moderator/Location:
Language survey was conducted in:
Attendance:

1.How many people smoke cigarettes or use tobacco?
2. At what age did youth start smoking or using tobacco?
3. Which types of tobacco products do youth usually use?
4. Do you think youth smoke more or less in their country of origin than in the US?
5. Did your parents smoke cigarettes?
6. . What factors or do you think influences whether someone from your community decides/begins to use tobacco/smoke?
7. Were there people in your life that influenced you?
8. Race:
9. Country of origin and ethnicity:
10. Which Age range do you belong to? (Check the option that applies.)
11. Gender:
12. Highest grade or year of school that you have completed:
Is there anything else you would like to add or share?

SUPPORTING DATA

Survey Responses, personal information removed.



Excel Spreadsheet: Tobacco Prevention Needs Assessment Partners (TNAP)_Deidentified.xlsx