

Evaluation of ATOD programs

Vietnamese Social Services

J U N E 2 0 0 6

Evaluation of ATOD programs

Vietnamese Social Services

June 2006

Prepared by:

Brian Pittman & Nicole Martin

Wilder Research

1295 Bandana Boulevard North, Suite 210

Saint Paul, Minnesota 55108

651-647-4600

www.wilder.org

Contents

Introduction.....	1
Program description	1
Surveys.....	2
Evaluation methods.....	3
Findings.....	4
Survey 1: Good Health Better Life (GHBL) program	4
Survey 2: High School Workshops.....	14
Survey 3: Tobacco Workshops (7/30/2005 and 8/20/2005).....	21
Survey 4: Health classes and conference	24
Issues to consider	30
Issues related to data collection and analysis.....	30
Issues related to evaluation findings.....	30
Appendix.....	33
Survey 1 – Good Health Better Life Program	35
Survey 2 – High school workshops	43
Survey 3 – Tobacco workshops	57
Survey 4 – Health classes and conference	60

Figures

1.	GHBL: Attendance at classes and helpfulness of classes	4
2.	GHBL: Reported pre-program and post-program knowledge	5
3.	Knowledge: Post-program responses compared with their reported pre-program responses (all knowledge categories combined).....	6
4.	GHBL: Reported pre-program and post-program perception of smoking and drinking alcohol	7
5.	Unhealthy behaviors: Post-program responses compared with pre-program responses (all unhealthy behavior categories combined).....	8
6.	GHBL: Reported pre-program and post-program perception of healthy behaviors ...	9
7.	Healthy behaviors: Post-program responses compared with their reported pre-program responses (all healthy behaviors categories combined)	10
8.	Unhealthy behaviors: Pre-program and post-program.....	11
9.	Unhealthy behaviors: Post-program responses compared with pre-program responses (all unhealthy behavior categories combined).....	12
10.	Healthy behaviors: Pre-program and post-program.....	13
11.	Healthy behaviors: Post-program responses compared with pre-program responses (all healthy behavior categories combined).....	14
12.	High school workshops: Age and gender	15
13.	High school workshops: Tobacco use and perception	15
14.	High school workshops: Perception of secondhand smoke, smoking bans, and exposure to anti-smoking messages.....	16
15.	High school workshops: Alcohol use and perception.....	17
16.	High school workshops: Drug use and perception	17
17.	High school workshops: Overall satisfaction	18
18.	High school workshops: Why did you come to the workshop?.....	18
19.	Kennedy students: Age and gender.....	19
20.	Kennedy students: Use of tobacco, alcohol, and drugs	20
21.	Kennedy students: Obtaining and drinking alcohol*	20
22.	Tobacco workshops: Age and gender of respondents.....	21
23.	Tobacco workshops: How did you become familiar with Vietnamese Social Services (VSS)?	22
24.	Tobacco workshops: Participant satisfaction and perceptions.....	23
25.	Health class: Age and gender of respondents	24

Figures (continued)

26. Health class: How are you familiar with VSS?	25
27. Health class: Survey question responses.....	26
28. Tobacco-related health class: Session distribution	27
29. Tobacco-related health class: Participant satisfaction	28
30. Health conference: Participant satisfaction.....	29

Acknowledgments

We would like to thank Dung Ngoc Pham, Vivian Duong, Phuong Quynh Nguyen, and Michael Wiebe, all from Vietnamese Social Services for their help in preparing this report. We would also like to thank the Health Program participants who completed the survey. Without them this report would not be possible.

The following Wilder Research staff contributed to this report:

Marilyn Conrad

Louann Graham

Introduction

Vietnamese Social Services of Minnesota (VSS) is the leading social services agency serving the Vietnamese population the Twin Cities. VSS is a multi-purpose agency whose mission is to address the needs of Vietnamese families and individuals by providing social services in relation to economic stability, educational opportunities, and health issues in a context of cultural values. VSS has served Minnesota's Vietnamese community since May 1987. Its major on-going programs include: the Vietnamese Elders Program, the Self-Sufficiency Program, the Good Health – Better Life Program, the Breast and Cervical Cancer Education Project, the Youth Program, and the Literacy and Citizenship Program.

The current report is an evaluation of VSS's alcohol, tobacco, and other drug (ATOD) prevention program that was expanded with funding from the Minnesota Department of Human Services (DHS).

Program description

VSS's ATOD prevention program is targeted to the Twin Cities' Vietnamese-American population. The program addresses the following risk factors:

- Community norms favorable to alcohol and tobacco use
- Peer influence (friends engaging in problem behaviors)
- Family conflict and problems with acculturation
- In addition, the program addresses (and works to strengthen) the following community protective factors:
 - Community and family norms that are clear in encouraging non-use
 - Bonding and attachment to family with healthy beliefs and clear standards
 - Parental monitoring and supervision of children's activities and relationships
 - Peer influence (friends disapprove of alcohol, tobacco, and other drug use)

To this end, VSS's ATOD prevention program staff implemented several activities and programs designed to reduce risk factors and enhance protective factors. These activities and programs include:

- Publishing monthly ATOD prevention information in a Vietnamese language newspaper and airing monthly ATOD prevention messages on Vietnamese language television
- Distributing Vietnamese language ATOD prevention posters and brochures
- Providing ATOD prevention information at Vietnamese community and cultural events
- Conducting ATOD awareness classes for Vietnamese adults and ATOD discussion groups for Vietnamese youth in Twin Cities high schools
- Referring Vietnamese community members to health and social service agencies for ATOD-related issues
- Networking with health and social service agencies regarding ATOD prevention issues
- Providing technical support to Vietnamese restaurants or businesses that sell tobacco and/or alcohol to develop policies and practices that limit or ban ATOD use and/or abuse
- Providing ATOD-free family-focused cultural activities including speakers on ATOD-related issues

Surveys

Participants of VSS health programs, workshops, classes, and conferences were asked a series of questions upon completion of the session. The questionnaires given to the participants varied depending on the session they attended. Therefore, the responses from these sessions are separated into four different survey sections.

Survey 1 is the VSS Good Health – Better Life (GHBL) Program. The GHBL Program survey asks about participants’ knowledge and awareness of various health-related activities such as alcohol and tobacco use and receiving routine health care services. 80 participants attended the GHBL, of which 66 respondents completed post-program self-administered surveys. Participants were asked to report both their pre-program and post-program status on the survey. Therefore, their desire to respond in a socially desirable manner may have influenced the results.

Survey 2 was used for the High School Workshops. This survey includes respondents who attended workshops held on different dates at three different Twin Cities high schools (Como, Kennedy, and Harding). Also included in Survey 2 is a Youth Workshop at Kennedy High School. Survey 3 was used for the Tobacco Workshops. This survey includes respondents who attended one of two sessions in the summer of 2005. Survey 4 was used for two different Health Classes and a Health Conference.

Evaluation methods

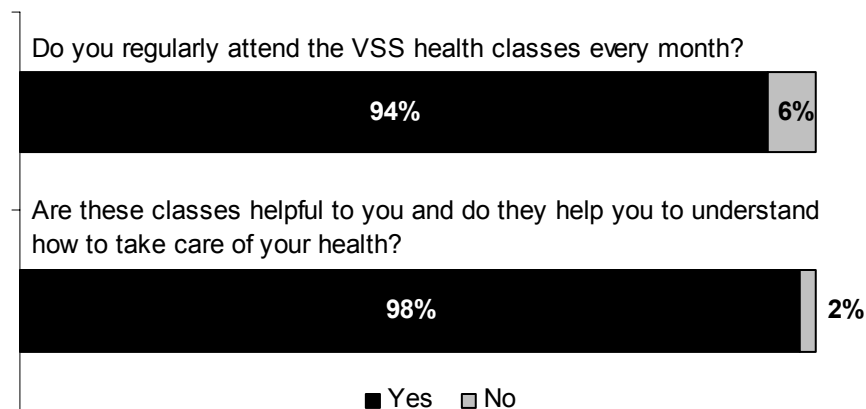
The purpose of this evaluation report is to describe the activities and programs conducted during the evaluation period (July 1, 2005, through June 30, 2006) and to assess the impact these activities and programs have had on ATOD use in the Twin Cities Vietnamese community. Information provided by VSS staff was used to calculate the number and type of activities and programs conducted. Results of participant feedback forms were used to examine the impact of these activities and programs on ATOD use in the community. These participant feedback forms were designed and implemented by VSS staff who provided the completed evaluation forms to Wilder Research for data entry and analysis. See the Appendix for a complete list of the questions asked in the surveys.

Findings

Survey 1: Good Health Better Life (GHBL) program

The purpose of the GHBL Program is to increase Vietnamese refugees' and immigrants' knowledge of diseases and disease prevention; increase their awareness and practice of healthy lifestyles, and improve their access to health care systems and health insurance providers. GHBL offers monthly health classes on diseases and prevention, helps low-income individuals and families connect with affordable health services and enroll in health insurance plans; holds an annual health conference on timely disease and prevention topics; and produces and distributes health literature in the Vietnamese language. The program also has special projects addressing tobacco use and breast and cervical cancer education and screening. Out of 80 program participants, a total of 66 people (83%) responded to the GHBL post-program survey. Almost all respondents (94%) reported regular attendance at the GHBL classes. Respondents were asked if the classes were helpful in understanding how to take care of their health; almost all respondents (98%) reported the classes were helpful (see Figure 1).

1. GHBL: Attendance at classes and helpfulness of classes



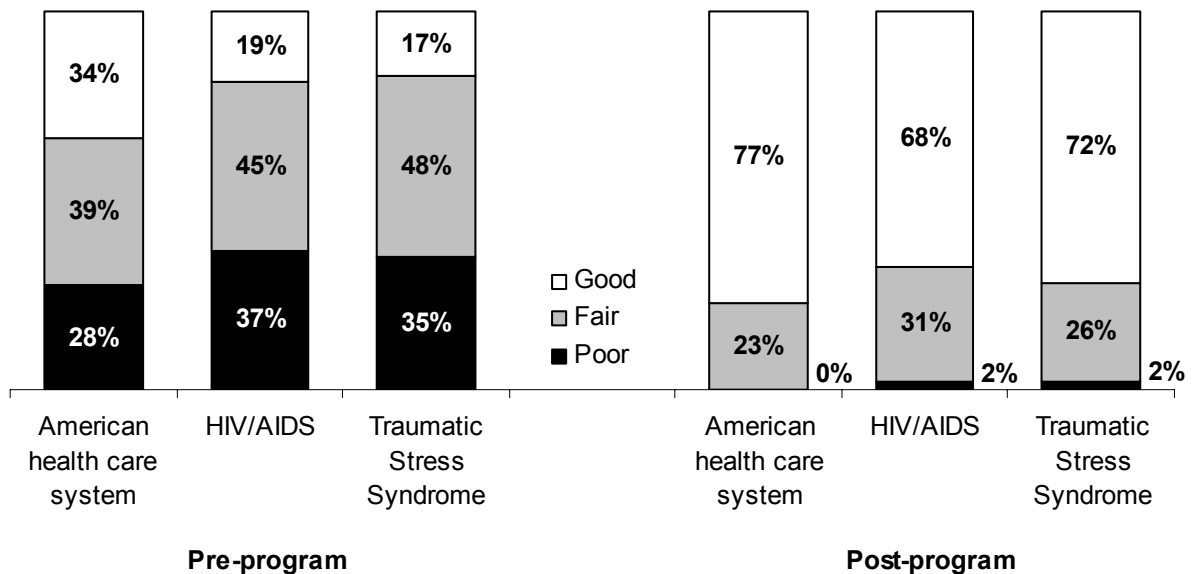
The survey included questions that make up three category areas: knowledge, perception (of healthy and unhealthy actions), and actions (healthy and unhealthy). Within each category participants were asked to rate their status before attending and after attending the GHBL program.

Knowledge categories

Participants in the GHBL program were asked about their knowledge of three different health-related areas: the American health care system, HIV/AIDS, and Traumatic Stress Syndrome. When asked about their knowledge of the American health care system, 28 percent of respondents reported their pre-program knowledge as “poor” and no respondents reported their post-program knowledge as “poor.” Furthermore, one-third (33%) of respondents reported their pre-program knowledge of the American health care system as “good” compared to 77 percent at post-program.

Results for the other two knowledge items were similar the American health care system item. Almost two-fifths (37%) of respondents reported “poor” pre-program knowledge of contracting and preventing HIV/AIDS and one-third (35%) reported “poor” pre-program knowledge of Traumatic Stress Syndrome. Two percent of respondents reported “poor” knowledge of both (contracting HIV/AIDS and Traumatic Stress Syndrome) post-program. Respondents reporting “good” knowledge increases from pre-program to post-program for HIV/AIDS (19% to 68%) and Traumatic Stress Syndrome (17% to 72%) (see Figure 2).

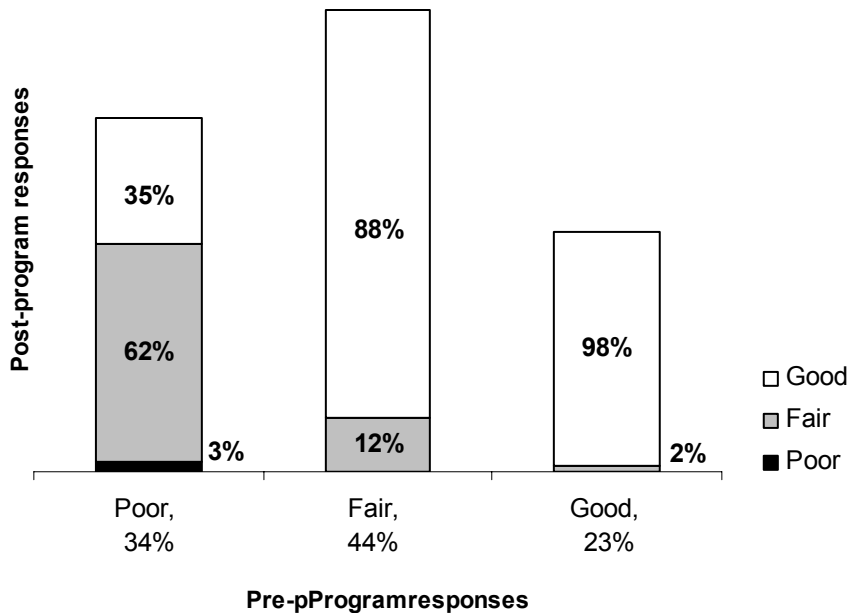
2. GHBL: Reported pre-program and post-program knowledge



Knowledge cross-tabulation

We also examined how responses post-program changed compared with their pre-program responses. Most respondents who reported “poor” or “fair” pre-program knowledge reported an increase in their knowledge post-program (see Figure 3).

3. Knowledge: Post-program responses compared with their reported pre-program responses (all knowledge categories combined)

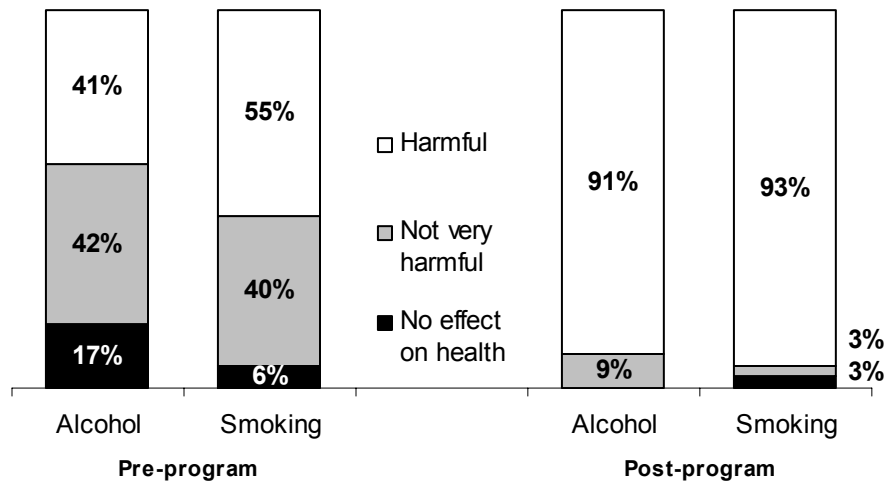


Perception Categories (Unhealthy Behaviors)

GHBL participants were asked to report their pre-program and post-program perceptions of unhealthy behaviors. The unhealthy behaviors respondents report on are smoking and drinking alcohol. Generally, respondents reported increased negative perceptions of smoking and drinking alcohol. In fact, 17 percent of respondents reported they thought alcohol had “no effect on health” pre-program and no respondents reported they think alcohol has “no effect on health” post-program. One-fifth (41%) of respondents reported thinking alcohol was “harmful” pre-program and 91 percent of respondents reported thinking alcohol is “harmful” post-program. Two-fifths (42%) of respondents reported thinking alcohol was “not very harmful” pre-program while only 9 percent reported the same post-program.

Six percent of respondents reported thinking smoking had “no effect on health” pre-program and 3 percent reported they think smoking has “no effect on health” post-program. Slightly more than one-half (55%) of respondents reported they thought smoking was “harmful” pre-program and 93 percent reported smoking is “harmful” post-program. Two-fifths (40%) of respondents reported they thought smoking was “not very harmful” pre-program while only 3 percent report it is “not very harmful” post-program (see Figure 4).

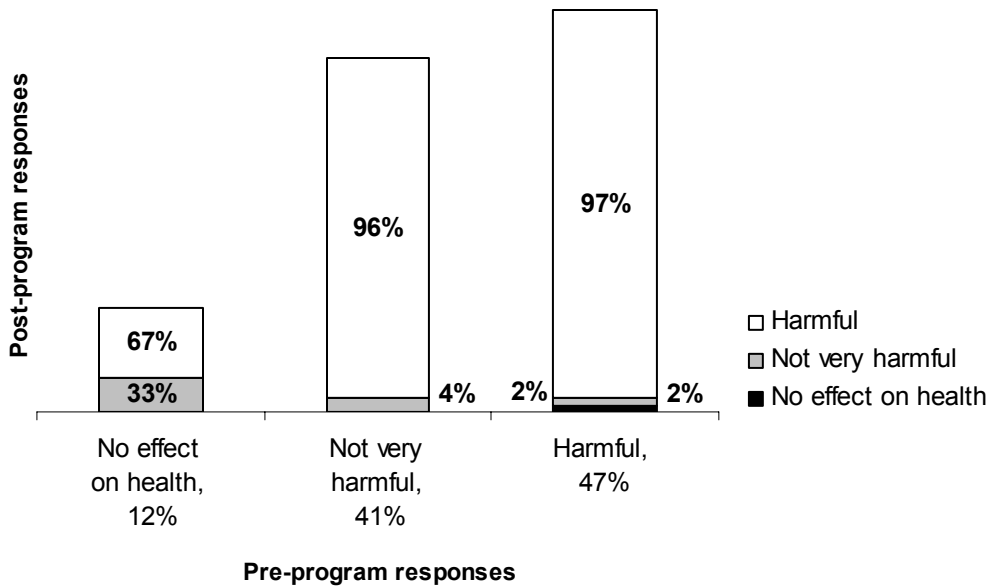
4. GHBL: Reported pre-program and post-program perception of smoking and drinking alcohol



Perception of unhealthy behaviors cross-tabulation

We also examined how responses post-program changed compared to their pre-program responses. All responses from the perceptions of unhealthy behaviors categories were combined. Two-thirds (67%) of respondents who thought the unhealthy behavior had “no effect on health” pre-program rated the behaviors as “harmful” at post-program, and the other one-third (33%) rated the behaviors as “not very harmful” post-program. Nearly all of the respondents who rated the behaviors as “not very harmful” (96%) or “harmful” (97%) pre-program rated the behaviors “harmful” post-program (see Figure 5).

5. Unhealthy behaviors: Post-program responses compared with pre-program responses (all unhealthy behavior categories combined)



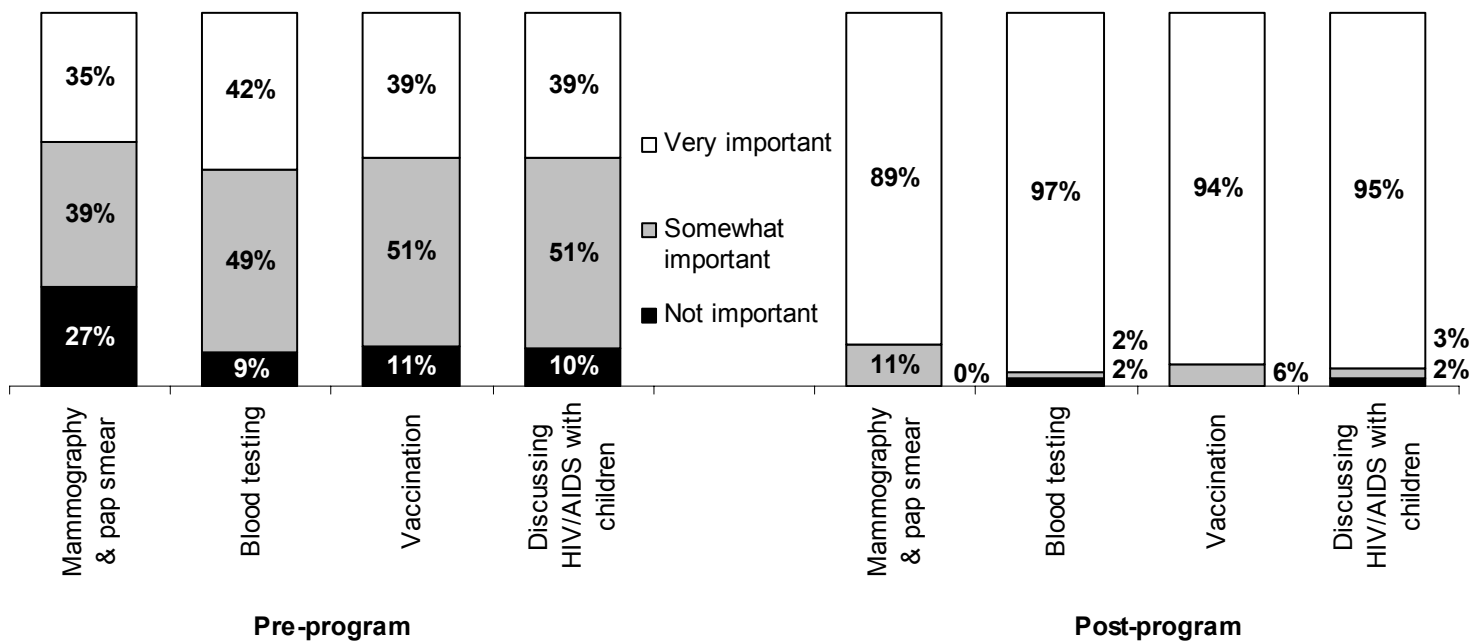
Perception categories (healthy behaviors)

GHBL participants were asked to report their perceptions of healthy behaviors. The healthy behaviors participants reported on were: mammography and pap smear; taking blood for testing; vaccination; and discussing HIV/AIDS with their children. In general, respondents indicated more accurate perceptions of healthy behaviors post-program compared with pre-program.

The largest change in perception came regarding the importance of mammography and pap smear. More than one-quarter (27%) of respondents reported they thought mammography and pap smear were “not important” pre-program while no respondents reported thinking they are “not important” post-program. Furthermore, only one-third (35%) of respondents thought mammography and pap smear were “very important” pre-program and 89 percent thought they were “very important” post-program.

One-tenth of respondents reported pre-program perceptions of taking blood for testing (9%); vaccination (11%); and discussing HIV/AIDS with their children (10%) as “not important.” Two percent of respondents report blood testing, none report vaccination, and 2 percent reported discussing HIV/AIDS with their children are “not important” post-program. Furthermore, “very important” responses increased by 55 percentage points for blood testing (from 42% pre-program to 97% post-program); 56 percentage points for discussing HIV/AIDS with their children (39% to 95%); and 55 percentage points for vaccination (39% to 94%) (see Figure 6).

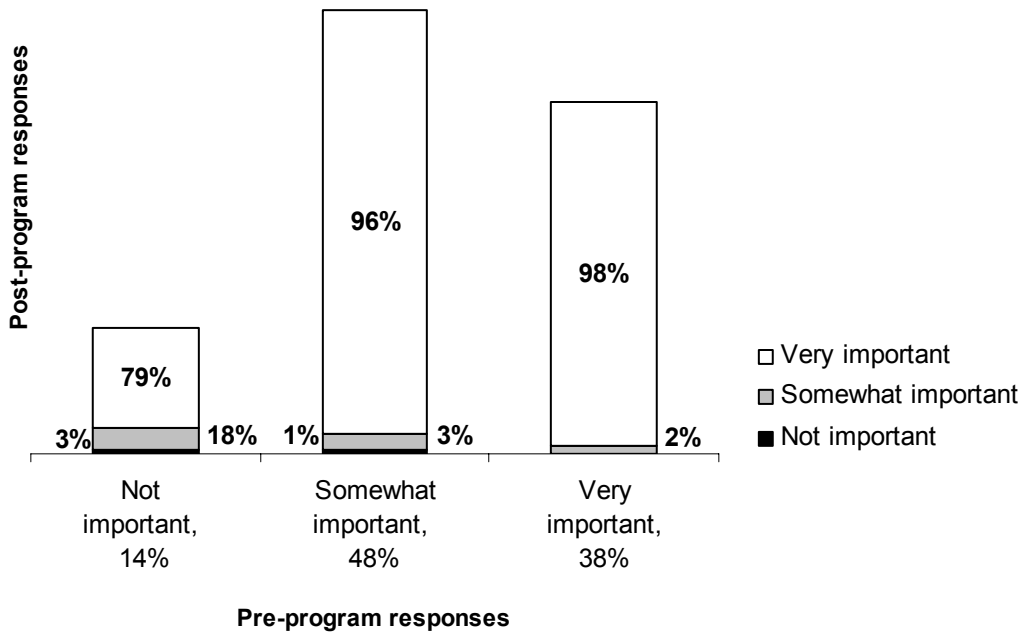
6. GHBL: Reported pre-program and post-program perception of healthy behaviors



Perception of healthy actions cross-tabulation

Now we are going to take a look at how responses post-program changed compared to their pre-program responses. All the responses from the perceptions of healthy actions categories were combined. Regardless of their perceptions of healthy behaviors pre-program, most respondents rated the healthy behaviors “very important” post-program (see Figure 7).

7. Healthy behaviors: Post-program responses compared with their reported pre-program responses (all healthy behaviors categories combined)



Unhealthy behaviors

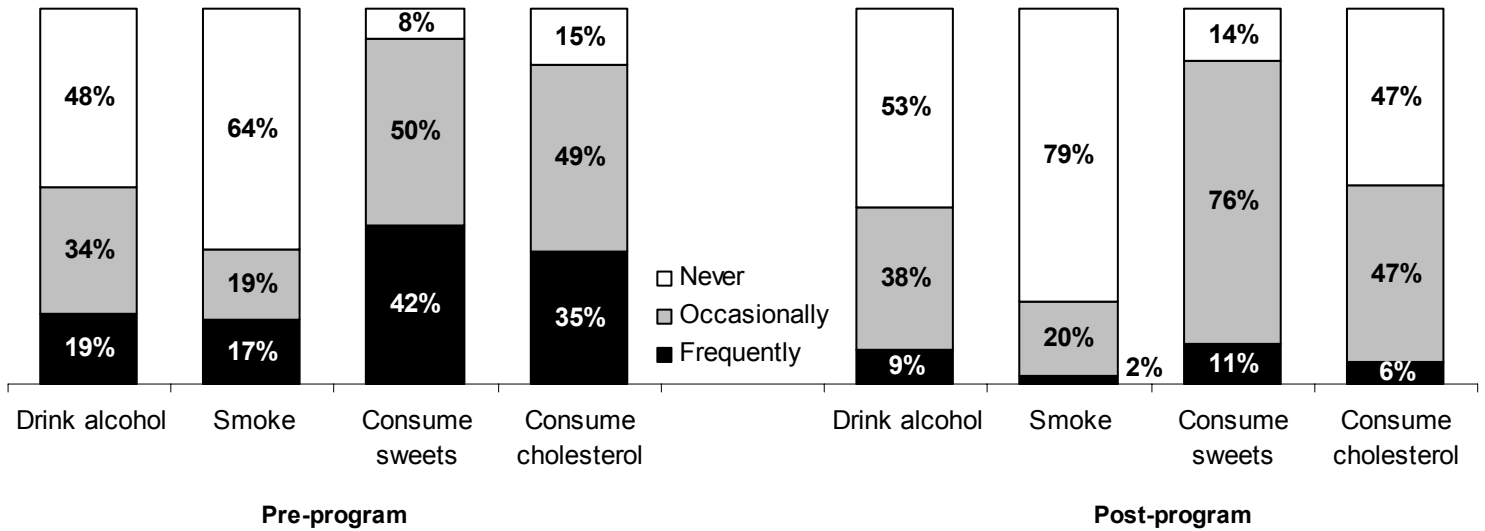
Participants were asked about their pre-program and post-program behaviors. The unhealthy behaviors participants reported on were: drinking alcohol, smoking, consuming sweets, and consuming cholesterol. Overall, respondents reported slight decreases in unhealthy behaviors.

One-fifth of respondents reported “frequently” drinking (19%) or “frequently” smoking (17%) pre-program while 9 percent of respondents reported drinking and 2 percent reported smoking “frequently” post-program. However, respondents were unlikely to report changes in completely abstaining from alcohol; 48 percent reported “never” drinking pre-program and 53 percent reported “never” drinking post-program. Respondents reported a larger increase in smoking abstinence with 64 percent of respondents pre-program and 79 percent of respondents post-program who reported “never” smoking.

The consuming sweets and consuming cholesterol categories show larger decreases in reported consumption; however, these categories started with higher reported pre-program consumption. Reported “frequent” sweet consumption dropped from 42 percent of respondents pre-program to 11 percent post-program. However, there was only a slight increase between pre-program (8%) and post-program (14%) respondents who

reported “never” consuming sweets. This increase was greater for cholesterol consumption with 15 percent of respondents who reported “never” consuming cholesterol pre-program and 47 percent post-program (see Figure 8).

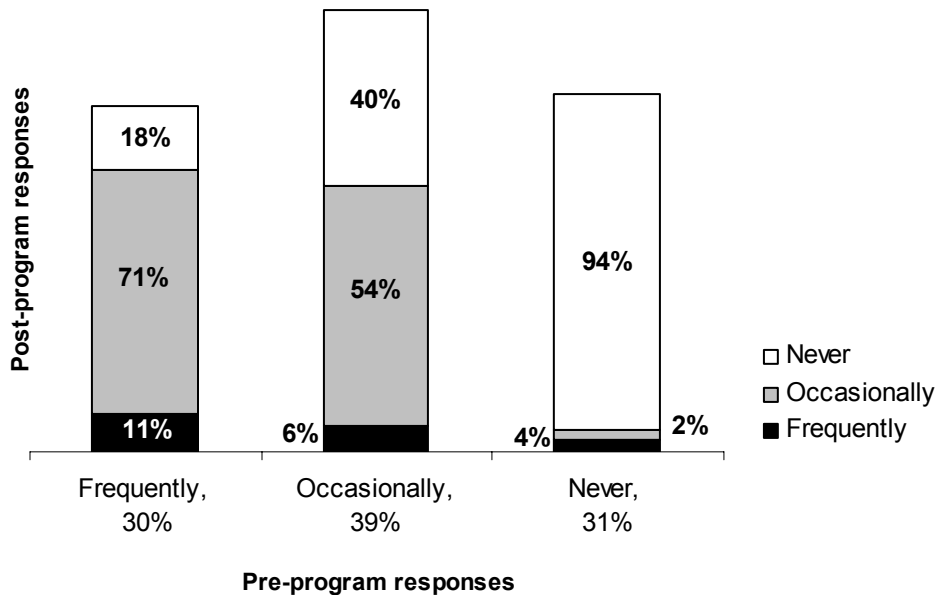
8. Unhealthy behaviors: Pre-program and post-program



Unhealthy actions cross-tabulation

Now we are going to compare the pre-program responses to how they responded post-program for all of the unhealthy actions categories combined. Nearly all (94%) of respondents who reported “never” engaging in the unhealthy behaviors pre-program also reported “never” engaging in the behaviors post program. Although over half (54%) of respondents who reported “occasionally engaging in the unhealthy behaviors pre-program reported continuing to “occasionally” engage in the behaviors post-program, another two-fifths (40%) of these respondents reported “never” engaging in the behaviors post-program. Of respondents who reported “frequently” engaging in these unhealthy behaviors pre-program, 18 percent reported “never” engaging in the behaviors post-program and another 71 percent reported reducing the behavior to “occasionally” (see Figure 9).

9. Unhealthy behaviors: Post-program responses compared with pre-program responses (all unhealthy behavior categories combined)



Healthy behaviors

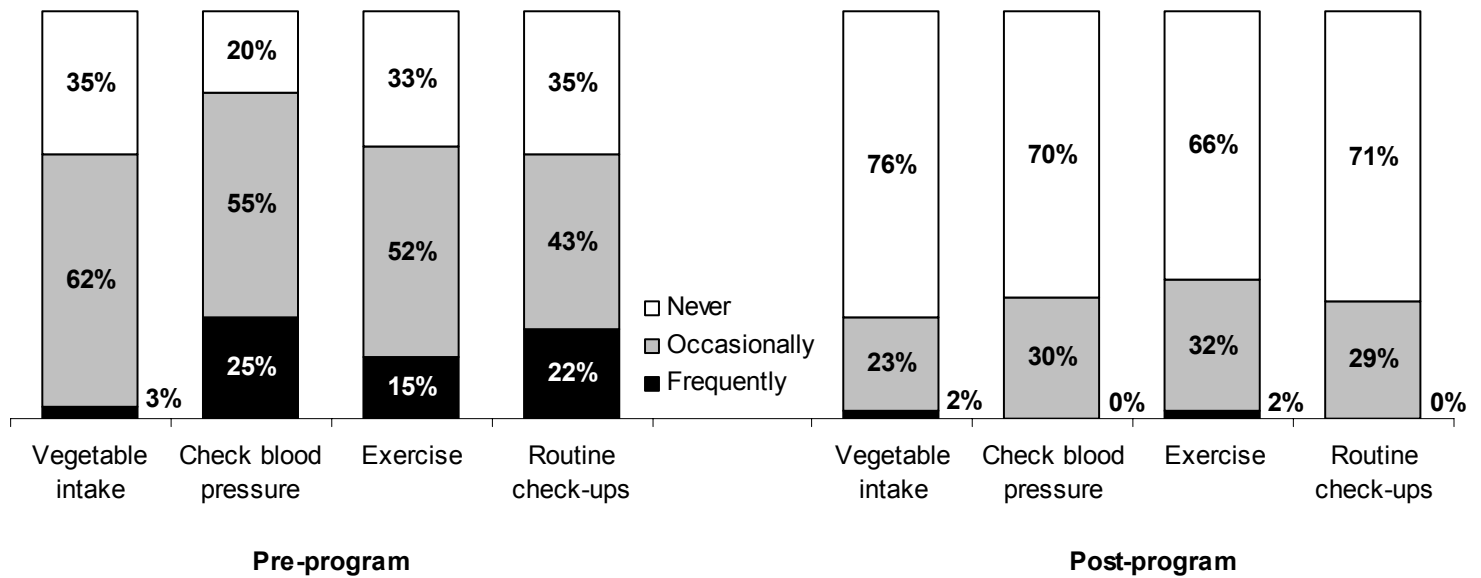
Participants were asked about their frequency of healthy behaviors pre-program and post-program. The healthy behaviors respondents were asked about were: vegetable consumption, getting blood pressure checked, physical exercise, and routine medical check-ups. Respondents reported increases in all categories of healthy behaviors.

In fact, one-fifth (20%) of respondents reported getting their blood pressure checked “frequently” pre-program while 70 percent of respondents reported “frequent” blood pressure checks post-program. Furthermore, one-quarter (25%) of respondents reported “never” getting their blood pressure checked pre-program and none reported “never” getting their blood pressure checked post-program. Respondents also reported increased frequency of routine medical check-ups with only 35 percent of respondents reporting “frequent” pre-program check-ups and 71 percent reporting “frequent” post-program check-ups. No respondents reported “never” getting routine medical check-ups post-program (down from 22% pre-program).

Respondents reported increased frequency of physical exercise. In fact, 33 percent of respondents reporting “frequently” exercising compared with 66 percent post-program. Two percent reported “never” exercising post-program (down from 15% pre-program). Frequent vegetable consumption increased from one-third (35%) of respondents pre-program to three-quarters (76%) of respondents post-program with “occasional”

vegetable consumption dropping from 62 percent pre-program to 23 percent post-program (see Figure 10).

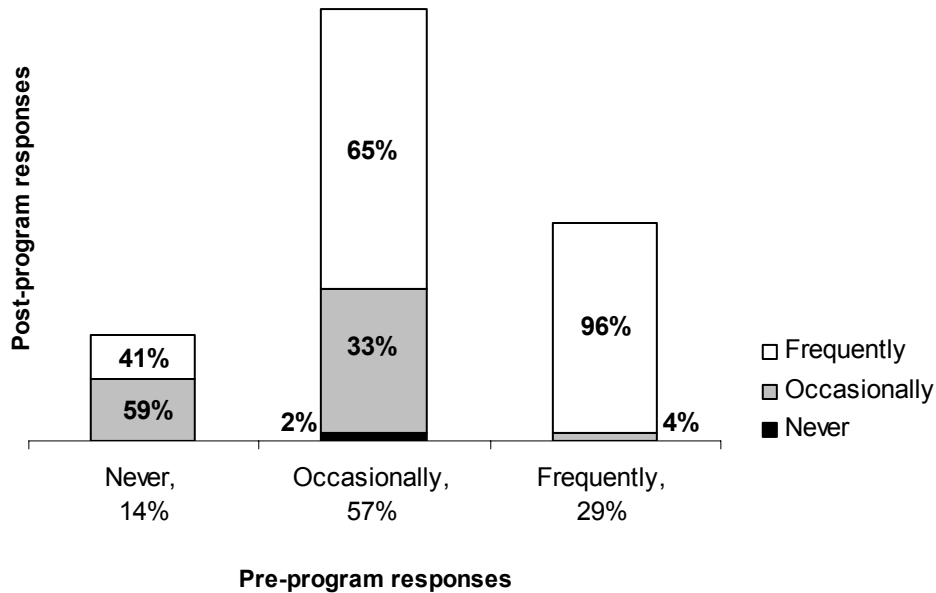
10. Healthy behaviors: Pre-program and post-program



Healthy behaviors cross-tabulation

We also compared the pre-program responses post-program responses for all of the unhealthy actions categories combined. Two-thirds (65%) of respondents who said they engaged in the healthy behaviors “occasionally” pre-program and two-fifths (41%) of those who said they “never” engaged in the healthy behaviors pre-program reported “frequently” engaging in those behaviors post-program (see Figure 11).

11. Healthy behaviors: Post-program responses compared with pre-program



responses (all healthy behavior categories combined)

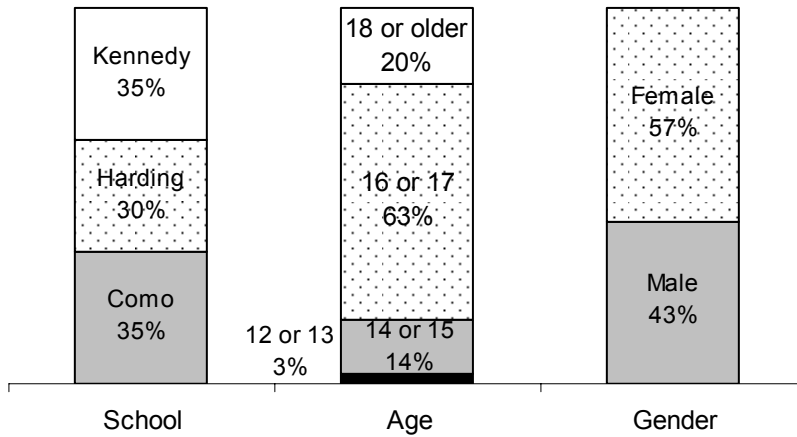
Survey 2: High School Workshops

Vietnamese Social Services staff visited several Twin Cities high schools to talk to Vietnamese students about the harms associated with tobacco, alcohol, and drugs. Staff also distributed informational fliers and brochures. A total of nine workshops were held during the evaluation period, in which 123 students (duplicated count) attended. The workshops at Como and Harding used the same evaluation form and the workshops at Kennedy used a different form, which is why the data is separated below.

Como and Harding high school workshops

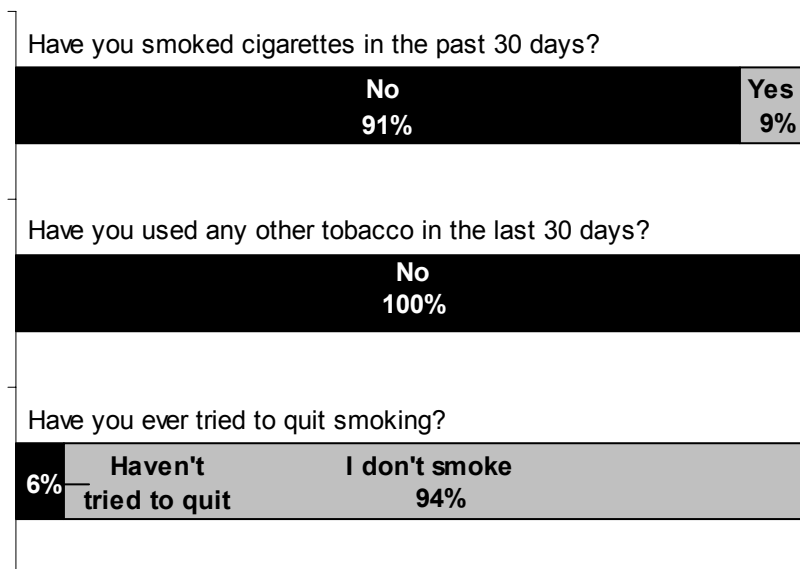
Of the 67 participants who attended the High School Workshops and Como and Harding, 37 students (55%) responded to the survey. Three percent of respondents were 12 or 13 years old, 14 were 14 or 15 years old, almost two-thirds (63%) were 16 or 17 years old, and one-fifth (20%) were 18 years old or older. Three-fifths (57%) of respondents were female (see Figure 12).

12. High school workshops: Age and gender



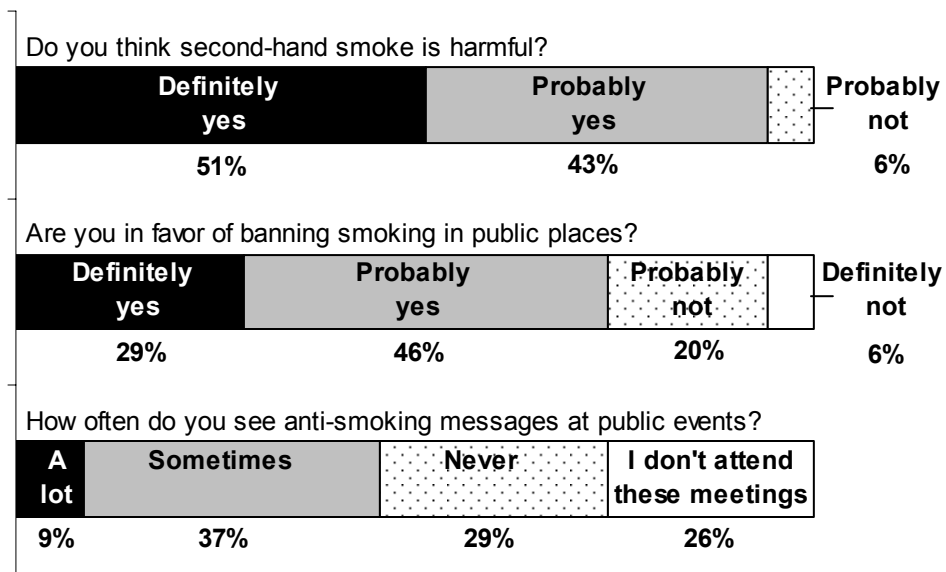
Nine-tenths (91%) of respondents reported not smoking cigarettes in the last 30 days and all respondents reported they had not used non-cigarette tobacco in the last 30 days. When asked if they have ever tried to quit smoking, almost all respondents (94%) reported they “don’t smoke” and 6 percent reported they “smoke, but haven’t tried to quit” (see Figure 13).

13. High school workshops: Tobacco use and perception



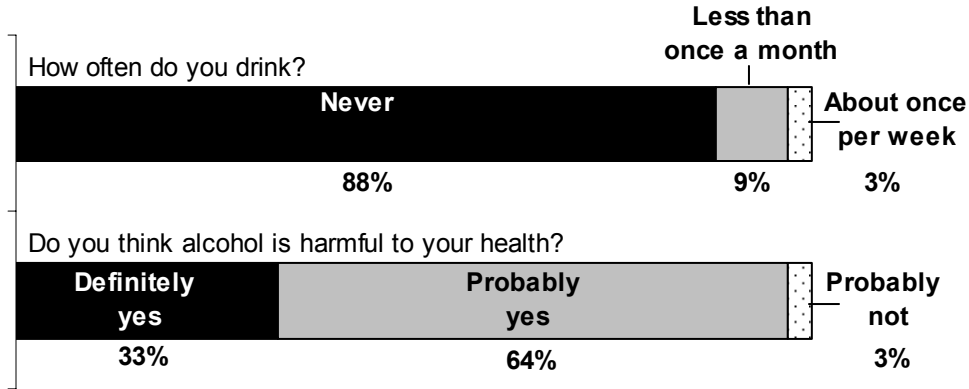
High School Workshop participants were also asked what they thought of second-hand smoke, what they thought of smoking bans, and how often they see anti-smoking messages at public events. One-half (51%) of respondents reported that second-hand smoke is “definitely” harmful to their health and another 43 percent reported that it is “probably” harmful to their health. The remaining 6 percent reported that second-hand smoke is “probably not” harmful to their health. Overall, three-quarters (75%) of respondents reported being in favor of banning smoking in public places; this includes 29 percent who “definitely” support it and 46 percent who “probably” support banning smoking in public places. Almost one-half of respondents (37% “sometimes” and 9% “a lot”) reported seeing anti-smoking messages at public events while 29 percent of respondents reported “never” seeing anti-smoking messages at public events. (The remaining 26% of respondent reported they “don’t attend these [public] events.”) See Figure 14.

14. High school workshops: Perception of secondhand smoke, smoking bans, and exposure to anti-smoking messages



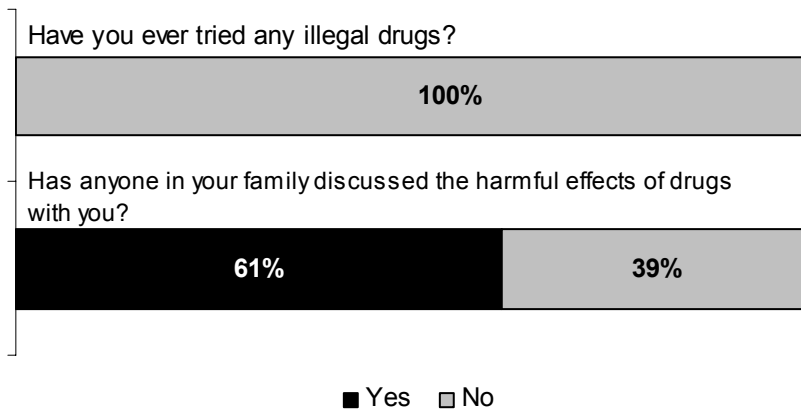
High School Workshop participants were also asked about their consumption and perception of alcohol. Eighty-eight percent of respondents reported they “never” drink alcohol, another 9 percent reported they drink “less than once a month,” and 3 percent reported they drink “about once per week.” When asked if they think alcohol is harmful to their health, almost all (97%) reported they think it is; including one-third (33%) who think it is “definitely” harmful and 64 percent who think it is “probably” harmful” to their health. Three percent of respondents reported they think alcohol is “definitely not” harmful to their health (see Figure 15).

15. High school workshops: Alcohol use and perception



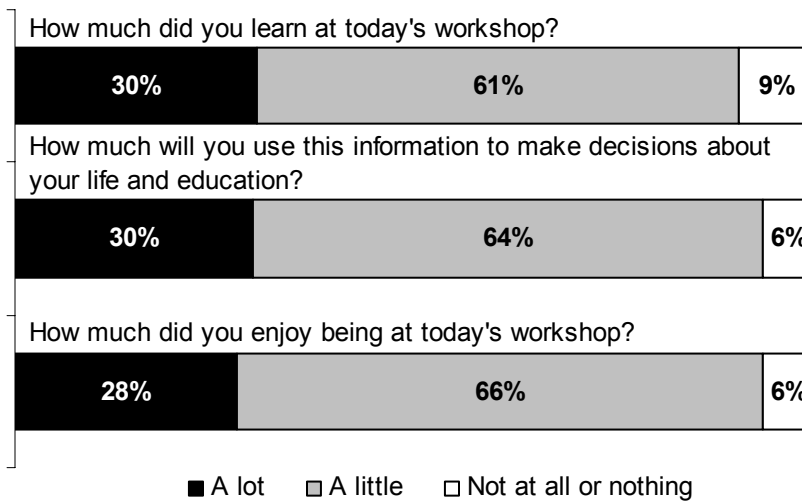
High School Workshop participants were asked about their drug use and if they discuss the harmful effects of drugs with their family. All respondents reported they have not tried any illegal drugs. Three-fifths (61%) of respondents reported that someone in their family has discussed the harmful effects of drugs with them (see Figure 16).

16. High school workshops: Drug use and perception



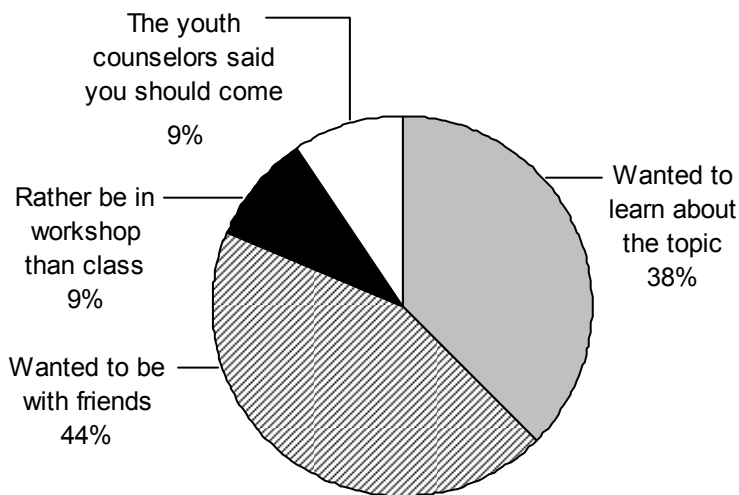
Participants were asked to report their satisfaction with the workshop they attended and how much they will use the information provided. When asked how much they learned, 30 percent of respondents reported learning “a lot” and three-fifths (61%) reported learning “a little” at the workshop they attended; 9 percent of respondents reported learning “nothing” at the workshop. Responses were similar when participants were asked how much they will use the information provided to make decisions about their life and education; 30 percent reported “a lot,” 64 percent reported “a little,” and 6 percent reported “not at all.” Twenty-eight percent of respondents reported they enjoyed the workshop “a lot” and two-thirds (66%) reported they enjoyed it “a little” while 6 percent reported “not at all” enjoying the workshop (see Figure 17).

17. High school workshops: Overall satisfaction



Participants were also asked why they came to the workshop. Over two-fifths (44%) of respondents reported attending the workshop because they “wanted to be with friends” and two-fifths (38%) of respondents reported attending the workshop because they “wanted to learn about the topic.” Nine percent of respondents reported they would “rather be in the workshop than in class” and 9 percent reported a youth counselor said they should come (see Figure 18).

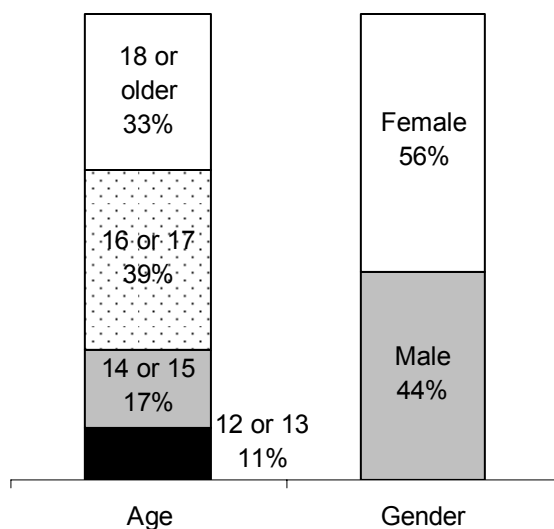
18. High school workshops: Why did you come to the workshop?



Kennedy High School Workshops

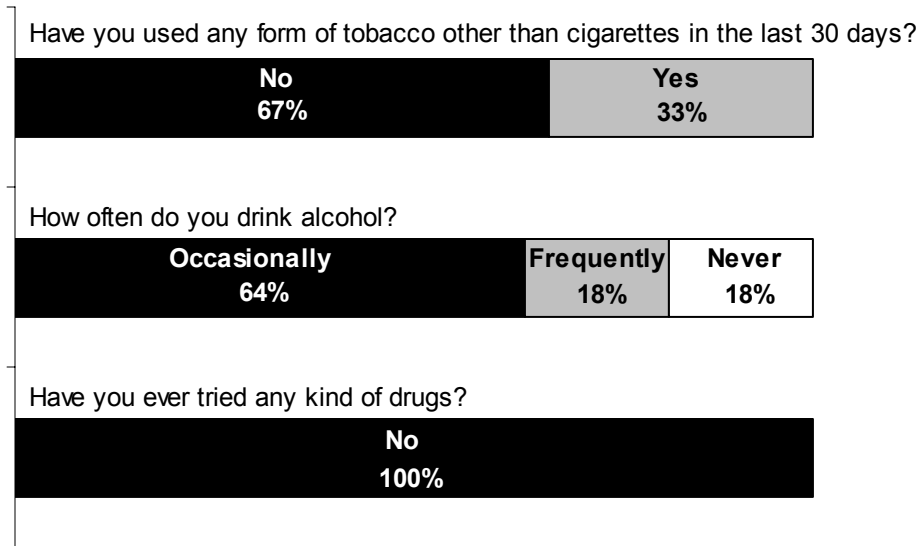
Out of 56 students attending the Kennedy High School Workshops, a total of 18 (32%) responded to the survey. No Kennedy High School Workshop respondents were under the age of 12, 11 percent were 12 or 13 years old, 17 percent were 14 or 15 years old, two-fifths (39%) were 16 or 17 years old, and one-third (33%) were 18 years old or older. Over one-half (56%) of Kennedy High School Workshop respondents were female (see Figure 19).

19. Kennedy students: Age and gender



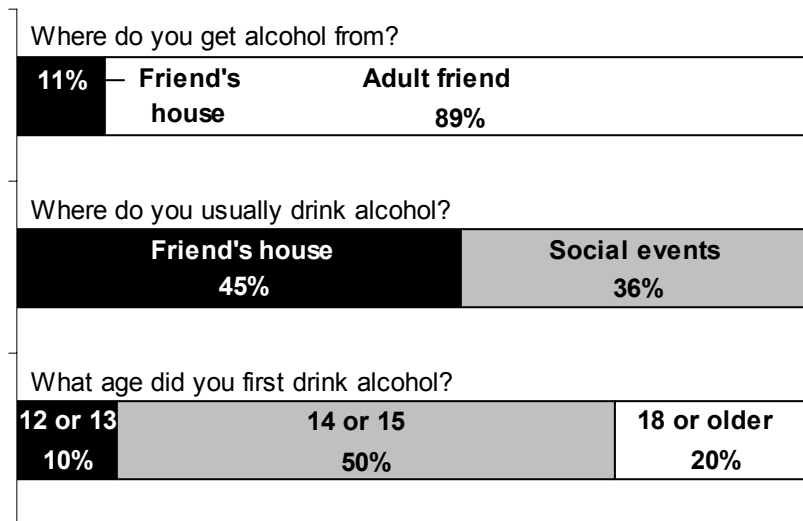
Kennedy High School Workshop participants were asked about their use of non-cigarette tobacco, alcohol, and drugs. (The survey did not ask about respondents' cigarette use despite Wilder Research's suggestion to include a question about cigarette use.) Two-thirds (67%) of respondents reported they have not used any non-cigarette tobacco in the last 30 days (33% report "yes"). Over four-fifths (82%) of Kennedy High School Workshop respondents reported they at least "occasionally" drink. More specifically, one-fifth (18%) of respondents reported drinking alcohol "frequently" and 64 percent reported "occasionally" drinking alcohol while one-fifth (18%) reported "never" drinking alcohol. No Kennedy High School Workshop respondents reported they have ever tried any illegal drugs (see Figure 20).

20. Kennedy students: Use of tobacco, alcohol, and drugs



Since over four-fifths (82%) of respondents reported drinking at least “occasionally” we also examined their self-reported alcohol consumption. Respondents were asked where they get their alcohol. Eight out of nine respondents reported getting it from an “adult friend” and one respondent reported getting it from a “friend’s house.” Five out of nine respondents reported drinking at “friends’ houses” and four respondents reported drinking at “social events.” When asked the age they first drank alcohol, one out of nine respondents reported 12 or 13 years old, five respondents reported 14 or 15 years old, and two respondents reported 16 years old or older (see Figure 21).

21. Kennedy students: Obtaining and drinking alcohol*

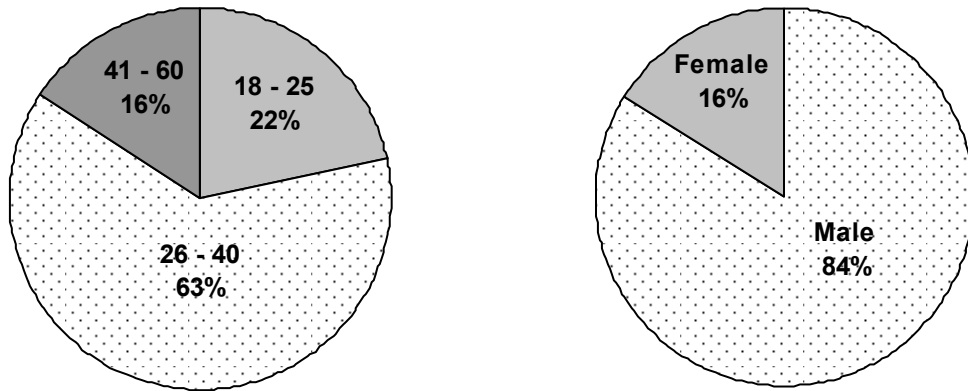


***Note:** Caution should be used when interpreting percentages for fewer than 10 cases.

Survey 3: Tobacco Workshops (7/30/2005 and 8/20/2005)

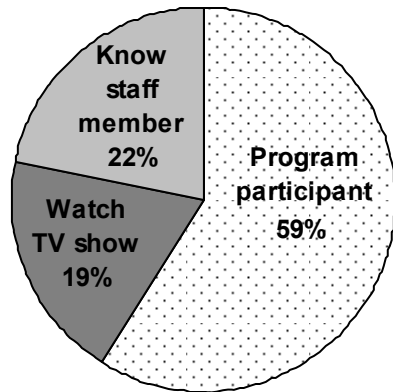
Vietnamese Social Services staff held workshops to talk to Vietnamese community members about the harms associated with tobacco, alcohol, and drugs. Staff also distributed informational fliers and brochures. Participants of the Tobacco Workshops were older than the High School Workshop participants. One-fifth (22%) of respondents were between 18 and 25 years old, over three-fifths (63%) were between 26 and 40 years old, and 15 percent were between 41 and 60 years old. Over four-fifths (84%) of respondents in the Tobacco Workshops were male (see Figure 22).

22. Tobacco workshops: Age and gender of respondents



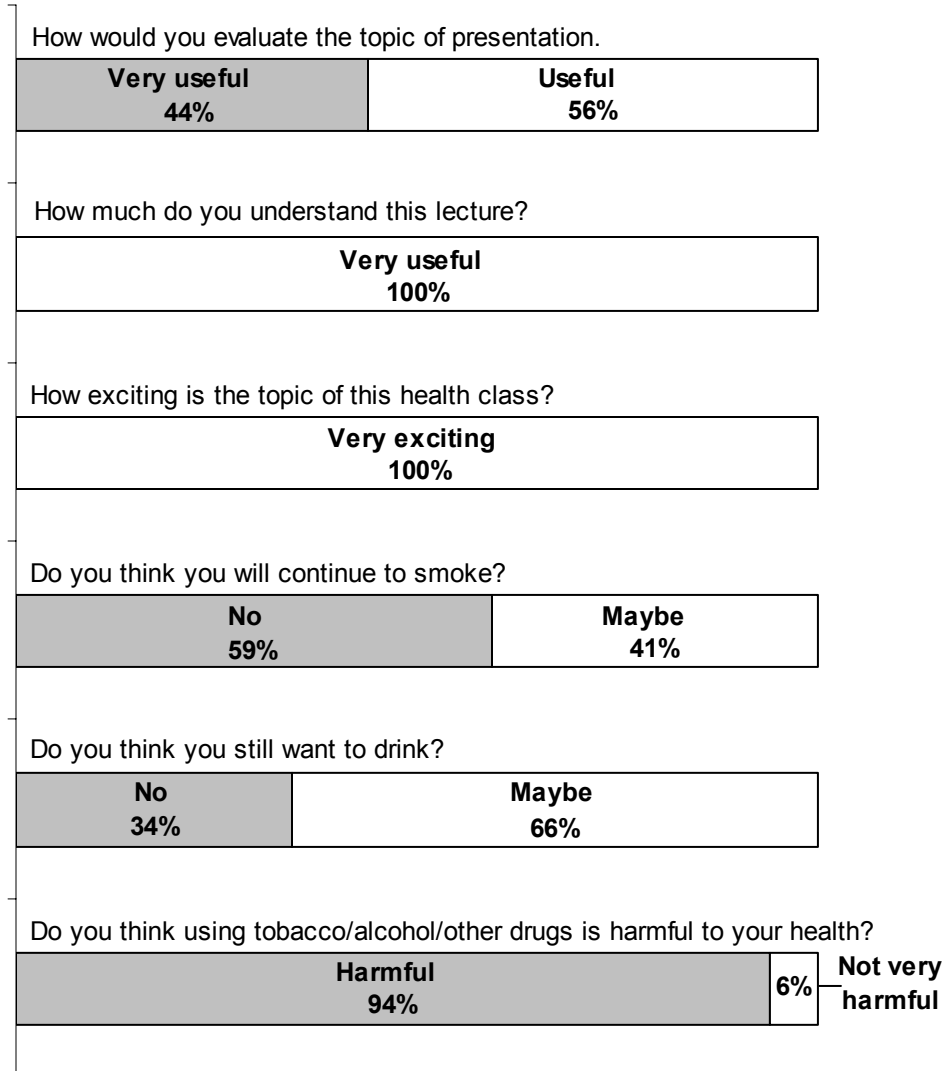
Respondents were asked how they became familiar with Vietnamese Social Services. Three-fifths (59%) of respondents reported being a program participant. One-fifth (22%) of respondents reported they “know a staff member” and one-fifth (19%) said they “watch the TV show” (see Figure 23).

23. Tobacco workshops: How did you become familiar with Vietnamese Social Services (VSS)?



Respondents were asked to evaluate the topic presented at the Tobacco Workshop. Over two-fifths (44%) of respondents reported the topic was “very useful” and the remaining 56 percent reported the topic was “useful.” All respondents reported “very useful” when asked how much they understand the lecture. (This is a question where the English response categories do not match the question being asked and, despite Wilder Research recommendations, was not changed from the previous evaluation.) All respondents reported the topic of the health class was “very exciting.” Two-fifths (41%) of respondents indicated they will “maybe” continue to smoke after the class and three-fifths (59%) reported they will not continue to smoke. Two-thirds (66%) of respondents indicated they will “maybe” want to drink after completing the class and one-third (34%) reported they will not want to drink. Almost all (94%) respondents report thinking tobacco, alcohol, and other drugs are “harmful” to health while the remaining 6 percent reported tobacco, alcohol, and drugs are “not very harmful” to health (see Figure 24).

24. Tobacco workshops: Participant satisfaction and perceptions



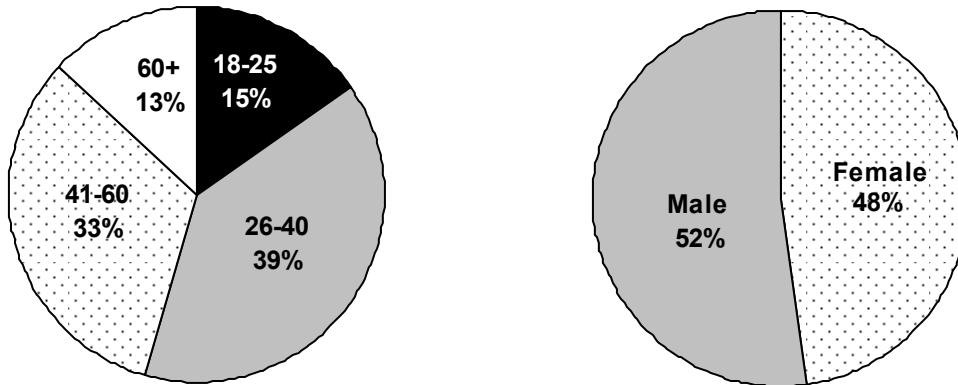
Survey 4: Health classes and conference

Vietnamese Social Services offers monthly health classes on diseases and prevention as well as an annual health conference. Topics include diseases that are of special concern to the Vietnamese community, ways to prevent diseases, and access to medical care and health insurance plans. The classes and conference are led by Vietnamese-speaking physicians and other health professionals. There were eight health classes held during the current evaluation period, including the following topics: tobacco, nutrition and prevention of cancer, breast and cervical cancer, dental care related to second-hand smoke, avian influenza, and prostate cancer.

Health class (8/20/2005)

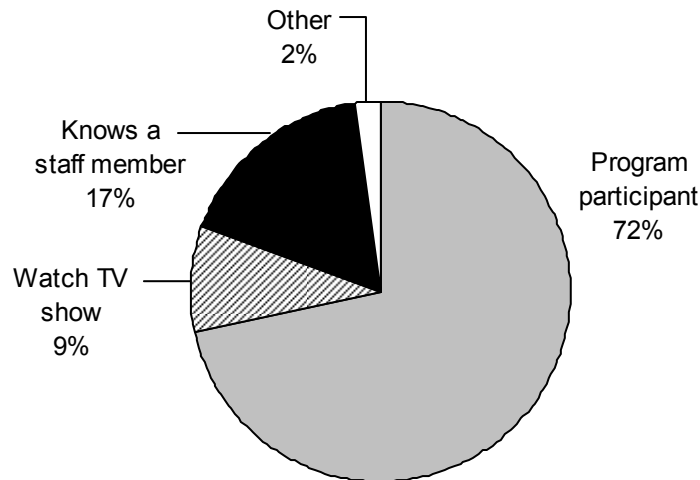
Of the 212 participants (duplicate count) attending the Health Class, a total of 46 (22%) responded to the survey. None of the Health Class respondents reported being under 18 years old, 15 percent were between 18 and 25 years old, two-fifths (39%) were between 26 and 40 years old, one-third (33%) were between 41 and 60 years old, and 13 percent were over 60 years old. Slightly over one-half (52%) of respondents were male (see Figure 25).

25. Health class: Age and gender of respondents



Respondents were asked how they became familiar with Vietnamese Social Services. Almost three-quarters (72%) of respondents reported they found out about Vietnamese Social Services from being a “program participant” and another 17 percent reported they “know a staff member.” Nine percent of respondents said they “watch the TV show” and 2 percent reported “other” ways of finding out about the program (see Figure 26).

26. Health class: How are you familiar with VSS?



Participants in the Health Class were asked a series of questions regarding their experiences with the class and what affect they think it will have on their actions. When asked to evaluate the topic presented in the class all respondents reported it was either “useful” (39%) or “very useful” (61%). All respondents also reported the topic was “very exciting.” When asked how much they understand this lecture all respondents reported “very useful.” (This is a question where the response categories do not match the question and was not changed despite Wilder Research recommendations to change the response categories from the previous evaluation.)

Four-fifths (80%) of respondents reported “no,” they will not continue to smoke and the remaining one-fifth (20%) of respondents report they will “maybe” continue to smoke. Three-fifths (59%) of respondents reported they will not continue to drink and the remaining two-fifths (41%) reported they will continue to drink. Respondents were also asked if they if they think using tobacco, alcohol, and drugs are harmful to their health; all of the respondents reported thinking tobacco, alcohol, and drugs are “harmful” to their health (see Figure 27).

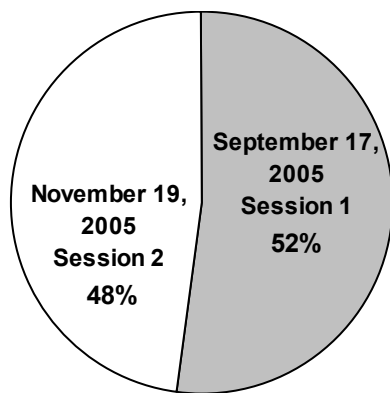
27. Health class: Survey question responses

How would you evaluate the topic of presentation?		
<table border="1"><tr><td>Very useful 61%</td><td>Useful 39%</td></tr></table>	Very useful 61%	Useful 39%
Very useful 61%	Useful 39%	
How much do you understand this lecture?		
<table border="1"><tr><td>Very useful 100%</td></tr></table>	Very useful 100%	
Very useful 100%		
How exciting was the topic?		
<table border="1"><tr><td>Very exciting 100%</td></tr></table>	Very exciting 100%	
Very exciting 100%		
Do you think you will continue to smoke?		
<table border="1"><tr><td>No 80%</td><td>Maybe 20%</td></tr></table>	No 80%	Maybe 20%
No 80%	Maybe 20%	
Do you think you will still drink?		
<table border="1"><tr><td>No 59%</td><td>Maybe 41%</td></tr></table>	No 59%	Maybe 41%
No 59%	Maybe 41%	
Do you think using tobacco/alcohol/drugs is harmful to your health?		
<table border="1"><tr><td>Harmful 100%</td></tr></table>	Harmful 100%	
Harmful 100%		

Tobacco-related health class (9/17/2005 & 11/19/2005)

Out of 93 participants attending the Tobacco-Related Health Class, a total of 49 (53%) responded to the survey. There were two sessions of the Tobacco-Related Health Class. Session one was held on September 17, 2005, and session two was held on November 19, 2005. Responses from each class were similar with each session making up about one-half of the respondents (52% for the September session and 48% for the November session). Answers from each session will be shown separately (see Figure 28).

28. Tobacco-related health class: Session distribution



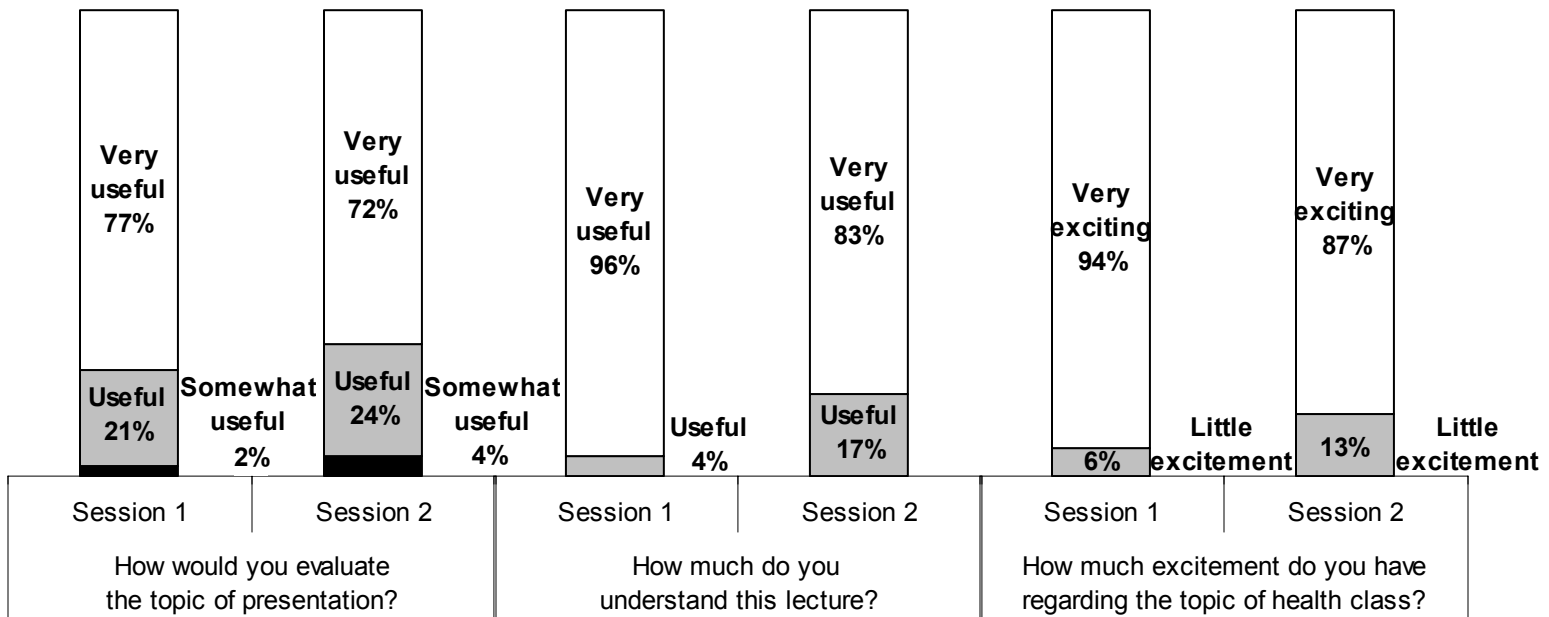
When respondents were asked how they would evaluate the topic of presentation, over three-quarters (77%) of respondents from session one and 72 percent of respondents from session two reported “very useful.” One-fifth (21%) of respondents from session one and one-quarter (24%) from session two reported the topic was “useful.” Two percent of respondents from session one and 4 percent from session two reported the topic was “somewhat useful.” No respondents from either session reported the topic was “useless.”

Participants were asked how much they understand the lecture, nearly all respondents (96%) from session one and 83 percent from session two report “very useful.” The remaining 4 percent of respondents from session one and 17 percent from session two report they understand the lecture “useful.” (The response categories for this question do not match the question and were not changed to the appropriate response categories despite the suggestions of Wilder Research.) No respondents from either session report they had a “poor” understanding of the lecture.

Participants were asked how exciting the topic of the Health Class was. Nearly all session one respondents (94%) and 87 percent of session two respondents reported it was “very exciting.” The remaining 6 percent of session one respondents and 13 percent of session two respondents report the topic of the Health Class provided a “little excitement”

to them. No respondents from either session reported the Health Class topic provided no excitement (see Figure 29).

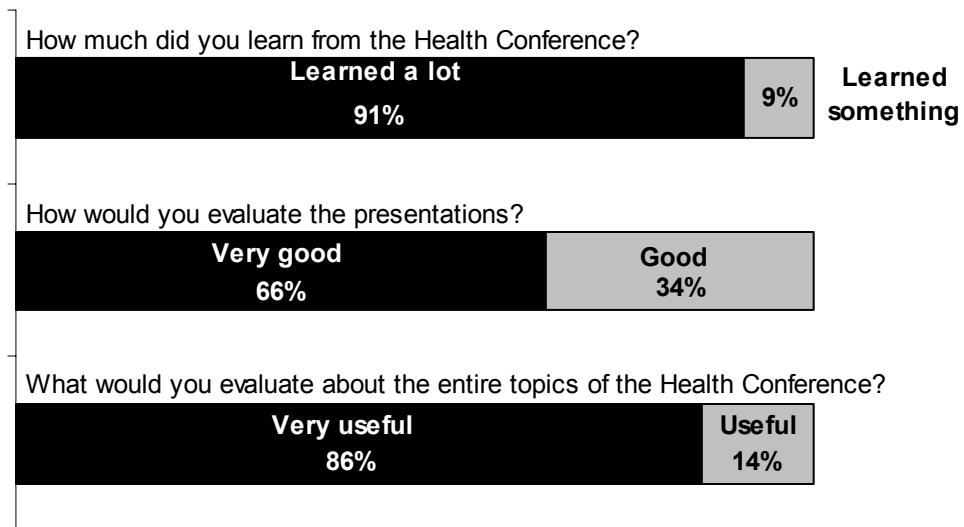
29. Tobacco-related health class: Participant satisfaction



Health Conference (5/27/2006)

Participants of the May 27, 2006 health conference were asked to answer three questions after the conference. Out of 180 people attending the conference (the survey were 150), a total of 113 (75.3 %) completed the survey. When asked how much they learned from the Health Conference, 91 percent of respondents reported they “learned a lot” and the remaining 9 percent reported learning “something.” No respondents reported they did not learn at all. When asked to evaluate the presentations, two-thirds (66%) of respondents reported the presentations were “very good” and the remaining one-third (34%) of respondents reported the presentations were “good.” No respondents reported the presentations were “not good.” More than four-fifths (86%) of respondents reported the entire Health Conference was “very useful” and the remaining 14 percent reported it was “useful.” No respondents reported the Health Conference was “useless” (see Figure 30).

30. Health conference: Participant satisfaction



Issues to consider

Issues related to data collection and analysis

Overall, it appears that VSS staff were very diligent in administering their evaluation tools at most of the events they conducted as a part of this grant. With help from a professional evaluator, the participant feedback forms developed by VSS and the data collection methods used by VSS could be strengthened. Some examples include:

- Applying appropriate response categories and clearer wording for all questions to ensure accurate responses
- More attention to formatting details to minimize skipped/missed questions
- Standardize questions about use of cigarettes, alcohol, and drugs across program event and to match larger studies (e.g. Minnesota Student Survey) allowing comparison
- Collect pre-program (baseline) consumption, knowledge, and perception data before the program to ensure more accurate responses

Although VSS asked Wilder Research to provide suggestions on the participant feedback forms, the suggestions had not been implemented at the time of this report. These changes were not implemented in part because of concerns on the part of VSS staff that the burden for participants would be too great in responding to a more in-depth survey.

Although the quality of the work done by VSS through this grant appears to be high, the kinds of data available from the program's current evaluation tools limits the ability to make any statements about the effects or impact of the program on preventing or reducing alcohol, tobacco, or other drug use in the Vietnamese community in Minnesota.

Issues related to evaluation findings

Overall, GHBL data show that participants increased their knowledge of health and health care, had more accurate perceptions of unhealthy and healthy actions, and increased healthy actions while decreasing unhealthy actions. Participants indicated higher levels of change in the knowledge and perception areas while the actions area saw less reported change. It is difficult to judge the significance and accuracy of these data due to flaws in the data collection instruments and techniques.

Data from these workshops indicate that Youth Workshop respondents are more likely than the High School Workshop respondents to report smoking and drinking. However, no respondents from either workshop report every trying illegal drugs. Data indicate participant satisfaction with the High School workshop.

Data from the Tobacco Workshop surveys indicate respondents thought the presentation was useful, understandable, and exciting. Furthermore, data indicate that respondents think tobacco, alcohol, and drugs have negative effects on health. However, data also indicate that many participants may continue to smoke and drink after the workshop. Data indicate that participants found the Health Classes useful and exciting. Data also indicate the participants were satisfied overall with the Health Classes and Health Conference.

All of the feedback received from participants indicates that VSS's ATOD programs were successful at reaching the targeted audience and at providing culturally relevant and useful information about the health effects of alcohol and tobacco. On the other hand, there was very little information available about activities, if any, that were on the topic of illicit drug use. VSS staff reported that this topic was combined into the discussion during the other workshops. In the future, program staff should consider culturally appropriate ways of disseminating specific information about the prevention and reduction of illicit drug use in the Vietnamese community, especially for youth.

None of the current evaluation instruments collect information that would make it possible to determine the impact of VSS's programming on actually preventing or reducing alcohol, tobacco, or other drug use among program participants. Based on participants' comments, such as the youth who participated in discussion groups in their schools who reported that they plan to avoid tobacco use as a result of their participation in the group, it is likely that there has been some impact. As mentioned above, it would require a somewhat more substantial evaluation component, including assessment of actual changes in participants' behavior as a result of their participation, in order to determine what effects, if any, the programming is having on ATOD use. This should be considered in future ATOD prevention programs conducted by VSS.

Appendix

Survey 1 – Good Health Better Life Program

Survey 2 – High school workshops

Survey 3 – Tobacco workshops

Survey 4 – Health classes and conference

Articles and messages

Survey 1 – Good Health Better Life Program

A1. Before attending the GHBL program, your knowledge of the American health care system was

	n=65	%
Good	22	34%
Fair	25	39%
Poor	18	28%

A2. After attending the GHBL program, your knowledge about the American health care system was

	n=65	%
Good	50	77%
Fair	15	23%
Poor	-	-

A3. Before attending the GHBL program, how often did you go to the doctor for routine check ups?

	n=65	%
Frequently	23	35%
Occasionally	28	42%
Never	14	22%

A4. After attending the GHBL program, how often do you go to the doctor for routine check ups?

	n=66	%
Frequently	47	71%
Occasionally	19	29%
Never	-	-

A5. Do you regularly attend the VSS Health classes every month?

	n=64	%
Yes	60	94%
No	4	6%

A6. Are these classes helpful to you and do they help you to understand how to take care of your health?

	n=64	%
Yes	63	98%
No	1	2%

A7. Before attending the GHBL Program, I thought that alcohol was...

	n=64	%
Harmful	26	41%
Not very harmful	27	42%
No affect on health	11	17%

A8. After attending the GHBL Program, I think alcohol is...

	n=65	%
Harmful	59	91%
Not very harmful	6	9%
No affect on health	-	-

A9. Before attending the GHBL program, I drank alcohol...

	n=65	%
Frequently	12	19%
Occasionally	22	34%
Never	31	48%

A10. After attending the GHBL program, I drank alcohol...

	n=64	%
Frequently	6	9%
Occasionally	24	38%
Never	34	53%

A11. Before attending the GHBL Program, I viewed smoking as...

	n=64	%
Harmful	36	55%
Not very harmful	25	38%
No affect on health	4	6%

A12. After attending the GHBL Program, I view smoking as...

	n=61	%
Harmful	57	93%
Not very harmful	2	3%
No affect on health	2	3%

A13. Before attending the GHBL program, I smoked...

	n=64	%
Frequently	11	17%
Occasionally	12	19%
Never	41	64%

A14. After attending the GHBL program, I smoke...

	n=65	%
Frequently	1	2%
Occasionally	13	20%
Never	51	79%

A15. Before attending the GHBL Program, my frequency of physical exercise was...

	n=66	%
Frequently	22	33%
Occasionally	34	52%
Never	10	15%

A16. After attending the GHBL Program, my frequency of physical exercise is...

	n=65	%
Frequently	43	66%
Occasionally	21	32%
Never	1	2%

A17. Before attending the GHBL Program, I had my blood pressure checked...

	n=65	%
Frequently	13	20%
Occasionally	36	55%
Never	16	25%

A18. After attending the GHBL Program, I have my blood pressure checked...

	n=64	%
Frequently	45	70%
Occasionally	19	30%
Never	-	-

A19. Before attending the GHBL Program, I thought mammography and pap smear were...

	n=52	%
Very important	18	35%
Somewhat important	20	39%
Not important	14	27%

A20. After attending the GHBL Program, I think mammography and pap smear are...

	n=53	%
Very important	47	89%
Somewhat important	6	11%
Not important	-	-

A21. Before attending the GHBL Program, my consumption of cholesterol from food was...

	n=65	%
High	23	35%
Moderate	32	49%
Low	10	15%

A22. After attending the GHBL Program, my consumption of cholesterol from food is...

	n=66	%
High	4	6%
Moderate	31	47%
Low	31	47%

A23. Before attending the GHBL Program, I thought that taking blood for testing was...

	n=65	%
Very important	27	42%
Somewhat important	32	49%
Not important	6	9%

A24. After attending the GHBL Program, I think that taking blood for testing is...

	n=64	%
Very important	62	97%
Somewhat important	1	2%
Not important	1	2%

A25. Before attending the GHBL Program, my sweet consumption was...

	n=66	%
Frequently	28	42%
Occasionally	33	50%
Never	5	8%

A26. After attending the GHBL Program, my sweet consumption is...

	n=66	%
Frequently	7	11%
Occasionally	50	76%
Never	9	14%

A27. Before attending the GHBL Program, my fruit and vegetable intake was...

	n=66	%
Frequently	23	35%
Occasionally	41	62%
Never	2	3%

A28. After attending the GHBL Program, my fruit and vegetable intake is...

	n=66	%
Frequently	50	76%
Occasionally	15	23%
Never	1	2%

A29. Before attending the GHBL Program, I felt vaccination was...

	n=65	%
Very important	25	39%
Somewhat important	33	51%
Not important	7	11%

A30. After attending the GHBL Program, I feel vaccination is...

	n=66	%
Very important	62	94%
Somewhat important	4	6%
Not important	-	-

A31. Before attending the GHBL Program, my understanding of how HIV is contracted and how to prevent AIDS was...

	n=65	%
Good	12	19%
Fair	29	45%
Poor	24	37%

A32. After attending the GHBL Program, my understanding of how HIV is contracted and how to prevent AIDS is...

	n=65	%
Good	44	68%
Fair	20	31%
Poor	1	2%

A33. Before attending the GHBL Program, I believed talking to children about AIDS was...

	n=61	%
Very important	24	39%
Somewhat important	31	51%
Not important	6	10%

A34. After attending the GHBL Program, I believe talking to children about AIDS is...

	n=62	%
Very important	59	95%
Somewhat important	2	3%
Not important	1	2%

A35. Before attending the GHBL Program, my knowledge of Traumatic Stress Syndrome and how to deal with it was...

	n=65	%
Good	11	17%
Fair	31	48%
Poor	23	35%

A36. After attending the GHBL Program, my knowledge of Traumatic Stress Syndrome and how to deal with it is...

	n=65	%
Good	47	72%
Fair	17	26%
Poor	1	2%

Survey 2 – High school workshops

Como, Kennedy, and Harding

A37. How old are you?

	n=37	%
11 or younger	-	-
12 or 13 years old	1	3%
14 or 15 years old	5	14%
16 or 15 years old	22	63%
18 or older	7	20%

A38. What is your gender?

	n=35	%
Male	15	43%
Female	20	57%

A39. During the past 30 days (one month), have you smoked cigarettes?

	n=35	%
Yes	3	9%
No	32	91%

A40. During the past 30 days (one month), have you ever used any form of tobacco products other than cigarettes (e.g. chewing tobacco, snuff, dip, cigars, cigarillos, little cigars, pipe)?

	n=33	%
Yes	-	-
No	33	100%

A41. If you do smoke, where do you usually smoke?

	n=34	%
I do not smoke cigarettes	28	82%
At home	-	-
At school	1	3%
In public places	3	9%
At friends' houses	1	3%
At social events	-	-
At work	-	-
Other	1	3%

A42. Do you think the smoke from other people's cigarettes is harmful to you and others?

	n=35	%
Definitely not	-	-
Probably not	2	6%
Probably yes	15	43%
Definitely yes	18	51%

A43. Are you in favor of banning smoking in public places (such as restaurants or bars)?

	n=35	%
Definitely not	2	6%
Probably not	7	20%
Probably yes	16	46%
Definitely yes	10	29%

A44. When you go to sports events, fairs, concerts, community events, or social gatherings, how often do you see anti-smoking messages?

	n=35	%
A lot	3	9%
Sometimes	13	37%
Never	10	29%
I do not go to these events	9	26%

A45. Have you ever tried to quit smoking?

	n=33	%
I have never smoked	31	94%
I smoke, but I have never tried	2	6%
I used to smoke, but I successfully quit	-	-

A46. If you used to smoke but have quit, what was the main reason you decided to stop smoking?

	n=21	%
I have never tried to quit smoking	15	71%
To improve my health	-	-
To save money	1	5%
Because my family doesn't like it	1	5%
Because my friends don't like it	2	10%
Other reason	2*	10%

* Both "other reason" responses said they "don't smoke."

A47. How often do you drink alcohol?

	n=33	%
Never	29	88%
Less than once per month	3	9%
Once or twice a month	-	-
About once per week	1	3%
Several times per week	-	-

A48. Where do you get alcohol from?

	n=32	%
I do not drink alcohol	27	84%
Parents	1	3%
Brother or sister	-	-
Another relative	-	-
Adult non-relative	-	-
At my friend's house	3	9%
I bought it from the liquor store	-	-
Other	1*	3%

* Respondent reported "none."

A49. Where do you usually drink alcohol?

	n=30	%
I never drink alcohol	27	90%
At home	-	-
At school	-	-
At friends' houses	2	7%
At social events	1	3%
At work	-	-
Other	-	-

A50. Do you think alcohol is harmful to your health?

	n=33	%
Definitely not	1	3%
Probably not	-	-
Probably yes	21	64%
Definitely yes	11	33%

A51. How old were you when you first drank alcohol?

	n=33	%
I have never drank alcohol	27	82%
9 years old or younger	2	6%
10 or 11 years old	1	3%
12 or 13 years old	-	-
14 or 15 years old	1	3%
16 years old or older	2	6%

A52. Have you ever tried any kind of illegal drugs?

	n=33	%
Yes	-	-
No	33	100%

A53. Has anyone in your family discussed the harmful effects of using drugs with you?

	n=33	%
Yes	20	61%
No	13	39%

A54. What are the most common drugs that you think young people use today? (open ended answers)

Marijuana (6)
Ecstasy (3)
Alcohol
Cigarettes
Heroin
I don't know

A55. How much did you learn at today's workshop?

	n=33	%
A lot	10	30%
A little	20	61%
Nothing	3	9%

A56. As you make decisions about your life and your education, how much do you think you will use the information that was discussed in today's workshop?

	n=33	%
A lot	10	30%
A little	21	64%
Not at all	2	6%

A57. How much did you enjoy being at today's workshop?

	n=32	%
A lot	9	28%
A little	21	66%
Not at all	2	6%

A58. Why did you come to the workshop?

	n=32	%
To learn about the topic of the day	12	38%
To be with friends	14	44%
Rather be in workshop than be in class	3	9%
The youth counselors said you should come	3	9%
Other	-	-

A59. Please write down the most important think that you learned from today's workshop:

Never use drugs/alcohol (2)

I don't smoke

The effects of drugs are very harmful

Meet new friends

I learned to come on time and never try drugs

Quit smoking

No smoking and no alcohol

To stay smoke free and second-hand smoke is very harmful

Kennedy Youth Workshop

A60. How old are you?

	n=18	%
11 or younger	-	-
12 or 13 years old	2	11%
14 or 15 years old	3	17%
16 or 15 years old	7	39%
18 or older	6	33%

A61. What is your gender?

	n=18	%
Male	8	44%
Female	10	56%

A62. During the past 30 days (one month), have you ever used any form of tobacco products other than cigarettes (e.g. chewing tobacco, snuff, dip, cigars, cigarillos, little cigars, pipe)?

	n=12	%
Yes	4	33%
No	8	67%

A63. If you do smoke, where do you usually smoke?

	n=12	%
I do not smoke cigarettes	4	33%
At home	-	-
At school	-	-
In public places	-	-
At friends' houses	4	33%
At social events	3	25%
At work	1	8%
Other	-	-

A64. Do you think the smoke from other people's cigarettes is harmful to you and others?

	n=11	%
Definitely not	-	-
Probably not	-	-
Probably yes	-	-
Definitely yes	11	100%

A65. Are you in favor of banning smoking in public places (such as restaurants or bars)?

	n=11	%
Yes	11	100%
No	-	-

A66. When you go to sports events, fairs, concerts, community events, or social gatherings, how often do you see anti-smoking messages?

	n=11	%
A lot	11	100%
Never	-	-
I do not go to these events	-	-
Sometimes	-	-

A67. What was the main reason you decided to stop smoking?

	n=11	%
I have never smoked cigarettes	4	36%
I have not stopped smoking	-	-
To improve my health	3	27%
To save money	-	-
Because my family does not like it	4	36%
Because my friends don't like it	-	-
Other	-	-

A68. How often do you drink alcohol?

	n=11	%
Never	2	18%
Frequently	2	18%
Occasionally	7	64%

A69. Where do you get alcohol from?

	n=9	%
Brother/sister	-	-
I bought it from the liquor store	-	-
Family member	-	-
Parents	-	-
Adult friend bought it for me	1	11%
At my friend's house	8	89%

A70. Where do you usually drink alcohol?

	n=11	%
I never drink alcohol	2	18%
At home	-	-
At school	-	-
At friends' houses	5	45%
At social events	4	36%
At work	0	-

A71. Do you think alcohol is harmful to your health?

	n=10	%
Definitely not	-	-
Probably not	-	-
Probably yes	-	-
Definitely yes	10	100%

A72. How old were you when you first drank alcohol?

	n=10	%
I have never drank alcohol	2	20%
9 years old or younger	-	-
10 or 11 years old	-	-
12 or 13 years old	1	10%
14 or 15 years old	5	50%
16 years old or older	2	20%

A73. After participating in the workshop discussion, do you think you will quit drinking?

	n=10	%
Definitely not	-	-
Probably not	-	-
Probably yes	6	60%
Definitely yes	4	40%

A74. Have you ever tried any kind of illegal drugs?

	n=10	%
Yes	-	-
No	10	100%

A75. If one of your best friends offered you illicit drugs, would you try it?

	n=9	%
Definitely not	9	100%
Probably not	-	-
Probably yes	-	-
Definitely yes	-	-

A76. Has anyone in your family discussed the harmful effects of using illicit drugs with you?

	n=10	%
Yes	8	80%
No	2	20%

A77. What are the most common drugs that you think young people use today? (open ended answers)

█ Meth

A78. Have you ever received help or advice to help you stop smoking or drinking?

	n=10	%
I have never smoked cigarettes or drunk alcohol	1	10%
Yes, from a program or professional	-	-
Yes, from either program or professionals, and from friends or family members	9	90%
Yes, from a friend	-	-
Yes, from a family member	-	-
No	-	-

A79. How much did you learn at today's workshop?

	n=10	%
A lot	10	100%
A few	-	-
None	-	-

A80. As you make decisions about your life and your education, how much do you think you will use the information that was discussed in today's workshop?

	n=10	%
A lot	10	100%
A few	-	-
None	-	-

A81. How much did you enjoy being at today's workshop?

	n=10	%
A lot	10	100%
A few	-	-
None	-	-

A82. Why did you come to the workshop?

	n=9	%
To learn about the topic of the day	6	67%
To be with friends	3	33%
Rather be in workshop than be in class	-	-
The youth counselors said you should come	-	-
Other	-	-

A83. Please write down the most important think that you learned from today's workshop:

I understand how my grandfather died because of lung cancer. He started smoking when he was very young

I learned a lot about tobacco and alcohol uses

Smoking is bad for you and your love one

I will used the information in the workshop today to live a better life and help other to do the same

I know second hand smoker is a bad as smoker. I will try to avoid to be one.

Alcohol and drugs are really bad when you use them together. It can kill you and other people too.

I'd learned the new stuffs that could kill you inside the cigarette

I have learned that smoking can cause lots more disease than just cancer

I know now why lots of people in Vietnam died each year because of lung cancer. All because of smoking too much and started smoking when they were young.

Drugs are always bad. Should never try them. Once you try them you are hooked for life.

I learned that smoking is really bad for you and for your love one. It can cause deadly disease and the number one killing cause in America each year.

I'd learned a lot of things in today workshop. Alcohols and drugs are bad for people. Especially for teenagers.

Drugs are addictive and can lead to violence, they are bad for your, they are bad for society

Drinking and driving is very dangerous combination. Also, alcohol is poison which can damage your brain and nervous system.

Smoke killed lots of people in America. It's bad for you and your love one when you are smoking inside the house.

I'd learned that alcohol is very bad for your internal organs and especially your brain.

Survey 3 – Tobacco workshops

A84. Age

	n=32	%
17 or younger	-	-
18-25	7	22%
26-40	20	63%
41-60	5	16%
60+	-	-

A85. Gender

	n=32	%
Male	27	84%
Female	5	16%

A86. How are you familiar with VSS?

	n=32	%
Program participant	19	59%
Watch TV show	6	19%
Knows staff member	7	22%
Other	-	-

A87. How would you evaluate the topic of presentation?

	n=32	%
Useless	-	-
Useful	18	56%
Very useful	14	44%

A88. How much do you understand this lecture?

	n=32	%
Poor	-	-
Useful	-	-
Very useful	32	100%

A89. How much excitement do you have regarding the topic of this health class?

	n=32	%
No exciting	-	-
Little exciting	-	-
Very exciting	32	100%

A90. After understanding the harmful effect of tobacco on your health, do you think you will continue to smoke?

	n=32	%
Maybe	13	41%
Yes	-	-
No	19	59%

A91. After attending the health class, do you think you still want to have a drink?

	n=32	%
May be, but not frequently	21	66%
Yes	-	-
No	11	34%

A92. Do you think using tobacco/alcohol/other drugs is harmful to your health?

	n=32	%
Harmful	30	94%
No effect on health	-	-
Not very harmful	2	6%

A93. What suggestions do you have for the next class?

More information on hepatitis in general in the next class section

High blood pressure and heart related disease

Alcohol and hepatitis

Cancers

Please talk more on different kind of tobacco

Want to know more about marijuana and heroin

This session is really helpful and very interesting. I suggest that you talk more on this topic for the next class session.

[Not translated] (25)

Survey 4 – Health classes and conference

Health Class

A94. Age

	n=46	%
17 or younger	-	-
18-25	7	15%
26-40	18	39%
41-60	15	33%
60+	6	13%

A95. Gender

	n=46	%
Male	24	48%
Female	22	52%

A96. How are you familiar with VSS?

	n=46	%
Program participant	33	72%
Watch TV show	4	9%
Knows staff member	8	17%
Other	1	2%

A97. How would you evaluate the topic of presentation?

	n=46	%
Useless	-	-
Useful	18	39%
Very useful	28	61%

A98. How much do you understand this lecture?

	n=46	%
Poor	-	-
Useful	-	-
Very useful	46	100%

A99. How much excitement do you have regarding the topic of this health class?

	n=46	%
No exciting	-	-
Little exciting	-	-
Very exciting	46	100%

A100. After understanding the harmful effect of tobacco on your health, do you think you will continue to smoke?

	n=46	%
Maybe	9	20%
Yes	-	-
No	37	80%

A101. After attending the health class, do you think you still want to have a drink?

	n=46	%
Maybe, but not frequently	19	41%
Yes	-	-
No	27	59%

A102. Do you think using tobacco/alcohol/other drugs is harmful to your health?

	n=46	%
Harmful	46	100%
No effect on health	-	-
Not very harmful	-	-

A103. What suggestions do you have for the next class?

[not translated] (45)

Tobacco related health class

A104. How would you evaluate the topic of presentation?

	n=94	%
Useless	-	-
Somewhat useful	3	3%
Useful	21	22%
Very useful	70	74%

A105. How much do you understand this lecture?

	n=95	%
Poor	-	-
Useful	10	11%
Very useful	85	89%

A106. How much excitement do you have regarding the topic of health class?

	n=94	%
No exciting	-	-
Little exciting	9	10%
Very exciting	85	90%

A107. What suggestions do you have for the next class?

Diabetes (2)
Asthma, depression
Blood pressure
Useful
I like the class
Very good
More classes
Lung cancer
Prostate disease
[not translated] (28)

Health conference

A108. How much do you learn from the Health Conference?

	n=102	%
Not at all	-	-
Learn something	9	9%
Learn a lot	93	91%

A109. How would you evaluate the presentations?

	n=89	%
Not good	-	-
Good	30	34%
Very good	59	66%

A110. What would you evaluate about the entire topics of the Health Conference?

	n=99	%
Useless	-	-
Somewhat useful	-	-
Useful	14	14%
Very useful	85	86%

A111. What topics would you suggest for the Health Conference next year?

- Stroke heart disease
- Prostate, osteoporosis, vitamin
- Manic depression, osteoporosis, diabetes
- General health
- How about down syndrome, it is a disease or a symptom?
- Adult dementia, herbs
- Herb
- Heart disease
- [not translated] (41)

Articles and messages

A112. ATOD prevention messages and articles published in a Vietnamese language newspaper

<i>Date</i>	<i>Article and/or message</i>
7/01/05	<i>Message: "Alcohol has high calories so drinking it can make you gain weight. Don't drink Alcohol"</i>
7/15/05	<i>Article: "Phong benh ung thu" - "Ma Tuy Can Sa"(Marijuana)</i>
8/01/05	<i>Article: "Smoking will increase your chance of developing Breast Cancer"</i>
8/15/05	<i>Message: "Alcohol won't solve any problem"</i>
9/01/05	<i>Article: "Ung thu phoi" (Lung Cancer)</i>
9/15/05	<i>Article: "Smoking and Health"</i>
10/01/05	<i>Message: "There is no safe alcohol limit for a pregnant woman."</i>
10/15/05	<i>Article: "Nguua sung phoi"(Pneumococcus)</i>
11/01/05	<i>Message: "What will you gain when you smoke? Smoking regularly will easily cause lung cancer."</i>
12/01/05	<i>Message: "Please keep the air clean and don't smoke."</i>
12/15/05	<i>Message: "Smoking will shorten your life."</i>
02/15/06 No. 399	<i>Message: "Second hand smoke increases more risk for Asthma"</i>
3/15/06 No. 403	<i>Message: "Should you quit smoking to avoid any harms that can happen to your family, your relatives and your friends?"</i>
3/30/06 No. 404	<i>Message: "The relapse of smoking will increase the harm of your lung"</i>
4/1/06 No. 405	<i>Message: "Smoke is one of many primary causes that lead to lung cancer"</i>
5/15/06 No. 407	<i>Message: "The women who smoke during the pregnancy would affect a child with diabetes"</i>
6/1/06 No. 408	<i>Message: "Smoke before the surgery would increase chances for side effects"</i>
6/15/06 No. 409	<i>Message: "Tobacco would fade your tooth, please don't smoke"</i>
6/15/06 No. 409	<i>Article: "Rhabdomyolysis Syndrome"</i>
6/30/06 No. 410	<i>Article: "Smoking improves your memory??? It is only a Myth."</i>