

LAO America Successfully Completes 04-05 ATOD Program

The Lao Advancement Organization of America provides workshops on Alcohol, Tobacco and other Drugs (ATOD) to members of the Lao community. The program was conducted at the Lao Cultural Center, 2648 West Broadway, Minneapolis, MN 55411 and held from July 1, 2004-June 30, 2005

As with all communities chemical abuse can be a problem in the Lao community. One goal of the ATOD program is to educate parents and other adult guardians about drug abuse. Through the program parents learn about the causes, warning signs and consequences of drug abuse in their children.

At first, the parents were somewhat reluctant to open up about their problems and experiences; however, as the class progressed they began to share more of their experiences with the class.

During the last session the parents had an opportunity to share what they learned with the rest of the class. Working in groups they constructed posters that highlighted a topic from the class – kinds of stress and ways to healthfully deal with it, what a person could lose if they get involved with drugs, to name a few. Once complete, each group shared their poster with the others in the class. I was great to see people who started the class reluctant to speak out, laugh and joke and share their ideas.

There were no major problems with the implementation of this material; it has been done a number of times. Responses from the participants were positive so there are no anticipated changes to the program.

Pre- and post-surveys of youth and adults participating in the ATOD Program that assessed changes in knowledge about the use of alcohol, tobacco, and other drugs in the Twin Cities' Laotian community, the law regarding the use of ATOD, concern about family members using ATOD, and personal behavior with ATOD were developed and used. Surveys also collected gender and age range data. The pre-tests were completed in the homes of Laotian community members, at the time that adults and youth were recruited to participate in the series of six workshops.

Challenges/problems in collecting the data: Many people who completed the pre-test (161 total) did not complete the post-test (125 total) so less than 80 percent (77 percent) of post-test data was available for analysis. Attendance at the series of workshops for both adults/parents and youth declined from the first session to the sixth session, i.e., participation shrank from start to finish with fewer completions. In addition, members of the Laotian community in the Twin Cities are very mobile—they move and do not leave any forwarding address or have telephone numbers where they can be reached. Consequently, it is difficult to meet the standard of at least 80% of the program participants completing both the pre- and post-tests.

Changes to be made to the process or outcome evaluation plan for the coming year: An increased effort will be made to obtain addresses and phone numbers of program participants, in order to subsequently contact them about completing the post-test/obtain a higher response rate on the post-test. In addition, a cross-sample of youth and adults will be invited to participate in focus groups of 6 to 8 persons each, to assess in greater depth their opinions of the extent at the present time of ATOD abuse in the Twin Cities Laotian community and their ideas for effectively influencing community members, especially the youth, age 12 to 18, against using ATOD. The results of the first year's pre- and post-tests will be shared with focus group participants.

A minimum of three (3) focus groups will be conducted with up to 24 youth (up to eight (8) per focus group) by inviting the 49 youth, age 12 to 18, who completed pre-tests during Year 1 of the ATOD Prevention Program to participate. These youth will also be invited to participate in the development and implementation of an additional communications plan about the dangers of ATOD use/abuse for their peers. In addition, at least three (3) focus groups (up to eight (8) participants per group) will be conducted with up to 24 adults—one (1) focus group solicited from each age group (19 to 25, 26 to 50, and 51 and older), to assess in greater depth their opinions of the extent at the present time of ATOD abuse in the Twin Cities Laotian community and their ideas for effectively influencing community members, especially the youth, age 12 to 18, against using/abusing ATOD. The 19 to 25 age group focus group will be recruited from the 13 people in this age group that participated in the first year pre-test; the age 26 to 50 age group focus group will be recruited from the 32 persons in this age group that participated in the first year pre-test; and the age 51 and older age group focus group will be recruited from the 30 persons in this age group that participated in the first year pre-test. In the event that a minimum of six (6) persons per focus group (total of 18 adults) cannot be recruited from first-year pre-test participants, additional Laotian community members in the appropriate age ranges will be recruited to insure that each focus group has the minimum number (8) of participants.

According to SPSS, analysis of post-test data indicated that 76 percent of the 125 youth and adult participants completing usable pre- and post-test surveys self-reported that they had increased their knowledge of ATOD usage as a health issue in the Laotian community in Minneapolis after participating in the LAO America ATOD Prevention Program. However, the response to this question varied by age and by gender. Seventy-percent of males completing both the pre- and post-test indicated an increase in ATOD knowledge versus 75 percent of females. Increases in ATOD knowledge by age groups were 71 percent for youth age 12 to 18, 85 percent for young adults age 19 to 25, 80 percent for adults age 26 to 50, and 74 percent for adults age 51 and older.

In response to Question #2 on the post-test regarding the use of ATOD as a current health issue in the Laotian community, slightly fewer adult and youth workshop participants thought that it is a health issue after workshop participation than before—84.4 percent pre- versus 87.6 percent post. However, this response also varied by age and gender. By gender, there was a slight decline from pre- to post-test results, but by age, the results varied from no difference in youth age 12 to 18, a slight decrease in young adults age 19 to 25, a more substantial decrease (from 89.0 pre- to 75.0 percent post) in adults age 26 to 50, and an increase (from 83.3 to 88.3 percent) in adults age 50 and up.

In response to Question #3 on ATOD use as an illegal activity, there was no increase overall from pre- to post-test results (both 82.8 percent). Again, these results varied by gender—with males slightly more likely to think that ATOD use is illegal (82.8 percent pre- versus 85.4 percent post) than females (82.8 percent pre- versus 80.6 percent post). The youth 12 to 18 groups increased their understanding that ATOD use is illegal slightly (from 85.7 percent pre- to 86.7 percent post). The change was more substantial among young adults age 19 to 25—from 76.9 percent pre- to 84.6 percent post. In contrast, adults age 26 to 50 recognizing that using ATOD is illegal went from 84.4 percent pre- to 75 percent post. Adults age 51 and older recognizing ATOD use as illegal went from 80.0 percent pre- to 83.3 percent post.

In response to Question #4 on concern about family members using ATOD or being influenced to use them, workshop participants overall went from 77.2 percent being concerned pre- to 84.0 percent concerned post. Results by gender indicated increased post-test concern for both males and

females but results by age group were mixed. Youth age 12 to 18 were more concerned (76.5 percent pre- versus 89.8 percent post) but concern among young adults age 19 to 25 dropped from 84.6 percent pre- to 73.0 percent post. Results for adults age 26 to 50 declined slightly from pre to post (79.7 percent to 76.6 percent) but increased more substantially for adults age 51 and up (from 71.7 percent pre- to 86.7 percent post).

In response to Question #5, whether they had talked to one or more family members about the health risks of ATOD use since participating in the LAO America workshops, 92.8 percent of program participants reported that they had done so. The response to this question was higher among females (95.9 percent saying "Yes") than males (89.7 percent "Yes"). Results by age group were 88.8 percent of youth age 12 to 18, 96.2 percent of young adults age 19 to 25, 93.8 percent of adults age 26 to 50, and 96.7 percent of adults age 51 and up.

The response to Question #6, talking to friends about ATOD use, was also substantial—88.8 percent overall. Again, females were more likely to have talked to friends than males—91.0 percent versus 86.2 percent. Among age groups, the highest response was for adults age 51 and older—98.3 percent. Youth age 12 to 18 were less likely than the other age groups to have talked to friends about ATOD use but 81.6 percent reported doing so since participating in the LAO America ATOD Prevention Program.

The percentage of program participants reporting the use of alcohol (Question #7 on the post-test) declined slightly overall—from 60.8 percent pre- to 57.6 percent post. However, responses varied by gender (no change for males versus a decline from 59.0 percent pre- to 53.0 percent for females) and by age group. Youth age 12 to 18 reported a decrease from 63.3 percent pre- to 52.0 percent post- while young adults age 19 to 25 reported an increase from 61.5 percent pre- to 65.4 percent post. Fewer adults age 26 to 50 reported alcohol consumption post- as pre- (57.8 percent post- versus 62.5 pre-) while the adult age 51 and up group went from 55.0 percent pre- to 61.7 percent post. Overall (Question #8 Post-Test), 17.5 percent of LAO America ATOD Prevention Program participants reported a decrease in alcohol use close to "A lot ... no more than 2 or 3 times a month" (mean of 3.82 on a scale from 1 ("Not at all ... no change") to 5 ("Entirely ... no longer drink alcohol") after program participation.

In total, 59.2 percent of LAO America ATOD Prevention Program participants reported using tobacco on the pre-test; 55.2 percent on the post-test. Males were more likely than females to use tobacco both pre- and post-, but tobacco use declined for both males and females from pre- to post-test (from 62.1 percent to 59.5 percent for males; from 56.7 percent to 51.5 percent for females). Tobacco use among youth age 12 to 18 went from 61.2 percent pre- to 53.1 percent post, but rose from 61.5 percent pre- to 65.4 percent post for young adults age 19 to 25, remained the same (57.8 percent) for adults age 26 to 50, and declined from 56.7 percent pre- to 50.0 percent post- for adults age 51 and up. Overall (Question # 10 Post-Test), 16.5 percent of LAO America ATOD Prevention Program participants reported a decrease in tobacco use close to "A lot ... no more than 2 or 3 times a month" (mean of 3.91 on a scale from 1 ("Not at all ... no change") to 5 ("Entirely ... no longer use tobacco") after program participation.

Responses to Question #11 on the post-test (use of other drugs for pleasure) indicated 53.6 percent of program participants pre- versus 54.0 percent post-test reporting using drugs not obtained from a health provider. These results did not change from pre- to post- for males and for the young adult (age 19 to 25), adult (age 26 to 50), and older adult (age 51 and up) groups, but increased slightly for females (from 50.8 percent pre- to 51.5 percent post) and for youth age 12 to 18 (from 52.0 percent pre- to 53.0 percent post). Overall (Question #12 Post-Test), 12.9 percent of program participants reported that their use of other drugs had decreased since participating in the program—close to "A lot ... no more than 2 or 3 times a month" (mean of 3.88 on a scale from 1 to ("Not at all ... no change") to 5 ("Entirely ... no longer use other drugs") after program participation.

All program participants—youth and adults—were asked to complete both the pre-test at the time they were recruited to participate in the workshop series (pre-program). Only those youth and adults who had completed the pre-test were asked to complete the post-test. The post-tests were administered at the final ATOD workshops for (1) youth and (2) adults.

The pre-test was administered at the final ATOD workshops held on May 31, 2005, for parents and on June 4, 2005, for youth.