



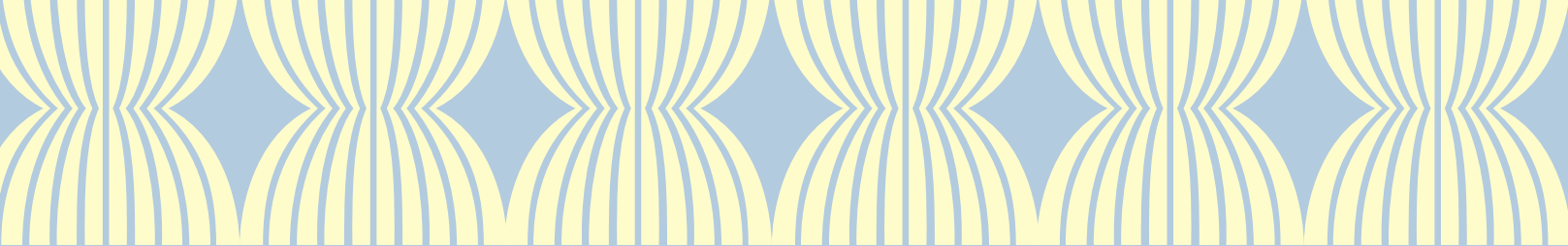
## **TOBACCO USE IN MINNESOTA:**

A Quantitative Survey of Cambodian, Hmong,  
Lao and Vietnamese Community Members

EXECUTIVE SUMMARY

NOVEMBER 2009



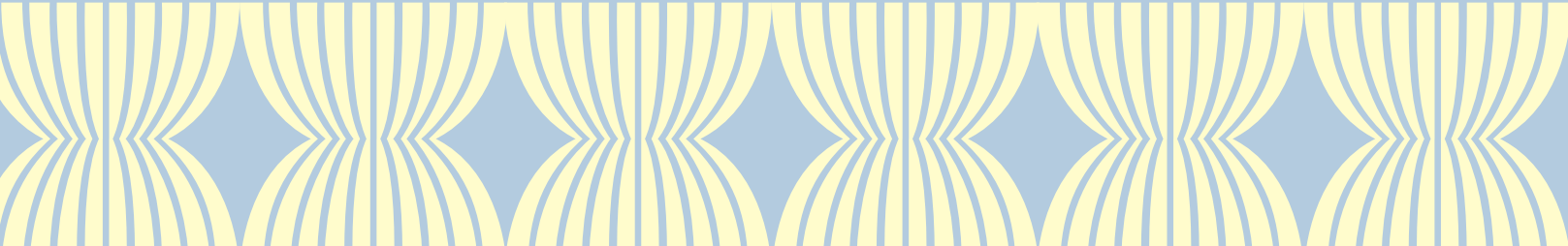


Tobacco is the leading cause of preventable death in the United States,<sup>1,2</sup> and it poses a major threat to the health of Minnesota's Southeast Asian communities. Tobacco companies have designed advertising specifically to encourage refugees and immigrants from these communities to smoke cigarettes.<sup>3,4</sup>

The Diverse Racial Ethnic Groups and Nations (DREGAN) project aims to reduce the harms of tobacco use in Minnesota's Southeast Asian communities. Since 2002, the DREGAN collaboration has included these communities, as represented by the Asian Pacific Tobacco-Free Coalition of Minnesota and the Southeast Asian Refugee Community Home, along with Blue Cross and Blue Shield of Minnesota and ClearWay Minnesota<sup>SM</sup>, who also funded the project.

DREGAN includes two research components. A qualitative study involved conducting interviews with 60 Hmong, Cambodian, Lao and Vietnamese community leaders (15 each), to learn about the relationship between culture and tobacco use in these communities. That study informed the research questions, design and analysis for the second study, a quantitative survey of community members. From January 2006 to March 2007, bilingual interviewers surveyed 563 Hmong, 355 Cambodian, 358 Vietnamese and 352 Lao adults in Minnesota.<sup>5</sup>

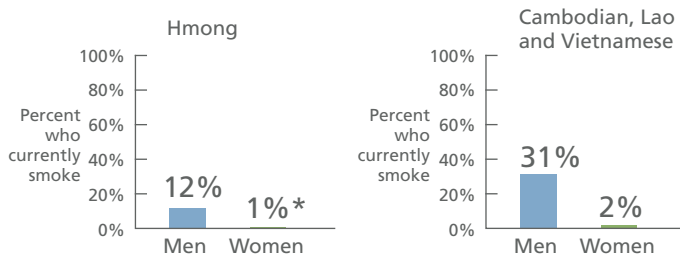
The DREGAN survey of community members is the first of its kind, and is distinguished by its qualitative study origins, its community-based process and its assessment of multiple aspects of tobacco use. This executive summary presents key results on smoking prevalence, attitudes toward tobacco use, quit attempts and secondhand smoke exposure. Because the Hmong differ from the Cambodian, Lao and Vietnamese in their history with tobacco and its social value in the homeland, the Hmong results are presented separately from the other three communities, which have more similar experiences. To create a balanced picture, the report presents survey results next to related highlights from the interviews with community leaders. Some differences in findings may have resulted from the two different research methods or the complexities of the acculturation process. The two studies, however, generally present a clear, consistent picture.



## Smoking Prevalence

According to the survey of community members, 5 percent of Hmong adults, and 15 percent of the combined Cambodian, Lao and Vietnamese adults in Minnesota are current smokers.<sup>6</sup> Southeast Asian men are much more likely than women to smoke (Figure 1). In the Hmong community, 12 percent of men, but only 1 percent of women, reported smoking cigarettes. Similarly, among the Cambodian, Lao and Vietnamese, the prevalence of smoking among men (31 percent) is 15 times higher than among women (2 percent).

Figure 1



\*Estimate based on cell count of <5. Interpret with caution.

In addition to this concern among men, Southeast Asian community leaders expressed concern about increased smoking among women and youth due to acculturation.

*“Smoking in my native land was considered a normal thing to do for...the man of the house.”*

—Lao woman in her 20s,  
in the United States for 14 years

*“In this country and in Minnesota, like the mainstream culture, women, children, everybody smokes.”*

—Hmong woman in her 30s,  
in the United States for 20 years

The history of tobacco use in the homeland may have influenced where Southeast Asians began smoking. In the survey of community members, about one-third (36 percent) of Hmong refugee and immigrant smokers began before moving to the United States, either in their homeland or a refugee camp. In contrast, three-quarters of Cambodian, Lao and Vietnamese refugee and immigrant smokers began before moving to the United States.

Community leaders explained the very different relationship between culture and tobacco use in their respective homelands. This difference may account for the communities’ different current smoking rates.

*“Traditionally, in the Hmong community we used tobacco as part of the wedding ritual to show respect, but [the] majority of the Hmong people didn’t smoke.”*

—Hmong man in his 60s,  
in the United States for 22 years

*“Cigarette smoking is a very common thing, very normal thing for the Vietnamese people.”*

—Vietnamese man in his 30s,  
in the United States for 20 years

### Recommendations for action:

- Promote stop-smoking programs to Southeast Asian men, but also recognize the concern for increasing tobacco use among women as they become more acculturated to American ways.
- Build on the social norms against smoking in the United States experienced by Cambodian, Lao and Vietnamese refugees and immigrants.

## Knowledge of and Attitudes Toward Tobacco Use

In the survey of community members, nearly all of the Hmong (99 percent) and the combined Cambodian, Lao and Vietnamese (98 percent) reported that smoking causes lung cancer. Fewer (89 percent of Hmong and 87 percent of Cambodian, Lao and Vietnamese) said that smoking causes heart disease. Cambodian, Lao and Vietnamese smokers were less likely to report this awareness than nonsmokers (including former and never smokers).

Despite this reported awareness, community leaders emphasized a minimal understanding of the many additional tobacco-related harms, especially among the less acculturated.

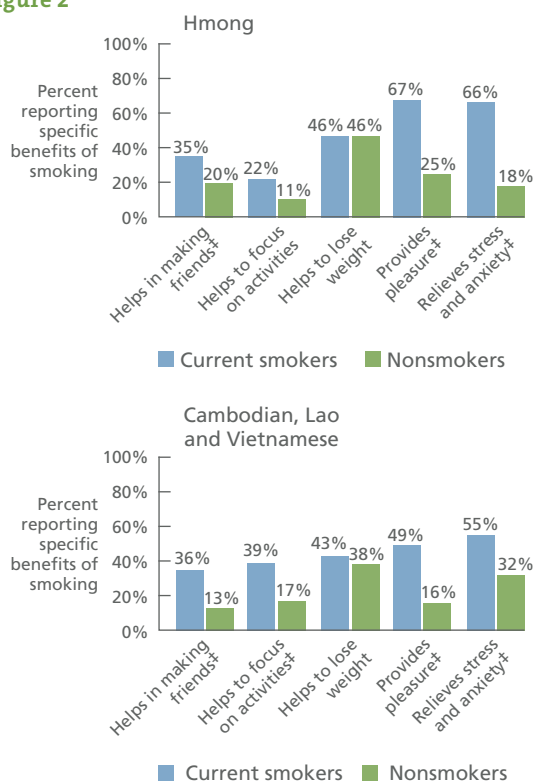
*“The Vietnamese people in the United States . . . have only a general idea that smoking is harmful to health, and that it may cause cancer. They . . . won’t know any details.”*

—Vietnamese man in his 50s,  
in the United States for eight years

Fewer than half of nonsmokers from either set of communities acknowledged any specific benefits of smoking listed in the survey (Figure 2). More than two-thirds (67 percent) of Hmong smokers and almost half (49 percent) of Cambodian, Lao and Vietnamese smokers, however, thought smoking provides pleasure. Similarly,

two-thirds of Hmong smokers and more than half (55 percent) of Cambodian, Lao and Vietnamese smokers thought it relieves stress and anxiety.

**Figure 2**



‡Significant difference between current smokers and nonsmokers.

**Note:** Community advisory committee members disagreed on whether the concept of weight loss would be meaningful to respondents.

Community leaders reinforced these perceived benefits.

*“Almost all of my friends who had never smoked back home . . . started to smoke here because of stresses.”*

—Hmong man in his 60s, in the United States for 22 years

When asked if “as long as you are healthy, is it OK to smoke” 11 percent of Hmong respondents agreed regardless of smoking status. One-third of Cambodian, Lao and Vietnamese respondents — 63 percent of smokers — agreed. Community leaders noted potential negative consequences to this belief.

*“The Khmer wait until they get sick. [They will not quit] until the doctor says, ‘If you smoke, you die, understand?’”*

—Cambodian man in his 60s, in the United States for 20 years

### Recommendations for action:

- Educate Southeast Asian smokers and nonsmokers about the health risks of smoking beyond lung cancer, including heart disease, stroke, pregnancy complications and emphysema.
- Provide strategies to help Southeast Asian smokers find alternate ways to relieve stress and anxiety.
- Correct Southeast Asian smokers’ misconception that smoking is OK if a person is otherwise healthy.

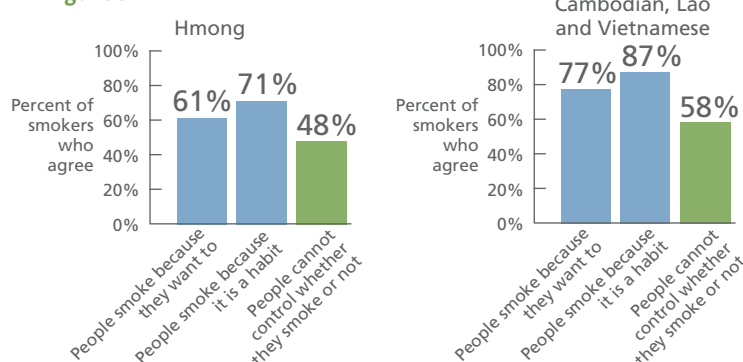
## Quitting Smoking

In the survey of community members, 65 percent of Hmong smokers reported quitting smoking for a day or more within the year before the survey. Forty percent of the combined Cambodian, Lao and Vietnamese smokers reported making a quit attempt.

The majority of Hmong smokers (95 percent) and Cambodian, Lao and Vietnamese smokers (84 percent) reported light smoking, or fewer than 15 cigarettes per day. Still, 64 percent of Hmong smokers and 37 percent of Cambodian, Lao and Vietnamese smokers reported usually having their first cigarette within 30 minutes of waking, indicating a strong level of addiction.

Rather than linking smoking with addiction, Southeast Asian smokers more likely agreed with statements that smoking is a choice or habit and less likely agreed that smokers cannot control the behavior (Figure 3).

**Figure 3**



In interviews, community leaders further described the cultural view of addiction as a vice.

*“If you smoke and you are not addicted, it is not shameful. What is shameful is the addicted smoker.”*

—Cambodian man in his 60s, in the United States for 30 years

Vast majorities of both Hmong smokers (97 percent) and Cambodian, Lao and Vietnamese smokers (86 percent) strongly or somewhat agreed that “the only way I would be able to stop smoking is through my own willpower.” The community leaders fully concurred.

*“The will to quit is the way to success.”*

—Cambodian man in his 60s,  
in the United States for 28 years

Negative views of addiction and the expressed need to use willpower suggest that Southeast Asian smokers would not feel at ease using behavioral coaching and FDA-approved stop-smoking medications. Surprisingly, only about one-third of Hmong smokers (30 percent) and Cambodian, Lao and Vietnamese smokers (36 percent) reported feeling somewhat or very uncomfortable asking for help to quit. Still, community leaders described great reluctance among Southeast Asians to seek help due to potential shame.

*“Most Hmong people are kind of private...There’s a reluctance there to really seek support [from others].”*

—Hmong woman, age unknown,  
in the United States for 23 years

### Recommendations for action:

- Develop culturally appropriate stop-smoking programs and written materials. Make them available in Southeast Asian languages.
- Help remove the perceived stigma of the physiological, or addictive, effects of nicotine.
- Frame quit-smoking programs as ways to learn how to quit “on your own,” using willpower.

## Reducing Exposure to Secondhand Smoke

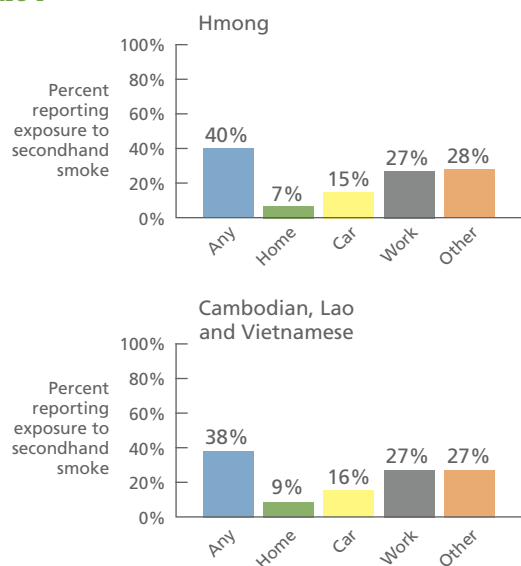
In the survey of community members, fewer than half (40 percent of Hmong and 38 percent of Cambodian, Lao and Vietnamese) reported any exposure to secondhand smoke at home, in a car, at work or at some other location in the past seven days (Figure 4).<sup>7</sup> In both sets of communities, young adults ages 18 to 24 were more likely to be exposed than older adults.

Community leaders reinforced this finding in interviews.

*“Smoking and tobacco use doesn’t just affect the individuals who are smoking but affects children, unborn children, affects everybody in the family.”*

—Hmong woman, age unknown,  
in the United State for 23 years

**Figure 4**



**Notes:** 1) Data were collected before Minnesota’s Freedom to Breathe Act, which prohibits smoking at work, was effective. 2) Exposure at work is measured and reported only among respondents who reported working indoors.

The majority (86 percent of Hmong and 93 percent of Cambodian, Lao and Vietnamese) reported that smoking is not allowed anywhere in their homes. Home smoking restrictions were equally present in households with and without children under age 18.

However, community leaders also emphasized a strong cultural value placed on being polite and not causing offense. Southeast Asians, therefore, may display great tolerance for breaking this rule, especially among those who lack knowledge of its harms.

*“They just say it is OK [to smoke]. But they don’t want you to smoke, because they don’t want the smoke.”*

—Cambodian man in his 50s,  
in the United States for 21 years

### Recommendations for action:

- Educate Southeast Asian community members about the harms caused by secondhand smoke, and emphasize the importance of smoke-free homes for children.
- Acknowledge the important cultural value Southeast Asians place on not causing offense when creating messages about protecting others from exposure to secondhand smoke.

#### Endnotes and references:

1. Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual causes of death in the United States, 2000. *JAMA* 2004;291:1238–45.
2. Centers for Disease Control and Prevention. State-specific smoking-attributable mortality and years of potential life lost — United States, 2000–2004. *MMWR* 2009;58:29–33.
3. Acevedo-Garcia D, Barbeau E, Bishop JA, Pan J, Emmons KM. Undoing an epidemiological paradox: The tobacco industry's targeting of U.S. immigrants. *Am J Public Health* 2004;94(12):2188–93.
4. Muggli ME, Pollay RW, Lew R, Joseph AM. Targeting of Asian Americans and Pacific Islanders by the tobacco industry: Results from the Minnesota Tobacco Document Depository. *Tobacco Control* 2002;11:201–9.
5. In part due to the unique use of bilingual interviewers, this survey of community members reached Southeast Asians who were less acculturated to American ways and more oriented to their home cultures, compared with most prevalence studies in these communities. Native speakers may experience tobacco use differently than more acculturated English speakers.
6. Social desirability bias may affect measurement of tobacco use. Because of the high value of social harmony in the Southeast Asian culture, respondents may answer a potentially embarrassing question with what they believe is a “polite,” acceptable response rather than “lose face” by reporting their actual attitude or behavior. This bias can lead to underreporting of tobacco use or other related behaviors.
7. The survey of community members was completed before the statewide law that ensures smoke-free air in restaurants and bars (Freedom to Breathe) was implemented in October 2007. However, at the time of data collection, Minneapolis and St. Paul, along with a few other communities, had local ordinances in effect that prohibited smoking in public places, including bars and restaurants.

#### Suggested citation:

Blue Cross and Blue Shield of Minnesota, ClearWay Minnesota<sup>SM</sup>, Asian Pacific Tobacco-Free Coalition of Minnesota, Southeast Asian Refugee Community Home. *Tobacco Use in Minnesota: A Quantitative Survey of Cambodian, Hmong, Lao and Vietnamese Community Members*. November 2009.

This report is available in Cambodian, English, Hmong, Lao and Vietnamese.

You will find the Executive Summary and other DREGAN reports on [preventionminnesota.com/site\\_searchresults.CFM?q=dregan](http://preventionminnesota.com/site_searchresults.CFM?q=dregan).

#### Additional contributors:

University of Minnesota researchers joined the DREGAN team in 2004 to design and implement the quantitative survey of community members.

The Statewide Tobacco Education and Engagement Project (STEEP), another organization of Southeast Asian Minnesotans, reviewed several drafts of the report.