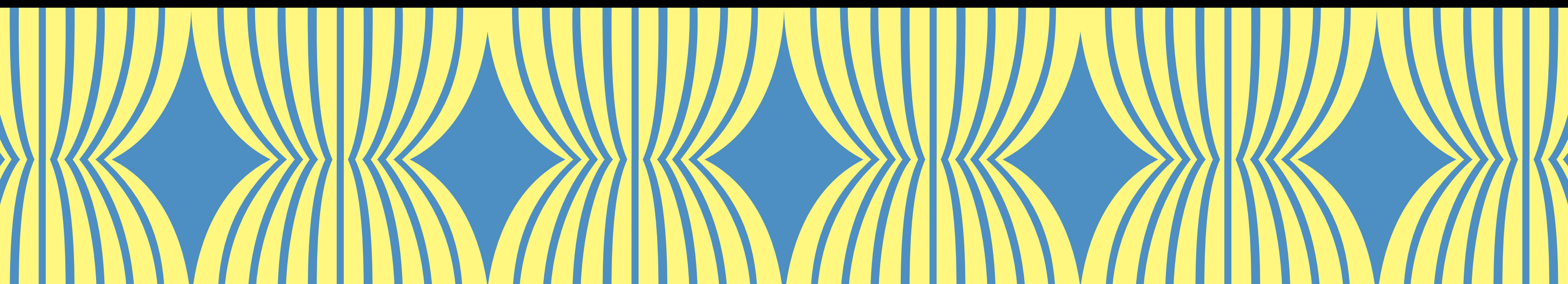
TOBACCO USE IN MINNESOTA:

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

NOVEMBER 2009



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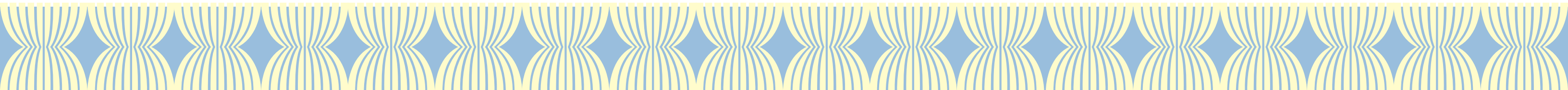

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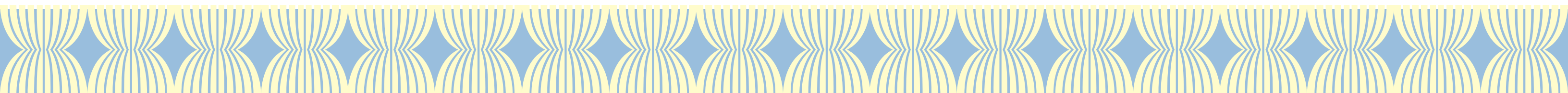

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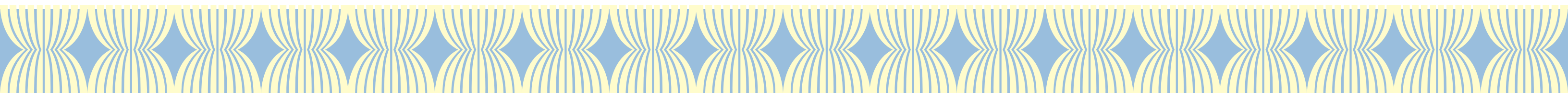

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I DREGAN Project History and Study Design

DREGAN is a community-based participatory study of tobacco use among Southeast Asians in Minnesota.

The DREGAN partnership: The Diverse Racial Ethnic Groups and Nations (DREGAN) project aims to reduce the harm caused by tobacco in Cambodian, Hmong, Lao and Vietnamese communities, as well as in other ethnic and minority communities in Minnesota.

Since 2002, the DREGAN project collaboration has involved Minnesota's Southeast Asian communities, represented by the Asian Pacific Tobacco-Free Coalition of Minnesota (APT-FCM) and the Southeast Asian Refugee Community Home (SEARCH), along with Blue Cross and Blue Shield of Minnesota (Blue Cross) and ClearWay Minnesota℠. Blue Cross and ClearWay Minnesota jointly funded the project. (For a description of each organization, see *Collaborating Organizations*, page 56.)

The DREGAN Project Southeast Asian Community Advisory Committee, a group of representatives from organizations that serve these communities, provided ongoing guidance for every phase of the project. An advisory team from another organization of Southeast Asian Minnesotans, the Statewide Tobacco Education and Engagement Project (STEEP), provided additional consultation on drafts of the final report. (For a list of these committees' members, see *Acknowledgments*, page 58.)

The DREGAN project has three components: 1) qualitative research, to better understand the unique cultural characteristics of tobacco use in Southeast Asian communities; 2) quantitative research, to determine the prevalence of tobacco use and other health risk behaviors; and 3) interventions designed to reduce tobacco use in these communities.

Study goals: This report presents results of the DREGAN quantitative research, a survey of members of the Southeast Asian communities in Minnesota. The research project aimed to determine the prevalence of smoking among Minnesota's Southeast Asian communities using culturally appropriate survey methods. An additional goal was to describe knowledge of the harms of tobacco use, attempts to quit and exposure to secondhand smoke among these communities. The report refers to the current study as the *survey of community members*.

The DREGAN collaboration also included a partnership with the Latino community. A similar report on findings from the Latino community was produced and is available at preventionminnesota.com/site_searchresults.cfm?q=dregan.

Each of the Southeast Asian communities has a unique history associated with tobacco use.

All four Southeast Asian communities came to Minnesota from the three countries of the former French Indochina. Most were refugees, fleeing their homelands after the political upheaval of the Vietnam War. The majority practice Buddhism.

For the Cambodian, Lao and Vietnamese communities, tobacco use has a long history. Commercial cigarettes were introduced with the colonization of the area by the French in the late 18th and early 19th centuries. Cigarette smoking, especially commercial cigarettes, has been associated with wealth and sophistication particularly among men in Cambodia, Laos and Vietnam. These three countries have very high male smoking prevalence rates compared with other countries in the world (67 percent, 41 percent and 72 percent, respectively). Among women in these countries, the prevalence of smoking is very low (10 percent, 15 percent and 4 percent, respectively).[1]

Unlike these groups, the Hmong do not share the same long history with tobacco use. Originally, the Hmong lived in the plains of China, then migrated to the highland regions of Laos, Thailand and northern Vietnam in the 19th and early 20th centuries. They were relatively isolated from the rest of the world in the rough terrain of the mountains. The reverse of the other three Southeast Asian cultures, tobacco use for the Hmong was less common (27 percent) and lacked social value in the homeland except when used in ceremonies such as weddings and funerals.[2]

Interviews with community leaders helped design the survey of community members.

The DREGAN qualitative research, referred to as the *interviews with community leaders* in this report, was conducted from 2003 through 2005. This first study uncovered beliefs and attitudes surrounding tobacco use and described the experience of tobacco use among Southeast Asian cultures. Fifteen formal and informal leaders from each of the four communities (n=60) participated in semi-structured interviews conducted in English or the leader's native language. The final report, titled *Tobacco Use in Minnesota: Perspectives from Cambodian, Hmong, Lao and Vietnamese Communities*[3], is available at **www.bluecrossmn.com/preventionminnesota**. Enter *DREGAN* in the search box and click on *Program elements*.

The interviews with community leaders revealed not only the homeland experiences of tobacco use, but how those experiences changed upon coming to the United States. Cambodian, Lao and Vietnamese community leaders described how tobacco use was a common practice and an integral part of life in these three countries, but restricted to men. Community leaders recounted that when Cambodian, Lao and Vietnamese refugees and immigrants moved to the United States, these communities experienced tobacco use as less normal than in their homelands. They also described how acculturation to life in the United States influenced more women and youth to begin using tobacco. In contrast, Hmong community leaders reported that tobacco was not used regularly in their homeland, but that since living in the United States, more Hmong have started to smoke.

The results from the interviews with community leaders were used to inform the research questions, sampling and analysis plan for the current study.

The DREGAN research team developed a culturally appropriate survey of community members.

The survey of community members aimed to establish the prevalence of smoking as well as determine if the patterns observed in the interviews with community leaders appeared in representative samples from these communities.

Researchers from the University of Minnesota joined Blue Cross and Blue Shield of Minnesota, ClearWay Minnesota and SEARCH on the DREGAN team in 2004, bringing expertise in survey design, data collection and analysis. (For a list of contributors to this team, see *Acknowledgments*, page 58.)

Study design: Informed by the interviews with community leaders, the team developed a culturally appropriate survey that included measures of acculturation, tobacco use, exposure to secondhand smoke, and knowledge of and attitudes toward smoking and quitting. The instrument was refined multiple times during several meetings to get input from the community advisory committee and through cognitive testing with community members in person and over the telephone. Once approved, the final instrument was translated into Hmong, Khmer, Lao and Vietnamese, back-translated for verification, and reviewed by community advisers. This iterative translation process aimed for equivalence in meaning and concepts rather than an exact word-for-word translation.

The project aimed to conduct 1,600 surveys: 550 for the Hmong and 350 each for the Cambodian, Lao and Vietnamese communities. Based on the findings from interviews with community leaders, the sampling plan was designed to detect differences by gender and age within the Hmong as a separate group and within the Cambodian, Lao and Vietnamese communities combined.

Marketing Systems Group, a survey-sampling vendor, drew a random sample from a list of surnames often associated with Southeast Asians. The list was obtained for two geographical regions in Minnesota that have larger concentrations of Southeast Asian communities:

1) an 11-county Minneapolis–St. Paul metropolitan region and 2) Olmsted county in southern Minnesota. Membership lists from community organizations augmented the sample for the Lao and Cambodian communities.

Data collection occurred from January 2006 to March 2007. Trained community members, fluent in both English and one of the Southeast Asian languages, conducted all surveys in the participant's language of choice. A short telephone recruitment screener first randomly selected a member of the household and then identified eligible participants who 1) self-identified as a member of one of the four communities; 2) were themselves born or had a parent or grandparent who was born in Cambodia, Laos, Vietnam or a refugee camp in Thailand; or 3) were married to a community member.

Initially, after this screening, face-to-face surveys were conducted in the community. Because some data collection staff members had been known for their involvement with tobacco control, the research team and community advisors feared that the respondent would not give truthful answers about tobacco use. To avoid this bias, data collection staff only made appointments with randomly selected respondents they did not know at all or very well. All eligible selected respondents were contacted for an interview.

Halfway through the study, the reported prevalence of smoking was found to be lower in face-to-face than telephone survey interviews. This preliminary analysis resulted in shifting from face-to-face to the more anonymous telephone data collection only. The differences in the smoking prevalence found at first between face-to-face and telephone interviews did not remain in the analysis of the final sample.

The study achieved a 71 percent response rate (n=1,628). Half (50 percent) of the surveys were conducted in-person. The final sample consisted of 563 Hmong, 355 Cambodian, 352 Lao and 358 Vietnamese respondents. Data were weighted for probability of respondent selection, as well as for age and gender based on 2000 census data for each Southeast Asian community in Minnesota.

The study was granted approval from the University of Minnesota Institutional Review Board Human Subjects Committee.

Description of the survey respondents: The United States Census Bureau's 2005–2007 American Community Survey estimated a total population in Minnesota of 48,963 Hmong; 7,805 Cambodians; 11,760 Lao; and 22,718 Vietnamese. Appendix A, Table A1 presents a basic demographic profile of the respondents, weighted by age and gender based on 2000 census data among each of the four Southeast Asian communities in Minnesota.

More than 50 percent of the respondents to the survey of community members were women except among the Vietnamese (49 percent). Hmong respondents (average age 39) were younger than Cambodian, Lao and Vietnamese respondents combined (average age 49), and had higher proportions of 18- to 24-year-olds (19 percent) than the other three groups (4 percent).

Acculturation is the process by which immigrants learn and adopt the formal and informal values, traditions and behaviors of the mainstream culture. DREGAN respondents appear less acculturated to the culture of Minnesota's general population and more oriented to their respective Southeast Asian cultures. Appendix A, Table A2 presents a cultural profile of the respondents among each of the four communities in Minnesota. Ninety-one percent of the Hmong respondents and almost all (98 percent) of the Cambodian, Lao and Vietnamese respondents directly immigrated to the United States.

The strong orientation to the home culture among the samples is also reflected in language spoken. For example, almost all (98 percent) of Hmong respondents and the vast majority (89 percent) of Cambodian, Lao and Vietnamese respondents elected to take the survey in a Southeast Asian language rather than English.

Finally, about three-quarters of both groups (73 percent of Hmong and 77 percent of Cambodian, Lao and Vietnamese) reported that keeping in touch with or learning about their ethnic or cultural background is highly important.

Interviews with community leaders informed the analysis of the relationship between culture and tobacco use.

Because the interviews with community leaders revealed that the Hmong have a very different history with, and pattern of, tobacco use than the more similar Cambodian, Lao and Vietnamese communities, the main text presents the results for the Hmong separately and the results for the other three groups combined. The only exception is smoking prevalence, which is provided separately for each of the four communities.

Beyond smoking prevalence in the main text, Appendices B through H present additional separate results for each of the four communities on the key outcomes of smoking status, attempts to quit smoking and exposure to secondhand smoke. Each key outcome is arrayed by several demographic, immigration and language use characteristics.

The initial qualitative interviews with community leaders identified gender and age as relevant factors influencing tobacco use in these communities. Therefore, data analysis focuses on these breakouts, where sample size permits. Although acculturation was also a relevant factor uncovered in the interviews, this report does not compare more with less acculturated members of Southeast Asian communities. As noted in *Description of the survey respondents* on page 8, the study, in fact, reached a highly home-culture-oriented group rather than one acculturated to American ways, offering very little variation to make these comparisons.

This report connects quotations from the interviews with community leaders to results from the survey of community members in order to create a fuller picture of tobacco use. To add further context, the report compares the Southeast Asian communities, when appropriate, with the general population of Minnesotans, as measured by the 2007 Minnesota Adult Tobacco Survey.[4] At the end of each section, *Recommendations for Action* apply the findings to efforts to reduce tobacco use in the Southeast Asian communities.

Associations between variables were tested statistically using chi-square and t-tests as appropriate, but were not adjusted for demographics and other potential confounders. All associations described in this report are statistically significant at $p<0.05$.

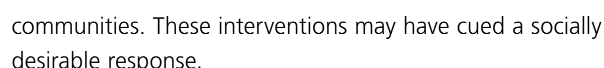
Obtaining accurate data is challenging.

Southeast Asians tend to give the perceived polite response.

Social desirability bias may affect measurement of tobacco use; that is, respondents may answer a personal or potentially embarrassing question with what they believe is a response acceptable to the interviewer. According to the study's Southeast Asian Community Advisory Committee members, most Southeast Asian cultures place a high value on social harmony and not causing offense. These cultures also tend to use a very indirect communication style. As a result, Southeast Asians tend to report "polite" answers, or answers they believe the questioner wants to hear, rather than "lose face" by reporting their actual attitude or behavior. This bias can lead to underreporting of tobacco use or related behaviors.

Southeast Asian refugees and immigrants to the United States may feel additional pressure to respond this way. During the Indochinese conflict, living with war, forced labor, and social and political unrest in Southeast Asia led people to become attentive to hearing and providing the perceived desired response regardless of their own reality. Southeast Asians often feel similarly suspicious of survey interviews.[5] After immigration to the United States, Southeast Asians felt compelled to adapt to their host country's culture, where smoking was less accepted. These influences make obtaining accurate responses to questions about socially undesirable behavior difficult, as documented in research on cross-cultural survey methods.[6,7]

In addition, the DREGAN project has conducted education and awareness projects about the dangers of tobacco use since 2002 among all four Southeast Asian



communities. These interventions may have cued a socially desirable response.

The research team made extensive efforts to reduce the effect of social desirability bias, including 1) creating a community-based, participatory design; 2) having community leaders review and suggest correct phrasing of survey items; 3) cognitively testing the survey; and 4) switching from face-to-face to telephone interviews.

Despite efforts to reduce the impact of social desirability bias, this limitation may not have been avoided completely. As a result, the study may indicate a lower than accurate smoking prevalence among Minnesota's Southeast Asian communities (particularly among the small Cambodian community, to which a key DREGAN project leader belonged).

Data collection methods may affect how completely the study sample represents Southeast Asian communities.

As noted in *Description of survey respondents* on page 8, the study reached a much more home-culture-oriented group of Southeast Asians than in most prevalence studies of tobacco use that include these communities. In part, the unique use of bilingual interviewers in this survey helped reach a large number of speakers of their native languages, who may have a very different experience of tobacco use than English-speakers who are more acculturated to American ways.

The method for recruiting a list sample via telephone may have limited the study from reaching a fully representative sample. Many community members may have lacked access to a land-line telephone. Second, a community advisory committee member explained that many Southeast Asians block their telephone numbers to avoid harassing or racist calls made based on their surnames. Third, the switch from face-to-face to telephone interviews may have reduced the response rate because Southeast Asians may feel uncomfortable talking to a stranger on the telephone. Finally, reporting bias may also have occurred, particularly in the face-to-face interviews, because Southeast Asians may respond differently to interviewers of a different age or gender.

Still, the current study provides the most detailed description to date of tobacco use among Minnesota's Southeast Asian communities.

The first of its kind, the DREGAN Southeast Asian survey of community members is distinguished by its rich origins from a qualitative study, its community-based participatory process, its use of bilingual interviewers and its comprehensive assessment of multiple aspects of tobacco use, quitting and secondhand smoke exposure. In addition to questions establishing smoking status, the survey included questions related to the use of other tobacco products, attempts by smokers to quit, reactions to tobacco control policies and exposure to secondhand smoke in various settings.

Sometimes the findings from the quantitative survey of community members differ from the findings from the qualitative interviews with community leaders. These differing perspectives may result from the different research methods, orientation or different effects of acculturation on various groups.

Attempting to tease out the complex relationships that account for these differences is beyond the scope of the current report. However, the report provides descriptive findings by age and gender in order to inform tailored strategies to reduce tobacco use among Southeast Asians, the ultimate goal of the DREGAN project.

II Smoking Prevalence

Tobacco use threatens the health of Southeast Asian communities.

Tobacco use not only shortens many smokers' lives, but also causes multiple chronic health conditions. These include many kinds of cancer, heart disease, stroke, complications during pregnancy and chronic obstructive pulmonary disease.[8] Each year, more than 5,500 adult deaths in Minnesota are smoking related.[9] In 2002, smoking cost Minnesotans $1.98 billion in excess medical care expenditures.[10]

As the leading cause of preventable death in the United States,[11,12] tobacco use poses a major threat to the health of Minnesota's Southeast Asian communities. Tobacco industry documents discovered during the State of Minnesota's 1998 settlement with tobacco companies reveal that the tobacco industry has strategically targeted these communities. Detailed market research on the Southeast Asian cultures has led to marketing and advertising initiatives designed to encourage refugees and immigrants to start smoking.[13,14]

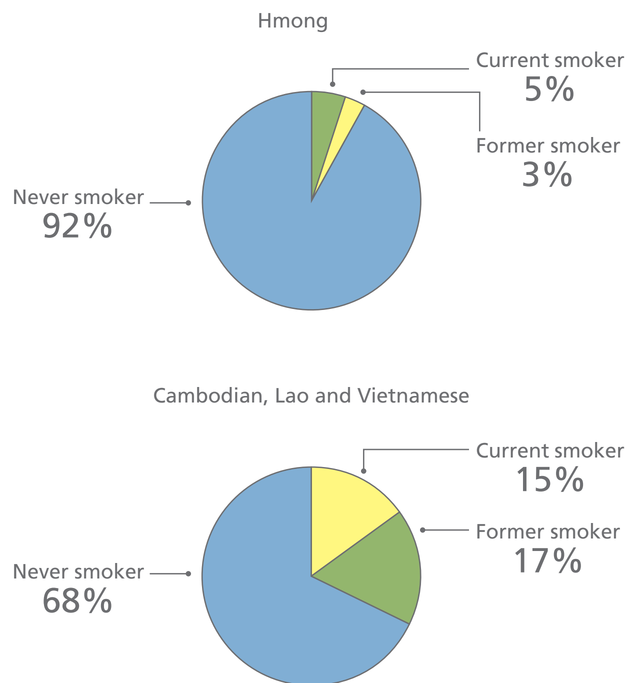
Smoking rates vary across Southeast Asian communities.

According to the definition from the Centers for Disease Control and Prevention (CDC), a current smoker has smoked at least 100 cigarettes in his or her life and now smokes some days or every day. In the survey of community members, approximately one out of every 20 (5 percent) Hmong adults in Minnesota reported currently smoking (Figure 2.1).

Current smoking was reported by 22 percent of Vietnamese and 15 percent of Lao respondents to the survey of community members. Only 6 percent of the surveyed members of the Cambodian community reported current smoking. Appendix B, Tables B1 to B5, includes the distributions of smoking status by several demographic and immigration characteristics for each of these communities separately as well as for the Cambodians, Lao and Vietnamese grouped together.

The overall prevalence of smoking among the combined Cambodian, Lao and Vietnamese community members is 15 percent (Figure 2.1). The smoking prevalence among the general population of Minnesota adults is 17 percent, as measured by the 2007 Minnesota Adult Tobacco Survey.[4] Neither rate meets the *Healthy People 2010* goal of reducing prevalence of tobacco use to less than 12 percent.[15] Further, as described in the following section, the considerably higher smoking prevalence among men compared with women demonstrates the broader extent of the problem of tobacco use in Southeast Asian communities.

Figure 2.1 Five percent of Hmong in Minnesota smoke. Fifteen percent of the combined group of Cambodian, Lao and Vietnamese in Minnesota smoke.



Hmong community leaders explained that smoking was not common in their homeland, but is a growing concern in the United States.

The low prevalence of current smoking among the Hmong reflects the interview findings. Community leaders explained that smoking is not common in the Hmong culture.

> *Elders and the clan leaders used it for traditional practices like weddings and funerals, but smoking on a daily basis, I don't believe we saw that.*
>
> —Hmong woman in her 20s, in the United States for 24 years

They also noted that smoking appears to be increasing among the Hmong community in Minnesota, where smoking is relatively more common.

> *It seems to me that someone who is smoking not [for] traditional practices or rituals but as a trend or a phase is . . . only happening in today's society.*
>
> —Hmong woman age unknown, in the United States for 23 years

Cambodian, Lao and Vietnamese community leaders described smoking as very common.

In interviews, these community leaders described smoking as acceptable — even integral — to their culture. These descriptions partially explain the higher overall smoking prevalence relative to the Hmong.

> *Cigarette smoking is a very common thing, very normal thing for the Vietnamese people. People do not get any bad reputation about their smoking.*
>
> —Vietnamese man in his 30s, in the United States for 20 years

> *Smoking cigarettes has been part of our ancient custom for a very long time . . . for many hundreds of years.*
>
> —Lao man, age and years in the United States unknown

The community leaders' description of smoking as common, or as increasing in the United States in the case of the Hmong community, adds weight to the survey findings.

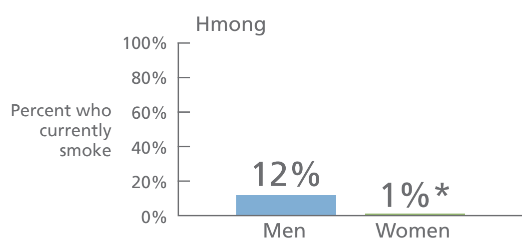
Only 4 percent of Hmong and 5 percent of Cambodian, Lao and Vietnamese communities used other forms of tobacco beyond cigarettes, such as pipes, cigars, cigarillos (small cigars) or chewing tobacco in the six months prior to the survey.

Southeast Asian men are more likely to smoke than women.

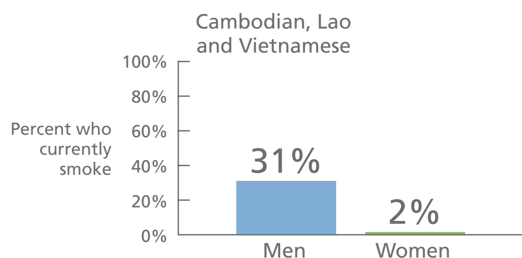
Reaching Southeast Asian communities with tobacco control strategies requires an understanding of who uses tobacco. According to the survey of community members, men and women differ widely in their tobacco use. In the Hmong community, 12 percent of Hmong men smoke, while only 1 percent of Hmong women smoke. Similarly, among the combined Cambodian, Lao and Vietnamese communities, the prevalence of smoking among men (31 percent) is 15 times higher than among women (2 percent) (Figure 2.2).

Other prevalence studies among these communities in the United States have found smoking prevalence rates among men that are more than twice as high as in the current study.[2,16–18] The large difference in smoking rates observed between Southeast Asian men and women reflects patterns observed in other prevalence studies in the homeland.[1]

Figure 2.2 Hmong men are much more likely to smoke than Hmong women. Cambodian, Lao and Vietnamese men are much more likely to smoke than women from these communities.



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



In contrast, adult men (19 percent) and women (16 percent) in the general population of Minnesota smoke at similar rates, according to the 2007 Minnesota Adult Tobacco survey.[4]

Similar to their cigarette smoking patterns, men (6 percent of Hmong and 10 percent of Cambodian, Lao and Vietnamese) were much more likely than women (2 percent of Hmong and 1 percent of Cambodian, Lao and Vietnamese) to use other forms of tobacco. Most used cigars and pipes.

Southeast Asian community leaders explained that smoking was acceptable only for men in the homeland. Anyone can smoke in the United States, including women.

In particular, Cambodian, Lao and Vietnamese leaders described the strong association between cigarettes and manhood in their homelands, some asserting that smoking was almost necessary to being a man. This attitude may have carried over to Minnesota.

> *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

> *Through my knowledge, when I was a single youth, if you didn't know how to smoke or drink, you were not a man.*
>
> —Cambodian man in his 50s,
> in the United States for 21 years

Yet, in Southeast Asian countries, cultural taboos prohibited women from smoking.

> *If you were a female and smoked, that woman was not good . . . a woman they don't want to associate with.*
>
> —Cambodian man in his 50s,
> in the United States for 21 years

The fact that smoking is far more common among women in the United States than in the homeland may encourage Southeast Asian women living in the United States to start smoking.

> *In Laos, if you saw a woman smoke, people would talk about it, and then that person would feel ashamed of smoking. But 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

Southeast Asian smokers report that they began using tobacco during adulthood.

Similar to Southeast Asian women, as Southeast Asian youth become more acculturated, they may begin smoking at earlier ages than older Southeast Asians did. In the United States, most smokers try their first cigarette before turning 18 years old and become addicted smokers during their teen years.[19]

In the survey of community members, Hmong current smokers, however, reported smoking their first cigarette at an average adult age of 20. The combined Cambodian, Lao and Vietnamese current smokers tried their first cigarette at the adult age of 19 years old. These overall ages of initiation differ from smokers in the Minnesota general adult population, who tried their first cigarette at the average age of 15 according to the 2007 Minnesota Adult Tobacco Survey.[20]

Age of smoking initiation among Hmong smokers differed by gender and age, particularly between young adults, ages 18 to 24, and older adults. Hmong women smokers reported trying their first cigarette at the average age of 14, several years earlier than Hmong men smokers, who reported trying their first cigarette at the average age of 21. Young adult Hmong smokers reported starting to smoke at 14 years old, a much earlier average age than smokers older than 25, who reported starting at an average age of 22.

Age of smoking initiation, however, did not differ by gender or young adult status among Cambodian, Lao and Vietnamese smokers.

Community leaders agreed: Southeast Asian men do not begin smoking until adulthood, but women and youth may be starting younger in the United States.

The apparent older age of initiation among four Southeast Asian communities compared with the Minnesota general population parallels the comments of community leaders.

> *In order for it to be acceptable, young adults had to be at least 20 years or older; otherwise, parents had the right to punish them.*
>
> —Lao woman in her 20s,
> in the United States for 14 years

> *. . . in Vietnam, youth under 18 years old were not encouraged to smoke. This was an unwritten rule followed by the people in general.*
>
> —Vietnamese man in his 30s,
> in the United States for 20 years

The finding of earlier initiation among Hmong women and young adults in the survey of community members is also consistent with the findings from interviews with community leaders. They feared acculturation may lead to more smoking among women and youth.

> *I have seen some girls smoke outside a building. You hardly saw that between the 1980s and 1990s . . . now you do. It's part of the transition that we are getting more and more Americanized.*
>
> —Hmong man in his 50s,
> in the United States for 13 years

> *Elderly Hmong people seem to be [smoking] less, but younger people (kids) smoke the most. It's the opposite from our homeland.*
>
> —Hmong man in his 30s,
> in the United States for 22 years

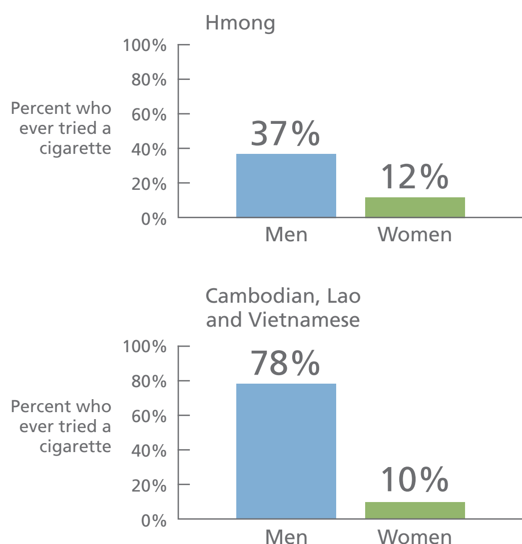
Fewer than half of Southeast Asians say they have tried a cigarette at least once.

The survey of community members found that, similar to the overall smoking prevalence, the level of experimentation with cigarettes at least once varies according to the communities' histories with tobacco use. The survey asked community members whether they had ever smoked a cigarette, even one or two puffs. Twenty-one percent of Hmong and 40 percent of the combined Cambodian, Lao and Vietnamese respondents reported ever having smoked a cigarette.

As expected from the prevalence measures, Hmong men (37 percent) more likely reported trying a cigarette at least once than did women (12 percent). Similarly, but at higher proportions, more Cambodian, Lao and Vietnamese men (78 percent) more likely reported having experimented with cigarettes than women (10 percent; Figure 2.3).

Among the Hmong, younger adults (37 percent) were more likely than older adults (17 percent) to report experimenting with smoking, but Cambodian, Lao and Vietnamese age groups did not differ on this measure.

Figure 2.3 Southeast Asian men are more likely than women to have smoked at least one cigarette.



Still, community leaders expressed great concern about increased experimentation with smoking among women and youth in the United States.

While the survey found men more likely to report experimenting with cigarettes than women, community leaders explained during interviews their belief that acculturation has led to increased smoking among women in order to appear more American.

> *The perception that we are being American and [have] freedom [to] do whatever we want . . . misleads a lot of communities and their interests.*
>
> —Hmong man in his 50s, in the United States for 13 years

Community leaders from all four communities similarly reported increased experimentation among youth due to increased role models of smoking and decreased supervision of youth in the United States compared with the homeland.

> *I think it is peer pressure . . . maybe because they think it's cool to smoke. In Cambodia, children are basically raised by the community. Here, children are raised by the parents . . . [who] are busy doing something else. And so they are not being taken care of . . .*
>
> —Cambodian women in her 30s, in the United States for 21 years

This comment is consistent with the survey findings of more experimentation among younger than among older adults in the Hmong community.

The history of tobacco use in the homeland influenced where Southeast Asians began smoking.

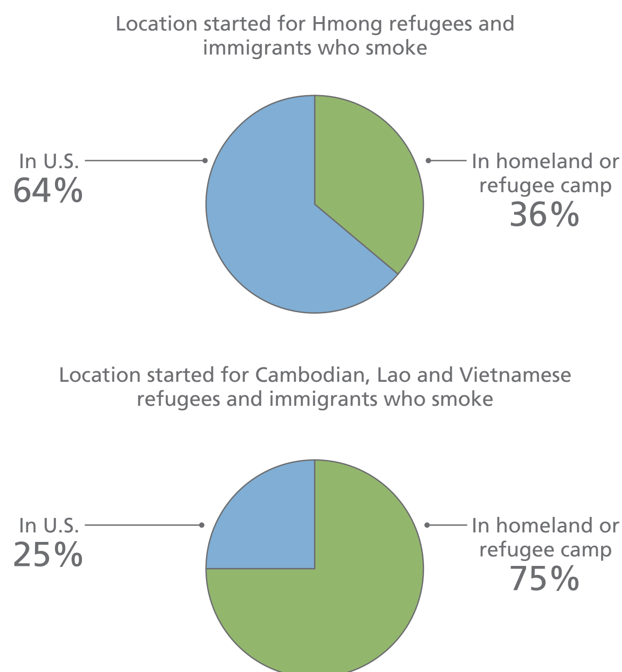
Ninety-one percent of Hmong and almost all (98 percent) of the combined Cambodian, Lao and Vietnamese respondents immigrated to Minnesota.

When compared with Cambodian, Lao and Vietnamese communities, the Hmongs' relatively short history with tobacco in the homeland may explain their low smoking prevalence. Comparing whether immigrant and refugee smokers began smoking in the United States or the homeland can test this potential explanation.

Most Hmong refugees and immigrants who smoke began in the United States. Among Hmong refugee and immigrant smokers, 36 percent began before moving to the United States, either in their homeland or in a refugee camp. The other 64 percent did not begin smoking until after they moved to the United States. In contrast to the Hmong, three-quarters of Cambodian, Lao and Vietnamese refugees and immigrants who smoke began smoking in their homeland or in a refugee camp before coming to the United States (Figure 2.4).

In interviews, community leaders reflected these survey findings when discussing the influence of acculturation on smoking.

Figure 2.4 Most Hmong refugees and immigrants who smoke began using tobacco in the United States. In contrast, most of the combined Cambodian, Lao and Vietnamese refugees and immigrants who smoke began before coming to the United States.



Hmong community leaders explained that smoking was not common in the homeland, except at weddings and funerals.

The Hmong experienced relatively little social acceptance of smoking in their homeland compared with the United States, except for social occasions.

> *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. Very few people smoked cigarettes for pleasure.*
>
> —Hmong man in his 60s,
> in the United States for 22 years

Cambodian, Lao and Vietnamese community leaders explained that in the homeland, smoking was not only encouraged among men, but was also used for stress relief.

Unlike the Hmong, for Cambodian, Lao and Vietnamese immigrants, the social acceptability and identification of tobacco use with manhood in the homeland likely encouraged smoking among men. Further, community leaders shared that many began smoking in the homeland for different reasons during conditions of war, forced labor, and social and political unrest.

> *We believed smoking would scare the mosquitoes away at night . . . especially during the Khmer Rouge regime, when we had a difficult time. And sometimes, some other people thought that smoking could make them relax.*
>
> —Cambodian man in his 40s, in the United States for 14 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.
- Create prevention programs that focus on women and youth, to ensure that smoking rates do not increase with acculturation.
- Change social norms that make Southeast Asians perceive smoking as acceptable for men.
- Messaging should account for the cultural norms against tobacco use that exist for Southeast Asian women.
- Build on the social norms against smoking in the United States experienced by Cambodian, Lao and Vietnamese refugees and immigrants.

III Knowledge of and Attitudes Toward Tobacco Use

Southeast Asians report believing that smoking causes disease.

In the survey of community members, Southeast Asians reported a general belief that smoking causes two major diseases. Nearly all of the Hmong (99 percent) and the combined Cambodian, Lao and Vietnamese (98 percent) respondents reported that smoking causes lung cancer. In the Cambodian, Lao and Vietnamese communities, current smokers (94 percent) were slightly less likely to recognize this relationship than nonsmokers (99 percent; a combination of former and never smokers). In all communities, men and women and younger and older adults did not differ on this belief.

Fewer members of both sets of communities, however, (89 percent of Hmong and 87 percent of Cambodian, Lao and Vietnamese) identified the causal link between smoking and heart disease. Further, although a majority of Cambodian, Lao and Vietnamese smokers (71 percent) knew this risk, they were considerably less likely to report it than nonsmokers (90 percent) from the same communities.

Cambodian, Lao and Vietnamese women (92 percent) were much more likely to report the dangers of heart disease due to smoking than men (82 percent). Yet, in all communities, awareness of the relationship did not differ between younger and older adults.

Despite the reported general awareness, community leaders said that Southeast Asians know few details about the harms of tobacco use.

In interviews, community leaders noted that Southeast Asians gained awareness that tobacco causes lung cancer and heart disease when they came to the United States. Yet, Southeast Asians in Minnesota, particularly the less acculturated (such as those who took the survey), may lack even a basic understanding about the health effects of tobacco use. They may focus on the relationship between disease and death, but not smoking and disease.

> *Most of our people don't know what causes them to be sick. When [two older men in my community] got sick, they knew that they had lung cancer [but had] no explanation as to what caused that.*
>
> —Lao man in his 30s, in the United States for 19 years

The general sense, as noted by a Hmong leader, is that the community members "hear rumors that smoking is not good, but they do not know exactly what . . . is not good." Another leader further explained, however, that people may say that they understand these harms to avoid "losing face."

> *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 on this issue.*
>
> —Vietnamese man in his 50s, in the United States for eight years

Yet, beyond heart disease and lung cancer, Southeast Asians do not seem to know about the many other smoking-related diseases such as stroke, emphysema and pregnancy complications.

Southeast Asian smokers report that smoking has more harms than benefits.

The majority of Minnesota's Southeast Asians communities (89 percent of Hmong and 95 percent of Cambodian, Lao and Vietnamese) believe, in general, that there are more harms than benefits to smoking.

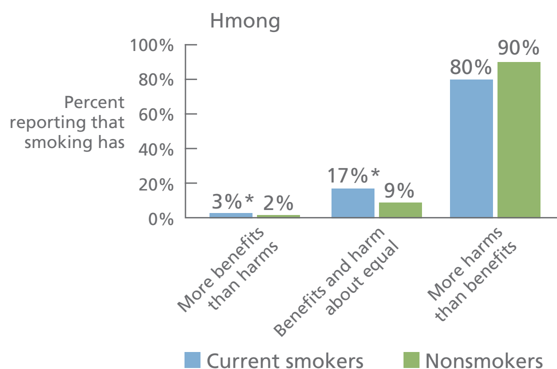
The Hmong smokers and nonsmokers appeared not to differ in this belief. Only 84 percent of the combined Cambodian, Lao and Vietnamese smokers asserted the harmfulness of smoking, compared with 97 percent of nonsmokers from these communities (Figure 3.1).

While Hmong men and women did not differ, a smaller portion of 18- to 24-year-olds, or young adult, Hmong (85 percent) believed that there are more harms than benefits

to smoking compared with Hmong older than age 25 (90 percent). Instead, young adult Hmong (15 percent) were more likely to agree that the harms and benefits of cigarette use are about equal compared with older adult Hmong (8 percent), signifying a more relaxed attitude toward smoking among younger community members.

Cambodian, Lao and Vietnamese women (97 percent) were slightly more likely than men (93 percent) to believe that the harms outweighed the benefits. In these groups, this measure did not differ between younger and older adults.

Figure 3.1 Hmong smokers and nonsmokers are equally likely to assert the harms of smoking. Cambodian, Lao and Vietnamese smokers are less likely to assert the harms than nonsmokers from these communities.



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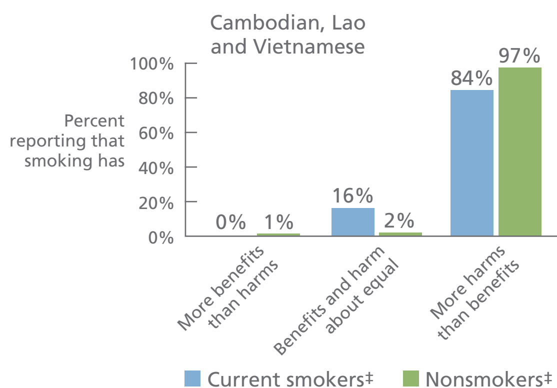


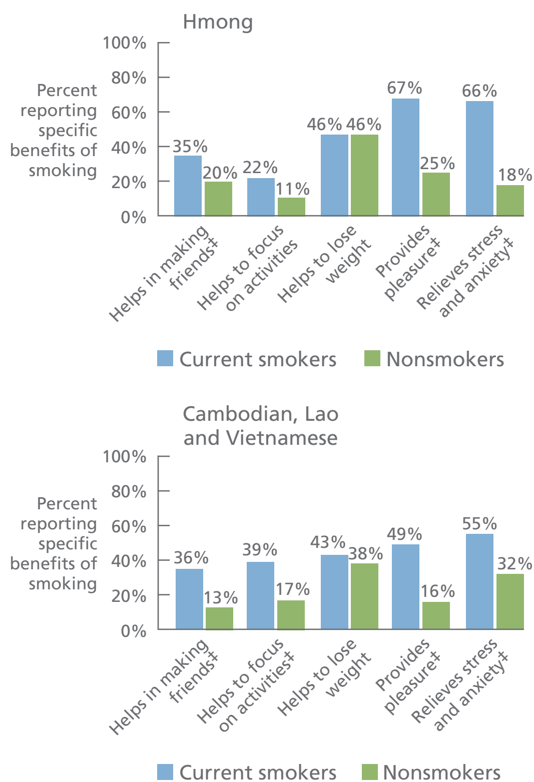
‡Significant difference between current smokers and nonsmokers

Yet, many Southeast Asian smokers still believe smoking provides pleasure and reduces stress.

More specifically, the survey asked members of Southeast Asian communities about several potential benefits to smoking. Fewer than 50 percent of Hmong nonsmokers and fewer than 40 percent of the combined Cambodian, Lao and Vietnamese nonsmokers think smoking provides any positive result (Figure 3.2).

In both sets of communities, current smokers tended to believe that smoking offered the specific benefit listed more then nonsmokers. Two major benefits stood out in particular. More than two-thirds (67 percent) of Hmong smokers and almost half (49 percent) of Cambodian, Lao and Vietnamese smokers thought smoking provides pleasure. Similarly, two-thirds of Hmong smokers and 55 percent of Cambodian, Lao and Vietnamese smokers thought it relieves stress and anxiety (Figure 3.2).

Figure 3.2 Southeast Asian nonsmokers rarely report benefits of smoking. However, half or more of current smokers identify "pleasure" and "stress relief" as benefits of smoking.



‡*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 similarly explained that smokers seek comfort in smoking.

Mirroring the survey of community members, interviews with community leaders clearly revealed Southeast Asians' use of smoking to reduce the stresses of refugee and immigrant life, including acculturation to American ways.

> *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

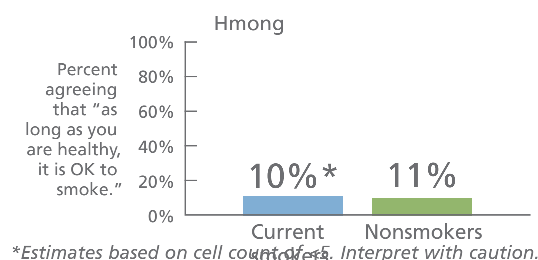
> *I saw a lot of people who first came here start to smoke who never smoked before. I think it's the stress of adjusting to a new place and trying to survive in a new culture . . .*
>
> —Cambodian woman in her 40s,
> in the United States for 27 years

More than half of Cambodian, Lao and Vietnamese smokers report that smoking is OK for the healthy.

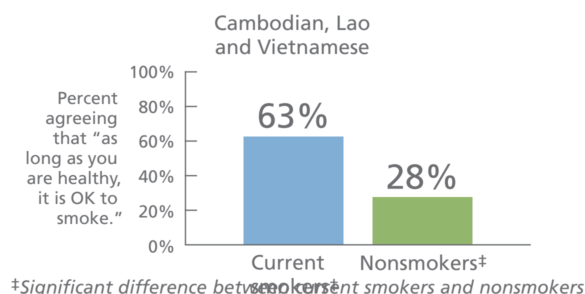
When asked if "as long as you are healthy, is it OK to smoke?" 11 percent of all Hmong respondents agreed, and one-third of all the combined Cambodian, Lao and Vietnamese respondents agreed. Among the Hmong, this low level of agreement did not differ by smoking status (Figure 3.3), gender or young adult status.

Of concern, however, is that 63 percent of Cambodian, Lao and Vietnamese smokers agreed that "as long as you are healthy, it is OK to smoke," compared with 28 percent of nonsmokers from these communities (Figure 3.3). While men and women shared this belief at similar levels, older adults (34 percent) were more likely to believe that smoking is reasonable behavior for those who are healthy than young adults ages 18 to 24 (12 percent).

Figure 3.3 Few Hmong smokers and nonsmokers agree that "as long as you are healthy, it is OK to smoke." More than half of Cambodian, Lao and Vietnamese smokers, however, agree.



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



‡Significant difference between current smokers and nonsmokers

Community leaders described a disbelief in the harms of tobacco use in the absence of outward physical symptoms.

Supporting this survey finding that smoking is acceptable for the healthy, the interviews with community leaders depicted how Southeast Asians may fail to identify smoking as the cause of illnesses in their community.

> *Some people make the observation that many elderly people, still living toward their hundredth year, have been smokers all their life.*
>
> —Vietnamese man in his 50s, in the United States for eight years

Further, community leaders also asserted a potential consequence of this belief. They noted that Southeast Asians will not see a physician until they have serious symptoms of illness, and would not seek help to quit smoking without such symptoms.

> *What I see is that 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

- Frame messages to make a clear link between tobacco use and its long-term harms to health. Messages that focus on tobacco use alone may be of limited effectiveness in these communities.
- Educate Southeast Asian smokers and nonsmokers about the health risks of smoking beyond lung cancer, including heart disease, stroke, pregnancy complications and emphysema.
- Counter the perception that smoking offers benefits.
- 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.
- Emphasize that waiting to quit smoking until experiencing illness can have serious health consequences.

IV Quitting Smoking

Quitting smoking reduces the risk of death and disease.

Quitting smoking reduces the risk of premature death. It also decreases risks of many serious diseases, including lung cancer, cardiovascular disease and other respiratory diseases. Quitting smoking also decreases the risk of complications for high blood pressure, diabetes and asthma. While smokers benefit from quitting at any time, the earlier they quit, the more likely they are to realize substantial health benefits.[21,22]

Although Hmong and Cambodian, Lao and Vietnamese communities all demonstrated high levels of knowledge about the harms of smoking, quitting is difficult because smoking is addictive. Withdrawal symptoms, such as depression, weight gain, irritability, anxiety or difficulty concentrating, demonstrate the highly addictive nature of cigarettes. The risk of relapse is high, and successful quitting can often take between eight and 11 attempts before a smoker quits successfully.[22,23]

Because of the small sample size of smokers among women and 18- to 24-year-olds in both communities, Part IV does not discuss breakouts of the quitting-smoking findings by gender or young adult status. Yet, community advisors emphasized the major need to encourage young adults to quit, especially because they will be more reachable with stop-smoking programs than their elders — due to better knowledge of English and greater acculturation to American ways.

Many Southeast Asian smokers say they are trying to quit.

The percent of smokers who made a recent quit attempt may indicate a serious interest in stopping tobacco use in these communities. Among Hmong current smokers, 65 percent reported that they had quit smoking for a day or more within the 12 months before the survey. Forty percent of the combined Cambodian, Lao and Vietnamese smokers reported making a quit attempt, suggesting the need to encourage quitting among these communities. Appendix C, Tables C1 to C5, includes the distributions of quit attempts by several demographic and immigration characteristics for each of these communities separately as well as for the Cambodians, Lao and Vietnamese grouped together.

The percent of Cambodian, Lao and Vietnamese smokers who made a quit attempt also appears low relative to the general population of adult Minnesotans. The 2007 Minnesota Adult Tobacco Survey found that 52 percent of current smokers in the general population had made a quit attempt in the previous 12 months.

Community leaders believe that men may feel pressure to stop smoking in the United States, but really do not want to quit.

In interviews, community leaders described how Cambodian, Lao and Vietnamese men, in particular, feel pressure to quit smoking because of the education about the dangers of tobacco use and smoke-free laws that discourage smoking in the United States.

> *In Minnesota, most people . . . have perceived the harmful impact of smoking. So, if anyone keeps smoking, he or she should be classified as an unlikable person and ignorant. In Cambodia, a smoker's value depends on the value of [his] cigarettes.*
>
> —Cambodian man in his 60s, in the United States for 21 years

Recent studies also demonstrate that more acculturated men are less likely to smoke than men who have not adapted to American ways.[24]

A community leader reconciled the desire to quit in the United States and the relatively low proportion of attempts observed in the survey by explaining that smokers *say* they want to quit because of the social pressures of acculturation to American ways, but actually do not really want to change.

If the question is "Does the community look down on the person who smokes?" the answer is probably not. The smoker usually knows enough not to smoke in front of other people.

—Lao man in his 60s,
in the United States for 12 years

Most Southeast Asians smokers report light smoking.

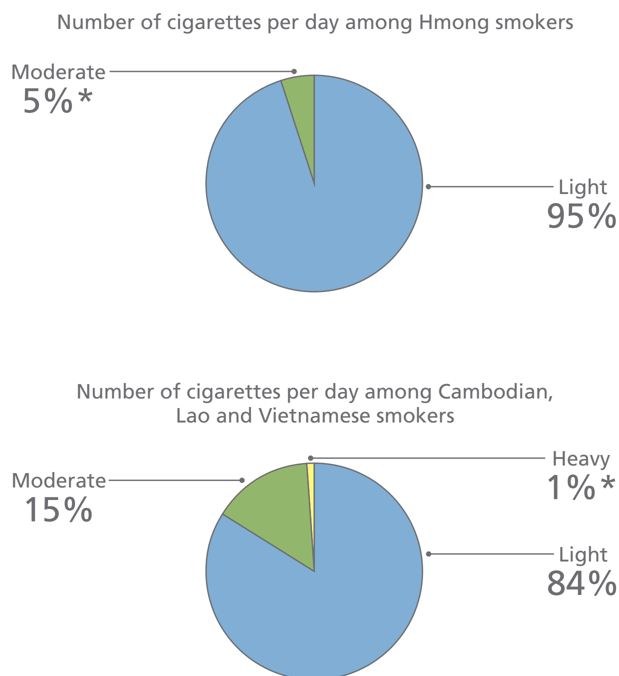
A smoker's level of addiction to nicotine, the addictive drug in cigarettes, determines how challenging quitting permanently will be. The distribution of the number of cigarettes smoked per day, or smoking intensity, approximates smokers' level of addiction as well as provides information for tobacco control program planning.

The vast majority of Hmong smokers (95 percent) reported light smoking, fewer than 15 cigarettes per day. Among the combined Cambodians, Lao and Vietnamese, 84 percent were light smokers and 15 percent reported moderate smoking, between 15 and 24 cigarettes per day. Almost no one from either community reported heavy smoking, 25 cigarettes or more per day (Figure 4.1).

In contrast, according to the 2007 Minnesota Adult Tobacco Survey, 54 percent of the smokers in the general population of Minnesota are light smokers, while 10 percent are heavy smokers.[4]

Light smokers may be less addicted to nicotine in cigarettes than heavy smokers. The presence of a large proportion of light smokers suggests real opportunity to help many smokers in Minnesota's Southeast Asian communities successfully quit. Conversely, Southeast Asian smokers may think that they do not need to quit, even though smoking fewer than 15 cigarettes per day can seriously harm health.

Figure 4.1 The vast majority of Southeast Asians report smoking fewer than 15 cigarettes per day.



Estimates based on cell count of <5. Interpret with caution.

Still, Southeast Asian smokers demonstrate addiction to nicotine in cigarettes.

A widely used, more specific measure of addiction is the amount of time after waking that a person waits to smoke his or her first cigarette. The survey of community members revealed that 64 percent of Hmong smokers reported that they usually smoke their first cigarette within 30 minutes of waking, indicating a strong level of addiction. Nearly 40 percent (37 percent) of the combined Cambodian, Lao and Vietnamese smokers also smoked within the first half hour of waking.

According to the 2007 Minnesota Adult Tobacco Survey, 46 percent of smokers among Minnesota's general adult population smoke their first cigarette within 30 minutes of waking.[4]

Southeast Asian smokers perceive smoking as a choice rather than an addiction.

The perception of tobacco use as a lifestyle choice as opposed to an addiction requiring treatment may influence Southeast Asian community members' willingness to obtain help quitting. The survey asked for the level of agreement with three statements designed to assess whether community members recognize tobacco use as more of an addiction or a choice.

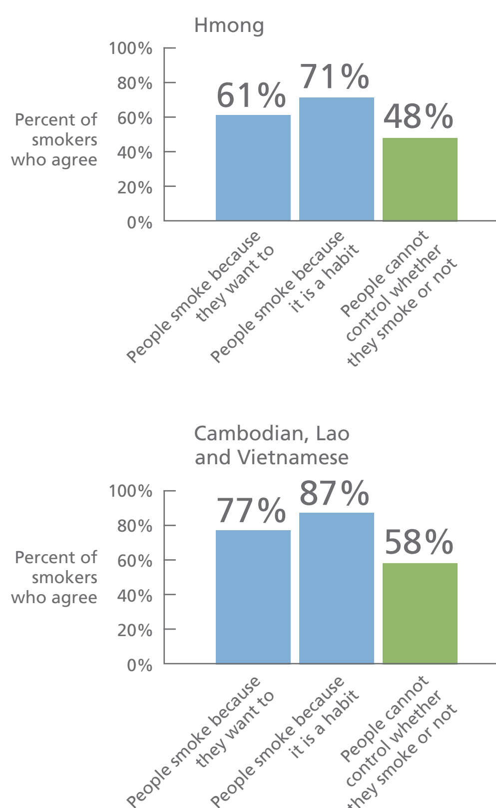
Agreement with "people smoke because they want to" signifies a perception of tobacco use as a choice. A large majority of smokers from both communities (61 percent of Hmong smokers and 77 percent of the combined Cambodian, Lao and Vietnamese smokers) concurred with this view that smoking can be controlled (Figure 4.2).

Agreement with "people who smoke do so because it is a habit" signifies a perception of tobacco use as something that is not done consciously. Even more smokers from both communities (71 percent of Hmong smokers and 87 percent of Cambodian, Lao and Vietnamese smokers) agreed with the routine nature of smoking (Figure 4.2).

In contrast, agreement with "people who smoke cannot control whether they do so or not" captures an awareness of smoking as an addiction (Figure 4.2). Compared with the view of smoking as a choice or habit, fewer smokers from each set of communities — under half (48 percent) of Hmong and 58 percent Cambodian, Lao and Vietnamese smokers — associated smoking with a lack of control.

In summary, Southeast Asians were more likely to link smoking with choice or habit and less likely to link it with addiction. These findings, however, may not indicate whether or not Southeast Asians realize smoking is addictive but, rather, that smoking may result from cultural values.

Figure 4.2 The majority of Southeast Asian smokers agree with statements implying smoking is a choice. Smaller proportions agree with the statement implying smoking is an addiction.



Community leaders explained that Southeast Asians tend to view addiction as a vice and may deny being addicted.

In interviews, community leaders shared that the cultural influence from Buddhism or other Eastern religions encourages the perception of addiction as shameful because the addict cannot control his or her behavior.

> *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

> *[If] you don't know how to control yourself, you don't know how to discipline yourself, and you don't know how to educate yourself.*
>
> —Cambodian man in his 60s,
> in the United States for 20 years

An uncontrolled craving ultimately becomes an addiction. According to Buddhist teachings, "craving" is the cause of all suffering. Negative views of addiction may create a major barrier to quitting for many smokers.

Nearly all Southeast Asian smokers believe willpower is the only way to quit.

The belief among Southeast Asian smokers that smoking is a choice and not an addiction could explain the fairly high level of confidence that they can quit. Three-fourths of the smokers from each set of communities (77 percent of Hmong smokers and 75 percent of Cambodian, Lao and Vietnamese smokers) said they are either *very* or *somewhat likely* to succeed if they decided to stop smoking. Still, about a quarter lack this confidence.

A strong trust in one's own abilities may prevent Southeast Asians from asking for help to quit. Nearly all (97 percent) Hmong smokers and the vast majority (86 percent) of the combined Cambodian, Lao and Vietnamese smokers *strongly* or *somewhat* agreed that "the only way I would be able to stop smoking is through my own willpower." In fact, 91 percent of Hmong smokers and 75 percent of Cambodian, Lao and Vietnamese smokers *strongly* agreed with this statement.

Community leaders explained the importance of quitting successfully through a strong mind.

Community leaders' comments resonated with the survey of community members. The Southeast Asian philosophy, rooted in Buddhism, views the mind as a vehicle to enlightenment, and therefore, as the most important part of the person. A person unable to quit smoking demonstrates a "weak mind."

> *I think those smokers who have successfully quit smoking said they could quit because they have a strong mind.*
>
> —Vietnamese man in his 50s,
> in the United States for eight years

> *The will to quit is the way to success.*
>
> —Cambodian man in his 60s,
> in the United States for 28 years

Combined with the understanding of addiction as shameful, such cultural perspectives may prevent Southeast Asian smokers from participating in programs designed to help them quit. They may view seeking help as irrelevant.

Many Southeast Asian smokers reported not feeling comfortable asking for help to quit smoking.

The CDC highlights the importance of interventions to increase the availability of behavioral coaching and FDA-approved medications to treat tobacco use.[25] The survey of community members asked smokers how comfortable they would be asking for help to stop smoking.

The prior discussion of the negative views of addiction and the need to use willpower to quit suggests that Southeast

Asian smokers would not feel at ease requesting assistance. Surprisingly, only about one-third of Hmong smokers (30 percent) and the combined Cambodian, Lao and Vietnamese smokers (36 percent) reported they would be *somewhat* or *very* uncomfortable asking for help to quit. Further, 22 percent of Cambodian, Lao and Vietnamese smokers reported they would be *very* uncomfortable.

Community leaders described a great reluctance to seek help due to the potential for shame.

Comments from community leaders strongly emphasized the concern about asking for any type of help to quit smoking outside of one's family.

> *[Cambodians] are a very private people. We don't want other people to know about our problems or issues. I don't think people in the community are willing to seek help from other people.*
>
> —Cambodian woman in her 30s, in the United States for 21 years

> *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

Community leaders predicted that the more community members are acculturated to the United States, the more likely they would be to ask for help.

Together, the results from both the survey and interview studies suggest that a substantial portion of Southeast Asian smokers may not readily use the behavioral coaching or stop-smoking medications that are widely available in Minnesota to support their quit attempts.

Recommendations for action

- Develop culturally appropriate stop-smoking programs. Make them available in Southeast Asian languages.
- Provide community health educators with culturally and linguistically appropriate written materials to encourage Southeast Asian smokers to quit smoking.
- Educate Southeast Asian communities on the harms of light and occasional smoking.
- Help remove the perceived stigma of the physiological, or addictive, effects of nicotine.
- Frame messages in terms of behaviors Southeast Asian smokers identify with — such as cravings — rather than focusing on addiction.
- Frame quit-smoking programs as ways to learn how to quit "on your own," using willpower.
- Make self-directed quitting supports available, such as Internet-based programs or self-help materials. Then, link these self-directed supports to telephone or face-to-face counseling.
- Involve families and communities in the quitting process.

V Reducing Exposure to Secondhand Smoke

Secondhand smoke causes death and disease.

Secondhand smoke is a complex mixture of chemicals in smoke from a lit tobacco product (cigarette, cigar or pipe) and smoke exhaled by a smoker. Secondhand smoke contains more than 4,000 chemicals. Of these, at least 11 are known to cause cancer in humans.[26]

At least 581 deaths in Minnesota were caused by exposure to secondhand smoke in 2005 — deaths that could have been prevented if exposure to secondhand smoke had been eliminated. In 2003, more than 66,000 Minnesotans suffered from diseases caused by secondhand smoke.[27] In Minnesota, $215.7 million is spent each year to treat these health conditions caused by exposure to secondhand smoke.[27] For adults, exposure to secondhand smoke is causally associated with lung cancer and coronary heart disease.[28] For infants and children, exposure to secondhand smoke is causally associated with low birth weight, sudden infant death syndrome, lower respiratory illness, ear infections and asthma.[28]

Because Southeast Asians tend to focus on the needs of the family and the community over the needs of the individual, smokers may respond to messages that encourage quitting for the sake of others, such as children. In interviews, community leaders described children as a key concern related to this issue.

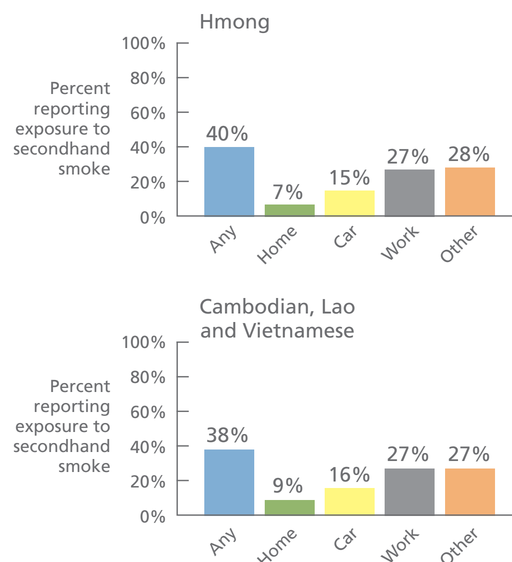
> *I think smoking is a bad activity for myself, for the society, especially for the family. If the husband smokes, the whole family has to smoke, too.*
>
> —Cambodian man in his 50s, in the United States for 21 years

Fewer than half of Southeast Asians reported breathing secondhand smoke recently.

To measure exposure to secondhand smoke, the survey asked community members if anyone had smoked near them in several different locations in the past seven days. Forty percent of the Hmong community and 38 percent of the combined Cambodian, Lao and Vietnamese communities reported exposure to secondhand smoke in their homes, at work, in a car or at another location in the prior week (Figure 5.1).

Hmong community members reported exposure to secondhand smoke in the past seven days in multiple locations, including at home (7 percent), in a car (15 percent), at work (27 percent) or at some other location (28 percent). Exposure levels among the Cambodian, Lao and Vietnamese communities follow a very similar pattern (Figure 5.1). The tables in Appendices D through H provide additional detail on exposure to secondhand smoke in the past seven days for any location, and separately for home, car, work and any other location. The tables show distributions of each secondhand smoke exposure by several demographic and immigration characteristics for each of these communities separately as well as for Cambodians, Lao and Vietnamese grouped together.

Figure 5.1 Fewer than half of adult Southeast Asians reported any exposure to secondhand smoke in the past seven days.



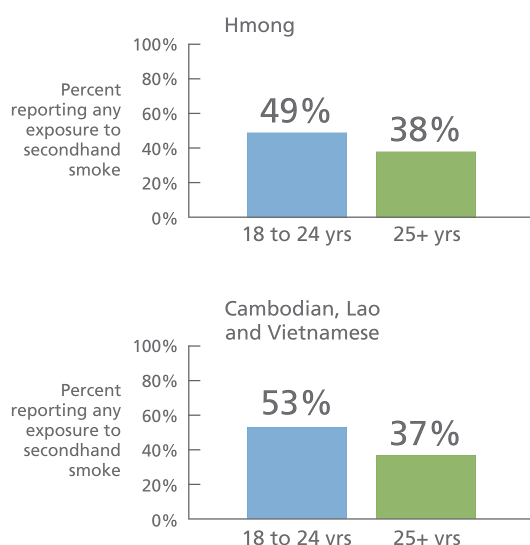
Notes: 1) *Data were collected before Minnesota's Freedom to Breathe Act, which prohibits smoking at work, was effective.* **2)** *Exposure at work is measured and reported only among respondents who reported working indoors.*

Not surprisingly, most current smokers' (90 percent of Hmong and 81 percent of Cambodian, Lao and Vietnamese) exposure to secondhand smoke is much greater than nonsmokers' (38 percent of Hmong nonsmokers and 30 percent of Cambodian, Lao and Vietnamese nonsmokers).

Exposure to secondhand smoke in any location also varies by gender and age. For the Hmong, the level of any exposure is similar for men and women despite much higher rates of smoking for Hmong men. However, nearly half (47 percent) of Cambodian, Lao and Vietnamese men reported exposure to secondhand smoking in the past week, while 30 percent of women reported exposure.

Southeast Asian young adults may face greater health risks from secondhand smoke. About half of the 18- to 24-year-olds from both sets of communities (49 percent of Hmong and 53 percent of Cambodian, Lao and Vietnamese) were exposed to secondhand smoke in any location in the prior week. This level of exposure exceeds levels among respondents age 25 and older by more than 10 percentage points in both sets of communities (Figure 5.2).

Figure 5.2 Younger Southeast Asians adults were more likely to report recent exposure to secondhand smoke than older Southeast Asian adults.



A majority of Southeast Asians report that smoking is not allowed in their homes.

The majority of Southeast Asians — 86 percent of Hmong and 93 percent of the combined Cambodians, Lao and Vietnamese — reported that smoking is not allowed anywhere in their homes. Although they are less likely than nonsmokers to live in a home with smoking restrictions, 71 percent of Hmong smokers and of 84 percent Cambodian, Lao and Vietnamese smokers live in homes with smoking restrictions.

According to the 2007 Minnesota Adult Tobacco Survey[4], 83 percent of all adult Minnesotans and only 50 percent of current smokers live in homes where smoking is not allowed.

The survey of community members further demonstrated that, from both sets of communities, Southeast Asian women (89 percent of Hmong and 95 percent of Cambodian, Lao and Vietnamese) also were slightly more likely than Southeast Asian men (83 percent of Hmong and 90 percent of Cambodian, Lao and Vietnamese) to report smoking is not allowed in their homes. The presence of policies restricting smoking at home was equally high in households with and without children under age 18 living at home.

Community leaders emphasized that politeness to guests may lead many to make exceptions to the rule. Still, protecting children is a concern.

The value in the Southeast Asian cultures of not causing offense may encourage allowing smoking in homes, especially among those who lack knowledge about the harms of secondhand smoke. Given this value, many Southeast Asian families may allow guests to smoke in their homes despite their own rules.

> *In general, the Cambodian families [are] usually polite. 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

Reinforcing the finding of a high prevalence of smoking restrictions, community leaders identified a strong concern about the dangers of exposure to secondhand smoke for children.

> *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

Despite state and local laws, many Southeast Asian workers still report secondhand smoke exposure.

Fifty-seven percent of Hmong and 70 percent of the combined Cambodian, Lao and Vietnamese community members in Minnesota are employed for wages or self-employed. The vast majority of these employed Hmong (93 percent) and employed Cambodians, Lao and Vietnamese (99 percent) work indoors. Among both Hmong who work indoors and Cambodians, Lao and Vietnamese who work indoors, nearly one-third (27 percent) reported breathing secondhand smoke at work in the past seven days.

Exposure to secondhand smoke at work did not differ by gender or between 18- to 24-year-olds and older adults.

At the time of the 2006 DREGAN survey, state and local policies restricting indoor smoking provided varying levels of protections for different worksites. For this reason, the location where Southeast Asians worked at the time greatly influenced their potential for secondhand smoke exposure at work.

The 1975 Minnesota Clean Indoor Air Act and subsequent administrative rules covered most work places, including plants and factories; classrooms, hospitals or office buildings; and retail/convenience stores or warehouses — the settings for 88 percent of Hmong and 91 percent of Cambodian, Lao and Vietnamese indoor workers (Table 5.1). In 2005 and 2006, Minneapolis and St. Paul, among a handful of other communities, implemented stricter smoke-free policies covering all indoor worksites, *including bars and restaurants*.

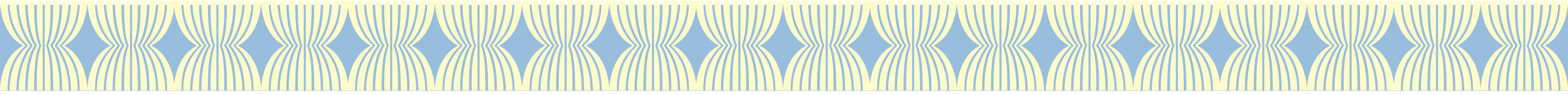
At the time of the survey, 5 percent or fewer Southeast Asian workers worked in hospitality settings which were not fully protected from secondhand smoke by a workplace policy. Because about 30 percent of all Southeast Asian workers still reported exposure to secondhand smoke at work, protection from secondhand smoke was apparently incomplete.

In 2007, after completion of the survey of community members, the Minnesota legislature passed the Freedom to Breathe Act, extending the coverage to every indoor worksite, including bars and restaurants, in the entire state.[29] As a result, virtually all Southeast Asian workers, with the exception of some working at home and in vehicles, should be protected from exposure to secondhand smoke if the law is appropriately enforced in these communities.

Table 5.1 Distribution of primary job location among the Hmong and Cambodians, Lao and Vietnamese who work indoors.

	Hmong	Cambodian, Lao and Vietnamese
Plant or factory	57%	56%
Classroom, hospital or office building	26%	28%
Retail/convenience store or warehouse	6%	7%
Home	6%	2%
Restaurant, bar or tavern, hotel or motel	3%	5%
Vehicle	4%	2%
Total who work indoors	**100%**	**100%**

Note: *Percentages may not sum to 100 percent due to rounding.*



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.

- Recognize that direct communication about the need for smoking restrictions may not work. Use indirect communication, such as stories, to educate Southeast Asians.

- Reinforce the cultural value of protecting the family, particularly small children, when describing the harms of secondhand smoke.

- Educate Southeast Asian community members in their native language on workplace policies restricting secondhand smoke.

VI Discussion

The DREGAN survey is a culturally appropriate study of tobacco use among Southeast Asians.

The quantitative survey of members of Southeast Asian communities completes the research portion of the DREGAN participatory research and action project. In this phase of the research, the DREGAN team aimed to construct a survey that was culturally appropriate, with the goal of acquiring meaningful data on prevalence, knowledge and attitudes toward smoking, quitting behaviors and exposure to secondhand smoke in Minnesota's Southeast Asian communities.

The survey was designed with careful attention to the cultural knowledge gleaned from the first phase of the DREGAN project, the qualitative interview with community leaders. A community advisory committee reviewed the survey instrument and the survey also underwent careful cognitive testing. The survey was administered in the respondents' own language, and adjustments were made as the study progressed to ensure that every effort was made to allow the respondents to respond fully and factually.

The combination of survey and interview findings creates a balanced picture of tobacco use in these communities.

Despite extensive efforts to create a culturally appropriate study, the survey of community members alone does not tell the complete story. Study limitations may have led to a potential gap between what the survey data show and the experiences of the Southeast Asian community leaders. These differences may result from the two different methods, the home-culture orientation of the sample, or differing effects of acculturation on various groups. Social desirability bias, which occurs when survey respondents provide the perceived most polite responses in order to "save face" with the interviewer, may have also led to underreporting of smoking.

For this reason, conclusions drawn from this survey of community members are presented next to insights from the interviews with community leaders. In general, the findings from the studies provide a clear and generally consistent picture of the relationship between culture and tobacco use among Minnesota's Southeast Asian communities. The comments from interviews with community leaders reflect and further illuminate findings from the quantitative study in some cases, but suggest that the story is far more complex in other cases. As an example, the survey data seemed to reveal that members of the Southeast Asian communities know that smoking may cause lung cancer and heart disease. Yet, the community leaders' comments suggest that while the acculturation process may have provided this basic knowledge, community members still do not truly comprehend the details of the specific health dangers of smoking or its relationship to other smoking-related diseases. Thus, reading the findings from both studies together offers a fuller understanding of the issue.

Findings suggest urgency to address tobacco use and provide guidance for effective intervention.

The combined qualitative and quantitative research — comprising 60 interviews with community leaders in the qualitative study and 1,628 surveys of community members in the quantitative study — creates a rich and nuanced picture of the relationship between culture and tobacco use among Minnesota's Southeast Asian communities. These studies provide the most comprehensive look at tobacco use among Minnesota's Southeast Asian communities to date. Together, they suggest a critical need to address tobacco use in Southeast Asian communities and provide a solid foundation for the development of effective, culturally appropriate interventions.

Appendices

Appendix A

Table A1. Demographics of the samples of Minnesota's Southeast Asian communities

	Hmong	Cambodian, Lao and Vietnamese	Cambodian	Lao	Vietnamese
Gender					
Male	37%	45%	41%	41%	51%
Female	63%	55%	59%	59%	49%
Total	100%	100%	100%	100%	100%
Average age	39	49	51	49	47
Age group (young adults vs. older adults)					
18 to 24	19%	4%	4%	4%	5%
25+	81%	96%	96%	96%	95%
Total	100%	100%	100%	100%	100%
Age group					
18 to 24	20%	5%	4%	5%	5%
25 to 34	27%	13%	13%	9%	16%
35 to 44	21%	24%	26%	19%	26%
45 to 54	16%	23%	21%	27%	22%
55 to 64	8%	20%	18%	26%	16%
65+	8%	16%	18%	15%	15%
Total	100%	100%	100%	100%	100%
Marital status					
Married or living in a marriage-like relationship	69%	34%	55%	66%	73%
Not married	31%	66%	45%	34%	27%
Total	100%	100%	100%	100%	100%
Education					
Less than high school	52%	45%	66%	51%	27%
High school	26%	22%	8%	22%	30%
Some college	12%	19%	12%	20%	22%
College	9%	14%	13%	7%	21%
Total	100%	100%	100%	100%	100%
Income					
$0–25,000	46%	26%	37%	24%	19%
$25,001–40,000	22%	16%	14%	15%	20%
$40,001–75,000	20%	28%	24%	26%	34%
$75,000+	11%	29%	25%	35%	27%
Total	100%	100%	100%	100%	100%
Employment status					
Work for wages	52%	66%	70%	66%	62%
Self-employed	4%	5%	2%	2%	9%
Don't work for wages	43%	30%	28%	32%	28%
Total	100%	100%	100%	100%	100%
Average number of people in the home	6	4.2	4	5	3.9
Children under 18 in household					
Yes	87%	43%	54%	63%	55%
No	13%	57%	46%	37%	45%
Total	100%	100%	100%	100%	100%

Notes:
1) *Results are weighted for age and gender based on 2000 census data among each of the Southeast Asian communities in Minnesota.*
2) *Percentages may not sum to 100% due to rounding.*

Table A2. Immigration experience of the samples of Southeast Asian communities

	Hmong	Cambodian, Lao and Vietnamese	Cambodian	Lao	Vietnamese
IMMIGRATION EXPERIENCE					
U.S. born or immigrant					
Direct immigrant	91%	98%	98%	98%	97%
Born in the United States	9%	2%	2%	2%	3%
Total	100%	100%	100%	100%	100%
Average years in U.S. (for those not U.S. born)	17	19	20	22	16
Lived longer inside or outside U.S. (for those not U.S. born)					
Outside U.S. longer	57%	70%	68%	65%	74%
In U.S. longer	43%	30%	32%	35%	26%
Total	100%	100%	100%	100%	100%
USE OF SOUTHEAST ASIAN LANGUAGE					
Survey interview language					
A Southeast Asian language	98%	89%	89%	86%	92%
English	2%	11%	11%	14%	8%
Total	100%	100%	100%	100%	100%
Conversations at home					
More other Southeast Asian than English	71%	75%	80%	72%	75%
More English than other Southeast Asian	7%	6%	4%	5%	9%
About the same	22%	18%	16%	23%	16%
Total	100%	100%	100%	100%	100%
CULTURAL VALUES					
How important is it to keep in touch with or learn about your ethnic or cultural background?					
None	0%	1%	1%	0%	1%
A little	6%	2%	3%	1%	1%
Some	21%	21%	23%	19%	19%
A lot	73%	77%	72%	80%	79%
Total	100%	100%	100%	100%	100%

Notes:
1) *Results are weighted for age and gender based on 2000 census data among each of the Southeast Asian communities in Minnesota.*
2) *Percentages may not sum to 100% due to rounding.*

Appendices B–H: Tables of key outcomes by selected demographic and immigration characteristics

The following tables provide breakouts by key demographics and immigration characteristics for several key smoking-related outcomes, including the prevalence of smoking, attempts to quit smoking, any exposure to secondhand smoke and exposure to secondhand smoke in various locations. In addition to the two major sets of communities described in the main report — the Hmong and the grouping of the Cambodian, Lao and Vietnamese communities — these tables describe each of the Cambodian, Lao and Vietnamese communities individually.

Because the DREGAN sampling plan was designed to achieve estimates and breakouts primarily among Cambodian, Lao and Vietnamese communities as a single group rather than individually, the sample sizes for these tables are very small. (The DREGAN research team developed a culturally appropriate survey of community members, page 7.) Point estimates based on a table cell size of fewer than five survey respondents have been indicated with a star (*) and should be interpreted with caution. Despite this issue of sample size, the small amount of missing data at the level of the individual question did not create concerns about validity.

Whenever possible, given sample size, the main report provides estimates by gender, younger (ages 18 to 24) versus older adults (ages 25 and older), and language of survey interview. The first DREGAN study, a series of qualitative interviews with community leaders, identified these characteristics as having a strong relationship to tobacco use among members of Minnesota's Southeast Asian communities. These tables provide distributions of the key smoking-related outcomes by finer increments of age group, education, income, employment status, presence of children under age 18 at home, as well as a series of variables that could serve as rough proxies for acculturation.

Appendix B: Smoking status by demographic and immigration characteristics

Table B1. Hmong: Smoking status by demographic characteristics (n=586)

	Current Smoker	Former Smoker	Never Smoker	
Overall	5%	3%	92%	100%
Gender				
Male	12%	4%	84%	100%
Female	1%*	3%	96%	100%
Age group (young adults vs. older adults)				
18 to 24	8%	4%*	88%	100%
25+	4%	3%	93%	100%
Age group				
18 to 24	8%	3%*	89%	100%
25 to 34	5%	6%	89%	100%
35 to 44	4%*	0%*	96%	100%
45 to 54	3%*	0%*	97%	100%
55 to 64	10%*	0%*	90%	100%
65+	2%*	8%*	90%	100%
Marital status				
Married	5%	4%	91%	100%
Not married	5%	3%*	93%	100%
Education				
Less than high school	5%	1%*	95%	100%
High school	5%	4%	91%	100%
Some college	8%	4%*	88%	100%
College	4%*	13%	83%	100%
Income				
$0–25,000	4%	2%*	94%	100%
$25,000–40,000	6%	3%*	92%	100%
$40,000–75,000	7%	1%*	92%	100%
$75,000+	2%*	15%	83%	100%
Employment status				
Work for wages	5%	4%	90%	100%
Self-employed	21%	4%*	74%	100%
Don't work for wages	3%	2%*	95%	100%
Children in the home under age 18				
None	5%*	1%*	94%	100%
At least one	5%	4%	91%	100%
U.S. born or immigrant				
Born in the U.S.	15%	5%	80%	100%
Immigrant	4%	3%	93%	100%
Lived longer inside or outside U.S. (among those not U.S. born)				
Outside U.S. longer	4%	1%*	94%	100%
Inside U.S. longer	6%	5%	89%	100%
Survey interview language				
English	16%*	8%*	76%	100%
Native language	5%	3%	92%	100%

Table B2. Cambodian, Lao and Vietnamese: Smoking status by demographic characteristics (n=1,006)

	Current Smoker	Former Smoker	Never Smoker	
Overall	15%	17%	68%	100%
Gender				
Male	31%	35%	34%	100%
Female	2%	3%	95%	100%
Age group (young adults vs. older adults)				
18 to 24	2%*	2%*	96%	100%
25+	15%	18%	66%	100%
Age group				
18 to 24	2%*	2%*	96%	100%
25 to 34	10%	10%	80%	100%
35 to 44	23%	8%	69%	100%
45 to 54	17%	21%	62%	100%
55 to 64	18%	22%	60%	100%
65+	7%	23%	70%	100%
Marital status				
Married	17%	17%	66%	100%
Not married	10%	18%	72%	100%
Education				
Less than high school	11%	14%	75%	100%
High school	21%	17%	61%	100%
Some college	18%	19%	63%	100%
College	17%	19%	64%	100%
Income				
$0–25,000	15%	16%	69%	100%
$25,000–40,000	20%	17%	63%	100%
$40,000–75,000	15%	19%	66%	100%
$75,000+	11%	19%	70%	100%
Employment status				
Work for wages	16%	17%	67%	100%
Self-employed	28%	16%	56%	100%
Don't work for wages	10%	19%	71%	100%
Children in the home under age 18				
None	13%	23%	63%	100%
At least one	16%	13%	71%	100%
U.S. born or immigrant				
Born in the U.S.	6%*	13%*	81%	100%
Immigrant	16%	16%	68%	100%
Lived longer inside or outside U.S. (among those not U.S. born)				
Outside U.S. longer	14%	17%	69%	100%
Inside U.S. longer	19%	15%	66%	100%
Survey interview language				
English	3%	24%	72%	100%
Native language	16%	17%	67%	100%

Notes:
Percentages may not sum to 100% due to rounding.
**Estimates based on cell count of <5. Interpret with caution.*

Table B3. Cambodian: Smoking status by demographic characteristics (n=285)

	Current Smoker	Former Smoker	Never Smoker	
Overall	6%	20%	74%	100%
Gender				
Male	13%	42%	45%	100%
Female	1%	4%	94%	100%
Age group (young adults vs. older adults)				
18 to 24	0%*	0%*	100%	100%
25+	6%	21%	73%	100%
Age group				
18 to 24	0%*	0%*	100%	100%
25 to 34	0%*	7%*	93%	100%
35 to 44	13%*	7%*	80%	100%
45 to 54	9%*	9%*	82%	100%
55 to 64	9%*	20%	70%	100%
65+	3%*	18%	79%	100%
Marital status				
Married	2%*	29%	69%	100%
Not married	10%	12%	79%	100%
Education				
Less than high school	5%	11%	85%	100%
High school	23%*	29%	48%	100%
Some college	5%*	11%*	84%	100%
College	15%*	5%*	81%	100%
Income				
$0–25,000	6%	11%	83%	100%
$25,000–40,000	13%	19%	68%	100%
$40,000–75,000	3%*	21%	76%	100%
$75,000+	6%*	31%	62%	100%
Employment status				
Work for wages	7%	20%	74%	100%
Self-employed	0%*	0%*	100%	100%
Don't work for wages	6%*	21%	73%	100%
Children in the home under age 18				
None	5%	26%	69%	100%
At least one	7%	14%	78%	100%
U.S. born or immigrant				
Born in the U.S.	0%*	41%*	59%*	100%
Immigrant	8%	11%	82%	100%
Lived longer inside or outside U.S. (for those not U.S. born)				
Outside U.S. longer	6%	12%	82%	100%
Inside U.S. longer	11%	10%	79%	100%
Survey interview language				
English	3%*	62%	34%	100%
Native language	7%	14%	80%	100%

Table B4. Lao: Smoking status by demographic characteristics (n=338)

	Current Smoker	Former Smoker	Never Smoker	
Overall	15%	17%	68%	100%
Gender				
Male	32%	37%	31%	100%
Female	3%	3%	94%	100%
Age group (young adults vs. older adults)				
18 to 24	5%*	0%*	95%	100%
25+	15%	18%	67%	100%
Age group				
18 to 24	5%*	0%*	95%	100%
25 to 34	11%*	6%*	83%	100%
35 to 44	20%	6%*	74%	100%
45 to 54	16%	24%	59%	100%
55 to 64	24%	26%	49%	100%
65+	8%*	33%	59%	100%
Marital status				
Married	18%	20%	63%	100%
Not married	9%	12%	79%	100%
Education				
Less than high school	12%	21%	67%	100%
High school	11%	21%	67%	100%
Some college	33%	18%	49%	100%
College	22%*	14%*	63%	100%
Income				
$0–25,000	22%	22%	56%	100%
$25,000–40,000	17%	23%	59%	100%
$40,000–75,000	18%	21%	62%	100%
$75,000+	5%	8%	86%	100%
Employment status				
Work for wages	18%	13%	69%	100%
Self-employed	0%*	35%*	65%*	100%
Don't work for wages	10%	24%	67%	100%
Children in the home under age 18				
None	19%	24%	57%	100%
At least one	12%	13%	75%	100%
U.S. born or immigrant				
Born in the U.S.	11%*	0%*	89%	100%
Immigrant	17%	20%	63%	100%
Lived longer inside or outside U.S. (for those not U.S. born)				
Outside U.S. longer	15%	22%	63%	100%
Inside U.S. longer	21%	16%	63%	100%
Survey interview language				
English	0%*	0%*	100%	100%
Native language	17%	20%	63%	100%

Notes:
Percentages may not sum to 100% due to rounding.
**Estimates based on cell count of <5. Interpret with caution.*

Table B5. Vietnamese: Smoking status by demographic characteristics (n=383)

	Current Smoker	Former Smoker	Never Smoker	
Overall	22%	16%	62%	100%
Gender				
Male	41%	30%	28%	100%
Female	1%*	1%*	98%	100%
Age group (young adults vs. older adults)				
18 to 24	2%*	3%*	95%	100%
25+	23%	17%	61%	100%
Age group				
18 to 24	2%*	3%*	95%	100%
25 to 34	15%	13%	72%	100%
35 to 44	31%	9%	60%	100%
45 to 54	22%	26%	53%	100%
55 to 64	16%	19%	65%	100%
65+	10%	18%	72%	100%
Marital status				
Married	21%	18%	60%	100%
Not married	23%	10%	68%	100%
Education				
Less than high school	20%	8%	72%	100%
High school	26%	13%	60%	100%
Some college	11%	23%	66%	100%
College	16%	26%	58%	100%
Income				
$0–25,000	21%	17%	62%	100%
$25,000–40,000	26%	11%	63%	100%
$40,000–75,000	20%	17%	64%	100%
$75,000+	21%	23%	57%	100%
Employment status				
Work for wages	22%	18%	60%	100%
Self-employed	38%	14%	48%	100%
Don't work for wages	14%	12%	73%	100%
Children in the home under age 18				
None	16%	21%	63%	100%
At least one	26%	12%	62%	100%
U.S. born or immigrant				
Born in the U.S.	5%*	11%*	84%	100%
Immigrant	20%	17%	64%	100%
Lived longer inside or outside U.S. (for those not U.S. born)				
Outside U.S. longer	23%	17%	60%	100%
Inside U.S. longer	18%	16%	66%	100%
Survey interview language				
English	8%*	20%	73%	100%
Native language	23%	16%	62%	100%

Notes:
Percentages may not sum to 100% due to rounding.
**Estimates based on cell count of <5. Interpret with caution.*

Appendix C: Quit attempts by demographic and immigration characteristics

Table C1. Hmong: Percent of current smokers quitting smoking for a day or more in the past 12 months by demographic characteristics (n=29)

	Yes	No	Total
Overall	65%	35%	100%
Gender			
Male	65%	35%*	100%
Female	67%	33%*	100%
Age group (young adults vs. older adults)			
18 to 24	78%	22%*	100%
25+	59%	41%	100%
Age group			
18 to 24	78%	22%*	100%
25 to 34	52%*	48%*	100%
35 to 44	100%*	0%*	100%
45 to 54	100%*	0%*	100%
55 to 64	11%*	89%*	100%
65+	100%	0%	100%
Marital status			
Married	66%	34%	100%
Not married	63%	37%*	100%
Education			
Less than high school	38%	62%	100%
High school	19%*	81%	100%
Some college	23%*	77%*	100%
College	100%*	0%*	100%
Income			
$0–25,000	63%	37%*	100%
$25,000–40,000	69%*	31%*	100%
$40,000–75,000	81%	19%*	100%
$75,000+	20%*	80%*	100%
Employment status			
Work for wages	75%	25%*	100%
Self-employed	78%*	22%*	100%
Don't work for wages	34%*	66%	100%
Children in the home under age 18			
None	26%*	74%*	100%
At least one	70%	30%	100%
U.S. born or immigrant			
Born in the U.S.	64%	36%*	100%
Immigrant	66%	34%	100%
Lived longer inside or outside U.S. (among those not U.S. born)			
Outside U.S. longer	66%	34%*	100%
Inside U.S. longer	65%	35%	100%
Survey interview language			
English	100%*	0%*	100%
Native language	63%	37%	100%

Table C2. Cambodian, Lao and Vietnamese: Percent of current smokers quitting smoking for a day or more in the past 12 months by demographic characteristics (n=150)

	Yes	No	Total
Overall	40%	60%	100%
Gender			
Male	38%	62%	100%
Female	73%	27%*	100%
Age group (young adults vs. older adults)			
18 to 24	100%*	0%*	100%
25+	40%	60%	100%
Age group			
18 to 24	100%*	0%*	100%
25 to 34	45%*	55%	100%
35 to 44	45%	55%	100%
45 to 54	53%	47%	100%
55 to 64	33%	67%	100%
65+	34%*	66%	100%
Marital status			
Married	41%	59%	100%
Not married	38%	62%	100%
Education			
Less than high school	38%	62%	100%
High school	47%	53%	100%
Some college	40%	60%	100%
College	59%	41%	100%
Income			
$0–25,000	52%	48%	100%
$25,000–40,000	31%	69%	100%
$40,000–75,000	44%	56%	100%
$75,000+	17%*	83%	100%
Employment status			
Work for wages	36%	64%	100%
Self-employed	35%*	65%	100%
Don't work for wages	57%	43%	100%
Children in the home under age 18			
None	40%	60%	100%
At least one	41%	59%	100%
U.S. born or immigrant			
Born in the U.S.	84%*	16%*	100%
Immigrant	44%	56%	100%
Lived longer inside or outside U.S. (among those not U.S. born)			
Outside U.S. longer	41%	59%	100%
Inside U.S. longer	49%	51%	100%
Survey interview language			
English	81%*	19%*	100%
Native language	39%	61%	100%

Notes:
Percentages may not sum to 100% due to rounding.
**Estimates based on cell count of <5. Interpret with caution.*

Table C3. Cambodian: Percent of current smokers quitting smoking for a day or more in the past 12 months by demographic characteristics (n=18)

	Yes	No	Total
Overall	65%	35%	100%
Gender			
Male	58%	42%*	100%
Female	100%*	0%*	100%
Age group (young adults vs. older adults)			
18 to 24	0%*	0%*	
25+	65%	35%*	100%
Age group			
18 to 24	0%*	0%*	0%
25 to 34	100%*	0%*	100%
35 to 44	36%*	64%*	100%
45 to 54	78%*	22%*	100%
55 to 64	70%*	30%*	100%
65+	100%*	0%*	100%
Marital status			
Married	58%	42%*	100%
Not married	97%*	3%*	100%
Education			
Less than high school	76%	24%*	100%
High school	34%*	66%*	100%
Some college	81%*	19%*	100%
College	100%*	0%*	100%
Income			
$0–25,000	80%*	20%*	100%
$25,000–40,000	33%*	67%*	100%
$40,000–75,000	100%*	0%*	100%
$75,000+	77%*	23%*	100%
Employment status			
Work for wages	49%*	51%*	100%
Self-employed	0%*	0%*	0%
Don't work for wages	100%*	0%*	100%
Children in the home under age 18			
None	40%*	60%*	100%
At least one	87%	13%*	100%
U.S. born or immigrant			
Born in the U.S.	0%*	0%*	
Immigrant	65%	35%*	100%
Lived longer inside or outside U.S. (among those not U.S. born)			
Outside U.S. longer	78%	22%*	100%
Inside U.S. longer	36%*	64%*	100%
Survey interview language			
English	100%*	0%*	100%
Native language	62%	38%*	100%

Table C4. Lao: Percent of current smokers quitting smoking for a day or more in the past 12 months by demographic characteristics (n=50)

	Yes	No	Total
Overall	31%	69%	100%
Gender			
Male	28%	72%	100%
Female	53%*	47%*	100%
Age group (young adults vs. older adults)			
18 to 24	100%*	0%*	100%
25+	30%	70%	100%
Age group			
18 to 24	100%*	0%*	100%
25 to 34	82%*	18%*	100%
35 to 44	26%*	74%	100%
45 to 54	60%	40%*	100%
55 to 64	14%*	86%	100%
65+	0%*	100%*	100%
Marital status			
Married	29%	71%	100%
Not married	38%*	62%	100%
Education			
Less than high school	37%	63%	100%
High school	21%	79%*	100%
Some college	18%	82%*	100%
College	100%*	0%*	100%
Income			
$0–25,000	23%*	77%	100%
$25,000–40,000	16%*	84%	100%
$40,000–75,000	51%	49%	100%
$75,000+	34%*	66%*	100%
Employment status			
Work for wages	31%	69%	100%
Self-employed	0%*	0%*	
Don't work for wages	30%*	70%	100%
Children in the home under age 18			
None	23%	77%	100%
At least one	39%	61%	100%
U.S. born or immigrant			
Born in the U.S.	100%*	0%*	100%
Immigrant	31%	69%	100%
Lived longer inside or outside U.S. (among those not U.S. born)			
Outside U.S. longer	13%*	87%	100%
Inside U.S. longer	57%	43%	100%
Survey interview language			
English	0%*	0%*	
Native language	31%	69%	100%

Notes:
Percentages may not sum to 100% due to rounding.
**Estimates based on cell count of <5. Interpret with caution.*

Table C5. Vietnamese: Percent of current smokers quitting smoking for a day or more in the past 12 months by demographic characteristics (n=82)

	Yes	No	Total
Overall	42%	58%	100%
Gender			
Male	41%	59%*	100%
Female	100%	0%*	100%
Age group (young adults vs. older adults)			
18 to 24	0%*	100%*	100%
25+	41%	59%	100%
Age group			
18 to 24	0%*	100%*	100%
25 to 34	64%	36%*	100%
35 to 44	46%	54%	100%
45 to 54	58%	42%	100%
55 to 64	46%*	54%*	100%
65+	60%*	40%*	100%
Marital status			
Married	46%	54%	100%
Not married	31%	69%	100%
Education			
Less than high school	26%	74%	100%
High school	56%	44%	100%
Some college	78%	22%*	100%
College	44%	56%	100%
Income			
$0–25,000	78%	22%*	100%
$25,000–40,000	37%	63%	100%
$40,000–75,000	34%	66%	100%
$75,000+	8%*	92%	100%
Employment status			
Work for wages	37%	63%	100%
Self-employed	35%*	65%	100%
Don't work for wages	63%	37%	100%
Children in the home under age 18			
None	54%	46%	100%
At least one	35%	65%	100%
U.S. born or immigrant			
Born in the U.S.	64%*	36%*	100%
Immigrant	48%	52%	100%
Lived longer inside or outside U.S. (among those not U.S. born)			
Outside U.S. longer	50%	50%	100%
Inside U.S. longer	44%	56%	100%
Survey interview language			
English	71%*	29%*	100%
Native language	41%	59%	100%

Notes:

Percentages may not sum to 100% due to rounding.

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

Appendix D: Any secondhand smoke exposure by demographic and immigration characteristics

Table D1. Hmong: Exposure to secondhand smoke in any location (at home, at work, in a car or in some other place) during the past week by demographic characteristics (n=586)

	Yes	No	Total
Overall	40%	60%	100%
Gender			
Male	45%	55%	100%
Female	38%	62%	100%
Age group (young adults vs. older adults)			
18 to 24	49%	51%	100%
25+	38%	62%	100%
Age group			
18 to 24	49%	51%	100%
25 to 34	46%	54%	100%
35 to 44	41%	59%	100%
45 to 54	44%	56%	100%
55 to 64	28%	72%	100%
65+	15%	85%	100%
Marital status			
Married	41%	59%	100%
Not married	40%	60%	100%
Education			
Less than high school	34%	66%	100%
High school	50%	50%	100%
Some college	51%	49%	100%
College	45%	55%	100%
Income			
$0–25,000	36%	64%	100%
$25,000–40,000	41%	59%	100%
$40,000–75,000	47%	53%	100%
$75,000+	57%	43%	100%
Employment status			
Work for wages	49%	51%	100%
Self-employed	57%	43%	100%
Don't work for wages	28%	72%	100%
Children in the home under age 18			
None	25%	75%	100%
At least one	43%	57%	100%
U.S. born or immigrant			
Born in the U.S.	62%	38%	100%
Immigrant	39%	61%	100%
Lived longer inside or outside U.S. (among those not U.S. born)			
Outside U.S. longer	33%	67%	100%
Inside U.S. longer	53%	47%	100%
Survey interview language			
English	45%*	55%	100%
Native language	40%	60%	100%

Table D2. Cambodian, Lao and Vietnamese: Exposure to secondhand smoke in any location (at home, at work, in a car or in some other place) during the past week by demographic characteristics (n=1,006)

	Yes	No	Total
Overall	38%	62%	100%
Gender			
Male	47%	53%	100%
Female	30%	70%	100%
Age group (young adults vs. older adults)			
18 to 24	53%	47%	100%
25+	37%	63%	100%
Age group			
18 to 24	53%	47%	100%
25 to 34	41%	59%	100%
35 to 44	36%	64%	100%
45 to 54	42%	58%	100%
55 to 64	30%	70%	100%
65+	22%	78%	100%
Marital status			
Married	34%	66%	100%
Not married	45%	55%	100%
Education			
Less than high school	27%	73%	100%
High school	43%	57%	100%
Some college	41%	59%	100%
College	42%	58%	100%
Income			
$0–25,000	32%	68%	100%
$25,000–40,000	42%	58%	100%
$40,000–75,000	37%	63%	100%
$75,000+	45%	55%	100%
Employment status			
Work for wages	43%	57%	100%
Self-employed	56%	44%	100%
Don't work for wages	24%	76%	100%
Children in the home under age 18			
None	33%	67%	100%
At least one	42%	58%	100%
U.S. born or immigrant			
Born in the U.S.	45%	55%	100%
Immigrant	35%	65%	100%
Lived longer inside or outside U.S. (among those not U.S. born)			
Outside U.S. longer	33%	67%	100%
Inside U.S. longer	40%	60%	100%
Survey interview language			
English	53%	47%	100%
Native language	36%	64%	100%

Notes:
1) *Percentages may not sum to 100% due to rounding.*
2) *Data were collected before Minnesota's Freedom to Breathe Act was effective.*
**Estimates based on cell count of <5. Interpret with caution.*

Table D3. Cambodian: Exposure to secondhand smoke in any location (at home, at work, in a car or in some other place) during the past week by demographic characteristics (n=285)

	Yes	No	Total
Overall	18%	82%	100%
Gender			
Male	18%	82%	100%
Female	19%	82%	100%
Age group (young adults vs. older adults)			
18 to 24	62%	38%*	100%
25+	16%	84%	100%
Age group			
18 to 24	63%	37%*	100%
25 to 34	1%*	99%	100%
35 to 44	22%	78%	100%
45 to 54	29%	71%	100%
55 to 64	5%*	95%	100%
65+	21%	79%	100%
Marital status			
Married	17%	83%	100%
Not married	20%	80%	100%
Education			
Less than high school	20%	80%	100%
High school	27%*	73%	100%
Some college	10%*	90%	100%
College	19%	81%	100%
Income			
$0–25,000	23%	77%	100%
$25,000–40,000	37%	74%	100%
$40,000–75,000	13%	87%	100%
$75,000+	13%	81%	100%
Employment status			
Work for wages	20%	80%	100%
Self-employed	7%*	93%	100%
Don't work for wages	16%	84%	100%
Children in the home under age 18			
None	21%	79%	100%
At least one	16%	84%	100%
U.S. born or immigrant			
Born in the U.S.	0%*	100%*	100%
Immigrant	19%	81%	100%
Lived longer inside or outside U.S. (among those not U.S. born)			
Outside U.S. longer	16%	84%	100%
Inside U.S. longer	27%	73%	100%
Survey interview language			
English	9%*	91%	100%
Native language	20%	80%	100%

Table D4. Lao: Exposure to secondhand smoke in any location (at home, at work, in a car or in some other place) during the past week by demographic characteristics (n=338)

	Yes	No	Total
Overall	48%	52%	100%
Gender			
Male	55%	45%	100%
Female	44%	56%	100%
Age group (young adults vs. older adults)			
18 to 24	31%*	69%	100%
25+	49%	51%	100%
Age group			
18 to 24	31%*	69%	100%
25 to 34	31%	69%	100%
35 to 44	50%	50%	100%
45 to 54	46%	54%	100%
55 to 64	39%	61%	100%
65+	28%	72%	100%
Marital status			
Married	40%	60%	100%
Not married	65%	35%	100%
Education			
Less than high school	34%	66%	100%
High school	43%	57%	100%
Some college	55%	45%	100%
College	37%	63%	100%
Income			
$0–25,000	48%	52%	100%
$25,000–40,000	37%	63%	100%
$40,000–75,000	42%	58%	100%
$75,000+	58%	42%	100%
Employment status			
Work for wages	56%	44%	100%
Self-employed	55%*	45%*	100%
Don't work for wages	31%	69%	100%
Children in the home under age 18			
None	44%	56%	100%
At least one	51%	49%	100%
U.S. born or immigrant			
Born in the U.S.	46%	54%*	100%
Immigrant	40%	60%*	100%
Lived longer inside or outside U.S. (among those not U.S. born)			
Outside U.S. longer	36%	64%	100%
Inside U.S. longer	47%	53%	100%
Survey interview language			
English	98%	2%*	100%
Native language	40%	60%	100%

Notes:
1) *Percentages may not sum to 100% due to rounding.*
2) *Data were collected before Minnesota's Freedom to Breathe Act was effective.*
**Estimates based on cell count of <5. Interpret with caution.*

Table D5. Vietnamese: Exposure to secondhand smoke in any location (at home, at work, in a car or in some other place) during the past week by demographic characteristics (n=383)

	Yes	No	Total
Overall	44%	56%	100%
Gender			
Male	59%	41%	100%
Female	27%	73%	100%
Age group (young adults vs. older adults)			
18 to 24	63%	37%	100%
25+	43%	58%	100%
Age group			
18 to 24	63%	37%	100%
25 to 34	65%	35%	100%
35 to 44	37%	63%	100%
45 to 54	46%	54%	100%
55 to 64	34%	66%	100%
65+	17%	83%	100%
Marital status			
Married	39%	61%	100%
Not married	55%	45%	100%
Education			
Less than high school	27%	73%	100%
High school	46%	54%	100%
Some college	43%	57%	100%
College	52%	48%	100%
Income			
$0–25,000	26%	74%	100%
$25,000–40,000	54%	46%	100%
$40,000–75,000	46%	54%	100%
$75,000+	53%	47%	100%
Employment status			
Work for wages	50%	50%	100%
Self-employed	63%	37%	100%
Don't work for wages	22%	78%	100%
Children in the home under age 18			
None	34%	66%	100%
At least one	51%	49%	100%
U.S. born or immigrant			
Born in the U.S.	63%	37%*	100%
Immigrant	41%	59%	100%
Lived longer inside or outside U.S. (among those not U.S. born)			
Outside U.S. longer	41%	59%	100%
Inside U.S. longer	43%	57%	100%
Survey interview language			
English	33%	67%	100%
Native language	44%	56%	100%

Appendix E: Secondhand smoke exposure at home by demographic and immigration characteristics

Table E1. Hmong: Exposure to secondhand smoke at home during the past week by demographic characteristics (n=586)

	Yes	No	Total
Overall	7%	93%	100%
Gender			
Male	5%	95%	100%
Female	9%	91%	100%
Age group (young adults vs. older adults)			
18 to 24	4%*	96%	100%
25+	8%	92%	100%
Age group			
18 to 24	4%*	96%	100%
25 to 34	7%	93%	100%
35 to 44	7%	93%	100%
45 to 54	14%	86%	100%
55 to 64	7%*	93%	100%
65+	6%*	94%	100%
Marital status			
Married	7%	93%	100%
Not married	8%	92%	100%
Education			
Less than high school	7%	93%	100%
High school	9%	91%	100%
Some college	9%	91%	100%
College	0%*	100%	100%
Income			
$0–25,000	10%	90%	100%
$25,000–40,000	5%	95%	100%
$40,000–75,000	7%	93%	100%
$75,000+	2%*	98%	100%
Employment status			
Work for wages	5%	95%	100%
Self-employed	6%*	94%	100%
Don't work for wages	10%	90%	100%
Children in the home under age 18			
None	5%*	95%	100%
At least one	7%	93%	100%
U.S. born or immigrant			
Born in the U.S.	4%*	96%	100%
Immigrant	7%	93%	100%
Lived longer inside or outside U.S. (among those not U.S. born)			
Outside U.S. longer	7%	94%	101%
Inside U.S. longer	7%	93%	100%
Survey interview language			
English	0%*	100%	100%
Native language	7%	93%	100%

Table E2. Cambodian, Lao and Vietnamese: Exposure to secondhand smoke at home during the past week by demographic characteristics (n=1,005)

	Yes	No	Total
Overall	9%	91%	100%
Gender			
Male	13%	87%	100%
Female	6%	94%	100%
Age group (young adults vs. older adults)			
18 to 24	24%	76%	100%
25+	8%	92%	100%
Age group			
18 to 24	25%	75%	100%
25 to 34	12%	88%	100%
35 to 44	10%	90%	100%
45 to 54	11%	89%	100%
55 to 64	6%	94%	100%
65+	11%	89%	100%
Marital status			
Married	9%	91%	100%
Not married	9%	91%	100%
Education			
Less than high school	10%	90%	100%
High school	11%	89%	100%
Some college	10%	90%	100%
College	11%	89%	100%
Income			
$0–25,000	9%	91%	100%
$25,000–40,000	12%	88%	100%
$40,000–75,000	12%	88%	100%
$75,000+	5%	95%	100%
Employment status			
Work for wages	10%	90%	100%
Self-employed	5%*	95%	100%
Don't work for wages	7%	93%	100%
Children in the home under age 18			
None	9%	91%	100%
At least one	9%	91%	100%
U.S. born or immigrant			
Born in the U.S.	35%	65%	100%
Immigrant	10%	90%	100%
Lived longer inside or outside U.S. (among those not U.S. born)			
Outside U.S. longer	9%	91%	100%
Inside U.S. longer	12%	88%	100%
Survey interview language			
English	1%*	99%	100%
Native language	10%	90%	100%

Notes:
Percentages may not sum to 100% due to rounding.
**Estimates based on cell count of <5. Interpret with caution.*

Table E3. Cambodian: Exposure to secondhand smoke at home during the past week by demographic characteristics (n=285)

	Yes	No	Total
Overall	7%	93%	100%
Gender			
Male	5%	95%	100%
Female	8%	92%	100%
Age group (young adults vs. older adults)			
18 to 24	0%*	100%	100%
25+	7%	93%	100%
Age group			
18 to 24	0%*	100%	100%
25 to 34	0%*	100%	100%
35 to 44	7%*	93%	100%
45 to 54	10%	90%	100%
55 to 64	2%*	98%	100%
65+	21%	79%	100%
Marital status			
Married	6%	94%	100%
Not married	8%	92%	100%
Education			
Less than high school	9%	91%	100%
High school	24%*	76%	100%
Some college	0%*	100%	100%
College	0%*	100%	100%
Income			
$0–25,000	13%	87%	100%
$25,000–40,000	9%*	91%	100%
$40,000–75,000	4%*	96%	100%
$75,000+	0%*	100%	100%
Employment status			
Work for wages	5%	95%	100%
Self-employed	0%*	100%	100%
Don't work for wages	12%	88%	100%
Children in the home under age 18			
None	13%	87%	100%
At least one	1%*	99%	100%
U.S. born or immigrant			
Born in the U.S.	0%*	100%	100%
Immigrant	8%	92%	100%
Lived longer inside or outside U.S. (among those not U.S. born)			
Outside U.S. longer	9%	91%	100%
Inside U.S. longer	6%*	94%	100%
Survey interview language			
English	0%*	100%	100%
Native language	8%	92%	100%

Table E4. Lao: Exposure to secondhand smoke at home during the past week by demographic characteristics (n=338)

	Yes	No	Total
Overall	7%	93%	100%
Gender			
Male	13%	87%	100%
Female	3%	97%	100%
Age group (young adults vs. older adults)			
18 to 24	23%*	77%	100%
25+	6%	94%	100%
Age group			
18 to 24	23%*	77%	100%
25 to 34	0%*	100%	100%
35 to 44	6%*	94%	100%
45 to 54	11%	89%	100%
55 to 64	9%	91%	100%
65+	7%*	93%	100%
Marital status			
Married	9%	91%	100%
Not married	4%	96%	100%
Education			
Less than high school	8%	92%	100%
High school	9%	91%	100%
Some college	5%*	95%	100%
College	17%*	83%	100%
Income			
$0–25,000	6%	94%	100%
$25,000–40,000	12%	88%	100%
$40,000–75,000	10%	90%	100%
$75,000+	3%*	97%	100%
Employment status			
Work for wages	7%	93%	100%
Self-employed	14%*	86%	100%
Don't work for wages	7%	93%	100%
Children in the home under age 18			
None	6%	94%	100%
At least one	7%	93%	100%
U.S. born or immigrant			
Born in the U.S.	46%*	54%*	100%
Immigrant	7%	93%	100%
Lived longer inside or outside U.S. (among those not U.S. born)			
Outside U.S. longer	5%	95%	100%
Inside U.S. longer	14%	86%	100%
Survey interview language			
English	0%*	100%	100%
Native language	8%	92%	100%

Notes:
Percentages may not sum to 100% due to rounding.
**Estimates based on cell count of <5. Interpret with caution.*

Table E5. Vietnamese: Exposure to secondhand smoke at home during the past week by demographic characteristics (n=382)

	Yes	No	Total
Overall	13%	87%	100%
Gender			
Male	17%	83%	100%
Female	8%	92%	100%
Age group (young adults vs. older adults)			
18 to 24	39%	61%	100%
25+	11%	89%	100%
Age group			
18 to 24	39%	61%	100%
25 to 34	23%	77%	100%
35 to 44	13%	87%	100%
45 to 54	11%	89%	100%
55 to 64	5%*	95%	100%
65+	6%*	94%	100%
Marital status			
Married	11%	89%	100%
Not married	17%	83%	100%
Education			
Less than high school	13%	87%	100%
High school	10%	90%	100%
Some college	16%	84%	100%
College	14%	86%	100%
Income			
$0–25,000	5%*	95%	100%
$25,000–40,000	13%	87%	100%
$40,000–75,000	19%	81%	100%
$75,000+	12%	88%	100%
Employment status			
Work for wages	18%	82%	100%
Self-employed	4%*	96%	100%
Don't work for wages	5%	95%	100%
Children in the home under age 18			
None	8%	92%	100%
At least one	16%	84%	100%
U.S. born or immigrant			
Born in the U.S.	44%*	56%	100%
Immigrant	12%	88%	100%
Lived longer inside or outside U.S. (among those not U.S. born)			
Outside U.S. longer	12%	88%	100%
Inside U.S. longer	16%	84%	100%
Survey interview language			
English	5%*	95%	100%
Native language	13%	87%	100%

Notes:
Percentages may not sum to 100% due to rounding.
**Estimates based on cell count of <5. Interpret with caution.*

Appendix F: Secondhand smoke exposure in a car by demographic and immigration characteristics

Table F1. Hmong: Exposure to secondhand smoke in a car during the past week by demographic characteristics (n=586)

	Yes	No	Total
Overall	15%	85%	100%
Gender			
Male	21%	79%	100%
Female	12%	88%	100%
Age group (young adults vs. older adults)			
18 to 24	29%	71%	100%
25+	12%	88%	100%
Age group			
18 to 24	29%	71%	100%
25 to 34	15%	85%	100%
35 to 44	10%	90%	100%
45 to 54	16%	84%	100%
55 to 64	11%	89%	100%
65+	4%*	96%	100%
Marital status			
Married	12%	88%	100%
Not married	23%	77%	100%
Education			
Less than high school	9%	91%	100%
High school	24%	76%	100%
Some college	20%	80%	100%
College	25%	75%	100%
Income			
$0–25,000	15%	85%	100%
$25,000–40,000	14%	86%	100%
$40,000–75,000	10%	90%	100%
$75,000+	31%	69%	100%
Employment status			
Work for wages	17%	83%	100%
Self-employed	26%	74%	100%
Don't work for wages	13%	87%	100%
Children in the home under age 18			
None	10%	90%	100%
At least one	16%	84%	100%
U.S. born or immigrant			
Born in the U.S.	39%	61%	100%
Immigrant	13%	87%	100%
Lived longer inside or outside U.S. (among those not U.S. born)			
Outside U.S. longer	9%	91%	100%
Inside U.S. longer	25%	75%	100%
Survey interview language			
English	12%*	88%	100%
Native language	15%*	85%	100%

Table F2. Cambodian, Lao and Vietnamese: Exposure to secondhand smoke in a car during the past week by demographic characteristics (n=1,005)

	Yes	No	Total
Overall	16%	84%	100%
Gender			
Male	27%	73%	100%
Female	8%	92%	100%
Age group (young adults vs. older adults)			
18 to 24	20%	20%	41%
25+	16%	80%	96%
Age group			
18 to 24	20%	80%	100%
25 to 34	21%	79%	100%
35 to 44	18%	82%	100%
45 to 54	18%	82%	100%
55 to 64	14%	86%	100%
65+	8%	92%	100%
Marital status			
Married	16%	84%	100%
Not married	16%	84%	100%
Education			
Less than high school	12%	88%	100%
High school	20%	80%	100%
Some college	17%	83%	100%
College	23%	78%	100%
Income			
$0–25,000	18%	82%	100%
$25,000–40,000	25%	75%	100%
$40,000–75,000	15%	85%	100%
$75,000+	13%	87%	100%
Employment status			
Work for wages	17%	83%	100%
Self-employed	29%	71%	100%
Don't work for wages	13%	87%	100%
Children in the home under age 18			
None	15%	85%	100%
At least one	17%	83%	100%
U.S. born or immigrant			
Born in the U.S.	20%*	80%	100%
Immigrant	16%	84%	100%
Lived longer inside or outside U.S. (among those not U.S. born)			
Outside U.S. longer	14%	86%	100%
Inside U.S. longer	21%	79%	100%
Survey interview language			
English	5%	95%	100%
Native language	17%	83%	100%

Notes:

Percentages may not sum to 100% due to rounding.

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

Table F3. Cambodian: Exposure to secondhand smoke in a car during the past week by demographic characteristics (n=285)

	Yes	No	Total
Overall	7%	93%	100%
Gender			
Male	8%	92%	100%
Female	6%	94%	100%
Age group (young adults vs. older adults)			
18 to 24	19%*	81%	100%
25+	6%	94%	100%
Age group			
18 to 24	19%*	81%	100%
25 to 34	2%*	98%	100%
35 to 44	12%	88%	100%
45 to 54	12%	88%	100%
55 to 64	1%*	99%	100%
65+	1%*	99%	100%
Marital status			
Married	5%	95%	100%
Not married	8%	92%	100%
Education			
Less than high school	7%	93%	100%
High school	18%*	82%	100%
Some college	4%*	96%	100%
College	3%*	97%	100%
Income			
$0–25,000	8%	92%	100%
$25,000–40,000	19%	81%	100%
$40,000–75,000	4%*	96%	100%
$75,000+	2%*	98%	100%
Employment status			
Work for wages	8%	92%	100%
Self-employed	7%*	93%	100%
Don't work for wages	4%*	96%	100%
Children in the home under age 18			
None	7%	93%	100%
At least one	6%	94%	100%
U.S. born or immigrant			
Born in the U.S.	0%*	100%*	100%
Immigrant	7%	93%	100%
Lived longer inside or outside U.S. (among those not U.S. born)			
Outside U.S. longer	3%*	97%	100%
Inside U.S. longer	15%	85%	100%
Survey interview language			
English	4%*	96%	100%
Native language	7%	93%	100%

Table F4. Lao: Exposure to secondhand smoke in a car during the past week by demographic characteristics (n=338)

	Yes	No	Total
Overall	20%	80%	100%
Gender			
Male	36%	64%	100%
Female	9%	91%	100%
Age group (young adults vs. older adults)			
18 to 24	8%*	92%	100%
25+	21%	79%	100%
Age group			
18 to 24	8%*	92%	100%
25 to 34	16%*	84%	100%
35 to 44	20%	80%	100%
45 to 54	21%	79%	100%
55 to 64	26%	74%	100%
65+	16%	84%	100%
Marital status			
Married	14%	86%	100%
Not married	23%	77%	100%
Education			
Less than high school	19%	81%	100%
High school	26%	74%	100%
Some college	31%	69%	100%
College	27%	73%	100%
Income			
$0–25,000	33%	67%	100%
$25,000–40,000	23%	77%	100%
$40,000–75,000	26%	74%	100%
$75,000+	7%	93%	100%
Employment status			
Work for wages	22%	78%	100%
Self-employed	0%*	100%	100%
Don't work for wages	19%	81%	100%
Children in the home under age 18			
None	23%	77%	100%
At least one	19%	81%	100%
U.S. born or immigrant			
Born in the U.S.	11%*	89%	100%
Immigrant	24%	76%	100%
Lived longer inside or outside U.S. (among those not U.S. born)			
Outside U.S. longer	21%	79%	100%
Inside U.S. longer	28%	72%	100%
Survey interview language			
English	0%*	100%	100%
Native language	24%	76%	100%

Notes:
Percentages may not sum to 100% due to rounding.
**Estimates based on cell count of <5. Interpret with caution.*

Table F5. Vietnamese: Exposure to secondhand smoke in a car during the past week by demographic characteristics (n=382)

	Yes	No	Total
Overall	19%	81%	100%
Gender			
Male	31%	69%	100%
Female	7%	93%	100%
Age group (young adults vs. older adults)			
18 to 24	29%	71%	100%
25+	19%	81%	100%
Age group			
18 to 24	29%	71%	100%
25 to 34	33%	67%	100%
35 to 44	19%	81%	100%
45 to 54	19%	81%	100%
55 to 64	10%	90%	100%
65+	11%	89%	100%
Marital status			
Married	15%	85%	100%
Not married	32%	68%	100%
Education			
Less than high school	11%	89%	100%
High school	18%	82%	100%
Some college	10%	90%	100%
College	29%	71%	100%
Income			
$0–25,000	16%	84%	100%
$25,000–40,000	30%	70%	100%
$40,000–75,000	13%	87%	100%
$75,000+	29%	71%	100%
Employment status			
Work for wages	19%	81%	100%
Self-employed	39%	61%	100%
Don't work for wages	13%	87%	100%
Children in the home under age 18			
None	14%	86%	100%
At least one	23%	77%	100%
U.S. born or immigrant			
Born in the U.S.	36%*	64%	100%
Immigrant	16%	84%	100%
Lived longer inside or outside U.S. (among those not U.S. born)			
Outside U.S. longer	16%	84%	100%
Inside U.S. longer	18%	82%	100%
Survey interview language			
English	14%*	86%	86%
Native language	20%	80%	80%

Notes:
Percentages may not sum to 100% due to rounding.
**Estimates based on cell count of <5. Interpret with caution.*

Appendix G: Secondhand smoke exposure at work by demographic and immigration characteristics

Table G1. Hmong: Exposure to secondhand smoke at work during the past week by demographic characteristics (n=307)

	Yes	No	Total
Overall	27%	73%	100%
Gender			
Male	27%	73%	100%
Female	26%	74%	100%
Age group (young adults vs. older adults)			
18 to 24	26%	74%	100%
25+	27%	73%	100%
Age group			
18 to 24	26%	74%	100%
25 to 34	20%	80%	100%
35 to 44	30%	70%	100%
45 to 54	38%	62%	100%
55 to 64	34%*	66%*	100%
65+	0%*	100%*	100%
Marital status			
Married	28%	72%	100%
Not married	24%	76%	100%
Education			
Less than high school	33%	67%	100%
High school	26%	74%	100%
Some college	27%	73%	100%
College	15%	85%	100%
Income			
$0–25,000	37%	63%	100%
$25,000–40,000	20%	80%	100%
$40,000–75,000	23%	77%	100%
$75,000+	29%	71%	100%
Employment status			
Work for wages	27%	73%	100%
Self-employed	22%*	78%	100%
Don't work for wages	0%*	0%*	0%
Children in the home under age 18			
None	10%	90%	100%
At least one	28%*	72%	100%
U.S. born or immigrant			
Born in the U.S.	25%	75%	100%
Immigrant	27%	73%	100%
Lived longer inside or outside U.S. (among those not U.S. born)			
Outside U.S. longer	27%	73%	100%
Inside U.S. longer	27%	73%	100%
Survey interview language			
English	49%*	51%*	100%
Native language	26%	74%	100%

Table G2. Cambodian, Lao and Vietnamese: Exposure to secondhand smoke at work during the past week by demographic characteristics (n=702)

	Yes	No	Total
Overall	27%	73%	100%
Gender			
Male	17%	83%	100%
Female	20%	80%	100%
Age group (young adults vs. older adults)			
18 to 24	27%	73%	100%
25+	18%	82%	100%
Age group			
18 to 24	28%	72%	100%
25 to 34	10%	90%	100%
35 to 44	9%	91%	100%
45 to 54	15%	85%	100%
55 to 64	8%	92%	100%
65+	12%*	88%	100%
Marital status			
Married	11%	89%	100%
Not married	34%	66%	100%
Education			
Less than high school	11%	89%	100%
High school	12%	88%	100%
Some college	13%	87%	100%
College	10%	90%	100%
Income			
$0–25,000	7%	93%	100%
$25,000–40,000	22%	78%	100%
$40,000–75,000	13%	87%	100%
$75,000+	27%	73%	100%
Employment status			
Work for wages	18%	82%	100%
Self-employed	24%	76%	100%
Don't work for wages	0%*	0%*	0%
Children in the home under age 18			
None	13%	87%	100%
At least one	22%	78%	100%
U.S. born or immigrant			
Born in the U.S.	6%*	94%	100%
Immigrant	12%	88%	100%
Lived longer inside or outside U.S. (among those not U.S. born)			
Outside U.S. longer	15%	85%	100%
Inside U.S. longer	6%	94%	100%
Survey interview language			
English	54%	46%	100%
Native language	13%	87%	100%

Notes:
1) *Percentages may not sum to 100% due to rounding.*
2) *Data were collected before Minnesota's Freedom to Breathe Act was effective.*
3) *Exposure at work is measured and reported only among respondents who reported working indoors.*
**Estimates based on cell count of <5. Interpret with caution.*

Table G3. Cambodian: Exposure to secondhand smoke at work during the past week by demographic characteristics (n=204)

	Yes	No	Total
Overall	7%	93%	100%
Gender			
Male	7%	93%	100%
Female	7%	93%	100%
Age group (young adults vs. older adults)			
18 to 24	72%	28%*	100%
25+	4%	96%	100%
Age group			
18 to 24	86%	14%	100%
25 to 34	0%*	100%	100%
35 to 44	1%*	99%	100%
45 to 54	7%*	93%	100%
55 to 64	2%*	98%	100%
65+	0%*	100%	100%
Marital status			
Married	3%*	97%	100%
Not married	14%	86%	100%
Education			
Less than high school	7%	93%	100%
High school	2%*	98%	100%
Some college	13%*	87%	100%
College	1%*	99%	100%
Income			
$0–25,000	8%*	92%	100%
$25,000–40,000	5%*	95%	100%
$40,000–75,000	8%*	92%	100%
$75,000+	7%*	93%	100%
Employment status			
Work for wages	7%	93%	100%
Self-employed	0%*	100%	100%
Don't work for wages	0%*	0%*	0%
Children in the home under age 18			
None	5%*	95%	100%
At least one	9%	91%	100%
U.S. born or immigrant			
Born in the U.S.	0%*	100%*	100%
Immigrant	6%	94%	100%
Lived longer inside or outside U.S. (among those not U.S. born)			
Outside U.S. longer	7%	93%	100%
Inside U.S. longer	5%*	95%	100%
Survey interview language			
English	11%*	89%	100%
Native language	6%	94%	100%

Table G4. Lao: Exposure to secondhand smoke at work during the past week by demographic characteristics (n=227)

	Yes	No	Total
Overall	26%	74%	100%
Gender			
Male	9%	91%	100%
Female	39%	61%	100%
Age group (young adults vs. older adults)			
18 to 24	16%*	84%	100%
25+	26%	74%	100%
Age group			
18 to 24	16%*	84%	100%
25 to 34	6%*	94%	100%
35 to 44	8%*	92%	100%
45 to 54	6%*	94%	100%
55 to 64	4%*	96%	100%
65+	0%*	100%	100%
Marital status			
Married	5%	95%	100%
Not married	67%	33%	100%
Education			
Less than high school	10%	90%	100%
High school	3%*	97%	100%
Some college	7%*	93%	100%
College	0%*	100%	100%
Income			
$0–25,000	7%*	93%	100%
$25,000–40,000	12%*	88%	100%
$40,000–75,000	8%	92%	100%
$75,000+	46%	54%	100%
Employment status			
Work for wages	27%	73%	100%
Self-employed	0%*	100%	100%
Don't work for wages	0%*	0%*	0%
Children in the home under age 18			
None	4%*	96%	100%
At least one	36%	64%	100%
U.S. born or immigrant			
Born in the U.S.	11%*	89%	100%
Immigrant	6%	94%	100%
Lived longer inside or outside U.S. (among those not U.S. born)			
Outside U.S. longer	6%	94%	100%
Inside U.S. longer	6%	94%	100%
Survey interview language			
English	100%	0%*	100%
Native language	7%	93%	100%

Notes:
1) *Percentages may not sum to 100% due to rounding.*
2) *Data were collected before Minnesota's Freedom to Breathe Act was effective.*
3) *Exposure at work is measured and reported only among respondents who reported working indoors.*
**Estimates based on cell count of <5. Interpret with caution.*

Table G5. Vietnamese: Exposure to secondhand smoke at work during the past week by demographic characteristics (n=270)

	Yes	No	Total
Overall	21%	79%	100%
Gender			
Male	27%	73%	100%
Female	12%	88%	100%
Age group (young adults vs. older adults)			
18 to 24	5%*	95%	100%
25+	22%	78%	100%
Age group			
18 to 24	5%*	95%	100%
25 to 34	17%	83%	100%
35 to 44	16%	85%	100%
45 to 54	28%	72%	100%
55 to 64	19%	81%	100%
65+	33%*	67%	100%
Marital status			
Married	20%	80%	100%
Not married	24%	76%	100%
Education			
Less than high school	23%	77%	100%
High school	20%	80%	100%
Some college	17%	83%	100%
College	15%	85%	100%
Income			
$0–25,000	4%*	96%	100%
$25,000–40,000	39%	61%	100%
$40,000–75,000	20%	80%	100%
$75,000+	19%	81%	100%
Employment status			
Work for wages	19%	81%	100%
Self-employed	32%	68%	100%
Don't work for wages	0%*	0%*	0%
Children in the home under age 18			
None	25%	75%	100%
At least one	18%	82%	100%
U.S. born or immigrant			
Born in the U.S.	2%*	98%	100%
Immigrant	19%	81%	100%
Lived longer inside or outside U.S. (among those not U.S. born)			
Outside U.S. longer	24%	76%	100%
Inside U.S. longer	8%	92%	100%
Survey interview language			
English	0%*	100%	100%
Native language	22%	78%	100%

Notes:
1) *Percentages may not sum to 100% due to rounding.*
2) *Data were collected before Minnesota's Freedom to Breathe Act was effective.*
3) *Exposure at work is measured and reported only among respondents who reported working indoors.*
**Estimates based on cell count of <5. Interpret with caution.*

Appendix H: Secondhand smoke exposure in any other location by key demographic and immigration characteristics

Table H1. Hmong: Exposure to secondhand smoke in any other location besides home, workplace or a car during the past week by demographic characteristics (n=586)

	Yes	No	Total
Overall	28%	72%	100%
Gender			
Male	30%	70%	100%
Female	27%	73%	100%
Age group (young adults vs. older adults)			
18 to 24	40%	60%	100%
25+	26%	74%	100%
Age group			
18 to 24	40%	60%	100%
25 to 34	31%	69%	100%
35 to 44	30%	70%	100%
45 to 54	22%	78%	100%
55 to 64	21%	79%	100%
65+	11%	89%	100%
Marital status			
Married	29%	71%	100%
Not married	28%	72%	100%
Education			
Less than high school	22%	78%	100%
High school	38%	62%	100%
Some college	37%	63%	100%
College	40%	60%	100%
Income			
$0–25,000	21%	79%	100%
$25,000–40,000	35%	65%	100%
$40,000–75,000	33%	67%	100%
$75,000+	43%	57%	100%
Employment status			
Work for wages	32%	68%	100%
Self-employed	48%	52%	100%
Don't work for wages	22%	78%	100%
Children in the home under age 18			
None	19%	81%	100%
At least one	30%	70%	100%
U.S. born or immigrant			
Born in the U.S.	53%	47%	100%
Immigrant	26%	74%	100%
Lived longer inside or outside U.S. (among those not U.S. born)			
Outside U.S. longer	22%	78%	100%
Inside U.S. longer	39%	61%	100%
Survey interview language			
English	47%*	53%	100%
Native language	28%	72%	100%

Table H2. Cambodian, Lao and Vietnamese: Exposure to secondhand smoke in any other location besides home, workplace or a car during the past week by demographic characteristics (n=1,002)

	Yes	No	Total
Overall	27%	73%	100%
Gender			
Male	36%	64%	100%
Female	20%	80%	100%
Age group (young adults vs. older adults)			
18 to 24	31%	69%	100%
25+	27%	73%	100%
Age group			
18 to 24	31%	69%	100%
25 to 34	33%	67%	100%
35 to 44	36%	64%	100%
45 to 54	29%	71%	100%
55 to 64	21%	79%	100%
65+	13%	87%	100%
Marital status			
Married	24%	76%	100%
Not married	33%	67%	100%
Education			
Less than high school	16%	84%	100%
High school	31%	69%	100%
Some college	30%	70%	100%
College	34%	66%	100%
Income			
$0–25,000	21%	79%	100%
$25,000–40,000	28%	72%	100%
$40,000–75,000	21%	79%	100%
$75,000+	40%	60%	100%
Employment status			
Work for wages	30%	70%	100%
Self-employed	45%	55%	100%
Don't work for wages	18%	82%	100%
Children in the home under age 18			
None	23%	77%	100%
At least one	30%	70%	100%
U.S. born or immigrant			
Born in the U.S.	45%	55%	100%
Immigrant	24%	76%	100%
Lived longer inside or outside U.S. (among those not U.S. born)			
Outside U.S. longer	22%	78%	100%
Inside U.S. longer	31%	69%	100%
Survey interview language			
English	51%	49%	100%
Native language	24%	76%	100%

Notes:
1) *Percentages may not sum to 100% due to rounding.*
2) *Data were collected before Minnesota's Freedom to Breathe Act was effective.*
**Estimates based on cell count of <5. Interpret with caution.*

Table H3. Cambodian: Exposure to secondhand smoke in any other location besides home, workplace or a car during the past week by demographic characteristics (n=285)

	Yes	No	Total
Overall	5%	95%	100%
Gender			
Male	9%	91%	100%
Female	3%*	97%	100%
Age group (young adults vs. older adults)			
18 to 24	0%*	100%	100%
25+	6%	94%	100%
Age group			
18 to 24	0%*	100%	100%
25 to 34	1%*	99%	100%
35 to 44	14%	86%	100%
45 to 54	12%	88%	100%
55 to 64	1%*	99%	100%
65+	3%*	97%	100%
Marital status			
Married	8%	92%	100%
Not married	2%*	98%	100%
Education			
Less than high school	4%	96%	100%
High school	20%*	80%	100%
Some college	0%*	100%	100%
College	16%*	84%	100%
Income			
$0–25,000	5%	95%	100%
$25,000–40,000	14%	86%	100%
$40,000–75,000	1%*	99%	100%
$75,000+	5%*	95%	100%
Employment status			
Work for wages	7%	93%	100%
Self-employed	0%*	100%	100%
Don't work for wages	3%*	97%	100%
Children in the home under age 18			
None	5%	94%	100%
At least one	6%	95%	100%
U.S. born or immigrant			
Born in the U.S.	0%*	100%*	100%
Immigrant	7%	93%	100%
Lived longer inside or outside U.S. (among those not U.S. born)			
Outside U.S. longer	2%*	98%	100%
Inside U.S. longer	17%	83%	100%
Survey interview language			
English	0%*	100%	100%
Native language	5%	95%	100%

Table H4. Lao: Exposure to secondhand smoke in any other location besides home, workplace or a car during the past week by demographic characteristics (n=338)

	Yes	No	Total
Overall	45%	55%	100%
Gender			
Male	50%	50%	100%
Female	41%	59%	100%
Age group (young adults vs. older adults)			
18 to 24	26%*	74%	100%
25+	46%	54%	100%
Age group			
18 to 24	26%*	74%	100%
25 to 34	27%	73%	100%
35 to 44	47%	53%	100%
45 to 54	39%	61%	100%
55 to 64	36%	64%	100%
65+	27%	73%	100%
Marital status			
Married	35%	65%	100%
Not married	63%	37%	100%
Education			
Less than high school	31%	69%	100%
High school	35%	65%	100%
Some college	52%	48%	100%
College	36%	64%	100%
Income			
$0–25,000	45%	55%	100%
$25,000–40,000	35%	65%	100%
$40,000–75,000	36%	64%	100%
$75,000+	56%	44%	100%
Employment status			
Work for wages	53%	48%	100%
Self-employed	41%*	59%*	100%
Don't work for wages	29%	71%	100%
Children in the home under age 18			
None	41%	59%	100%
At least one	47%	53%	100%
U.S. born or immigrant			
Born in the U.S.	46%*	54%*	100%
Immigrant	36%	64%	100%
Lived longer inside or outside U.S. (among those not U.S. born)			
Outside U.S. longer	34%	66%	100%
Inside U.S. longer	41%	59%	100%
Survey interview language			
English	100%	0%*	100%
Native language	36%	64%	100%

Notes:
1) *Percentages may not sum to 100% due to rounding.*
2) *Data were collected before Minnesota's Freedom to Breathe Act was effective.*
**Estimates based on cell count of <5. Interpret with caution.*

Table H5. Vietnamese: Exposure to secondhand smoke in any other location besides home, workplace or a car during the past week by demographic characteristics (n=378)

	Yes	No	Total
Overall	28%	72%	100%
Gender			
Male	42%	58%	100%
Female	13%	87%	100%
Age group (young adults vs. older adults)			
18 to 24	55%	45%	100%
25+	27%	73%	100%
Age group			
18 to 24	55%	45%	100%
25 to 34	45%	55%	100%
35 to 44	15%	85%	100%
45 to 54	36%	64%	100%
55 to 64	19%	81%	100%
65+	9%*	91%	100%
Marital status			
Married	24%	76%	100%
Not married	40%	60%	100%
Education			
Less than high school	13%	87%	100%
High school	31%	69%	100%
Some college	26%	74%	100%
College	40%	60%	100%
Income			
$0–25,000	17%	83%	100%
$25,000–40,000	31%	69%	100%
$40,000–75,000	21%	79%	100%
$75,000+	46%	54%	100%
Employment status			
Work for wages	28%	72%	100%
Self-employed	53%	47%	100%
Don't work for wages	19%	81%	100%
Children in the home under age 18			
None	24%	76%	100%
At least one	32%	68%	100%
U.S. born or immigrant			
Born in the U.S.	65%	35%*	100%
Immigrant	26%	74%	100%
Lived longer inside or outside U.S. (among those not U.S. born)			
Outside U.S. longer	25%	75%	100%
Inside U.S. longer	32%	68%	100%
Survey interview language			
English	29%	71%	100%
Native language	28%	72%	100%

Notes:
1) *Percentages may not sum to 100% due to rounding.*
2) *Data were collected before Minnesota's Freedom to Breathe Act was effective.*
**Estimates based on cell count of <5. Interpret with caution.*

VIII Collaborating Organizations

DREGAN Partners

Asian Pacific Tobacco-Free Coalition of Minnesota (APT-FCM) is an organizational network representing the diverse Asian population of Minnesota. Originally established in 2000 with a grant from ClearWay Minnesota, APT-FCM is a nonprofit organization with a mission to unify ethnic Asian community efforts against tobacco while promoting health education.

Southeast Asian Refugee Community Home (SEARCH) is a diverse group of Pan-Asians (representing Cambodian, Hmong, Lao and Vietnamese heritage) founded in July 1992. Founders understood the need and value in building bridges across ethnic community lines to effectively serve refugees and immigrants, while also filling gaps for culturally specific, employment-focused services tailored to the unique language and culture needs of refugees and immigrants in the new homeland of Minnesota and the United States. The mission of SEARCH is to assist Southeast Asian and other refugees and immigrants in becoming contributing members of their community. Since 2004, SEARCH has served East African refugees as well. During the agency's 13-year history, several thousand Southeast Asian and East African refugees have been served through employment training, day care services, and computer and youth services; and about 1,500 individuals have been placed into jobs. Since 2002, SEARCH has actively participated in the DREGAN Project with a mission to achieve measurable reduction in tobacco use in Minnesota's Southeast Asian community through research and intervention.

For more information, go to **www.asian-search.org**.

Blue Cross and Blue Shield of Minnesota (Blue Cross) is the largest health plan based in Minnesota, covering 2.8 million members in Minnesota and nationally through its health plans or plans administered by its affiliated companies. Prevention Minnesota is Blue Cross' long-term commitment to tackle preventable heart disease and cancers throughout Minnesota by addressing their root causes: tobacco use, exposure to secondhand smoke, physical inactivity and unhealthy eating. Prevention Minnesota is funded by Blue Cross' settlement proceeds from its landmark lawsuit with the tobacco industry, in which Blue Cross was a co-plaintiff with the State of Minnesota. Blue Cross and Blue Shield of Minnesota, a nonprofit corporation, is an independent licensee of the Blue Cross and Blue Shield Association. Blue Cross provides stop-smoking programs for its members, funds efforts to advocate for policy changes that help to reduce tobacco use and secondhand smoke exposure, works with high-priority populations to raise awareness of the harm of tobacco use, and promotes workplace health improvement.

For more information, go to **www.bluecrossmn.com/preventionminnesota**.

ClearWay Minnesota℠ is a nonprofit organization that strives to enhance life for all Minnesotans by reducing tobacco use and exposure to secondhand smoke through research, action and collaboration. ClearWay Minnesota serves Minnesota through its grant-making program, QUITPLAN® Services, to help people quit smoking, and through statewide outreach activities. QUITPLAN Services has helped more than 14,800 adult Minnesotans successfully quit smoking. ClearWay Minnesota designs and develops innovative statewide multimedia campaigns to inform the public of QUITPLAN Services and raise the awareness of the harm of secondhand smoke exposure. ClearWay Minnesota also works to build capacity and engage priority populations in reducing the harm that tobacco causes their communities. ClearWay Minnesota was created in 1998 when the state received $6.1 billion from its settlement with the tobacco industry and 3 percent, or $202 million, was dedicated by the Ramsey County District Court to establish the independent nonprofit organization.

For more information, go to **www.clearwaymn.org**.

Statewide Tobacco Education and Engagement Project (STEEP)

STEEP is a collaborative project of seven organizations and institutions to build the capacity of Minnesota's Southeast Asian community organizations in helping their community members around the dangers of tobacco use. The overall goal is to increase awareness and improve family and community health through tobacco education and community engagement. STEEP exists to build the capacity of Southeast Asian communities to be aware of the harmful effects and dangers of tobacco use. Tobacco educators are equipped with culturally appropriate tools and strategies in tobacco prevention to educate local staffs from businesses, agencies and other organizations. All outreach activities are offered in English and the language of the community in responding to the specific and unique cultural barriers, challenges and strengths of each community. STEEP uses a "train the trainer" model to increase the number of effective tobacco prevention advocates within each community.

For more information, go to **http://www.laofamily.org/steep/blog**.

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APT-FCM
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Coalition of Minnesota

ClearWay℠
MINNESOTA

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SEARCH
Southeast Asian
Refugee Community Home

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