

SMOKING AMONG ASIAN AMERICANS

A NATIONAL TOBACCO SURVEY

NATIONAL ASIAN WOMEN'S HEALTH ORGANIZATION

SPRING 1998

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INTRODUCTION

While the fight against tobacco continues to make national headlines, the presence of a strong, organized Asian American effort is conspicuously absent from the public eye. This lack of involvement stands on the widespread misperception that Asian Americans are not an at-risk population, which has been exacerbated by federal data collection surveys that indicate they have the lowest rate of smoking use (13.9%) among all racial groups.¹ However, because these surveys have been done in English, by phone, and with an extremely small sample, the National Asian Women's Health Organization believed that many Asian immigrant communities were being overlooked, and thus losing out on critically-needed public health intervention programs.

The National Asian Women's Health Organization (NAWHO) is a non-profit, community-based advocacy organization that has significantly changed the health and well-being of Asian Americans since its founding in 1993. NAWHO improves the health status of Asian women and families through research, education, leadership, and public policy programs that empower women, and address broader social justice issues for under-served communities of the entire American population.

By conducting its own national phone survey to measure smoking prevalence among Asian Americans, NAWHO set out to prove two critical points:

- 1) Asian Americans are a priority population in need of tobacco control programs; and
- 2) Current federal data collection instruments must be expanded to accurately measure the health needs of the increasingly diverse U.S. population, particularly among Asian Americans.

NAWHO's survey utilized the same tobacco-use questions from the National Health Interview Survey, which had documented the 13.9% Asian American smoking rate. However, NAWHO translated the questions into two Asian

¹ Centers for Disease Control and Prevention. Cigarette Smoking Among Adults - United States, 1994. MMWR 1996; 45: 588-590.

languages—Korean and Vietnamese (two of the largest Asian ethnic groups in the U.S.). This was critical in order to re-frame the issue of smoking in the Asian American population, which is almost two-thirds immigrant, and whose diversity ranges from living in poverty to being financially stable, from being a non-English speaking refugee to a third generation English-only speaker.

The findings of NAWHO's survey showed that Asian Americans are indeed a high-risk population. Asian American men are smoking at much higher rates than previously reported; Asian American women are at risk for tobacco related diseases due to high exposure from second-hand smoke; and most Asian American smokers begin their habit while they are teenagers. By conducting this survey in Asian languages, NAWHO was able to tap into the neglected population of Asian American immigrants who are strongly affected by the smoking culture of their countries of origin. While smoking rates fell in countries like the U.S., Great Britain, and Australia, tobacco use increased in Asia by 22%, much due to the pervasive U.S. cigarette advertising in Asian countries.² Here in the United States, Asian American communities continue to be targets of tobacco promotion, as shown by a California study wherein tobacco billboard advertising was highest in Asian American neighborhoods compared with other racial groups.³

NAWHO is particularly concerned about the sharp rise in smoking among all women in the United States, and about its survey findings that show Asian women have extremely high environmental tobacco smoke exposure. This was no surprise, as lung cancer is the leading cause of preventable death among Asian American women over the age of 55. As the majority of Asian American females are currently of reproductive age, the prevalence of lung cancer is likely to increase drastically as this population ages.⁴ In addition, marketing techniques that promote "slim" and "light" cigarettes, and that manipulate ideas of women's empowerment put Asian American women and girls at a high risk to begin smoking. Studies have

² Alameda County Tobacco Control Program, 1993.

³ Wildey MB, Young RL, Elder JP. Cigarette Point-of-Sale Advertising in Ethnic Neighborhoods in San Diego, CA. *Health Values* 1992; 16(1):23-8.

⁴ National Center for Health Statistics. *Health, United States, 1996-1997 and Injury Chartbook*. Hyattsville, Maryland: 1997.

shown that Asian women born in the United States are even more likely to smoke than their counterparts born in Asia.⁵

These factors, combined with NAWHO's survey findings indicating that most Asians begin smoking as teens, demonstrates the need for more programs targeted at Asian American girls—a population that has been invisible to most health promotion efforts. Asian American girls are growing up under tobacco marketing ploys that project images of thin, beautiful women smokers as cultural ideals, along with modern American peer pressures to acculturate and “fit in.”

Asian American girls have the highest rates of depressive symptoms among racial groups, and girls with such symptoms have double the prevalence of risky behaviors and are more likely to turn to drinking or smoking for relief.⁶ The multitude of issues intertwined with tobacco use among Asian American girls, particularly body image, self-esteem, substance abuse, cultural values and pressures, demands that they have health intervention programs that are specifically targeted to their own needs.

NAWHO hopes that this report will assist policy-makers and advocates in the growing nationwide public policy debate on tobacco control. In this important work, NAWHO will contribute its own expertise to bring down what is a leading cause of death for Asian Americans. Local community efforts have proven their effectiveness in strategies to directly educate small segments of the Asian American population, yet a stronger national effort must be made to promote these initiatives, and increase collaboration, communications, and support in a broader context. In addition, more must be done to work with Asian American women and girls to counter beliefs that they are not at risk. Asian women have traditionally been the core of community and family health as the primary care-givers, though at the same time giving less priority to their own individual health. While empowering Asian American women to improve their own health status, NAWHO recognizes this cultural role where women continue to be highly active in the coordination of social and health services. By involving Asian American women in a tobacco control

⁵ Klatsky A, and Armstrong, M. “Cardiovascular Risk Factors Among Asian Americans Living in Northern California.” Vol.81 (11). American Journal of Public Health. Nov. 1991

⁶ Schoen, C., Davis, K., Scott Collins, K. et al. (Eds.), *The Commonwealth Fund Survey of the Health of Adolescent Girls* (New York, NY: The Commonwealth Fund, 1997).

program, NAWHO knows that this empowerment will impact and reach the larger Asian American community. In order for national anti-tobacco efforts to succeed, Asian American women must be integral and equal partners in greater mainstream campaigns, as well as be the driving force to produce their own media messages and community awareness.

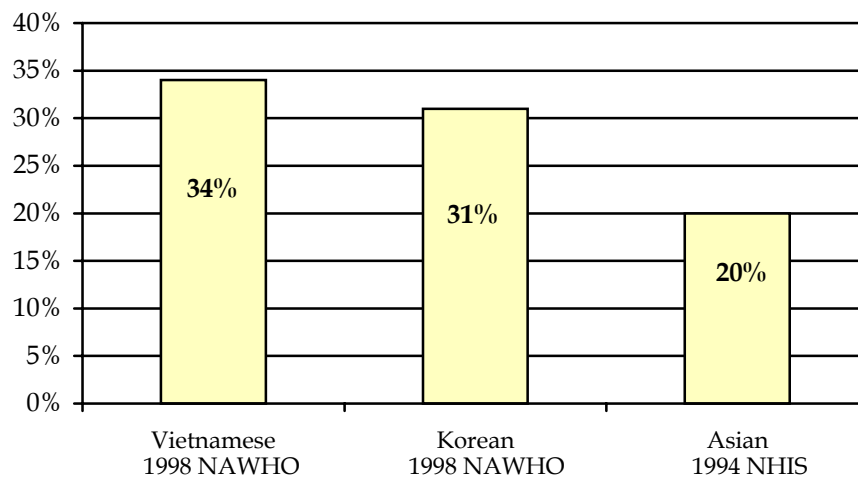
KEY FINDINGS

ASIAN AMERICANS ARE A HIGH RISK POPULATION FOR TOBACCO USE

Asian American men are smoking at much higher rates than previously reported by the federal government.

NAWHO's survey found that Asian American men are at a much higher risk for tobacco-related diseases and health problems than previously thought. 34% of Vietnamese and 31% of Korean American men in the survey currently smoke, compared to the government-reported Asian American rate of 20%. In fact, according to NAWHO's survey, smoking prevalence is higher among Asian American males than White males, who have a reported rate of 28%.

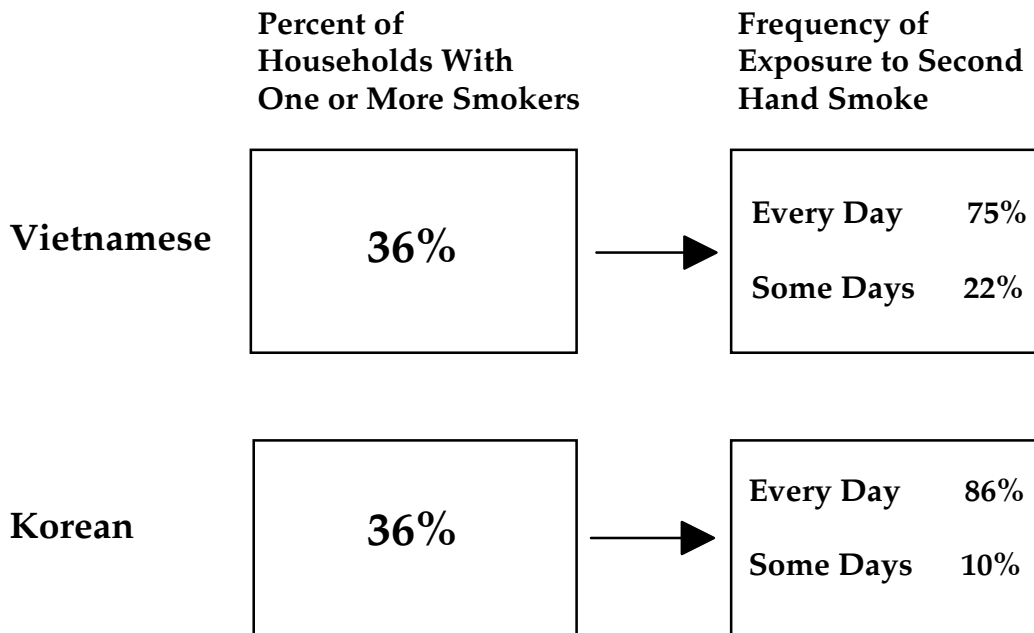
Comparison of Smoking Rates Among Asian American Men



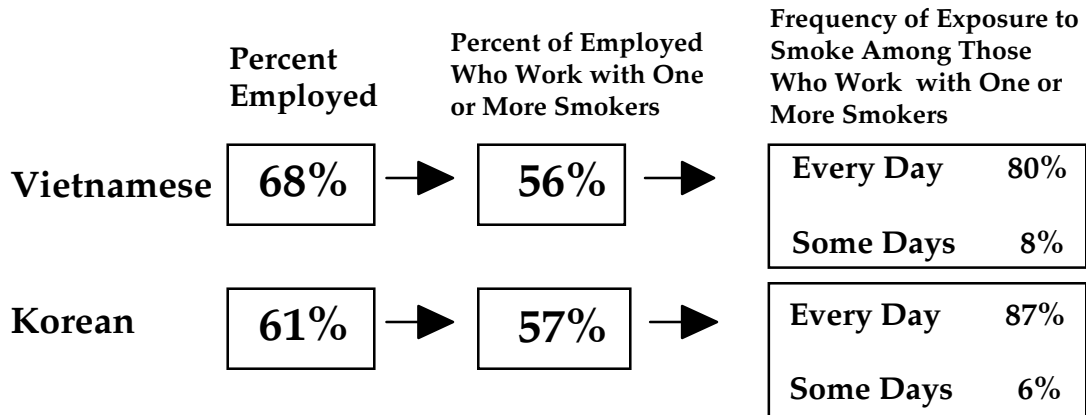
Asian American women are at extremely high risk for tobacco related health problems from second hand smoke both at home and in the workplace.

Although NAWHO’s survey found the low numbers of Asian American women smokers to be consistent with federal data, it showed that they are exposed to unprecedented amounts of second hand smoke. 31% of Vietnamese and 27% of Korean American women were exposed to second hand smoke at home every day. With households averaging over 4 persons in residence, Asian American children are also at-risk. In addition, 41% of Korean and 27% of Vietnamese American women who work are exposed to second hand smoke at the workplace every day.

Asian American Women's Second Hand Smoke Exposure at Home



Asian Americans' Second Hand Smoke Exposure in the Workplace



Asian Americans smoke cigarettes frequently and often.

Not only are there high rates of current Asian American smokers, but these individuals smoke frequently and often. 82% of the respondents who smoked, smoke cigarettes every day, as opposed to just “some days.” Further, 35% of these smokers reported smoking at least one pack of cigarettes daily. In addition, over two-thirds of the smokers surveyed have tried to quit but failed.

CURRENT TOBACCO CONTROL PROGRAMS ARE NOT REACHING ASIAN AMERICANS

Many Asian Americans have their first cigarette during their teen years.

The effects of tobacco marketing aimed at youth is as evident in the Asian American community as it is for other communities in the United States. NAWHO’s survey found that 52% of Vietnamese and 33% of Korean Americans who have smoked tried their first cigarette at 18 years of age or younger.

Many Asian Americans are unaware of the health risks associated with smoking.

Public education programs are not adequately informing the Asian American community about the harmful effects of smoking beyond its linkages to lung cancer. About 1 in 5 Vietnamese and Korean Americans did not know if smoking causes heart disease, bronchitis, emphysema, chronic obstructive pulmonary disease and mouth cancer. In addition, 34% of Vietnamese Americans surveyed did not know if smoking is addictive.

There are missed opportunities for education on tobacco risks.

Asian Americans have extremely low rates of utilizing any preventive clinical services, and thus every health visit becomes a valuable opportunity to provide important health information. However, the misperception that Asian Americans do not smoke has impeded these opportunities for education by health care professionals. NAWHO's survey found that many primary care physicians do not ask about Asian Americans' smoking habits. Half of the smokers surveyed were *not* asked about their smoking habits during routine physical examinations.

CURRENT DATA COLLECTION MECHANISMS ARE NOT ADEQUATE

NAWHO's multi-lingual survey reveals a broader health assessment of the Asian American population.

By utilizing professional translators and surveying beyond the English language, NAWHO was able to reach a broader sample of the Asian American population. Almost all respondents (99% of Vietnamese and 94% of Koreans) were born outside the U. S., and most requested to be surveyed in their native language (89% of Vietnamese and 82 % of Koreans). This methodology demonstrated that smoking is a far more serious problem among Asian Americans, and that more attention paid to the diversity of this population, especially in terms of gender, immigration status, and ethnicity.

RECOMMENDATIONS

Tobacco control and public health intervention programs must incorporate women's health issues and specifically target Asian American women and girls as an at-risk population.

In order for tobacco control and public health intervention programs to successfully reach the Asian American community, they must address the following:

Women's Health NAWHO's survey findings about the high prevalence of second hand smoke exposure in the home for Asian American women, and the lack of knowledge about smoking's co-morbidity, demonstrates the critical need for more public education in the Asian American community. Again, because Asian American women are at the core of health and social service coordination in their communities, involving women in a tobacco control program will inevitably impact and reach the larger Asian American community.

These programs should specifically address the harmful effects of second hand smoke, especially in the framework of affecting children and families. In addition, it is critical to provide Asian American women with more information from the growing number of women's health-related smoking studies; for example, how combining use of the birth control pill and smoking has strong links to heart disease and stroke.

Girls' Empowerment and Media In order to counter the effects of targeted tobacco advertising toward teen girls, tobacco control programs must use a broad-based, inclusive approach that promotes positive images and behaviors for teen girls. Smoking use among girls is heavily influenced by depressive symptoms such as low self-esteem, negative body image, and suicidal thoughts. Asian American girls are the most likely to display these depressive symptoms, and require programs that will foster high self-esteem and the supportive environment needed to overcome such factors that lead them to start smoking.

As part of this effort, Asian American women and girls must be a driving force to produce their own media messages and community awareness. Positive Asian women role models and tobacco-free positive images must be a part of mainstream counter tobacco media campaigns.

There must be more social science research on environmental tobacco smoke and its economic relationships; and national research on Asian American sub-populations and their risk for smoking, such as teens, women, and different ethnic groups.

Environmental Tobacco Smoke Because NAWHO's survey indicates many Asian American women are exposed to smoke in the workplace, there must be more research to understand where these Asian Americans are working, and to what degree does economics contribute to smoke exposure. The average household income for families in this survey is low, indicating that many could be working in low-wage jobs with high exposure to smoke such as restaurants, gaming houses, or bars.

Understanding this prevalence would contribute to better public health efforts and the enactment of more targeted consumer and labor protections against environmental tobacco smoke. In addition, if there is a disproportionate number of Asian American women in these jobs, then there must be a more broad-based effort to empower women and bring them out of these working conditions.

Sub-population studies NAWHO's study demonstrated how a multi-lingual survey instrument can better gauge the smoking habits of immigrant populations. Because of the immense diversity within the Asian American population, NAWHO recommends further national studies targeted at more Asian American sub-populations such as other immigrant communities (i.e., Laotians and Filipinos); comparative studies of smoking rates across generations that analyze causal differences in immigrant smoking rates versus third to fourth generation resident smoking rates; under aged 18 surveys to determine teenage smoking rates and how they can be more involved in tobacco control programs; and finding better

research methodologies to overcome the cultural factors that cause gross underreporting of smoking behavior among Asian American women.

Federal data collection mechanisms on tobacco use and other health areas must be expanded and improved.

Because federal data collection mechanisms such as the National Health Interview Survey are used to determine the priority populations of public health intervention programs, it is critical that these survey instruments be broadened and improved to accurately measure the diversity of the American population. This should happen across all agencies of the Department of Health and Human Services. In the area of tobacco control, the National Center for Health Statistics at the Centers for Disease Control and Prevention should be directed to evaluate its own data collection efforts (i.e., the National Health Interview Survey), and make recommendations for improving these efforts. These improvements should incorporate a multi-lingual methodology as used by NAWHO in its tobacco survey, in order to reach beyond the English speaking population and collect data on the non-English speaking or limited-English speaking across sub-populations.

SURVEY METHODOLOGY

NAWHO developed the survey in collaboration with the American Cancer Society. Key questions about smoking matched those used in the National Health Interview Survey. Respondents were asked questions concerning smoking history, perceived addictiveness and health risks of smoking, and exposure to second hand smoke, as well as other demographic information. NAWHO commissioned the Interviewing Services of America (ISA) to administer and translate the survey into Vietnamese and Korean, as well as to collect and analyze the data. ISA is a national market research firm specializing in multi-lingual, Asian-specific research. The survey has a confidence level of 95%.

Sample 200 Vietnamese American men, 200 Vietnamese American women, 200 Korean American men, and 211 Korean American women aged 18 years and over residing in the U.S. were surveyed. The subjects were selected randomly based on Asian surnames from the Donnelly DQ2 People Bank that contains 85 million households with telephones in the U.S. The geographic distribution of subjects closely followed that of the 1990 U. S. Census.

Data Collection Methods ISA conducted telephone interviews from December 1997 to January 1998. Professional bilingual interviewers surveyed each respondent in their language of preference—either in their native language or in English. The questionnaire was CATI programmed by ISA to enable CRT interviewing where results are instantaneously recorded in a computer database, which eliminates data entry procedures and accompanying errors, and ensures confidentiality of all respondents.

Limitations While every effort was made to ensure the integrity of the survey, it cannot claim to represent all Asian Americans or even all Korean and Vietnamese Americans. Selecting the sample in this manner inevitably excludes households with unlisted phone numbers and those without telephones. Also this sampling method does not include Asians who do not have Asian surnames. However, the survey results do provide enough insight into the health status of Asian Americans in order to lay the groundwork for effective tobacco control programs.

NATIONAL ASIAN WOMEN'S HEALTH ORGANIZATION

250 MONTGOMERY STREET, SUITE 900
SAN FRANCISCO, CA 94104
PHONE: 415.989.9747
FAX: 415.989.9758

E-MAIL: nawho@nawho.org
WEB: WWW.NAWHO.ORG