



## The influence of discrimination on smoking cessation among Latinos



Darla E. Kendzor<sup>a,b,\*</sup>, Michael S. Businelle<sup>a,b</sup>, Lorraine R. Reitzel<sup>c</sup>, Yessenia Castro<sup>d</sup>, Jennifer I. Vidrine<sup>e</sup>, Carlos A. Mazas<sup>e</sup>, Paul M. Cinciripini<sup>f</sup>, Cho Y. Lam<sup>e</sup>, Claire E. Adams<sup>g</sup>, Virmarie Correa-Fernández<sup>e</sup>, Miguel Ángel Cano<sup>e</sup>, David W. Wetter<sup>e</sup>

<sup>a</sup> The University of Texas Health Science Center, School of Public Health, United States

<sup>b</sup> The UT Southwestern Harold C. Simmons Comprehensive Cancer Center, United States

<sup>c</sup> The University of Houston, College of Education, United States

<sup>d</sup> The University of Texas, School of Social Work, United States

<sup>e</sup> The University of Texas MD Anderson Cancer Center, Department of Health Disparities Research, United States

<sup>f</sup> The University of Texas MD Anderson Cancer Center, Department of Behavioral Science, United States

<sup>g</sup> The Catholic University of America, Department of Psychology, United States

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### ABSTRACT

**Background:** Although studies have shown a cross-sectional link between discrimination and smoking, the prospective influence of discrimination on smoking cessation has yet to be evaluated. Thus, the purpose of the current study was to determine the influence of everyday and major discrimination on smoking cessation among Latinos making a quit attempt.

**Methods:** Participants were 190 Spanish speaking smokers of Mexican Heritage recruited from the Houston, TX metropolitan area who participated in the study between 2009 and 2012. Logistic regression analyses were conducted to evaluate the associations of everyday and major discrimination with smoking abstinence at 26 weeks post-quit.

**Results:** Most participants reported at least some everyday discrimination (64.4%), and at least one major discrimination event (56%) in their lifetimes. Race/ethnicity/nationality was the most commonly perceived reason for both everyday and major discrimination. Everyday discrimination was not associated with post-quit smoking status. However, experiencing a greater number of major discrimination events was associated with a reduced likelihood of achieving 7-day point prevalence smoking abstinence,  $OR = .51$ ,  $p = .004$ , and continuous smoking abstinence,  $OR = .29$ ,  $p = .018$ , at 26 weeks post-quit.

**Conclusions:** Findings highlight the high frequency of exposure to discrimination among Latinos, and demonstrate the negative impact of major discrimination events on a smoking cessation attempt. Efforts are needed to attenuate the detrimental effects of major discrimination events on smoking cessation outcomes.

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### 1. Introduction

Latino health has become a major focus of public health attention. Latinos comprise 16.3% of the total U.S. population, which represents a 43% increase since 2000, and individuals of Mexican origin represent 63% of the U.S. Latino population (Ennis et al., 2011). Discrimination is a common experience among Latinos (Lopez et al., 2010; Pérez et al., 2008), with over 60% of Latinos reporting that discrimination is a major problem (Lopez et al.,

2010). For example, Hosoda et al. (2012) reported that individuals with a Mexican-Spanish accent were rated as less suitable for employment than those with an American English accent. Thus, discrimination may be particularly problematic for those who prefer to speak Spanish and/or those who are less proficient in English.

Discrimination is associated with a variety of negative health outcomes including higher rates of smoking (Lee and Ahn, 2012; Paradies, 2006) and greater nicotine dependence (Kendzor et al., 2014). For example, Purnell et al. (2012) reported that the prevalence of current smoking was significantly greater among individuals who perceived racial discrimination in healthcare and/or workplace settings versus those who did not. Although studies have largely focused on the link between racial/ethnic discrimination and smoking among Black adults (Borrell et al., 2010, 2007; Corral and Landrine, 2012; Cuevas et al., 2014; Horton and Loukas, 2011; Landrine and Klonoff, 2000; Nguyen et al., 2012),

\* Corresponding author at: The University of Texas Health Science Center, School of Public Health, 6011 Harry Hines Boulevard, Dallas, TX, USA. Tel.: +1 214 648 1344; fax: +1 214 648 1081.

E-mail addresses: [Darla.Kendzor@UTSouthwestern.edu](mailto:Darla.Kendzor@UTSouthwestern.edu), [Darla.E.Kendzor@uth.tmc.edu](mailto:Darla.E.Kendzor@uth.tmc.edu) (D.E. Kendzor).

research suggests that discrimination is similarly linked with smoking prevalence among Latinos (Albert et al., 2008; Lorenzo-Blanco and Cortina, 2012; Todorova et al., 2010). Although smoking prevalence is lower among Latinos than in the general U.S. population (12.5% vs. 19.3%; CDC, 2011), the leading causes of death among Latinos (i.e., cancer, cardiovascular disease) are related to smoking (Heron, 2012). Moreover, lung cancer, a primarily smoking-related disease, is the leading cause of cancer death among Latinos (USCS, 2013). Therefore, reducing tobacco use is essential to chronic disease prevention among Latinos.

Negative affect, low self-efficacy, and diminished perceptions of social status may function as key mechanisms linking discrimination with unhealthy behaviors and poor health (Chae et al., 2011; Cuevas et al., 2013; Gee et al., 2006; Lee and Ahn, 2012; Molina et al., 2013; Pascoe and Richman, 2009; Purnell et al., 2012; Torres et al., 2012). In a recent meta-analysis, Lee and Ahn reported that discrimination among Latinos was strongly associated with negative affect and unhealthy behavior, and that intrapersonal variables (e.g., self-efficacy, self-esteem) were associated with both discrimination and physical/mental health outcomes (Lee and Ahn, 2012). Molina et al. (2013) reported that discrimination was associated with poorer self-rated health through perceptions of diminished U.S. social status and negative affect. Further, numerous studies have demonstrated a link between smoking relapse and negative affect (Businelle et al., 2010; Cofta-Woerpel et al., 2011; Piasecki, 2006; Piper et al., 2011; Shiffman, 2005) and low self-efficacy (Baer et al., 1986; Gwaltney et al., 2005; Matheny and Weatherman, 1998; Shiffman, 2005). Thus, discrimination may have a negative influence on smoking cessation via increased negative affect, diminished self-efficacy, and low perceived social status.

Despite theoretical plausibility, studies have yet to evaluate the influence of discrimination experiences on smoking cessation. Previous studies of discrimination and smoking status among Latinos have focused on several conceptualizations of discrimination including everyday discrimination, lifetime racial/ethnic or language discrimination of any type, and discrimination in healthcare settings (Albert et al., 2008; Lorenzo-Blanco and Cortina, 2012; Todorova et al., 2010). Major experiences of discrimination, such as being fired from a job, could also have a significant impact on behaviors such as smoking and smoking cessation. Studies are needed to determine the prospective influence of everyday and major discrimination on smoking cessation outcomes among Latinos making a quit attempt. A focus on individuals of Mexican heritage is warranted given that this group comprises the largest proportion of a rapidly growing population and Spanish-speaking individuals may be particularly likely to experience discrimination. Thus, the primary goals of the current study were to: (1) characterize both everyday and major discrimination experiences among Spanish-speaking individuals of Mexican heritage making a smoking quit attempt, and (2) examine the influence of everyday and major discrimination experiences on smoking cessation in this population.

## 2. Methods

This research was approved by the Institutional Review Board of the University of Texas MD Anderson Cancer Center, and informed consent was obtained from all participants. Data were collected as part of a longitudinal study designed to examine neighborhood, individual, and acute intrapersonal and contextual determinants of smoking cessation among Spanish-speaking individuals of Mexican heritage making a quit attempt. Participants were tracked from 2 weeks prior to their quit date through 26 weeks post-quit. All participants received smoking cessation treatment including nicotine patch therapy, self-help materials, and brief in-person and telephone counseling based on an empirically validated intervention for Spanish-speaking smokers (Wetter et al., 2007). Questionnaire data utilized in the current study were collected at the baseline pre-quit visit, and smoking cessation was assessed at 26 weeks post-quit.

### 2.1. Participants

Participants were recruited through Spanish language media advertising (radio and newspaper;  $n=165$ ) in the Houston metropolitan area and through the population-based Mexican American Cohort Study (MACS;  $n=34$ ). Please note that recruitment method was not associated with cessation outcomes in the current study. The MACS is an ongoing longitudinal study of risk factors for disease and mortality among individuals of Mexican heritage (see Barcenas et al., 2007; Wilkinson et al., 2005). Individuals were eligible to participate if they: (1) were an adult of Mexican heritage, (2) preferred to speak in Spanish, (3) were between the ages of 18 and 65 years, (4) were a current smoker with a history of smoking at least 5 cigarettes/day during the past year, (5) had an expired carbon monoxide level of  $\geq 8$  parts per million, (6) were motivated to quit smoking within the next 30 days, and (7) possessed a valid home address and a functioning home telephone number. Individuals were excluded for the following reasons: (1) use of the nicotine patch was contraindicated, (2) active substance use disorder, (3) regular use of tobacco products other than cigarettes, (4) use of bupropion or nicotine replacement products other than the nicotine patches supplied by the study, (5) pregnancy or lactation, (6) another household member was enrolled in the study, or (7) participated in another smoking cessation program or research study within the past 90 days. Individuals participated in the study between 2009 and 2012.

### 2.2. Measures

**2.2.1. Demographic information.** Demographic and socioeconomic characteristics were measured including age, gender, partner status (married/living with partner vs. single/divorced/separated/widowed), nativity (born in the U.S. vs. outside of the U.S.), years living in the U.S., and educational attainment (<high school vs.  $\geq$ high school).

**2.2.2. Tobacco use.** Tobacco use characteristics included expired carbon monoxide, years of smoking, daily smoking rate, and time to first cigarette upon waking in the morning. The Heaviness of Smoking Index (HSI) was calculated based on daily smoking rate and time to first cigarette (Borland et al., 2010). HSI scores may range from 0 to 6, with higher scores indicating greater nicotine dependence.

**2.2.3. Discrimination.** The *Everyday Discrimination Scale* is a 10-item self-report measure of day-to-day experiences of discrimination (e.g., people act as if they are better than you; MacArthur, 2008a; Williams et al., 1997). This measure inquires about the frequency of specific discriminatory events. Items are rated on a 6-point scale: 1 = never, 2 = less than once a year, 3 = a few times a year, 4 = a few times a month, 5 = at least once a week, 6 = almost every day. Total scores reflect the average rating across 9 items. One additional item assessed the perceived reason for the discrimination. The reliability and validity of the measure have previously been demonstrated (Krieger et al., 2005; Taylor et al., 2004). The *MacArthur Major Experiences of Discrimination Questionnaire* is a self-report measure of major experiences of discrimination over the lifetime (see Kessler et al., 1999; MacArthur, 2008b; Williams, 2012). The measure inquires about the number of times that each of 11 major discrimination events were experienced (e.g., not hired for a job, fired, etc.), the perceived reason for the discrimination (e.g., race/ethnicity), the extent to which discrimination has interfered with having a full and productive life, and the extent to which life has been harder because of discrimination. The lifetime number of discrimination events experienced was summed for a total score.

**2.2.4. Smoking abstinence.** Seven-day point prevalence abstinence at 26 weeks post-quit was defined as a self-report of abstinence from smoking during the previous 7 days, verified by either an expired CO level of  $< 8$  parts per million or a salivary cotinine level of  $< 20$  ng/ml. Continuous abstinence at 26 weeks post-quit was defined as a self-report of complete abstinence from smoking since the quit date, verified by either an expired carbon monoxide (CO) level of  $< 8$  parts per million or a salivary cotinine level of  $< 20$  ng/ml. Participants who self-reported a lapse and/or produced carbon monoxide or cotinine levels inconsistent with abstinence were considered non-abstinent. In cases where abstinence status could not be determined due to missing data, participants were considered non-abstinent consistent with an "intent-to-treat" approach.

### 2.3. Statistical analyses

Logistic regression analyses were conducted to evaluate the association between abstinence at 26 weeks post-quit and (1) scores on the measure of everyday discrimination, and (2) the number of major discrimination events experienced over the lifetime as measured at the baseline pre-quit visit. Age, gender, educational attainment, partner status, years living in the U.S., and HSI scores were included as covariates in each model. Interactions between each covariate and discrimination (everyday and major) were tested while controlling for all other covariates.

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