

## Smoking prevalence and correlates among Chinese- and Filipino-American adults: Findings from the 2001 California Health Interview Survey

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### Abstract

**Objectives.** We report prevalence rates and correlates of cigarette smoking among a population-based sample of Chinese- and Filipino-American adults together with rates found in other racial/ethnic groups in California.

**Methods.** All analyses are based on the 2001 California Health Interview Survey.

**Results.** The proportion of current smokers among males was lowest among Chinese Americans (14%), followed by Non-Hispanic Whites (19%), Hispanics (20%), African Americans (22%), Filipino Americans (24%), American Indians/Alaska Natives (29%), and Pacific Islanders (32%). The proportion of current smokers among females was lowest among Chinese Americans (6%), followed by Hispanics (8%), Filipino Americans (11%), Non-Hispanic Whites (17%), African Americans (20%), Pacific Islander (21%), and American Indians/Alaska Natives (32%). Smoking rates were higher among foreign-born versus U.S.-born Asian males. CHIS data show an opposite effect among Asian women: acculturation to the U.S. is associated with increased smoking prevalence rates. Multivariate analyses with Chinese and Filipino respondents showed that the likelihood of smoking varied among foreign-born versus U.S.-born men (OR 2.59 for Chinese, 1.42 for Filipino, 2.01 for all Asian men combined) and for foreign-born versus U.S.-born women (OR 0.41 for Chinese, 0.38 for Filipino, and 0.59 for all Asian women combined).

**Conclusion.** Public health intervention efforts should take into account Asian ethnic subgroup, gender, and acculturation status in targeting high-risk smoking groups.

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**Keywords:** Population-based survey; Smoking; Asian American; Correlates

### Introduction

Tobacco use among Asian Americans appears to be very common, but information on prevalence rates and on correlates of cigarette smoking among Asian Americans is lacking. In general, published studies are limited by one of two shortcomings: Some studies survey members of a specific Asian-American ethnic group using culturally and linguistically appropriate survey methodology but study

participants are often recruited only in areas where they are highly concentrated [1–3]. This raises questions regarding the generalizability of their findings. Other studies such as the National Health Interview Survey or the Current Population Survey Tobacco Use Supplement use national probability samples from which results can be more confidently generalized. However, because these national surveys are not conducted in Asian languages, they represent only English-speaking Asians. In addition, they usually aggregate all Asian subgroup responses under the rubric “Asian” because the surveys lack sufficient sample sizes in specific Asian subgroups to permit reasonably precise prevalence estimates for Asian subgroups.

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Lew and Tanjasiri recently reviewed the available literature on tobacco use among Asian-American populations [4]. In contrast to the low smoking rates found in national studies [5], smoking rates among Asian-American men ranged from 26% in South Asian and Hmong samples to more than 70% in Cambodian and Laotian samples. Smoking rates among Asian-American women ranged from 1% to 7% in many of the studies reviewed, but were substantially higher in Cambodian and Native Hawaiian samples. Most of the rates that were summarized in this review were found in localized studies: For example, the two studies with Chinese Americans were conducted in Oakland Chinatown and in Chicago Chinatown [3,6].

Several recent studies among Chinese-American men have assessed the influence of acculturation on smoking prevalence, using different measures of acculturation. Two studies found that low English proficiency was a significant predictor of smoking [3,7]. Another study found a higher smoking prevalence among foreign-born Chinese Americans residing in San Francisco than among their U.S.-born peers [2]. However, the effect of acculturation has not been explored among many other Asian groups (including Filipinos) and among Asian-American women.

The two largest Asian-American subgroups in the U.S. are Chinese (2.7 million) and Filipino (2.4 million). These two Asian subgroups also have the largest number of foreign-born populations. California, by far, has the largest Asian population (4.2 million), followed by New York (1.2 million) and Hawaii (0.7 million) [8,9]. In 2001, the California Health Interview Survey was conducted to provide statewide information about health practices and access to care for California's ethnically diverse population.

The purpose of this paper is to report adult cigarette smoking rates among a population-based sample of Asian Americans and specifically for two large Asian subgroups, Filipinos and Chinese, together with rates found in other racial/ethnic groups in California. We are also comparing correlates of current cigarette smoking among racial/ethnic groups, including place of birth and length of stay in the United States for two population groups with large numbers of immigrants, Asian Americans and Hispanics. Finally, we constructed multivariate models to isolate the independent contributions of factors such as age, education, country of birth, years in the U.S., and level of spoken English on smoking status. All analyses are based on the 2001 CHIS.

#### *The California Health Interview Survey (CHIS)*

CHIS is the largest health survey that has ever been conducted in California or any other state. CHIS 2001 collected information by phone interview from 55,428 randomly selected households and oversampled another 1765 households of specific ethnic groups. CHIS telephone surveys were conducted in English, Spanish, Chinese (Cantonese and Mandarin), Korean, Vietnamese, and Khmer with an overall response rate of 43%. (See [http://www.chis.](http://www.chis.ucla.edu)

[ucla.edu](http://www.chis.ucla.edu) for more information on sample selection, content of the survey, and protocols). Thus, CHIS is the first random-digit dial survey that includes a large number of AAPIs, including many respondents who would not participate in a survey that was only available in English language. Previous reports have shown that the CHIS sample reflects the population residing in California with respect to ethnic distribution and household income [10].

#### **Analysis**

CHIS data obtained through the random-digit dial telephone survey that was conducted in 2001 were analyzed to compute rates of never smoking (smoked less than 100 cigarettes in entire life), former smoking (smoked at least 100 cigarettes in entire life and does not smoke at all now), and current smoking (smoked at least 100 cigarettes in entire life and smokes now every day or some days) by gender. Smoking status was assessed in the following racial/ethnic groups: Non-Hispanic Whites, Hispanics, African Americans, American Indian/Alaska Natives, Pacific Islander, Asian, Asian Chinese, and Asian Filipino. Next, we explored bivariate correlates of current smoking in the four largest racial/ethnic groups and the two largest Asian subgroups using *t* tests for continuous variables and chi-square tests for categorical variables. Correlates included age, marital status, education, employment, household income, country of birth, and, among foreign-born respondents, years in the U.S. and level of spoken English.

Descriptive and logistic regression analyses were weighted, using SUDAAN, to reflect the population composition using census data. Estimates for the standard errors were computed using the jackknife method [11].

#### **Results**

##### *Sample characteristics*

As shown in Table 1, smoking information was available from 53,907 randomly selected adults. Their ethnic breakdown was: 68% Non-Hispanic White, 18% Hispanic, 7% Asian, 5% Black, 1.4% American Indian/Alaska Natives, and 0.4% Pacific Islanders. About 41% of the sample were male. About 65% of Hispanics and 77% of Asians were foreign-born.

##### *Smoking prevalence*

The proportion of current smokers among males was lowest among Chinese Americans (14%), followed by Non-Hispanic Whites (19%), Hispanics (20%), African Americans (22%), Filipino Americans (24%), American Indians/Alaska Natives (29%), and Pacific Islanders (32%). Overall, 21% of Asian males were current smokers, with lower

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