Increasing Awareness of Smoking Cessation Needs among Michigan’s Multicultural Populations

Michigan Multicultural Tobacco Prevention Network

Cessation Focus Group Report
2007

This work performed by the Michigan Multicultural Network with the support and sponsorship of the Michigan Department of Community Health through a grant funded by CDC. This report prepared by the Center for Healthcare Excellence at the Michigan Public Health Institute with sponsorship from the American Lung Association of Michigan.
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Arab Community Center for Economic and Social Services (ACCESS)

The Asian Center

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To contact an agency of the Michigan Multicultural Network, please refer to Appendix B.
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Executive Summary

Overview
In order to gather data to inform future initiatives of the Michigan Multicultural Tobacco Prevention Network, staff members from Arab American and Chaldean Council (ACC), Arab Community Center for Economic and Social Services (ACCESS), the Asian Center, Faith Access to Community Economic Development (FACED), Latino Family Services, Migrant Health Promotion, and Southeastern Michigan Indians, Inc. (SEMII) conducted focus groups with adults who use tobacco. The purpose of the focus groups was to determine what type of smoking cessation assistance is culturally appropriate for the communities represented by the Network, and what obstacles or barriers exist which may prevent individuals’ success with tobacco cessation.

Methods
Participants from the targeted ethnic community were selected and recruited by staff at each agency. The focus group facilitators lead the groups through a discussion which was guided by six questions regarding smoking cessation. Focus group questions were translated by the moderator into Arabic, Chinese, and Spanish accordingly. Staff at each of the agencies took notes during the focus group and translated the comments into English when necessary. Participants received stipends, gift cards, or gift certificates with a $25.00 value for their time.

Limitations
The limitations of this study are inherent in the context of all focus groups. The results cannot be generalized to represent more than the personal opinions of the individual participants. The results must be reviewed from a qualitative frame of reference only. The information presented is valid from the points of view of the participants and therefore is limited to the participants’ knowledge base and experiences.

Findings

Arab/Chaldean Americans
The most common reason that Arab/Chaldean Americans gave for being unsuccessful with quitting smoking is environmental and social influence. In particular, family and guests smoking in the home contribute significantly to their smoking behavior. The majority of participants believe that regardless of the support (or lack thereof) that is provided to quit, success with quitting is dependent on the individual’s willpower. However, it was generally agreed that there were several types of support that would be helpful including: socializing with people who do not smoke, being a part of a group of people who are quitting together, a workshop about quitting smoking, talking with someone who has been successful with quitting, and the availability of facilities for exercise.
Asian Americans

The major challenge that most participants experience while quitting smoking as members of the Asian American community is the peer group and working environment. Many participants reported working in industries, such as the restaurant business, where smoking is either used as the primary means of stress relief or as a major factor in business hospitality. When asked what type of support would be helpful to quit smoking, multiple participants expressed the belief that the individual has to make the decision to quit. Several of the participants felt that family members could provide support in the quitting process by providing encouragement and emotional support.

African Americans

The peer group and social lifestyle were considered major factors that made it difficult to quit. Other difficulties encountered include boredom and addiction to tobacco. As members of the African American community, participants are aware that their community is targeted by tobacco company advertising and by those who sell cigarettes. They expressed the opinion that there is underlying racism in the advertisement and sale of tobacco. Regarding support for quitting, participants suggested access to activities and programs to keep people busy and assistance with smoking cessation medication. Other ideas included group support, education and media campaigns, and implementation and/or enforcement of policies related to tobacco control (smoke-free environments and prohibition of the sale of loose cigarettes).

Hispanic/Latino Americans

The most frequently mentioned barrier to quitting was the habit of smoking a cigarette in certain situations, such as after a meal. Some of the participants find it difficult to quit because they use cigarettes as a coping mechanism for managing anxiety and stressful situations. According to participants, one major challenge that the Hispanic/Latino community faces is a lack of culturally relevant smoking cessation and prevention programs. Most participants believe that the Hispanic/Latino culture promotes abstinence from tobacco, and that tobacco use is “frowned upon and discouraged.” Focus group participants believe that the family is a major influencing factor in the decision to use tobacco. The family was esteemed as the most important support system.

Hispanic Migrant Workers

Participants expressed the belief that there is shame and embarrassment from the Hispanic/Latino community when you are a smoker. Some respondents felt that pressure from the family can actually make a person smoke because of the stressful feelings of separation and failure that the pressure from the family caused them. Some participants mentioned the use of candy and beverages to keep them from smoking.
Other participants commented about changes in behavior that needed to happen, such as refraining from the consumption of alcoholic beverages. Several comments were made regarding the effectiveness (or ineffectiveness) and expense of the nicotine patch. Family and church were other types of support that were recognized as being helpful when quitting.

Native Americans

Most participants expressed feeling that they want to follow a traditional path as a Native person and that they know they should set an example in the community. They know that traditionally tobacco has a sacred spiritual and medicinal purpose and they are not using it properly. The need to use tobacco to relieve stress was mentioned as a reason for continuing to abuse it. The only type of support for quitting that was suggested was prescription smoking cessation medications (as opposed to over-the-counter smoking cessation aids like nicotine replacement therapy). In general they explained that they do not want to be “harassed” about quitting, and they will quit whenever they are ready.
Introduction

Background

The Michigan Multicultural Tobacco Prevention Network (MCN), an organization that originated with grant funding from the Michigan Department of Community Health (MDCH), is comprised of representatives from six community-based organizations which serve five distinct ethnic groups: Arab/Chaldean Americans, Asian Americans, African Americans, Hispanic/Latino Americans, and Native Americans. The community organizations which participate in the Network include the Arab American and Chaldean Council (ACC), Arab Community Center for Economic and Social Services (ACCESS), the Asian Center, Faith Access to Community Economic Development (FACED), Latino Family Services, and South Eastern Michigan Indians, Inc. (SEMII). Migrant Health Promotion is not a member of MCN, but was invited to participate in the study.

In order to gather data to inform future initiatives of the MCN, staff members from each of the community organizations conducted a focus group with adults who use tobacco to measure attitudes and behaviors regarding smoking cessation as it relates to them individually and as a member of a racial/ethnic minority population. The purpose of the focus groups was to determine what types of smoking cessation assistance are culturally and ethnically appropriate for the communities represented by the MCN, and what obstacles or barriers exist which may prevent individuals’ success with tobacco cessation.

Overview

This report focuses on the activities and results of a series of focus groups conducted in the winter and spring of 2007. A total of seven focus groups were conducted; one focus group at each of the community organizations that make up the MCN. Participants were selected and recruited by staff at each agency. The focus group facilitators lead the groups through a discussion which was guided by six questions regarding smoking cessation. Focus group questions were translated by the moderator into Arabic, Chinese, and Spanish accordingly. Please refer to Appendix A for the list of questions. Staff at each of the agencies took notes during the focus group and translated the comments into English when necessary. Participants received stipends, gift cards, or gift certificates with a $25.00 value for their time.

A total of 59 individuals participated in the focus groups. The vast majority of participants smoked cigarettes alone or in combination with another tobacco product or device such as arghileh (water pipe or hookah), or cigars. The average length of time of tobacco use reported was 20 to 25 years, and the most frequent length of time reported was 11 to 15 years. The duration of tobacco use ranged from a few months to 52 years.

1 Contact information for all agencies of the MCN is located in Appendix B.
The average number of cigarettes smoked was approximately 10 cigarettes or about one half of a pack daily. The number of cigarettes smoked per day ranged from a few (2 to three cigarettes) to four packs a day (80 cigarettes).

**Limitations**

A focus group is a structured group discussion with individuals who are selected to participate because they share common characteristics. Focus group participants are encouraged to share personal opinions and experiences related to the topics presented, and are guided by a moderator asking a series of questions designed to collect specific information on the topic of interest. Like all research studies, the results of this study must be analyzed with consideration given to the limitations of the research methodology.

The limitations of this study are inherent in the context of all focus groups. When the results of multiple groups are compared, themes that are common to all groups may emerge. However, this is not to say that the results can be generalized to represent more than the personal opinions of the individual participants. Focus group data cannot be quantified with absolute measures or analyzed with statistical significance. The results must be reviewed from a qualitative frame of reference only. The information presented is valid from the points of view of the participants and therefore is limited to the participants’ knowledge base and experiences.

Further, analysis of data from these focus groups was somewhat limited by the format in which the information was collected and presented. Some of the focus groups had notes which were provided to the consultant with detailed comments recorded from each participant for every question. This allowed for an analysis of themes by coding each individual’s response and grouping similar responses into categories. For other focus groups, notes from collective comments were presented to the consultant. In these instances, the analyses relied on the note-takers’ subjective interpretations of the discussions.
Focus Group Results

Focus groups are a tool to gather the personal opinions and experiences of individuals in a group. When the discussion from focus groups are compared and analyzed, common themes emerge both within and among the different groups. The results will not encompass every idea or opinion that was expressed during the discussion because individual opinions alone do not constitute a theme. Rather, reoccurring topics of discussion and opinions stated by multiple individuals are generally what guide the analysis. The findings presented are the themes that emerged when the notes from each of the focus groups were analyzed separately and as an aggregate with the other groups.

Findings within each racial/ethnic group

Arab/Chaldean Americans

A focus group with participants who are members of the Arab/Chaldean American community was held at both the Arab American and Chaldean Council (ACC), and the Arab Community Center for Economic and Social Services (ACCESS). A total of 18 individuals participated in both focus groups combined. Of the 18 participants, 11 were female and 7 were male. The number of years of tobacco use ranged from 3 to 30 years, with an average of about 16 years. Four of the participants report smoking the hookah or arghileh alone, while the remaining fourteen participants smoke the hookah, arghileh, or cigars, in combination with cigarettes.

The majority of participants have tried to quit smoking multiple times. The women who stopped smoking for an extended period of time, reported that they quit because they were pregnant but began smoking again after childbirth. Five of the eighteen participants have never tried to quit smoking before. One participant stated, “It’s only hookah so I don’t think I have a problem like the people that smoke cigarettes.”

The most common reason that people gave for being unsuccessful with quitting - what they say has the strongest influence on their smoking behavior, is environmental and social influence. Being around other people who are smoking causes them to smoke more often and makes it difficult to quit. In particular, family and guests smoking in the home contribute significantly to their smoking behavior. The converse circumstance was also true. Some participants report that they are able to resist smoking for longer periods of time when they are in an environment where smoking is not allowed, such as the home of a family member. As one participant explained:

“The general atmosphere is an essential factor in encouraging or discouraging smoking. My neighbors and friends smoke, and this encourages me to keep smoking. For example, when I travel to [native country], which is a very long trip of at least 16 hours, I
don’t smoke at all. This means that if you are in an environment where you are not allowed to smoke, you can go without a cigarette.”

Other commonly reported reasons for being unsuccessful with quitting include stress and weight gain. Participants described how smoking cigarettes helps them calm down when they are going through “hard times,” such as having family problems. Regarding weight gain, participants reported that they were both afraid of quitting because they didn’t want to gain weight, and unsuccessful with quitting because they started to gain weight so they returned to smoking. As one participant stated, “I have not tried to quit before. I am afraid of keeping myself busy from smoking with eating more and thus gaining weight.”

When asked what kind of support would be helpful to quit smoking, the majority of participants believe that regardless of the support that is provided, success with quitting is dependent on the individual’s personal decision to quit and his or her willpower. Making personal decisions to change the habits and lifestyle that stimulate smoking is recognized as being very important. However, it was generally agreed that there were several types of support that would be helpful including: socializing with people who do not smoke, being a part of a group of people who are quitting together, workshop about quitting smoking, talking with someone who has been successful with quitting, and the availability of facilities for exercise.

What was identified as not being helpful while quitting is information about the harmful effects of smoking and getting advice. An interesting finding from the ACC focus group is that none of the 10 participants has ever tried using the nicotine patch while quitting. Although many participants in both groups discussed their addiction to nicotine and their intense withdrawal symptoms while quitting, only one individual (ACCESS group participant) talked about using the nicotine patch, particularly how she experienced many side effects.

In regards to the role that family or members of the household could play in helping individuals quit smoking, the response differed between the two focus groups. For the individuals in the ACC group, the general consensus is that family members can not help them quit smoking. As one participant explains, “Family are important, but when it come to smoking it’s about will power.” About half of the ACC participants say they do not smoke in their home.

In contrast to the ACC group, many participants in the ACCESS group believe that they would be more successful at quitting if their family members would also stop smoking. This belief was captured by one participant when she stated, “the decision at home as a group to stop smoking is effective.” However, several comments from ACCESS
participants also emphasized the role of self-determination being primary to the influence of the family.

When participants were asked what challenges they face as an Arab/Chaldean person in quitting smoking, the majority responded that smoking is a social custom. It is a cultural practice to offer guests the hookah and to smoke the hookah when it is offered. Further, some individuals felt that it would be disrespectful to ask a guest not to smoke in the home. Other opinions regarding the Arab/Chaldean culture were conflicting. Some people expressed the opinion that Arab/Chaldean persons do no respect the laws and other people’s boundaries in relation to “no smoking” signs and others’ decisions not to smoke. However, some people disagreed with this opinion, and used themselves as an example of someone who does not smoke where it is forbidden or when they are around individuals who do not smoke. There were also conflicting opinions regarding smoking among minors. While a few participants expressed concern about children smoking and refrained from smoking in the presence of their own child, others talked about adults who share arghileh with minors in their company.

The moderator of the ACCESS focus group had several insights to share regarding general observations of the group. It was noted that the participants expressed passion and emotion about the subject, particularly when criticizing their own culture and practices. The moderator sensed expression of guilt, disappointment, and a “sincere wish for true societal change.” After the focus group, the moderator was approached by participants and asked for more to be done to help people quit smoking.

The ACCESS moderator also noted that recruitment of participants was difficult because individuals who they approached were reluctant to participate because they thought they would have to make a commitment to quit smoking. Further, none of the males who were confirmed to participate came on the day of the focus group.

Asian Americans

A focus group with adults who are Asian American was conducted at the Asian Center. A total of 10 people participated in the focus group. The length of time using tobacco ranged from 10 to 50 years, with an average length of 28 years. All participants reported smoking cigarettes. The majority stated that they had tried to quit smoking previously.

Of those who had tried to quit in the past, none had been successful. Multiple participants acknowledged that their addiction made it very difficult to quit. Some participants reported success with reducing the quantity of cigarettes smoked and avoiding smoking at home or in front of their family.
The most frequently mentioned difficulty that participants experienced with trying to quit was peer pressure or social influence. To them smoking is a means of socializing with friends, guests, and business acquaintances. They find it difficult to reject a cigarette that is offered by a friend or one that is shared with a friend or coworker in a moment of relaxation.

Another difficulty encountered that was frequently mentioned was a lack of willpower. There was a shared belief that a “decisive mind is important” for being successful at quitting. Further, when asked what type of support would be helpful to quit smoking, multiple participants expressed the belief that the individual has to make the decision to quit.

Several of the participants felt that family members could provide support in the quitting process by providing encouragement and emotional support. Those who no longer smoke in their home and who were successful with reducing the number of cigarettes they smoke, reported that their family members had come to them and expressed concern about their smoking habit. As a result they had changed their smoking behavior.

The major challenge that most participants experience while quitting smoking as members of the Asian community is the peer group and working environment. Many participants reported working in industries, such as the restaurant business, where smoking is either used as the primary means of stress relief or as a major factor in business hospitality.

The focus group moderator had many insights to share based on observations of the group. It was the moderator’s perception that the focus group became a social network that allowed for dialogue which provided an emotional outlet and mutual sharing. It was the moderator’s belief that a focus group can become a cessation support group if the discussion is designed in a therapeutic format. Based on the focus group discussion the moderator believes that the participants are not aware of the nature of their addiction and the connection between the craving to smoke and the addiction.

**African Americans**

A focus group with individuals from the African American community was held at Faith Access to Community Economic Development (FACED). A total of six people participated in the focus group. The years of tobacco use ranged from 10 to 35 years. Participants reported smoking cigarettes, Black and Mild cigars, or a combination of the two types of tobacco.
Of the six participants, four individuals have tried to quit in the past. The length of time being tobacco free ranged from one day to 1.5 years. Several people expressed a desire to quit smoking because of their concern and their family members’ concerns about the individuals’ health and the health of family members. The peer group and social lifestyle were considered major factors that made it difficult to quit. Other difficulties encountered include boredom and addiction to tobacco.

A wide range of responses were given when asked what kind of support would be helpful to quit smoking. The most frequently mentioned suggestion was to provide access to activities and programs to keep people busy. Participants were also of the opinion that tobacco addiction should be treated like drug addiction, and assistance with medication to treat the addiction should be provided. Other ideas included group support, education and media campaigns, and implementation and/or enforcement of policies related to tobacco control (smoke-free environments and prohibition of the sale of loose cigarettes).

Regarding the role that family or members of the household could have in helping them to quit smoking, participants indicated that they would benefit from more encouragement and less “nagging” and negative feedback. They also expressed the opinion that family members should not enable the smoking behavior by doing things like buy them cigarettes.

As members of the African American community, the participants are aware that their community is targeted by tobacco company advertising and by those who sell cigarettes. They expressed the opinion that there is underlying racism in the advertisement and sale of tobacco. Participants feel that educating the youth and having a strong community leader address the issue were two suggestions made by participants.

Insight from the FACED moderator suggested that tobacco company advertising worked because it catered to individual’s desire to enjoy life and be successful. An additional observation was that participants felt that the focus group was a support mechanism and they wanted more opportunities to participate. This is consistent with the strong desires in this population for more support groups to help with the tobacco addiction.

Hispanic/Latino Americans

A focus group with 10 individuals who are Hispanic/Latino American was held at Latino Family Services. For all participants, the length of tobacco use ranged from 6 to 52 years, with an average of about 10 to 14 years. Most participants have made repeated unsuccessful attempts to quit.
The most frequently mentioned barrier to quitting was the habit of smoking a cigarette in certain situations, such as after a meal. Some of the participants find it difficult to quit because they use cigarettes as a coping mechanism for managing anxiety and stressful situations. There was discussion that smoking cigarettes can help one to concentrate or focus a task. Participants also talked in detail about the intensity of their cravings as a barrier to quitting. As one individual described, “it’s something that the nicotine has that forces you to think that you have to have it.” While trying to quit smoking cigarettes, some individuals said that they began using alternatives such as cigars, water pipes, and marijuana. Some people also switched to smoking light or ultra light cigarettes.

One challenge to quitting discussed by participants is the lack of culturally relevant and linguistically appropriate smoking cessation and prevention programs. Participants expressed the opinion that the major contributing factor to Latino tobacco use is living in minority, urban neighborhoods. It was argued that these types of neighborhoods have relatively more liquor stores and bars, which lead to increased alcohol use, which in turn provokes tobacco use. There was also the perception that the neighborhoods in which they live have more advertisements which link alcohol consumption and tobacco use to a “fun and carefree lifestyle” than other neighborhoods.

Focus group participants believe that the family is a major influencing factor in the decision to use tobacco. The family was esteemed as the most important support system. Further, children were mentioned as a key motivation to stop smoking and live a healthier lifestyle. Another type of support while quitting that was brought up in the conversation is access to low-cost nicotine replacement therapy products. The high cost of quit smoking aids was mentioned as a barrier to quitting.

According to participants, one major challenge that the Hispanic/Latino community faces is a lack of culturally relevant smoking cessation and prevention programs. Most participants believe that the Hispanic/Latino culture promotes abstinence from tobacco, and that tobacco use is “frowned upon and discouraged.” The exception to this standard is individuals who grew up in a household where the parents smoked.

One observation made by the focus group moderator was that there was a sense of failure among participants due to repeated unsuccessful efforts to quit smoking and lack of will power to quit on their own. The moderator’s interpretation of the group discussion is that there is a culturally imposed emphasis on will power and self-determination.

From the discussion, the moderator also concluded that the family seems to function as both “a trigger and inhibitor to smoking.” Further, it was observed that participants could identify what their “triggers” for smoking are, but did not necessarily acknowledge them as triggers.
Hispanic Migrant Workers

A focus group with 7 individuals who are Hispanic and also current or former migrant workers was conducted by Migrant Health Promotion at the Progreso Community Center in Progreso, Texas. Of the 7 participants, 4 were male and 3 were female. Two of the participants still migrate.

The participants’ length of tobacco use ranged from a few months to 16 years, with an average length of about 10 years. Most reported smoking cigarettes while at least one participant reported using snuff (chewing/spit tobacco). Three of the participants were former smokers. Most have tried to quit several times before.

There was a wide range of responses when participants were asked what kind of support would be helpful to quit smoking. Some participants mentioned the use of candy and beverages to keep them from smoking. Other participants commented about changes in behavior that needed to happen, such as refraining from the consumption of alcoholic beverages. Several comments were made regarding the effectiveness (or ineffectiveness) and expense of the nicotine patch.

Family and church were other types of support that were recognized as being helpful when quitting. When asked what role family could play in the quitting process, it was suggested that their children can ask them not to smoke and give reminders that it is bad for them. Financial support from family members was also mentioned. Respondents were not sure what role the family could play when the family members were also smokers.

Participants expressed the belief that there is shame and embarrassment from the Hispanic/Latino community when you are a smoker. At cultural events, such as Quinceañeras, where smoking is oftentimes present, is challenging for people who are attempting to quit. Some respondents felt that pressure from the family can actually make a person smoke because of the stressful feelings of separation and failure that the pressure from the family caused them. There was also discussion about how there are no efforts specifically directed at Latinos to quit smoking which involve the family or church.

The moderator noted the difficulty participants initially had when identifying challenges to tobacco use cessation. Additionally, a notable lack of awareness was observed about formal tobacco cessation resources including educational or support programs and tools, apart from “the Patch”.

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Native Americans

A focus group with Native American persons was conducted by staff of the South Eastern Michigan Indians, Inc. (SEMII). A total of eight adults participated in the group. Four of the participants were women and four were men. Four of the participants are military veterans.

The length of time as a smoker ranged from 10 to 40 years, with an average of 28 years. Two individuals have been smoke-free for over three years. All participants smoke(d) cigarettes only. Of the participants who are current smokers, all except for one report that they do not want to quit. The two individuals who have quit stated that their reasons for quitting were for their health, for their children, and because of his or her reconnection to their spirituality as a Native person.

The only type of support for quitting that was mentioned was prescription smoking cessation medications (as opposed to over-the-counter smoking cessation aids like nicotine replacement therapy). Other participants simply stated that they do not want to quit. The response was similar when asked what role family members could have in helping them quit. Many participants stated “none,” or “nothing.” Of those who provided a response, in general they explained that they do not want to be “harassed” about it and they will quit whenever they are ready.

When asked about challenges they face as Native Americans when quitting smoking there were many poignant responses. Most participants expressed feeling that they want to follow a traditional path as a Native person and that they know they should set an example in the community. They know that traditionally tobacco has a sacred spiritual and medicinal purpose and they are not using it properly. The need to use tobacco to relieve stress was mentioned as a reason for continuing to abuse it. As one participant lamented, “tobacco is a sacred medicine, and a powerful one. When it is used to pray with, the results are powerful. When abused, the results are devastating, what it does to the human body.”

The focus group moderator noted when individuals were asked to participate in the focus group they were initially hesitant because they thought it was a forum to “make them stop smoking.” Of the ten individuals confirmed to attend, only eight individuals actually attended the focus group. The moderator learned that many of the participants began smoking during military service as a coping mechanism. During this discussion, participants revealed that they are concerned that by quitting smoking they will develop another habit such as eating or gambling.

Findings across groups

Approximately two-thirds of all focus group participants have made at least one attempt to quit in the past. Of those who have tried to quit, most have made multiple attempts with limited success. The individuals who were able to stop smoking for extended
periods of time named a few reasons for their success, including having a decisive mind (willpower), being told by a doctor to quit, being asked by a family member to quit, and using the nicotine patch. Of those who still smoke, many of them mentioned that they have been successful with decreasing the number of cigarettes smoked per day or refraining from smoking in certain situations. This change in behavior was often spurred by the request from a family member to quit smoking, or the desire to avoid smoking around certain family members, such as a child, sibling, or parent. Many participants also commented that they are able to refrain from smoking in places where it is not allowed and in situations where they are expected not to smoke.

By far the most frequently discussed factor associated with smoking behavior was social influence. Many of the participants attributed this influence to cultural practices, with some individuals going so far as to say that the connection between smoking and social relationships is a cultural norm. This was particularly true for the Arab American group and the Asian American group, as illustrated by the following comments (as translated by focus group staff):

“We have the hookah in our house all the times. We usually offer it to our guests as well.”  –ACC Participant

“We are social people. We are to smoke regardless.”  -ACC Participant

“Guests are usually allowed to smoke in our house. It’s disrespectful to ask them to leave the house.”  -ACC Participant

“I smoke Arghileh, but I don’t use it during winter because we use it outside with family and friends, in social gatherings during summer.”  -ACCESS Participant

“Socialization is a very important element. Everyone smokes, so we smoke.”
–ACCESS Participant

“I know that smoke is no good but social conversation for friend and business is necessary.”  –Asian Center Participant

“Hard to reject the [person’s] cigarette gift, peers’ offer as a means of social and friendship, treat visitors at home for hospitality, as well as for personal relaxation.”
–Asian Center Participant

“Peer smoking culture in the restaurant environment as an obstacle, group norm with common addictions, friendship under sharing smoking.”  –Asian Center Participant (as interpreted and noted by the moderator)
For Arab Americans, the cultural practice of offering guests to smoke in their home is a matter of hospitality and respect. For the Asian American participants, the custom of smoking with friends was frequently associated with the work environment, particularly the restaurant industry.

Interestingly, social pressure to not smoke also increased individuals’ likelihood to smoke because of the negative feelings that were created by the pressure that was being placed on the individual. Feelings of failure and guilt that are experienced as a result of being unable to quit, acts as a trigger to further smoking. This was particularly true for participants in the Latino/Hispanic American and migrant worker groups. As one participant in the Latino Family Services group commented, “People say I am like a politician, that you only promise but don’t do anything…that is why I keep smoking.”

Other factors associated with smoking that were frequently discussed were the strength of the addiction to tobacco and using tobacco to cope with stress. Many participants talked about the intensity of their cravings to smoke. However, very few talked about having used nicotine replacement therapy products or other forms of smoking cessation medications. Of those who mentioned NRT products, such as the patch, there were several comments about the high cost of the products and wanting or needing assistance with obtaining them.

Another theme that emerged across groups was the emphasis on individual willpower. In most of the groups several comments were made about the importance of the individual “making the decision” to quit. Many individuals had difficulty providing examples of types of support that would be helpful because they believe that it is up to individuals to “decide” that they want to quit.

The general consensus across all groups was that family is very important. However, there was some disagreement within and among groups on the role of family members in the quitting process. Some individuals believed that the family cannot help the individual quit because success with quitting is dependent on the individual’s willpower. There were many participants who reported changing their smoking behaviors because of family members’ concerns about their smoking in the home and around the family. Some individuals thought they might be more successful with quitting if there was a no smoking rule in their home, or if their family members were willing to quit with them. In general it was found that participants appreciated positive support and encouragement from family members, and found “nagging” and negative comments to be very unhelpful.

One type of support for quitting that was consistently mentioned across multiple focus groups was the idea of group support. Being in a positive group environment that was smoke free, being able to socialize with people who do not smoke, and talking with
people who have been successful with quitting were all suggestions from focus group participants. This finding was consistent with the observations of focus group moderators that participants engaged in mutual sharing during the focus group, and utilized the format for open discussion as a type of support group.

Discussion and Conclusion

It is clear from the findings that social influence is very strong within each of the racial/ethnic communities. When the influence is positive, many individuals are able to quit smoking or change their smoking behavior for the benefit of themselves and others. When smoking is associated with customs or traditions of the cultural group, it can be very difficult for individuals to quit smoking, even if they have a strong desire to do so.

Family is one social group that was deemed to be highly important to participants, and one that can have a significant amount of influence on smoking behavior. Overall, it appears that an encouraging and supportive family in an environment that prohibits smoking is most likely to lead to decreased smoking or smoking cessation. However, this dynamic is complicated by customs which associate the offering to smoke as a sign of respect and hospitality, and which utilize smoking as a means of socialization.

In most of the cultures represented by this focus group study, there seems to be a tremendous emphasis on self-determination. The belief that willpower is the key element for success with quitting smoking reveals an opportunity for education on the nature of nicotine addiction and the effects of smoking tobacco on the person. Focus group moderators, who are familiar with the beliefs and practices of the communities represented by this study, suggested that health education incorporate the concepts of body, emotions, behavior, cognitive processes, and spirituality.

Finally, it is evident that there is a need for more smoking cessation programs which are culturally appropriate and linguistically tailored for individuals within each racial/ethnic community. For example, Hispanic/Latino American participants asked for programs which utilize the strengths of the community, specifically the family and church. The moderator of the Asian American focus group observed that food sharing leads to group atmosphere building and establishment of trust, which in turn allowed for emotional outlet and mutual support amongst participants. Native American participants emphasized the need to incorporate traditional teachings and a holistic approach to tobacco cessation. Programs which include content that is culturally relevant and aligned with the cultural customs of the participants would be most successful based on the findings from these focus groups.
Appendix A: Focus Group Questions and Translations

1: How long have you smoked?

2: What type of tobacco do you smoke?

3: Have you tried to quit smoking?

4: What kind of support would be helpful to quit smoking?

5: What role could your family or members of your household play in helping you quit?

6: What challenges do you as an (insert community) face in quitting smoking?
1. How long have you smoked?

2. What type of tobacco do you smoke? (You may prompt this question with options: cigars, cigarettes, pipe, waterpipe, argileh, nargileh, shisha, hookah)

3. Have you tried to quit smoking?
   a. If yes, tell us about your experience.
   b. What difficulty did you find?

4. What kind of support would be helpful to quit smoking?
   (You may prompt this question with the following options, face to face counseling, counseling over the phone, support groups, educational workshops or seminars, self help, quit kits, pamphlets, brochures, quit smoking aids such as patch, gum, inhaler, Zyban, Chantix)

5. What role could your family or members of your household play in helping you quit?

6. What challenges do you as an Arab/Chaldean face in quitting smoking?
   a. Strengths
   b. Obstacles

Thank you for participating in this effort.
1. **How long have you smoked?**
   你抽烟抽了多久？
   This question deals with duration: there are 3 sub-questions:
   这个问题牵涉到时间的长短：请回答下面三个问答
   History of smoking: number of years
   抽烟有多少年历史

   Quantity: the number of cigarettes smoked
   数量：每天抽了多少支烟？

   Duration: how long between smokings, how often is the craving for smoking
   每次抽烟的时间需要多久，隔多久就需要抽烟，每天发生烟瘾的次数是多少。

2. **What type of tobacco do you smoke?** (you may prompt this question with
   options: cigars, cigarettes, pipe, waterpipe, argileh, narghile, shisha, hookah)
   抽何种烟？(你可以选择性的回答这些问题：雪茄，香烟，烟管，水烟管，烟土，水烟袋，水烟筒)

   This question deals with the variety, popular type of utilization/consumption. Ask
   everyone what type and how it is consumed. The mainstream of tobacco consumption.
   这个问题牵涉到各种不同种类的吸烟方式，询问何种方式以及如何吸。吸烟主要原因。

3. **Have you tried to quit smoking?**
   你曾经试图戒烟吗？
   a. If yes, tell us about your experience.
      如果是，请告诉我们你的经验。

   b. **What difficulty did you find?**
      请告诉我你所遭遇的困难？
   This question deals with internal and external behavior. If yes, there are sub-questions.
   If no, ask what are some of the reasons why you have not tried to quit?
   这个问题牵涉到内在的思想及外在的行为。如果回答是，这里有下列问题。假如回答是否
   ，请询问为什么不试著戒烟，(寻找其原因) ？

4. **What kind of support would be helpful to quit smoking?**
   Michigan Multicultural Tobacco Prevention Network
   Cessation Focus Group Report
   - 16 -
戒烟需要什么样的支持才会有帮助？
(you may prompt this question with the following options) *face to face counseling, *counseling over the phone, *support groups, *educational workshops or seminars, * self help, *quit kits, *pamphlets brochures, *quit smoking aids such as patch, gum, inhaler, Zyban, Chantix.

(对以下的问题你可以有选择性的回答)面对面的咨询，电话的咨询，小组的支持，学术性的讨论或讲座，自己帮助自己，戒烟组合器，手册，戒烟辅助器如戒烟帖布，口香糖，滤嘴，??

This question can be followed up with:
这些问题会与以下的问题有关：
有什么困难？文化背景？个人背景？文化系统价值而产生的障碍？方式？

5. **What role could your family or members of your household play in helping you to quit?**

你的家庭成员，或与你同住的人，在帮助你戒烟上可以如何帮助你？

How the role of the family can bring strength in quitting. Family support is very important.
家庭成员如何能在戒烟扮演强有力的帮助脚色，家庭的帮助是非常重要的。

6. **What challenges do you as an (insert community) face in quitting smoking?**

在你戒烟的过程中(在华人-亚裔社区中)你面对什么样的挑战？

   a. **Strengths**

       有力的帮助

   b. **Obstacles**

       遭遇的困难

Expand to the community to find out cultural strengths and barriers.
在你所在的社区中去发现文化的长处及障碍
1. ¿Cuánto hacen que usted fuma?
Esta pregunta trata con la duración: hay 3 preguntas:
Historia de fumar: número de años
Cantidad: el número de cigarrillos que fumó
Duración: cuanto tiempo pasa entre cigarrillos, con que frecuencia es el ansia para fumar

2. ¿Qué tipo de tabaco fuma usted? (usted puede sustituir esta pregunta con opciones: puros, cigarrillos, tubo etc.)
Esta pregunta trata con la variedad, el tipo popular de consumo. Pregunte a cada participante que tipo usa y como lo consume. El origen principal de consumo de tabaco.

3. ¿Ha tratado usted de dejar de fumar?
a) Si sí, díganos sobre su experiencia.
b) ¿Qué tan difícil se le hizo o se le ha hecho a usted?
Esta pregunta trata con el comportamiento interno y externo. Si sí, haga las preguntas subsecuentes, Si no, pregunte Cuáles son algunos motivos por los qué usted no ha tratado de dejar de fumar?

4. ¿Qué tipo de apoyo sería provechoso para dejar de fumar?
Puede seguir preguntando:
¿Qué dificultad? ¿Fuerza cultural? ¿Fuerza personal? ¿Sistema de valor cultural como un obstáculo? ¿Métodos?

5. ¿Cuál es el papel que podría tener su familia o miembros de su hogar para ayudarle a dejar de fumar?
Como es que el apoyo de su familia puede fortalecer su deseo o voluntad para dejar de fumar. El apoyo de familia es muy importante.

6. ¿Con qué desafíos o barreras se enfrentan ustedes como latinos/hispanos para dejar de fumar?
a. Puntos Fuertes
b. Obstáculos
Amplíese a la comunidad para encontrar fuerzas culturales y barreras.
Appendix B: Contacting the Multicultural Network Members

Arab American and Chaldean Council (ACC)
16921 W. Warren
Detroit, MI 48226
313-584-4137
Contact: Wali Altahif / Monty Fakhouri
www.myacc.org

Arab Community Center for Economic & Social Services (ACCESS)
6450 Maple Rd.
Dearborn, MI 48126
313-216-2232
Contact: Dinah Ayna / Bashar Shamo
www.accesscommunity.org

The Asian Center
1444 Michigan Street NE
Grand Rapids, MI  49503
616-301-3987
Contact: Dr. Douglas Chung / Elizabeth MacLachlan
www.asiancenter.info

Faith Access to Community Economic Development (FACED)
310 E. Third St., 5th Floor
Flint, MI  48502
810-232-7733
Contact: E. Yvonne Lewis / Abby White
www.facedcorp.org

Latino Family Services
3815 W. Fort
Detroit, MI 48216
313-841-7380
Contact: Mitzi Cortes / Maria Thacker
mcortes@latinofamilyservices.org

South Eastern Michigan Indians, Inc (SEMII)
26641 Lawrence
Center Line, MI  48015
586-756-1350
Contact: Euphemia “Sue” Parrish
semi1975@yahoo.com

Migrant Health Promotion
224 West Michigan Ave.
Saline, MI 48176
Tel: 734-944-0244
Contact: Amy Frank / Tori Booker
Website: www.migranthealth.org