AT-A-GLANCE

Tobacco Use Among U.S Racial/Ethnic Minority Groups

- African Americans
- American Indians and Alaska Natives
- Asian Americans and Pacific Islanders
- Hispanics

A Report of the Surgeon General—1998

"Cigarette smoking is the leading preventable cause of disease and death in the United States. We have an enormous opportunity to reduce heart disease, cancer, stroke, and respiratory disease among members of racial and ethnic minority groups, who make up a rapidly growing segment of the U.S. population."

—David Satcher, MD, PhD, Surgeon General

Major Conclusions of the Surgeon General's Report

- Cigarette smoking is a major cause of disease and death in each of the four population groups studied in this report. African Americans currently bear the greatest health burden. Differences in the magnitude of disease risk are directly related to differences in patterns of smoking.
- Tobacco use varies within and among racial/ethnic minority groups; among adults, American Indians and Alaska Natives have the highest prevalence of tobacco use, and African American and Southeast Asian men also have a high prevalence of smoking. Asian American and Hispanic women have the lowest prevalence.
- Among adolescents, cigarette smoking prevalence increased in the 1990s among African Americans and Hispanics after several years of substantial decline among adolescents of all four racial/ethnic minority groups. This increase is particularly striking among African American youths, who had the greatest decline of the four groups during the 1970s and 1980s.
- No single factor determines patterns of tobacco use among racial/ethnic minority groups; these patterns are the result of complex interactions of multiple factors, such as socioeconomic status, cultural characteristics, acculturation, stress, biological elements, targeted advertising, price of tobacco products, and varying capacities of communities to mount effective tobacco control initiatives.
- Rigorous surveillance and prevention research are needed on the changing cultural, psychosocial, and environmental factors that influence tobacco use to improve our understanding of racial/ethnic smoking patterns and identify strategic tobacco control opportunities. The capacity of tobacco control efforts to keep pace with patterns of tobacco use and cessation depends on timely recognition of emerging prevalence and cessation patterns and the resulting development of appropriate community-based programs to address the factors involved.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Office on Smoking and Health

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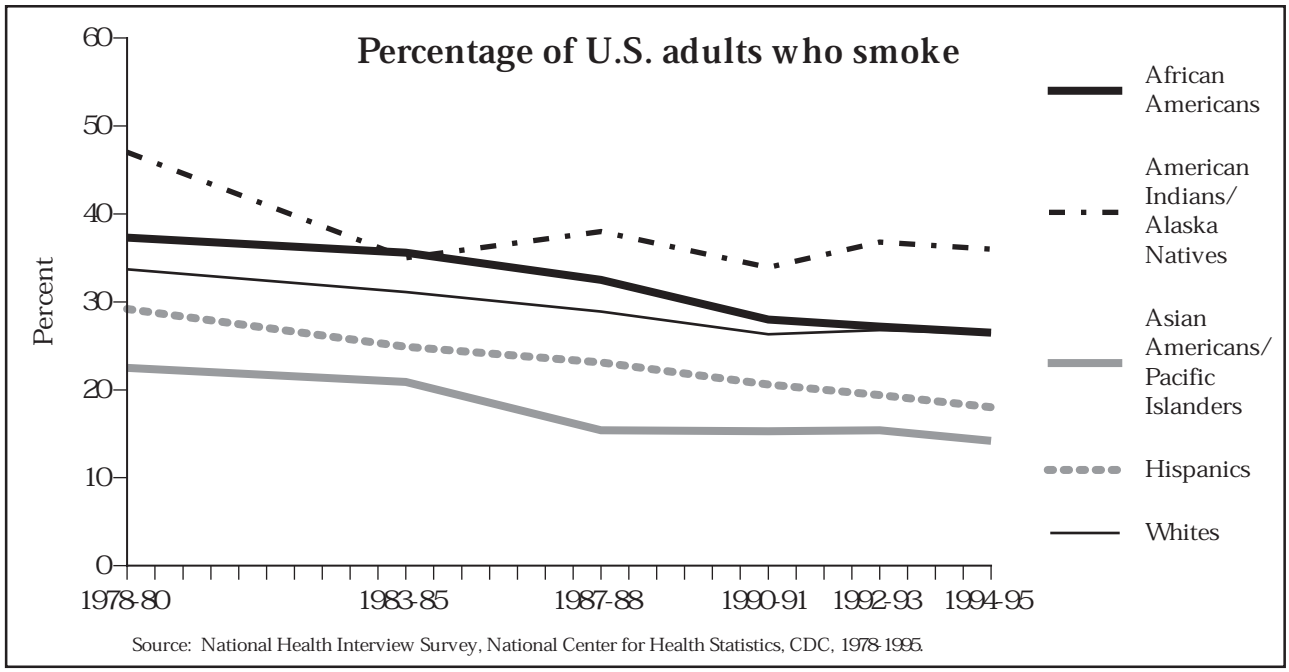
Trends in tobacco use vary



Source: National Health Interview Survey, National Center for Health Statistics, CDC, 1978-1995.

African Americans

- In the 1970s and 1980s, death rates from respiratory cancers (mainly lung cancer) increased among African American men and women. In 1990–1995, these rates declined substantially among African American men and leveled off in African American women.
- Middle-aged and older African Americans are far more likely than their counterparts in the other major racial/ethnic minority groups to die from coronary heart disease, stroke, or lung cancer.
- Smoking declined dramatically among African American youths during the 1970s and 1980s, but has increased substantially during the 1990s.
- Declines in smoking have been greater among African American men with at least a high school education than among those with less education.

American Indians and Alaska Natives

- Nearly 40 percent of American Indian and Alaska Native adults smoke cigarettes, compared with 25 percent of adults in the overall U.S. population. They are more likely than any other racial/ethnic minority group to smoke tobacco or use smokeless tobacco.
- Since 1983, very little progress has been made in reducing tobacco use among American Indian and Alaska Native adults. The prevalence of smoking among American Indian and Alaska Native women of reproductive age has remained strikingly high since 1978.
- American Indians and Alaska Natives were the only one of the four major U.S. racial/ethnic groups to experience an increase in respiratory cancer death rates in 1990–1995.

Asian Americans and Pacific Islanders

- Estimates of the smoking prevalence among Southeast Asian American men range from 34 percent to 43 percent—much higher than among other Asian American and Pacific Islander groups. Smoking rates are much higher among Asian American and Pacific Islander men than among women, regardless of country of origin.
- Asian American and Pacific Islander women have the lowest rates of death from coronary heart disease among men or women in the four major U.S. racial/ethnic minority groups.
- Factors associated with smoking among Asian Americans and Pacific Islanders include having recently moved to the United States, living in poverty, having limited English proficiency, and knowing little about the health effects of tobacco use.

Hispanics

- After increasing in the 1970s and 1980s, death rates from respiratory cancers decreased slightly among Hispanic men and women from 1990–1995.
- In general, smoking rates among Mexican American adults increase as they learn and adopt the values, beliefs, and norms of American culture.
- Declines in the prevalence of smoking have been greater among Hispanic men with at least a high school education than among those with less education.
- Factors that are associated with smoking among Hispanics include drinking alcohol, working and living with other smokers, having poor health, and being depressed.

Choosing health

- More than 10 million African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics smoke cigarettes. Without intervention, this number may swell in the coming decade.
- Both direct and passive exposure to tobacco smoke poses special hazards to pregnant women, babies, and young children. Babies and children who are exposed to tobacco smoke have more ear infections and asthma and die from SIDS more often. Mothers who smoke during pregnancy are more likely to have low birthweight babies and put their babies at increased risk of SIDS.
- Smoking trends today will determine how heavy the health burden will be among communities tomorrow. Programs that reflect cultural diversity will be the cornerstone in the battle against tobacco use.

Powerful influences undermine public health efforts

- Smoking is associated with depression, psychological stress, and environmental factors such as peers who smoke and tobacco marketing practices.
- Tobacco advertisements promote the perception of cigarette smoking as safe and far more widespread and socially acceptable than is actually the case.
- Tobacco companies garner community loyalty by hiring community members, providing communities with tobacco sales and advertising revenues, funding community organizations, and supporting educational, political, cultural, and sports activities.

Helping people enjoy smoke-free lives

- Group approaches for quitting smoking generally have not been successful with members of racial/ethnic minority groups, possibly because the processes used have not been culturally relevant or because of a lack of transportation, money, or access to health care.
- To be effective in discouraging tobacco use among young people, strategies should include restricted access to tobacco products, school-based prevention programs, and mass media campaigns geared to young people's interests, attitudes, and cultural values.
- Most successful programs for quitting smoking do more than deliver culturally appropriate messages. They provide practical information about the health consequences of tobacco use, resources to help people quit, and specific techniques for quitting.

Cigarette smokers among U.S. racial/ethnic minority populations

These four groups now make up almost a fourth of the U.S. adult population of 194 million.

	1995 adult population	1994–1995 smoking prevalence	Number of adult smokers
African Americans	21.4 million	26.5%	5.7 million
American Indians and Alaska Natives	1.3 million	39.2%	0.5 million
Asian Americans and Pacific Islanders	6.2 million	15.3%	0.9 million
Hispanics	17.3 million	18.9%	3.3 million

Sources: National Center for Health Statistics, CDC, and U.S. Bureau of the Census.

Percentage of U.S. adult smokers who would like to stop smoking

Characteristic	African Americans %	American Indians/ Alaska Natives %	Asian Americans/ Pacific Islanders %	Hispanics %	Whites %
Total	71.4	65.0	60.2	68.7	70.4
Men	68.6	57.3	58.3	63.8	67.8
Women	74.9	70.3	65.3	79.3	72.4

Source: National Health Interview Survey, National Center for Health Statistics, CDC, 1993.

Facts at a glance

- In the 1970s and 1980s, smoking rates declined substantially among African American youths, regardless of gender, self-reported school performance, parental education, and personal income, but have increased markedly since 1992.
- If current patterns continue, an estimated 1.6 million African Americans who are now under the age of 18 will become regular smokers. About 500,000 of those smokers will die of a smoking-related disease.
- Studies show that adverse infant health outcomes (e.g., the likelihood of pregnant women delivering low birthweight babies, SIDS, and high infant mortality) are especially high for African Americans and American Indians and Alaska Natives. Cigarette smoking also increases these risks, especially for SIDS, among Asian Americans and Pacific Islanders and among Hispanics.
- In all four racial/ethnic minority groups, the percentage of persons who have ever smoked and have quit increases with increasing age.
- In all racial/ethnic minority groups except African Americans, men are more likely than women to use smokeless tobacco.
- Asian Americans and Pacific Islanders are the least likely of the four U.S. racial/ethnic minority groups to smoke, but several local surveys report very high smoking rates among recent male immigrants from Southeast Asia.
- Most African American, Asian American and Pacific Islander, and Hispanic smokers smoke fewer than 15 cigarettes a day. Heavy smoking—25 or more cigarettes a day—is most common among American Indians and Alaska Natives, but still lower than among whites who smoke.

Both complete and summary versions of *Tobacco Use Among U.S. Racial/Ethnic Groups—African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics: A Report of the Surgeon General* are available. For more information about the report or to order a free executive summary, either call 770/488-5705 (press 2) or call 1-800-CDC-1311 for a faxed version of the executive summary. Access the Office on Smoking and Health's web site at http://www.cdc.gov/tobacco for additional information, or write:

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