

Tobacco Use & Cessation Among Hispanic/Latinos

United States Data and Demographics

Tobacco use is the leading preventable cause of premature death in the United States and is responsible for about 30% of all cancer deaths.¹ During the years of 1994-2000, adult smoking prevalence rates for the Hispanic/Latino community were significantly lower than the rest of the United States during this period.² There are approximately 35 million Hispanic/Latinos living in the United States, which comprise 12.5% of the total U.S. population.^{1,3}

- In the U.S, it is estimated that 45.8 million adults are current smokers and 16.7% of these smokers are Hispanic/Latino.⁴
- Tobacco use causes devastating diseases and premature death in every population in the United States, including Hispanics/Latinos.^{1,2}

California Data and Demographics

In 2000, there were nearly 11 million Hispanic/Latinos in California, an increase of nearly 43% from 1990. California's Hispanic/Latino population is the largest of any state in the U.S.²

- Hispanics/Latinos make up 32.4% of the total population of California.³
- California's adult Hispanic population has a smoking prevalence rate of 13.4% with Hispanic adult males have a much higher smoking prevalence rate (19.0%) than Hispanic adult females (7.4%).⁵
- In 1999, nearly one in five deaths in California were attributed to smoking.²
- Greater efforts are needed to eliminate tobacco related disparities among Hispanics in California. Hispanics represent approximately 32 percent of the State of California. The current tobacco prevalence rate of Hispanic adult smokers in California is 13.4 percent. However, approximately 23 percent of all smokers in California are Hispanic, this translates to almost one-quarter of all smokers in California.^{3,6,7}

Tobacco-Related Illnesses among Hispanics/Latinos

- Smoking is responsible for 87% of lung cancer deaths in the U.S. Overall, lung cancer is the leading cause of cancer among Hispanics.⁸
- Lung cancer deaths are about three times higher for Hispanic men (23.1 per 100,000) than for Hispanic women (7.7 per 100,000). The rate of lung cancer deaths per 100,000 were higher among Cuban American men (33.7) than among Puerto Rican (28.3) and Mexican American (21.9) men.⁸

- Coronary heart disease is the leading cause of death for Hispanics living in the United States. Among Hispanic subgroups in 1992–1994, death rates for coronary heart disease were 82 per 100,000 for Mexican American men and 44.2 per 100,000 for Mexican American women, 118.6 per 100,000 for Puerto Rican men and 67.3 per 100,000 for Puerto Rican women, and 95.2 per 100,000 for Cuban men and 42.4 per 100,000 for Cuban women.⁸
- Smoking is the major cause of cardiovascular diseases, including coronary heart disease and stroke. It is the most important modifiable risk factor for chronic heart disease.⁹
- In 1999, 33% of California smokers who received advice to quit from a physician made an attempt to quit.²

Cultural Values and the Latino Patient

When communicating with Hispanic/Latino patients, it is important to remember that cultural groups have different styles and norms of communication. According to research, the Hispanic/Latino patients who have physicians that are more culturally proficient and sensitive have higher rates of smoking cessation success with their patients.⁷ The following cultural key values are related to the Hispanic/Latino community and patient.

Hispanic/Latino Cultural Key Values¹⁰

Familismo: The Latino family is a complex and vital social organization. It includes the nuclear and extended family. Family members are closely tied together by sentiments of respect, loyalty, and unity. Because family unity is “sacred” for Latinos, health issues are most effectively dealt with at the family level if possible. This may be illustrated by: failing to reveal the existence of dysfunctional relations among family members to maintain the integrity of the family’s secrets.

Collectivism: Latinos prefer the company of others to being alone for personal satisfaction and for self-assurance. This relationship shared in the social or work group gives strength to the collective and provide a sense of belonging. Life is viewed from the group perspective rather than from the typically mainstream individualistic angle. This may be illustrated by: taking friends/ and or relatives to the provider’s office.

Personalismo/Self worth: Personalismo is the human quality of being able to relate on a personal level, regardless of social or financial standing. It conveys respect among peers and grants admiration or respect to all persons. Also called self-worth, personalismo is based on knowledge of a person’s individual qualities, learned over years of friendship and sharing. This may be illustrated by: Expressing interest in overcoming a health problem despite all odds.

Simpatia: Simpatia implies the ability to develop a harmonious relationship that expresses a warm and caring attitude. It does not mean sympathy, as its similarity to the word would seem to imply. Individuals who have this ability are described as simpatico or simpatico because they have such people-oriented skills.

This may be illustrated by: The patient bringing homemade food or a gift for the provider on a subsequent visit.

Machismo: Machismo or manliness places the man at the center of the Latino social life. Manliness may be exhibited through courage, or even authoritarian attitude. This may be illustrated by: The Latino male refusing of a digital rectal exam.

Marianismo: This refers to a woman's position in the family and at home. She is expected to be as perfect as the Virgin Mary. Women earn the respect of family and friends for their dedication to their children and husbands.

Personal Space: Personal space and touch are important to Latinos who communicate through physical contact and appreciate physical closeness. This may be illustrated by: Appreciating a health care provider's handshake or a touch on the arm when leaving the office.

Hispanic/Latino Beliefs and Attitudes about Cessation and Quitting Aids

The following information will help you to be better equipped to understanding the Hispanic/Latino smoker.

- Many Hispanic/Latinos believe that quitting smoking is not difficult.¹¹
- Hispanic/Latinos are less likely than others to use pharmaceutical aids for smoking cessation treatment.¹¹
- Hispanic/Latino smokers are more likely than white non-Hispanic smokers to attempt cessation, but less likely to receive cessation advice from physicians or to use nicotine replacement therapy.¹¹
- Hispanic/Latinos are more likely than non-Hispanic whites to quit smoking if cessation is seen as a benefit to the entire family.¹²
- Doctors and dentists can be good sources of information about the health risks of smoking and about quitting. They can tell their patients about the proper use and potential side effects of nicotine replacement therapy and help them find local smoking cessation programs.¹³

Additional Resources for Information about tobacco cessation:

University of Southern California, Keck School of Medicine, Institute for Prevention Research, California Hispanic/Latino Tobacco Education Partnership
<<http://www.hipartnership.org>>

NCI, Cancer Information Service <http://www.cancer.gov>

California Smoker's Helpline <http://www.californiasmokershelpline.org/>

For help to stop smoking, please call the California Smokers' Helpline

English 1-800-NO-BUTTS (1-800-662-8887)

Spanish 1-800-45-NO-FUME (1-800-456-6386)

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