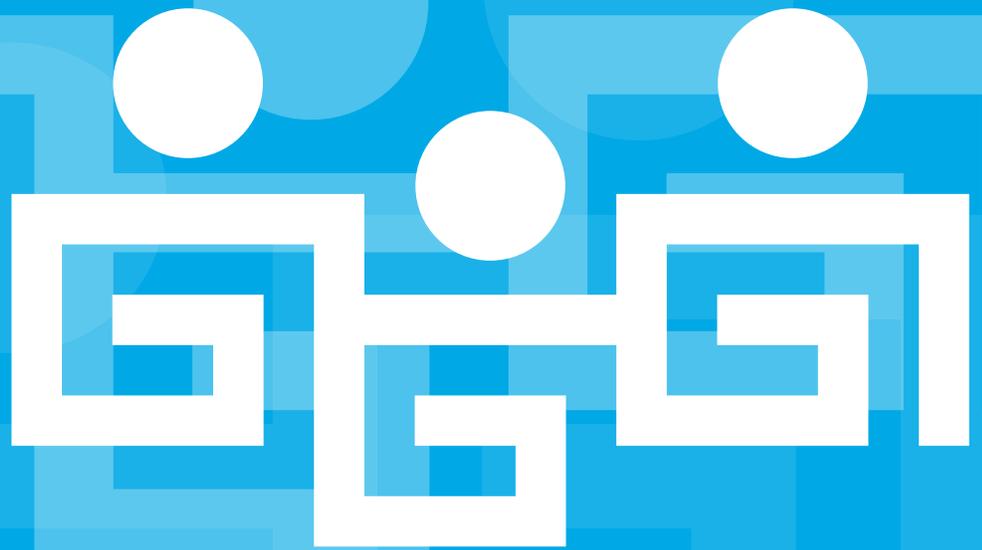


# **KOREAN NEEDS ASSESSMENT OF THE BAY AREA 2014-2015**

## **POLICY BRIEF**

**REDUCING HEALTH DISPARITY THROUGH SMOKE FREE  
ENVIRONMENTS FOR HIGH RISK BAY AREA KOREANS**



Korean  
Community  
Center  
of the East Bay



**AUTHORS:**

Ivey, S., Lee, J., Kim, H., Tseng, W., Hwang, N., Yoo, E., Cha, D., Kim, C., Kim, T., Shon, Y., Yang, H.

© 2016 Korean Community Center of the East Bay/ Health Research for Action

Korean Needs Assessment of the Bay Area (KoNA Bay Area)

Published in January 2016

For questions and additional copies, please contact KCCEB at 510-547-2662 or [junelee@kcceb.org](mailto:junelee@kcceb.org). You may also obtain a PDF file copy of this report online at [www.kcceb.org](http://www.kcceb.org).

# REDUCING HEALTH DISPARITY THROUGH SMOKE FREE ENVIRONMENTS FOR HIGH RISK BAY AREA KOREANS

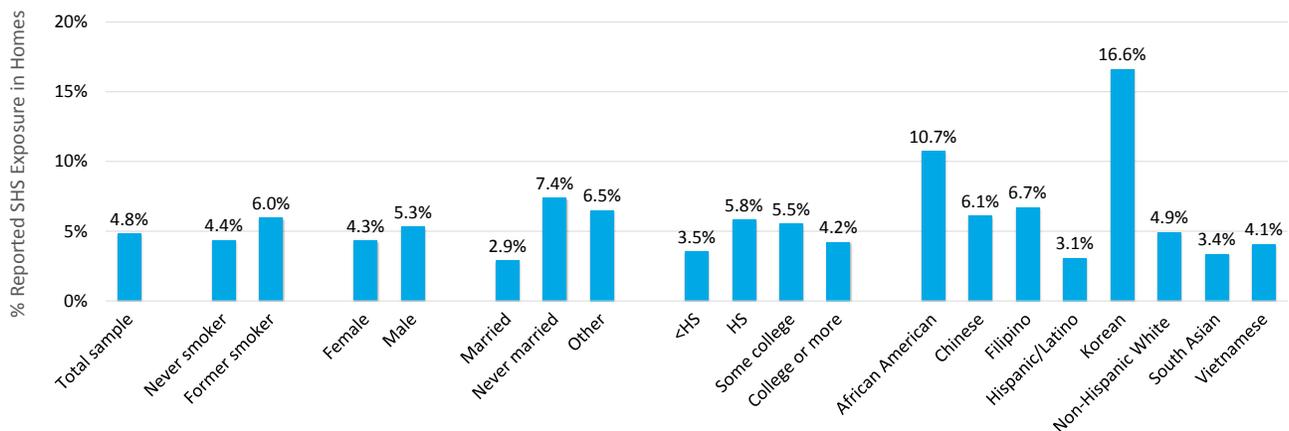


## Significance

In the California Health Interview Survey (CHIS) conducted in 2011-2012, Korean Americans had among the highest rates of smoking (17%), and Korean males (23%) had one of the highest smoking rates among Asians in California (CDPH, 2015a; CHIS, 2011). Cigarette smoking causes more than 480,000 deaths each year in the United States. This is about one in five deaths (CDC, 2013; HHS, 2014). Smoking harms nearly every organ of the body, and affects a person's overall health. Causal relationships exist between smoking and many types of cancer as documented by the Surgeon General's Report (HHS, 2014). Asian Americans are the only racial group for whom cancer is the leading cause of death (26%) and Koreans have the highest rates (32%) (CDPH, 2015b). Lung and bronchus cancer were responsible for the greatest number of cancer-related deaths among Koreans in California, among other cancer-related deaths.

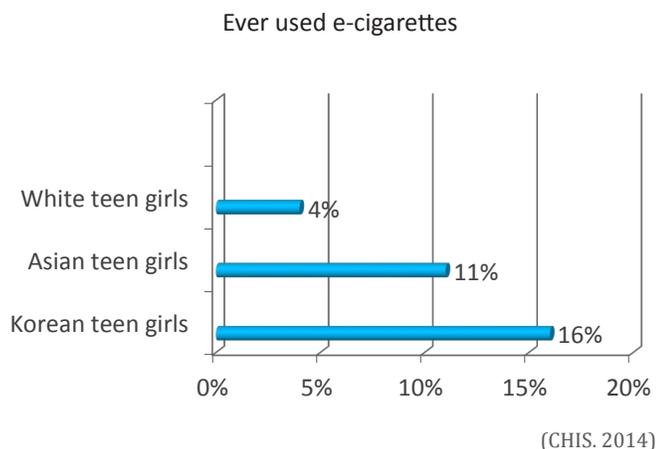
Even among non-smokers, secondhand smoke exposes one to a human carcinogen and has long-term risks for those exposed to it (CDC, 2006; CDC, 2007). Acute effects of secondhand smoke are serious, and include increased frequency and severity of asthma attacks, the initiation of asthma, respiratory symptoms such as coughing and shortness of breath, respiratory infections such as bronchitis and pneumonia (HHS, 2006; CDC, 2007), and stroke. Among Korean women with Limited English Proficiency (LEP), 25.9% reported having an adult smoking at their home- a much higher rate than that reported by all Asian women (7.6%) or women of all racial groups combined (6.3%) (CHIS, 2011). Further, analyses of 2011-12 CHIS data, including 37,958 nonsmokers aged 18 and older (52.9% female, 45.3% limited English proficient), revealed nonsmoking Korean Americans had the highest home SHS exposure prevalence (16.5%) of all populations, almost 5 times higher than for non-Hispanic Whites (Tsoh et al., 2015). Children are also vulnerable to the health effects of SHS.

Figure 1. Prevalence of SHS Exposure in Homes by Selected Characteristics



(CHIS, 2011-2012)

Several studies also noted that the smoking prevalence among Korean females is on the rise. Researchers reported that smoking nearly tripled (8% to 21%) among Korean American women over the last ten years in California (Kim et al., 2013). A study conducted in New York City also found that smoking rates were higher for Korean women (11%) than other Asian American women (4%) (Li et al., 2013) Of more concern is that smoking prevalence may be increasing among Korean adolescent girls. The most recent CHIS data showed that while 16% of Korean American teen girls have ever smoked e-cigarettes, only 11% of Non-Hispanic White girls and 4% of Asian girls have ever smoked e-cigarettes (CHIS, 2014). This suggests that smoking is a serious public health concern for not only Korean men but women.



Korean Community Center of the East Bay (KCCEB) and Health Research for Action at UC Berkeley School of Public Health conducted a survey in the San Francisco Bay Area, which corroborates the serious problems associated with smoking and second-hand smoke exposure among Koreans living in the region. 342 Korean American adults participated via phone, in-person interviews, and online between July 2014 and February 2015 in the San Francisco Bay Area. The following are results of the survey and recommendations.

## Discussions

***Korean men are a very high priority population for tobacco use, and disparities between men and women in terms of smoking rates pose serious secondhand smoke issues for non-smoking Korean women.*** Our San Francisco Bay Area needs assessment shows a smoking prevalence among Korean males and a similar disparity between sexes that is consistent with CHIS data - men smoke at over 3 times the rate of women. Our study population reported an overall smoking rate of 9%, compared to 12.9% for Koreans surveyed in CHIS 2011. However, San Francisco Bay Area male smoking rate (16%) was significantly higher than that of women (3%).

***Non smokers feel they have no control over secondhand and third-hand smoke exposure.*** It also demonstrates a need for community empowerment in negotiating smoke-free environments. Among 71 female Korean respondents, 57% reported that they have been exposed to tobacco smoke, 71% reported not having complete control of secondhand smoke avoidance, including 32% of the female respondents reporting they “never/rarely” have any control over SHS exposure. Findings from our survey underscore the need for interventions for smoke-free environments, including for the non-smoking Korean population, and empowering women to speak up for smoke-free homes. Our findings indicate third-hand smoke exposure also exists, as participants report exposure to cigarettes in various locations outdoors and report not having any control over their exposure.

Table 12. Prevalence of secondhand smoking and individuals' perception on control to avoid smoking

|  | Total        |
|--|--------------|
| <b>Secondhand Smoking (n=110, respondents can choose more than one option)</b> | %            |
| Not exposed  | 36           |
| Home   | 9            |
| Car  | 3            |
| Work (indoor)  | 9            |
| Work (outdoor)   | 21           |
| Other person's home or car   | 15           |
| Outdoor  | 40           |
| Restaurant   | 15           |
| Casino   | 4            |
| Other  | 9            |
|  | <b>Total</b> |
| <b>Complete control to avoid tobacco smoke (n=105)</b>                         | %            |
| All the time   | 29           |
| Most or fair amount of time  | 21           |
| About half of the time   | 10           |
| Less than half of the time   | 8            |
| Rarely/Never   | 32           |

**Bay Area Koreans have higher SPD and Associated Functional Impairment Rates than California Koreans and all racial groups in California. High SPD is known to be associated with high smoking rate.**

Our study shows significantly higher levels of Serious Psychological Distress (SPD), and functional impairment among Bay Area Koreans who smoke. Thirteen percent of the survey participants reported SPD, 28% are at high risk of developing SPD. Forty-five percent of the participants reported that emotional distress has severely or moderately interfered with performance at work, 50% reported such interference in relationships with family and friends, 48% with social life, and 42% with household chores over the past 12 months. This is consistent with reports from California Tobacco Control Program (CDPH, 2008) that groups with extremely high smoking rates include those who report serious psychological distress such as Korean males.

**Population-based, culturally and linguistically-specific interventions and prevention are urgently needed and should be based on evidence.** With an increasing demand to enhance outcomes of tobacco intervention and prevention programs, as highlighted by the 2015 Master Plan of the Tobacco Education and Research Oversight Committee (TEROC), there has been increasing recognition of needed partnerships between research and community-based agencies since 2000. Such Community-based Participatory Research (CBPR) partnerships enable combining evidence-based strategies with population-based, culturally and linguistically-specific interventions and prevention for the state's diverse population, directly advancing TEROc's objective of reducing tobacco-related health disparities. Given 20% of tobacco funding should be allocated for prevention efforts at a county level, counties should consciously utilize this allocation by supporting evidence-based practices and innovative new programs that have the potential to promote better outcomes, especially for populations disproportionately affected by tobacco-related health disparity.

**Quit attempts and utilization of Smoker's Helpline could be a mid-term outcome to target for cessation. However, uniquely for Asians, Helpline calls are often made by others, such as friends and family members.** Quitting smoking successfully is a major challenge for smokers. In spite of the steady increase in cessation treatment and nicotine replacement therapy, 75% of those making a quit attempt used no assistance (California Department of Public Health, 2008). Quit attempts are highly related to success in quitting. Past studies found that ex-smokers recalled an average of 4.7 lifetime quit attempts to achieve successful cessation (CDPH, 2008). Clinical trials consistently demonstrate that Helpline counseling approximately doubles the odds of successful long-term quitting (Zhu et al., 1996; Zhu et al.,

2012). However, 35% of calls on the Asian lines are made by friends or family members, rather than the smokers themselves; specifically for callers to the Korean language line, 27% of the calls were made by friends of family members (Zhu et al., 2010). This is an additional barrier to address as the Helpline is more effective when called by individuals who smoke, but also shows importance of working with family and friends.

***Family-based, and empowerment-based intervention is a promising evidence-based approach in API populations.*** Intervention studies with pregnant women providing them education and skills and empowerment to reduce SHS exposure from their smoking husbands have had initial success in SHS exposure reduction without evidence of long-term efficacy (Loke et al., 2005, Lee AH, 2008, Chi et al., 2014, Chan et al., 2013). Interventions targeting children failed to show that any one type of intervention was more effective than others in reducing SHS exposure (Baxi et al., 2014). Family-based interventions that utilize Lay Health Worker outreach to involve both smokers and their families supported the family-based approach in promoting smoking cessation in Asian American communities (Tsoh et al., 2015).

***Policy Implications.*** Thus far, increasing the price of tobacco products is one of the most effective in reducing tobacco use, and along with legislative smoking bans, remain most effective in reducing SHS exposure in the U.S. (Callinan et al., 2010). Increasing the tobacco tax by \$1.00 would prevent an estimated 35,000 current adult smokers and over 56,000 youth from a smoking related death. Without the tax increase, smoking attributable deaths in the state are projected to rise. Since Proposition 99 was passed in 1988, local health agencies, coalitions, education departments, research, civic and medical institutions, and community-based agencies in California have worked together in an effort to save lives from the

public health threat posed by Tobacco using four pillars - policy, treatment, research and prevention. In 2015, five bills were proposed (SB 591 to raise the tobacco tax by \$2 per pack, SB 151 to help keep tobacco out of the hands of youth by raising the minimum age for sales to 21, SB 140 to regulate e-cigarettes, AB 768 to ban tobacco products in the state's ballparks and AB 1396 to expand access to healthcare for low-income Californians). Two of the proposed laws — SB 140 and SB 151 — were discussed by the Senate Health Committee the day of the announcement. Both were approved and will now head to the Senate Appropriations Committee for further consideration.

#### ***Limitations and need for further research:***

The current needs assessment report was focused on health needs assessment among Korean American adults (age 18 and over) in Bay Area counties. Accordingly, it did not explore youth engagement in interventions and prevention of tobacco use or media influences on youth by the Tobacco Industry, which warrants further investigation, especially with the threat of new products such as e-cigarettes (King et al., 2015). As we enter a new age in healthcare with the advent of the Patient Protection and Affordable Care Act, reducing tobacco use and preventing initiation of tobacco use will be even more critical in order to control rising healthcare costs.

## Recommendations

Achieve Tobacco-Related Health Equity Among Priority API Populations by:

- Institutionalizing health equity by investing in collection of disaggregated data to look at unique ethnic communities like Korean Americans;
- Empowerment-based approaches are important in reducing tobacco disparities and should focus particularly on building the capacity of marginalized communities to engage more in policy, systems and environmental approaches to tobacco control (Tong and Lew 2013);
- Regulating secondhand smoke as a toxic air contaminant. Adopt additional policies to minimize the health impacts of second-hand smoke exposure and other environmental toxins;
- Funding priority populations to implement evidence-based, culturally and linguistically relevant intervention and prevention strategies; Currently there's no funding to support smoke free environment through culturally relevant intervention and prevention programs in the Bay Area Korean community, while there are promising evidence-based, culturally and linguistically relevant intervention and prevention strategies, such as family and social network-based, utilizing Community Health Workers;
- Investing in priority populations' advocacy and leadership efforts; maintaining robust local partnerships between tobacco control experts with cultural and linguistic competence, researchers, grassroots organizations, advocates and policy experts that support effective program implementation;
- Integrating social norm change and population-based approaches and interventions in tobacco control program efforts and design;
- Acting locally to protect residents from tobacco-related harms without waiting for state and federal legislative and regulatory processes;
- Supporting initiatives that encourage all healthcare professionals to use every patient encounter to screen for tobacco use and encourage tobacco cessation;
- Monitoring e-cigarette use in the Korean community, particularly among youth, but also among former and current smokers; working with culturally competent CBOs and advocacy organizations for smoke-free policies advocating for: 1) preventing under age use/ setting an age to be allowed to purchase e-cigs, 2) extending smoke-free zones to include e-cigarettes; and 3) expanding school-related policies;
- Increasing adoption and enforcement of local policies that regulate the sale, distribution, and marketing of tobacco products, investing in community activity to work with merchants, store owners and/or grocery associations to support and comply with regulations on not selling tobacco products (e.g. to minors).

## References

All references cited in the text are available in the on-line. [<http://kcceb.org/konabayarea/>]



ASIAN  
PACIFIC  
FUND

A Community Foundation



KOREAN  
AMERICAN  
COMMUNITY  
FOUNDATION  
*of San Francisco*

This report was made possible by the following sponsors:  
Asian Pacific Fund, Koret Foundation, and  
Korean American Community Foundation of San Francisco.

The statements and views expressed are solely the responsibility of the authors.