



**ASIAN AMERICAN ACCOMPLISHMENTS  
FY 2006**

MARYLAND CIGARETTE RESTITUTION FUND  
TOBACCO USE PREVENTION AND CESSATION PROGRAM  
LOCAL PUBLIC HEALTH COMPONENT  
JOHN M. COLMERS, DHMH SECRETARY  
CARLESSIA A. HUSSEIN, R.N., DR.P.H., CRFP DIRECTOR

## **INTRODUCTION**

Minority outreach is paramount in eliminating tobacco related health disparities that exist in minority communities around Maryland. Minority participation in local community health coalitions is intended to enhance the efforts of local health departments to decrease tobacco and cancer related deaths and illness as well as prevent the initiation of tobacco use.

The Asian American population has been growing rapidly in the U.S. and is estimated to reach 10 percent of the total population by the year 2050. According to U.S. Census Bureau estimates, there are currently 12,471,815 Asian Americans in the United States. In Maryland, the Asian American population is 258,529 or almost 5 percent of the total state population, as shown in Table 1. Data for counties marked with an asterisk in Table 1 are sourced from the 2000 Census because the number of sample cases was too small to provide data for the 2005 American Community Survey.

**Table 1. Asian American Population in Maryland by County**

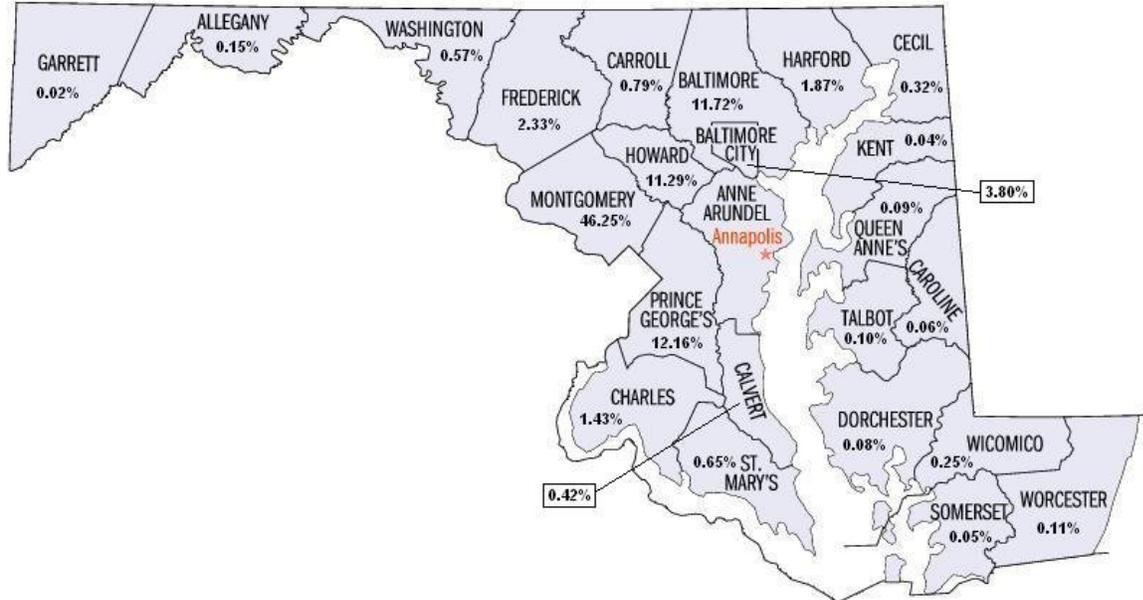
	Asian population	Total population	% of total population
Maryland	258,529	5,461,318	4.7
<b>COUNTY</b>			
Allegany*	390	74,930	0.5
Anne Arundel	14,684	494,676	2.9
Baltimore City	9,816	608,481	1.6
Baltimore County	30,307	767,597	3.9
Calvert	1,092	87,303	1.2
Caroline*	163	29,772	0.5
Carroll	2,029	164,663	1.2
Cecil	825	96,309	0.8
Charles	3,683	137,341	2.6
Dorchester*	202	30,674	0.7
Frederick	6,026	215,877	2.8
Garrett*	57	29,846	0.2
Harford	4,842	237,644	2.0
Howard	29,175	265,755	10.9
Kent*	103	19,197	0.5
Montgomery	119,566	918,046	13.0
Prince George's	31,436	828,834	3.8
Queen Anne's*	232	40,563	0.6
St. Mary's	1,672	93,301	1.8
Somerset*	116	24,747	0.5
Talbot*	270	33,812	0.8
Washington	1,476	132,574	1.1
Wicomico	657	87,334	0.7
Worcester*	282	46,543	0.6

Source: U.S. Census Bureau 2005 American Community Survey (data source for counties denoted with \* is U.S. Census Bureau 2000 Census)

Maryland has experienced extraordinary growth in its Asian American population within the past decade. One estimate has shown that between 1990 and 1994, the Asian population in the state increased by 26 percent, with Montgomery County serving as the nucleus of growth. Three of Maryland's twenty-four jurisdictions—Montgomery, Prince George's, and Baltimore County—are home to over half of the state's Asian population (Figure 1). Moreover, almost 90 percent of

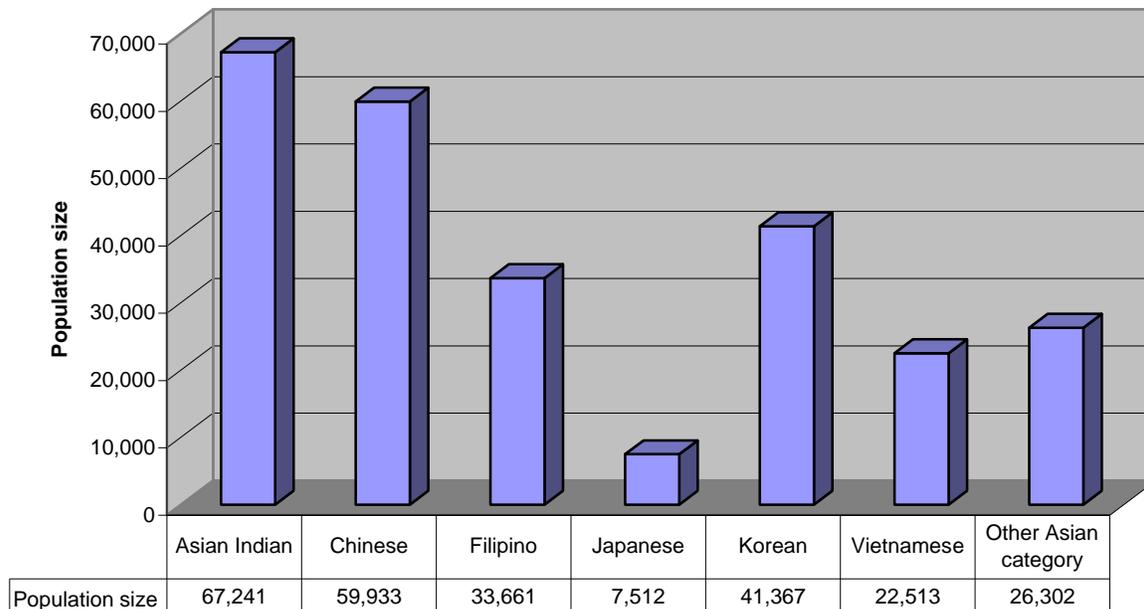
Asian Americans in Maryland live within the counties that make up the metropolitan Washington/Baltimore region.

**Figure 1. County Asian Population as Percentage of Total State Asian Population**



Although Maryland's Asian American population represents a diversity of Asian sub-groups, three groups in particular are represented more heavily in terms of population size. As shown in Figure 2, the 2005 U.S. Census Bureau American Community Survey indicates that the three largest Asian ethnic groups in Maryland are Asian Indians (67,241), Chinese (59,933), and Koreans (41,367).

**Figure 2. Asian Ethnic Groups in Maryland**



Source: U.S. Census Bureau 2005 American Community Survey

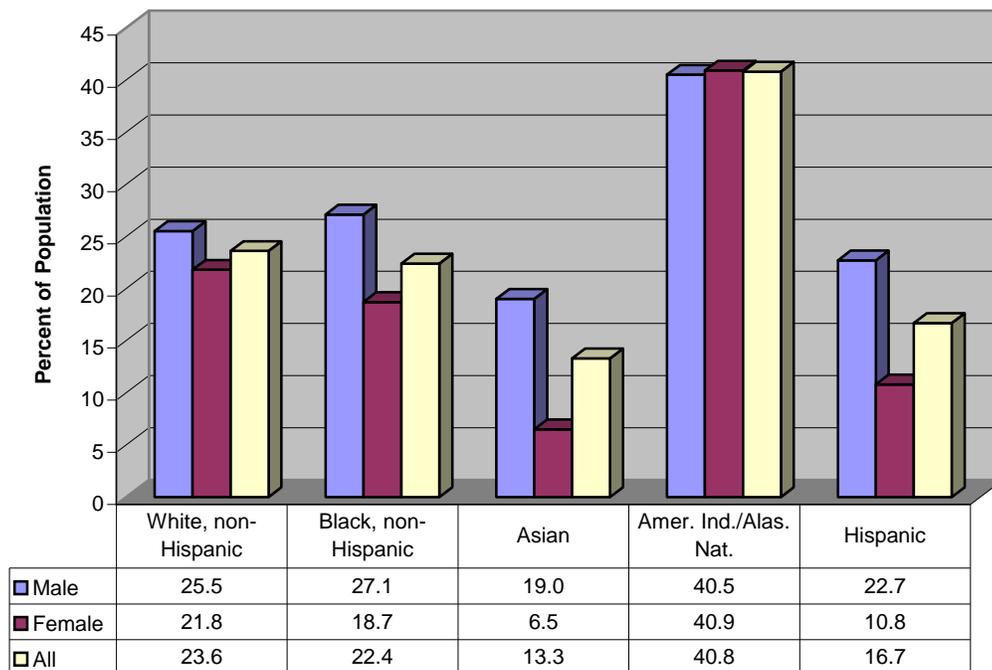
Similar to trends exhibited by other immigrant groups across the country, Asian immigrants in Maryland are choosing to settle in suburban areas rather than in the city. From 1990 to 1994, the Asian population in Anne Arundel County grew by 28 percent, Baltimore County's by 26 percent, and Howard County's by 33 percent. In stark contrast to the growth in the counties, the Asian population in Baltimore City grew only by 8 percent during the same time period.

### ASIAN AMERICANS AND TOBACCO USE PATTERNS

As a group, Asian Americans are well educated, earn high incomes, and enjoy a high quality of life. Although they represent a range of languages, dialects, and cultures that are as different from one another as they are to non-Asian groups, Asian Americans are often inaccurately viewed as a homogeneous "model" minority with few social or health problems. Consequently, the needs and concerns of this group have been largely ignored or have not been taken seriously.

Figure 3 below shows that Asians have the lowest smoking prevalence rates among adults of all racial/ethnic groups in the United States. In 2002, 13.3 percent of Asians smoked compared 16.7 percent of Hispanics, 22.4 percent of non-Hispanic blacks, 23.6 percent of non-Hispanic whites, and 40.8 percent of American Indians/Alaskan Natives. Not only did Asian women have the lowest smoking prevalence at 6.5 percent, but their prevalence was also over 50 percent less than the rates of women of other racial/ethnic groups. Asian men, with a prevalence of 19 percent, were also lower than men of other racial/ethnic groups, however their differences were less marked.

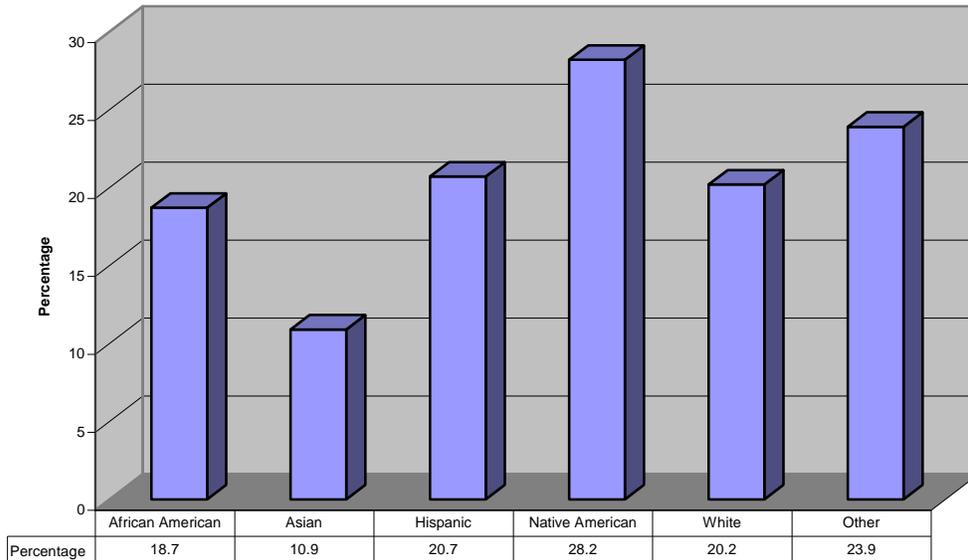
Figure 3. Current U.S. Cigarette Smoking by Sex, Race, and Ethnicity (2002)



Source: Morbidity and Mortality Weekly Report, May 2004

Tobacco use patterns among Asian Americans in Maryland tend to reflect national cigarette smoking trends. Figure 4 shows current tobacco use among adults in Maryland. Asian Americans at 10.9 percent have the lowest prevalence of tobacco use among all racial groups in the state.

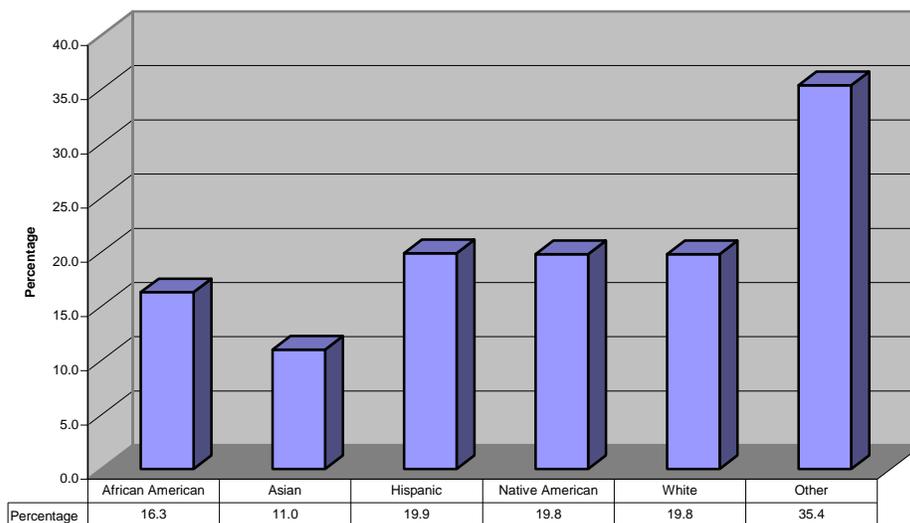
**Figure 4. Current Tobacco Use Among Maryland Adults (>18) by Race**



Source: DHMH Monitoring Changing Tobacco Use Behaviors in Maryland, September 2003

Tobacco use by Asian American youth compared to other groups is similar to adult tobacco use trends. Figure 5 indicates that among under-age (less than 18 years) youth, Asian Americans at 11.0 percent have the lowest prevalence of tobacco use among all racial groups in Maryland.

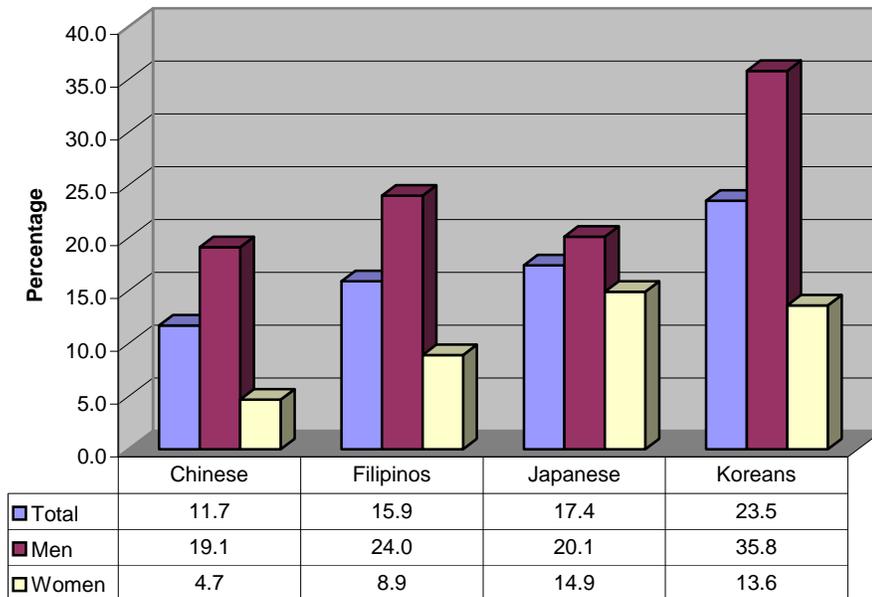
**Figure 5. Current Tobacco Use Among Under-age (<18) Youth in Maryland**



Source: DHMH Monitoring Changing Tobacco Use Behaviors in Maryland, September 2003

The statistics presented are accurate, yet can be misleading. Emerging data and research on Asian American subgroups show real and important disparities that are not otherwise apparent when considering Asians as an aggregate and homogenous whole. In fact, there exists substantial variation in smoking rates among Asian American subgroups.

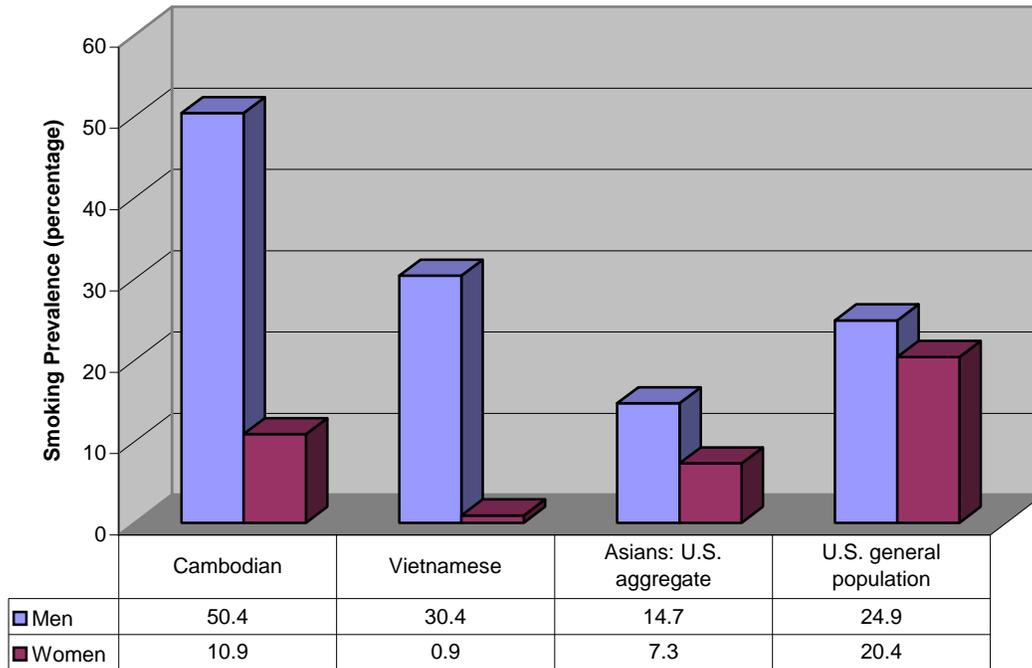
**Figure 6. Percentage of Adult Asian Americans and Pacific Islanders Who Reported Being Current Smokers**



Source: Surgeon General's Report, 1998

Figure 6 presents the percentage of adult Asian Americans and Pacific Islanders who reported being current smokers. For men, the percentages range from a low of 19.7 percent among Chinese men to a high of 35.8 percent for Korean men, which is considerably higher than the 25.5 percent prevalence of white, non-Hispanic men (Figure 3). Asian American men of Southeast Asian origin (Cambodian and Vietnamese for example) tend to have significantly higher rates of smoking than both the national aggregate for Asian Americans and the U.S. population in general as shown below in Figure 7.

Figure 7. Gender Specific Smoking Prevalence of Cambodian and Vietnamese Americans



Source: Morbidity and Mortality Weekly Report, August 2004

This pattern does not hold true for Cambodian and Vietnamese American women however. Although Cambodian American women have a slightly higher smoking prevalence than the national aggregate for Asian Americans, both Cambodian and Vietnamese American women have a considerably lower prevalence compared to the general U.S. population.

### THE EFFECTS OF ACCULTURATION AND TOBACCO USE

Further variations are exposed when considering acculturation as a variable in Asian American tobacco use patterns. There is evidence supporting an association between cigarette smoking and acculturation among Asian Americans. As shown in Table 2, those who have lived in the United States longer and those who had a higher level of English-language proficiency demonstrated a lower likelihood to be smokers. Among Chinese men, the likelihood of being a current smoker decreased with increasing percentage of lifetime spent in the United States.

**Table 2. Percentage of Chinese and Vietnamese Men Who Reported They Smoke and Level of Acculturation**

Acculturation characteristic	Chinese		Vietnamese	
	%	Avg. number cigarettes	%	Avg. number cigarettes
< 25% of lifetime in United States	29.8	13.0	NA	NA
> 25% of lifetime in United States	26.2	22.3	NA	NA
Fluent in English	*	*	29.7	10.7
Not fluent in English	31.8	13.3	36.6	10.0
Immigration before 1981	NA	NA	32.2	10.5
Immigration in 1981 or later	NA	NA	37.7	9.8

\* Numbers too small for analysis

Source: Surgeon General's Report, 1998

Interestingly enough, even though the current smoker percentage decreased the average number of cigarettes smoked increased. For Vietnamese men, smoking prevalence was highest for those not fluent in English and who had immigrated to the United States after 1981.

Asian Americans are an extremely heterogeneous group that represents both ends of the spectrum in terms of socioeconomic and health indices. The within group variation among Asian Americans is as diverse as the general population of the United States. Such diversity within a seemingly homogenous group clearly highlights the importance of disaggregating tobacco and smoking related data for Asian Americans.

The longstanding paradigm of "model" minority as well as the utilization of "cookie cutter" intervention approaches and strategies for Asian Americans is simply untenable. In order to be successful, tobacco control programs focusing on Asian Americans must carefully examine subgroup variations and account for acculturation, target high-risk groups, and develop interventions that are both culturally specific and culturally sensitive.

## **TOBACCO CONTROL PROGRAMS IN MARYLAND**

In FY06, the tobacco control programs of most of Maryland's twenty-four jurisdictions targeted the Asian American community in one form or another. Activities included, but were not limited to, providing smoking cessation programs, increasing awareness through outreach campaigns, and providing funding to Asian American churches and other Asian American organizations. The most dynamic programs tended to be those of the larger jurisdictions, however even some of the smaller ones, such as Frederick County, had very active programs.

**Table 3. Asian American Tobacco Use Prevention Activities by County**

County	Asians in smoking cessation	Asian churches funded	Asian organizations funded	Asian outreach campaigns
Allegany	0	0	0	0
Anne Arundel	1	0	1	2
Baltimore City	46	0	2	3
Baltimore County	3	0	1	3
Calvert	0	0	0	0
Caroline	0	0	0	0
Carroll	0	0	0	0
Cecil	0	0	0	0
Charles	0	0	0	0
Dorchester	0	0	0	0
Frederick	9	0	1	12
Garrett	0	0	0	0
Harford	0	0	0	0
Howard	4	0	1	1
Kent	0	0	0	0
Montgomery	41	0	0	4
Prince George's	10	0	0	12
Queen Anne's	1	0	0	0
Somerset	0	0	0	0
St. Mary's	0	0	0	1
Talbot	0	0	0	1
Washington	0	0	0	0
Wicomico	0	0	0	0
Worcester	0	0	0	0

Source: CRFP FY06 Quarterly Reports

Five Maryland counties had well developed programs in FY06 that involved committed collaboration with organizations working on tobacco control in Asian American communities.

### **Baltimore City**

The Asian American Anti-Smoking Foundation (AAASF) and the Korean Resource Center (KRC), both not-for-profits, worked in partnership to organize and coordinate the first Asian American tobacco control conference in Baltimore. The conference focused on several areas including acupuncture, difficulty of outreach to Asian Americans, best practices, and cultural appropriateness. The following indicators give their actual performance for FY06:

- 40 people educated on tobacco use prevention and cessation

### **Baltimore County**

The Asian American Anti-Smoking Foundation (AAASF) provided a continuum of services and culturally appropriate information to reach Baltimore County's Asian American population. AAASF provided education on the dangers of tobacco use through direct contact with the business community, religious groups, and other community sites. The following indicators give their actual performance for FY06:

- Conducted 24 on site visits
- Conducted an awareness campaign on tobacco prevention and cessation utilizing advertisements in the Chinese News and Korean Daily News and flyers

- Distributed tobacco prevention information to 97 Asian American businesses
- Performed 96 carbon monoxide tests to demonstrate the impact of tobacco use
- Educated 322 people through carbon monoxide testing, presentations, and on site visits to businesses

### **Frederick County**

The Learning Institute for Enrichment & Discovery, a not for profit, is an educational organization local to Frederick County that provides a dynamic setting and fun learning environment for students. As a new vendor for Frederick County in FY06, the Learning Institute was funded to survey the smoking attitudes and behaviors of local Burmese youth utilizing a survey tool developed using the CDC's National Youth Tobacco Survey. The following indicators give their actual performance for FY06:

- Trained 10 Burmese youth leaders
- Surveyed 50 Burmese youth on smoking attitudes and behaviors

### **Montgomery County**

The Korean Community Service Center (KCSC), a not for profit, has been developing mutually beneficial partnerships and long-standing relationships between the Asian and Pacific Islander community groups to address issues related to tobacco use. In FY06, they worked in collaboration with Boat People SOS and the Chinese Community and Culture Center to provide tobacco use prevention programs including alternative interventions that reflect the diverse community's needs. KCSC has worked vigilantly to provide awareness, outreach, and education on tobacco use and its detrimental health effects. The following indicators give their actual performance for FY06:

- Conducted 18 awareness campaigns
- Trained 27 community leaders
- Educated 903 people through individual and group presentations and outreach
- 58 people individually counseled on smoking cessation
- 40 people counseled during group cessation

### **Prince George's County**

The Korean Community Service Center (KCSC) provided cessation classes and therapy to Asian Americans. KCSC provided training for community leaders to enable them to provide culturally sensitive and linguistically appropriate cessation classes. They also reached out to the community through trained volunteers, providing educational workshops as well as increasing awareness of the availability of cessation classes. KCSC provided technical assistance and culturally appropriate educational materials to Chinese and Vietnamese community based organizations. The following indicators give their actual performance for FY06:

- Distributed 600 flyers in March Song Vietnamese newspaper to Asian American communities in Hyattsville, Langley Park, and Adelphi
- Established walk-in tobacco services at Adelphi branch
- Ran anti-tobacco cessation advertisement 8 times in three Asian American newspapers: Korean Times, Korea Daily, and Choong Ang Daily
- 23 participants individually counseled on smoking cessation

- Hosted radio talk show to discuss tobacco and lung cancer
- Educated 265 people through various outreach program activities such as Great American Smoke Out, World No Tobacco Day, health fairs, and workshops

CENTER FOR HEALTH PROMOTION, EDUCATION, AND TOBACCO USE PREVENTION

PHONE: 410-767-5529

Fax: 410-333-7903

Joan Stine, M.S., M.H.S., Director

Lawrence Carter, M.S., Chief, State Tobacco Control Initiatives