FAMILY AND INDIVIDUAL FACTORS AND INTENTION TO QUIT IN CALIFORNIAN CHINESE AND KOREAN SMOKERS

Cathy I. Cheng, MD1; Hao Tang, PhD2; Janice Tsoh, PhD3; Moon S. Chen Jr., PhD MPH1; Elisa K. Tong, MD MA1
1University of California, Davis Medical Center, Sacramento, CA 2California Department of Public Health, Richmond, CA 3Department of Psychiatry, University of California, San Francisco, CA

INTRODUCTION

• Smoking is the single largest preventable cause of morbidity and premature mortality globally1

• In California, 14% male and 2% female Chinese smoke,2 while 28% male and 4% female Koreans smoke3

• Family has long been known to be central to health behaviors for Asian Americans4,5

STUDY DESIGN

Cross-sectional, population based data (n=4662)

SUBJECTS

• Age ≥ 18

• Resides in CA

• Self-identified Chinese or Korean

• Participated in the 2004 California Chinese American Tobacco Use Survey or 2004 California Korean American Tobacco Use Survey

METHODS

MEASURES

Independent Variables:

Family Factors

• Number of children < age 18 in household

• Smoking rules or restrictions in household

• Family preference for smoker to quit

• Marital status

Individual Factors

• Age

• Education level

• Income level

• Employment status

• Acculturation

• Health insurance status

• Method to access healthcare

• Smoking history and behaviors

• Health knowledge of smoking risks

STATISTICAL ANALYSIS

• Statistical Analysis System used to calculate baseline descriptive statistics, as well as perform bivariate analyses and multinomial logistic regressions

• Weighted Rao-Scott chi-square tests used for categorical data; weighted multinomial logistic regression models used for continuous variables

RESULTS

Table 1. Role of individual factors in intention to quit among both Californian Chinese and Korean smokers.

<table>
<thead>
<tr>
<th></th>
<th>All</th>
<th>Intend to quit soon (≤ 30 days)</th>
<th>Intend to quit later (&gt;30 days)</th>
<th>No quit intention</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed</td>
<td>60.8%</td>
<td>47.2%</td>
<td>60.0%</td>
<td>30.2%</td>
<td>0.001</td>
</tr>
<tr>
<td>Born in U.S.</td>
<td>9.2%</td>
<td>12.0%</td>
<td>9.1%</td>
<td>11.1%</td>
<td>0.008</td>
</tr>
<tr>
<td>≥15 years in U.S.</td>
<td>53.4%</td>
<td>45.1%</td>
<td>31.4%</td>
<td>22.7%</td>
<td>--</td>
</tr>
<tr>
<td>Survey language was English</td>
<td>15.0%</td>
<td>20.1%</td>
<td>20.8%</td>
<td>4.4%</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Survey language was Chinese or Korean</td>
<td>85.0%</td>
<td>79.0%</td>
<td>77.7%</td>
<td>85.6%</td>
<td>--</td>
</tr>
<tr>
<td>Had health insurance</td>
<td>4.6%</td>
<td>9.8%</td>
<td>4.4%</td>
<td>3.2%</td>
<td>0.03</td>
</tr>
<tr>
<td>Asian Health Services via Western MD</td>
<td>55.7%</td>
<td>67.0%</td>
<td>63.8%</td>
<td>64.2%</td>
<td>0.098</td>
</tr>
<tr>
<td>Access health services via other methods</td>
<td>4.4%</td>
<td>6.2%</td>
<td>7.0%</td>
<td>3.4%</td>
<td>--</td>
</tr>
<tr>
<td>Had quit attempt within the past 12 months</td>
<td>4.5%</td>
<td>3.1%</td>
<td>7.3%</td>
<td>8.8%</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Exposed to second-hand smoke</td>
<td>38.6%</td>
<td>38.3%</td>
<td>38.0%</td>
<td>2.3%</td>
<td>0.04</td>
</tr>
<tr>
<td>Agree that smoking is harming my health</td>
<td>9.5%</td>
<td>7.4%</td>
<td>9.8%</td>
<td>3.4%</td>
<td>0.002</td>
</tr>
<tr>
<td>Health knowledge of smoking risks (score: -5 to 5; Mean ± SE)</td>
<td>2.91±0.3</td>
<td>1.74±0.7</td>
<td>3.15±0.4</td>
<td>3.49±0.5</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

Figure 1. Role of family factors in intention to quit among both Californian Chinese and Korean smokers.

DISCUSSION

• Intention to quit smoking in Chinese and Korean Californian smokers is significantly associated with myriad family and individual factors

• Since family preference that the smoker quit is significantly associated with intention to quit, a future collective, in addition to the traditionally individualistic, approach should be considered in smoking cessation strategies among Chinese and Korean Californian smokers

• Findings that greater health knowledge of the adverse effects of smoking and seeing a western physician were associated significantly with intention to quit underscore how crucial it is for physicians to educate patients about the detrimental health effects of smoking and to address the importance of smoking cessation with patients

• Limitations of this study include the fact that, while necessary, intention to quit may not be a sufficient condition for predicting cessation. Also, a causal mechanism between correlates and quit intentions cannot be established from bivariate analyses

REFERENCES