

# TAKING ACTION AGAINST SECONDHAND SMOKE

Findings and Recommendations  
from  
Focus Groups in the Latino Community  
for  
Secondhand Smoke Resource Center  
Association for Nonsmokers Minnesota

Hispanic Advocacy and Community Empowerment through Research  
(HACER)

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## INTRODUCTION

Secondhand smoke from cigarettes is one of the leading underlying causes of death in the U.S., accounting for 3,000 deaths due to lung cancer and 35,000-62,000 deaths due to heart disease each year. It also contributes to asthma and other illnesses in children. The Latino community seems to have smoking rates that are at least as high as the state as a whole.<sup>1</sup> Recognizing that culture shapes the way health messages are understood and received, the Association for Nonsmokers—Minnesota asked for HACER's help in conducting focus groups to explore the Latino community's perceptions of secondhand smoke and its reaction to various kinds of messages about secondhand smoke.

HACER organized and conducted 4 focus groups between August 14 and 30, 2001: 2 in St. Paul and 2 in Willmar, Minnesota. In St. Paul, one focus group, organized for parents and grandparents, was conducted in Spanish; the other, organized for community leaders, was conducted in English. The same plan was intended for Willmar, but some individuals scheduled for one group came instead to the other, and both groups were conducted in Spanish. For this reason, it is hard to distinguish

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<sup>1</sup> The primary source of data on smoking among Latino adolescents is the Minnesota Student Survey, which is conducted every three years. American Indian and Latino adolescents had the highest smoking rates in the state. Much of this data appears in two reports by the Urban Coalition: Getting It All Together: The Health and Well-Being of Minnesota's Youth, August, 1998, p. 21, and Warning -- Disparities Begin Here: The Health and Well-Being of Youth in Minnesota, June, 2001, p. 18. For adults, the Household Survey on Drug Abuse conducted in 1996-97 by the Minnesota Department of Human Services found that African American, American Indian and Latino adults had above-average smoking rates.

between the remarks of community leaders and typical parents in the Willmar focus groups.

The parent focus group in St. Paul consisted of 8 persons, including 5 with children under 18 and 3 who were grandparents. The leaders focus group from St. Paul consisted of 12 persons, 9 of whom had children. Nearly all members of the parents group were born in Mexico (7 of 8), while only half of the leaders group members (6 of 12) were born outside the U.S., either in Mexico or Chile. Average number of years lived in the U.S. was 10 years for the parents group and 32 years for the leaders. Three-fourths of the leaders (9 of 12) had completed college or attended some college, and all had finished high school. Among the parents group, 3 of 8 had attended college, 3 finished high school, and 2 were not high school graduates.

In Willmar, 17 persons participated in the two focus groups. Almost all (15 of 17) were born outside the U.S., primarily in Mexico (10) but also Guatemala (3), Honduras (1) and Panama (1). They have lived in the U.S. an average of 10 years, ranging from 4 months to 32 years. Only 3 had attended college, 8 were high school graduates, and 6 had not completed high school.

## **FINDINGS**

There were many similarities between the comments of the focus groups for parents and community members and the group for leaders, as well as between the St. Paul and Willmar groups. Therefore, this study looks at all four focus groups together. Where important differences emerge, they will be discussed.

### ***Sources of Health Information (Question 1)***

The focus groups began with general questions about whom people trusted as sources of health information for issues such as the kinds of food children should eat. The most frequent response was reliance on doctors, nurses, nutritionists and health professionals in general. People thought they would be more likely to get correct information from the professionals. One person added, "It is easier to accept something when a professional tells it to you or someone who is not attached to you, like your family." When a woman's mother or mother-in-law tells her what to do, it may seem like interference, and conflicts can begin. Reliance on health professionals was most strongly expressed by the community leaders, though it was present in other focus groups as well.

Several people said they would go first to their parents, or elders, for information. Often, they would follow up by seeking the advice of the doctor or other health professional. One woman said that a woman who is having her first child might go to her mother first: "My mom will teach me how she raised me. In the second place, I would go to the doctor and hear what they say . . . ." Another woman said she would rely on her family for "everyday situations," but would also consult the doctor to get other opinions on issues such as when to start the child on solid foods.

Lack of access to health care can influence where people get their health information. One of the community leaders pointed out that her family did not have insurance when she was growing up. They relied on family remedies, her abuela (grandmother), and older relatives for health information and care. They rarely saw the doctor. A community member from St. Paul said, "It depends on where you live.... If

you don't have access to medical personnel, you go to who is available. The information you get is from your elders." According to the state's health insurance study completed earlier this year, 17.7 percent of Latinos do not have any health insurance. This rate is three times higher than the state average and higher than the rate for any other racial or ethnic group.<sup>2</sup>

Respondents were also asked if there were particular newspapers or radio stations that they would trust for health information. Very few people named a specific media outlet. Members of the community leaders focus group mentioned Minnesota Public Radio, the St. Paul *Pioneer Press*, and the internet. Several people said they pay attention to the newsletters they get from their health care provider (e.g. HealthPartners) or health insurance provider. Respondents from Willmar said that there is a great need for health information in Spanish, and the local media provide virtually no information in Spanish. They noted that a member of the community has been trying to publish a monthly newsletter in Spanish covering all kinds of subjects, including health.

### ***Response to Four Kinds of Messages (Question 2)***

Participants were asked how they would respond to four types of messages:

- Those about bad things that could happen to your child (scare messages);
- Those that appeal to your sense of family values, that suggest that these are things that good families do;

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<sup>2</sup> Minnesota Department of Health, Health Resources and Services Administration State Planning Grant Program, 2001.

- Those that suggest how you could be a good role model;
- Those that tell how you can protect your child.

This was one of the most important questions of the focus groups and led to some lengthy and interesting discussions.

### Bad Things That Could Happen to Your Child

The predominant feeling in the focus groups was that messages that graphically illustrate bad things that could happen to your child would be the most effective of the four types of messages presented. This feeling was expressed most strongly in the community leaders group. Many people in this group were aware of specific ads that dealt with secondhand smoke or smoking in general, for example those sponsored by the Minnesota Partnership for Action Against Tobacco (MPAAT). They said these kinds of ads caught their attention and woke them up. The ads "tell you things you might not realize" and "bring the point right in front of you." One woman saw the ad showing secondhand smoke drifting down the hall and taking the shape of the "devil's claw" over the baby's face. She talked to her teenage daughter about what the ad meant. Several people used the word "shock" to describe these ads and felt they were useful: "It's a blunt way to get the message across, but it works."

The theme of graphically illustrating the bad things that could happen was important in the parents focus groups as well. One person in Willmar said she puts a "little more emphasis on these kinds of messages." She points them out to warn her child. Another said: "Sometimes I do need them [graphic messages] to do that to me, to be able to notice it [secondhand smoke] is something bad."

In both of the St. Paul focus groups, many individuals stated that the graphic, scare messages had more effect than those that emphasized good role models. In the leaders group, one person said that messages spoken by role models (like Edward Olmos) do not make as much impression as shock ads, do not bring the point home. Another pointed out that shock messages show you facts you might not have realized, and help you remember. A parent noted that she has seen commercials featuring role models, "but honestly I value more, pay more attention to and become more conscious of a commercial that shows a problem that could personally happen to us, that my child could get sick because of something."

There were several suggestions for improving graphic scare messages. One person felt these kinds of ads needed to provide more direct factual information to go along with the images. Another felt that the ads should be personalized, so that they show a real person who has been stricken by cancer or hurt by something that really happened.

#### Messages About Things That Good Families Do

In one of the Willmar focus groups, messages about the value of the family received considerable support. This group felt that messages that involved or emphasized families together would be influential. One of the Willmar parents described ads that could be effective: "There could be one with a happy family that does not smoke, healthy and all, and there could be one on the contrary where the parents smoke and the kids are sick, or another with the family . . . bearing a family member that died . . . because of cigarettes. The family is very strong for Hispanics,

and any version of that would work." Other examples were given. As the group facilitator pointed out, these comments were really combining the idea of emphasizing the well being of the whole family with some of the scare messages that were mentioned earlier. The scare message provides the content, and the family provides the context which gives the message extra weight.

Some cautionary notes were also sounded about the strategy of creating messages that emphasize family. One person warned against ads that feature only "the perfect family," by which she meant primarily two-parent middle-class families. Ads should reflect the fact that in the real world there are many one-parent and other family situations. Another person said, "Messages that illustrate what good families do should emphasize the unity of the family." Unfortunately, that remark was not explored further. One interpretation would be that ads should not show family members in conflict, pitted against one another, over issues like secondhand smoke.

### Messages That Show How Parents Can Be Good Role Models

Another group of messages that received some attention were those that emphasized parents or others as good role models. As already mentioned, the predominant feeling was that such messages would be much less effective than graphic scare messages. But there are several aspects of these kinds of messages that were brought up in the groups.

People were well aware of the important influence that the parents' behavior has on the child. The parent who smokes undermines the warnings to kids about the health dangers of smoking. But several others noted that friends and peers of teens often



have more influence than parents. One mother noted that she herself did not smoke, but all three of her daughters became smokers. In any event, the participants were talking about the direct behavior of parents, and did not have much to say about ads or messages that would show parents how to be good role models.

One person mentioned that ads about well-known people could be effective. She cited ads featuring soccer stars that she saw in Guatemala: the players performed acrobatics in the ads and warned kids "to stay away from bad habits." This person felt that kids who saw the ads wanted to be like these players.

### Messages About How to Protect Your Child

This topic elicited very little direct response. From the content of the group conversations, it is clear that participants were very concerned about the well being of children. They felt that everything they were talking about—the scare messages, the role models, etc. —was intended ultimately to benefit the health of children. Although the facilitator prompted respondents, they did not have much more to say.

### Other Types of Ads

Finally, there was brief discussion of another type of message that was not introduced by the group facilitator. In one of the Willmar groups, one person argued that the best thing to do "is to raise information to legislators who can try to change laws so there is not so much publicity [advertising by tobacco companies]." The implication is that messages explaining how people can become politically active and influence

lawmakers would be most effective. "Take it to people who are in power, to political types, because it is the only manner in which we can attack."

### ***Impact of Smoking and Secondhand Smoke on Health (Questions 3-4)***

There is almost universal awareness among focus group participants of the dangers of smoking. One person felt that was true of the Latino community in general: "Here in the U.S., the Latinos do know about the impact of smoking -- 90 percent of them do. There is so much information here about it."

Awareness of the risks of secondhand smoke also appeared to be high among focus group members. They felt that secondhand smoke causes lots of illnesses, especially respiratory illnesses in children. A few people said they thought or had heard that secondhand smoke was worse than smoking. Some felt that knowledge of secondhand smoke was widespread in the community: "Many Latinos know this. It is general information." But several people felt that educational campaigns about secondhand smoke should be more aggressive. As one of the Willmar participants noted, "There are no direct campaigns that go hard after this. They only go for a short time and then they're done."

At least two of the focus groups noted that California's ban on smoking in bars and restaurants, along with prohibitions in workplaces and public buildings, has helped raise awareness. "The smoking bans make a difference. They educate the people, and people feel comfortable smoking only at home." It seems that the California example could be an especially potent symbol for Latinos, since so many have had experience

living or visiting there or know people there. The focus groups indicate there is at least some awareness in the community of the role that public policy can play in educating people about secondhand smoke.

### ***Protecting Yourself and Your Children from Secondhand Smoke (Questions 5-6)***

The measures people take to protect themselves from secondhand smoke vary with the situation. One of the most troublesome areas was smoking in the workplace. Some people have had good experiences with workplace bans. The smokers go outside to smoke. When someone violates the indoor ban, they can point out the company policy and there are signs to back them up.

But some companies do not have adequate no-smoking areas or are not enforcing their own policies. The Jennie-O plant in Willmar was cited as an example. There are smoking areas in the plant, and some areas are dense with smoke: "It's like a cloud." As one person said, the smokers are desperate to light up on their breaks. Moreover, the inadequate no-smoking areas are not always respected or enforced. Another person in Willmar said: "My friend said to them that it says here 'no smoking', and they erased [the sign]. She was pregnant and went to let the supervisor know about it. The supervisor just said to tell them to leave, but he did not get up to say, 'This area is no smoking, go over there.'"

One of the Willmar participants noted that workers could take things into their own hands by organizing to press for better workplace rules and enforcement. The

majority of workers do not smoke. If workers were really united, they could accomplish a lot. "People who don't smoke could get together and say: 'You know what? We went to the doctor and this is hurting our health and we want you to do something.'"

Avoidance is another strategy people use, when they are not absolutely required to be someplace. One focus group agreed that it's part of the culture to accept that everyone has vices. In many cases, it is best to move away rather than confront others about vices like smoking. "Well, personally I believe I should respect the opinion of people if they choose to smoke and give them their space. And to avoid problems, I would then move away from them, and tell them I will go here and you smoke your cigarette over there. Everyone has their vices. Respect it."

Some people stay away from restaurants where smoking is common, or leave if they smell smoke from the smoking section. An individual who visits the Jennie-O plant to meet with workers says she has told them very firmly that smoke affects her, and she will not meet with them if smoking is allowed in the meeting. Some also stay away from the homes of friends and relatives who are smokers. One person told a touching story of becoming friends with a woman who was a lifetime smoker. Even though they were very close, she refused to come to the friend's home because of the smoke. Eventually the friend was able to quit. Her persistence paid off, not only in protecting herself from the smoke but also in persuading her friend to quit.

It appears that most respondents have rules in their house against smoking, and do not seem to have much difficulty in asking friends and relatives not to smoke. However, there are exceptions that will be discussed later. Respondents in two groups noted that there has been a change in how the community thinks of these kinds of rules.

In their parents' generation, people said "Mi casa es su casa (My home is your home)," and therefore guests could feel at home and act and smoke as they would in their own home. The younger generation is putting that idea aside, at least when it comes to smoking.

Finally, many people talk to smokers about their wishes and ask them not to smoke. Some individuals said they even do this when visiting the home of a smoker. But there are some boundaries that affect when and where nonsmokers make this request and insist on it. As one person said: "It depends on the people and the relationship. If you have some kind of relationship it's easier to ask people not to smoke. If you don't know them it's another thing." It's much more difficult to ask strangers, or guests whom one knows very little. One person gave an example of a guest who was brought to the home by her husband. The guest started to smoke. The woman felt it would be disrespectful to ask this person she hardly knew to stop smoking. But after the guest left, she told her husband that he must tell this person that smoking is not allowed in the house.

### ***Asking Friends and Family Not to Smoke in Your Home (Questions 7-9)***

Most respondents said they felt very comfortable telling friends, brothers and sisters, even parents not to smoke in their home. Often the response was that it did not matter who they were, the rules were the same for everyone.

To explain why they had these rules, many people were willing to say that smoking personally affected them. In other words, people did not seem to be stoic or passive or fatalistic when it came to protecting their health. Secondhand smoke is a

very real health issue to these individuals: "I don't allow anyone in my house to smoke, and I don't get together with anyone who smokes. It hurts me a lot to be surrounded by people who do. Like in a restaurant where we're all in the same area, I feel bad, pain in my chest . . . I can't stand it." Another person noted that at first people did not like her request that they smoke outside, "but they had to because I'm sick, because they would start smoking and I would start coughing." Others explained to visitors that they did not want the smell of smoke in their house or car or on their clothes. Still others simply explained that they make the rules and visitors, whether family or friends, have to live by them and go outside if they want to smoke. By and large, participants in all focus groups reported that smokers have gotten used to going outside to smoke, even in winter.

The one major exception to smoking bans in the home occurs sometimes with older people, especially older relatives. One man said that he does not ask older relatives to go outside. "They are more set in their ways and won't give up smoking," he explains, "and it could be harmful to ask an 80 year-old woman to shiver in the cold in winter." But this man does not allow his children to visit with these relatives if they are going to be smoking. Another person talked about an uncle who lived in the second floor of his house and continued to smoke. "It's hard to ask someone older with authority over me not to smoke in my house." Another person took a slightly different approach. When her godparents visited and wanted to smoke, she would suggest that everyone go outside, rather than leaving them alone outside. "I would be embarrassed to ask directly," she said.

### ***Responses to Signs and Brochures (Questions 11-12)***

Some focus group members expressed a willingness to post signs in their home asking people not to smoke. They felt the signs would make the wishes of the family very clear. Others were not so sure. One person, for example, said the signs would be fine for the workplace but not for home.

Focus group members were asked to comment on two of three signs that could be posted in their home:

1. “Por favor no fume en nuestro hogar (Please, do not smoke in our home)”, produced by the Massachusetts Tobacco Education Clearinghouse and viewed by all focus groups. (It features bright colors and styled drawings of a man reading, a mother and small child and a mother holding an infant.)
2. A full-color photo of a father, a pregnant woman and their five children with the words, “Por la salud de todos, en nuestra casa no fumamos (For everyone’s health, we do not smoke in our home)”. (This appeared in “La Mujer (The Woman),” a booklet distributed by the Tobacco Education Clearing house of California encouraging pregnant women to quit smoking) and shown to the St. Paul groups;
3. A full-color poster with 20 photos of Latinos young and old, dark and fair, male and female with the words, “Gracias por no fumar: Por la salud de mi familia en nuestra casa no fumamos (Thank you for not smoking. For the health of my family, we do not smoke in our home).” (This was produced by the American Lung Association of San Francisco’s Smoke Free Hispanic Family Project.)

In two of the focus groups, one each in Willmar and St. Paul, the discussion about the signs was fairly brief. More people in these groups seemed to prefer the smaller, multicolored "no-smoking" sign from Massachusetts to the signs with photos. However, there was little explanation of why one was preferred over the other.

The other two focus groups had lengthy discussions about the signs, but consensus was not clear. Regarding the smaller, multi-colored sign, one woman said, "For the home, I think that something like this would be perfect because this is like a rule, saying please don't smoke here." Another person said the sign would be helpful: "If they [smokers] see the sign there, then they will be told before it is even an issue and we will not have the chore of having to tell them." It would also help people who do not have the "frankness" to come out and tell visitors not to smoke. Others disagreed. One Willmar respondent felt that this, or any sign, would not work: "Because what would count most would be what I say to them. If I don't say anything, [they'll ignore it]." Several people felt that the message or text was fine, but the colors were distracting and the figures and pictures were unclear. They suggested using photos of real people, rather than drawings.

The second sign that was shown to the Willmar group featured the family photo; it did receive some support. One of the Willmar respondents preferred this sign but suggested that the words be made larger and more readable. There was also criticism that the second sign wouldn't have an impact: "This is a beautiful family, and it doesn't scare anyone, and they see it and they say 'Yeah, that's nice' [and then light up anyway]. "



Though not asked directly, participants had suggestions for improving the signs. One person felt the signs should be produced so they can be placed outside the house or on the car. Several people suggested that some of the "scare" messages that were discussed earlier in the focus group be incorporated into these signs. One person wanted the wording to be changed to read "For our future health, we don't smoke," to get across the idea that this is a long-term issue. Another said the written message should be shortened drastically. Two people suggested that photos of the family that occupied the dwelling would be effective.

Participants were also shown two Spanish-language brochures: "Usted Puede Hacer Algo con Respetto al Humo Secundario," prepared for the Massachusetts Tobacco Education Clearinghouse (the blue brochure), and "El Humo Pasivo -- No Es Ninguna Broma," produced by Channing L. Bete Co., Inc., (the pink brochure). Two of the focus groups had discussions about the brochures. Several respondents felt that both were good. However, the majority of those who spoke seemed to prefer the blue one. They said it was "very well done," it was "direct," it was well translated, and it provided comprehensive information. Some people commented that the blue brochure contained advice about how to stay away from secondhand smoke, while the pink one did not. Others liked the fact that the blue brochure included a sign that could be cut out. The pink brochure did receive some support from a few participants, who felt it was more specific and direct.

Focus group members had many suggestions for where the brochures should be placed. These included:

- Large workplaces, like the Jennie-O plant
- Cash Wise (a large grocery store)
- Hospitals and emergency rooms
- Libraries
- Laundromats
- Restaurants
- Community programs

One person pointed out that people who speak only Spanish will devour Spanish-language reading material. There is very little material for them to read, especially in Willmar. It almost doesn't matter what the subject matter is. Secondhand smoke campaigns should take advantage of this gap by producing attractive Spanish-language brochures and distributing them widely.

### **Conclusions**

Many people in the Latino community have relationships with people who smoke. Some have lost relatives to lung cancer and other diseases. Some have husbands, sisters, parents who continue to smoke. They really care about these people. At the same time, they are concerned about secondhand smoke and want to protect themselves and their children from it. The discussions led to some touching stories of how people and families had cared deeply for friends or relatives who smoked, and in some cases had finally persuaded them to quit.

The findings from the focus groups, as written above, contain suggestions and recommendations from participants. The participants' suggestions and recommendations summarized above will not be repeated. Some general recommendations could be added to those made directly by participants.

As mentioned, most participants seemed to prefer messages that graphically showed the harm that could come from secondhand smoke. It appears, however, that the strengths of several different kinds of messages could be combined. Scare messages could be combined with specific proactive steps parents could take to protect their children. Scare messages could be placed in the context of families trying to do the right thing. Some scare messages would benefit from more factual or statistical information. The participants did a good job of identifying the strong points of each kind of message. Now it is up to the communications experts to weave these into even stronger messages.

Another area that emerged as important is the need for better workplace policies and enforcement. Low-wage workers in general are more likely than higher-paid workers to work for companies that do not have adequate smoke-free workplace policies. Workers are understandably preoccupied with issues of wages and workplace safety, and need help in placing concern about secondhand smoke high on the companies' agendas.

Another concern that should be explored further is public policy. Latinos are familiar with California's ban on smoking in bars and restaurants. They understand that good policy can also change community norms and attitudes about smoking. Perhaps

future research should explore how Latino leaders and community members would rank public policy change compared to other strategies and actions dealing with smoking and secondhand smoke.