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**UNDERSTANDING BEHAVIORS, VALUES, MOTIVATIONS AND  
RECOMMENDATIONS OF LATINO SUBGROUPS IN DESIGNING EFFECTIVE  
COMMUNITY-BASED TOBACCO CESSATION PROGRAMS**

REPORT OF FOCUS GROUPS WITH FOUR LATINO SUBGROUPS IN SOUTH-CENTRAL MINNESOTA

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**About Hispanic Advocacy and Community Empowerment through Research (HACER):**

HACER's mission is to provide the Minnesota Latino community the ability to create and control information about itself in order to affect critical institutional decision-making and public policy. General support for HACER has been provided by the Institute for Diversity, Equity and Advocacy (IDEA), from the Office of Equity and Diversity at the University of Minnesota, and Minnesota-based philanthropic organizations.

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## **Abstract**

Centro Campesino, in partnership with HACER, and University of Minnesota associate professor Dr. Michael C. Rodriguez carried out the developmental research project: *Understanding Behaviors, Values, Motivations and Recommendations of Latino Subgroups in Developing Effective Community-based Tobacco Cessation Programs*. The target population for this project included Latino adults in south central Minnesota. The objectives of this project were:

- Organize partners in a collaborative effort to understand tobacco use and cessation in the context of a diverse Latino population;
- Identify and prioritize high-risk, Latino subgroups based on health and tobacco-related indicators;
- Explore the use of an asset-oriented approach in understanding subgroup behaviors, values, and motivations associated with not using tobacco;
- Investigate cultural values, behaviors and motivations of Latino subgroups and propose how this understanding can inform the development of effective, targeted, tobacco cessation programs;
- Use findings to develop a proposal for a ClearWay Minnesota Full Community-Academic Research Award (CARA).

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Latino community members, researchers, and service providers worked together throughout all phases of this participatory research development process to identify priority tobacco-related concerns among Latinos, identify health and tobacco-related indicators to measure the severity of concerns, and select and prioritize four Latino subgroups based on quantitative and qualitative data.

## ***Introduction***

Centro Campesino, Inc., in collaboration with Hispanic Advocacy and Community Empowerment through Research (HACER) and Dr. Michael Rodriguez from the Educational Psychology Department at the University of Minnesota, carried out an 18-month Developmental Community Academic Research Award project entitled *Understanding Behaviors, Values, Motivations and Recommendations of Latino Subgroups in Developing Effective, Community-based Tobacco Cessation Programs*. This research worked to unify Latino health promoters, bilingual/bicultural community-based researchers, academic researchers, and key stakeholders in a collaborative effort to better understand tobacco use and tobacco cessation among Latino subgroups in Minnesota. Our asset-oriented approach intended to shift from the current paradigm of focusing on negative behaviors associated with tobacco use, to a paradigm that focuses on positive behaviors associated with not using tobacco among Latino adults in south central Minnesota.

Although efforts have been made to tailor tobacco cessation interventions to Latinos as a broad ethnic group, little has been done to understand how targeting specific Latino subgroups can improve the success of these interventions in Minnesota. The primary outcome of this project is to increase knowledge of Latino subgroups as they relate to tobacco use and cessation and thereby inform the development of more effective, targeted tobacco cessation programs.

The main organizational host for this developmental research project is Centro Campesino, Inc., a non-profit, community association with the mission to improve the lives of migrant workers and rural Latinos and to create a strong southern-Minnesota, Latino voice for justice. Centro Campesino's Promotores de Salud program

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trains rural Latino and migrant agricultural workers to serve as lay health educators in their own communities, neighborhoods, and workplaces.

The academic partner for this project is Dr. Michael Rodriguez, Associate Professor of quantitative methods in education at the University of Minnesota. He has a doctorate in educational psychology from Michigan State University and has researched the importance of asset-oriented approaches in working with Latino populations. For this project, he assisted in the development of an appropriate asset-oriented research methodology and facilitated the IRB process.

HACER is the only Latino-specific, constituency-led research and advocacy organization in Minnesota. HACER's mission is to provide the Minnesota Latino community the ability to create and control information about itself in order to affect institutional decisions and public policy. As a community partner in this project, HACER provided expertise both in the area of Community-Based Participatory Research and in qualitative research methodologies.

## **Methodology**

A total of 8 focus groups were conducted for the study. Four distinct subgroup populations were selected and identified by advisory committee members through a process in which characteristics of possible study populations were identified and groups were prioritized based on their perceived level of risk for harms related to tobacco use. Two focus groups were conducted for each subgroup.

The research team worked with Centro Campesino staff and health promoters to help coordinate the eight focus groups for this project and to identify participants within the targeted south central Minnesota community and Rio Grande Valley area in Texas. Responsibilities of focus group coordinators included arranging logistics for the focus groups and recruiting participants based on specific eligibility requirements. The research team provided focus group coordinators with a recruitment guide to aid them during the participant identification and recruitment process (Appendix 4). In addition to specific subgroup eligibility

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requirements, each participant was required to be an adult, a current smoker<sup>1</sup>, Spanish speaking (Limited English Proficiency), and a resident of Rice, Dodge, Steele, Le Seuer or Waseca Counties for at least one year or when traveling to Minnesota for seasonal agricultural work. Eligibility was limited to no more than one participant from each household. The following outlines the specific eligibility criteria for each of the four subgroups: 1) Latino Immigrant Men: 21-45 years of age, foreign born, currently employed. 2) Latino Migrant Men: 25-50 years of age, travel to Minnesota seasonally for at least 3 years to seek temporary or seasonal work. 3) Latina Women, 20-40 years of age, foreign born. 4) Latino Youth, male and/or female, 18-21 years of age, were smokers before age 18 and are current smokers. All of the eight focus groups were conducted in March 2008 and April 2008.

Upon arrival and prior to the start of the focus group session, participants were read a consent form and asked to verbally consent (Appendix 5). After giving verbal consent, participants were asked to fill out a questionnaire particular to their subgroup that asked general background questions (Appendices 6-9). At the end of each focus group, each participant received a \$40 stipend to reimburse them for their time.

A unique set of focus group questions was implemented in each of the four subgroups (Appendices 10-14). Questions were designed to reflect the major concerns developed by the advisory committee, and to address the project goals to understand the tobacco-related behaviors, values, motivations and recommendations of Latino subgroups. All focus groups were recorded with a digital voice recorder. The recordings were later transcribed and translated into English, and then analyzed. The following provides a summary of some of the demographic characteristics for each group (see Attachment 1 and corresponding and figures).

### **Migrant Men**

- Sixteen (16) participants were interviewed in two focus groups, with 7 participants in one group and 9 participants in the other.

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<sup>1</sup> *Current smoker* as defined in 1993 by the Center's for Disease Control: a person who has smoked at least 100 cigarettes in their lifetime and who now smokes every day or some days.

- Participants ranged in age from 25-50 years old.
- The average number of years participants had lived in the United States (U.S.) was 20.
- More than half of participants were currently married (57%). Migrant Men-Figure 1.
- A little over half of participants were born in Mexico (63%). Migrant Men-Figure 3
- A little over a third had not completed high school (38%). Migrant Men-Figure 4
- A third (38%) of participant's annual household income was less than \$20,000 while nearly another third (31%) did not know what their income was. Migrant Men-Figure 7.
- Half of participants (50%) started smoking before age 18. Migrant Men-Figure 8.
- Nearly half (49%) of participants started smoking in Mexico. Migrant Men-Figure 9
- Half of participants (50%) stated there was a designated smoking area at their place of employment. Migrant Men-Figure 13
- Half of participants (50%) stated there was a designated smoking break at their place of employment. Migrant Men-Figure 14
- Half of the participants (50%) stated that they did not have health insurance. Migrant Men-Figure 17

### Immigrant Men

- Fifteen (15) participants were interviewed in the two focus groups, with 8 participants in one group and 7 participants in the other.
- Participants ranged from 21 to 40 years old.
- The average number of years participants had lived in the U.S. was nine and a half (9.5).
- The average amount of time living in Minnesota was about five and a half years (5.5).
- About half of participants were married (53%). Immigrant Men-Figure 1
- Participant's employment status varied, with about a quarter (27%) reporting temporary employment. Immigrant Men-Figure 2
- About forty percent (40%) had completed their G.E.D. or graduated from high school. Immigrant Men-Figure 3
- A little over half (53%) of participants reported their total household income to be under 30,000 a year. Immigrant Men-Figure 6
- The majority of participants (73%) started smoking before age 18. Immigrant Men-Figure 7
- The majority of participants (80%) started smoking in Mexico. Immigrant Men-Figure 8
- Over half (54%) of participants reported that they had both a designated smoking area and a designated smoking break at their job site. Immigrant Men-Figures 12 and 13
- Sixty- percent of participants currently had health insurance. Immigrant Men-Figure 16

### Women

- Fourteen (14) participants were interviewed in two focus groups, with 8 participants in one group and 6 participants in the other.
- Participants ranged from 20 to 40 years old.
- A little over half (57%) of participants reported their marital status as single. Women-Figure 1
- The majority of participants (64%) reported being employed for wages. Women-Figure 2
- A little more than half of participants (57%) were originally from Mexico. Women-Figure 3
- Half of participants (50%) graduated from high school or received a GED. Women-Figure 4
- Nearly two-thirds (65%) of participants reported their total annual household income to be less than \$29,000, and nearly a quarter (22%) reported making less than \$10,000 annually. Women-Figure 7
- The majority of participants (86%) started smoking in the U.S. Women-Figure 8

- A little more than a quarter of participants (29%) smoke 1-5 cigarettes a day. Women-Figure 9

## Youth

- Twelve (12) participants were interviewed in two focus groups, with 6 participants in each group.
- There were 9 male participants and 3 female participants, 18-21 years old.
- The majority of participants (84%) were born in the U.S. Youth-Figure 2
- A little less than a half of participants (42%) graduated from high school or obtained a G.E.D. Youth-Figure 3
- The majority of participants (82%) did not know their total household income. Youth-Figure 6
- The majority of participants (84%) started smoking before the age of 18 in the U.S.. Youth-Figure 12 and 13
- Half of participants (50%) smoked 1-5 cigarettes a day in the U.S. While the majority of participants (84%) did not respond when asked about the amount of cigarettes they smoked in Mexico. Youth-Figure 14 and 15

## **Nature and Development of the Academic-Community Partnership**

A Community Based Participatory Research model was utilized to create an environment in which community members worked side by side with researchers to define research questions and methods and to implement the research. In this way, community partners benefited by gaining investigative skills as part of the research team, and researchers benefited from the unique perspectives contributed by community member involvement.

As a result of working together to accomplish the goals of this project, and in overcoming the multiple obstacles to its successful completion, this community/academic partnership illustrates how community member organizations, community agency researchers, and academic partners can develop a high level of collaboration to conceptualize, plan, and implement research, to problem-solve, and to achieve common goals.

Throughout this process, community members and service providers learned about how the strengths and assets of their communities can be addressed alongside deficits such as health risk behaviors like tobacco use. In addition, they began to explore how those strengths and assets can prevent tobacco use and can help them, their families, and other members of their community to stop using tobacco. Community partners participated in formal and informal capacity building trainings including 1) a focus group workshop by Dick



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Krueger; 2) hands-on training for the development and implementation of the advisory committee, preparation and implementation of power point presentations, identification and prioritization of tobacco-related concerns, identification of community assets, subgroup selection, and development of indicators and focus group guides; and 3) training sessions by research partners and participation in the development of indicators, identification of inclusion criteria, recruitment protocols for qualitative research, note-taking for focus group sessions, and data analysis methods.

Researchers increased their practical understanding about the high level of expertise that exists within communities and the importance of creating genuine community partnerships that allow for this expertise to be utilized. Specific capacity building for research partners included the development of techniques for presenting academic information to audiences with varying levels of formal education, identifying multiple formats for engaging advisory committee members in goal-oriented activities, and building flexibility into the time line for the successful completion of those goals according to the schedule and availability of participants, and increasing their understanding of how to determine and plan for the successful capacity building for community partners.

### **Why Focus Groups?**

Several sources of information were utilized throughout this project, including the literature review, the tobacco-related expertise at Centro Campesino, the community advisory committee, the advisory committee work group sessions augmented with participation from additional community members, and the focus groups. The use of focus groups, specifically, was seen as providing the greatest volume of information at a deeper level since these conversations are not typical in rural Latino migrant and immigrant communities. The fact that individuals could listen to and comment on both the questions and each other's responses to the questions was critical for encouraging participants to explore their own tobacco-related motivations, values, and behaviors as well as those they see in other smokers in the community. The focus group approach quickly develops a context for participants to understand the meaning of the questions and enables them to think more

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deeply about their experiences, while providing a way to give them the freedom to talk about “community” experiences rather than personal experiences if they so choose.

### ***Focus Group Summary of Findings***

Specific findings for each subgroup are attached to the end of this report (Appendix 16).

### **Summary of Latino Migrant Men Perspectives on Smoking**

Participants were asked a series of questions to understand their smoking related behaviors. Among their responses, flavor profile preference was an important factor for the vast majority of participants and Marlboro cigarettes were the brand of choice with equal amounts smoking lights or reds, depending on their strength preference. Attractive packaging and price were secondary factors. Commonly cited places where people smoked were in their cars, at home but not necessarily inside the house, and at work. Some participants reported choosing not to smoke around family members, small children, and infants.

Participants were asked a series of questions to understand their smoking related values. In one exercise participants chose a diverse range of photos of different types of men, and noted many reasons for why they thought the men in their photos smoked including that they appeared angry or nervous, peer pressure, lack of awareness of the harms of tobacco, and stress. The majority of participants thought there were many ways that smoking affected them personally citing their lungs, pains in their chest, cancers, and smell. Financial consequences for their family if they got sick, second-hand smoke exposure for children, and shortened life, were other concerns related to smoking.

Participants were asked a series of questions to understand their motivations for smoking. Many participants in one group shared that they started smoking between 14-18 years old, while a couple of participants started before age 10. Multiple participants reported growing up around parents, grandparents and other family members who smoked, and cited this as a primary reason for their own smoking initiation; many participants cited habit and stress as primary reasons for smoking currently. Primary stress factors included those related to work, finances, and marital problems. Participants shared that not knowing what could happen

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during the trip to Minnesota and not knowing where one might work or live when they arrived, having to interact with people of different racial backgrounds, as well as increased expenses in Minnesota for food and lodging were stressors for migrants. Some participants agreed that they might smoke more during their trip to Minnesota, but did not necessarily think that they smoked more than any other person or group would.

Participants were asked a series of questions to understand their perspectives on quitting smoking. A few participants mentioned that although they had heard of quitting aids like patches and gum, the vast majority had never used these products or tried to quit. While a few admitted they had thought about quitting, other participants said they did not want to quit smoking. Several participants admitted that if they needed to, they could access a doctor either through a free clinic in Minnesota or by going to Mexico where the cost of health care was much cheaper, while some participants felt they would only go in an emergency. A variety of motivators to quit smoking were cited in both groups, including the desire to be a positive role model for one's children. Participants stated that it was important to them to embody the reflection of what they hoped to see in their children. Some participants mentioned that they would be motivated by community workshops on tobacco-related diseases and the health risks associated with second hand smoke. It was generally agreed that quitting aids should be free, and that more than any other factor, personal willpower was the most important component of quitting successfully.

### **Summary of Latino Immigrant Men Perspectives on Smoking**

Participants were asked a series of questions to understand their smoking related behaviors. Among their responses, flavor profile preference was an important factor for the vast majority of participants. Marlboro cigarettes were the brand of choice with the majority preferring reds because they were stronger and more flavorful. Other participants cited family member usage, cheap prices, and previous brand usage in Mexico as secondary factors to why they prefer a specific cigarette brand. Commonly cited places where people smoked were at work or outside their home. Only some of the participants shared their experiences about smoking before and after breaks at work and preferred to smoke with a friend or co-worker. Most participants stated

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strongly that they chose not to smoke in the house and around family members and especially not around children and infants, mentioning respect as a main reason.

Participants were asked a series of questions to understand their smoking related values. In one exercise participants each chose a photo from an array pictures of different types of men, and noted that they thought the men in their photos smoked because they looked like the Marlboro man, appeared angry or nervous, had problems, had anxiety, or liked to party. The majority of participants thought there were many ways that smoking affected them personally, including having a negative impact on their relationships with their partners and children, and that many people were bothered by them smoking in their presence. Others focused on health concerns such as the risk of lung and throat cancers, emphysema, breathing problems, and nicotine-stained teeth, fingers and moustache.

Participants were asked a series of questions to understand their motivations for smoking. For the majority of participants, the decision to start smoking was influenced by relationships with a friend or family member who smoked. Other participants stated they did not grow up with family members who smoked and that curiosity motivated them to try smoking. Many participants shared that their current reasons for smoking were primarily due to addiction, stress, and depression or other psychological problems. Primary sources of stress included family and children, work, money, and anxiety and nervousness. Habitual motivators were also mentioned, including always smoking while drinking, smoking right after eating to help digest food, and smoking while working. In one group, participants admitted that even if stress-related motivators were eliminated, they would probably find other reasons or excuses to smoke.

Participants were asked a series of questions to understand their perspectives on quitting smoking. The majority of the participants had received a variety of tobacco cessation information materials and had personal experiences with trying to quit smoking. One participant mentioned his negative and unsuccessful experience using products like gum and patches to quit smoking. Other participants talked about feeling cynical or not fully engaged when they received pamphlets and while attending talks and presentations about

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quitting smoking. A few participants asserted that unless one was a really heavy smoker, there was no need to see a doctor to quit smoking. They felt that there were other effective programs that could help people quit. Another participant thought that it really depended on the willingness and ability of an individual to look for outside help as well as their own desire to quit smoking.

### **Summary of Latina Women Perspectives on Smoking**

Participants were asked to discuss some of the places where they choose to smoke and who they choose to smoke and not smoke around. Commonly cited places to smoke were outside, in their cars, at the casino, and at home in the kitchen, dining room, or bathroom. Many, however, said they do not smoke in the home, and stated that they do not smoke around children or in front of their own parents, although a few participants said they did smoke while children are present. Most participants self-identified as the gatekeepers for whether or not people can smoke in their homes. There appeared to be a balance between those who stated that they do not allow smoking in their homes, and those that said they do. Reasons for not allowing smoking in the home included a dislike for the smell and a concern for the health of children. In one focus group, participants drew a clear distinction between what they termed “social smokers” and “smokers”, with the former defined as people who make choices about where they smoke, and the latter defined as those who will smoke wherever they can.

Participants were asked a series of questions to understand the values that support tobacco use and that dictate smoking behaviors. Participants generally agreed that it was more acceptable for women to smoke in Mexico now than it was in the past. Some stated that un-enforced age limits and less expensive cigarettes make smoking in Mexico easier than smoking in the U.S. Many participants concurred that women smoke about the same amount in both countries, and that more women smoke now than in the past out of defiance against being told what to do by husbands and boyfriends. When asked to discuss how they felt smoking affects both them personally, and their families, multiple participants cited their physical health, including cancer, asthma, and dental health and hygiene as primary concerns. A fear of dying from tobacco use and

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worries about aches and pains were also cited, while some mentioned their disregard for how smoking might affect them personally. Several participants cited concerns related to the impact of their tobacco use on their children and on elders, including role modeling factors, fears of causing the asthma of a child or grandparent to worsen, and causing children to worry about a smoking parent's health.

Participants were asked a series of questions to understand their motivations for smoking. Participants shared that their primary reasons for smoking had to do with stress related to parenting and marital problems, and that this stress-related smoking had become habitual. Common themes included ongoing marital problems, marriages ending and becoming a single parent, parenting teens, parenting children with chronic illnesses, work-related stress and financial concerns. Multiple participants stated that these stresses played a role in their decisions to smoke during pregnancy. Other motivations included weight loss, a desire to smoke while drinking alcohol, relaxation after eating, and social motivations. Multiple participants cited smoking initiation as a way to assert independence from spouses and boyfriends.

Participants were asked a series of questions to understand their perspectives on quitting smoking. A few participants admitted to trying and failing to quit smoking during pregnancy, while others stated that they had been able to quit during pregnancy but resumed smoking post partum. Other participants stated that they had not considered quitting and did not want to quit. Of those that had tried quitting, motivators cited were a desire for improved health, to be more physically active, and to live longer. The stress involved in quitting smoking was cited as a deterrent to cessation, and it was generally felt that a strong desire and readiness to quit were essential for success. Participants debated the usefulness of seeing a doctor for help with smoking cessation, with some asserting financial constraints and others stating the importance of having a good relationship with one's doctor for success in quitting. Multiple participants agreed that community health workers specializing in tobacco could be more effective than doctors. A variety of motivators for quitting smoking were recommended including scare tactics about the health effects of smoking and the chemical content of cigarettes, the likelihood of living longer, the impact of positive role models for children, and

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improved personal health and oral hygiene. Some participants mentioned that community workshops on tobacco-related health issues would be a motivator, while several participants asserted that no amount of information would motivate them to quit.

### **Summary of Latino Youth Perspectives on Smoking**

Young Latino adults were asked to discuss some of the places where they chose to smoke during their adolescence and teenage years, and who they chose to smoke and not smoke around. Commonly cited locations were just off high school property where large numbers of students would congregate, secret places like in wooded areas where it was possible to avoid detection by adults, and locations that were not frequented by the police. Other places where young adults reported they commonly smoked in their youth, undetected by adult caregivers, included backyards, on the side of the house, and in the alley.

Participants were asked a series of questions to understand their smoking-related values. Participants were asked to choose, from a variety of photographs, one that represented something about the kind of relationship they had with their family during their teenage years. Most participants selected photos that evoked memories of being raised by one parent or by other family members in the absence of both parents. A few participants reflected on positive family memories including time spent together prior to one parent leaving the family. Participants were also asked to reflect on the three things their parents valued most. Common themes were education, making something of one's life, staying out of jail, attending church, having enough, and family. When asked to recall both positive and negative role models, many participants named family members. Reasons cited were integrity, reliability, and admiration for that person's work ethic or independence. Some negative role models were also mentioned, and it was felt that they were admired for engaging in various risk behaviors. Participants were then asked to discuss how they felt smoking affected both them, personally, and their families. General concerns about the adverse health effects of tobacco use were mentioned, including cancer, asthma, smoker's cough, and chest pain while smoking. Various impacts on family were also cited, including disapproval of the smoking behaviors and the negative health effects of

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passive smoking. The majority of participants stated that they avoid smoking around children and the elderly, both out of respect and in order to be a good role model.

Participants were asked a series of questions to understand their motivations for smoking. Participants were asked to talk about why they first started smoking. Many cited curiosity, peer pressure, and role models as motivators. Some liked how it felt to smoke with friends while others were curious about how smoking would make them feel physically. A few participants discussed family members involving them in tobacco use in various ways, and others cited lying and stealing to acquire cigarettes from family members. Participants were also asked to identify some of their reasons for smoking now, as young adults. Motivations generally fell into two categories: habit and relaxation. When asked to think about stress as a motivator for smoking, there was a general consensus that certain types of stress caused participants to smoke currently, including work-related stress, unemployment, financial constraints, and having arguments or being angry. Stress-related motivators for smoking during youth were identified as being in trouble with adults or the police, worrying about being beaten up by peers, problems with boyfriends or girlfriends, and anxiety in general.

Participants were asked to discuss any information they had received about quitting smoking, or whether they had ever tried to quit. A few participants admitted to trying and failing to quit after days or months. Attempts were limited to using the patch or nicotine gum. These quitting aids were generally thought to be ineffective due to the strong negative physical sensations caused by both, and the poor flavor of the gum. All participants reported they had learned about these products from watching television. When participants were asked to share their thoughts on what might actually motivate them to quit smoking, a variety of responses were given including the health of family and children, and having a baby. In one focus group, participants discussed the positive motivational value of television advertisements for quitting. In general, it was felt that more commercials about prevention and more information about quitting would be useful, including flyers and motivational workshops. It was also mentioned that a positive attitude about quitting was important for success.



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## ***Assets: Investigating Behaviors, Values, and Motivations Through an Asset Lens***

Most of what we know about youth development, family functioning, and the health of communities is based on social science research involving White middle-class youth, families, and communities. The research that has resulted in public policies and social services is largely based on a deficit model of problem solving, a model that has been ineffective in Latino communities. Research is strengthening our understanding of the connections between assets and protective factors that are associated with healthy decision making and less risky behaviors.

The premise that led us to include a look at assets was: Identifying Latino subgroups and understanding their use of tobacco alongside the community strengths that protect people from using tobacco, will allow health workers to develop and strengthen programs that help Minnesota Latinos to quit using tobacco. This led to at least two questions: (1) What strengths (“assets”) exist in Latino communities that keep people from using tobacco, or help them to quit using tobacco? (2) How can these strengths be built into programs to help others to quit using tobacco?

Since the focus group protocol was designed to address the concerns developed through the community-based participatory process, and those concerns did not directly address the issues of assets, we reviewed the focus group transcripts through the asset lens. This was based on the model of assets developed by the Search Institute and was expanded to include other assets discussed in the focus groups, but not explicitly belonging to one of the Search Institute Asset categories. Codes that identified specific assets and deficits were attached to comments throughout each transcript where ever one of the assets (or deficits) was discussed (Appendix 16).

A list of asset-related topics that were discussed in each Latino subgroup is attached to the report (Appendix 17). Most commonly, family support, caring for family, and respect for family was mentioned within all subgroups. Women also brought up issues related to communication between parents and children. The

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youth subgroup was the only to really address issues related to lack of family support or negative family communication – there were several youth with little to no communication with one or both parents, or living with parents who did not understand their current life experiences.

Youth were also the only group to really explore issues related to family boundaries and understanding what was appropriate or not appropriate regarding smoking behaviors within the family. Other groups mentioned this idea, but only tangentially. Youth were also the only ones to discuss the role of religion and the importance of attending church to the family, although not all were positive about attending church; and they were the only ones to discuss issues related to achievement motivation (not always positively) and wanting to complete school – this was an important goal. Youth also discussed the role of personal power, overcoming extreme obstacles, and pursuing your goals.

Both in and out of the context of family, youth and women were more likely to talk about caring for family and sensing a responsibility toward family. Although all groups discussed the importance of restraint and self control, Women, Migrant Men, and Immigrant Men were far more likely to suggest that smoking was a habit and difficult to control.

All groups recognized the financial issues related to smoking and the health concerns. These issues were discussed widely, but were recognized by group members as not being enough of a concern to change behaviors. Women were slightly more concerned about financial issues than the other groups and Migrant Men were slightly more concerned about health issues than the others.

Several deficits were pronounced in discussions, aside from those mentioned above (where the asset was seen from a deficit perspective). All groups gave a great deal of attention to issues related to depression, stress, anxiety, and personal and family troubles and worries. The fact that parents smoked was a significant factor for Youth and Migrant Men, but relevant to all groups. All groups except Migrant Men also gave repeated attention to the idea that smoking takes place when individuals are drinking – that the two are natural

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partners. Youth also discussed issues related to fighting and trouble with police, as well as trouble in school and dropping out. Immigrant Men gave more attention to feeling angry and needing to smoke than the others.

Since all participants were smokers, it was not possible to ask them to describe the reasons they “do not smoke.” It appears to be important to explore this more, as many of the issues presented were identified as potentially asset-related when examining the transcripts through the asset framework. It seems as though there are important culturally-relevant assets that could be used to strengthen the ability of individuals, families, and communities to change or avoid smoking behaviors. These assets are recognized by individuals as being important, but these individuals have not been able to capitalize on the strength of the assets. It is not possible to determine the reasons for this without investigating the same issues among Latinos who do not smoke within each subgroup. We believe that continued research in this direction will be productive for the purpose of strengthening models of smoking cessation programming.

## ***Principal Challenges and Lessons Learned***

### **Section 1: Community/Academic Partnership**

The development of this community/academic partnership has been tested and strengthened by having navigated through significant challenges to the successful completion of our project. After the delays at the beginning of our project’s first quarter, work resumed with new team members striving to understand all aspects of the research. In each phase, the research team maintained a high level of commitment to engaging each other and all project participants in genuine community/academic collaborations and strong capacity building efforts, while working to successfully accomplish the research goals and time-line objectives. This degree of integrity to the collaborative process and a refusal to cut corners has resulted in an understanding of the need for a different kind of planning than that required of purely academic or community-based initiatives. In order to comply with the rigors of academic research while maintaining the flexibility required to effectively engage in community collaborations, we have learned that time and resources must specifically be built in for

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capacity building and for the integration of community input into the design and practice elements of the research.

## **Section 2: Capacity Building for Community and Academic Partners**

Our team experienced three main challenges in relation to capacity building, including understanding certain details of the Institutional Review Board (IRB) procedures, recruitment protocols for focus group participation, and the implementation of asset theory as it relates to this project.

*Institutional Review Board (IRB):* The IRB process of the University of Minnesota was followed to provide oversight and protection of human subjects in the research process with the community advisory group and the focus groups. Because these two activities were developed at different times, the IRB assigned two separate study numbers to the project. While partners understood and agreed that IRB processes were important and useful, the details of procedures and approvals became complicated and were not well understood. All researchers on the project were given access to the online tracking system to monitor IRB processes for each piece of the project. The online tracking systems provided three independent views of the project, leading to greater complexity. Because the overall project had received earlier approval, it appeared online as though we were clear to begin data collection, whereas our response to the stipulations was still under review.

The stipulations (simplified language in recruitment materials and consent form, and data security measures) were important for us to consider, yet, we also realized that our particular use of consent forms was not well explained to the IRB. With these particular communities, consent forms need to be read and discussed with each individual, to secure informed consent. They function more as a discussion guide than a document that is read independently and signed by individuals – some of whom do not read and most of whom do not understand concepts such as research benefits and risks, among others. These are the critical components of informed consent, and the research team came to a greater understanding of their importance through this process. However, the requirement of the IRB that these be written at the 8<sup>th</sup> grade level in the

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consent form was inconsistent with the models they provided online and was seen as irrelevant by the research team for these communities. It would not have been appropriate to hand a consent form to potential participants and wait for a response.

It seems to us that the IRB process deserves more attention in the preparation and training of all members of the research team, and that one member with experience be given the role of monitoring the IRB process for the team. All researchers are listed in the IRB proposal and thus given access to the online monitoring system. With multiple-stage projects, several timelines must be simultaneously monitored. When more than one or two members of the team attempt to monitor approval processes, confusion is bound to occur. This was an important lesson for each member of the research team to learn, but unfortunately through error rather than planned preparation.

*Recruitment Protocols for Focus Group Participation:* HACER team members organized and reviewed recruitment protocols with Centro Campesino team members, who were to implement recruitment of focus group participants. Unfortunately, we incorrectly assumed that Centro Campesino's extensive history of recruitment for other initiatives (i.e., workshops, health fairs, and large public events) provided sufficient experience to ensure success for recruitment for this qualitative research project. As a result, our team was challenged to attain our recruitment goals, specifically with avoiding over-recruitment and meeting inclusion criteria specifications. Community partners now recognize that specific cultural norms need to be identified and addressed in both the design of recruitment protocols and in training recruiters. For example, in Latino cultures, everyone is generally welcome to participate in events, so recruiters found it difficult to turn participants away merely because they did not meet our guidelines for inclusion in the study. It was also difficult for recruiters to have to place potential participants on a waiting list. Our team recognizes that recruiters would have benefited from a more detailed formal training on recruitment for focus groups, and we have gained insights into the types of questions to ask each other in the effort to plan for these types of future capacity building needs.

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*Assets:* Communicating, understanding, and implementing the framework for assets with respect to tobacco use and cessation proved to be a challenging endeavor for the research team and advisory committee. Many advisory committee members had difficulties conceptualizing and articulating assets that exist in their communities, as well as those that could exist in the sub-group populations. However after several in depth workgroup meetings about assets and asset theory, the committee became very engaged in this framework and its application to the study. We hope to fully explore the relevance of assets to tobacco prevention strategies in a future Developmental CARA regional survey by studying smokers and non-smokers from all four subgroups.

### **Section 3: Continuing Development of Partnership and Areas for Future Research**

Our research team has a strong interest in the continuing development of this community/academic partnership and in exploring areas for future research. At the conclusion of this developmental community/academic research project, we are more knowledgeable about how to anticipate and structure our time line and resources to ensure successful capacity building for all project partners, we have identified strategies for ensuring accountability in understanding and following IRB procedures, and we have developed a high level of trust in our ability to collaboratively problem-solve and accomplish tasks, time lines, and project goals.

The degree of participation and the quality of information generated by the advisory committee and work groups, demonstrates a significant level of interest amongst community members in tobacco cessation and a strong desire to be directly involved in local efforts to address the harms of tobacco in their communities. Likewise, professional and academic members have demonstrated an interest in community collaboration and a commitment to finding new ways to approach tobacco-related issues in rural Minnesota Latino communities. It is clear that there is a strong interest in the pursuit of additional research leading to the eventual

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development of targeted, community-based tobacco interventions for smokers belonging to the defined subgroups in south central Minnesota.

A letter of intent has been submitted to carry out a second developmental community/academic research project that builds on our understanding of tobacco use in the four prioritized subgroups. We have proposed to continue to work with project partners, community members, and stakeholders to develop, pilot, and implement a regional survey to determine smoking prevalence rates within the four subgroups in south central Minnesota, and to expand our asset-oriented approach to understanding the tobacco-related behaviors, values, motivations, and recommendations of smokers and non-smokers in the four subgroups. The results of this survey would inform a proposal for a Full Community/Academic Research Award to tailor interventions to these subgroups and pilot these interventions in the south central Minnesota Latino community.