

**The Influence of Acculturation on Latino Adults' Beliefs, Attitudes,
and Behaviors Toward Tobacco Use: Results of 2014 Focus Groups**

Stephanie Jara

Northwestern University

Advisors: Aida Giachello, Ph.D., Elizabeth Hibler, Ph.D.

Abstract*Objective*

To explore the influence of acculturation on the beliefs, attitudes, and behaviors toward tobacco use in Latino adults

Methods

Data from twenty-four focus groups conducted at four different locations (Chicago, San Diego, Miami, Bronx-New York) were transcribed and uploaded to Atlas.ti. Groups were classified as either high acculturation or low acculturation based on the language spoken during the focus group. English groups were high acculturation while Spanish groups were low acculturation. Mentions of tobacco use in the community and family, tobacco product awareness, tobacco cessation resources, tobacco-related health effects, sources of health information, and second-hand smoke were noted based on acculturation level. Once the review was complete, information collected was compared between acculturation level groups.

Results

There were no representative differences between English and Spanish-speaking groups in reference to tobacco product use, tobacco product knowledge, and family influence in starting to use tobacco products. Major differences between groups were seen with English-speaking groups who were more likely to show less perceived risk in regard to tobacco use and second-hand smoke being a problem in the community, while Spanish-speaking groups were more likely to show high-perceived risk related to second-hand smoke and health effects associated to tobacco use.

Introduction

Smoking is considered the leading cause of preventable disease, disability, and death in the United States (US) (1). In the US, nearly 40 million adults are still using cigarettes while about 4.7 million teenagers are using at least one tobacco product (1). Latinos are the largest ethnic minority in the US, making up 18.3% of the total US population (2). Even though smoking prevalence reports show Latinos to have a lower smoking prevalence compared to non-Hispanic whites and other racial/ethnic minorities, smoking prevalence in Latinos varies by subgroup, where Puerto Ricans have the highest smoking prevalence at 28.5%, followed by Cubans at 19.8%, Mexicans at 19.1%, and Central or South Americans at 15.6% (3-4).

Acculturation is the process by which an individual adopts, acquires, and adjusts to the attitudes, customs, values and beliefs of another culture, usually a dominant culture (5-6). Acculturation at both the individual and population level is thought to influence racial and ethnic minority health, their risk of developing disease, and it could potentially play a role in health outcomes (7). Similarly, cultural values have the capability to shape individual's attitudes toward substance use (29). Soto et al., identified *familismo*, *respeto*, and *machismo* as core cultural values for the Hispanic/Latino population (30).

In Latino culture, family has a central role and is often a source of pride, identity, and support (31). Familismo is the term used to represent an individual's "strong identification with and attachment to their nuclear and extended families" (30). This term includes the beliefs and attitudes that operate in a family system, and "the strong feelings of loyalty, reciprocity, and solidarity" among family members (30-31). Respeto

refers to showing respect for others primarily based on age and authority, but it can also be based on gender (30). Finally, machismo is used to refer to showing traits or behaviors that exert male dominance, physical strength, responsibility, and protection (30).

Previous studies have assessed the relationship between acculturation and health behaviors such as exercise time, dietary intake, smoking, and alcohol intake in Latinos without finding significant associations for said relationship (12-14). Nonetheless, the study by Rodriquez, Fernandez, Livaudais-Toman, & Perez-Stable found that the relationship between acculturation and smoking behaviors is influenced by education (2019) (19). Previous studies such as those by Pulvers et al. (2018) and Bostean, Ro, & Fleischer (2017) found that higher acculturation was associated with daily smoking, and smoking prevalence in Latino immigrants was lower than US-born Latinos (15, 20). However, these studies have focused on Latinxs in general. The 2014 study by Kaplan et al., is the only study to date assessing the relationship between acculturation and the prevalence of smoking and tobacco use in Latino subgroups, yet, attitudes, beliefs, and behaviors about cigarette and other tobacco product use were not explored (16).

Previous studies on acculturation have also focused on Hispanic/Latinos and lifestyle practices (alcohol, physical activity, tobacco use); these studies found that higher levels of acculturation exhibited increased physical activity, lower smoking cessation and lower alcohol intake compared to non-US-born Hispanics/Latinxs (23-25). Therefore, having a better understanding of the influence of acculturation on attitudes, beliefs, and behaviors toward tobacco use can be useful in helping public health

professionals develop culturally appropriate interventions to reduce smoking prevalence and increase awareness regarding the health effects associated to tobacco product use.

This project sought to explore the influence of acculturation on attitudes, beliefs, and behaviors toward tobacco use, arguing that Hispanics/Latinxs with higher levels of acculturation will report higher tobacco use, and this group's attitudes, beliefs, and behaviors about tobacco will be different to those of groups with lower levels of acculturation. In addition, it is expected that lower acculturation groups will reference common core values seen in Latino population studies such as *familismo* and *respeto* as reasons for low use of tobacco products.

Methods

Population

The Hispanic Community Health Study/Study of Latinos (HCHS/SOL) launched in 2008, is the most comprehensive study of Hispanic/Latino health and disease in the United States to date (26-27). HCHS/SOL is a multi-center and multi-phase epidemiological study that assesses the role of acculturation in the prevalence and development of disease and identifies factors that can be harmful or protective to Latino health (27). Four locations were selected across the country as they were more likely to represent the diversity of the Latino population in the US; Chicago representing Central and South Americans, Bronx area in New York representing Puerto Ricans, Dominicans and Dominican Americans, Miami representing Cubans and Cuban Americans, and San Diego representing Mexicans and Mexican Americans.

A total of 24 focus groups were conducted in either English or Spanish depending on participants' preference. After obtaining informed consent, participants joined the focus group where they were asked about their awareness of tobacco use in the community; cultural attitudes, beliefs, and behaviors toward tobacco use; the influence of family, peers and other social networks on tobacco use; the role of the tobacco industry; second-hand smoke; health consequences of tobacco use, smoking cessation and cessation resources; telecommunications, community health education and social support.

Data Analysis

Language spoken has been widely used as a proxy measure of acculturation in populations studies (22). In this study, focus groups were classified as high acculturation if they were conducted in English and low acculturation if they were conducted in Spanish. All focus group sessions were recorded to prevent potential data loss and transcribed prior to uploading to Atlas.ti V7 (Berlin, Germany) for qualitative analysis.

Each focus group transcript was read through to assess knowledge and identify opinions regarding tobacco use in their communities and families, tobacco product awareness, tobacco cessation resources, tobacco-related health effects, sources of health information, and second-hand smoke. This information was then compiled and compared based on acculturation level.

Results

Project Demographics

In this study, there were a total of 24 focus groups analyzed. Looking at level of acculturation, ascribed by language spoken during the focus group, there were 13 Spanish-speaking groups and 11 English-speaking groups. Four of the focus groups were conducted in Chicago, eight were conducted in Miami, seven were conducted in San Diego, and five were conducted in the Bronx, New York. The majority of focus groups (10) consisted of both non-smokers and smokers, Eight focus groups were solely non-smokers and six focus groups were solely smokers. In a similar fashion, the majority of focus groups (17) were composed of men and women, there were four groups of only men, and three groups of only women. Finally, participants of nineteen out of twenty-four focus groups were between the ages of 25-64 years old; the five remaining focus groups' participants were aged 18-24 years old (Table 1).

Tobacco Problem in Communities

Tobacco use was found to be a problem in the community regardless of focus group location and/or focus group language. Focus groups regardless of language identified the tobacco as a problem in the community basing their decision on the number of people they saw smoking every day, their exposure to second-hand smoke, and the number of cigarette butts they saw on the sidewalks. There were no differences between English and Spanish-speaking groups in recognizing tobacco use as a problem, however, a common theme among some English-speaking groups was indicating that the tobacco problem in their community is not as bad as the tobacco

problem in other communities. Nonetheless, these groups said that tobacco products such as hookahs and electronic cigarettes are easier to acquire compared to regular cigarettes, due to the lack of regulations. Spanish-speaking groups mentioned the influence of policies in the reduction of tobacco use in the community explaining that current policies restrict the places where people can smoke, which decreases the visibility of tobacco use but not the prevalence of tobacco use. These groups indicated that tobacco use depends on the type of population, denoting that tobacco use is very frequent in immigrant populations and that in the past there was a strong culture towards quitting smoking, but now that the approach towards quitting is more lenient, people are starting to smoke again. Some descriptions of tobacco use in the community include:

“[a]nteriormente hubo una cultura muy fuerte de dejar de fumar... pero ultimamente no, las personas otra vez vuelven a fumar”—“Before there was a very strong culture to stop smoking... but lately no, people start smoking again”

“Bastante frecuente. Uno se tropieza con eso en cualquier lugar público que va.” —“Very frequent. One stumbles upon it in any public space that we go.”

“It’s not that we don’t care, we don’t notice it as often anymore.”

Tobacco Use in Family

When asked about tobacco use in their families, there were no differences between English and Spanish-speaking groups. Regardless of whether the group was

composed of smokers or non-smokers, all participants had at least one close relative – be it their parents, uncles, aunts, or grandparents– who was a smoker. When focusing at participants smoking status and tobacco use in their families, there were no differences between English and Spanish-speaking groups; however, when considering participants' relatives who are smokers, English-speaking groups were more likely to have men and women relatives who smoke while Spanish-speaking groups were more likely to have only men relatives who are smokers.

Reasons for Starting Tobacco Use

Peer pressure, sense of belonging, sense of maturity, curiosity, product accessibility, popularity, family influence by either imitating older relatives who smoked or relatives asking participants to light their cigarettes when they were younger were the predominant reasons found across both English and Spanish-speaking groups for starting the use of tobacco products. English-speaking groups included references to the influence of the music industry as participants would see people smoking in music videos, which according to the participants normalized tobacco use and instilled curiosity in participants to try tobacco products. In Spanish-speaking groups, reasons for starting to use tobacco products included: emotional reasons such as dealing with depression or bullying, lack of communication with parents about the health effects of tobacco, the influence of media, television, and targeted advertisement placement on minors.

Reasons for Using Tobacco

Having a sense of belonging, using it as part of a social activity, or by choice were the most common responses for both English and Spanish-speaking groups when asked about their reasons for using tobacco products. Although stress and pressure were mentioned by both groups, stress was more likely to be mentioned by English-speaking groups while Spanish-speaking groups described tobacco use as a socially acceptable way to deal with stress. Additionally, both English and Spanish-speaking groups listed anxiety, depression, trendiness, peer pressure, and family influence as reasons for using tobacco products.

English-speaking groups mentioned accessibility, targeted advertisement, habit, psychological issues, the need to feel in control, and available flavors as reasons for using tobacco products. On the other hand, Spanish-speaking groups described loneliness, emotional problems, appetite suppression, and religious practices as reasons to tobacco use. Some Spanish-speaking groups explained that men use tobacco products as a display of masculinity while women's tobacco use is perceived as a sign of independence because for some individuals in the Latinx community, tobacco use in women is negatively connotated.

Tobacco Use Overall

Both English and Spanish-speaking groups indicated that men and women deliberately choose to use tobacco products and these products are used in a similar manner. Focus groups stated that different tobacco products are used based on sex and age group. For instance, both English and Spanish-speaking groups mentioned that

tobacco products are being used in every age group, however, cigars are preferred by older individuals while hookahs and electronic cigarettes are preferred by younger individuals. When looking at differences in gender, there were mixed opinions between groups related to which gender smokes and/or uses tobacco more. English-speaking groups were more likely to say that there were no differences between genders and only one group mentioned that men smoked more than women. In Spanish-speaking groups, some groups' participants mentioned that men smoked more than women, while others said that men and women smoke about the same now, however, in the past men would smoke more than women, finally, some participants' stated that some women smoke almost the same or even more than men. English and Spanish-speaking groups said that the ability to obtain loose cigarettes promotes tobacco use in Latino communities, in that regard, San Diego Spanish-speaking groups said it was cheaper and easier to get cigarettes in Mexico.

Regarding tobacco use in social settings, English-speaking groups were more likely to mention tobacco being used in social settings compared to Spanish-speaking groups; nonetheless, both groups agreed on hookah being the tobacco product being more commonly used in these settings. In Miami's focus groups, the Spanish-speaking groups mentioned having developed the habit before coming to the US while English-speaking groups had mixed opinions about whether foreign-born Cubans smoked more than US-born Cubans. Finally, both English and Spanish-speaking groups indicated that tobacco use varies by socioeconomic status, however, for English-speaking groups tobacco use is associated to a lower educational attainment and lower economic status.

Cultural Attitudes Toward Tobacco Use

Although for both English and Spanish-speaking groups tobacco use was not encouraged for women, there were stronger negative opinions toward female tobacco use in Spanish-speaking groups compared to English-speaking groups. Some of these opinions included mentioning that smoking is not considered to be “ladylike” that it is “trashy” while smoking in men was seen as “a cool thing for them”. A common finding in English and Spanish-speaking groups was that if they used tobacco products, they do not use them at home out of respect to their parents and other family members and when they take part in family gatherings, smoking is normalized if other family members smoke, however, they still maintain their distance from those who don’t smoke out of respect. For both groups, tobacco use is associated with a social activity; English and Spanish-speaking groups indicated that they would be more likely to smoke if they were taking part of other social activities such as alcohol drinking or coffee drinking. They constantly mentioned those activities going together. Spanish-speaking groups were more likely to talk about the parents’ role in setting an example for their children regarding tobacco use compared to English-speaking groups. Spanish-speaking groups are were more likely to state fatalism as their reason for not quitting or reducing their tobacco use. Lastly, a Miami Spanish-speaking group mentioned that smoking and tobacco have always been a part of their Cuban roots.

Tobacco-Related Health Beliefs

The majority of English and Spanish-speaking groups indicated that using electronic cigarettes was less harmful than regular cigarettes. There were differences

between English and Spanish-speaking groups when discussing their health beliefs on specific tobacco products and their perceived risk around tobacco use. Participants in English-speaking groups mentioned that the hookah was harmful, but they did not know how harmful it is. When talking about electronic cigarettes, some participants said electronic cigarettes were worse because the water vapor stayed in the lungs longer while the majority said that electronic cigarettes were less harmful, and they were a healthier version of regular cigarettes. In that regard, a Miami Spanish-speaking group said that electronic cigarettes were equally harmful because of their nicotine content, however, people often do not think about it.

In general, English-speaking groups showed less perceived risk regarding tobacco use nonetheless, some groups mentioned people are aware that tobacco is harmful but they do not care and some spoke of a feeling of invincibility because they believe any tobacco-related health effect “will never happen to [them]”. Spanish-speaking groups talked about cigars being purer than regular cigarettes, the cigarettes that are sold in the US are less harmful than those sold in Mexico, hookahs and electronic cigarettes are toxic and addictive, cigarettes can be used as appetite suppressors, and that Marlboro was worse than other brands. In addition, Spanish-speaking groups showed a reduced perceived risk around specific tobacco use behaviors. For instance, they explain that tobacco is not as harmful if there is not a full hit when smoking or that smoking one or two cigarettes instead of a pack (20 cigarettes) is less detrimental to their health.

Awareness of Tobacco-Related Health Effects

Every focus group regardless of language and location was able to list health effects associated with tobacco use. English-speaking groups mentioned learning about tobacco health effects through school, online research, TV advertisements, and physicians, while Spanish-speaking groups did it primarily through personal/relatives' experiences, social media, radio and TV advertisements, and physicians. The health effects associated with tobacco use majorly mentioned by both English and Spanish-speaking groups were lung cancer, skin problems –including aging and dryness–, oral problems –such as teeth staining, tooth loss, and gum disease–, breathing problems, chronic obstructive pulmonary disease (COPD), finger amputations, and throat cancer.

English-speaking groups were more likely to use medical terminology when naming the health effects associated with tobacco use. The most frequently listed tobacco related health effects were lung cancer, throat cancer, breathing problems, heart disease, emphysema, tooth loss, and skin problems, while health effects not named in Spanish-speaking groups were congestive heart failure, cleft palate, exhaustion, colon cancer, bladder cancer, pneumonia, jaw cancer, toe cancer, cervical cancer, weight gain, lymphoid cancer, and hearing loss.

Even though Spanish-speaking groups were less likely to use medical terminology when listing tobacco-related health effects, participants named more tobacco-related health effects compared to English-speaking groups. The most frequently named tobacco-related health effects were lung cancer, teeth problems, oral cancer, throat cancer, myocardial infarction, heart problems, respiratory problems, skin problems, cough, and breath problems. Tobacco-related health effects mentioned by

Spanish-speaking groups that were not mentioned by English-speaking groups include: stroke, bronchitis, fluid in the lungs, hypertension, kidney problems, eye cancer, deliriums, pancreatic cancer, bladder cancer, cataracts, oral warts, miscarriages, headaches, nausea, breast cancer, joint problems, and liver problems.

Tobacco Product Awareness and Knowledge

English and Spanish-speaking groups regardless of focus group location listed the same tobacco products. Although for the most part both groups showed a similar level of general knowledge about tobacco products, differences between groups arose as facilitators probed for more specific information on these products. The use of menthol cigarettes and the presence of other chemicals in regular cigarettes was mentioned by both English and Spanish-speaking groups, however, English-speaking groups listed more cigarette brand names and brand preferences compared to Spanish-speaking groups. In the same way, Spanish-speaking groups listed more places where individuals could get regular cigarettes. Though cigars were mentioned in several focus groups, most of these groups in which they were mentioned were conducted in Miami. Chewing tobacco was equally mentioned by English and Spanish-speaking focus groups.

English and Spanish-speaking groups equally spoke about the lack of regulation of electronic cigarettes. Spanish-speaking groups listed electronic cigarettes being used as cessation devices more frequently than English-speaking groups. English-speaking groups mentioned the presence of nicotine and other chemicals in electronic cigarettes.

These groups also spoke about the availability of nicotine dosages and the different flavors used to market electronic cigarettes.

Focus groups were more knowledgeable about the hookah compared to other tobacco products. Both English and Spanish-speaking groups were able to describe how the hookah works and they also spoke about combinations done with drugs and alcohol when using this product. English-speaking groups more frequently mentioned where to buy hookahs, the variety of flavors and different tobacco brands that are commonly used with hookahs. Spanish-speaking groups spoke of the lack of regulations and other uses of the hookah.

Second-Hand Smoke Awareness and Knowledge

For both English and Spanish-speaking groups there were not many differences in their awareness and knowledge of second-hand smoke. Both these groups knew what second-hand smoke was and how dangerous it was for those exposed to it but more particularly how much more harmful it is for children than it is for adults. English-speaking groups mentioned being more frequently exposed to second-hand smoke compared to Spanish-speaking groups. Although both groups are aware of the second-hand smoke being dangerous, only Spanish-speaking groups mentioned second-hand smoke being a problem. Finally, participants from both English and Spanish-speaking groups who were smokers explained being cautious towards exposing others to second-hand smoke and if they smoked regular cigarettes, they were careful not to expose others to the smell.

Tobacco Cessation Resources

All focus groups regardless of language or location listed tobacco cessation resources. Overall both English and Spanish-speaking groups listed the nicotine patch, electronic cigarettes, and their city's non-emergency phone number more frequently as resources for tobacco cessation. English-speaking groups were more likely to mention nicotine gum, the Tobacco Quitline, phone apps, addiction centers and clinics, and hypnotherapy as tobacco cessation resources. Spanish-speaking groups, on the other hand, were more likely to list willpower, family, faith, pills, pamphlets, magnetic therapy, and medical professionals such as psychologists and physicians as tobacco cessation resources. It is also necessary to point out that one of the Spanish-speaking groups was not aware of the existence of the Tobacco Quitline while another group mentioned that there was no information available on tobacco cessation resources.

Tobacco-Related Sources of Information

When participants were asked about their sources of tobacco-related information were, English and Spanish-speaking groups both obtain their information primarily from the internet. In that regard, English-speaking groups, were more likely to obtain their information from medical websites such as Medscape, WebMD, and Mayo Clinic while Spanish-speaking groups mentioned obtaining this information from doctor pages on social media, particularly Facebook. Other sources of tobacco-related information for both English and Spanish-speaking groups were TV shows and physicians. English-speaking groups were more likely to get their tobacco-related information from school, research, and magazines while Spanish-speaking groups were more likely to get this

information from the warnings on cigarette boxes, the radio, curanderas (healers), family, and drug talks at school.

Discussion

This project sought to explore the influence of acculturation on attitudes, beliefs, and behaviors toward tobacco use in Latinos. While the Hispanic/Latino smoking prevalence is lower compared to non-Hispanic white and other racial/ethnic minorities, the smoking prevalence in Hispanic/Latinos varies by subgroup. Exploring the attitudes, beliefs and behaviors Latinos have toward tobacco use provides public health professionals more insight on tobacco use in Latinos in general which in turn can be useful to identify knowledge gaps, and priority or potential intervention areas. Finally, having a better understanding of tobacco use in Latinos is highly beneficial for designing culturally appropriate tobacco cessation interventions or interventions that can increase the perceived risk some Latinos might have about tobacco use.

There was a total of 24 focus groups analyzed with 13 Spanish-speaking groups and 11 English-speaking groups. Though the majority of groups regardless of language were conducted in San Diego and Miami having more than one focus group in each language for each location still allowed for the collection of useful information on tobacco use. It is necessary to note, however, that some English-speaking groups provided some information in Spanish and this information was not transcribed prior to uploading it to the qualitative software, leaving some information, potentially relevant information unavailable for analysis.

Tobacco use was found to be a problem in the community regardless of focus group location and language. English-speaking groups showed decreased perceived risk when discussing tobacco use in their community because even though they recognize it as a problem, they often mentioned it not being as bad as it was in other communities. Spanish-speaking groups, on the other hand, recognized the influence of policies in the apparent reduction of tobacco use as the restriction of spaces where smoking is allowed reduced the visibility of tobacco use more often than English-speaking groups did, yet there is not an actual reduction in tobacco use. In this manner, Spanish-speaking groups appeared more knowledgeable of the current and past tobacco-related policies and they spoke on increased past efforts toward tobacco-related policies compared to present times.

Overall, every focus group regardless of language and location mentioned having at least one close relative, either a man or woman, who smoked, and even though there were no differences in how much men or women smoked, Spanish-speaking groups were more likely to talk about a negative perception towards women who smoked. Moreover, when these groups spoke of their close relatives who smoked, these groups were more likely to name male relatives as smokers while English-speaking groups named men and women equally. The negative perception towards women smoking could be derived from constructs such *machismo* and *marianismo*, constructs that can encourage male dominance over women given that other studies have shown machismo to be influenced by socio-demographic factors, such as acculturation (28).

Family influence and *respeto* seem to play key roles in individual's attitudes toward tobacco use and tobacco-related behaviors in general. Participants indicated

that having relatives who smoked or having relatives ask them to light cigarettes sparked their curiosity about tobacco products and in some cases these actions contributed to participants becoming smokers. Similarly, for individuals who were not smokers, if their parents did not smoke, they were less likely to smoke; if they had family relatives who were smokers, but their parents were not smokers, they were less likely to smoke out of respect to their parents. Respeto was consistently displayed as participants mentioned not smoking at home if their parents did not smoke and during social activities at home they would smoke far from their parents or relatives who did not smoke as a sign of respect and in order to minimize or prevent their family's exposure to second-hand smoke.

Focus groups regardless of language and location were able to list tobacco-related health effects. English-speaking groups used medical terminology more frequently than Spanish-speaking groups did. This finding could be related to the seemingly higher educational attainment of individuals in the English-speaking groups, given that when they were asked about their usual sources of information they more frequently mentioned using library resources, evidence-based websites, and school materials to obtain health related information. On the other hand, many of the tobacco-related health effects listed by Spanish-speaking groups were based on personal knowledge and/or experience as their relatives who were smokers and/or even themselves had or were undergoing those health conditions. Spanish-speaking groups due to their working conditions were more likely to obtain their health information through radio programming or television advertisements. Also, they often mentioned alternative medicine therapies such as magnet therapy, or acupuncture as tobacco

cessation resources. Similarly, although second-hand smoke and its potential health effects on individuals were mentioned by both English and Spanish-speaking groups, Spanish-speaking groups showed higher risk perception toward second-hand smoke by saying that it is a problem and being exposed to it can be more harmful than actually smoking cigarettes.

Both English and Spanish-speaking groups listed tobacco cessation resources. The nicotine patch, electronic cigarettes, and their city's non-emergency phone number (311) were the most frequently named resources for tobacco cessation for both of these groups. Willpower was the most popular tobacco cessation resource particularly in Spanish-speaking groups. These groups mentioned that if an individual does not have enough willpower to quit smoking or using tobacco products, using any other tobacco cessation product will not be effective.

Conclusion

This project found no representative differences between English and Spanish-speaking groups in reference to tobacco product use, tobacco product knowledge, and family influence in starting to use tobacco products. Major differences between groups were seen with English-speaking groups who were more likely to show less perceived risk in regard to tobacco use and second-hand smoke being a problem in the community, while Spanish-speaking groups were more likely to show high-perceived risk related to second-hand smoke and health effects associated to tobacco use. Nonetheless, since it was possible to gain a better understanding of why people use tobacco products, how they obtain health related information, and what tobacco

cessation resources they are more familiar with, these findings help public health professionals understand the Latino community better. These findings also serve as a reference point for community-based organizations or researchers seeking to improve Latino health through culturally appropriate interventions as they inform of potential knowledge gaps and areas of opportunity for said interventions.

Table 1. Project Demographic Information

	English-Speaking groups High acculturation N = 11	Spanish-speaking groups Low acculturation N = 13
Location		
Chicago	2	2
Miami	3	5
San Diego	4	3
Bronx-New York	2	3
Age		
18-24	5	0
25-64	6	13
Smoking Status		
Non-smoking	3	5
Smoking & Non-smoking	3	7
Smoking	5	1
Gender		
Men	2	2
Women	0	3
Men & Women	9	8

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