

Racial and Ethnic Populations

“Since racial and ethnic groups suffer disproportionately from tobacco use, widespread dissemination of the tobacco cessation approaches and methods shown to be effective would help reduce the disparities related to tobacco use and its health effects.”

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Tobacco dependence and desire to quit appear to exist in all racial and ethnic groups.

Ethnic and racial minority groups in the United States—African Americans, American Indians/Alaska Natives, Asian Americans/Pacific Islanders, and Hispanics—experience high mortality in a number of smoking-related disease categories. Studies have provided information on the effectiveness of a variety of interventions on racial and ethnic minorities. For example, the nicotine patch, clinician advice, counseling, tailored self-help manuals, materials, and telephone counseling have been effective with African Americans. The nicotine patch and self-help materials, including a mood management component, have been effective with Hispanics. Screening for

tobacco use, clinician advice, clinic staff reinforcement, and followup materials have been effective with American Indians.

Few studies have examined interventions specifically designed for particular ethnic or racial groups, and there is no consistent evidence that targeted cessation programs result in higher quit rates in these groups than do generic interventions of comparable intensity. Therefore, clinicians should offer treatments identified as effective to all of their patients.

Self-help materials must be tailored to the specific target audience (e.g., language). Culturally appropriate models or examples may increase the smoker's acceptance of treatment. Clinicians should remain sensitive to individual differences and health beliefs that may affect treatment acceptance and success in all populations.

