



2002 WUCMAA

TOBACCO SURVEY  
**TOBACCO SURVEY**

Wisconsin United Coalition of Mutual Assistance  
Associations, Inc.

## **Acknowledgments**

This survey was funded by the Wisconsin Tobacco Control Board. Many people were involved in putting this survey and report together. We especially want to thank all the local mutual assistance associations and their staffs who have helped administer the survey in their communities. We also want to express our great appreciation to Brenda Rooney, Phd., who has helped out tremendously in helping analyze the survey results. Lastly, we want to thank Al Bliss from the La Crosse County Health Department for allowing us to adopt and use the tobacco survey developed by Brenda Rooney, Phd.

## **Disclaimer**

This survey was developed and specifically conducted among the Southeast Asian population residing in Wisconsin to find out the prevalence of tobacco use. When using the information and data from this survey, please be aware that there may be some limitations. For example, in certain cities the prevalence of tobacco use may be high but that is because the sample size is very small and it is not a true representation of that community. There is no other existing data out there like this one but use discretion when trying to apply these findings to other researches and discussions.

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# **Wisconsin United Coalition of Mutual Assistance Association, Inc. Tobacco Survey**

## **I. Introduction: Problems and Issues**

Scientific research has shown that there are serious health issues that are associated with the use of tobacco. Cigarette smoking can cause heart disease, lung cancer, and various other cancers (larynx, esophagus, pharynx, mouth and bladder cancer.) In addition, cigarette smoking can also contribute to cancer of the pancreas, kidney, and cervix. So it doesn't matter which form of tobacco a person uses, the health effects are similar in that it causes diseases.

It is estimated that tobacco is responsible for claiming more than 430, 000 lives per year among adults in the United States, and this represents about 5 million years of potential life lost (CDC 1997). If the current rate of tobacco use continues in the United States, 5 million people under the age 18 will die prematurely from a smoking related disease (CDC 1996).

Based on some of the findings by the CDC (1998), the following were some of the health effects associated with tobacco use among four racial/ethnic groups. Nationally, lung disease is the leading cause of cancer deaths among Native American Indians, Asians, and Hispanic Americans. For the Native American Indians, cardiovascular disease is the leading cause of death and the prevalence of smoking is 34.1%. African American, men are at least 50% more likely to develop lung cancer than Caucasian men and are twice as likely to get cerebrovascular disease as would Caucasian men. The African American prevalence of smoking is 26.7%. The prevalence of smoking for Asian Americans is 21.6% compared to 27.4% of Caucasian men in 1997. Lung Cancer deaths are about three times higher for Hispanic men than for Hispanic women and coronary disease is the leading cause of death for Hispanics living in the US. The prevalence of smoking for Hispanic American is 20.4%.

The risks and health effects from tobacco use has been well researched and documented and tobacco control has become a health priority in all of our communities. For the state of Wisconsin, the communities of color represent only about 11% of its population but these communities of color account for a large proportion of the state's mortality and morbidity rates, when it comes to tobacco use. Also when compared to mainstream tobacco control, there are still disparities in communities of color because they have not had the same level of success in tobacco control. The communities of color need to consolidate together to form networks and take on a leadership role so that they can develop programs, find funding strategies, and identify policies with the larger mainstream community. Also crucial, is the ability to identify and implement tobacco control strategies that are aligned with their own individual community cultures so that it would be more influential and the impact would be more effective.

So what are some of these issues that need to be addressed so that proper attention and priority can be given to them? According to the 1998 Surgeon General's report on Tobacco Use Among U.S. Racial/Ethnic Minority Groups, it addresses the following groups that are in need of tobacco control: African Americans, Native American Indians, Hispanic Americans and Asian Americans (HHS 1998). The following are some of the concerns that were stated:

- Cigarette smoking is a major cause of disease and death in each of the four racial/ethnic groups with African American leading the highest health costs.
- Native American Indians have the highest prevalence of tobacco use, and African American and Southeast Asian American with the second high prevalence of tobacco use.
- Among African Americans and Hispanic Americans youths, smoking rates have increased in the 1990s and it is striking particularly among the African Americans, because they had the greatest decline between the 1970s and 1980s.
- There are several factors, which have contributed to tobacco use: socioeconomic, environmental, cultural, and personal characteristics.
- There is a need for appropriate community-based programs to identify and implement strategic tobacco control programs.
- The need to address tobacco uses for special events and cultural events so that it doesn't undermine the prevention and control process.
- Address the issues surrounding the tobacco industries specific promotion and targeting of these four racial/ethnic groups.
- More research is needed to address culturally appropriate programs and intervention strategies to have more impact.
- Accessibility and availability strategies must be in place to eliminate the potential of getting the tobacco products.
- Most disparate groups may not have adequate access to health services and if they did have access, most would probably not go to a cessation group.
- Lack of infrastructure and lack of resources.

These are some of the many problems and issues that have surfaced from the communities of color and surely cannot be ignored. Due to the fact that disparities exist among these racial/ethnic groups, such an approach to control tobacco use would require a collaborative effort so that we can all work together to achieve a common goal. With this kind of effort, we can learn and share acquired knowledge about what types of strategies have worked and what has not.

## **II. Purpose of the survey**

The purpose of this survey is to discover and find out more specific information on the prevalence of current tobacco use in the various Southeast Asian American communities throughout Wisconsin. There is very little information out there that pertains directly to the Southeast Asian American population in regards to the prevalence of tobacco use. When one tries to find out specific information about Southeast Asian people, the only bit of information one would get is about Asians as a whole. But Asian as a whole is too broad and does not represent the true population of Southeast Asian Americans.

With the information from the survey we should be able to find out what the prevalence of current tobacco use is in each of the 14 communities around Wisconsin. The survey should also give us a better idea of some the reasons for using tobacco, perception of tobacco use, knowledge about the risks of smoking, and “role models” for being exposed to smoking. When all the information is carefully examined in depth and in detail we should have a clear picture to help plan for a better approach and more effective tobacco prevention strategies.

### **Role of WUCMAA**

The Wisconsin United Coalition of Mutual Assistance Associations, Inc. (WUCMAA) is one of the members of the Wisconsin Ethnic Network Coalition (WENC). It is the Wisconsin Ethnic Network Coalition that oversees the activities of WUCMAA. It is also WENC that implemented the tobacco project, but WUCMAA is the overall administrator of the tobacco project in Wisconsin for the Southeast Asian population. Then under the guidance of WUCMAA, each local mutual assistance association is responsible for administering the surveys in their own individual communities. In addition to the survey, each local mutual assistance association is also responsible for conducting a tobacco education workshop and a radio talk show. This is a brief overview of the tobacco project that WUCMAA is accountable for, and below is a detailed explanation of what WUCMAA is and what it does.

### **WUCMAA- Background**

The Wisconsin of United Coalition of Mutual Assistance Associations, Inc. was founded in the state of Wisconsin under chapter 181 of the Wisconsin Statutes- a non-stock corporation-on June 19<sup>th</sup>, 1986. The following are members of WUCMAA:

- Eau Claire Area Hmong Mutual Assistance Association, Inc.
- Hmong American Association of Portage County, Inc.
- Hmong American Community Association, Inc.
- Hmong Association of Green Bay, Inc.
- Hmong American Friendship Association, Inc.
- Hmong American Partnership Association, Inc.
- Hmong Association of Wood County, Inc.

- Hmong Educational Advancements, Inc.
- La Crosse Area Hmong Mutual Assistance Association, Inc.
- Lakeshore Indo-Chinese Mutual Assistance Association, Inc.
- Lao Family Community, Inc.
- Ohskosh Lao/Hmong American Association, Inc.
- Sheboygan Hmong Mutual Assistance Association, Inc.
- United Refugee Services of Wisconsin
- Wausau Area Hmong Mutual Assistance Association, Inc.

WUCMAA is a coalition of the mutual assistance associations and plays major roles in assisting its members to gain leadership skills and work with other organizations at the state level to improve the quality of life for the Southeast Asian refugee population in Wisconsin. WUCMAA holds quarterly meetings to conduct its business. The Board of Directors is composed of executive directors, presidents, and one board member from each local mutual assistance association. The activities of WUCMAA are carried out by its committees. Standing committees are: Executive Committee, Program Development Committee, Cultural Committee, By-Laws Committee, and Finance Committee. The La Crosse Area Hmong Mutual Assistance Association is the agency that serves as the administrative agency for WUCMAA.

### **Purpose of WUCMAA**

The purpose of WUCMAA is to:

- advocate for and represent the statewide interests of the mutual assistance associations and their constituencies;
- promote central programs to improve the quality of life for the South East Asians; share information and concerns;
- identify state-wide opportunities;
- preserve cultures and customs;
- promote economical self-sufficiency and
- promote or provide leadership development among its member organizations and constituencies in the state of Wisconsin

## What is a Mutual Assistance Association?

A mutual assistance association - usually referred to as MAA - is established by the refugees to serve the refugees. Each MAA may be named differently by its founders. MAAs are private non-profit organizations that are formed and governed by the refugees; at least 51% of the board members must come from the refugee community.

The following description provides an overview of where MAAs are located, and a summary of their services. MAA exist in most large refugee communities throughout the United States. In Wisconsin, the following cities have MAA services for the refugee population: La Crosse, Eau Claire, Madison, Milwaukee, Oshkosh, Appleton, Green Bay, Manitowoc, Wausau, Sheboygan, Menomonie, Wisconsin Rapids, and Stevens Point.

MAAs' services may vary from one organization to another. The following are some of the basic services that are provided to the refugee communities: employment services, case management, driver's education, support services, translation and interpretation, cross-culture counseling, peer counseling, advocacy, family strengthening, emergency hotline, domestic abuse prevention and intervention, English as a Second Language (ESOL), youth services, parenting education, elderly services, health screening, sexual assault and abuse prevention, speakers bureau, motivational training, housing and home safety education, Hmong literacy, cultural programs, individual development account (IDA), business development and etc.

### **WUCMAA's Current Activities:**

- Advocacy
- Leadership Development
- Annual State Wide Conference
- Revolving Loan Program
- Tobacco Control Program



### **III. Methodology**

#### **Who conducted the surveys?**

All of the local mutual assistance associations that belong to WUCMAA were responsible for administrating the surveys and collecting the data in their own community. These local mutual associations were from the following counties Brown, Dane, Dunn, Eau Claire, La Crosse, Manitowoc, Marathon, Milwaukee, Outagamie, Portage, Sheboygan, Winnebago, and Wood. Because each local community had different environmental and social norms, each local agency had to assign a staff to administer the surveys that they saw best met and fit with their communities. This way, a person from their own local community would have better communication and access to the general Southeast Asian people, thus making the facilitation process easier and faster.

#### **How was the survey conducted?**

Some of the surveys were distributed by going to meetings, family dinner gatherings, church gatherings, public schools and during the tobacco workshop that was conducted in conjunction with the overall tobacco project. In order to help make distributing the surveys more efficient, some agencies have recruited and sought the help of other local community based organizations. For example, some agencies went to local university Hmong students and asked for their help to distribute and collect the surveys. Others have hired individuals to help hand out surveys and enter the information into the database.

#### **Promotions**

As a way to attract people during the administration of the surveys, many staffs gave out incentive materials to those who were willing to participate in completing the survey. Some of the incentives were phone cards, candies, pencils and T-shirts. Overall, the incentives were effective, at the same time giving the respondents a sense of contribution to the cause of our tobacco education program.

#### **Sample size**

The overall total sample size that had completed our tobacco use survey was 2,856. Of that total, there were 1,460 youths and 1,396 adults. This is very impressive because there is no existing data out there about the prevalence of tobacco use from the State of Wisconsin that represents the Southeast Asian population.

To ensure that the surveys represented the general Southeast Asian population, we had to make sure that the surveys were randomly distributed. By randomly, surveys were being distributed to people on a first come first approached basis. This way no single person was targeted due to the way they look or acted. They were simply approached and categorized as youth or adult without any pre-conception of whether they smoked or not.

The sample size varied from city to city, because each city had a different Southeast Asian population. One criteria that was consistent through out the sample sizing was the fact that each local mutual assistance association was required to do a minimal of 5% of the Southeast Asian population in their local community. So depending on the number of Southeast Asian people present in their community, some may have a larger population to work with and others may have a smaller population. The data

that was used to determine the Southeast Asian population for each community was based on the 2000 population report from the Wisconsin Office of Refugee Services provided by WUCMAA. Thus five percent of the total sample size for each local agency was calculated using the information provided by this data.

## IV. Survey Results

### Demographic characteristics

The overall total sample size was 2,856 people who have completed our survey and of the overall total there were 1,460 youths and there were 1,396 adults. Of the youths, there were 733 males (50.2%) and 727 females (49.8%) ages from 12 –17 years old. Of the adults, there were 806 males (57.7%) and 590 females (42.3%) ages from 18 –83 years old. [See table and chart below]

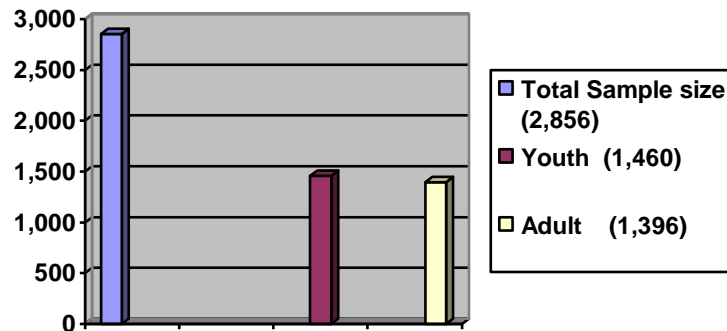
**Table 1**

	Youth	Percentage	Adult	Percentage
<b>Number of people</b>	1460		1396	
<b>Gender</b>				
Male	733	50.2	806	57.7
Female	727	49.8	590	42.3
<b>Average age:</b>		14.8 years		30.8 years
<18	1460	100	0	0
18-35		0	938	67.2
36-50			349	25.0
51+			109	7.8

**\*\*\* This sample size included everyone that completed our survey, some of them are not of Southeast Asian ethnic.\*\*\***

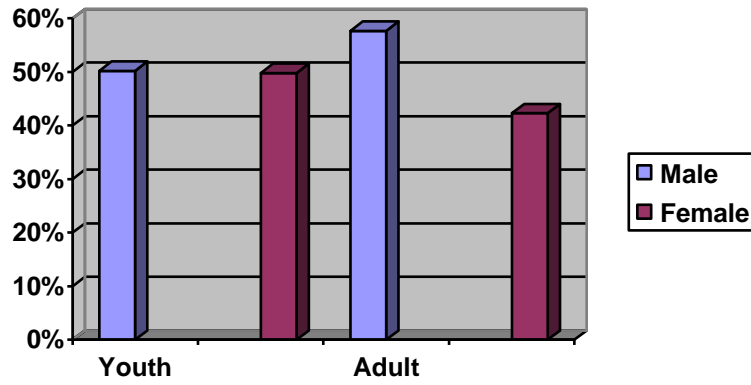
**Chart 1 of Table 1**

**Sample Size**

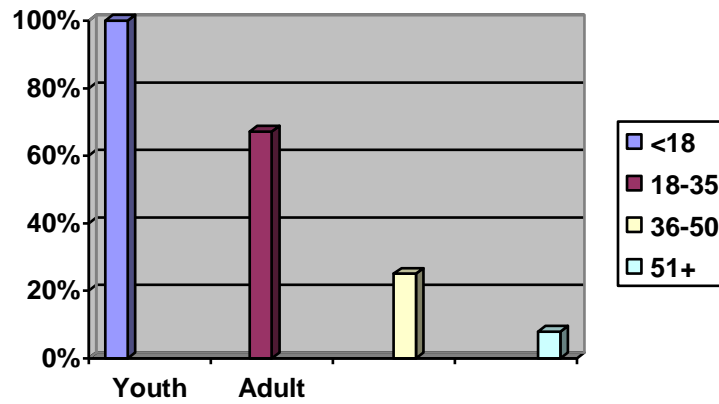


**Chart 1 of Table 1**

**Gender**



**Average Age**



## Ethnicity of the Southeast Asian Sample

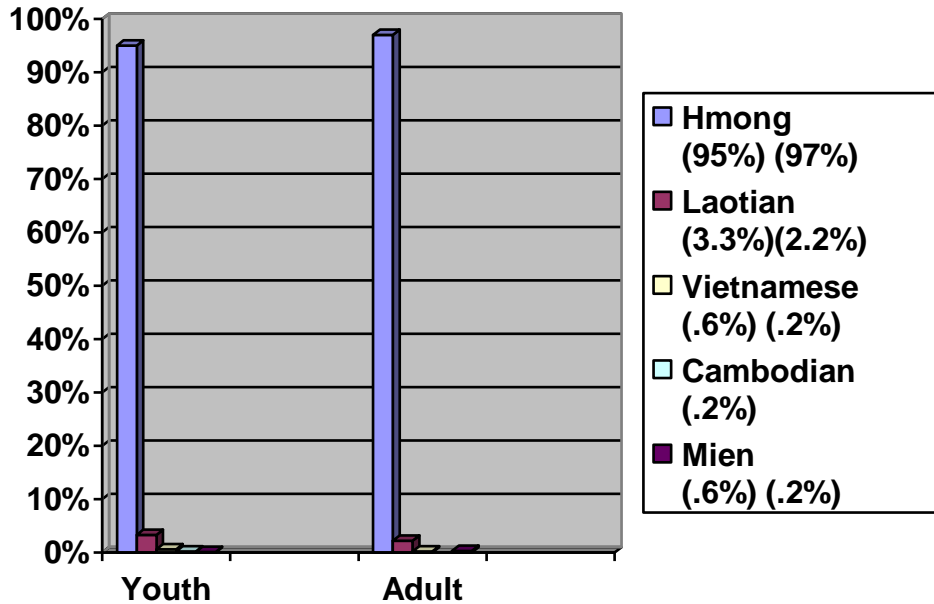
From the overall sample size there was a wide coverage of all the Southeast Asian population. Predominately, were the Hmong (95% youth and 97% adult), Lao (3.3% youth and 2.2% adult), Vietnamese (0.6% youth and 0.2% adult), Cambodian (0.2% youth) and Mien (0.1% youth and 0.3% adult). Most of the youth respondents indicated that they were born in the United States (60.3%) and (23.8%) adults came from their native land. [See table and chart below]

**Table 2**

<b>Ethnicity</b>	<b>Youth (%)</b>	<b>Adult (%)</b>
Hmong	95	97
Cambodian	0.2	0
Mien	0.1	0.3
Laotian	3.3	2.2
Vietnamese	0.6	0.2
Born in the US:	60.3	23.8

**Chart 2 of Table 2**

### Ethnicity



## Education Level

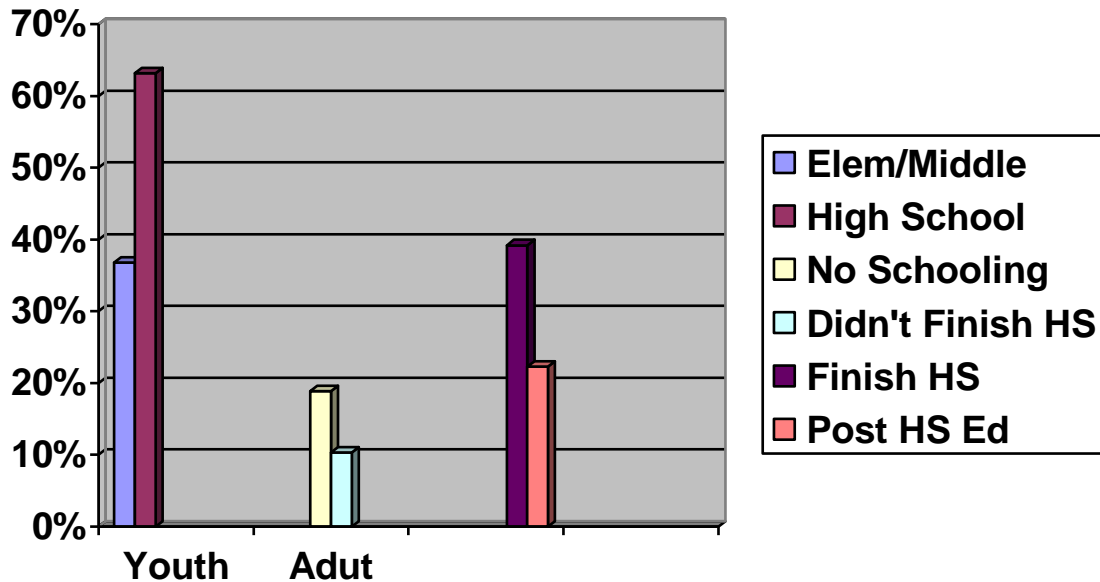
Looking at their education level, the range of grades was too broad to list. Therefore to make it simple to group, they were categorized as followed: currently in elementary/middle school, high school, adults with no schooling at all, adults who didn't finish school, and adults who have completed high school. Lastly, adults with some post high school education can include someone with Associate degrees, Bachelors degrees, Masters degrees and Doctoral degrees. [See table and chart below]

**Table 3**

Education Level	Youth (%)	Adult (%)
Currently elementary/middle School	36.8	-
Currently in high school	63.2	-
Adult – no school	-	18.9
Adult – didn't finish school	-	10.3
Completed high school	-	39.2
Some post high school education	-	22.3

**Chart 3 of Table 3**

### Education Level



### 13 Counties surveyed throughout Wisconsin

Throughout the State of Wisconsin, surveys were administered in the following 13 counties: Brown, Dane, Dunn, Eau Claire, La Crosse, Manitowoc, Marathon, Milwaukee, Outagamie, Portage, Sheboygan, Winnebago, and Wood. Of those counties, 13 cities and surrounding communities have assisted in completing our survey. [See table below]

**Table 4**

Location: (N)	Youth	Percentage	Adult	Percentage
Appleton (84)	48	3.4	36	2.7
Eau Claire (218)	122	8.6	96	7.1
Green Bay (217)	96	6.8	121	8.9
La Crosse (404)	170	12.0	234	17.3
Madison (111)	76	5.3	35	2.6
Manitowoc (96)	63	4.4	33	2.4
Menomonie (40)	31	2.2	9	0.7
Milwaukee (838)	463	32.6	375	27.7
Oshkosh (60)	30	2.1	30	2.2
Sheboygan (154)	65	4.6	89	6.6
Stevens Point (117)	72	5.1	45	3.3
Wausau (368)	147	10.3	221	16.3
Wisconsin Rapids (68)	39	2.7	29	2.1
Total = 2,775*	Total = 1,422*		Total = 1,353*	

\* This total is less than the overall total sample size because there were other ethnic groups that were included in the overall sample size which were excluded from this total because they were not of Southeast Asian ethnic. Also there were some surveys that did not give their ethnic that were omitted from this total.

(N)= Number of people from each city

Chart 4 of Table 4

13 Cities Surveyed

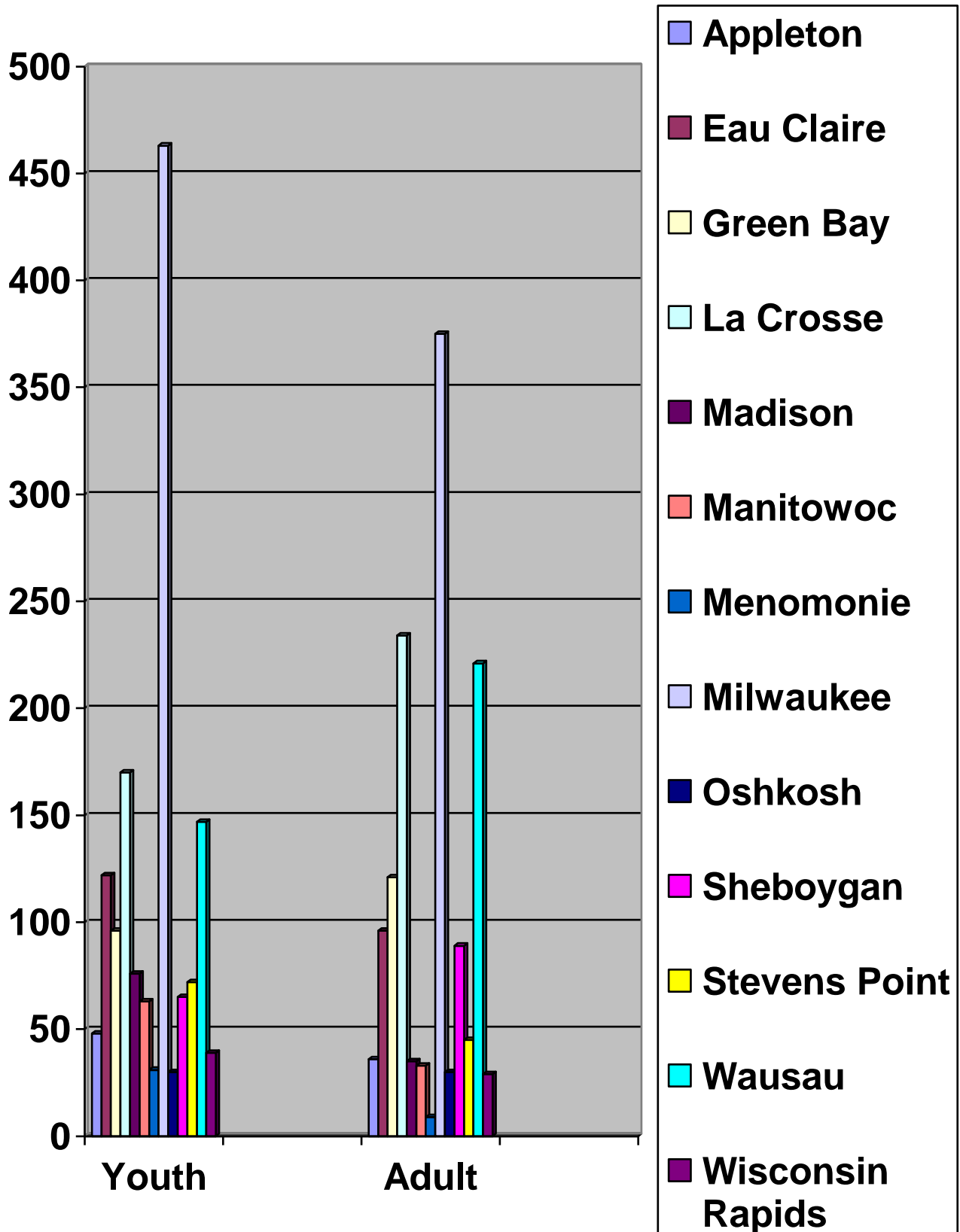
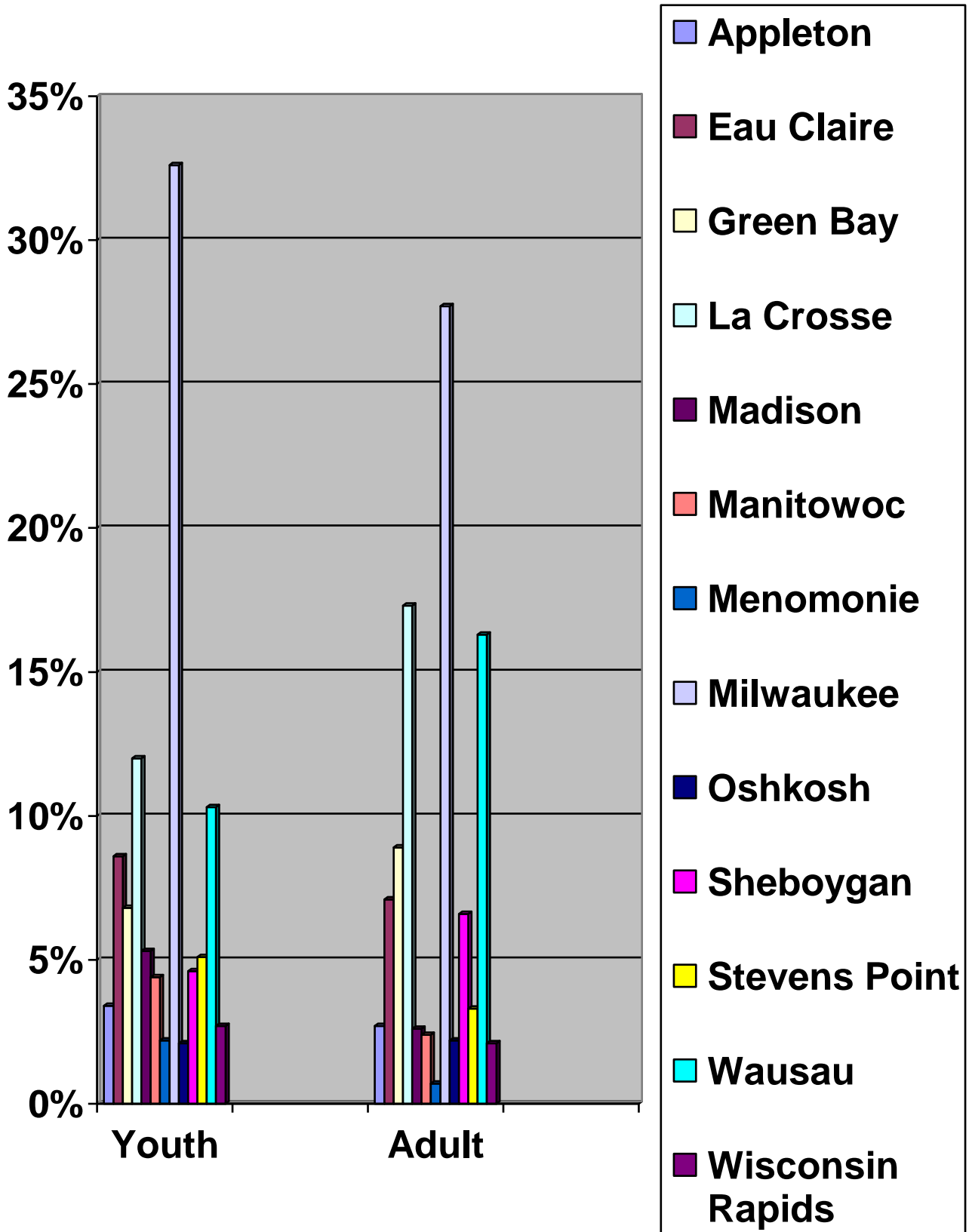




Chart 4 of Table 4

13 Cities Surveyed



## Form of Tobacco Most Commonly Used

According to the survey, the most commonly used tobacco product was in the form of cigarettes (94.9%) and the other (5.1%) were in the form of chew. This table shows the total sample size regarding Current Use of Tobacco, Have Used in the Past 30 Days, Reported Having Ever Used, Have Used Before Coming to the United States, and Have Used for Medicinal Purposes. For all those who reported using tobacco for medicinal purposes (5.0%) and of all the youths (4.6%) and all the adults (6.1%). From all the adults, ages 18-35 (4.6%), 36-50 (7.2%), and 51+ (15.7) reported having used tobacco for medicinal purposes. Both the youth and adult have reported using tobacco for allergies and stress. [See table below]

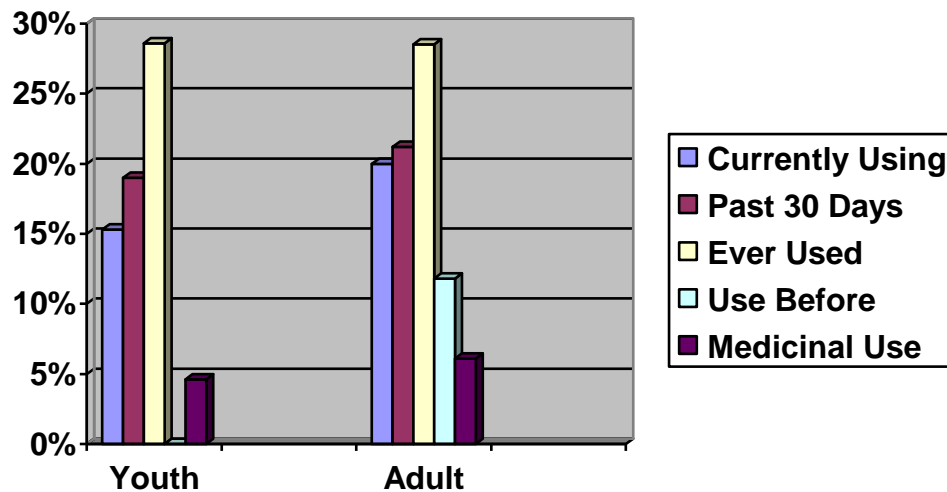
**Table 5**

Tobacco Use	Youth (%)	Adult (%)	p-value
Currently Using Tobacco (regularly)	15.3	20.0	0.001
Used tobacco in past 30 days	19.0	21.2	0.130
Report Ever use of Tobacco	28.6	28.5	0.994
Report using before coming to the US	0	11.8	
Ever use for medicinal purposes: (Allergies and stress)	4.6	6.1	
Used for medicinal purpose by Age			
12-17	4.6		
18-35		4.6	
36-50		7.2	
51+		15.7	

**\*\*\*\* The rate of current tobacco use is statistically significantly higher among the 51+ and 18-35 years old Hmong, compared to those < 18 and those 36-50 years old. \*\*\*\***

**Chart 5 of Table 5**

**Tobacco Use**



## Tobacco Use by Age

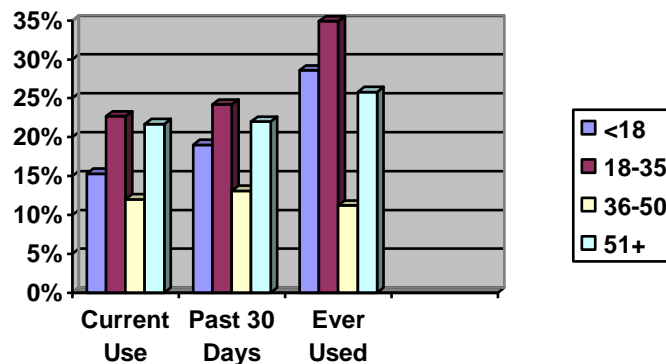
This is the whole sample size broken down by age as they have reported for Current Use of Tobacco, Have Used in the Past 30 Days, and Have Ever Used Tobacco. [See table and chart below]

**Table 6**

Prevalence of <b>current tobacco</b> use by age:	Percentage
<18	15.3
18-35	22.7
36-50	12.0
51+	21.7
P = 0.001	
Prevalence of tobacco use in <b>past 30 days</b> by age:	Percentage
<18	19.0
18-35	24.2
36-50	13.1
51+	22.0
P = 0.001	
Prevalence of <b>ever used</b> tobacco by age:	Percentage
<18	28.6
18-35	34.9
36-50	11.2
51+	25.8
P = 0.001	

**Chart 6 of Table 6**

**Tobacco Use by Age**



## Tobacco Use by Gender

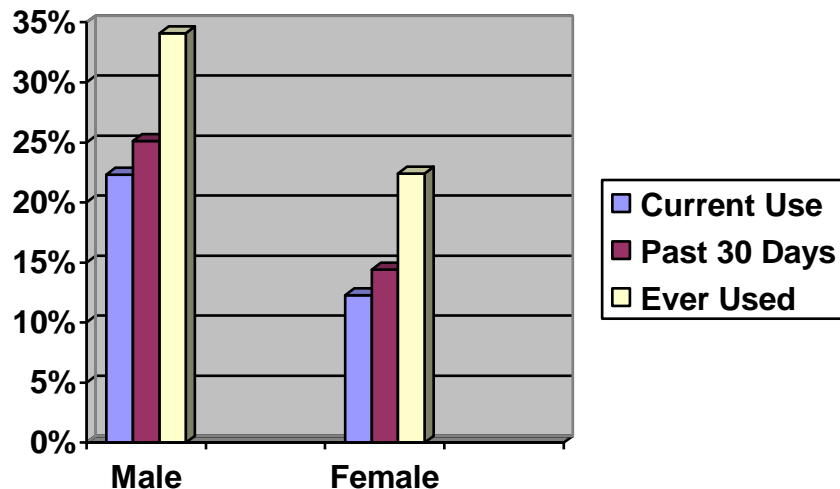
This is the whole sample size broken down by gender as they have reported to Current Use of Tobacco, Have Used in the Past 30 Days, and Have Ever Used Tobacco. [See table and chart below]

**Table 7**

Prevalence of <b>current tobacco</b> use by gender:	Percentage
Male	22.3
Female	12.3
P = 0.001	
Prevalence of tobacco use in <b>past 30 days</b> by gender:	
Male	25.1
Female	14.4
P = 0.001	
Prevalence of <b>ever used</b> tobacco by gender:	
Male	34.1
Female	22.4
P = 0.001	

**Chart 7 of Table 7**

**Tobacco Use by Gender**



## Tobacco Use by Age and Gender

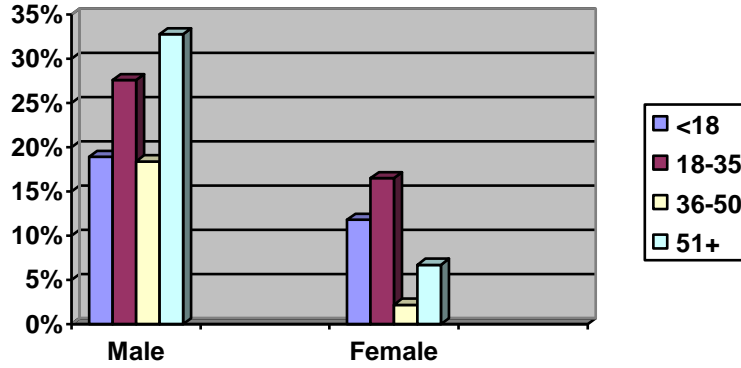
This is the whole sample size based on their age and gender as having been reported to Current Use of Tobacco, Have Used in the Past 30 Days, and Have Ever Used Tobacco. [See table and chart below]

**Table 8**

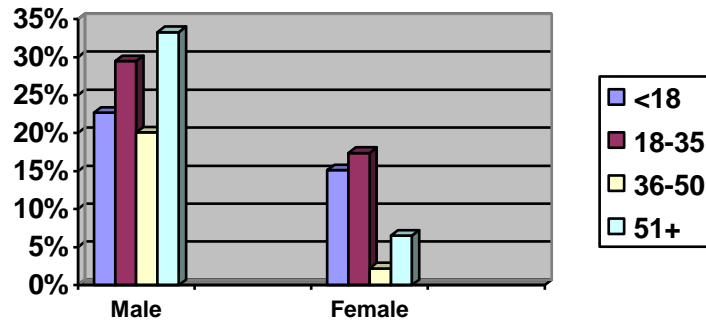
Prevalence of <b>current tobacco</b> use by age:	<b>Male (%)</b>	<b>Female (%)</b>
<18	18.9	11.8
18-35	27.6	16.5
36-50	18.4	2.2
51+	32.8	6.7
	P=0.001	P=0.001
<b>Prevalence of tobacco use in past 30 days by age:</b>		
<18	22.7	15.1
18-35	29.5	17.4
36-50	20.1	2.2
51+	33.3	6.5
	P=0.005	P=0.001
<b>Prevalence of ever used tobacco by age:</b>		
<18	33.0	24.3
18-35	41.9	25.9
36-50	17.7	1.6
51+	36.2	14.3
	P=0.001	P=0.001

**Chart 8 of Table 8**

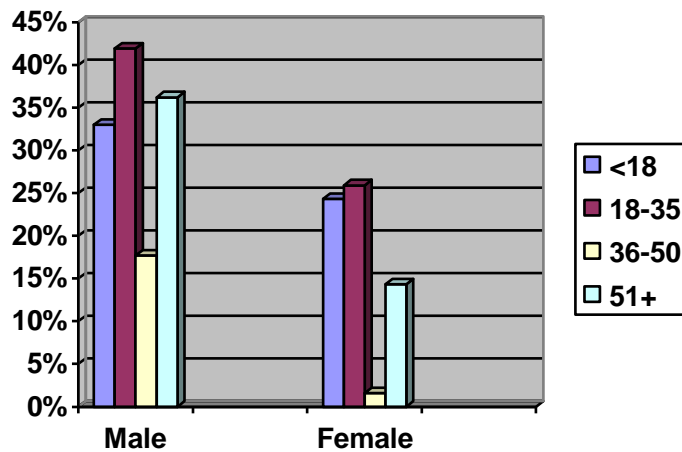
**Current Tobacco Use by Age and Gender**



**Tobacco Use in Past 30 Days by Age and Gender**



**Ever Used tobacco by Age and Gender**



## Tobacco Use by Education Level

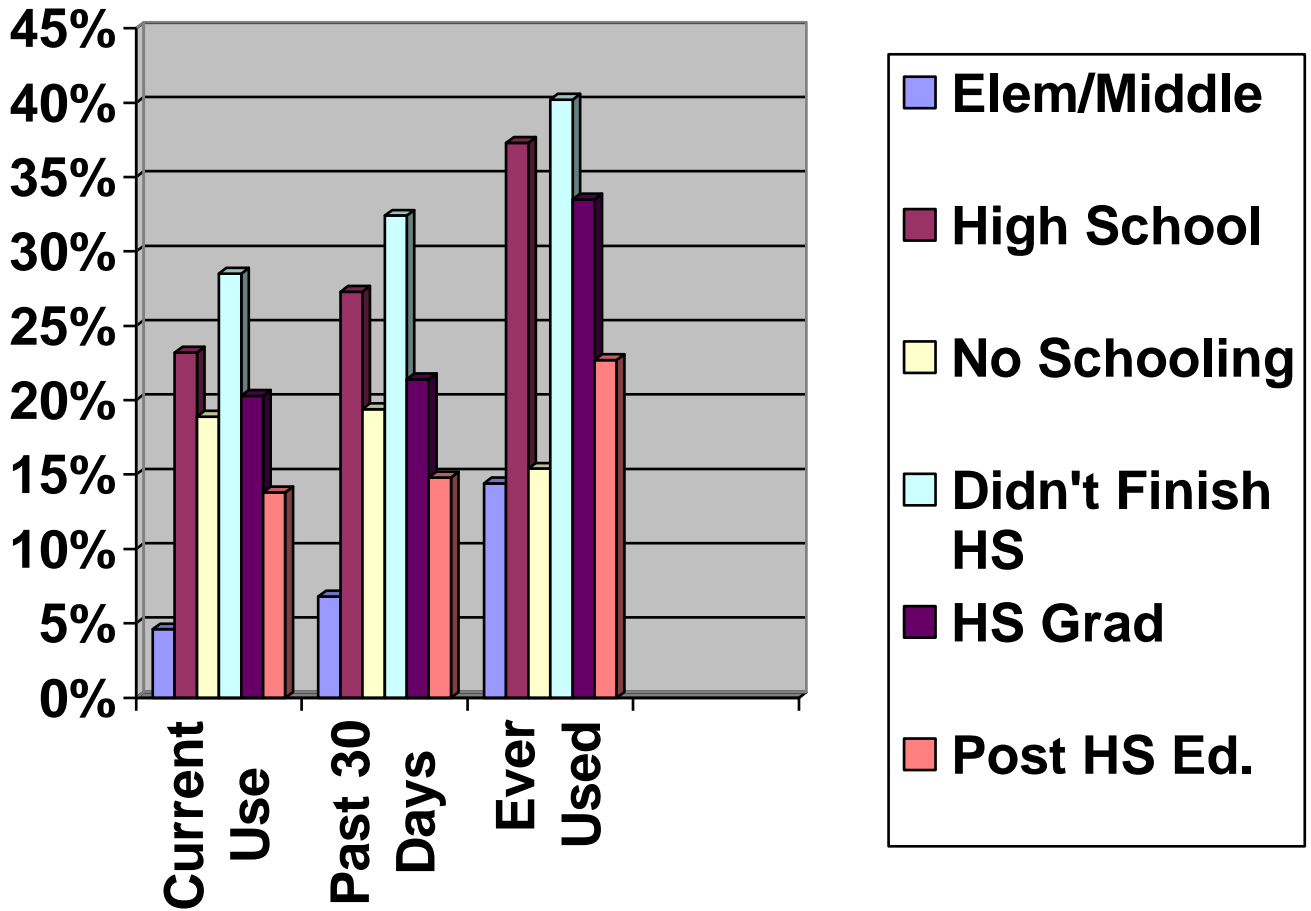
This is the whole sample size broken down by education level as they have reported to Current Use of Tobacco, Have Used in the Past 30 Days, and Have Ever Used Tobacco. Education level ranged currently in elementary/middle school, high school, adults with no schooling at all, adults that didn't finish school, and adults that have completed high school. Also, adults with some post high school education can include someone with an Associate degree, Bachelor degree, Master degree and Doctoral degree. [See table and chart below]

**Chart 9**

Prevalence of <b>current tobacco</b> use by education:	<b>Percentage</b>
Currently elementary/middle school	4.6
Currently in high school	23.2
Adult - no school	18.9
Adult – didn't finish high school	28.5
Completed high school	20.3
Some post high school education	13.8
P= 0.001	
<b>Prevalence of tobacco use in past 30 days by education:</b>	
Currently elementary/middle school	6.8
Currently in high school	27.3
Adult - no school	19.4
Adult – didn't finish high school	32.4
Completed high school	21.4
Some post high school education	14.8
P = 0.001	
<b>Prevalence of ever used tobacco by education:</b>	
Currently elementary/middle school	14.4
Currently in high school	37.3
Adult - no school	15.4
Adult – didn't finish high school	40.2
Completed high school	33.5
Some post high school education	22.7
P = 0.001	

Chart 9 of Table 9

**Education Level**





## Tobacco Use by Communities

This is a look at the different communities as having reported to Current Use of Tobacco, Have Used in the Past 30 Days, and Have Ever Used Tobacco. [See table below]

**Table 10**

Prevalence of <b>current tobacco</b> use by Community:	Percentage	Prevalence of tobacco use in <b>past 30 days</b> by Community:	Percentage
Appleton	29.8	Appleton	33.3
Eau Claire	9.7	Eau Claire	13.2
Green Bay	16.9	Green Bay	18.2
La Crosse	14.0	La Crosse	16.5
Madison	20.5	Madison	26.8
Manitowoc	8.4	Manitowoc	10.4
Menomonie	25.0	Menomonie	25.0
Milwaukee	18.9	Milwaukee	21.9
Oshkosh	26.7	Oshkosh	30.0
Sheboygan	13.1	Sheboygan	14.3
Stevens Point	6.9	Stevens Point	8.6
Wausau	24.6	Wausau	25.3
Wisconsin Rapids	14.7	Wisconsin Rapids	16.2

Prevalence of <b>ever used</b> tobacco by Community:	Percentage
Appleton	44.1
Eau Claire	19.4
Green Bay	22.8
La Crosse	26.5
Madison	39.3
Manitowoc	27.7
Menomonie	26.3
Milwaukee	32.8
Oshkosh	37.3
Sheboygan	20.7
Stevens Point	12.1
Wausau	29.3
Wisconsin Rapids	15.4

## Tobacco Use by Individual Communities

This is a further breakdown of each individual community by age as Current Use of Tobacco, Have Used in the Past 30 Days, and Have Ever Used Tobacco. **Note:** In some cities, the total number of people may vary because non-Southeast Asian respondents were omitted from the sample of these cities and some did not indicate their city.

[See the following tables]

Community: **Appleton N=84**

**Table 11**

Prevalence of <b>current tobacco</b> use by age: <b>29.8%</b> (From p.24, Table 10)	<b>Male</b> N=50	<b>Percentage</b>	<b>Female</b> N=34	<b>Percentage</b>
<18	8/26	30.8	6/22	27.3
18-35	9/24	37.5	2/11	18.2
36-50	-	-	0/1	0
51+	-	-		-
<b>Prevalence of tobacco use in past 30 days by age: 33.3%</b>				
<18	10/26	38.5	7/22	31.8
18-35	9/24	37.5	2/11	18.2
36-50		-	-	0
51+		-		-
<b>Prevalence of ever used tobacco by age: 44.1%</b>				
<18	10/26	38.5	8/22	36.4
18-35	15/24	62.5	3/11	27.3
36-50		-	1/1	100
51+		-		-

N= Total sample size from that particular community

Community: Eau Claire N=218

**Table 12**

Prevalence of <b>current tobacco</b> use by age: <b>9.7%</b> (From p.24, Table 10)	Male N=114	Percentage	Female N=100	Percentage
<18	9/63	14.3	5/57	8.8
18-35	1/16	6.3		0
36-50		0	1/20	5.0
51+	3/11	27.3		0
<b>Prevalence of tobacco use in past 30 days by age: 13.2%</b>				
<18	12/63	19.1	9/58	15.5
18-35	1/17	5.9	1/20	5.0
36-50		0	1/20	5.0
51+	3/11	27.3		0
<b>Prevalence of ever used tobacco by age: 19.4%</b>				
<18	19/62	30.7	11/57	19.3
18-35	2/17	11.8	2/20	10.0
36-50	2/24	8.3		0
51+	4/10	40.0		0

N= Total sample size from that particular community

Community: **Green Bay** N=217

**Table 13**

Prevalence of <b>current tobacco</b> use by age: <b>16.9%</b> (From p.24, Table 10)	Male N=107	Percentage	Female N=105	Percentage
<18	3/45	6.7	3/49	6.1
18-35	18/38	47.4	6/43	14.0
36-50	3/17	17.7		0
51+	3/7	42.9		0
<b>Prevalence of tobacco use in past 30 days by age: 18.2%</b>				
<18	3/45	6.7	3/49	6.1
18-35	19/39	48.7	7/43	16.3
36-50	3/17	17.7		0
51+	3/7	42.9		0
<b>Prevalence of ever used tobacco by age: 22.8%</b>				
<18	10/45	22.2	9/49	18.4
18-35	22/39	56.4	5/42	11.9
36-50	2/16	12.5		0
51+	1/4	25.0		0

N= Total sample size from that particular community

Community: **La Crosse N=404**

**Table 14**

Prevalence of <b>current tobacco</b> use by age: <b>14.0%</b> (From p.24, Table 10)	Male N=198	Percentage	Female N=201	Percentage
<18	13/72	18.1	2/94	2.1
18-35	21/81	25.9	5/65	7.7
36-50	7/37	18.9	2/33	6.1
51+	4/8	50.0	1/9	11.1
<b>Prevalence of tobacco use in past 30 days by age: 16.5%</b>				
<18	18/72	25.0	7/97	7.2
18-35	21/81	25.9	6/65	9.2
36-50	7/37	18.9	2/33	6.1
51+	4/8	50.0	1/10	10.0
<b>Prevalence of ever used tobacco by age: 26.5%</b>				
<18	20/59	33.9	9/89	10.1
18-35	32/62	51.6	15/46	32.6
36-50	5/26	19.2	1/26	3.9
51+	3/6	50.0	1/9	11.1

N= Total sample size from that particular community

Community: **Madison N=111**

**Table 15**

Prevalence of <b>current tobacco</b> use by age: <b>20.5%</b> (From p.24, Table 10)	Male N=51	Percentage	Female N=59	Percentage
<18	7/31	22.6	6/44	13.6
18-35	4/15	26.7	2/10	20.0
36-50	2/4	50.0		0
51+		0	1/1	100.0
<b>Prevalence of tobacco use in past 30 days by age: 26.8%</b>				
<18	11/31	35.5	9/44	20.5
18-35	4/15	26.7	2/10	20.0
36-50	2/4	50.0		0
51+		0	1/1	100.0
<b>Prevalence of ever used tobacco by age: 39.3%</b>				
<18	13/31	41.9	15/44	34.1
18-35	6/15	40.0	5/10	50.0
36-50	2/4	50.0		0
51+	1/1	100.0	1/1	100.0

N= Total sample size from that particular community

Community: **Manitowoc N=96**

**Table 16**

Prevalence of <b>current tobacco</b> use by age: <b>8.4%</b> (From p.24, Table 10)	Male N=44	Percentage	Female N=51	Percentage
<18	1/29	3.5	4/33	12.1
18-35	2/7	28.6	1/15	6.7
36-50		0		0
51+		0		0
<b>Prevalence of tobacco use in past 30 days by age: 10.4%</b>				
<18	2/30	6.7	4/33	12.1
18-35	2/7	28.6	1/15	6.7
36-50	1/6	16.7		0
51+		0		0
<b>Prevalence of ever used tobacco by age: 27.7%</b>				
<18	7/30	23.3	9/33	27.3
18-35	3/6	50.0	4/14	28.6
36-50	1/6	16.7		0
51+	½	50.0	1/1	100.0

N= Total sample size from that particular community

Community: **Menomonie N=40**

**Table 17**

Prevalence of <b>current tobacco</b> use by age: <b>25.0%</b> (From p.24, Table 10)	Male N=24	Percentage	Female N=16	Percentage
<18	6/17	35.3	3/14	21.4
18-35		0	1/2	50.0
36-50		0	-	
51+		0	-	
<b>Prevalence of tobacco use in past 30 days by age: 25.0%</b>				
<18	6/17	35.3	3/14	21.4
18-35		0	1/2	50.0
36-50		0	-	
51+		0	-	
<b>Prevalence of ever used tobacco by age: 26.3%</b>				
<18	6/17	35.3	4/14	28.6
18-35		0		0
36-50		0	-	
51+		0	-	

N= Total sample size from that particular community



Community: **Milwaukee N=838**

**Table 18**

Prevalence of <b>current tobacco</b> use by age: <b>18.9%</b> (From p.24, Table 10)	<b>Male</b> N=447	<b>Percentage</b>	<b>Female</b> N=384	<b>Percentage</b>
<18	38/244	15.6	24/219	11.0
18-35	47/160	29.4	36/140	25.7
36-50	10/39	25.6		0
51+	1/4	25.0	1/7	14.3
<b>Prevalence of tobacco use in past 30 days by age: 21.9%</b>				
<18	46/244	18.9	36/219	16.4
18-35	52/160	32.5	37/141	26.2
36-50	10/40	25.0		0
51+	1/4	25.0	1/7	14.3
<b>Prevalence of ever used tobacco by age: 32.8%</b>				
<18	75/238	31.5	61/218	18.0
18-35	68/151	45.0	47/137	34.3
36-50	9/37	24.3		0
51+	2/2	100.0	2/7	28.6

N= Total sample size from that particular community

Community: **Oshkosh N=60**

**Table 19**

Prevalence of <b>current tobacco</b> use by age: <b>26.7%</b> (From p.24, Table 10)	Male N=41	Percentage	Female N=19	Percentage
<18	13/24	54.2	2/6	33.3
18-35		0	1/9	11.1
36-50		0		0
51+		0	-	
<b>Prevalence of tobacco use in past 30 days by age: 30.0%</b>				
<18	15/24	62.5	2/6	33.3
18-35		0	1/9	11.1
36-50		0		0
51+		0	-	
<b>Prevalence of ever used tobacco by age: 37.3%</b>				
<18	16/23	69.6	3/6	50.0
18-35	1/12	8.3	2/9	22.2
36-50		0		0
51+		0	-	

N= Total sample size from that particular community

Community: **Sheboygan N=154**

**Table 20**

Prevalence of <b>current tobacco</b> use by age: <b>13.1%</b> (From p.24, Table 10)	Male N=87	Percentage	Female N=66	Percentage
<18	4/37	10.8		0
18-35	8/36	22.2	3/27	11.1
36-50	1/10	10.0		0
51+	4/4	100.0		0
<b>Prevalence of tobacco use in past 30 days by age: 14.3%</b>				
<18	4/37	10.8		0
18-35	9/36	25.0	3/27	11.1
36-50	1/10	10.0		0
51+	5/5	100.0		0
<b>Prevalence of ever used tobacco by age: 20.7%</b>				
<18	9/36	25.0	1/27	3.7
18-35	11/35	31.4	6/25	24.0
36-50	1/9	11.1		0
51+	2/2	100.0		0

N= Total sample size from that particular community

Community: **Stevens Point** N=117

**Table 21**

Prevalence of <b>current tobacco</b> use by age: <b>6.9%</b> (From p.24, Table 10)	Male N=51	Percentage	Female N=65	Percentage
<18	3/24	12.5	4/48	8.3
18-35		0		0
36-50	1/7	14.3		0
51+		0		0
<b>Prevalence of tobacco use in past 30 days by age: 8.6%</b>				
<18	4/24	16.7	4/48	8.3
18-35		0		0
36-50		25.0		0
51+		0		0
<b>Prevalence of ever used tobacco by age: 12.1%</b>				
<18	5/23	21.7	6/48	12.5
18-35	2/18	11.1		0
36-50	1/8	12.5		0
51+		0		0

N= Total sample size from that particular community

Community: Wausau N=368

**Table 22**

Prevalence of <b>current tobacco</b> use by age: <b>24.6%</b> (From p.24, Table 10)	Male N=226	Percentage	Female N=140	Percentage
<18	20/78	25.6	23/69	33.3
18-35	21/84	25.0	10/37	27.0
36-50	11/47	23.4		0
51+	5/17	29.4		0
<b>Prevalence of tobacco use in past 30 days by age: 25.3%</b>				
<18	21/78	26.9	23/69	33.3
18-35	22/85	25.9	10/38	26.3
36-50	12/47	25.5		0
51+	5/17	29.4		0
<b>Prevalence of ever used tobacco by age: 29.3%</b>				
<18	26/78	33.3	31/69	44.9
18-35	24/78	30.8	9/36	25.0
36-50	8/39	20.5		0
51+	3/13	23.1	1/8	12.5

N= Total sample size from that particular community

Community: **Wisconsin Rapids N=68**

**Table 23**

Prevalence of <b>current tobacco</b> use by age: <b>14.7%</b> (From p.24, Table 10)	<b>Male</b> N=37	<b>Percentage</b>	<b>Female</b> N=31	<b>Percentage</b>
<18	3/20	15.0	1/19	5.3
18-35	4/11	36.4		0
36-50	2/5	40.0		0
51+		0	-	
<b>Prevalence of tobacco use in past 30 days by age: 16.2%</b>				
<18	3/20	15.0	1/19	5.3
18-35	5/11	45.5		0
36-50	2/5	40.0		0
51+		0	-	
<b>Prevalence of ever used tobacco by age: 15.4%</b>				
<18	4/20	20.0	3/18	16.7
18-35	3/10	30.0		0
36-50		0		0
51+		0	-	

N= Total sample size from that particular community

## Reasons for Starting to Use Tobacco

Among many of the reasons as to why some people have started to use tobacco, these are some of them. These reasons are anywhere from personal to environmental factors that may have contributed or influenced someone's use of tobacco. All were ranked according to the respondents in the order of the most influential/contributing factors as to why they have started to use tobacco. [See table below]

**Table 24**

Reasons for starting to use tobacco	Youth Rank	Percentage	Adult Rank	Percentage
I like it/feels good	1	32	2	38
I wanted to fit in	2	31	1	50
Peer pressure	3	24	4	1
I smoke at cultural practices	4	11	3	15
Media image	5	7	5	<1
Everyone in my family smokes/uses tobacco	6	5	6	<1

## Exposure to Tobacco Use

The following are some of the places in the communities that people are exposed to those that are currently using tobacco. Some of these places may be in private homes of individuals, public places, and community events. So in some instances, some of these places may have contributed or influenced some people to start using tobacco because they see that smoking is socially acceptable by others. The list is ranked from the most likelihood of being exposed to the least likelihood of being exposed. [See table below]

**Table 25**

No. Rank	Overall Percentage	Place	Youth (%)	Adult (%)
1	71	Outside (of buildings/houses)	75.5	66.5
2	68	Hmong New Year	71.4	65.4
3	67	Hmong Funeral Homes	64.4	70.4
4	65	Hmong Weddings	61.2	63.7
4	65	Hmong sports festivals	63.5	66.1
6	62	In cars	68.4	60.4
7	52	At home	53.0	51.5
8	47	Recreational events	45.3	48.8

## Allow Tobacco Use at Home

From the total sample size when people were asked about family members smoking in their home, guest smoking in their home, and allowing tobacco use in their home, here is what they have responded. The data seems to reflect that overall, there seems to be a high percentage of people who have family members that smoke in their homes. Also the data seems to reflect that there is a high percentage of people that allow guests to smoke in their home. Knowing this, the data seems to correlate that if someone in their household smokes already then guests are allowed to smoke in their home as well. [See table below]

**Table 26**

Overall Percentage	Tobacco Use at Home	Youth (%)	Adult (%)
37.0	Someone smokes cigarettes in their household (excluding self)	42.1	31.6
20.6	Smoking by family members is allowed In their home	20.6	20.6
38.5	Smoking by guests is allowed in their home	38.5	38.5

## Smoking and Health Consequences “Channels”

(Where have you heard that tobacco use is bad for your health?)

The following is a list of places and events that people have heard that using tobacco is bad for their health. The list varies widely from places, events, and from news media. They are ranked from being most exposed to health consequences to the least amount of being exposed. [See table below]

**Table 27**

No. Rank	Overall Percentage	Where heard about	Youth (%)	Adult (%)
1	98	School	98.9	96.0
2	84	TV	85.6	82.7
3	72	Health classes	80.7	62.4
4	59	Doctor’s office	58.7	59.0
5	55	Magazines	61.5	48.0
6	50	American Radio	51.3	49.1
7	48	Family gatherings	53.7	42.5
8	34	Hmong radio	33.5	35.2
9	33	Church	34.3	31.2
10	31	Hmong events	35.8	25.9
11	28	Hmong newspapers	30.7	24.8



## Knowledge/Perceptions of Smoking and Health

	% True		% False		% Don't Know	
	Youth	Adult	Youth	Adult	Youth	Adult
<b>HEALTH</b>						
Once you start smoking, it is hard to quit ***	78	70	9	15	13	15
A mother's smoking can hurt the unborn baby *	94	92	3	4	3	4
Smoking is bad for the lungs	96	95	2	3	2	2
Smoking is bad for the heart ***	91	86	4	5	5	8
Smokers are less healthy than non-smokers	83	80	10	12	8	8
If I am around someone who smokes, it will affect my health. **	85	82	7	10	8	9
Smoking causes shortness of breath	85	83	4	6	11	11
A young child that is around someone who smokes can get more ear infections than a child who is in a smoke-free environment	57	61	6	9	36	31
<b>Overall Knowledge Score (0-8) ***</b>	6.7	6.5				
<b>SOCIAL</b>						
Adults should set a good example by not smoking	87	88	5	6	8	6
Anyone who starts to smoke is foolish ***	68	57	16	23	16	20
Anyone who starts to smoke is cool	12	14	76	73	11	13
Anyone who starts to smoke is wealthy	10	11	76	76	14	13
Anyone who starts to smoke is poor	31	30	51	53	18	18
Anyone who starts to smoke looks older *	44	47	38	35	19	18
Smokers smell unpleasant to many people who do not smoke. ***	81	86	8	8	11	7
<b>Overall Social Score (0-7)</b>	3.3	3.3				
<b>POLICY</b>						
Smoking should be allowed in fewer places than it is now. ***	62	74	15	12	22	15
Smoking should not be allowed in restaurants **	64	68	17	18	18	13
Smoking should not be allowed in homes. ***	56	64	19	21	25	15
<b>Overall Policy Score (0-3) ***</b>	1.8	2.1				

Differences between youth and adult responses on Knowledge, Social and Policy questions:

\* P < 0.05    \*\* P < 0.01    \*\*\* P < 0.001

## **V. Section Discussion**

### **YOUTH vs. ADULT**

Overall, the survey has revealed some very interesting points and at the same time has raised some interesting questions too. When looking just at the whole sample size, the adults tend to have a higher prevalence use of tobacco than the youth (Youth 15.3% vs. Adults 20.0%). At the same time when comparing having used tobacco in the past 30 days, the adults also show a higher prevalence rate of use (Youth 19.0% vs. Adults 21.2%). According to the survey, the overall consensus indicates that the adults have a higher rate of prevalence of tobacco use than the youth.

### **MALE vs. FEMALE**

Another way of breaking down the survey results is male vs. female. Generally, from other researches and reports, it has been found that men tend to smoke more than women. Consistent with this fact, results from our survey also points out that the use of tobacco by men is almost twice the rate of women (Male 22.3% vs. Female 12.3%). Even when looking at other factors such as having used tobacco in the past 30 days; the prevalence of use among men is still almost double the rate of women (Male 25% vs. Female 14.4%). So the prevalence of tobacco use is not just a main stream problem but that it also exist in the Southeast population as well, just more definite among the males than females.

### **AGE**

When comparing current tobacco use among all of the ages surveyed, it shows that the highest overall prevalence of use is between 18-35 years old (22.7%). The group in the age range of 51 and older came in second (21.7%). The third group is the youth, who are less then 18 years old (15.3%). The fourth group with the least prevalence of use is between the ages of 36-50 years old (12.0%). Respectively, when comparing those who have used tobacco in the past 30 days, they also fall into the same order. With the ages between 18-35 showing the highest prevalence at (24.2%), second is the group age 51+ at (22%), third group are less then 18 years old at (19%), and lastly, the group between the ages of 36-50 years old at (13.1%). Interestingly, when compared by age and gender, males in the elderly group of 51+ years old has the highest prevalence of use and again, females have the least prevalence of use (Male 32.8% vs. Female 6.7%). For the rest of the other groups, it is consistent with the other comparisons from above.

### **EDUCATION LEVEL**

Furthermore, when broken down by education level for current tobacco use, it showed that most adults who did not finish high school have the highest prevalence rate of use at (28.5%). The group currently in high school is second at (23.2%), third is the group which has completed high school at (20.3%), the fourth group is the adult with some education at (18.9%), the fifth group is some post high school education at (13.8%), and the group with least prevalence of use are those who are currently in elementary/middle school at (4.6%).

The data suggests that among those with the highest prevalence of use are the people with the least education. This includes the youth who are currently in high school and the adults who did not finish high school or no schooling at all. Interestingly, there is some similarity that supports this, because when looking at the comparison by age, the youth and the elderly adults also show a higher prevalence of use as well.

## **COMMUNITY**

The communities within Wisconsin with the most prevalence of use are Appleton (29.8%), Oshkosh (26.7%), Wausau (24.6%), Madison (20.5%), Milwaukee (18.9%) and Green Bay (16.9%). These communities had a larger sample size therefore the prevalence of tobacco use may be more significant and reflective of their communities. The community size and population was taken into consideration but results from the survey did not support the theory that communities with a larger Southeast Asian population necessarily meant that there were more prevalence of tobacco use. For example, Milwaukee had the largest Southeast Asian population but yet percentage wise, it did not rank as the top communities with the most prevalence of tobacco use.

## **REASONS TO START SMOKING**

The data suggests that the two overwhelming reasons for someone to start smoking was that “they like it” and “it made him or her feel good”. Other reasons are that they want to “fit in”, peer pressure, and cultural practices. The survey showed that the least reasons to suggest why someone would start smoking were due to exposure to media images and having family members smoking in the home. Overall, this suggests that there are social factors that may influence and encourage people to smoke, making it acceptable by others.

## **EXPOSURE TO TOBACCO USE**

These are some of the most common places and events that people were exposed to smoking. The majority said that it was outside of buildings, Hmong New Years, Hmong Funerals, and Hmong Weddings. They are ranked in the order of most observed to the least. Again, the survey suggests that when people are more exposed and around people who do smoke, they may want to start to smoke too. This perception of tobacco use indicates that social factors are strong influences for people to start smoking. In respect to this, there should be careful consideration given to some of the factors as why people are exposed to tobacco use. In particular, not just within the Hmong population, but within other Southeast Asian populations as well, that tobacco is used as a form of hospitality and it is part of their cultural norm. In many of their traditional ceremonial practices too, tobacco is as part of those practices so indirectly people are constantly being exposed to tobacco use.

## **PERCEPTION/KNOWLEDGE OF TOBACCO USE**

In regard to where people have heard that tobacco use was harmful to their health, the overwhelming response was as follows: school (98%), TV (84%), Health classes (72%), Doctor's office (59%), Magazines (55%), and American Radio (50%). These are some of the environmental media exposure that most people, who are more educated, would be exposed to and thus are more aware of the health risks associated with tobacco use. Reason being, that they had more opportunities to interact with the larger community and are more likely to have more chances to hear and learn about adverse affects of tobacco use. This does not suggest, however, that these avenues are an exhausted list. There are other channels such as Hmong events, Hmong newspapers, and Hmong radio that can help expose and educate about the health risks of tobacco use to others who may not have access to a wide range of media exposure.

When asked about their perception/knowledge about tobacco use, the majority reported that they were aware of the health risks associated with tobacco use. In particular, a series of health questions were asked and ranked on a scale of 0-8, the youth scored 6.7 and the adults scored 6.5. Judging from the scores, it does indicate that the majority of respondents do know about the health affects of tobacco use.

The responses given were interesting when they were asked about the overall knowledge about the social perception of tobacco use, again ranked on a scale of 0-7, both youth and adults scored 3.3. This is the interesting aspect of the survey. Overall, the majority of the respondents indicated that they are aware of the health risks associated with using tobacco but socially, they are not aware that they are informally being exposed to tobacco use without knowing they are the victim of social factors that influence people to start using tobacco.

The overall responses to the policy questions also indicated that the majority of the respondents know about what and where tobacco should and should not be allowed. The questions were ranked from a scale of 0-3, the youth scored 1.8 and the adults scored 2.1.

## VI. CONCLUSION

The survey has produced many several interesting outcomes in regards to the Southeast Asian prevalence of tobacco use. The survey indicated that there are many strong relationships as to why the prevalence of tobacco use is the way it is. As pointed out earlier, the groups with a significantly higher rate of tobacco use are the elderly ages 51+ years old and the youth/adult ages 18-35 years old. There may be other factors that can have an influence on the prevalence of tobacco use, but there is indication that many of these people who use tobacco are not as educated and may not be ware of the many health risks associated with tobacco use. Also, even if they were aware of the adverse health affects, many may think that it is socially acceptable to use tobacco because many surround themselves with other people who use tobacco. This may include allowing a family member or guests to smoke in the home; this may be sending a wrong message to the non-tobacco users in the home that it's all right to use tobacco. It's been demonstrated that exposure to parental or other adult smokers in the home increase the likelihood of youth smoking (Monitoring the Future Study 2001). If someone is using tobacco in the home, one should discuss the dangers of health risks associated with tobacco use. This way even if there is some exposure in the home, the risk of someone else starting to use tobacco can be lessened.

Based on the information gathered from the survey and the types of responses that were received, there are some ways that these data can be useful. Particularly, when planning for better tobacco control strategies and tobacco education programs. In order to plan for more successful tobacco control efforts we need to address the following issues:

- Social factors- such as peer pressure, cultural practices, social norms
- Environmental factors- Funeral homes, weddings, and other events
- Media factors- TV, radio talk shows, and newspaper
- Overall infrastructure- guidelines, common strategies

As for social factors, each organization in their communities needs to take on a leadership role so that they can address tobacco use. By having leadership, one can be more influential, persuasive and effective in delivering the message to his/her community. Every community is constantly being bombarded by people who use tobacco all of the time. Unless we as tobacco educators come in contact with those who don't use tobacco, our message will not be heard. We need to be made available so that we are visible and accessible by the people, for people.

When looking at environmental issues, there is a need to address and perhaps change the way we practice our traditional customs that involve the use of tobacco. It is not to say we should ban the practice of using tobacco in our traditions all together, but to use the tobacco only as part of the ceremony, not smoking it. By this, we have to address the way we practice weddings and look at how funeral homes are conducted so that tobacco is used only in conjunction with the ceremony and not freely accessible to the public attending these ceremonies.

Results on the survey does strongly indicates that people get the most exposure to tobacco use from school and TV, but that is something beyond our control for now. As a collective group of mutual assistance associations, we need to continue using the Hmong radio talk show, Hmong newspaper, Hmong magazines, and family gatherings to help us get more exposure to the Southeast Asian population about the risks of tobacco use.

It is evident that there is not a solid infrastructure in place to for the local mutual associations to follow in their endeavor on tobacco control. One important factor that all the mutual associations is lacking at the current time is a process to measure and monitor their activities. Particularly, this survey for example, there is a need to do a follow up study so that over time we can get a more accurate reflection of our results. So with this monitoring process it will allow the mutual associations to see if their methods of tobacco control were effective or not.

Again, as a collective group all the local mutual associations need to network with other organizations and collaboratively work with them as a way to integrate ideas. In order for each community to have more success on their own tobacco education and tobacco control strategies, they must look at these factors and base it on the needs of their community. Each community must tailor these factors and use it in a way that adapts to their community norms and therefore can be proven affective to meet their need in reducing the use of tobacco products in their community.

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12. Chong Yang-Administrative Support

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