

Will Asian-language smokers use a tobacco quitline?

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Telephone counseling programs for smoking cessation, popularly known as "quitlines," are an increasingly common way for smokers to quit. Every state in the U.S. now has one. However, most of them provide counseling services in English and Spanish only. The only quitline so far to offer counseling in multiple Asian languages is the California Smokers' Helpline. Since 1993, the Helpline has counseled smokers in Chinese (both Mandarin and Cantonese dialects), Korean and Vietnamese, in addition to English and Spanish.

Researchers at the University of California, San Diego School of Medicine, led by Shu-Hong Zhu, professor of family and preventative medicine, examined more than 15 years of data from the California Smokers' Helpline and compared the use of Asian-language services by Chinese, Korean and Vietnamese callers with the use of English-language services by callers identified as Caucasian. Their findings will appear in the March 18 online issue of the [American Journal of Public Health](#).

"Many people mistakenly believe that Asians won't call such a service," said Zhu. "Yet California's experience shows just the opposite. Asian-language speakers are actively using the service."

Between 1993 and 2008, the California Smokers' Helpline received 22,061 calls from Chinese, Korean and Vietnamese individuals on its Asian-language lines, and 259,979 calls from Caucasians on its English line. The researchers estimated the number of [smokers](#) in each group in

California using data from the California Health Interview Surveys, and then put the population estimates and the Helpline data together to compute quitline usage rates for each group. They found that smokers speaking Asian languages were just as likely to use the quitline as English-speaking Caucasians were, and that California's anti-smoking media campaign — which appears in multiple languages — was the main driver of Asian calls.

"The mass media campaign not only raises smokers' awareness of the importance of quitting, but in many cases motivates their nonsmoking family members to call the quitline on their behalf," Zhu said. "This suggests that media promotion of a language-specific cessation service can help mobilize the community to help smokers quit. We hope this study will encourage other state quitlines to offer Asian-language counseling to help address disparities in access to effective cessation services."

Hye-ryeon Lee, interim associate dean of the College of Arts and Humanities, University of Hawaii at Manoa, is participating in a project to make California's Asian-language services available in Hawaii and other states. "The Asian-American and Pacific Islander population is one of the fastest-growing minority groups in the country, and tobacco use in this community is a concern," she said. "Asian-language smokers should have the same access to treatment as English and Spanish speakers."

Since January 2010, Hawaii and Colorado have joined with California to form a multi-state quitline for Asian-language smokers. The joint project, funded by the Centers for Disease Control and Prevention, employs Asian counselors in California to answer calls from all states, while each state promotes the service to its respective Asian communities.

"This collaborative project allows other states to offer effective, in-

language services to their Asian community members without having to set up their own Asian quitline operation," said Linda Bailey, president and chief executive officer of the North American Quitline Consortium, a membership organization that promotes evidence-based quitline services across North America. "It can help states expand the 'safety net' of tobacco dependence treatment for diverse populations."

The toll-free telephone numbers for Asian-language smokers in other states are:

(800) 838-8917 — Chinese (Mandarin and Cantonese)

(800) 556-5564 — Korean

(800) 778-8440 — Vietnamese

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