



Coffee and Cigarettes: An Assessment of the Bosnian Immigrant Community

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Background

When war broke out in Bosnia-Herzegovina in 1992, many Bosnians refugees resettled in St. Louis, Missouri. The region now has between 50,000 to 70,000 Bosnians, the largest population outside of the country of Bosnia-Herzegovina. They have brought growth and revitalization to St. Louis along with their cultural and ethnic traditions. A part of their culture revolves around drinking coffee with family and friends, and smoking.

With funding from the Missouri Foundation for Health, an assessment was conducted to understand the smoking behavior, cultural and historical influences, and cessation needs of the St. Louis Bosnian community. Findings from this assessment will guide the development and testing of a culturally-tailored smoking cessation program for the Bosnian community.

Methods

Surveys

- Survey items included: smoking behaviors, acculturation, PTSD-related symptoms, & demographics.
- Questionnaire was translated into Bosnian
- Convenience sample of 500 St. Louis Bosnians, conducted in-person.
- Current smokers were more heavily surveyed than never or former smokers. Sixty-six percent of those surveyed were current smokers.

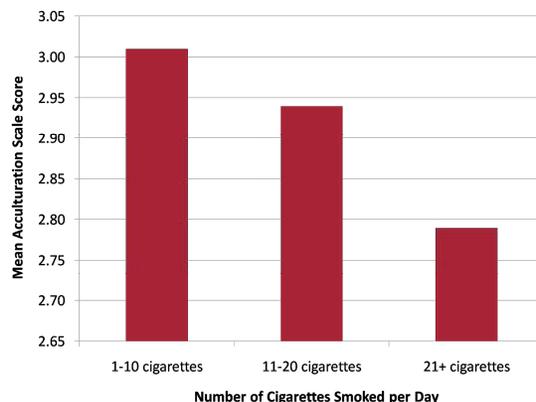
Focus Groups

- Focus groups were conducted with Bosnian smokers split out by age group. Focus groups with health care providers were also conducted.
- Items covered in the focus groups included: reasons for smoking, smoking's role in the Bosnian community, reasons for quitting, and barriers to quitting.
- Analysis of the focus groups is currently in progress.

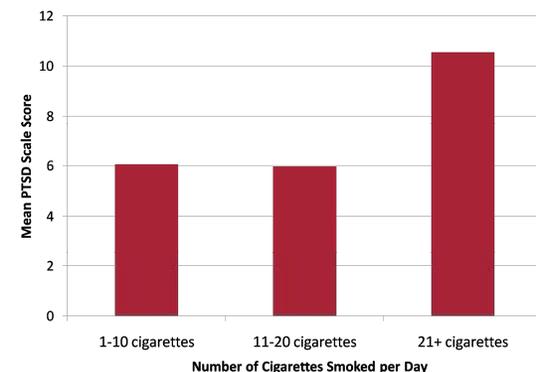
Knowledge and Beliefs of Survey Participants

Statement	% Agree Current Smokers	% Agree Never Smokers
Smokers live shorter lives than nonsmokers.	44%	64%
Smoking increases your chance of getting lung cancer.	66%	83%
Breathing cigarette smoke is bad for children's health.	92%	96%
Children are more likely to become smokers when their parents smoke.	43%	64%
Smoking is a hallmark of our culture.	11%	5%
Giving up on smoking would be like giving up on our culture.	4%	3%

Acculturation Score and Number of Cigarettes Smoked



PTSD Symptom Severity Score and Number of Cigarettes Smoked



Findings

There is a need for education within the population regarding tobacco use and smoking.

- Though nearly all participants believed cigarette smoke is harmful to children, most allowed smoking within their home or had no rule about smoking (79%).
- Fewer than half of current smokers believed that smokers live shorter lives than nonsmokers (44%).

Culture is important.

- Participants were moderately acculturated (2.82/5)
- Most maintained aspects of a Bosnian lifestyle including food, holidays, and language.
- The more acculturated a participant was, the less dependent they were on nicotine ($r=-0.21$; $p<0.05$).
- Focusing on the broader social and historical culture appeared to be more important than a culture of smoking.

There was a relationship between PTSD and smoking, though it was weak.

- On average, current smokers scored very low on a PTSD symptom severity scale (7 out of 51).
- Symptoms most common were those often related to depression and other health issues.
- Symptom severity was significantly associated with nicotine dependence ($r=0.22$; $p<0.05$). There was also a trend with amount of cigarettes smoked (see graphic on the bottom left).

On average, participants had low levels of nicotine dependence.

- Most smoked a pack or less a day (78%).
- Average score on the Fagerstrom Nicotine Dependence Scale was 3.93 out of 10.

More than half of participants wanted to quit smoking (57%).

- A third had attempted to quit in the past 12 months.
- Social influences, including peers, were most often cited as reasons for starting and continuing to smoke.
- Like many smokers, dealing with triggers was cited as a barrier to quitting.

If someone around me smokes, especially my best friend, I have to smoke too. The smell of tobacco smoke, sharing time, and smoking together is what urges me to grab a cigarette.

Very few participants identified NRT or cessation services as options for helping them quit.

- Participants often cited going cold turkey or using will power as techniques for quitting.
- Further investigation of why services would not be used is needed.

Conclusion

Understanding the unique needs and cultural influences of the growing Bosnian community is critical in the development of relevant and tailored smoking cessation programs. Characteristics like language, family influence, war trauma, acculturation must be understood and addressed in order to be successful in reducing the burden of tobacco within this community.