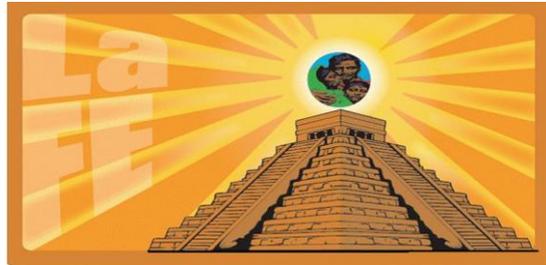


ISSUE BRIEF



LATINO VIEWPOINTS REGARDING SMOKE-FREE ENVIRONMENTS AND POLICIES

JUNE 2013

*La Fe Policy Research and Education Center
1313 Guadalupe Street, Suite 102, San Antonio, Texas 78207
(210) 208-9494 Fax (210) 208-9493*

**LATINO VIEWPOINTS TOWARDS SMOKE-FREE ENVIRONMENTS
AND
POLICIES**

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This publication was supported by CDC Cooperative Agreement Number U58/DP001515. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.

I. INTRODUCTION

Texas Health advocates are engaged in tobacco prevention and control utilizing program service interventions and policy approaches to reduce the use of tobacco products. Establishing strong state and local smoke-free policies to prevent exposure to second-hand smoke in bars, restaurants, all work places and recreational facilities is a major advocate priority. Such policies are particularly relevant for low-income and communities of color whose health risks are disproportionately impacted where second-hand smoke is prevalent.¹ Therefore, our focus here is to review the impact of second-hand smoke exposure, and share recent information on Latino attitudes and perspectives toward support smoke free policies and clean air.

First, it's recognized that tobacco is addictive and harmful to one's health causing among others, heart attacks, cancer, chronic diseases, disabilities and death. Hard fought accomplishments have been achieved to reduce tobacco use since the first U.S. Surgeons General Report on Smoking in 1964, which detailed the devastating health and costly impact of smoking. In spite of these accomplishments, advocate efforts must continue to counter the tobacco industry's \$8.5 billion spent on sales advertising in 2011 which translates into \$23 million dollars a day to promote smoking.²

Smoking still kills more people than alcohol, AIDS, car accidents, illegal drugs, murders, and suicides combined. Major challenges remain in reducing the 2011 national and Texas smoking rate of 19% and 19.2%; and corresponding reduction to the 400,000 and 24,500 annual adult smoking related deaths respectively³. The deaths are primarily from heart disease, cancer, stroke, and lower respiratory disease; and their leading cause is cigarette smoking. The most serious health challenge facing the U.S. and Texas is tobacco use, which remains the single greatest preventable cause of premature death and disease, while second-hand smoke is the third.⁴

U.S. health care costs associated with smoking tobacco products are estimated at \$96 billion annually, of which nearly \$5 billion is a result of secondhand smoke exposure. In addition, \$97 billion in work productivity is lost due to shortened work lives caused by smoking related deaths. In Texas, corresponding annual health care costs are \$5.8 billion, and \$6.8 billion in productivity losses.⁵

These health and economic costs from smoking and second-hand exposure require investments in tobacco prevention and cessation programs and policy advocacy to counter the billions spent on advertising by the tobacco industry. Indeed, "educating people about the tobacco industry's marketing efforts can have a big impact, plus, two public policies have had significant effects on smoking cessation: increasing the price of cigarettes and creating smoke-free workplaces."⁶ To date, 24 states and over 50% U.S. population are covered by state level smoke-free laws.

In Texas, these issues are salient to Latinos who represent 38% of the states' population, and 51% of all children. Their demographic, economic, and health characteristics give stimulus to tobacco

¹ Latino/Hispanic Community and Secondhand Smoke, Americans for Nonsmokers Rights, 2006

² Toll of Tobacco in the United States of American, Campaign for Tobacco Free Kids, Fact Sheet, 2013

³ State Tobacco-Related Costs and Revenues, Campaign for Tobacco Free Kids, 2013

⁴ Targeting the Nation's Leading Killer at a Glance 2011, Center for Disease Control, 2011

⁵ State Tobacco-Related Health Related Costs, Campaign for Tobacco Free Kids, Texas Fact Sheet, 2013

⁶ Why Smoking Rates Are at New Low's, Sophie Egan, New York Times, June 25, 2013

advertising; and associated risks for tobacco use and secondhand smoke exposure. They represent an important market since they are younger than other populations with an average age 27.4

II. TEXANS SUPPORT SMOKE POLICIES

Most Texans know that smoking and second-hand smoke are a major cause of premature deaths, chronic health problems, and high health care costs and support making all workplaces, restaurants and bars in the state smoke-free.⁷ The health and financial impacts that a comprehensive, statewide smoke-free workplace law would mean a biennial healthcare cost savings of at least \$250 million - \$142 million in reduced costs from smokers who would quit as a result of reduced ability to smoke, and \$108 million from nonsmokers who would have reduced exposure to secondhand smoke. In addition, it's estimated productivity gains is of at least \$154 million biennially.⁸

Smoke-free policies not only improve the health and productivity of employees, but also decrease business costs for insurance, cleaning and maintenance. There are some that say a smoke-free policy pushes otherwise paying customers away and makes businesses suffer financially. However, studies that analyzed the sales tax data after implementation of a smoke-free ordinance in four Texas cities found that smoke-free policies do not affect restaurant revenue or the sale of alcoholic beverages in bars.⁹ A smoke free policy is a good business practice.

Unfortunately, the state has yet to pass a statewide smoke-free law that provides protection against exposure to secondhand smoke in public places. Attempts to pass a statewide smoke-free policy have failed over the past 4 Texas Biennial Legislative Sessions beginning in 2006. These failures do not reflect the 74% of Texans in favor of a statewide law that would prohibit smoking in all indoor workplaces and public facilities including public buildings, offices, restaurants, and bars.¹⁰

Health advocates have been successful in passing smoke-free ordinances and policies at the local level in over 32 communities with reasonable success. As of January 2012, there are 269 local ordinances across Texas with smoke-free coverage, of which:

- 31 ordinances are 100% smoke-free in all settings (bars, restaurants, and workplaces)
 - 43% of municipal population
- 154 ordinances have at least one smoke-free setting
 - 63% of municipal population

With many cities and counties in Texas moving toward smoke-free communities, organized Latino civic engagement in statewide policy advocacy has been lacking. The transition from local to statewide engagement is difficult given the stark inequities of financial insecurity, low educational attainment, immigration concerns, and health insurance disparities. As a result, Latinos prioritize their civic engagement in education, employment and income, immigration, and voter empowerment issues. The challenge to get Latinos more engaged are compounded by the inadequate efforts of the leading stakeholders and coalitions to develop and implement different outreach, organizing, and advocacy strategies that engage and targets them.

⁷ http://www.smokefreetexas.org/fact_sheets

⁸ Smoke-Free Environments: The Benefits to Texans and Their Communities, Texas Health Institute, U.T. School of Public Health, 2011

⁹ A Texas Smoke-Free Law Would Benefit Employees and Business, Fact Sheet, www.smokefreetexas.org

¹⁰ Survey of Texas Voter Smoke-Free Law, Baseline & Associates, Inc. 2013

III. LATINOS: TOBACCO EXPERIENCE AND SMOKE-FREE VIEWS

A. Tobacco Impact

Latinos have a lower smoking rate than the national average, 12.5% of Latino Adults smoke cigarettes.¹¹ Similar to the national trends, Latino males (25%) are still more likely than Latinas (12.1%) to be current smokers. However, Latinos are significantly more likely not to allow smoking inside their homes than Whites and Blacks.¹² Latinos, have a higher smoking rate in Texas than nationally (17.1% versus 12.5%).

In Texas, 29,100 kids (under 18) become new daily smokers each year. Every day over 80 kids under age 18 become new smokers, and an additional 995,000 kids are exposed to secondhand smoke at home.¹³ A significant contributing factor to this increased risk is targeted marketing by the tobacco industry at Latinos, including discounted cigarettes, little flavored cigars and cigarillos and new smokeless tobacco products.¹⁴ The access to cheaper cigarettes, accessible and individually sold flavored products that mask the harshness of the product, facilitates youth's ability to purchase these products and become addicted. Increased advertising at establishments with high Latino patronage and employment and sponsorship of ethnic celebrations has resulted in a higher propensity of smoking exposure.¹⁵

Recent data also indicates that Latinos have the highest rates of exposure (23%) to secondhand smoke at work, compared to the 9% for African Americans and Non-Hispanic Whites.¹⁶ The exposures for Whites and African Americans may indicate stricter workplace smoking regulations for occupations they dominate relative to their workplaces; i.e., Latinos are less likely to be covered by workplace smoking policies. Latinos constitute 35 percent of the labor force and often (49%) employed in the service and maintenance industries¹⁷ where only one-third of workers are protected against secondhand smoke. Workers in the food service industries (36.6%) are least likely to be protected by smoke-free workplace ordinances.¹⁸ Latinos are twice more likely to work in the service occupations than Whites; comprising 10.5% of workers in the food service (includes arts, entertainment, accommodation) industry.¹⁹ The disproportionate likelihood of being exposed to secondhand smoke in their workplaces and the lack of smoke-free regulations reflects an important worker's rights and safety issue.

As such, Latino perspectives and attitudes, and level of advocacy for smoke-free environments are important. Other than a 2011 survey indicating that 64% of Texas Latinos strongly favor a

¹¹ Hispanics and Tobacco, Center for Disease Control, 2012

¹² McCausland K, Thomas K, Watson-Stryker E, Xiao, J, Green, M, Allen, J, Farrelly, M, Vallone, D, Heaton, C. Legacy First Look Report 14. Secondhand Smoke: Youth Exposure and Adult Attitudes. Washington DC: American Legacy Foundation. January 2005.

¹³ The Toll of Tobacco in Texas, Campaign for Tobacco Free Kids, www.tobaccofreekids.org

¹⁴ A Historical Review of R. J. Reynolds' Strategies for Marketing Tobacco to Hispanics in the United States, Lisbeth Iglesias-Rios, MA, MPH, and Mark Parascandola, PhD, MPH, Am J Public Health. 2013;103:e15–e27, 2013

¹⁵ Preventing Tobacco Use Among Youth and Young Adults, U.S. Surgeon General Report, 2013

¹⁶ Texas Behavioral Risk Factor Surveillance System, Texas Department of State Health Services, Center for Health Statistics, 2000-2009

¹⁷ Texas Workforce Commission, 2010

¹⁸ Latino/Hispanic Community and Secondhand Smoke, ANA, June 2003
American Community Survey, 2008-2010, www.census.gov/acs

¹⁹ American Community Survey, 2008-2010, www.census.gov/acs

statewide smoke-free law; meager information is available. This led La Fe Policy Research and Education Center²⁰ to explore a means to gather new information regarding Latino views on smoke-free environments and policies. The Centers' collaborative activities with the Smoke-Free Texas Coalition and other health advocate stakeholders surfaced a serious absence of a Latino voice that reflects their perspective and opinions on smoke-free policies. In addition, very few studies asks how long Hispanics have been in the Texas, and what are the views of first, second, third and fourth generations, important elements for engagement and organizing.

B. Latino Smoke-Free Perspectives And Attitudes

La Fe PREC partnered with the Center for the Study of Latino Media and Markets at Texas State University to develop a quantitative-descriptive convenience survey targeting Latino adults. The survey included a series of scales adopted from an already developed and validated scale created to measured attitudes and perceptions toward social issues. In addition, the questionnaire included demographics, health, and generational status questions.

The final questionnaire (Appendix 1) was pre-tested and validated by Dr. Sindy Chapa, Assistant Director at the Media Center. Dr. Chapa and her research team of interns performed the interviews during April and May of 2013. The interviews were performed in the following Texas cities and towns: Austin, Round Rock, Kyle, San Marcos, New Braunfels and San Antonio. In addition, they performed the analysis of results from the survey questions (Appendix 2).

Survey Sample Demographics

A total sample of 369 Hispanic adults participated in the study. Out of 369

- 58% and 42% are female and male respectively
- 55.3% are ages 18 – 30, and 41.2% are ages 31 and above
- 53.9% earned \$25,000 or less, and 31.4% earned between \$25,000 and \$55,000
- 34.1% were 3rd generation Hispanic followed by 26.8% and 25.5% second and first generation respectively.

AGE	Percent
No inform	3.5
18-24	42.3
25-30	13.0
31-40	21.4
41-50	11.7
51 or older	8.1
Total	100.0

Income	Percent
No info	5.4
1	36.6
2	17.3
3	18.7
4	12.7
5	9.2
Total	100.0

Generation of Hispanic	Percent
No information provided	8.1
First generation	25.5
Second generation	26.8
Third generation	34.1
Four or more generations	5.4
Total	100.0

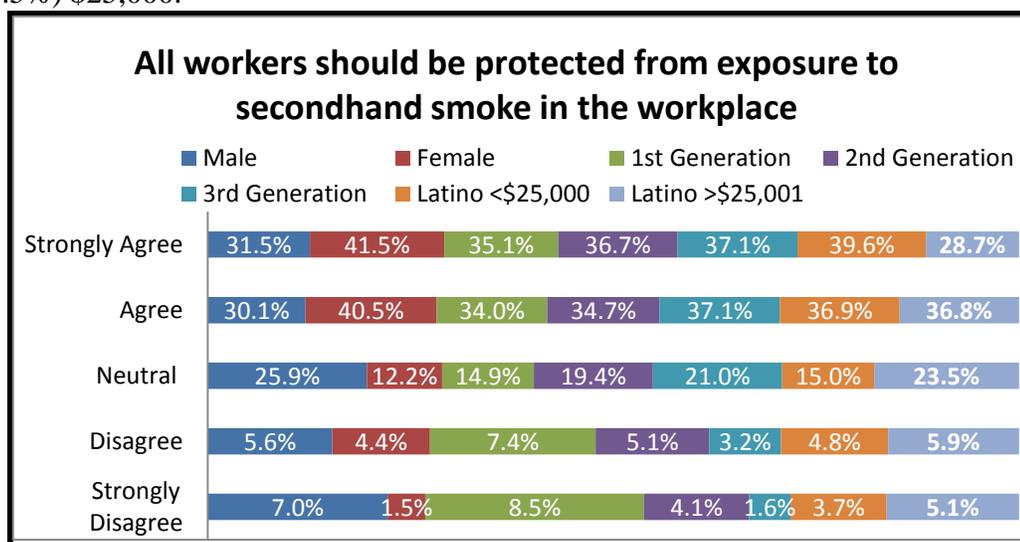
C. Views on Smoke-Free Environment

1. Health and Tobacco Industry Impact

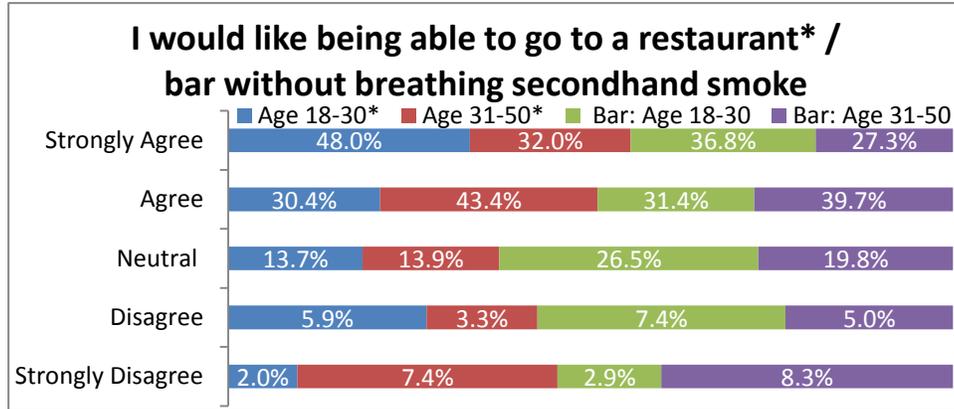
- ❖ 71% feel exposure to secondhand smoke is a health hazard.
- ❖ 58% consider smoking a major health concern in the Latino community

²⁰ See, www.lafepolicycenter.org

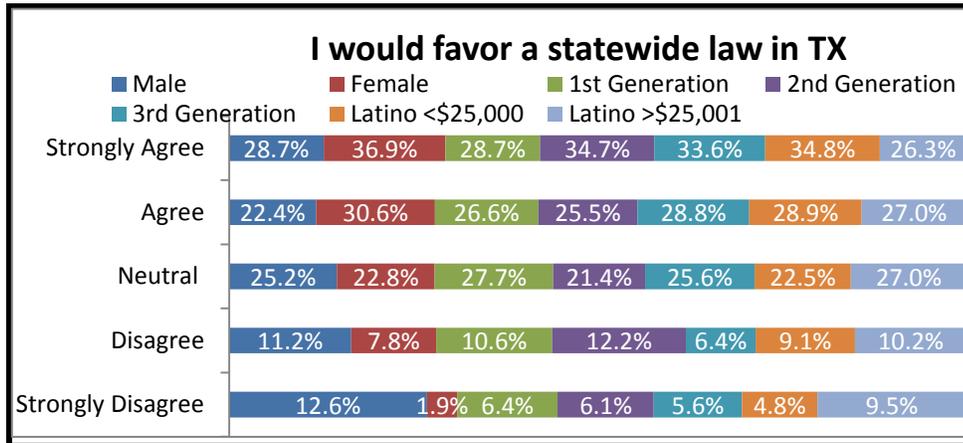
- ❖ 48% consider the Tobacco Industries marketing to the Latino community to contribute to their smoking habits.
 - ❖ A significant number of participants reported that someone in their family suffers from one of the following conditions: 64 (17%) lung cancer; 36 emphysema (10%); 26 bronchitis (7%); 18 (5%) esophagus cancer, 17 (4.5%) larynx cancer; 102 (28%) asthma, and 139 (38%) diabetes. Overall, a significant correlation (.000) was found between cancer diseases, as well as bronchitis and diabetes, and the participants' perception that exposure to secondhand smoke is a health hazard.
- 2. Smoking in Public Facilities, Restaurants and Bars**
- ❖ 77% and 65% of respondents would like to be able to go out to restaurants and bars respectively without breathing secondhand smoke.
 - ❖ 70% feel that restaurants and bars would be healthier for customers and employees if they were smoke-free.
 - ❖ 73% feel all workers should be protected from exposure to secondhand smoke in the workplace.
 - ❖ 74% and 75% feel the right of customers and employees to breathe clean air in public places is important respectively.
 - ❖ 61% would favor a statewide law in which smoking would be prohibited in all indoor workplaces and public facilities including public buildings, offices, restaurants and bars; whereas, 23% would be opposed.
 - ❖ In response to the question regarding who has the power to decide prohibiting smoking, an overwhelming majority of participants (46%) indicated that multiple groups, including customers, employees, owners and the government, should share the power.
- 3. Smoking by Gender, Age, Generations, and Income**
- ❖ Females (82%) were much more strongly supportive than males (61.6%) in protecting workers from exposure to secondhand smoke in the workplace.
 - ❖ Latinos of 1st, 2nd, and 3rd generations were nearly equal in their views relating to supporting workers from exposure to secondhand smoke in the workplace.
 - ❖ Latinos with incomes less (76.5%) than \$25,000 had stronger support of limiting exposure to secondhand smoke of workers in the workplace compared to those who earn above (65.5%) \$25,000.



- ❖ Females (67.5%) are more greatly in favor than men (51.1%) of a statewide law banning smoking in public facilities, restaurants and bars.
- ❖ Among generations, 62.4% of the 3rd generation of Latinos are more strongly supportive of a state law banning smoking in public facilities, restaurants and bars than the 1nd (55.3%) or 2nd (60.2%) generations.



- ❖ There was little difference between age groups regarding being able to go to a restaurant or bar without breathing secondhand smoke.
- ❖ Latinos with incomes less than \$25,000 (63.7%) versus those above (53.3%) these amounts were more strongly supportive of a state law banning smoking in public facilities, restaurants and bars.



IV. SUMMARY

Latinos are a diverse community whose *bienestar* is a reflection of their cultural values, socio-economic circumstances and environmental conditions. They have high risk vulnerabilities to smoke related illnesses and premature deaths. While targeted smoking prevention and cessation programs are important and needed in Latino communities, building organized involvement, leadership, and advocacy capacity to address smoke-free and workplace protection policies at the local and state level is critical. Their demographic characteristics, explosive population growth, and economic potential make them a major marketing target of the tobacco industry.

Despite lower smoking rates, the impact of workplace and smoking in public places disproportionately affects the Latino community for a number of social and economic reasons related to access to health care, workplace demographics, immigration issues, and other factors. Yet second hand smoke has often been overlooked or dismissed as a serious issue, because resources have not been provided to educate and mobilize Latinos in Texas to make this issue a priority. This issue is of particular interest to the Latino community due to the fact that a large number of the Latino workforce is concentrated in restaurants, bars, bowling alleys, hospitality venues, and other environments that are often particularly susceptible to being exposed to second hand smoke.

As an ever-growing demographic voice in Texas, Latinos now also make up 20 percent of business owners and have a purchasing power of approximately \$175.3 billion, an increase of 429 percent since 1990.²¹ Texas Latinos are realizing the importance their economic power, their increase in numbers in terms of voter registration and their public opinions have; thereby, creating increasing opportunities to actively involve them through outreach strategies to inform, educate and prompt their organized support for a statewide smoke-free policy.

Some efforts have been made by tobacco prevention/smoke-free policy stakeholders and advocates to outreach to the Latino community. More must be done to build leadership, sustain capacity and have educational media campaigns that inform Latino families of the dangers associated with smoking and the impact of second hand smoke. These challenges are exacerbated by the states' insufficient resource commitments targeting tobacco prevention and cessation, of which, Texas ranks 47th and received an "F" from the American Lung Association for its tobacco prevention investments.²²

Nonetheless, organizing for tobacco control policies in the Latino community in Texas must increase. Policies that contribute to smoking behaviors (flavored products, price, accessibility, advertising, and marketing) and secondhand smoke are important preventive tools to improving Latino health and *bienestar* (well-being) and with demographic changes impacts all Texans.

²¹ Small Business Growth and Latinos Under Health Care Reform, La Fe Policy Research and Education Center, December 2009

²² State of Tobacco Control, American Lung Association, 2013

APPENDIX 1: Read the following statements and pick an answer that is closest to your feelings about the statement.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1) I consider smoking is a major health concern in the Latino community.	1	2	3	4	5
2) I consider the Tobacco Industries marketing to the Latino community to contribute to their smoking habits.	1	2	3	4	5
3) I feel that exposure to secondhand smoke is a health hazard.	1	2	3	4	5
4) I feel the right of customers to breathe clean air in public places is important.	1	2	3	4	5
5) I feel the right of employees to breathe clean air in public places is important.	1	2	3	4	5
6) I feel the right of smokers to be able to smoke in public places is important.	1	2	3	4	5
7) All workers should be protected from exposure to secondhand smoke in the workplace.	1	2	3	4	5
8) I would like being able to go out to restaurants without breathing secondhand smoke.	1	2	3	4	5
9) I would like being able to go out to a bar without breathing secondhand smoke.	1	2	3	4	5
10) I would like being able to go out to a mall without breathing secondhand smoke.	1	2	3	4	5
11) I would like being able to go to a university campus without breathing secondhand smoke.	1	2	3	4	5
12) I would like being able to go to a sporting event without breathing secondhand smoke.	1	2	3	4	5
13) I would leave a restaurant if people were smoking in the restaurant.	1	2	3	4	5
14) I would complain to restaurant management if people were smoking in the restaurant.	1	2	3	4	5
15) I would never go back to a restaurant if people were smoking in the restaurant.	1	2	3	4	5
16) I would be more likely to go to a smoke-free restaurant.	1	2	3	4	5
17) I would prefer to go to a smoke-free restaurant.	1	2	3	4	5
18) Restaurants and bars would be healthier for customers and employees if they were smoke-free.	1	2	3	4	5
19) I would <i>favor</i> a statewide law in Texas in which smoking would be prohibited in all indoor workplaces and public facilities including public buildings, offices, restaurants and bars.	1	2	3	4	5
20) I would <i>oppose</i> a statewide law in Texas in which smoking would be prohibited in all indoor workplaces and public facilities including public buildings, offices, restaurants and bars.	1	2	3	4	5

21) Please indicate which of the following groups must have power to decide on such a law.

1. _____ Customers
2. _____ Employees
3. _____ Owners
4. _____ Government
5. _____ All of the above
6. _____ Other: _____

22) Does anyone in your family suffer from one of the following? (all that apply)

1. _____ Heart Disease
2. _____ Lung Cancer
3. _____ Emphysema
4. _____ Chronic Bronchitis
5. _____ Esophagus Cancer
6. _____ Larynx Cancer
7. _____ Cancer of the Oral Cavity
8. _____ Asthma
9. _____ Diabetes

23) Gender

1. _____ Male
2. _____ Female

24) Age

1. _____ 18-24
2. _____ 25-30
3. _____ 31-40
4. _____ 41-50
5. _____ 51 or older

25) Ethnicity

1. _____ White (Non-Hispanic)
2. _____ Hispanic/Latino
3. _____ African American
4. _____ Asian
5. _____ Other

If Hispanic, are you a:

1. First generation – not born in U.S. _____
2. Second generation – born in the U.S. from at least one parent not born in the U.S. _____
3. Third generation born in the US from parents born in the U.S. _____
4. More _____

If Hispanic:

	Totally Agree	Somewhat Agree	Neutral	Somewhat Disagree	Totally Disagree
I feel a strong attachment toward Hispanics	1	2	3	4	5
I feel good about my Hispanic cultural/ethnic background	1	2	3	4	5
I have a lot of pride in Hispanics and their accomplishments	1	2	3	4	5
I am happy that I am a member of the Hispanic community	1	2	3	4	5
I have a strong sense of belonging to the Hispanic community	1	2	3	4	5

26) Marital Status

1. _____ Single
2. _____ Living Together
3. _____ Married
4. _____ Divorced
5. _____ Widowed

27) Do you have children?

1. _____ Yes, living with me
2. _____ Yes, not living with me
3. _____ No

How many: _____ Age(s) _____

28) Income (yearly)

1. _____ Less than \$10,000
2. _____ \$10,000 – 25,000
3. _____ \$25,000 – 40,000
4. _____ \$40,000 – 55,000
5. _____ \$55,000 or higher

Lea las siguientes oraciones y seleccione la respuesta que refleje mejor su opinión sobre el tema.

	Muy en desacuerdo	En desacuerdo	Neutral	De acuerdo	Muy de acuerdo
1) Considero que fumar es una gran amenaza para la salud de la comunidad latina.	1	2	3	4	5
2) Considero que la publicidad de la industria del tabaco para la comunidad latina contribuye al hábito de fumar.	1	2	3	4	5
3) Siento que el exponerse al humo de cigarrillo de otras personas es una amenaza para la salud.	1	2	3	4	5
4) Considero importante el derecho de los clientes de lugares públicos a respirar aire limpio.	1	2	3	4	5
5) Considero importante el derecho de los empleados a respirar aire limpio en lugares públicos.	1	2	3	4	5
6) Considero importante el derecho de los fumadores a fumar en lugares públicos.	1	2	3	4	5
7) Todos los trabajadores deberían estar protegidos contra la exposición al humo de cigarrillo en su lugar de trabajo.	1	2	3	4	5
8) Me gustaría poder salir a restaurantes sin respirar humo de cigarrillo de otras personas.	1	2	3	4	5
9) Me gustaría poder salir a un bar sin respirar humo de cigarrillo de otras personas.	1	2	3	4	5
10) Me gustaría poder ir a centros comerciales (malls) sin respirar humo de cigarrillo de otras personas.	1	2	3	4	5
11) Me gustaría poder ir a campus de universidades sin respirar humo de cigarrillo de otras personas.	1	2	3	4	5
12) Me gustaría poder ir a eventos deportivos sin respirar humo de cigarrillo de otras personas.	1	2	3	4	5
13) Me iría de un restaurante si hubiera gente fumando en el interior.	1	2	3	4	5
14) Me quejaría con la administración de un restaurante si hubiera gente fumando en el interior.	1	2	3	4	5
15) Nunca regresaría a un restaurante si hubiera gente fumando en el interior.	1	2	3	4	5
16) Sería más posible para mí el ir a un restaurante libre de humo.	1	2	3	4	5
17) Preferiría ir a un restaurante libre de humo.	1	2	3	4	5
18) Los restaurantes y bares serían un espacio más saludable para clientes y empleados si estuvieran libres de humo.	1	2	3	4	5
19) Estoy <i>a favor</i> de una ley en Texas que prohíba fumar en todos los espacios de trabajo bajo techo y en lugares públicos como edificios, oficinas, restaurantes y bares.	1	2	3	4	5
20) Estoy <i>en contra</i> de una ley en Texas que prohíba fumar en todos los espacios de trabajo bajo techo y en lugares públicos como edificios, oficinas, restaurantes y bares.	1	2	3	4	5

21) Por favor indique cuál de los siguientes grupos debería tener la autoridad para decidir sobre una ley como ésta:

1. _____ Clientes
2. _____ Trabajadores
3. _____ Dueños de negocios
4. _____ Gobierno
5. _____ Todos los anteriores
6. _____ Otro: _____

22) ¿Hay alguien en su familia que padezca alguna de las siguientes enfermedades? (puede elegir más de una)

1. _____ Enfermedades del corazón
2. _____ Cáncer pulmonar
3. _____ Enfisema
4. _____ Bronquitis crónica
5. _____ Cáncer de esófago
6. _____ Cáncer de laringe
7. _____ Cáncer de la cavidad oral
8. _____ Asma
9. _____ Diabetes

Por favor complete la siguiente información demográfica.

23) Género

1. _____ Masculino
2. _____ Femenino

24) Edad

1. _____ 18-24
2. _____ 25-30
3. _____ 31-40
4. _____ 41-50
5. _____ 51 o más años

25) Origen étnico

1. _____ Blanco (No hispano)
2. _____ Hispano/Latino
3. _____ Afroamericano
4. _____ Asiático
5. _____ Otro

En caso de identificarse como hispano, es usted:

5. **De primera generación** – nacido fuera de Estados Unidos _____
6. **De segunda generación** – nacido en Estados Unidos con al menos un padre nacido fuera de E.E.U.U. _____
7. **Tercera generación** – nacido en Estados Unidos de padres nacidos en E.E.U.U. _____
8. **Cuatro o más generaciones** en Estados Unidos _____

En caso de identificarse como hispano:

	Muy en desacuerdo	En desacuerdo	Neutral	De acuerdo	Muy de acuerdo
Siento una fuerte afinidad con la comunidad hispana	1	2	3	4	5
Me siento bien con respecto a mi origen y cultura hispana	1	2	3	4	5
Siento mucho orgullo de la comunidad hispana y sus logros	1	2	3	4	5
Me siento feliz de formar parte de la comunidad hispana	1	2	3	4	5
Tengo un fuerte sentido de pertenencia a la comunidad hispana	1	2	3	4	5

26) Estado civil

- _____ Soltero(a)
- _____ En unión libre
- _____ Casado(a)
- _____ Divorciado(a)
- _____ Viudo(a)

27) ¿Tiene hijos?

- 4. _____ Sí, y viven conmigo
- 5. _____ Sí, pero no viven conmigo
- 6. _____ No

Cuántos: _____ Edad(es): _____

28) Ingresos anuales en dólares

- _____ Menos de \$10,000
- _____ \$10,000 – 25,000
- _____ \$25,000 – 40,000
- _____ \$40,000 – 55,000
- _____ \$55,000 o más

APPENDIX 2

DATA ANALYSIS: Frequencies

QUESTION	Mean	Median	Mode	Agree/ in Favor	Neutral
1) I consider smoking is a major health concern in the Latino community.	3.52	4	4	58%	21%
2) I consider the Tobacco Industries marketing to the Latino community to contribute to their smoking habits.	3.30	3	4	48%	28%
3) I feel that exposure to secondhand smoke is a health hazard.	3.91	4	5	71%	16%
4) I feel the right of customers to breathe clean air in public places is important.	4	4	5	74%	14%
5) I feel the right of employees to breathe clean air in public places is important.	4.02	4	5	75%	13%
6) I feel the right of smokers to be able to smoke in public places is important.	2.91	3	2	38%	19%
7) All workers should be protected from exposure to secondhand smoke in the workplace.	3.95	4	5	73%	18%
8) I would like being able to go out to restaurants without breathing secondhand smoke.	4.05	4	5	77%	13%
9) I would like being able to go out to a bar without breathing secondhand smoke.	3.77	4	4	65%	22%
10) I would like being able to go out to a mall without breathing secondhand smoke.	4.03	4	5	76%	13%
11) I would like being able to go to a university campus without breathing secondhand smoke.	3.90	4	5	69%	19%
12) I would like being able to go to a sporting event without breathing secondhand smoke.	3.97	4	5	68%	20%
13) I would leave a restaurant if people were smoking in the restaurant.	3.11	3	2	41%	23%
14) I would complain to restaurant management if people were smoking in the restaurant.	3.09	3	3	39%	28%
15) I would never go back to a restaurant if people were smoking in the restaurant.	3.05	3	3	37%	26%
16) I would be more likely to go to a smoke-free restaurant.	3.87	4	5	69%	20%
17) I would prefer to go to a smoke-free restaurant.	3.84	4	5	68%	19%
18) Restaurants and bars would be healthier for customers and employees if they were smoke-free.	3.88	4	5	70%	18%
19) I would <i>favor</i> a statewide law in Texas in which smoking would be prohibited in all indoor workplaces and public facilities including public buildings, offices, restaurants and bars.	3.72	4	5	61%	24%
20) I would <i>oppose</i> a statewide law in Texas in which smoking would be prohibited in all indoor workplaces and public facilities including public buildings, offices, restaurants and bars.	2.51	2	1	23%	25%

DATA ANALYSIS: Cross-tabulations

Statement		"All workers should be protected from exposure to secondhand smoke in the workplace."					Total
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
Gender	Male	10	8	37	43	45	143
	Female	3	9	25	83	85	205

Statement		"I would favor a statewide law in Texas in which smoking would be prohibited in all indoor workplaces and public facilities including public buildings, offices, restaurants and bars."					Total
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
Gender	Male	18	16	36	32	41	143
	Female	4	16	47	63	76	206

Statement		"All workers should be protected from exposure to secondhand smoke in the workplace."					Total
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
First generation		8	7	14	32	33	94
Second generation		4	5	19	34	36	98
Third generation		2	4	26	46	46	124

Statement		"I would favor a statewide law in Texas..."					Total
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
First generation		6	10	26	25	27	94
Second generation		6	12	21	25	34	98
Third generation		7	8	32	36	42	125

<i>Statement</i>		"I would like being able to go out to restaurants without breathing secondhand smoke."					Total
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
Age	18-30	4	12	28	62	98	204
	31-50	9	4	17	53	39	122
		"I would like being able to go out to bars without breathing secondhand smoke."					
Age	18-30	6	15	54	64	75	204
	31-50	10	6	24	48	33	121

<i>Statement</i>		"All workers should be protected from... secondhand smoke..."					Total
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
Hispanic/Latino	< \$25,000	7	9	28	69	74	187
	> \$25,000	7	8	32	50	39	136

<i>Statement</i>		"I would favor a statewide law in Texas..."					Total
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
Hispanic/Latino	< \$25,000	9	17	42	54	65	187
	> \$25,000	13	14	37	37	36	137