Tobacco Use Among MSAW:
Environmental Scan Findings Report

This scan provides information about tobacco use among migratory and seasonal agricultural workers (MSAW), including perceptions of tobacco use and its effects and access to education and cessation services. The National Center for Farmworker Health (NCFH) conducted a national poll with MSAW serving organizations and focus groups with MSAWs to better understand tobacco use among the MSAW population. Findings and discussion will inform innovative programming moving forward in tobacco cessation among MSAW.

Introduction

Background

Despite significant progress made to reduce tobacco use in the U.S., smoking and other commercial tobacco use still negatively affects many living in the U.S., including outcomes such as death, living with a serious smoking-related illnesses, and second-hand use tobacco exposure.[1] Many factors lead to disparities related to tobacco use and result in poor health outcomes, including living in poverty, lower levels of education achievement, being uninsured, living in a rural area, or demographic factors such as race, ethnicity, and age.[2] Health centers across the country serve a large patient population that are tobacco users, however health centers face many barriers when trying to deliver tobacco cessation services including patients lacking insurance coverage, limited patient transportation to programs, and availability of resources.[3] Even with an abundance of research related to tobacco use and cessation, there is an absence of information about tobacco use among MSAWs. The 2022 Uniform Data System* dataset identified over 14,600 MSAW patients with tobacco use disorder (among those who visited a Migrant Health Center (MHC)), representing about 2% of all MSAWs served at MHCs in 2022. Further, over 30,000 MSAW patients were provided with tobacco use cessation counseling. There is a need to further understand tobacco use prevalence among MSAWs and the specific needs of this population in accessing tobacco education, healthcare, and support to quit tobacco use. The information gathered from this scan will be used to support future screening efforts and tobacco cessation programming for the MSAW population.

Tobacco comes in many different forms. “Tobacco use” refers to consuming tobacco or use tobacco-less products such as cigarettes, cigars, pipes, chewing tobacco, cigarillos, e-cigarettes, water pipes (hookah), among others. Findings from this scan show that the MSAW population that participated in focus groups use tobacco by means of cigarettes and vaporized tobacco by means of a vape and did not speak about other tobacco use outside of smoking and vaping.

We acknowledge that tobacco is a sacred plant and traditional medicine for many people in the Americas. The following results do not apply to MSAWs who may use tobacco in traditional ceremonies or as a medicine.

*The Uniform Data System (UDS) is defined by HRSA as a “standardized reporting system made up of a core set of data and measures that Health Center Program awardees and look-alikes are required to report on each calendar year. [This data is used to] assess the impact and performance of the Health Center Program and to promote data-driven quality improvement.”

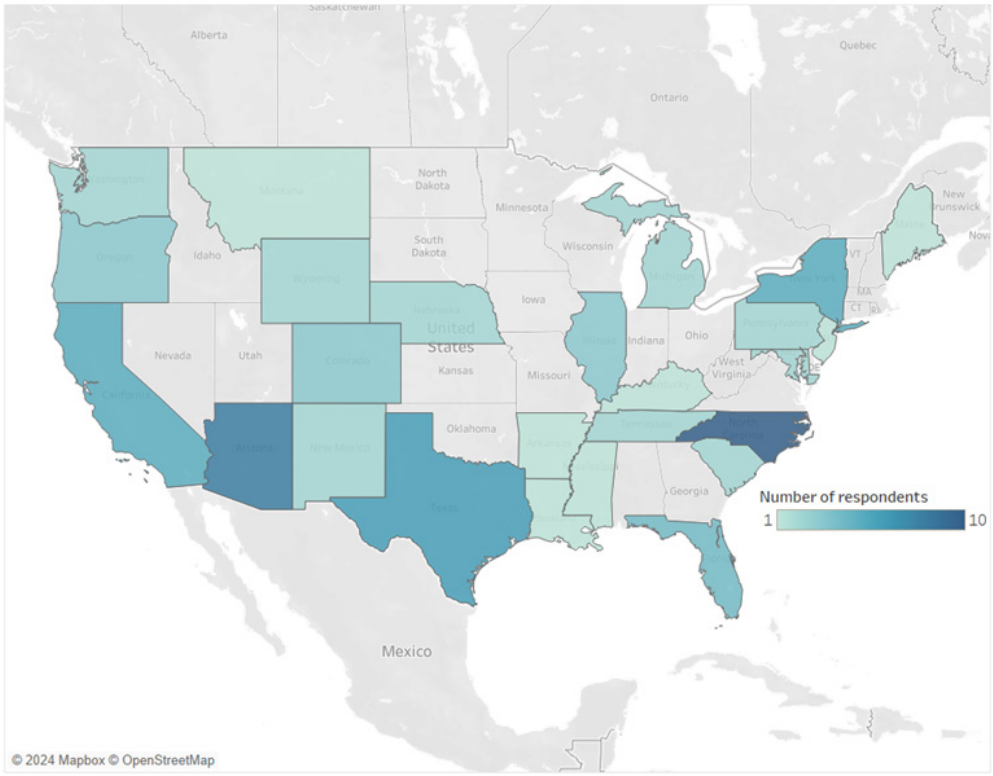
Methods

The results in this report are a synthesis of two data collection efforts: 1) national poll with MSAW-serving organizations and 2) focus groups with MSAW.

NATIONAL POLL

In October 2023, NCFH disseminated an electronic poll in English and Spanish via email to NCFH network contacts and requested they share the poll with their wider networks as well. The sample included members of executive, program, and outreach staff of Migrant Health Centers, Primary Care Associations, MSAW-serving non-profit organizations, academic institutions, and legal aid organizations. There were 79 total respondents including members of community organizations, health centers, and legal aid. Sixty-one of the 79 respondents work directly with MSAWs in 26 different states across the country. See a map of the states represented in Figure 1.

Figure 1: National Poll respondent states



FOCUS GROUPS

In January 2024, NCFH conducted three focus groups with 21 MSAW participants in total. To be eligible to participate, MSAWs needed to have worked or be currently working in agriculture for at least one month within the past 24 months. They needed to be at least 18 years of age, speak Spanish, and either be an agricultural worker who currently uses tobacco (defined in the report as participant who currently uses tobacco), an agricultural worker who previously used tobacco (participant who previously used tobacco), or a friend/coworker/family member of an agricultural worker who uses tobacco (participant who does not use tobacco). Two focus groups were held in the Rio Grande Valley (RGV) of Texas: "RGV A" consisted of participants who currently use tobacco; and "RGV B" consisted of participants who did not use tobacco and have not ever used tobacco but have a family member or friend who uses tobacco. One focus group was

conducted in North Carolina (NC) and included participants who had previously used tobacco by means of cigarettes and vaping but have since quit successfully. All focus groups were conducted in Spanish. See a breakdown of demographics in Table 1 below.

Table 1: Demographics of focus groups

Focus Groups	Number of Women	Number of Men	Total Participants
RGV A	1	6	7
RGV B	7	0	7
NC	4	3	7
Total	**12**	**9**	**21**

Focus groups ranged from 45 minutes to one hour and 15 minutes. At least two NCFH staff were present at each focus group, one as the moderator and one as the note taker. The sessions were recorded, transcribed, thematically analyzed, and synthesized for this report.

Tobacco Use Among MSAW

History and Preferences

Focus groups were asked about their experiences, perceptions, and family history of the use of tobacco among MSAWs. The majority of participants reported having smoked tobacco, while only a few vaped tobacco. Cigarillos and cigars were mentioned in the discussion as a passing comment but not preferred to be smoked by participants. Many participants who use tobacco said they started to use tobacco out of curiosity in their youth, often attributing their start to family and friends of whom they witnessed smoking, or while working as an adult, urged by friends and coworkers to use tobacco, "*para relajarte,*" "to relax you." One participant was not encouraged by family, and they noted their mother tried to stop them from smoking out of care and consideration for them.

"Por la protección que ellas nos tienen, que siempre nos cuidan y el cariño que nos tienen nuestras mamás, ellas siempre nos regañan porque saben que es un daño que estamos consumiendo. Ajá."

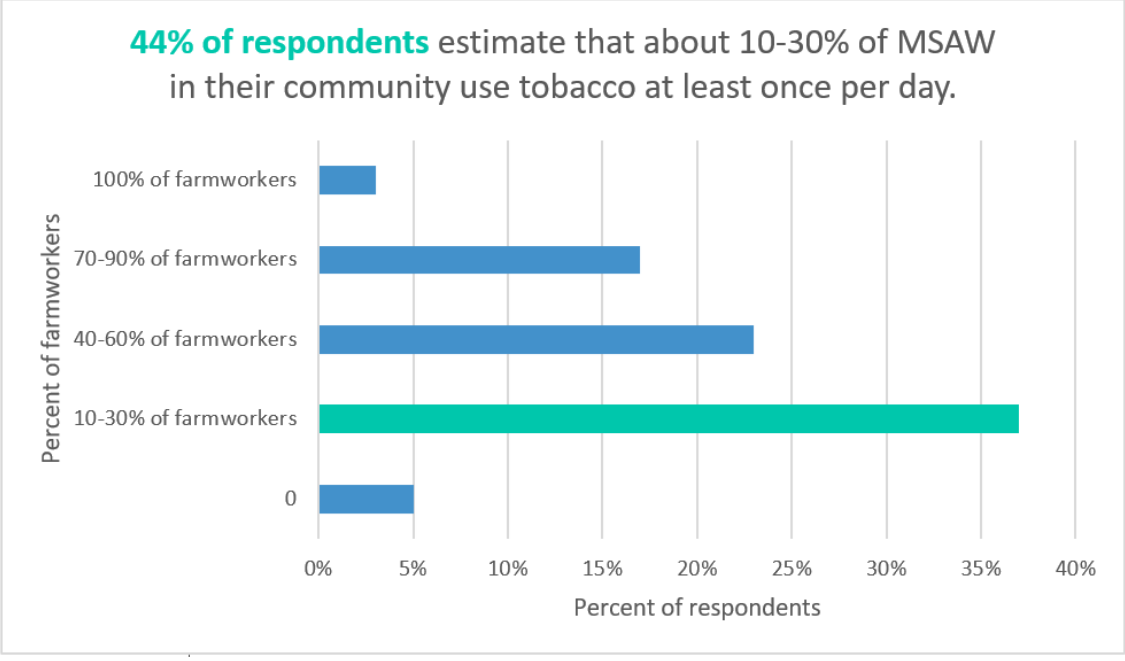
"Because of the care that they have for us, they always take care of us and the affection that our mothers have towards us, they always scold us because they know that it is a harm that we are consuming. Aha" – Participant who currently uses tobacco

Some participants who currently use tobacco regarded tobacco use as a "*vicio*", "vice". MSAW focus group respondents who currently use tobacco preferred smoking brands of cigarettes they knew but did prefer a variety of brands and flavors. One participant did use a flavor vape instead because they disliked the cigarette smell on their clothes. Participants who previously used tobacco noted how they often would smoke with coworkers at work or friends at parties and bars, and that they often coupled cigarettes with alcohol.

Perceived Prevalence of Tobacco Use Among MSAW Communities

Poll respondents were asked about the prevalence of tobacco use among the MSAWs they serve. Sixty-three percent of national poll respondents were either somewhat or very concerned about tobacco use disorder (nicotine dependence or addiction) among MSAWs, and 59% of respondents were either somewhat or very concerned about regular tobacco use (using tobacco once per day) among MSAWs. Forty-four percent of respondents estimate that between 10-30% of MSAWs in their community use tobacco at least once per day. See Figure 2 below.

Figure 2: Perceived prevalence of tobacco use among MSAW communities



Focus group participants discussed tobacco use in the amount of cigarette packs they purchase weekly and its impact on their finances, noting, *"Porque también compran dos [empaques] de cigarros a la semana, ya son $20, [a] las dos semanas ya son $40 al mes. Y despues de muchos años. Entonces ahorrar, ahorrar, $80 cada mes al año, ya está bueno."* "Because they buy two packs of cigarettes per week, that's about $20, for two weeks it's $40, per month! And after, for many years. So, saving, saving $80 every month a year, that's nice."

Attitudes & Beliefs Around Tobacco Use

Perceived Health Effects

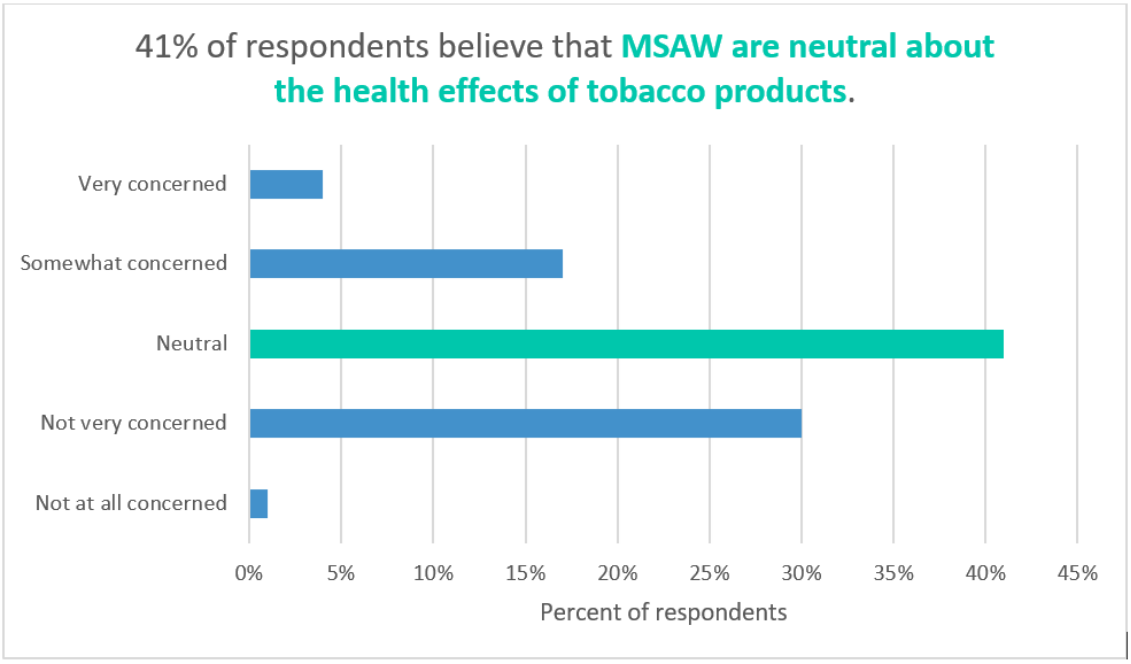
Focus group participants were asked about what they thought were the health effects of using tobacco. All focus group participants knew that smoking cigarettes could give you lung cancer. Participants who use tobacco stated that they knew of the harm their habit causes themselves and others but chose to ignore it in favor of the personal benefits that smoking gave them. A few participants who do not use tobacco discussed how they perceived vapes or electronic cigarettes as a more damaging product than cigarettes, specifically for the youth that often consume them. One participant discussed a relative who was recommended by their doctor to quit smoking but continued to anyway until they eventually were diagnosed with cancer and passed away.

"Porque yo he visto, este, cuando se han muerto a causa del cigarrillo. Porque el médico les ha dicho que ya, ya tienen mucho dañado sus pulmones. Este, ya no, ya no más tabaco. Y ellos siempre fumando hasta que les pega cáncer. Y ahí acaba su vida. "

"Because I have seen, umm, when they have died due to smoking. Because the doctor has told them you already, already, have a lot of damage on their lungs. No more, no more tobacco. And they always smoking tobacco until they get cancer. And that's the end of their life."
– Focus group participant who does not use tobacco

Forty-one percent of poll respondents believe that MSAWs feel neutral levels of concern about the health effects of tobacco products. See Figure 3 below.

Figure 3: Perceived MSAW belief about the health effects of tobacco use



Reasons for Using Tobacco

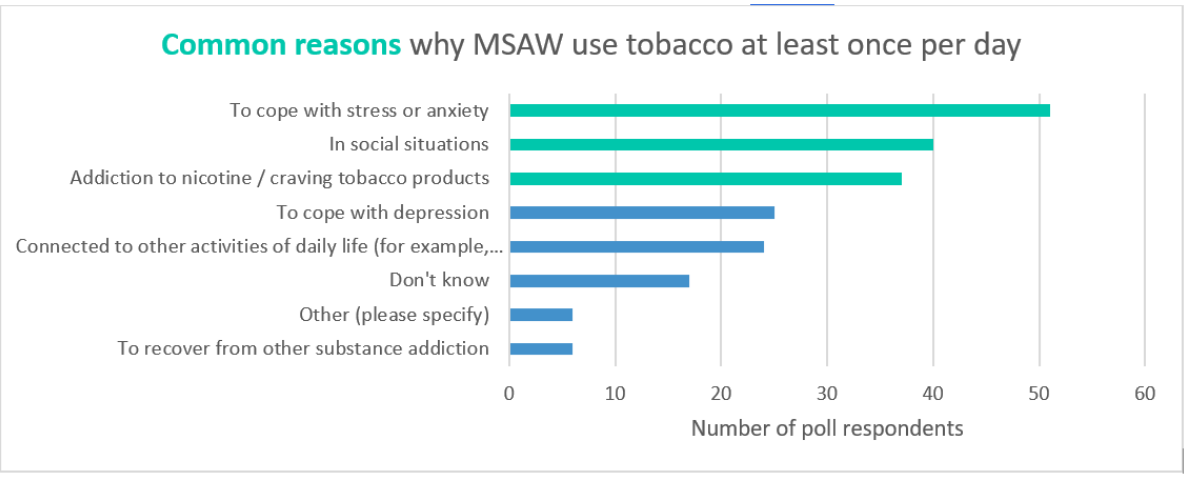
Results across data collection methods suggest a common reason MSAWs use tobacco is to cope with stress or mental health issues. Focus group participants who do not use tobacco discussed how they believe that their friends and family who use tobacco continue smoking as a coping mechanism to handle mental health issues such as anxiety, stress, and depression. Participants who currently use tobacco confirm those perceptions by saying smoking and vaping helps them relieve stress, relax, and gain energy for work.

"Porque, como le habíamos dicho, por los nervios, por enfermedad que tienen, porque son enfermos. Eso de fumar y fumar es una enfermedad que se va metiendo poco a poco. Mientras que estén con el cigarro, calman nervios, estrés, depresión, todas esas enfermedades. Y pues como le he dicho siempre, en el rancho donde yo vivía, usan más el cigarro de marihuana. Pero aquí donde estoy, yo ya veo como usan el electrónico, el cigarrillo electrónico y el otro tabaco. Por eso con todo eso es que calman toda esa ansiedad que tienen"

"Because, as we had told you, of the nerves, because of the disease they have, because they are sick. Smoking and smoking is a disease that slowly creeps in. And as long as they are [smoking] cigarette, it calms their nerves, stress, depression, all those illnesses. And as I am always saying, on the ranch where I used to live, they used more marijuana cigarettes. But here where I am, I now see how they use electronic cigarettes, electronic cigarettes and other tobacco. That's why with all that, they calm down all the anxiety they have."
– Focus group participant who does not use tobacco

Poll respondents identified common reasons why MSAWs might use tobacco at least once per day. The top three most common reasons were 1) to cope with stress or anxiety, 2) when in social situations, and 3) due to addiction to nicotine. See Figure 4 below.

Figure 4: Perceived reasons why MSAW use tobacco



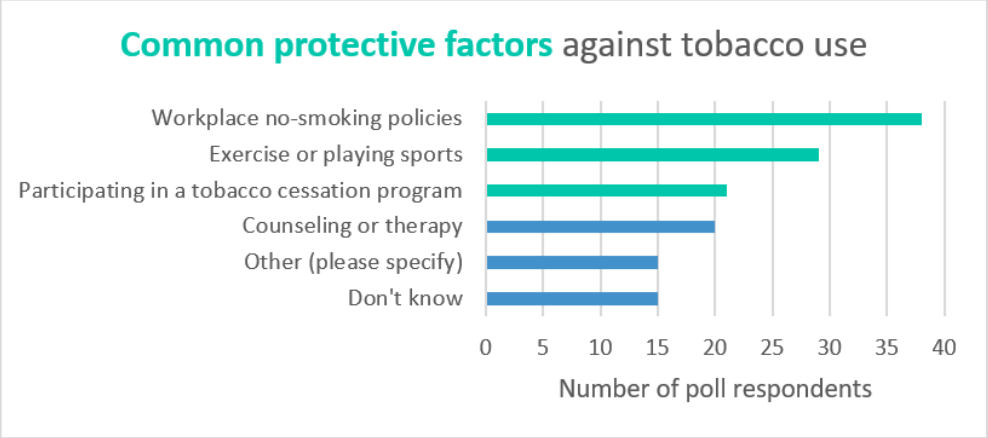
Protective Factors Against Tobacco Use

Protective factors here are defined as variables that keep individuals from ever using or from continuing to use tobacco. Focus group participants mentioned economic reasons and pregnancy as factors for quitting their use of tobacco. A respondent from the focus group of those who previously used tobacco mentioned that once she became pregnant, she quit because she wanted better health for her and her child. Participants discussed the cost of cigarettes, especially when smoking multiple packs a week. One participant who currently uses tobacco spoke to the savings of not smoking, saying *"Primero [afecta] el*

bolsillo. Y luego la salud. Porque una cajetilla nos cuesta 10 -12 dólares. Podíamos comprar un lonche, ¿verdad?"
"First [it hits] the wallet. And then health. Because a [cigarette] pack costs us 10 -12 dollars. We could buy lunch with that, right?"

Poll respondents identified additional protective factors against tobacco use, including 1) workplace no-smoking policies, 2) exercise or playing sports, and 3) participating in a tobacco cessation program. "Other" responses included cost of tobacco products and cultural or familial norms. See Figure 5 below.

Figure 5: Protective factors against tobacco use



Impact on Physical and Mental Health

Participants spoke about the ways tobacco use had impacted their or their coworkers' physical health, including shortness of breath, drops in stamina, and coughing. They noted how these health impacts caused issues when they worked or participated in other activities, such as sports. Participants who used tobacco also discussed nicotine addiction and the trembling and shaking it caused. One participant described this as the worst thing smoking causes. Another mentioned that they quit vaping after witnessing their coworker begin bleeding and coughing due to their own vaping habit. One participant who did not use tobacco noted how alcohol and other drug consumption increases when smoking due to anxiety.

Participants who did not use tobacco identified mental health issues with regards to smoking and agreed that there are positive effects that quitting can bring to a person's mental health. A participant who currently uses tobacco noted how smoking caused anxiety due to the fear of dependency or addiction, while also discussing the anxiety that can occur with cessation.

Impact of Interpersonal Relationships on Tobacco Use

Focus group participants discussed how some relationships are negatively impacted by smoking and how other relationships influence their continued tobacco use.

"Pues sí, somos más que nada conscientes del daño que estamos causando a nosotros mismos y a terceras personas, pero sólo por el placer de sentirnos bien un rato, como tal como que lo ignoramos."

"Well yes, we are more than anything aware of the damage we are causing to ourselves and third parties, but only for the pleasure of feeling good for a while, well, we ignore it."
-Focus group participant

Regardless of whether participants use tobacco themselves or not, all participants discussed the tense relationship between those who use tobacco and those who do not. This tense relationship, while not the cause of smoking, did result in a lack of empathy, understanding, and consideration between both parties. Participants who currently use tobacco mentioned people who did not use tobacco sometimes would treat them poorly due to their habit. When discussing family members negative perception of their smoking habits certain phrases such as *"vete pa' alla"* and *"mala cara"* were repeated, respectively meaning "go over there" and "rude face", implying the family members negative perception of their smoking habits. Participants noted that those who smoked with them did not talk to them this way as there was a mutual understanding. Participants felt their friends and coworkers' perceptions of their smoking habits were more neutral than that of their family members. Participants who do not use tobacco attributed their family and friends' smoking to a lack of respect for rules, regulations, and others' safety. The focus group participants who did not use tobacco perceived the decision to keep smoking as a stubbornness rather than an addiction.

Quitting was discussed as a way to resolve some interpersonal conflicts but could also have a negative impact on other relationships. A few participants noted how if they quit, their family would change their attitude towards them at parties or gatherings, having a more positive experience with them. On the other hand, one participant mentioned that they would be anxious about losing their long-term friendships if they quit.

Impact of Environment & Community on Tobacco Use

Community and Workplace Environment

Focus group participants were asked about community and workplace regulations in place for tobacco use. When discussing tobacco use in their communities, focus group participants described how their friends and family smoke in most public and private spaces, specifically noting streets, open air, schools, plazas, and at home. When discussing tobacco use at work, participants who do not use tobacco noted that there are rules in place to not smoke within buildings, but their peers do not follow these regulations. However, participants still felt favorably about these rules due to safety concerns.

"Como por ejemplo, dice "No fumar adentro," en los [sitios de trabajo], que es donde trabaja uno y que por dañar al producto según. Pero siguen fumando. No les importa si es adentro o afuera."

"For example, it says "No smoking inside" in the [job site], that is where one works and that because it damages the product apparently. But they still use tobacco. They don't care if it's indoors or outdoors" – Focus group participant regarding work regulations around smoking

"Bueno, está bien, porque así no perjudica a las demás personas"

"Well, it's good, because that way there's no harm to others."
- Focus group participant regarding work regulations around smoking

Smoking at work was common among participants. Most smoked while on break, including in break rooms or outside and with coworkers or by themselves. Participants noted how the different flavors of vape, cigarette, and gum covered the scent. Participants noted some bosses smoke, some offered cigarette breaks, and some did not offer breaks.

Cultural Differences of Tobacco Use in the U.S. Compared to Home Countries

Cultural differences in smoking between the U.S. and Mexico and Guatemala were discussed in focus groups such as a difference in regulations, relative cost, and popularity.

"Bueno, para mí, se nos hace más fácil. Se nos hace más facil, o sea, es más barato fuera del país [Mexico]. Por ejemplo, una malboro o de cualquier clase te cuesta 10, el grande. Y allá, pues te cuesta 200 o 300 pesos...Y si ganas 100-150 pesos el día."

"Well, for me, it is easier for us. It is easier for us, I mean, it is cheaper outside the country [Mexico]. For example, a Malboro or any other kind costs you 10, of the big ones. And over there, it costs you 200 or 300 pesos... And if you earn 100-150 pesos a day."
– Focus group participant

Participants discussed how there are more regulations on where an individual can use tobacco in the U.S. than in Mexico. One participant noted *"donde quiera se puede"* or "wherever you like you can" in reference to where it is acceptable to use tobacco in Mexico.[§] However, all participants noted how tobacco use is more popular in the U.S. than in Mexico citing various reasons such as the variety of brands available and how certain companies permit 15-minute smoking breaks. Also focus groups considered vaping tobacco to be less popular in Mexico than in the U.S. due to lack of availability of vapes and electronic cigarettes.

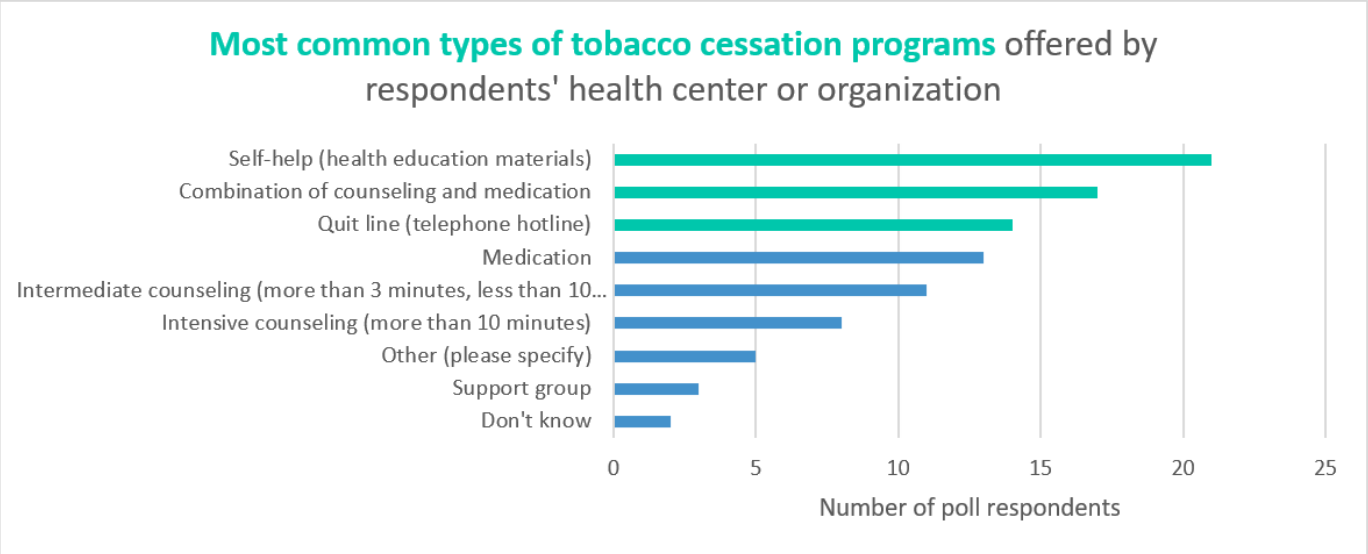
Tobacco Cessation Programs

Tobacco Cessation Program Implementation

Poll respondents were asked about cessation programs they may offer. Thirty-one poll respondents (40%) work at an organization or health center that offers a tobacco cessation program. Of those, the most common types of cessation programs offered were 1) self-help (providing health education materials), 2) combination of counseling and medication, and 3) quit line (telephone hotline). See Figure 6.

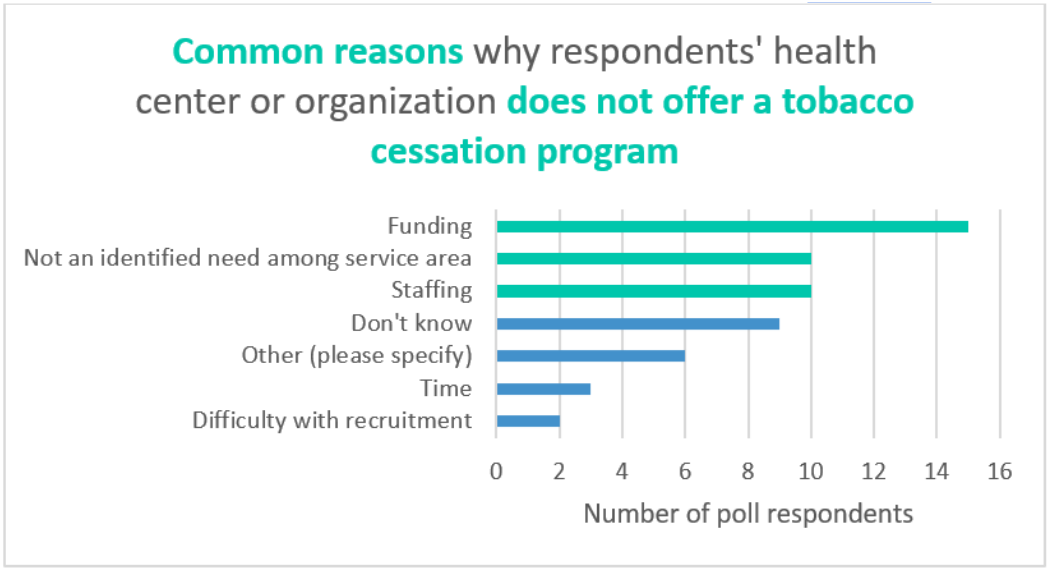
[§] As of January 2023, Mexico has banned smoking and vaping in all public places and has increased prohibition on tobacco advertising, promotion, and sponsorship.

Figure 6: Common types of tobacco cessation programs



Thirty-six poll respondents (46%) work at an organization or health center that does not offer a tobacco cessation program. Respondents identified common reasons why their health center or organization does not offer a tobacco cessation program, including 1) funding, 2) tobacco use is not an identified need in their service area, and 3) staffing. See Figure 7 below.

Figure 7: Barriers to implementing tobacco cessation programs

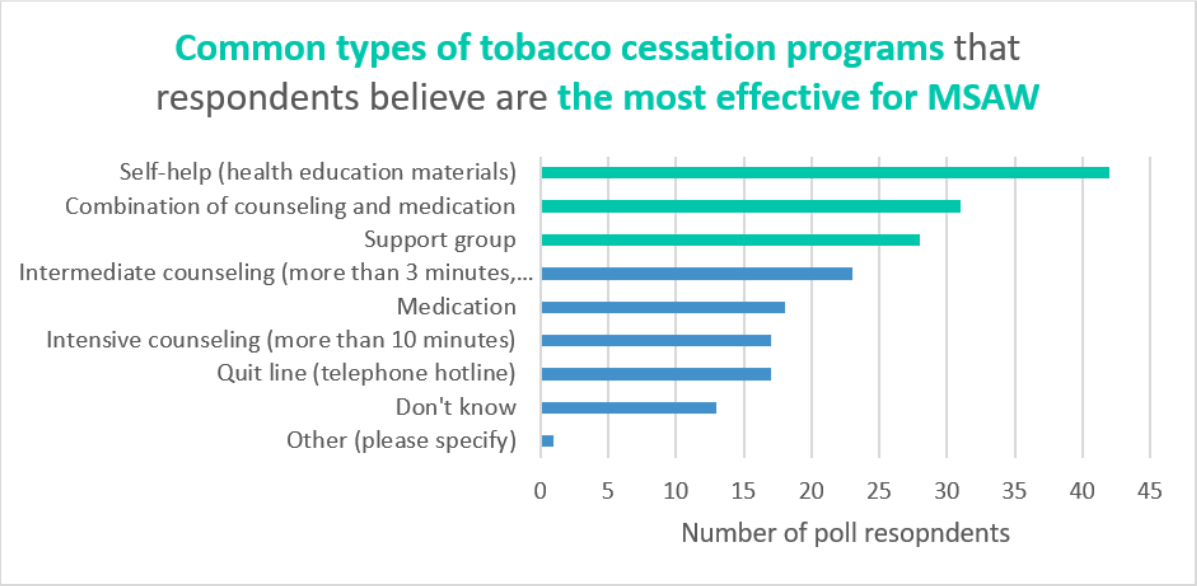


Cessation successes among MSAWs

Poll respondents were asked about common and effective cessation programs they may use and focus group respondents were asked about their experience with quitting tobacco.

All poll respondents reported on the types of tobacco cessation programs they believe are the most effective for MSAWs, including 1) self-help (health education materials), 2) combination of counseling and medication, and 3) a support group. See Figure 8 below for effective types of tobacco cessation programs reported. Respondents identified housing sites or neighborhood locations, health centers, and work sites as the most accessible locations for tobacco cessation programs for MSAWs. Virtual mediums such as mobile phone, recorded videos, and live video meetings were the least popular.

Figure 8: Effective types of tobacco cessation programs for MSAWs



Most participants who have previously used tobacco and quit did so for various reasons, including pregnancy, improved health, and economic factors. They mentioned feeling tired, lethargic, and had headaches during quitting. When asked how they would aid the process of quitting, responses included quitting slowly by decreasing cigarettes smoked over a period of time, using energy drinks, and playing a sport with friends to substitute the time spent smoking.

"Y en proceso de decir, bueno, me voy a fumar uno durante un lapso. En ese lapso ya no, ya no me hacía [ganas] y bueno, al menos en mi caso, yo empecé, me uní a un equipo de fútbol y entonces salía en las tardes a jugar. Pues cosa que yo ya llegaba súper cansada a la casa y pues me quedaba súper dormida. Entonces al otro día me puse a trabajar en la misma rutina y así ¿no? Como que ya no me daban ganas ya de, de fumar. Nada de eso porque pues la convivencia entre mis amigas y fue más saludable."

"And in the process of saying, well, I'm going to smoke one for a period of time. In that period it no longer, it no longer make me [want to smoke] and well, at least in my case, I began, I joined this soccer team and so went out in the afternoons to play. Well in that case I was already super tired [and] when I got to the house, I fell super asleep. Then the next day I started working in the same routine and like that no? Like, I no longer felt like smoking. None of that because the coexistence between my friends, it was healthier?"
– Focus group participant who previously used tobacco

"Poco a poquito, poco a poco van a ir dejando, primero si fumaban 3, pues fuman 2, y luego fuman uno y al último ya nada."

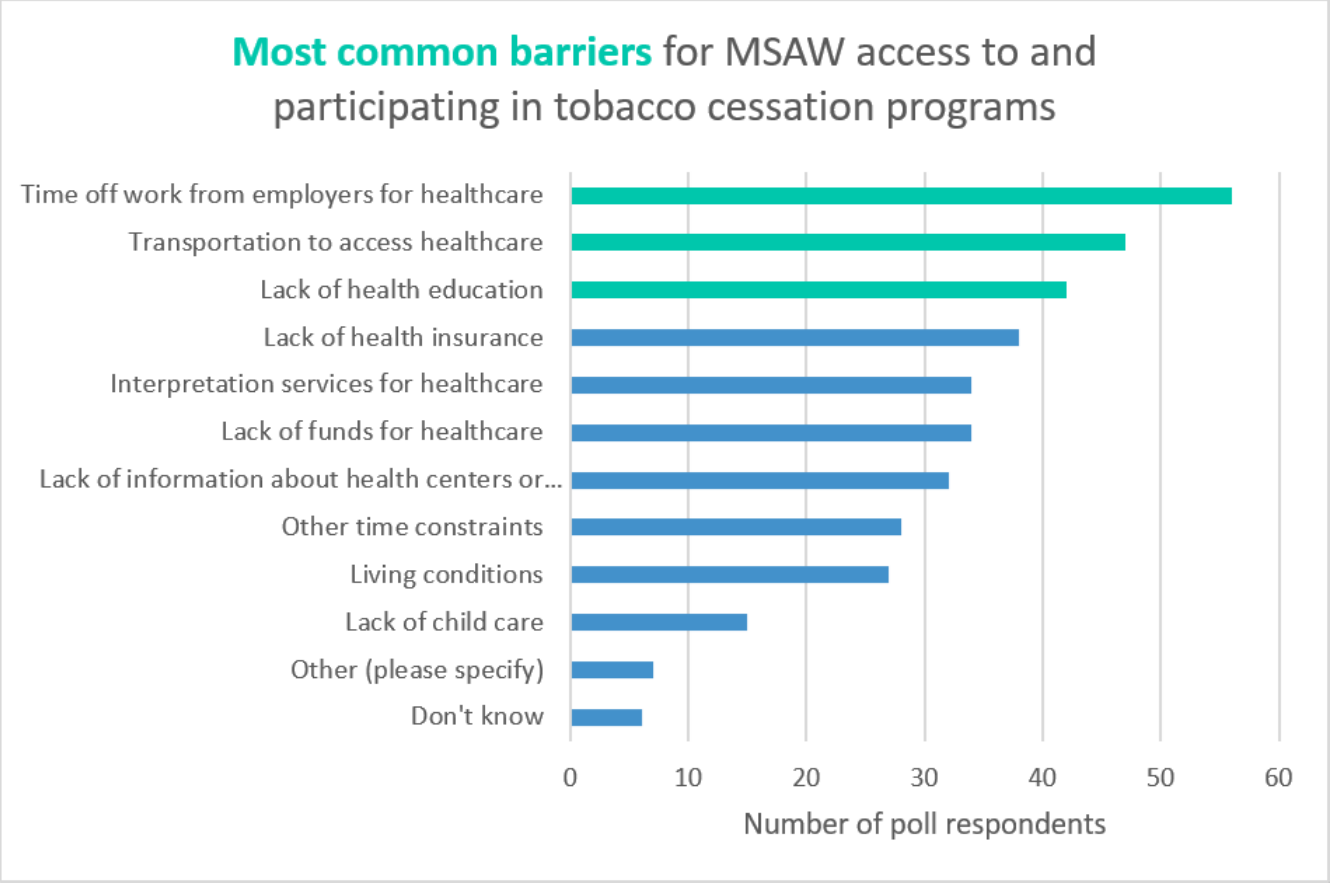
"Little by little, little by little they'll quit smoking, first if they used to smoke three, well smoke two, smoke one and then none at all at the end."
– Focus group participant who previously used tobacco

Participants also noted how their mental health suffered while quitting, specifically inducing more anxiety, while another participant stated how they used gum to help them with quitting and the anxiety. A participant who had previously smoked had discussed quitting with a doctor and explained when talking to health professionals they often obscure the truth of their usage to avoid unwanted criticism.

Barriers to Tobacco Cessation Among MSAWs

Lastly, MSAW-serving respondents identified barriers for patient access to and participation in tobacco cessation programming. The most common barriers for MSAWs included 1) time off work from employers for healthcare, 2) transportation to access healthcare, and 3) lack of health education. See Figure 9 below.

Figure 9: Barriers for MSAWs' access to and participating in tobacco cessation programs



Conclusion

This scan explored MSAWs' preferences related to tobacco use and cessation. These findings provide valuable insight for designing appropriate strategies to curb MSAW use of tobacco. Smoking cigarettes was the most popular way MSAWs use tobacco, though vaping was also mentioned. Common reasons for tobacco use include to cope with stress, anxiety, and depression, and the social aspect that often accompanies tobacco use, includes tobacco being used with other substances like alcohol. The social and environmental surroundings of MSAWs can also play a factor in their decision to use tobacco. Participants who currently use tobacco did acknowledge the harm smoking tobacco does to their bodies and others, knowing that lung cancer is a possible outcome of their use.

MSAW focus group participants who previously used tobacco mentioned successful cessation through slowly decreasing cigarette use over time and starting new habits. Health centers reported having success in providing a combination of counseling and medication, and support groups for their MSAW patients. MSAWs who had quit tobacco, identified motivations which included keeping healthy, especially when starting a family, and being able to have better stamina and energy.

This scan also highlights the challenges that organizations face in providing cessation programs, emphasizing the importance of addressing these hurdles to improve access for MSAWs. Health centers identified funding, staffing, and a lack of need/demand reported by the patient populations as challenges to providing cessation services to their MSAW community.

To compliment these findings, more research is needed to understand tobacco prevalence among MSAWs, preferences for types of tobacco used among MSAWs, as well as more data on effective cessation stories and programming for MSAWs or similar populations.

Recommendations for Health Centers and Other MSAW Serving Organizations in Addressing Tobacco Use Among MSAWs

CULTURALLY APPROPRIATE SERVICES

More research is needed to inform culturally appropriate services for tobacco cessation among MSAWs. This scan shows that cigarette smoking is the most common among our focus group population of MSAWs instead of electronic cigarettes or chewing tobacco. Based on the Centers for Disease Control and Prevention's (CDC) recommendations, we recommend adapting health education to include MSAW testimonials in their own language about their experience quitting smoking, and to include MSAWs in media campaigns to promote tobacco cessation.[4] CDC recommends providing barrier-free cessation service coverage and to implement cessation strategies that are created and used by the population being served, for example the Hispanic/Latino community, in order to provide culturally appropriate cessation programs.[4,5]

IMPROVE ACCESS TO PROGRAMS

This scan shows that transportation and time away from working are barriers for MSAWs to access tobacco cessation services. Providing mobile outreach and health care services such as mental health care and cessation services to worksites and housing sites could improve cessation program enrollment and cessation success rates among MSAWs. Needs assessments completed by mobile health clinic staff

or contractors are a key step in determining the best type of cessation program for the community.[8] To adapt to the MSAW populations, health centers can consider communication channels that MSAW use, such as WhatsApp, and ensure that quit lines include Spanish-speaking staff and access to interpretation services for other common languages among MSAWs. Adaptations and strategies should consider possible limitations including cultural perceptions of reporting mental health issues among this population.[9]

DEVELOPING PROGRAMING

This scan shows that MSAWs are aware of the physical harm to themselves and others around them. Research suggests an integrated approach, comprehensively assessing the whole individual, is the most effective for tobacco cessation programs; therefore, it is recommended to use an evidence-based framework for assessing the factors that influence tobacco use such as the 5-Factor Framework, an evidence based holistic approach to tobacco cessation. Assessments should include understanding the reasoning an individual uses tobacco, as well as assessing an individual's challenges in quitting and confidence and willingness to quit. Next, integrate other medical or behavioral services if there is need for other support, and tailor the cessation program for the individual.[10,11]

Acknowledgements

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National Center for Farmworker Health, Inc.

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