

Racial and ethnic disparities in tobacco use, knowledge of health risks and treatment resources, and access to and utilization of cessation treatment contribute to disproportionate disease burdens from tobacco use. For this reason the 2008 Clinical Practice Guidelines call for increased research devoted to evaluating and enhancing tobacco use treatment interventions among racial and ethnic minority populations.<sup>i</sup>

Specific to pregnant women in Oregon, the Oregon Pregnancy Risk Assessment Monitoring System (PRAMS) in 2010 revealed that a substantial proportion of women did not receive assistance to quit. Furthermore, significant racial/ethnic variations were found in the assistance provided to quit smoking. This indicates a need for prenatal care providers to address tobacco use, especially to assist quitting, with *all* pregnant smokers.<sup>ii</sup> One obstacle is the dearth of culturally targeted smoking cessation interventions. Cultural targeting has been defined as “a single intervention approach for a defined population subgroup that takes into account characteristics shared by the subgroup’s members”<sup>iii</sup>

Research on one such “assistance” models developed for African American tobacco dependent individuals<sup>iv</sup> resulted in biochemically confirmed quit rates significantly greater than non-culturally targeted intervention at least for three months post intervention. This model implemented five forms of modification of an evidence-based tobacco cessation intervention: peripheral targeting (use of images to convey relevance), evidential targeting (presentation of evidence specific to the cultural group); linguistic targeting (delivered in the dominant language); socio-cultural targeting (relevant to the cultural values, beliefs and behaviors of the cultural group); and constituent targeting (involvement of the target community in the delivery of the intervention). Such culturally specific modifications to evidence-based tobacco cessation interventions are examples of what may be promising cessation practices in addressing racial/ethnic tobacco disparities.

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<sup>i</sup> Cox LS, Okuyemi K, Choi WS, Ahluwalia JS. A review of tobacco use treatments in U.S. ethnic minority populations. *American Journal of Health Promotion*. 2011 May-Jun;25(5 Suppl):S11-30. doi: 10.4278/ajhp.100610-LIT-177.

<sup>ii</sup> Tran ST, Rosenberg KD, Carlson NE. Racial/ethnic disparities in the receipt of smoking cessation interventions during prenatal care. *Maternal and Child Health J*. 2010 Nov;14(6):901-9. doi: 10.1007/s10995-009-0522-x..

<sup>iii</sup> Kreuter MW, Lukwago SN, Bucholtz RD, Clark EM, Sanders-Thompson V. Achieving cultural appropriateness in health promotion programs: Targeted and tailored approaches. *Health Education & Behavior*. 2003;30(2):133–146. [PubMed]

<sup>iv</sup> Matthews A, Sanchez-Johnson L, King A. Development of a Culturally Targeted Smoking Cessation Intervention for African American Smokers Community Health. Author manuscript; available in PMC 2013 Jul 16.. Published in final edited form as: *Journal of Community Health* 2009 Dec. 34(6): 480-492.