ASIAN AMERICANS ADVANCING JUSTICE SOUTHERN CALIFORNIA

## TOBACCO INEQUITIES, POLITICAL REMEDIES:

# How Orange County Policymakers Can Increase Vietnamese American Participation in Tobacco Control

OCTOBER 2026

### POLICY RECOMMENDATIONS

I. Enact stricter tobacco retail licensing policies in accordance with the interests of all OC constituents, including VAOC.

II. Leverage evidence-based co-ethnic mobilization tactics to increase Vietnamese American political participation.

III. Develop culturally sensitive ways of mobilizing VAOC around tobacco control in upcoming election materials and events.

## EXECUTIVE SUMMARY

With the upcoming General Election on November 3, 2026, we urge Orange County (OC) policymakers to address longstanding public health issues that impact their constituents. The cities of Garden Grove, Santa Ana, and Westminster constitute the Little Saigon Vietnamese American diasporic pocket.[1] Based on the most recent ACS 5-Year estimates, OC's population is 7.41% Vietnamese American, with the Vietnamese American population reaching as high as 33.46% in cities such as Garden Grove.[2]

Smoking among Vietnamese American men in California has remained persistently higher than the national average. Historically, a 2010 study found that 35.40% of Vietnamese American men in California smoked, compared to 16.50% of men in California and 23.90% of men in the United States.[3] After conducting a tobacco opinion survey in OC from May-August 2026, we found that Vietnamese Americans in OC (VAOC) show high support for tobacco control policies; however, this broad community support is not reflected in the policies enacted by local policymakers.

We contend that tobacco use is not merely a health concern but a policy challenge that demands meaningful political participation. A recent 2026 study found that the political inequity of Asian Americans in California, particularly that of VAOC, leads to worse health outcomes and the misallocation of health resources.[4] Communities with less influence over the political process have fewer opportunities to shape decisions affecting their health. OC policymakers are called to advocate for tobacco control by increasing the political participation of Vietnamese American communities.

## SCOPE OF THE PROBLEM

For VAOC, political invisibility, language barriers, survival mentality, and a cultural stigma against "rocking the boat" constrain political participation. Challenges associated with immigration status are also a significant factor in political participation. This political inequity then leads to limited access to health resources, including a lack of accessible language services.[4] Despite their existing lack of political participation, our survey shows that VAOC are highly interested in tobacco control policy. On average, 73.47% of the 21 OC Vietnamese Americans included in our survey answered "Agree/Support" to all the tobacco control policies presented. Our VAOC participants seem to care most about tobacco control policies that affect adolescents and schoolchildren. 85.71% agreed with "a law that requires store owners to have a local license to sell tobacco... including making sure they do not sell to people under 21" and a law that "prevents stores near schools from selling tobacco."

The high interest in adolescent tobacco control measures is indicative of the impact of smoking on generations of Vietnamese American families. A study done in the Delaware Valley region found that Asian American men, including Vietnamese men, were almost two times as likely to smoke if their fathers smoked.[5] Furthermore, smoking and failed quit attempts in Vietnamese American families create noncommunication cycles of conflict, disengagement, and disharmony.[6] These smoking patterns emphasize the need for community-wide mobilization that incorporates children and families. Our survey findings show strong support for OC policymakers to act on tobacco control. 76.19% of our Vietnamese American participants agreed that their "city council (or board of supervisors) should take action on tobacco," and 71.43% said they would be more likely to vote for a policymaker who "advocates for phasing out the sale of tobacco products."

## EXISTING INTERVENTIONS

Tobacco control for Vietnamese Americans has been explored in the past. While these alternatives addressed socio-cultural causes of smoking, they lacked the political dimension needed for structural change. Smoking cessation programs such as the REACH project significantly reduced smoking rates in Asian American communities, but they still could not get the non-English-speaking Vietnamese American men in their focus groups to smoke less than the national average.[7] The disparity in outcomes between English-speaking and non-English-speaking participants poses a recurring concern of language accessibility in tobacco control. A study done on an Asian-language smokers' quitline in California found that Chinese, Korean, and Vietnamese-speaking callers utilized the resource just as frequently as all other groups, but the study further suggests that a quitline like this would need to be combined with anti-smoking media campaigns in Asian immigrant populations.[8] Increasing Vietnamese American political participation in tobacco control by means of campaigning, voting, protest, etc. would disseminate anti-smoking resources while also providing access points required for constituents to drive institutional change.

## HOW VAOC PARTICIPATION STARTS

To engage VAOC on political issues, including those of tobacco control, candidates and policymakers must understand how VAOC communities tend to engage with the political process. For the most part, VAOC are known to prefer protest as their primary method of political participation, due to its accessibility and low requirement for civic skills.[9] When VAOC do vote, co-ethnic candidacy is the strongest predictor of turnout. In the 2007 special supervisorial election that won Janet Nguyen her first term, 39.10% of registered VAOC turned out to vote. Astonishingly, 41.40% of registered VAOC immigrants turned out to vote, while only 15.00% U.S.-born VAOC turned out to vote.[10] Co-ethnic candidacy is particularly effective at mobilizing VAOC immigrants to vote. VAOC are also more likely to vote for Vietnamese candidates, with co-ethnic candidacy even breaking partisan voting patterns. In the 2018 District 34 State Senate election, about 86.00% of VAOC voters supported Janet Nguyen despite the fact that only 34.00% of Vietnamese voters were registered Republicans at the time. In the same year, only 58.70% of VAOC voters supported the Republican nominee and runner-up for CA governor John Cox.[11] Similarly, looking back at the 2008 presidential primary, despite it being a major election, only 32.60% of registered VAOC turned out to vote. High VAOC turnout re-emerged in the 2008 state primary plus supervisor race, when Janet Nguyen won her second term; numbers were almost equivalent to the 2007 supervisorial race.[10] Based on these data, it is critical for policymakers to recognize the ability of their VAOC constituents to mobilize and vote for tobacco control policies that speak to their concerns.

## MAINTAINING VAOC PARTICIPATION

However, co-ethnic candidacy alone cannot sustain VAOC mobilization. In the absence of co-ethnic candidacy, participation drops. Thus, other co-ethnic mobilization tactics must be used to maintain VAOC political participation and prioritize tobacco control policies. In 2013, a study was done to raise awareness about environmental hazards in Vietnamese American communities across California, including Orange County. The study found that leadership developed among Vietnamese American participants after exchanging information with environmental organizations. This process, known as co-learning, motivated Vietnamese Americans to voluntarily present at community forums and even invite policymakers to attend.[12]

The co-learning process aligns with VAOC preferences for collective and mostly informal political action.[9] To implement co-learning tactics in tobacco control policy, OC policymakers should disseminate expert knowledge and tobacco control resources in collaboration with health organizations, doctors, non-profits, etc. Then, VAOC input should be facilitated at intra-community events, especially during election times. Forums, town halls, and health fairs are examples of civic events that policymakers can organize. By facilitating input at low-stakes civic events, policymakers can promote tobacco equity while also bringing these concerns to the policy level. To align with the cultural effects of tobacco on Vietnamese American families, policymakers should encourage participation from VAOC smokers and their families and children. A study that analyzed data on Chinese and Vietnamese American male smokers in Northern California found that positive praise from family members significantly increased willingness to quit smoking.[13] Policymakers can organize all-ages civic events to promote family support for VAOC smokers, which would deeply involve larger networks of VAOC in tobacco control policy. On the other hand, an earlier study that analyzed data on Vietnamese American male smokers in California found that smoking-related conflicts in their families increased willingness to quit smoking.[14] In either case, for VAOC, strong family involvement is shown to challenge behaviors and thought processes related to smoking.

## SURVEY METHODOLOGY

To measure policy interests, we collected survey responses using a completely anonymous tobacco opinion questionnaire. Garden Grove residents aged 18 and older were encouraged to take our survey. Residents were asked to participate in a 5-minute questionnaire about tobacco use and policy. Our survey was available in English, Korean, Chinese, Tagalog, and Vietnamese. Surveying began May 15, 2026, and continued through August 5, 2026. We surveyed in-person across the cities of Garden Grove, Westminster, and Cypress, focusing on Garden Grove as our priority site. We formally conducted surveys at 8 physical sites across Garden Grove, Westminster, and Cypress, not including responses collected via personal connections and word-of-mouth.

## SURVEY LIMITATIONS

Our results are susceptible to sampling biases. Though we diversified location types for in-person surveying, we ultimately chose these sites because they are known to be high-traffic and central to VAOC communities. Moreover, participants self-selected into the survey and were likely to have done so for personal reasons, such as a strong opinion about tobacco, a desire to be heard, and/or reactions to the surveyor. In addition, due to cultural differences, residents might have misunderstood the purpose of our survey, affecting their willingness to participate. Using a public opinion survey as a tool for advocacy might be foreign to these VAOC, precluding their participation in our survey. This contradiction highlights the need for more culturally sensitive mobilization tactics. Lastly, the May 2026 Garden Grove chemical leak may have affected our results. We acknowledge that large groups of residents were displaced, and some community events were cancelled. It is unclear if and how the chemical leak shaped the tobacco opinions that were shared by our participants.

## CONCLUSION

Tobacco use in Vietnamese American communities is not just a health issue, but also a problem of political participation. Political participation is a critical but overlooked social determinant of health. It determines the allocation of health resources, adoption of policies that protect communities disproportionately impacted by tobacco use, and development of culturally sensitive interventions. We call on OC policymakers to address the concerns of Vietnamese American community members. Candidates and elected officials should advocate for tobacco control policies that Vietnamese Americans have clearly indicated as significant to them, and VAOC engagement should be maintained in ongoing mobilization efforts.

## Asian Americans Advancing Justice Southern California

AJSOCAL is a social justice organization that protects and strengthens the rights and dignity of Asian American and Pacific Islander (AAPI) communities, especially those that are most disadvantaged. To learn more about AJSOCAL's research, please visit: https://ajsocal.org/our-reports-and-research/

**Authors:** Dawn Tran and Connie Lo
**Contributors:** June Lim, Ronnette Ramos, Victoria (Nikki) Dominguez, Kathleen Ha and Li Xu

## SURVEY RESULTS

These results include the responses of 21 Vietnamese Americans, analyzed from a larger sample of 48 OC residents ages 18+ surveyed about tobacco use and policy.

| Survey Question | Answer<br>Yes<br>No<br>No Opinion/Unsure |
|---|---|
| Do you think there are too many places in your community that sell tobacco products? | 57.14%<br>19.05%<br>23.81% |
| Tobacco litter is a problem in my community | 71.43%<br>9.52%<br>19.05% |
| My community has been negatively impacted by smoking, electronic smoking devices, or other tobacco use | 71.43%<br>19.05%<br>9.52% |
| My city council (or board of supervisors) should take action on tobacco | 76.19%<br>14.29%<br>9.52% |
| I would be more likely to vote for a policymaker that advocates for phasing out the sale of tobacco products in our community | 71.43%<br>19.05%<br>9.52% |
| One goal of this project is to encourage lawmakers to consider laws/policies that phase out or eliminate all sales of tobacco in your county, specifically in your city. Would you support or oppose eliminating the sale of tobacco in your city? | 71.43%<br>14.29%<br>14.29% |
| Would you support or oppose a law that requires store owners to have a local license to sell tobacco? The license fees would cover the cost of checking whether stores follow tobacco laws, including making sure they do not sell to people under 21. | 85.71%<br>9.52%<br>4.76% |
| Limits the number of stores where cigarettes/ tobacco can be sold? | 71.43%<br>14.29%<br>14.29% |
| Prevents stores near schools from selling tobacco? | 85.71%<br>14.29%<br>0.00% |
| Prevents stores that primarily provide healthcare products and services, such as pharmacies, from selling tobacco? | 76.19%<br>9.52%<br>14.29% |
| Phases out the sale of flavored tobacco products? | 80.95%<br>14.29%<br>4.76% |
| Makes it illegal to sell small amounts of tobacco, like single cigarillos, or other tobacco products in packs of one? | 61.90%<br>19.05%<br>19.05% |
| Sets a minimum price for tobacco products? | 76.19%<br>9.52%<br>14.29% |
| Bans price discounts on tobacco? | 71.43%<br>14.29%<br>14.29% |

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