


Tobacco Health Equity and Diverse Populations

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Keck School of
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Mission Statement

*Our mission is to provide materials
development technical assistance
and training to all CTCP-funded
projects and their subcontractors.*



Tobacco Education and Materials Lab



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What do we do?

- Provide technical assistance and training to create high quality materials.
- Develop and revise tobacco education materials
- Review materials developed by CTCP-funded projects for statewide and national distribution


→




Discussion: What is HEALTH?



Video

Why I wanted to show this video:

Let's Start a Conversation About *Health* . . .

- Explanation of Social Determinants of Health
- Provides a smoking example
- Places importance on community
- Engaging video tailored for different types of community members

<http://www.youtube.com/watch?v=QboVEEjPNX0>



Learning Objectives

- Define Health Equity
- Define Social Determinants of Health
- Identify how tobacco impacts health equity among priority populations
- Identify resources that TEAM Lab offers

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What is HEALTH?

- Wellbeing
- Free from illness
- Happiness
- What are things that support health?
 - Healthy food
 - Good housing
 - Good education
 - Safe neighborhoods
 - Freedom from racism/discrimination
- Health is a human right

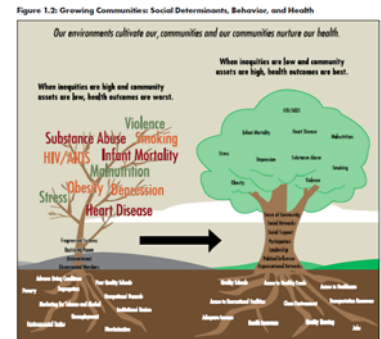
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Social Determinants of Health

- Socioeconomic status
- Transportation
- Housing
- Access to services
- Discrimination by social grouping (e.g. race, gender, or class)
- Social or environmental stressors



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Health Equity

- Basic principle of public health – all people have the right to health.
- “Everyone has the opportunity to “attain their full health potential” and no one is “disadvantaged from achieving this potential because of their social position or other social determined circumstances.” –CDC, 2008
- Health inequalities
 - Result of the systematic and unjust distribution of basic human needs.

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Place Matters – Food Choices



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Place Matters – Living Environment



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“. . . We could use this place as a place to play sports.

We don't get to interact as much because we don't have places to play. The bond is broken. We could build a park so that kids my age can stay active healthy and connected.”

Daisy Romero, Age 13

Photo Voice Project, Santa Ana, CA

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Institute

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Health Happens Here!



In our neighborhoods, in our schools, in our grocery stores and our parks—every moment of the day the places where we spend our lives affect how long, and how well, we live.

The latest medical treatment or exercise routine is only part of the equation; research shows that a healthy life is determined in large part by the safety of the streets in the neighborhoods where we live, the classrooms and the cafeterias in our kids' schools, and access to preventive health.

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- “The health inequities we see...are not about just individual bad choices: they are about things not being fair”
– Nancy Krieger, Harvard School of Public Health

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- “It is unreasonable to expect that people will change their behavior easily when so many forces in the social, cultural, and physical environment conspire against such change.”
– Institute of Medicine

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Health Disparities

- Differences in the incidence and prevalence of health conditions and health status between groups.
 - Social Economic status
 - Race/ethnicity
 - Sexual orientation
 - Gender
 - Disability status
 - Geographic location
 - Or a combination of these things.

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Discussion:
**What are some disparities you see
 in your community?**

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Many Successes in Tobacco Control

- Percentage of smokers has decreased since 1990 and dropped to a record low of 11.9%.
- CA adult smoking prevalence is lower than the US adult smoking prevalence.
- \$86 billion dollars saved in first 15 years (CTCP)
- 1 million lives have been saved in CA so far!

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The fight continues...

- Although smoking decreased, smoking prevalence rates within CA diverse communities has not decreased in the same amount.
- It is estimated that smoking prevalence will increase again
- California has 3.6 million smokers, and remains the #1 preventable cause of disease and death.

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Tobacco Inequities

- Income
- Education
- Place
- Sexual/gender orientation
- Race/ethnicity
- Gender
- Age
- Unemployment



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Tobacco Industry Targeting

- Tobacco industry targets diverse populations:
 - Sponsorship of cultural, educational, and entertainment events
- Tobacco industry spent \$10.5 billion on advertising and promotion of its products.
- There are more tobacco retail stores in minority and low-income areas than any other area.

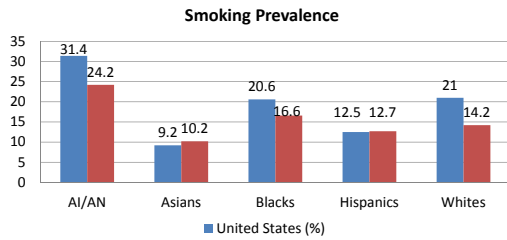
Environment: What Sold and Promoted

| Neighborhood Race | Mean # Outdoor Tobacco Advertisements |
|---------------------|---------------------------------------|
| Less than 59% White | 12.6 |
| More than 75% White | 8.4 |

Point of Sale Marketing of Tobacco Products: Taking Advantage of the Socially Disadvantaged? (2009)

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Adult Smoking – Current Smokers



Source: CDC, 2010; CHIS Data 2009

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Priority Populations

- African Americans,
- American Indian and Alaska Natives
- Asian Americans
- Hispanics/ Latinos
- People of low socioeconomic status, including
 - the homeless
 - people with limited education
- Lesbian, gay, bisexual, and transgender (LGBT) people
- Rural residents
- Military
- Individuals employed but not protected by smoke-free workplace laws
- People addicted to alcohol and other drugs and the mentally ill
- People with disabilities; and formerly incarcerated individuals.

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Low Socio-Economic Status (SES)

- Smoking prevalence is 3 times higher than high SES individuals.
- Low SES smokers have greater risk of cancers, such as lung cancer. 40-50% of all lung cancer cases can be explained from smoking.



Break Free Alliance. Smoking in Low Socioeconomic Status Populations: Prevalence, Health Impact, Challenges and Recommendations. (2012)

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California Adult Smoking Prevalence by Income and Education Level, 2010

| Income | Smoking Prevalence | Education | Smoking Prevalence |
|--------------------|--------------------|-----------------------|--------------------|
| Less than \$15,000 | 17.7% | Less than High School | 14.3% |
| \$15,999 - 24,999 | 16.2% | High School or G.E.D. | 17% |
| \$25,000 – 34,999 | 15.6% | Some post High School | 14.6% |
| \$35,000 – 49,999 | 11.5% | College Graduate | 5.9% |
| \$50,000 | 7.9% | | |

Break Free Alliance. Smoking in Low Socioeconomic Status Populations: Prevalence, Health Impact, Challenges and Recommendations. (2012)

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Latinos/Hispanic Population

- Smoking prevalence among California's H/L adult population was 10.2% compared to the state's 11.6% prevalence rate.
 - When broken down by gender Hispanic adult males have a much higher smoking rate at 15.1% than their female counterparts of 5.3%.

California Tobacco Survey (2008)

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Latinos/Hispanic Population

- CA Latino HS students had the second highest smoking prevalence among all high school students at 13.9%
 - highest prevalence in white HS students at 17.6%
- 81% of Hispanic youth smokers (ages 12-17) prefer Marlboro, Newport and Camel- three heavily advertised brands.

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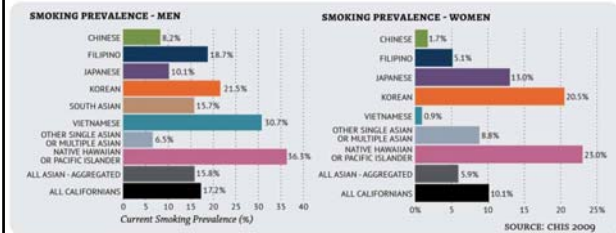
Latinos/Hispanic Population

- Latinos suffer disproportionately from smoking-related diseases.
- Heart disease and stroke together accounted for almost 30% of all deaths among Hispanics in 2007.
 - smoking is a major cause of heart disease.
- Lung cancer is the leading cause of cancer death among Latinos in the U.S.
 - Tobacco use increases the risk of lung cancer.

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Asian and Pacific Island Populations

- Smoking prevalence rates are higher among men than woman in most Asian American subgroups.



Asian Pacific Partners for Empowerment, Advocacy, and Leadership (APPEAL). Tobacco Use Among Asian American, Native Hawaiian and Pacific Islander Communities in California (2012). SOURCE: CHHS 2009

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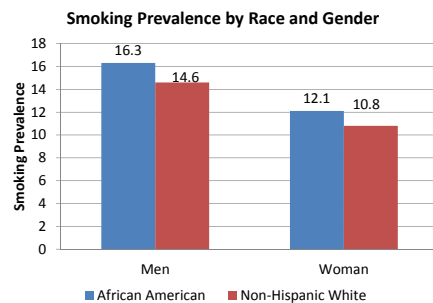
Asian American and Pacific Island Populations

- PI youth smokers start smoking earlier than any other ethnic or racial group (31% starting in grade school).
- AA youth are more likely to start smoking later (33% start smoking in high school vs. 4% start smoking in middle school).
- Nationwide, 51.5% of AA youth smokers and 41.4% of NH and PI youth smokers (ages 12-17) report smoking a menthol brand.

Asian Pacific Partners for Empowerment, Advocacy, and Leadership (APPEAL). Tobacco Use Among Asian American, Native Hawaiian and Pacific Islander Communities in California (2012).

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African American Populations



California Tobacco Control Survey (2008)

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African American Populations

- Begin Smoking later in life
- Highest rates of menthol cigarette use
 - 70% of African American smokers prefer menthol cigarettes compared with 30% of White smokers.
 - 30% of menthol smokers are African American
- Menthol smokers had lower cessation, fewer quit attempt rates, and there was a significant increase in the risk of relapse.

California Tobacco Control Survey (2008); California Tobacco Control Programs. The Impact of Menthol on Public Health (2011).

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African American Populations

- African Americans are more likely to develop and die from lung cancer than persons of any other racial or ethnic group.
 - African American men have a 47% higher lung cancer incidence rate than White men.
 - Although African American women smoke fewer cigarettes than White women, they have roughly equal lung cancer incidence rate.

California Tobacco Control Survey (2008)

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American Indian and Alaska Native Populations

- American Indians have the highest smoking prevalence (40.8%) among all ethnic groups in the United States.
 - High smoking rate among both genders
 - Both smoking and smokeless tobacco are highest among AI/AN



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American Indian and Alaska Native Populations

- American Indians begin smoking at a younger age, leading to increased mortality and morbidity risk.
- Low quit rate and high relapse rate
 - Majority used 'Cold Turkey' method to quit smoking
 - Unaware of smoking cessation aids, such as nicotine replacement therapy and pharmacotherapy



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Behavioral Health Population

- Nationally, Between 77% and 93% of clients in substance abuse treatment settings use tobacco.
- People with serious mental illness die, on average, 25 years before the general population, and its worsened by smoking.

California Tobacco Control Programs. Behavioral Health Fact Sheet (2013).

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Behavioral Health Population

| Diagnosis | Adult smoking prevalence |
|--|--------------------------|
| Schizophrenia | 62-90% |
| Bipolar disorder | 51-70% |
| Major depression | 36-80% |
| Anxiety disorder | 32-60% |
| Post-traumatic stress disorder | 45-60% |
| Attention deficit/hyperactivity disorder | 38-42% |
| Alcohol abuse | 34-80% |
| Other drug abuse | 49-98% |

California Tobacco Control Programs. Behavioral Health Fact Sheet (2013).

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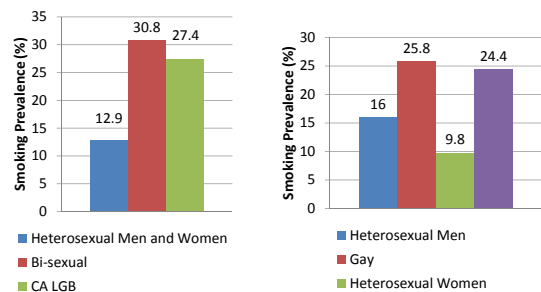
Behavioral Health Population

- In CA, people that reported poor mental health disorders were twice as likely to be smokers as compared to those that reported no mental health disorder(21.7% vs. 11.7 %).
- People with mental illness typically rely on fixed incomes and the high prevalence of tobacco use in this population has a significant economic impact.

California Tobacco Control Programs. Behavioral Health Fact Sheet (2013).

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Lesbian, Gay and Bisexual Populations



California Tobacco Control Programs. Smoking Among California's Lesbian, Gay, and Bisexual Population (2013)

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Lesbian, Gay and Bisexual Populations

- The tobacco industry openly targets gays and lesbians by placing ads in LGBT publications.
- Twist LGBT values
 - Freedom
 - Choice and pride



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The Spectrum of Prevention

- Influencing Policy & Legislation
- Changing Organizational Practices
- Fostering Coalitions & Networks
- Educating Providers
- Promoting Community Education
- Strengthening Individual Knowledge & Skills

Prevention Institute

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Potential Strategies

- Raise the tobacco excise tax
- Implement tobacco retail licensing, conditional use permits, zoning restrictions and prohibit free or low-cost coupons, rebates, gift cards, and gift certificates for tobacco products.
- Smoking cessation in behavioral health and substance abuse facilities
- Implement local initiatives such as smoke-free MUH, workplaces, parks.
- Incorporate equity and cultural competency standards in all tobacco control agencies, programs, processes, practices, and infrastructures.

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Creation of Culturally Tailored Materials

- For all strategies, educational materials are important to support tobacco control efforts.
- Difference in talking to City Officials versus talking to community members that are poor.



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A New Way to Talk About Social Determinants of Health



- Great resource that provides tips on how to talk about “social determinants of health” without having to use technical jargon.

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Services TEAM Lab Provides

- Advise on material design
- Cultural tailoring
- Field Test and improve readability
- Develop materials to support statewide campaigns



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Resources and Tips

Web: www.teamlab.usc.edu

- Learn How
- Ask Us
- Send Us
- Get Trained

Email: teamlab@usc.edu

Tel: 323-442-8214



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Fact Cards/Postcards



Use the search feature on your left for specific formats, audiences and languages.



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- “Strong healthy communities whose contributions are recognized by a society that fosters the health, well-being, and prosperity of all its members.”

Source: National Alliance for Hispanic Health

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Health Equity Resources

- Promoting Health Equity (CDC) <http://www.cdc.gov/healthycommunitiesprogram/tools/pdf/SDOH-workbook.pdf>
- A New Way to Talk About Social Determinants of Health <http://www.rwjf.org/content/dam/farm/reports/reports/2010/rwjf63023>
- Key Concepts of Social Determinants of Health (WHO): http://www.who.int/social_determinants/final_report/key_concepts_en.pdf
- Health Equity Resource Toolkit for State Practitioners Addressing Obesity Disparities <http://www.cdc.gov/obesity/downloads/CDCHealthEquityObesityToolkit508.pdf>
- PolicyLink: Center for Health Equity and Place http://www.policylink.org/site/c.lkXlBmNirE/b.5136633/k.2E57/PolicyLink_Center_for_Health_Equity_and_Place.htm
- Unnatural Causes <http://www.unnaturalcauses.org/>
- Prevention Institute: Health Equity and Prevention Primer <http://www.preventioninstitute.org/tools/focus-area-tools/health-equity-toolkit.html>
- A Tale of Two Smokers http://www.unnaturalcauses.org/interactivities_02.php

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Health Equity Resources

- A Gateway to Health Communications and Social Marketing Practices <http://www.cdc.gov/healthcommunication/audience/index.html>
- Measure organization level of addressing social determinants of health <http://wherehealthbegins.org/scorecard.html>
- Tackling Health Inequities Through Public Health Practice: A Handbook for Action http://www.naccho.org/topics/justice/uploads/NAACCHO_Handbook_hyperlinks_000.pdf
- Why Place & Race Matter http://www.policylink.org/site/c.lkXlBmNirE/b.6728307/k.58F8/Why_Place_Race_Matter.htm
- Let's Start a Conversation About Health (Video) <http://www.youtube.com/watch?v=QboVTEjP900>
- Let's Start a Conversation About Health...A Not Talk About Health Care at All: User Guide http://www.sduu.com/uploads/content/listings/EN_LetsStartaConversationUserGuide_Sept_20_2011.pdf
- Change Lab Solutions <http://change-lab.com/solutions/to-bacco-control>
- Social Determinants of Health Call to Action <http://wherehealthbegins.org/video2.html?iframe&size=7&slide=16>

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Questions?

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Thank you!

For more information, please contact:

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