

Examining Education Disparities in Tobacco Use

May 25, 2016

3:00-4:00 PM ET



Webinar Logistics

- Two ways to listen to audio
 - Through your computer speakers (preferred)
 - Via telephone: (888) 233-0996, passcode 5655848
 - Do not use both methods
- This webinar is being recorded and the recording will be shared with you via email
- Any time during the webinar, submit discussion questions in the chat box for the Q&A session



Our Agenda

- Welcome
- A Look at the Role of the Social Determinants of Health & Intersectionality
- Potential Opportunities to Address Tobacco-Related Disparities Among Vulnerable Populations by Level of Education
- Questions and Answers
- Wrap Up and Adjourn



Webinar Objectives

- 1) Define terms related to health equity and health disparities, and explore their connection to tobacco use and tobacco-related disease in the United States.
- 2) Discuss how to connect with non-traditional partners in an effort to promote tobacco control in these priority populations.
- 3) Present case studies of successful collaborations that have helped improve health outcomes for individuals with lower educational attainment.



ASTHO Support Staff

- **Elizabeth Walker Romero**, Senior Director Health Improvement
- **Alicia Smith**, Director Chronic Disease Prevention
- **Talyah Sands**, Senior Analyst Tobacco & Chronic Disease Prevention
- **Joshua Berry**, Analyst Health Promotion & Disease Prevention
- **Mary McGroarty**, Intern Health Promotion & Disease Prevention



TCN Mission

To improve the public's health by providing education and state-based expertise for tobacco prevention and control at the state/territory and national levels.



TCN Executive Committee

- **Chair:** Barry Sharp (TX)
- **Chair-Elect:** Andrea Mowery (MN)
- **Immediate Past Chair:** Miranda Spitznagle (IN)
- **Policy Chair:** Andrea Mowery (MN)
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Regional Representatives

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- **Region 4:**
Kenny Ray (GA), Andrew Waters (KY)
- **Region 5:**
Katelin Ryan (IN), Christina Thill (MN)
- **Region 6-8:** Adrienne Rollins (OK), Terry Rousey (CO)
- **Region 9-10:**
Luci Longoria (OR), Elizabeth Guerrero (Guam)



Examining Education Disparities in Tobacco Use: *A Look at the Role of the Social Determinants of Health & Intersectionality*

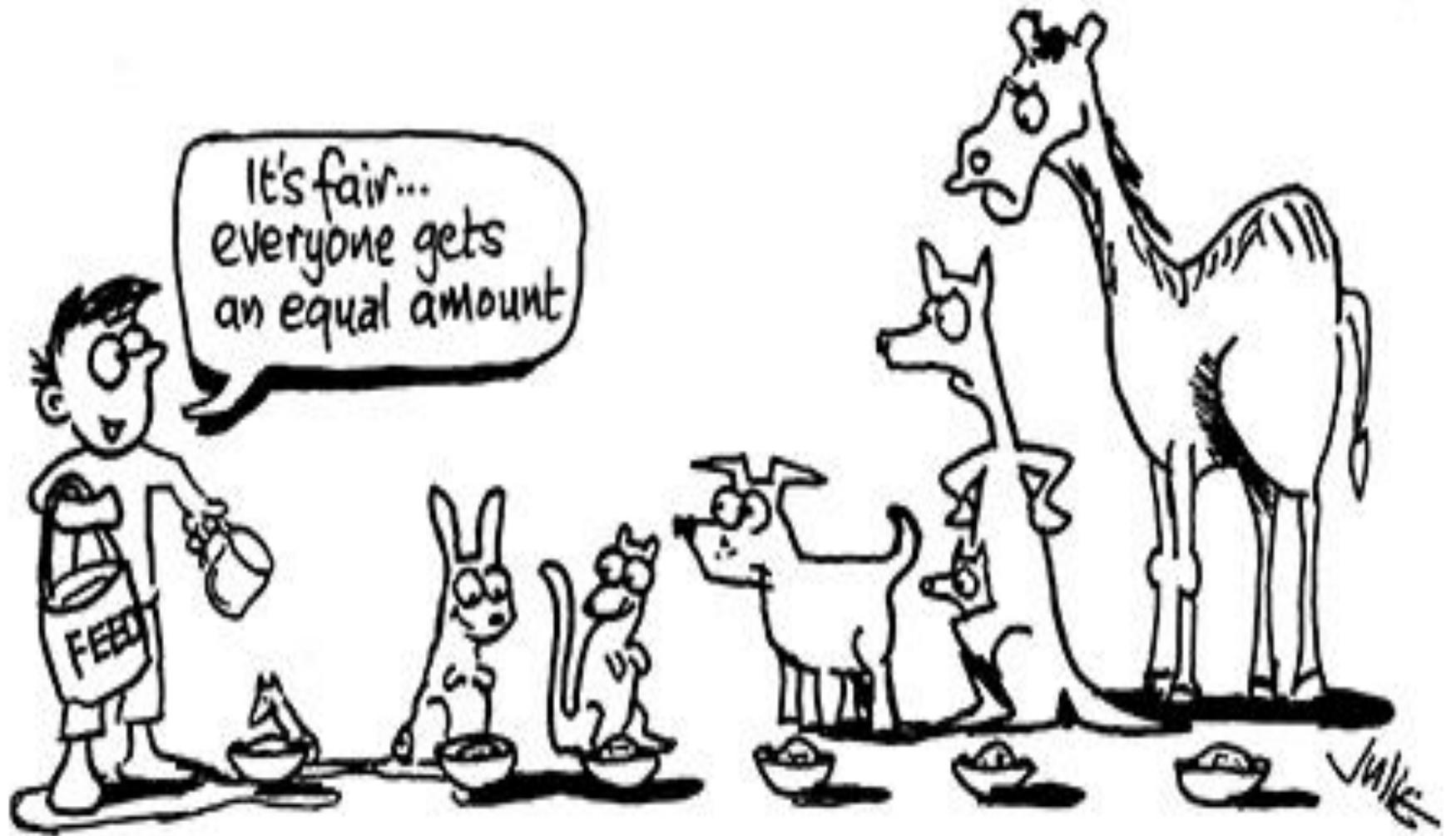
Yolanda Savage-Narva, MEd

Health Equity

Association of State and Territorial Health Officials (ASTHO)

May 25, 2016





Today's Presentation

- ASTHO
- 2016 President's Challenge
- What's the Difference?
- Real Life
- Efforts to Advance Health Equity and Optimal Health for All

About ASTHO

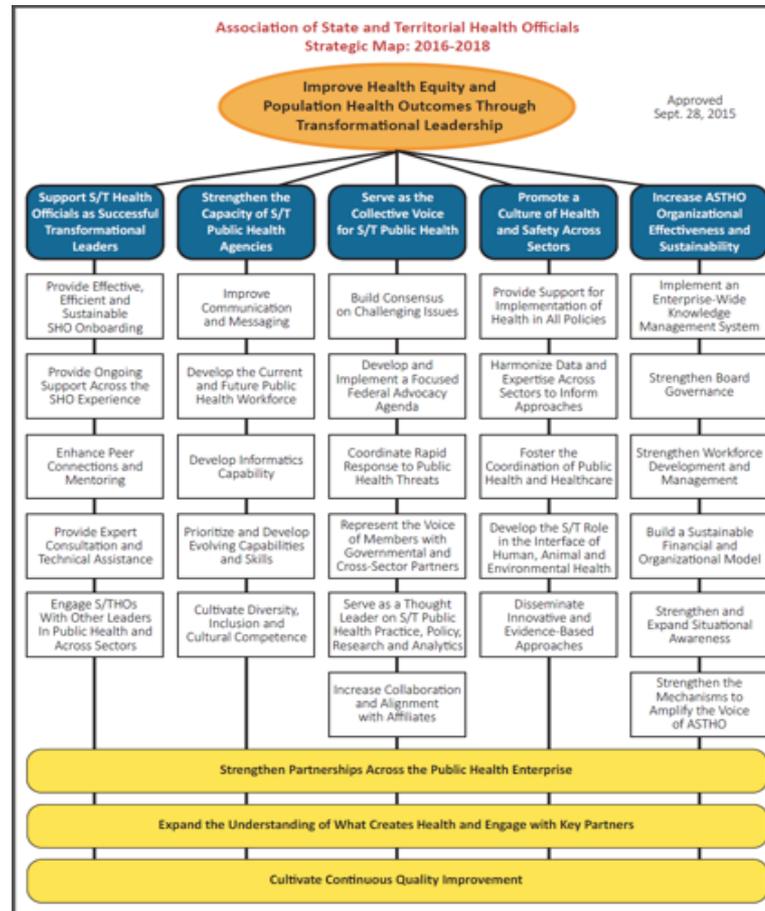
■ VISION

Healthy people thriving in a nation free of preventable illness and injury.

■ MISSION

To transform public health within states and territories to help members dramatically improve health and wellness.

ASTHO 2016-2018 Strategic Map



2016 President's Challenge: Advancing Health Equity and Optimal Health for All

Triple Aim of Health Equity



-  Implement a Health in All Policies Approach With Health Equity as the Goal
-  Expand Our Understanding of What Creates Health
-  Strengthen the Capacity of Communities to Create Their Own Healthy Future

Defining the Terms

- Public Health
- Social Determinants of Health
- Health Disparities
- Intersectionality
- Health Equity-Social Justice

Public Health is....

*“Public health is what we, as a society, do collectively to assure **the conditions** in which (all) people can be healthy.”*

—Institute of Medicine (1988), Future of Public Health

FAIR ISN'T

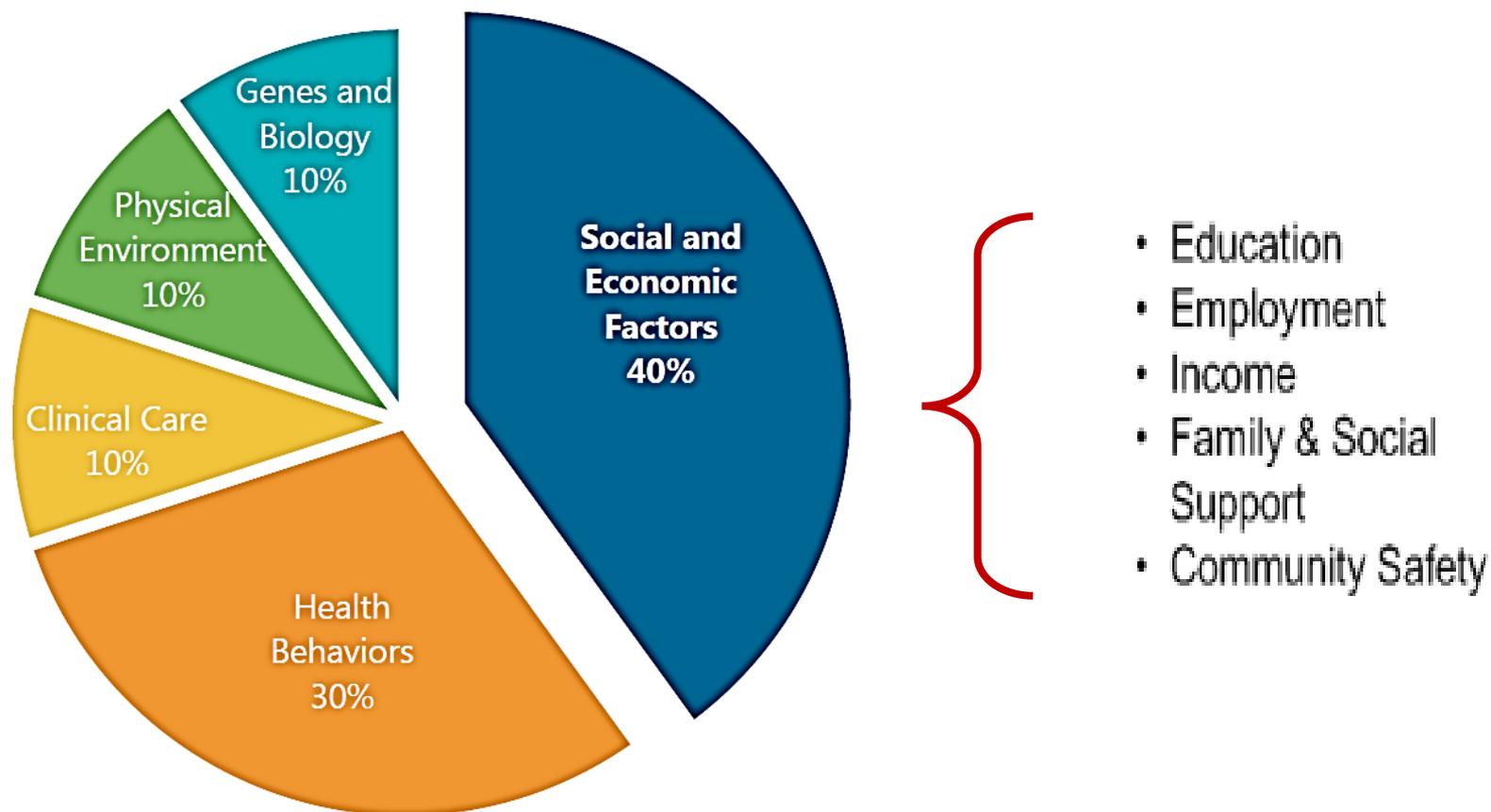
everybody getting the
same thing.....

FAIR IS

everybody getting
what they need
In order to be

SUCCESSFUL.

Social Determinants



Determinants of Health Model based on frameworks developed by: Tarlov AR. Ann N Y Acad Sci 1999; 896: 281-93; and Kindig D, Asada Y, Booske B. JAMA 2008; 299(17): 2081-2083

Health Disparity

- Healthy People 2020 defines a *health disparity* as “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health

Intersectionality

- Intersectionality is the study of overlapping or intersecting social identities and related systems of oppression, domination or discrimination



Health Equity

- Healthy People 2020 defines *health equity* as the “attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally
- Social justice is the equitable distribution of social, economic and political resources, opportunities, and responsibilities and their consequences.

Intersectionality

- Intersectionality
 - Race and Ethnicity
 - Veterans
 - Zip Code
 - LGBTQ
 - Disabilities
 - Language

Real Life

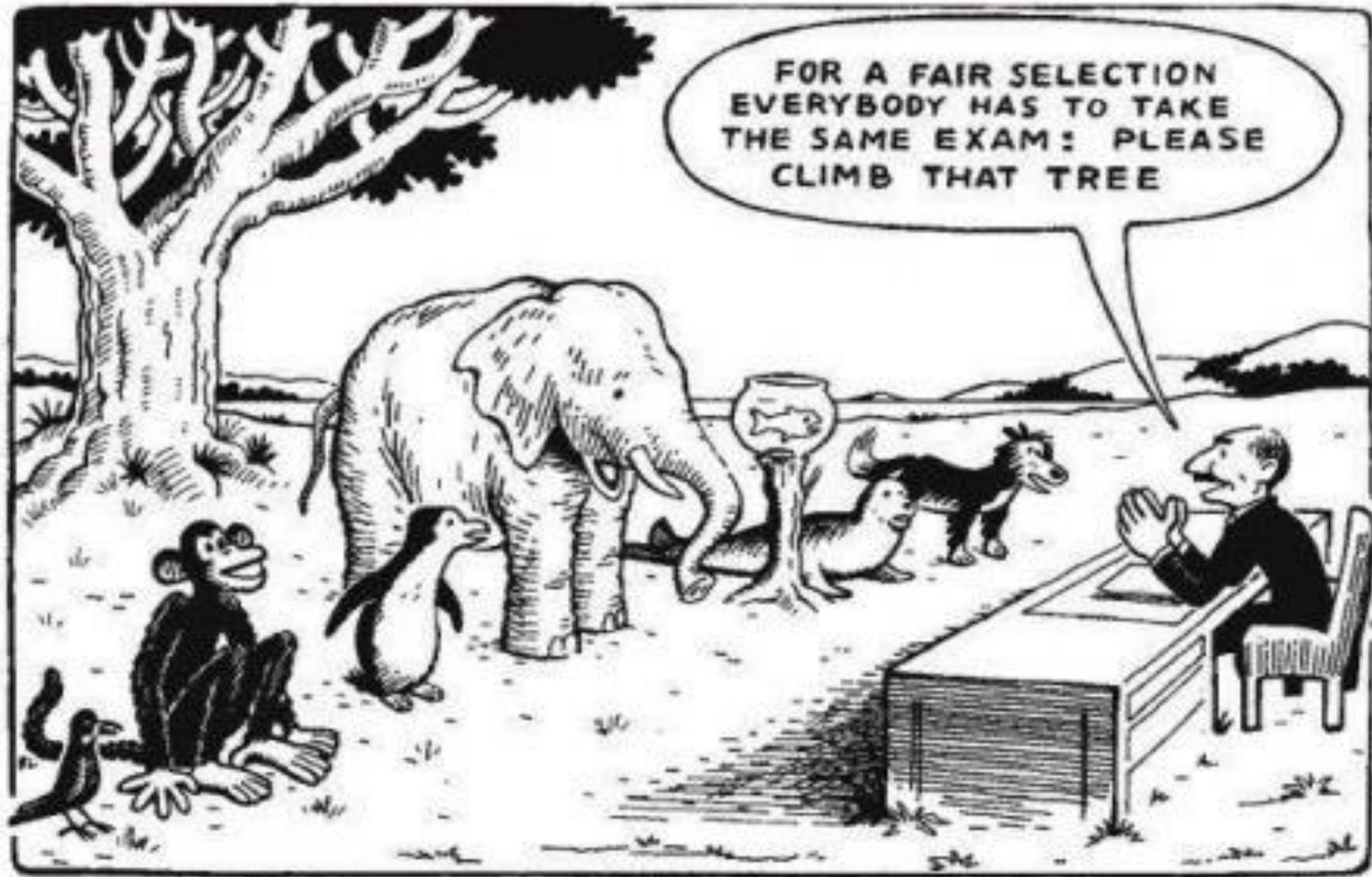


Real Life



Real Life





Interventions and Programs

- Veterans, Place and Race

- LGBTQ Communities

- Initiatives addressing other populations

 - People with Disabilities

 - People with English as a Second Language and Limited Literacy

Equality



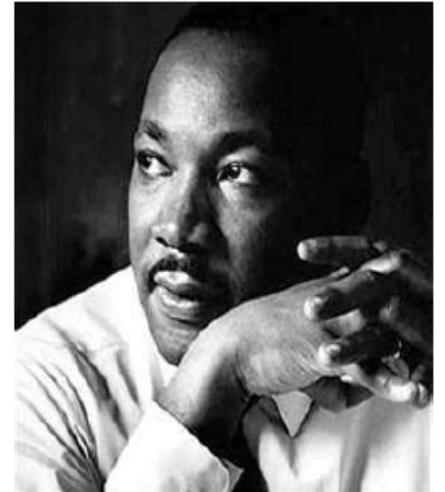
Equity



Martin Luther King, Jr.

- *“Injustice anywhere is a threat to justice everywhere.”*

- Letter from Birmingham Jail, April 16, 1963



Contact Information

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Potential Opportunities to Address Tobacco-Related Disparities Among Vulnerable Populations by Level of Education

Dwana “Dee” Calhoun-Director, SelfMade Health Network (SMHN)
Date: May 25, 2016



SelfMade Health Network

Member of a consortium of eight (8) national networks funded by the Centers for Disease Control (CDC) Office of Smoking and Health (OSH) in partnership with the Division of Cancer Prevention and Control (DCPC) to advance prevention and control efforts involving cancer and tobacco-related disparities.



SMHN Priority Populations:

Populations nationwide with low socioeconomic status (SES) characteristics residing in rural, urban and frontier communities

“SelfMade Health” Philosophy

- ❑ *In the presence of affordable, supportive and resource-friendly environments; individuals, families and subsequently populations can accrue greater awareness, knowledge, understanding, and self-efficacy as well as increased control of their decisions about health risks and overall health.*
- ❑ *In the presence of sustained local & regional infrastructures with evidence-based resources, decisions among vulnerable populations would be consistently applied throughout the entire continuum of health.*



Vision



Envision a nation in which vulnerable populations (multi-generational) residing throughout rural, urban and frontier regions have equitable awareness and access to geographic and culturally-relevant information.



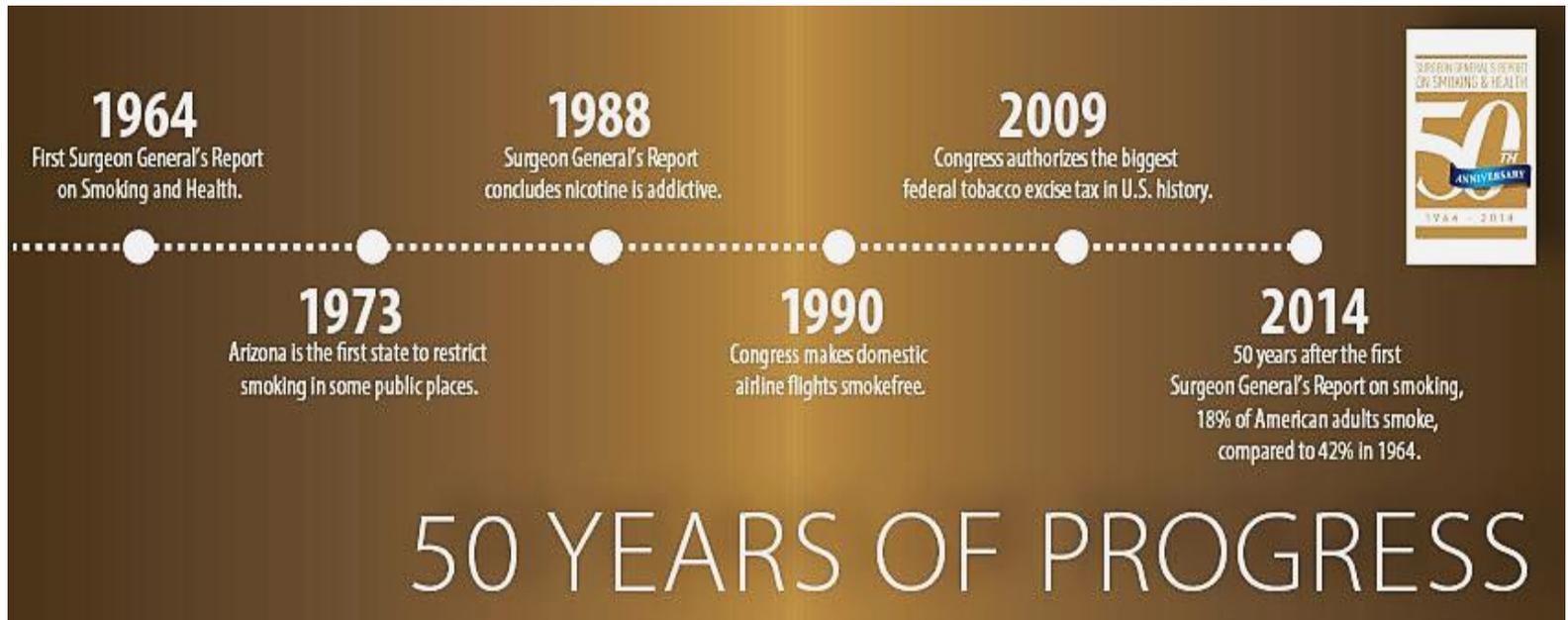
Envision a nation in which underserved communities also possess equitable access to current, evidence-based resources and affordable services provided by a national, regional, statewide and local collaborative network of health, human, and community-based systems.



As valued members of society; vulnerable, underserved and low-resourced populations would routinely utilize these services leading to greater opportunities for more informed decisions about cancer-free living and tobacco-free environments.



Historical Perspective





Women and Smoking: A Report of the Surgeon General

However, the once-wide gender gap in smoking prevalence narrowed until the mid-1980s and has since remained fairly constant.

- Smoking prevalence increased to nearly three times higher among women with 9 to 11 years of education (32.9 percent) compared to women with 16 or more years of education (11.2 percent).

Smoking cessation activities in occupational settings attract more women than males in general, but participation by “blue-collar” industry workers is fairly low.

Women who continue to smoke and those who are unsuccessful at attempts to quit smoking tend to have lower education and employment levels than do women who quit smoking.

Reference: U.S. Department of Health and Human Services. *The Health Consequences of Smoking for Women. A Report of the Surgeon General*. Washington: U.S. Department of Health and Human Services, Public Health Service, Office of the Assistant Secretary for Health, Office on Smoking and Health, 2001

Socioeconomic Status (SES)



SES is
measured by:

Education
Employment
Income
Wealth

Each
component
may have
different
influences on
health
behavior.

Impact and Implications: Low SES and Low Education

Individuals with low SES and/or limited formal education, including the homeless, bear a disproportionate burden from tobacco.

- Higher smoking rates
- More likely to be misinformed or misled about the effectiveness of smoking cessation medications
- Less likely to receive tobacco cessation assistance
- Uninsured or on Medicaid compared to other smokers
- Greater exposure to more permissive environmental and workplace smoking policies

Treating
Tobacco Use
And
Dependence

CLINICAL PRACTICE GUIDELINE
2014 (1P/2K)

U.S. Department of
Health and Human Services
Public Health Service



Smoking Patterns Associated with Educational and Poverty Levels

By Level of Education:

Populations with a high school education (*highest level of education*) smoke cigarettes for a duration of more than twice (2x) as many years compared to populations with at least a bachelor's degree.

By Poverty Level:

Populations living in poverty smoke cigarettes for a duration of nearly twice (2x) as many years compared to populations with a family income of three times the poverty rate.

Reference: CDC Cigarette Smoking and Tobacco Use Among People of Low Socioeconomic Status
<http://www.cdc.gov/tobacco/disparities/low-ses/index.htm>



Smoking Cessation by Education and Poverty Levels

By Level of Education:

An estimated 39.0% of adult current *daily* cigarette smokers with no high school diploma *attempt to quit* smoking compared with 44.0% of those with some college education.

Populations with less than a high school education (9–12 years, but no diploma) *experience less success* in quitting (43.5%) compared to those with a college education or greater (73.9%).

By Poverty Level:

Populations who live *below* the poverty level experience less success in quitting (34.5%) than those who live at or above the poverty level (57.5%)

Reference: CDC Cigarette Smoking and Tobacco Use Among People of Low Socioeconomic Status
<http://www.cdc.gov/tobacco/disparities/low-ses/index.htm>



Smoking Prevalence and Cessation by Industry

Smoking Prevalence:

By industry, the highest smoking prevalence is among workers in accommodation and food services (28.9%), followed by construction (28.7%) and mining (27.8%).

Smoking Cessation:

“Blue-collar” and service workers experience greater difficulty with smoking cessation compared to white-collar workers.

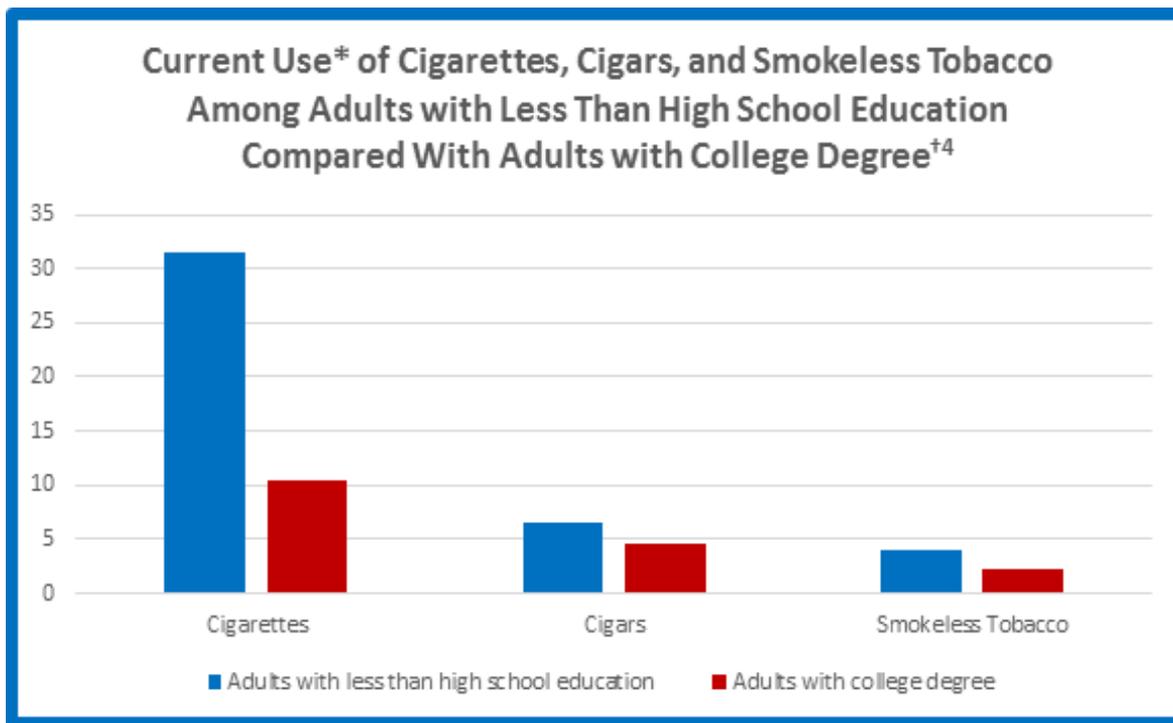
Secondhand Smoke Exposure:

Secondhand smoke exposure is higher among populations living below the federal poverty level and populations with less education.

Reference:

Syamlal, G., Mazurek, J. M., Hendricks, S. A., & Jamal, A. (2015). Cigarette Smoking Trends Among U.S. Working Adult by Industry and Occupation: Findings From the 2004–2012 National Health Interview Survey. *Nicotine & Tobacco Research : Official Journal of the Society for Research on Nicotine and Tobacco*, 17(5), 599–606. <http://doi.org/10.1093/ntr/ntu185>

Tobacco Use by Level of Education



Reference: CDC-Cigarette Smoking and Tobacco Use Among People of Low Socioeconomic Status
<http://www.cdc.gov/tobacco/disparities/low-ses/index.htm>



Perceptions of Smoking and Class Distinctions

Class Distinctions:

Smoking is stigmatized more among highly educated than among less educated populations.

Class distinction gives motives for high-SES populations to act in “healthier” ways,

Potential to motivate lower SES groups to “set themselves apart” from high SES populations with smoking behavior.

- Smoking maybe perceived in some contexts to symbolize independence, toughness, and freedom from “convention.”

Reference: Pampel, F. C., Krueger, P. M., & Denney, J. T. (2010). Socioeconomic Disparities in Health Behaviors. *Annual Review of Sociology*, 36, 349–370. <http://doi.org/10.1146/annurev.soc.012809.102529>

The Next 50 Years

THE NEXT 50 YEARS

IF WE COULD HELP EVERY SMOKER TO QUIT SMOKING AND KEEP YOUNG PEOPLE FROM STARTING IN THE FIRST PLACE, THE RESULTS WOULD BE STAGGERING.

**1/2
MILLION**
PREMATURE DEATHS
could be prevented every year.



AT LEAST
**\$130
BILLION**

in direct medical costs for adults
could be saved every year.



AT LEAST
**88
MILLION AMERICANS**

who continue to be exposed to the dangerous chemicals
in secondhand smoke could breathe freely.



**5.6
MILLION CHILDREN**

alive today who ultimately will die early
because of smoking could live to a
normal life expectancy.



MORE THAN
**16
MILLION PEOPLE**

already have at least one disease from smoking.
We could prevent that number from growing more.



**1
OUT
OF
3
CANCER DEATHS**

in this country could be prevented.

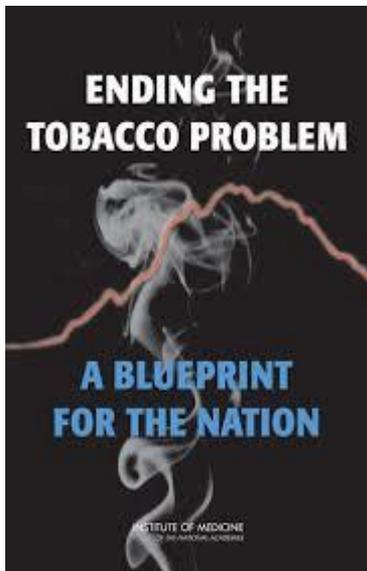


AT LEAST
**\$156
BILLION**

in losses to our economy—caused when
people get sick and die early from
smoking—could be prevented.



A Blueprint for the Nation



“Achieving success in substantially reducing tobacco use will require taking stock of the progress made with current tobacco prevention and control strategies **and** identifying where potential opportunities exists in response to emerging trends: tobacco use (including smoking) and the characteristics of behaviors of subpopulations of tobacco users (including smokers) with particular vulnerabilities.”

Reference: IOM (Institute of Medicine). 2007. Ending the Tobacco Problem: A Blueprint for the Nation. Washington, DC: The National Academies Press.

Introduction: Partnerships



**“What if we don’t change at all ...
and something magical just happens.”**



Partnerships (1)

Build a culture of mutual trust, inclusion, respect and commitment within your organization, with existing partners and potential partners.

Seek to explore areas of opportunities or “common ground” and be respectful of “stark” differences.

Create mutually-beneficial relationships:

- promote “openness” and integrity
- resist competitive non-productive behaviors
- honor organizational boundaries
- encourage problem-solving, innovation and creativity (where applicable)
- seeks to understand diverse perspectives, personalities, experiences, areas of expertise, non-traditional or unfamiliar approaches

Seek to better understand the “cultural” norm of potential partners.



Partnerships (2)

Maintain ongoing awareness of multi-dimensional factors that may prevent interest or receptivity from a organization or community entity as a potential partner during a specific “point in time.”

Be receptive to learning about how a potential partner (regardless of organizational or community size) defines a *successful, effective and sustainable* (SES) partnership.

Be willing to learn from potential partners and understand their challenges (i.e. infrastructure, financing, staffing, etc.)-explore opportunities to leverage resources, expertise, existing partnerships,etc.

Seek to explore different types of partnerships and identify the best “fit” relative to potential partners.

Plan for sequential, small “milestones” towards achieving larger goals.



Collaborative Policy Process

Invite new members (potential partners) that directly or indirectly impacting populations with lower levels of education “to the table” to review data, provide input about the key findings, and assist with sharing the results.

Increasing the likelihood that community members and groups will hear and respond to campaign messages.

“Bridging” the gap relative to language and cultural differences to communicate tobacco prevention and control messages that may resonate better and can be understood by diverse audiences.

Reference: CDC Best Practices User Guide-Health Equity in Tobacco Prevention and Control
<http://www.cdc.gov/tobacco/stateandcommunity/best-practices-health-equity/index.htm>



General Example: Surveillance

Conduct surveillance to identify populations disproportionately affected by tobacco and community organizations that serve them.

Outcome: Reduced Initiation of Tobacco Use by *Young People*

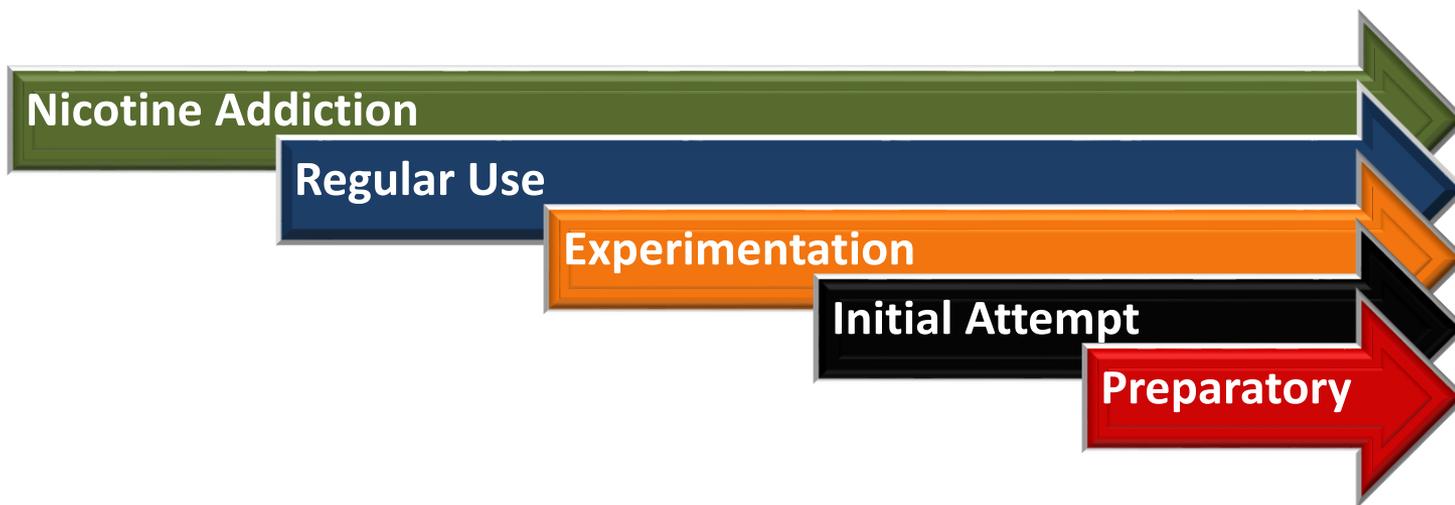
- ❑ Indicator (1): Decrease the proportion of *young people* who report never having tried a cigarette (*include all types of tobacco products*)
- ❑ Indicator (2): Address the *average age* at which *young people* first smoked a whole cigarette (*include all types of tobacco products*)

Potential New Partnerships:

- Middle and High Schools with detention or “dropout prevention” programs
- Organizations that work with “disadvantaged” youth
- Juvenile detention centers
- Organizations that provide services (medical and non-medical) to “homeless” or transiently housed youth



Youth and Young Adults: Stages of Nicotine Addiction



Reference: Institute of Medicine (IOM) Report-Growing Up Tobacco Free: Preventing Nicotine Addiction in Children and Youth (1994)



“Window of Opportunities”

Policy: Adoption of Smoke-Free or Tobacco-Free policies

Increase the # of Middle Schools (with detention or “dropout prevention” programs) that become a Smoke-Free or Tobacco-Free campus.

Increase the # High Schools (with detention or “dropout prevention” programs) that become a Smoke-Free or Tobacco-Free campus.

Programmatic:

- *Partner* with organizations in counties with high schools characterized by “low” graduation rates (lower than the state and/or national average).
- *Fund* organizations in counties with high schools characterized by “low” graduation rates (lower than the state and/or national average).
- *Provide technical assistance* to organizations in counties with high schools characterized by “low” graduation rates (lower than the state and/or national average).



“Window of Opportunities”

Policy:

Increase the # of juvenile detention centers with Smoke-Free or Tobacco-Free campuses

Increase the # juvenile detention centers with Smoke-Free or Tobacco-Free campuses

Programmatic:

- *Partner* with juvenile detention centers or partners of these centers.
- *Fund* organizations that partner with juvenile detention centers .
- *Provide technical assistance* to juvenile detention centers or partners of these centers.
- Assist centers with developing and identifying detention center staff as champions for Tobacco prevention and control efforts.



“Window of Opportunities”

Partnerships:

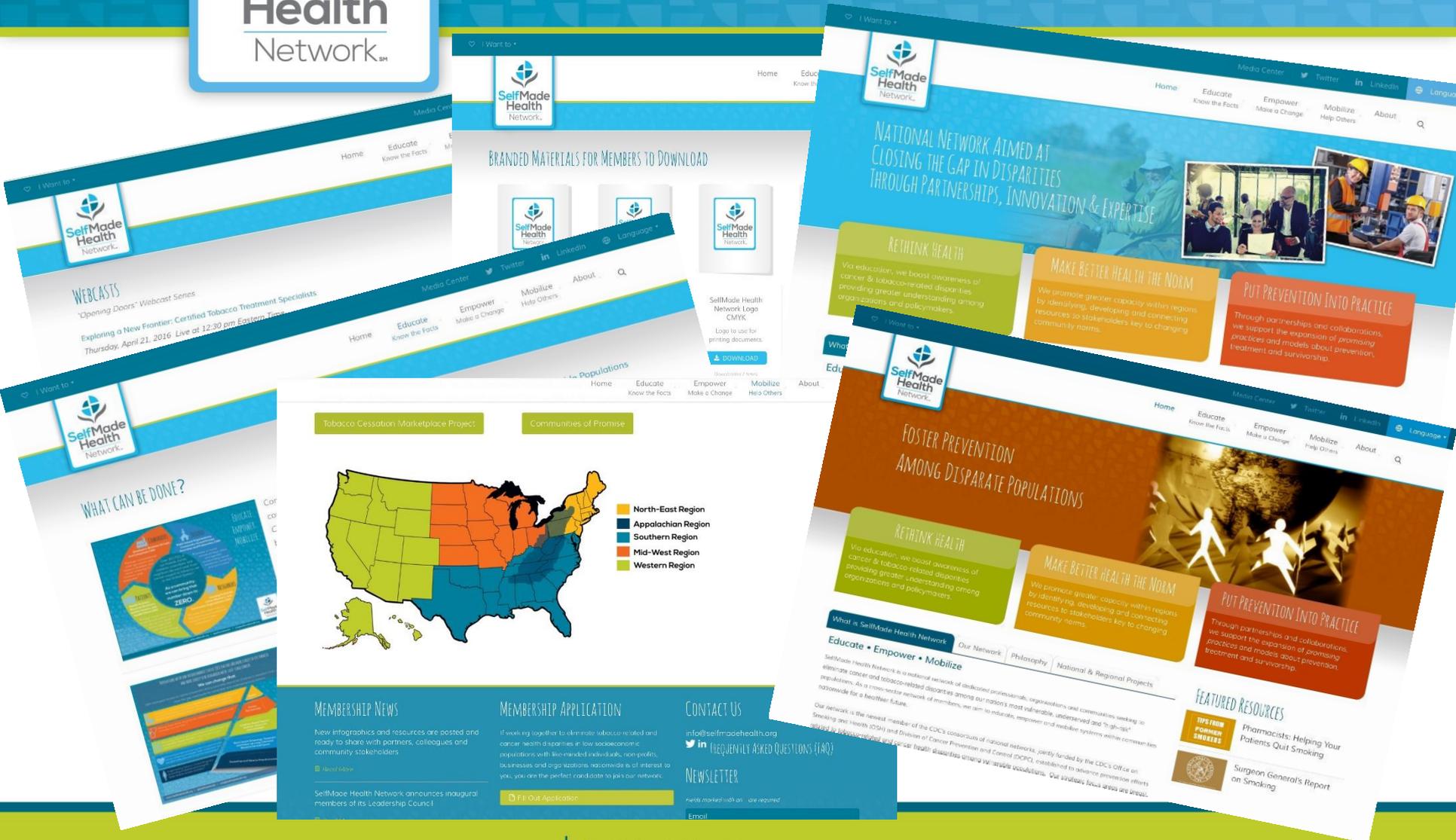
National or local bus line service providers (i.e. Greyhound Bus stations).
Companies that provide case management services (i.e. counseling, connecting to healthcare or social services) pregnant and parenting teens.

Data:

- Review data (ie. YRBS, BRFSS, state quitline, etc.)
- Consider using data to identify geographic areas of “overlap” characterized by multiple variables such as: low graduation rates, juvenile detention centers and high tobacco product “initiation” rates among teens and/or young adults (*by level of education-9 years or less vs. 12 years or less*) to “drive” additional policy, programmatic, or communication planning efforts.



Our Website





Contact Information

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Send questions or contact us at anytime via shared SMHN mailbox:
info@selfmadehealth.org



Questions and Answers

Submit your questions
through the Chat Box on
your screen.



Visit the Redesigned TCN Website!

www.tobaccocontrolnetwork.org/

Rules Login Join

Share

ABOUT US RESOURCES STATE DIRECTORY HELP YOUR PEERS JOB POSTINGS TCN NEWS FORUM

Tobacco Control Network

Thanks for visiting the TCN's new website! We're excited to unveil a new and improved look, simpler navigation, and new features to help you quickly access and share tobacco control information you need.

The Tobacco Control Network's (TCN) mission is to improve the public's health by providing education and state-based expertise to tobacco

Coming Soon!

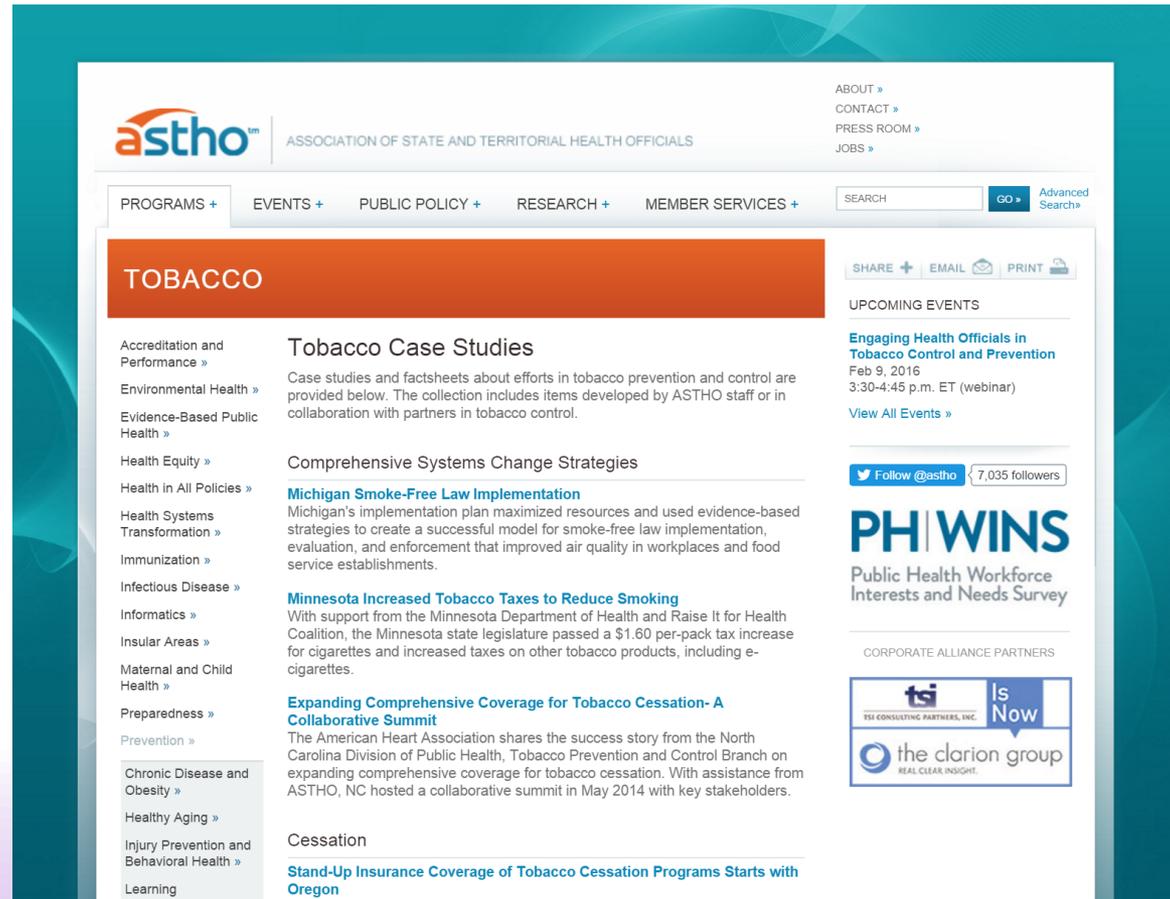
The website's **members-only FORUM** is a feature designed specifically for state or territory tobacco health department staff and Funders' Alliance staff (state-level members) to ask questions and share best practices.

TCN Resources

- Help Your Peers Requests
 - <http://tobaccocontrolnetwork.org/helpyourpeers/>
- Newsletter
 - <http://tobaccocontrolnetwork.org/tcnnews/>
- Member Directory
 - <http://tobaccocontrolnetwork.org/tcn-members/>
- Any TCN inquiries can be directed to tcn@astho.org



Tobacco Success Stories



The screenshot displays the ASTHO website's 'TOBACCO' section. The header includes the ASTHO logo and navigation links for ABOUT, CONTACT, PRESS ROOM, and JOBS. A main navigation bar lists PROGRAMS, EVENTS, PUBLIC POLICY, RESEARCH, and MEMBER SERVICES. A search bar is located on the right. The 'TOBACCO' section features a sidebar with a list of categories such as Accreditation and Performance, Environmental Health, Evidence-Based Public Health, Health Equity, Health in All Policies, Health Systems Transformation, Immunization, Infectious Disease, Informatics, Insular Areas, Maternal and Child Health, Preparedness, and Prevention. The main content area highlights 'Tobacco Case Studies' with a brief description and a link to 'Comprehensive Systems Change Strategies'. Other featured stories include 'Michigan Smoke-Free Law Implementation', 'Minnesota Increased Tobacco Taxes to Reduce Smoking', and 'Expanding Comprehensive Coverage for Tobacco Cessation- A Collaborative Summit'. A 'Cessation' section is also visible at the bottom. On the right side, there are links for 'UPCOMING EVENTS' (Engaging Health Officials in Tobacco Control and Prevention) and a social media follow button for @astho.



Please complete your evaluations following the webinar – we value your feedback!

WHAT
DO
YOU
THiNK?



Thank You for Joining Us!

- **Joshua Berry**, ASTHO – jberry@astho.org
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- **Yolanda Savage-Narva**, ASTHO – ysavagenarva@astho.org
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