
RHODE ISLAND
DEPARTMENT OF HEALTH

CDC/OSH and TTAC Tobacco-Related Disparities Call

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Eliminating Tobacco-Related Health Disparities in Rhode Island

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Eliminating Tobacco-Related Health Disparities in Rhode Island

The Overall Facts in RI:

- Annual average smoking-attributable deaths =17,000
- Youth ages 0 – 17 projected to die from smoking = 23,000
- Annual medical costs incurred from smoking =$506,000
- FY06 State revenue from tobacco tax revenue =$125.9 million

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RI successes to-date :

- Seventh state in the country to pass the 2005 Smokefree Law
- Reduction in adult smoking prevalence rate from 26%(1990) to 17%(2008)1
- Reduction in Youth smoking prevalence rate from 35% in 1997 to 15.1% in 2008
- Highest cigarette excise tax in the country at $3.46 per pack
- A very high excise tax of 80% on retail other tobacco products
- Mandated health insurance coverage of tobacco cessation services (2006)

1 BRFSS 2008; 2 YRBS 2008

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Tobacco related disparities planning process

– The goal of the Workgroup was:
  - To convene key statewide partners and stakeholders
  - To develop a tobacco-related health disparities strategic plan.
  - To provide structure for implementation of tobacco-related health disparities in RI.

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Key findings on smoking rates in RI:

- 18-24 years old smoke at higher rates (26%) than do other adults (BRFSS 2005)
- 12% of pregnant women reported smoking during pregnancy (2002)
- Unemployed and unable to work smoke rates (36% to 40% respectively).
- Adults with income below 200% of Federal Poverty Level smoke over 50% more than those with incomes above that level (31% vs. 20%). (BRFSS)
- Those without health insurance smoke at twice the rate of the insured (33% vs. 20%). (BRFSS 2004)

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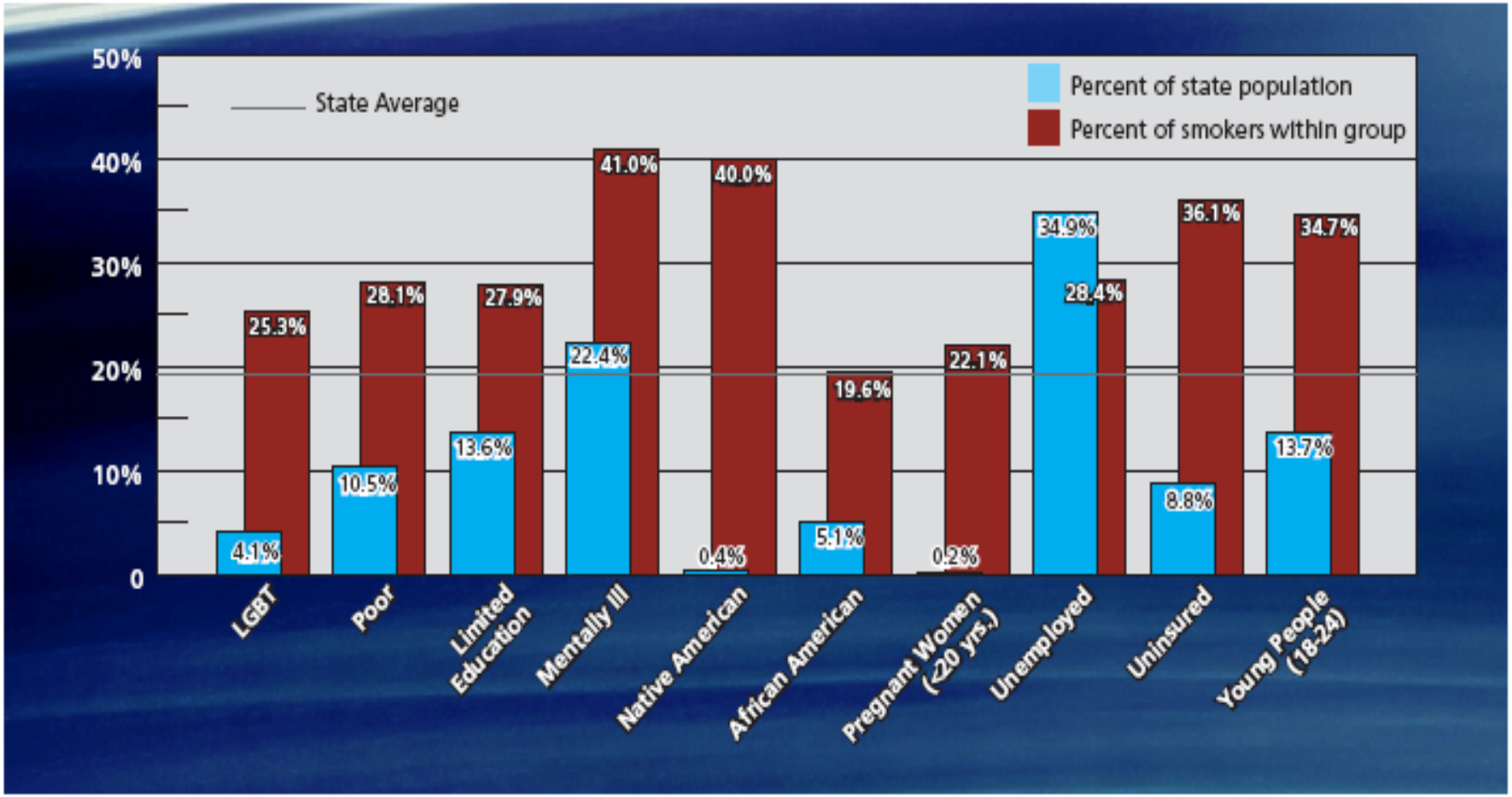

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The Tobacco-Related Disparities Workgroup completed the Strategic Plan in 2006 and disseminated it extensively to diverse audiences in multiple formats by posting on the Department of Health website:

- Partner agencies and stakeholders
- State partners
- National partners
- Key decision makers

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Meeting the challenge of integrating the disparities plan into the state plan:

- Moving community partners toward incorporating tobacco-related health disparities in their vision.
- Making ‘tobacco-related health disparities’ the focal component in capturing CDC’s four goals within Department of Health.
- Consistent reductions in state funding thereby reducing resources available for plan implementation

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The RI Tobacco Control Program created a vision that structured around eliminating disparities among priority populations and organized its state plan with the following goals:

- A.) To organize, educate, and mobilize RI communities to advocate for stronger enforcement and regulation of tobacco control policies at the local and state level
- B.) To increase access to cessation services by priority populations

That would help eliminate disparities related to tobacco use

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Creation of GIS Mapping Project:

What is GIS - Geographical Information System?

- Information system capable of integrating, storing, editing, analyzing, sharing, and displaying geographically referenced information.
- A tool used in urban planning, public health, environmental health, resource management, marketing, and many other fields.

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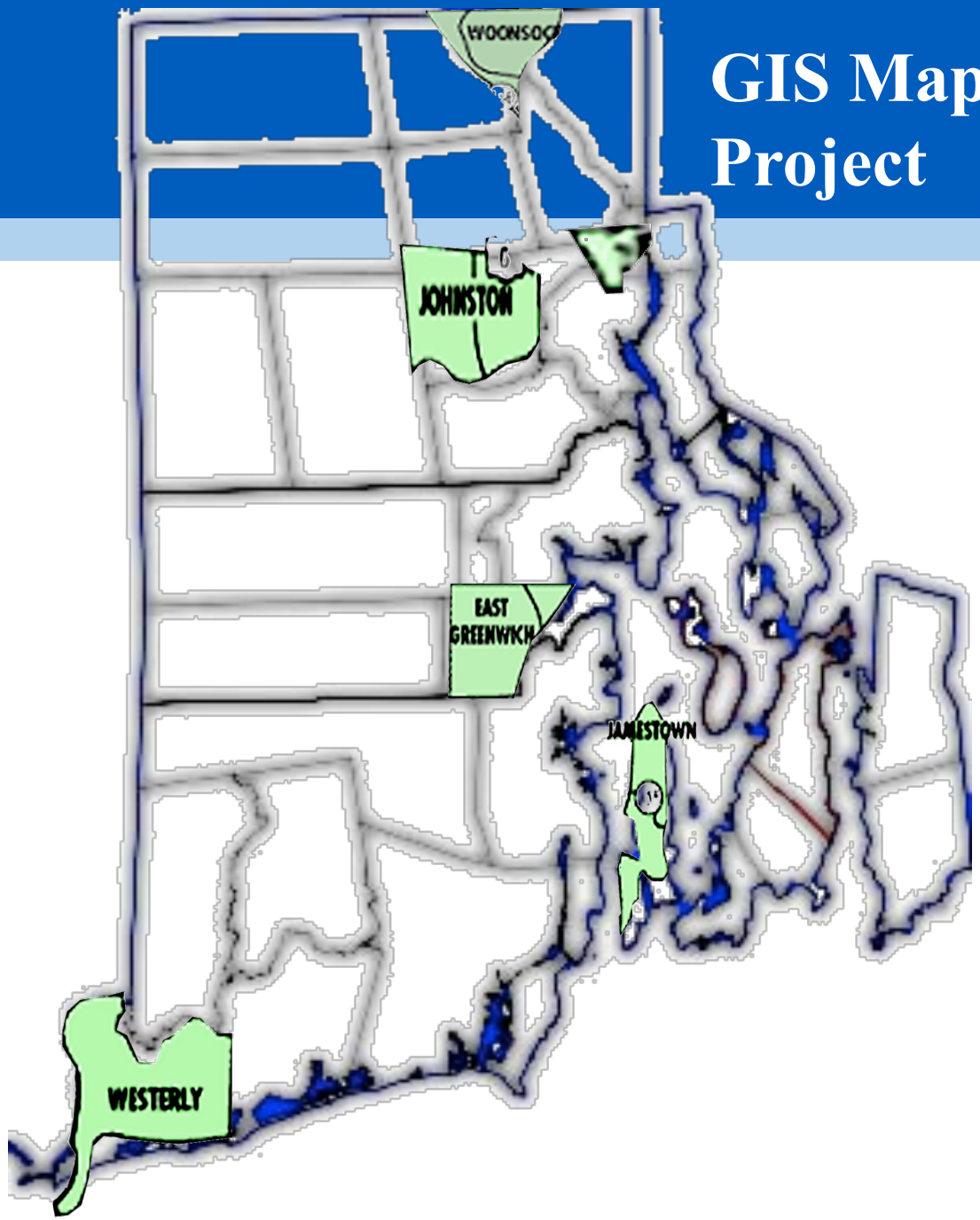
Community partners conducted the GIS mapping:

- 8 cities & towns were surveyed for:
  - Number of tobacco vendors
  - Advertisements
  - Price Incentives
  - Illegal Sales
  - Proximity to youth

GIS Mapping Project



Cities & Towns Surveyed

1. Central Falls
2. Pawtucket
3. Woonsocket
4. Providence
5. Johnston
6. Westerly
7. East Greenwich
8. Jamestown

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- **Central Falls**
  - 1.29 sq. mi.
  - Pop: 18,928
  - 33 tobacco vendors
  - Median household income: $22,628
  - Residents below poverty level: 29%
- **E. Greenwich**
  - 21 sq. mi.
  - Pop: 22,966
  - 18 tobacco vendors + 3 vending machines
  - Median household income: $70,062
  - Residents below poverty level: 4.7%

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Summary of GIS findings:

- Tobacco industry is strategically targeting lower income areas.
- Illegal sales of single cigarettes, "Loosies," are prevalent in lower income and urban areas.
- Adolescents are exposed to the subliminal marketing tactics of the industry at a higher rate in specific cities.
- Children in lower income neighborhoods are exposed to a higher number of tobacco vendors within their school zones.
- The socio-economic status of the city/town determines the level of access to tobacco products.

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The use of GIS data to drive policy change:

- Extensive GIS data dissemination to educate multiple audiences (key decision makers, community constituents) and get them mobilized
- Potential policy change priorities include:
  - Increasing retailer license fees,
  - Banning tobacco promotions (e.g. two for one);
  - Limit tobacco retail licenses to reduce density of outlets
  - Display of tobacco vendor licenses at stores
  - Suspension of vendor licenses on sale to minors

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Cessation services to priority populations:

- Increasing access to comprehensive cessation services for the priority populations via local health network

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The Challenges We Faced…

The Lessons We Learned….

And The Difference We Have Made.

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Overall challenges of eliminating tobacco-related health disparities:

- Priority populations having multiple challenges
- Focus on policy change vs. education with priority populations and community partners
- Different priority populations are at different stages with their challenges and readiness to work against big tobacco
- Limited resources

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Lessons learned:

- Explore innovative ways to address priority populations.
- Find champions in community to sustain the efforts.
- Review list of priority populations.
- Develop and sustain a strong/active tobacco control coalition.
- Provide extensive capacity building for community partners.
- Need to create change and atmosphere of outrage!

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Difference we have made in RI:

- Education and empowerment of community partners and priority populations.
- Repeated follow-up with priority population agencies with consistent messaging to emphasize the vision, goals, and accomplishments of the RI Tobacco Control Program.
- Passage of multiple tobacco control policies

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Questions???

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