

CDC/OSH and TTAC Tobacco-Related Disparities Call

March 4, 2010

Objectives

- Describe the US Affiliated Pacific Island Collaborative Performance Agreement
- Discuss tobacco-related disparities in the US Affiliated Pacific Islands
- Review strategies used to address disparities through collaboration

Welcome & Introduction of Speakers- Debra Morris, TTAC

OSH Update- Brenda Richards

None recorded

Overview of the US Affiliated Pacific Island Collaborative Performance Agreement- MaryBeth Welton, Project Officer, Office on Smoking and Health

None recorded

Setting the Stage- Annette David, MD, MPH, Adjunct Research Professor, University of Guam

The US Affiliated Pacific Islands consists of six regions. When discussing tobacco related disparities in these regions, there are some key issues to focus on: Magnitude and nature, capacity and infrastructure, access to resources, and inclusion in the global tobacco control process.

Magnitude and nature

The smoking prevalence rates among adults in the US Pacific Islands are much higher in both males and females compared to smoking rates in the United States. On average, smoking rates in the US Pacific Islands range from 23.4% to 39.4%, whereas the average smoking rate in the United States is around 18.3%. In general, male pacific islanders have higher smoking rates than female pacific islanders; however, female pacific islanders have higher smoking rates than males from the United States.

Similar to adult smoking rates, youth smoking rates in the pacific islands are considerably higher than youth smoking rates in the United States. When looking at youth tobacco use, there is a fair amount of diversity in the pacific islands. Unlike youth in the United States, the prevalence rate of chewing tobacco is quite high in Micronesia. For example, a survey in the Commonwealth of the Northern Mariana Islands (CNMI) revealed that 62.4% of youth used any type of tobacco, and 52.7% used tobacco products other than cigarettes. The assumption that smoking is the predominant form of tobacco use in the region has to be challenged.

In Micronesia, tobacco consumption involves chewing tobacco with betel nut. A 2003 Community Health Assessment revealed that 48% of adults chew betel nut, and of those, 85% chew betel nut with tobacco.

This type of tobacco use is even seen in health care workers. Three out of four health care workers chew betel nut, and 78% add tobacco to their chew.

Capacity and Infrastructure and Access to Resources

The health system capacity in the US Pacific Islands is fairly weak and not conducive to providing cessation services. They are working to build the program capacity and infrastructure by leveraging resources, staff and funding outlets. Several promising developments have occurred recently, including cross-program integration, recruiting interest from multiple funders and technical assistance providers, and development of local cessation resources and cross-island assistance. In addition, on the policy front, Guam was successful in raising tobacco taxes to \$2 a pack. The current price will be \$6 a pack, which is the highest tax for all US territories. The tax revenue will help fund the local tobacco control and prevention program. Another success was CNMI's recently instated smoke free air law.

Inclusion in the Global Tobacco Control Process

Three of the US Affiliated Pacific Islands were included in the Framework Convention for Tobacco Control recently. However, for the most part, the US Pacific Islands have been left out of global tobacco control and prevention discussions and efforts.

Guam – Eugene Santos, Health Education Administrator, Department of Public Health and Social Services

Guam is an unincorporated territory of the US. The population estimate is around 175,000. The 2008 BRFSS revealed that adult tobacco use prevalence is around 27.4%, and youth tobacco use prevalence is around 27.8%. Currently, there are only two organizations that provide practicing tobacco cessation specialists: the Department of Mental Health and Substance Abuse and the military. Most healthcare providers do not include tobacco cessation as a part of their patient care.

Notably disparate populations in Guam include older adult users, low SES families, special populations, including LGBT and other groups that are not easily accessible, and persons with disabilities. Low SES families have poor health care access, limited telephone access, are unable to afford medication, have few transportation options, and have culturally different values in preventative health.

Recent Advancements

Guam has been steadily progressing in their public health efforts. They have adopted several strategies to address their disparate groups. These include the Guam Cessation Quitline, cessation training, cessation classes, coalitions such as Tobacco Free Guam, Comprehensive Cancer Control Coalition and Guam Diabetes Coalition, and the establishment of the Guam Office of Minority Health.

Similarly, Guam has made several political advancements. Public Law 30-63 prohibits individuals from smoking within 20 feet of a public doorway. An executive order in 2007 made all government workplaces smoke-free, and the Clean Indoor Air Act has been in effect since 1992. Guam's biggest challenge is working with limited funding to enforce these laws and build the resources and infrastructure necessary for a strong and comprehensive tobacco control and prevention program.

Commonwealth of the Northern Mariana Islands (CNMI) – Becky Robles, Tobacco Control Program Coordinator

Commonwealth of Northern Mariana Islands is a chain of 14 islands with a total population of 69,221. According to the 2004 Global Youth Tobacco Survey, 39.3% of high school students are smokers, and 52.5% use other tobacco products. Among middle school students, 17.8% are current smokers, and 34.2% use other tobacco products. A popular form of tobacco use involves the betel nut, or areca nut. The betel nut is a mild stimulant that is typically cracked open, filled with a leaf, lime, and tobacco, and then chewed. When these products are added together the stimulation effect is drastically increased.

There are four disparate populations identified in CNMI: elders, low SES individuals, LGBT, and non-English speaking populations. Elders are highly respected in CNMI and information on health is not very well received when it is coming from a younger individual. In addition, most elders speak more traditional languages such as Chamorro or Carolinian so trying to reach them and speak to them can be difficult. Low SES individuals are difficult to reach through media due to lack of access to televisions or other forms of media outlets. Hence, this group is often not aware of community awareness events. In addition, poor access to healthcare and adequate transportation contribute to the lack of communication of quitline programs, medication options, and physician referrals. There is little outreach to the LGBT population as well. Culturally, it is very difficult for this group to be open about their sexual orientation. Hence, there is no baseline data for the LGBT population. For non-English speaking individuals, the lack of health translators makes it difficult to reach this population as well.

Recent Advancements

CNMI has been relatively successful in their SYNAR inspections, with 10% compliance or below. In September of 2009, a smoke free air law was passed and a ban was implemented on tobacco and alcohol advertising on the outside of stores. Some challenges that have been faced in CNMI include SYNAR inspections where, due to the small size of the islands, store owners can easily inform other store owners that inspections are being conducted. After the passing of the smoke-free air law, CNMI is now having a difficult time enforcing the law due to a lack of manpower.

Next Steps

The next steps for CNMI include increasing penalties to merchants who sell tobacco to minors. The current penalty only includes a citation for the first violation. After one calendar year, all of the merchant's accumulated citations are cleared. Ideally, they would like to change the citation to a fine and having accruing citations and fines that roll over to the next year. Additionally, CNMI is working to increase their tobacco taxes.

Palau – Roman B. Oseked Sr., Tobacco Control Program Coordinator, Tobacco Use Prevention and Control Program, Ministry of Health

The 2009 Palau Youth Tobacco Survey revealed that 54% of high school students chew betel nut with tobacco, 41% smoke cigarettes, and 33% chew smokeless tobacco. Among elementary school students, 37% chew betel nut with tobacco, 34% smoke cigarettes, and 21% chew smokeless tobacco. However, in the past several years, tobacco use with betel nut among youth is decreasing, but smokeless tobacco use and smoking is increasing. A 2003 Community Health Assessment found that among persons over the age of 15 in Palau, 47.9% chew betel nut. Of those, 94.2% chew daily, and 85.1% add tobacco or cigarettes to their betel nut.

In Palau, the largest represented ethnic group is Filipino, making up 16% of the total population. Chewing is not as common as cigarettes among the Filipino population. Other ethnic groups include Carolinian and other Micronesia, Chinese, Taiwanese, Korean, Vietnamese, and Caucasian. Most social and community events are held in Koror, which is where the majority of Filipinos live. For example, the 2009 World No Tobacco 5K and 10K walk/run was advertised in Koror. There are three major radio stations that broadcast information to the majority of the population. The majority of newspapers are distributed in Koror and cable TV is accessible in all areas except the southwest islands.

The opportunities to reach these ethnic groups and outlying islands vary. Brochures are frequently printed and volunteers from the Filipino community distribute these brochures throughout their communities. Ministry of Health personnel regularly visit the dispensaries in Babeldaob and the outlying islands, providing an opportunity to travel to these areas. Information on tobacco can be distributed through the health dispensaries. Patrol boats can be hired to visit the southwest islands, but the cost is around \$10,000 for fuel.

Closing

- Please email ttac@sph.emory.edu with any additional questions
- A Call Evaluation survey will be sent out by email after this call
- **The next call will be scheduled for _____.** Please keep an eye out for further information in late _____ for this call.