

## **CDC/OSH and TTAC Tobacco-Related Disparities Call July 1, 2010**

### **Objectives**

- Discuss the impact of the National Network's efforts to address tobacco-related disparities.
- Describe existing collaborations formed by National Networks.
- Recognize the unique needs of populations experiencing tobacco-related disparities.

### **Welcome & Introduction of Speakers-** Debra Morris, TTAC

**Breakfree Alliance**—Lisa Houston, Breakfree Alliance Program Administrator, Tiffany Netters, Louisiana Tobacco Program Manager, and Robert H. Anderson, Co-Investigator, Prevention Research Center, West Virginia University

In 2006, Louisiana's smoke-free air law was enacted. The law made all public places, workplaces, and prisons smoke-free. Prisons were given a two-year time frame to prepare for how they would implement the law within the facilities. However, this law only applied to indoor areas. The next goal was to enact a comprehensive smoke-free policy for state and local prisons. In 2009, the state of Louisiana turned to Breakfree Alliance for assistance in this matter. With help from Lisa Houston, they developed a strong, four-year implementation plan that could be used within the system. The partnership allowed them to disseminate Louisiana's experience with the current policy.

The partnership conducted key informant interviews with prison staff, nurses, and the warden to assess how the current policy was working and what would need to occur in order to successfully implement a comprehensive ban. In general, the staff was pleased with the indoor smoke-free policy. Some wards had already been deemed smoke-free due to security issues. All respondents were in favor of adopting a comprehensive smoke-free policy. Many staffers were using "Fresh Start", a four-week tobacco cessation program established by the American Cancer Society. However, there were a number of factors to be considered when implementing a comprehensive smoke-free policy in the prisons.

It is estimated that as many as 80-90% of inmates smoke. In addition, many who are incarcerated have mental health issues and substance abuse problems. With this in mind, the question becomes *what cessation services would the inmates have access to? What resources will be available for the prison staff?* Furthermore, despite the obvious addictive factor, tobacco is often used as currency in prisons, making cessation efforts that much more complex.

Overall, the partnership has been successful in moving forward in the implementation process. While this is a difficult population to reach in regards to cessation, they have made impressive progress. They have created a model for other states to implement within their state and local prisons. In fact, Breakfree Alliance and the state invited Dr. Raman, Singh, the Medical/Mental Health Director at the Louisiana Department of Public Safety and Corrections, to present their implementation plan and strategies at *Promising Practices 2010*.

### Next Steps

- Report on policy implementation challenges and areas to further address
- Assist in developing an electronic registry of incarcerated tobacco users
- Identify staff "champions" to become members of a tobacco free policy implementation team for the health department

- Advocate for additional quitline funding from the state so as to set up quitline access in correctional facilities

**National Native Commercial Tobacco Abuse Prevention Network** – Ursula Hill, Muscogee (Creek) Nation Tobacco Prevention Program, and Megan Wohr, Indian Health Service

The mission of the National Native Commercial Tobacco Abuse Prevention Network is to provide a forum for tribes and tribal organizations to obtain and disseminate evidence-based and culturally appropriate information in order to identify and eliminate health disparities related to commercial tobacco use. Their goal is to create a true national network that actively involves American Indian and Alaskan Native tribes and tribal organizations, as well as other stakeholders, in addressing the disproportionately high commercial tobacco prevalence rates and the adverse health effects among the AI/AN populations that are linked to tobacco.

The NNCTAPN has a number of major ongoing activities including quarterly conference calls and web-based activities, as well as regional trainings across the US that integrate other chronic disease categories (i.e. diabetes, COPD, cancer, SIDS, and asthma). They have held trainings in Oklahoma, South Dakota, and Minnesota, to name a few. The NNCTAPN ensures cultural appropriateness throughout all phases of their network activities.

Key Accomplishments

- The NNCTAPN hosts Training and Technical Assistance webinars for their partners.
- They have established a strong Tribal Advisory Board.
- The NNCTAPN website ([www.keepitsacred.org](http://www.keepitsacred.org)) has been very successful in posting information and resources and soliciting a large membership.
- They have developed a Tribal Smoke-Free Policy Toolkit that helps tribes and tribal organizations implement policies that eliminate commercial tobacco use in tribally-controlled spaces.

NNCTAPN has partnered with National Organizations that Serve Minority Communities Initiative to Share Racial and Ethnic Approaches to Eliminate Health Disparities with Local Affiliates and Chapters (MNO REACH US). The goal of this project, which targets chronic diseases (asthma, cancers, SIDS, etc.) is to inform American Indian and Alaska Native Tribes, organizations, and service providers, through true National Network partnerships, to disseminate evidence-based information and provide capacity building opportunities related to the integration of commercial tobacco abuse and prevention strategies into other chronic disease programs. NNCTAPN has worked to develop and disseminate best and promising practices for Indian Country, as well as tools for effective tobacco control and prevention within tribal communities.

Other collaborations include Oklahoma REACH US CEED, Tribal Support Centers, and IHS Tobacco Task Force (TCTF). IHS TCTF's mission is, in partnership with American Indian and Alaska Native people, to raise their physical, mental, social, and spiritual health to the highest level possible through the prevention and reduction of tobacco-related disease. They chose to take a systematic approach to improving overall health:

- Increase the number of HIS I/T/U sites offering effective science-based, culturally relevant nicotine treatment services
- Engage with national tobacco control partners
- Support tobacco research and disseminate information appropriately
- Strengthen tobacco control surveillance and translate data into action

- Advocate for tobacco control as an essential component of our healthcare system

One main focus was to provide effective cessation services in the healthcare setting, including streamlining electronic health records to identify tobacco dependence, encouraging healthcare providers to use the five A's about tobacco use, and obtaining a national core formulary for nicotine replacement therapy. The biggest challenge they have faced is having healthcare providers encourage tobacco users to get the necessary treatment in the same fashion, because each facility typically has its own formulary and system in place.

#### **National LGBT Tobacco Control Network – Scout, Director**

In order for their efforts in tobacco control and prevention to be effective and successful, the National LGBT Tobacco Control Network identified one main component: getting the community to care about the issue. The LGBT community has not yet acknowledged that tobacco use is a serious problem within their society. At times, the Network has had to beg the community to include tobacco control information in their materials. In order to overcome these challenges, the Network strives to work with policy makers in the communities, for the simple reason that, if you want to make a change, you need to work with people who are already doing something.

The National LGBT Tobacco Control Network website is a great resource and a good way to get connected to other groups working with the LGBT community around the United States. ([www.lgbttobacco.org](http://www.lgbttobacco.org)). On the front page of the website, users are able to sign up to join the list serve, where they will receive question and answer discussions, strategy sharing, etc. In addition, they have a resource library, advertisements, needs assessments, publications, grant reports, as well as a toolkit to help community organizations succeed in getting tobacco funding. The website also contains information on best practices from LGBT tobacco control and the ten to twelve things that all states should be doing in this community.

The NLGBTTCN provides a number of services. They work with state advisors to collect data, provide technical assistance and cultural competency training to states, and help to convene state and community members to develop effective projects.

One example of the Network's support occurred in Atlanta, GA. The Network worked with Kenneth Ray, Program Manager of the Georgia Tobacco Use Prevention Program, to identify who they could partner with in Georgia on the local level. They partnered with the Atlanta Lesbian Health Initiative, headed by Linda Ellis, executive director, to focus on what, if any, types of tobacco cessation and prevention services were being offered at their clinic. The first step was meeting with Linda and explaining the role of the Network. From there, they agreed on a proposal for funding from the DeKalb County Health District, where the Initiative is headquartered. The next step was a needs assessment. In year one of the partnership, the goal was to obtain information about the LGBT community. They used the nationwide BRFSS survey to identify prevalence rates and collect qualitative and quantitative data.

Their funding allowed for them to do data collection, community mobilization, and massive trainings to build capacity and infrastructure, as well as targeted policy change initiatives like smoke-free bars and clubs. While the process seems simple, there were various intermediary steps along the way. For example, Scout and Kenny had to explain to Linda how this project would be an opportunity and how she would need to represent the community beyond the lesbian population.

## Announcements

Kim Alford will be the new director of the National Native Commercial Tobacco Abuse Prevention Network (NNCTAPN). Her email address is [kalford@iitcmi.org](mailto:kalford@iitcmi.org).

## OSH Updates- Brenda Richards

The Office on Smoking and Health would like to thank all of the many organizations, states, National Networks, partners and the territories, who have presented on the disparities calls; and sharing all the tremendous work to help close the gap within tobacco related health disparities and the promising practices that are evolving within your communities.

The disparities calls first began in November 2007 with several goals:

- To begin dialogue on addressing tobacco related disparities by providing an open forum for discussion and sharing of Best Practices and Promising Practices
- To provide linkages between states and between states and other organizations
- To obtain feedback from participants to aid in the development of resources and other OSH publications.

OSH believes that the initial intent of the calls has been met and that now is a good time for disparities topics and issues to become more integrated into the current National Tobacco Control Program, Media, and Epidemiology calls that already occur monthly within the office. Although the call objectives have been met, there is still much work to do.

The strategic adjustment does not indicate a diminished priority in addressing tobacco-related disparities by the Office on Smoking and Health (OSH). In fact, OSH thinks that they will achieve a broader impact on addressing the issues and determining potential solutions through these integrative discussions.

Integration over regular calls is a logical next step that will allow us to consistently include disparities topics and issues into the current monthly OSH calls (National Tobacco Control Program, Media, and Epidemiology). All participants on the disparities calls should be a part of these calls as well. Please also remember that the National Networks are the source of information for populations experiencing disparities and should be engaged as much as possible in the work that you are doing.

“We truly appreciate the National Networks and their partners who presented on the call today. An attachment was provided with the call material with contact information and the websites for all 6 National Networks.” The central website where you can be link to all the individual networks is:

<http://www.tobaccopreventionnetworks.org/site/c.ksJPKXPFJpH/b.2580071/k.BD53/Home.htm>

- We would especially like to thank Debra Morris and the Tobacco Technical Assistance Consortium Staff (TTAC) for their partnership in the planning, coordination, moderation and summary of these calls. As well as their role in helping to produce the upcoming **The Tobacco-Related Disparities Toolkit: A Strategic Planning Resource Guide", which should be out of clearance by the end of the year.**

A couple of other publications that are projected to be released by the end of the year include:

- CDC will be releasing its first Disparities Annual Report this year:
- The final 2 user guides which follow the same format at the Coalition and Youth Engagement user guides:

- **Economics of Tobacco: Pricing User Guide (3):** This user guide is in early development and will serve as the guide on the importance of implementing economic/pricing interventions.
  - **Status:** Estimated availability date is WINTER.
  - **Policy Advocacy (4):** This user guide will provide background and illustrate the importance of policy advocacy to advance tobacco control programs.
  - **Status:** Estimated availability date is WINTER.
  - **Pursuing Health Equity (5):** which focuses on using policy to achieve health equity. It is a brief foundational document that may not answer all of your questions, but will provide you with some direction on where to place your emphasis.
  - **Status:** Estimated availability date is FALL.
  - A 6<sup>th</sup> guide, Product Placement and Promotion is being considered.
- The next National Tobacco Control Program call is scheduled for Thursday, July 8 @ 3:00 EST
    - Normally occurs 2<sup>nd</sup> Thursday of each month
  - The next CDC Media call is scheduled for July, 15 at 3:00 EST
    - Normally occurs the 3<sup>rd</sup> Thursday of each month
  - The Surveillance & Evaluation webinar calls are scheduled monthly and the next call will be:
    - July 15<sup>th</sup> from 2 to 3 pm and it will be on evaluating coalitions.

OSH thanks each and every one of you for your commitment and the impact that your work has on reducing overall health disparities.