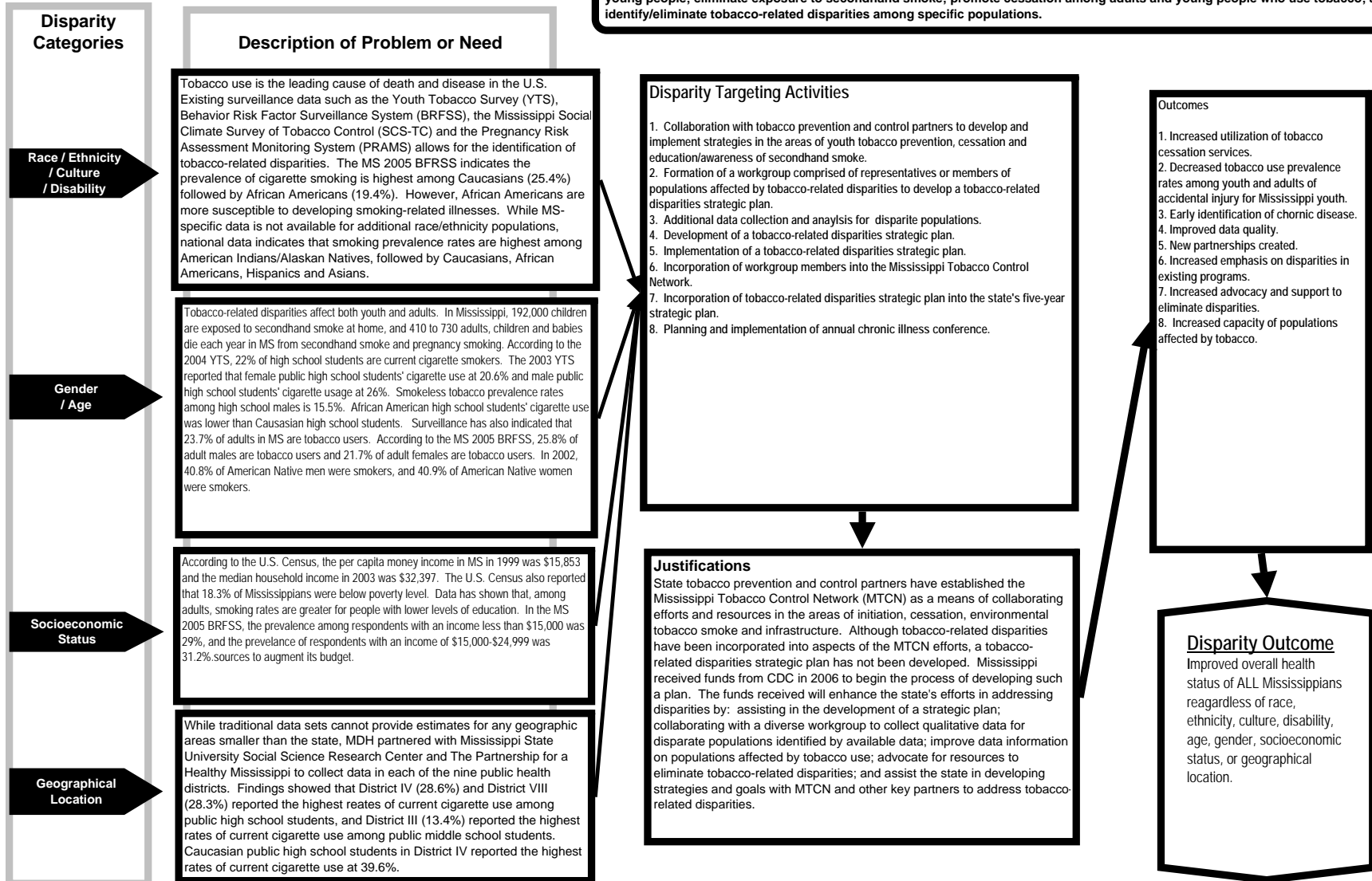


Disparity Model Analysis

Grant Summary
 This grant supports capacity building, program planning, development, implementation, evaluation, and surveillance for current and emerging tobacco use conditions. Funds are used to address and achieve four Program Goals: prevent initiation of tobacco use among young people; eliminate exposure to secondhand smoke; promote cessation among adults and young people who use tobacco; and identify/eliminate tobacco-related disparities among specific populations.



Disparity Categories

Description of Problem or Need

Tobacco use is the leading cause of death and disease in the U.S. Existing surveillance data such as the Youth Tobacco Survey (YTS), Behavior Risk Factor Surveillance System (BRFSS), the Mississippi Social Climate Survey of Tobacco Control (SCS-TC) and the Pregnancy Risk Assessment Monitoring System (PRAMS) allows for the identification of tobacco-related disparities. The MS 2005 BRFSS indicates the prevalence of cigarette smoking is highest among Caucasians (25.4%) followed by African Americans (19.4%). However, African Americans are more susceptible to developing smoking-related illnesses. While MS-specific data is not available for additional race/ethnicity populations, national data indicates that smoking prevalence rates are highest among American Indians/Alaskan Natives, followed by Caucasians, African Americans, Hispanics and Asians.

Tobacco-related disparities affect both youth and adults. In Mississippi, 192,000 children are exposed to secondhand smoke at home, and 410 to 730 adults, children and babies die each year in MS from secondhand smoke and pregnancy smoking. According to the 2004 YTS, 22% of high school students are current cigarette smokers. The 2003 YTS reported that female public high school students' cigarette use at 20.6% and male public high school students' cigarette usage at 26%. Smokeless tobacco prevalence rates among high school males is 15.5%. African American high school students' cigarette use was lower than Caucasian high school students. Surveillance has also indicated that 23.7% of adults in MS are tobacco users. According to the MS 2005 BRFSS, 25.8% of adult males are tobacco users and 21.7% of adult females are tobacco users. In 2002, 40.8% of American Native men were smokers, and 40.9% of American Native women were smokers.

According to the U.S. Census, the per capita money income in MS in 1999 was \$15,853 and the median household income in 2003 was \$32,397. The U.S. Census also reported that 18.3% of Mississippians were below poverty level. Data has shown that, among adults, smoking rates are greater for people with lower levels of education. In the MS 2005 BRFSS, the prevalence among respondents with an income less than \$15,000 was 29%, and the prevalence of respondents with an income of \$15,000-\$24,999 was 31.2% sources to augment its budget.

While traditional data sets cannot provide estimates for any geographic areas smaller than the state, MDH partnered with Mississippi State University Social Science Research Center and The Partnership for a Healthy Mississippi to collect data in each of the nine public health districts. Findings showed that District IV (28.6%) and District VIII (28.3%) reported the highest rates of current cigarette use among public high school students, and District III (13.4%) reported the highest rates of current cigarette use among public middle school students. Caucasian public high school students in District IV reported the highest rates of current cigarette use at 39.6%.

Disparity Targeting Activities

1. Collaboration with tobacco prevention and control partners to develop and implement strategies in the areas of youth tobacco prevention, cessation and education/awareness of secondhand smoke.
2. Formation of a workgroup comprised of representatives or members of populations affected by tobacco-related disparities to develop a tobacco-related disparities strategic plan.
3. Additional data collection and analysis for disparate populations.
4. Development of a tobacco-related disparities strategic plan.
5. Implementation of a tobacco-related disparities strategic plan.
6. Incorporation of workgroup members into the Mississippi Tobacco Control Network.
7. Incorporation of tobacco-related disparities strategic plan into the state's five-year strategic plan.
8. Planning and implementation of annual chronic illness conference.

Justifications

State tobacco prevention and control partners have established the Mississippi Tobacco Control Network (MTCN) as a means of collaborating efforts and resources in the areas of initiation, cessation, environmental tobacco smoke and infrastructure. Although tobacco-related disparities have been incorporated into aspects of the MTCN efforts, a tobacco-related disparities strategic plan has not been developed. Mississippi received funds from CDC in 2006 to begin the process of developing such a plan. The funds received will enhance the state's efforts in addressing disparities by: assisting in the development of a strategic plan; collaborating with a diverse workgroup to collect qualitative data for disparate populations identified by available data; improve data information on populations affected by tobacco use; advocate for resources to eliminate tobacco-related disparities; and assist the state in developing strategies and goals with MTCN and other key partners to address tobacco-related disparities.

Outcomes

1. Increased utilization of tobacco cessation services.
2. Decreased tobacco use prevalence rates among youth and adults of accidental injury for Mississippi youth.
3. Early identification of chronic disease.
4. Improved data quality.
5. New partnerships created.
6. Increased emphasis on disparities in existing programs.
7. Increased advocacy and support to eliminate disparities.
8. Increased capacity of populations affected by tobacco.

Disparity Outcome

Improved overall health status of ALL Mississippians regardless of race, ethnicity, culture, disability, age, gender, socioeconomic status, or geographical location.