Smokefree Indiana

Identifying & Eliminating Tobacco-Related Disparities in Indiana

Update to the 2003 Indiana Tobacco Use Disparities & Diversity Strategic Plan

Introduction

In 2006, Smokefree Indiana convened a panel to review and update the 2003 Indiana Tobacco Use Disparities & Diversity (ITDD) Workgroup's Strategic Plan. The panel was commissioned to do the following:

- assess the progress achieved to date towards the implementation of strategies and activities delineated in the strategic plan;
- analyze the current environment; and,
- update the strategic plan to reflect current data findings, conditions and changes in the local, state and national environment.

The original strategic plan was developed as a special effort through state health departments' tobacco control programs by the Centers for Disease Control and Prevention (CDC) for "identifying and eliminating tobacco-related disparities." Supplemental funding was provided to the Indiana State Department of Health to build capacity for the identification and elimination of tobacco-related disparities by engaging a diverse and inclusive workgroup in a strategic planning process.

Smokefree Indiana is sponsored by the Centers for Disease Control and Prevention, the Indiana State Department of Health and Ball State University. The mission of Smokefree Indiana is to improve the quality of life in Indiana by promoting tobacco-free, healthy lifestyles through community action and advocacy to prevent tobacco use, provide assistance to tobacco users who want to quit, and protecting nonsmokers from secondhand smoke. Identifying and eliminating the disparities related to tobacco use and its effects among population groups in Indiana is one goal in Smokefree Indiana's comprehensive tobacco control program.

The following report identifies the direction the ITDD workgroup recommends for continuing implementation of the ITDD Strategic Plan. This provides a framework for future programs, interventions, surveillance, and evaluation associated with tobacco-related disparities.

Population	2003 Prevalence Data	2006 Prevalence Data
Asians	16.9 percent	11.2 percent
Hispanics	22.5 percent	22.8 percent
African American Males	24.7 percent	23 percent
Age 18-24	37.4 percent	28.1 percent
American Indians	34.1 percent	28.8 percent
Gay, Lesbian, Bisexual, Transgender	Unknown	>30.0 percent
Rural Youth	40.0 percent	40.0 percent
Income under $25,000	36.2 percent	35.0 percent
Low Education (less than high school)	46.5 percent	41.6 percent
Unemployed	42.0 percent	44.1 percent

Sources:

1. Data cited in the original 2003 Indiana Tobacco Use Disparities & Diversity Workgroup Plan were obtained from Indiana State Department of Health, Behavioral Risk Factor Surveillance System, Indiana Statewide Survey Data 2000: http://www.in.gov/isdh/dataandstats/brfss2000/table percent 2024html

2. The updated 2006 Indiana Tobacco Use Disparities & Diversity Workgroup Plan data were obtained from *CDC. Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Prevalence Data, Indiana - 2004, Tobacco Use.*

3. Data cited in the 2003 Indiana Tobacco Use Disparities & Diversity Workgroup Plan on Asians and American Indians were taken from, *CDC, National Center for Health Statistics. National Health Interview Survey. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 1997.*

4. Updated data on African American males, Asians and American Indians were obtained from, *CDC, National Center for Health Statistics. National Health Interview Survey. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2004.*

5. In the absence of quantitative data on the gay, lesbian, bisexual, and transgender populations, qualitative data were used. *Ryan, H,. Wortley, P.M., Easton, A,. Pederson, L. and Greenwood, G. Smoking Among Lesbians, Gays, and Bisexuals: A Review of the Literature*. American Journal of Preventative Medicine 2001; 21 (2), 142-149.

6. In the absence of current data on rural youth, the workgroup continues to use data obtained in 2003 from *Rural Indiana Profile:, Alcohol, Tobacco & Other Drugs II. Substance Abuse in Rural Indiana. The Indiana Prevention Resource Center at Indiana University, 1998 Drug Strategies, 2445 M Street, NW Suite 480, Washington, DC 20037.*

7. National data were used in the absence of state specific data on the smoking prevalence among the unemployed. U.S. Department of Health and Human Services, Substance Abuse & Mental Health Services Administration, Office of Applied Studies, National Survey on Drug Use and Health, 2004.

Key Findings

- Nationally, tobacco use is responsible for approximately 87 percent of all lung cancer deaths. The lung and bronchus cancer death rate for African American men is 36 percent higher than those of White males.
  Source: America Cancer Society Cancer Facts & Figures for African Americans 2005-2006

- In Indiana, the lung cancer death rate for African American men, during 1996 to 2000, was 117.7 per 100,000. In comparison, the lung cancer death rate for White men was 92.2 per 100,000, during 1996 to 2000.
  Source: Indiana Facts and Figures 2003, Indiana State Department of Health - Indiana State Cancer Registry and the Epidemiology Resource Center, Data Analysis Team, May 2003. Rates are per 100,000 population and age adjusted to the 2000 U.S. population standard.

- The tobacco industry continues to target the Hispanic community by increasing advertising and sponsorships of cultural programs. Alternative sources of funding need to be identified and accessed by the Hispanic community. According to the Indiana Latino Institute, there is a need for raised awareness in the Latino community.
  Source: Indiana Latino Institute (ILI): Population Assessment Survey Results, Latino and Tobacco Control July 2004, Executive Summary

- In Indiana and nationally, low income and low education are associated with high smoking prevalence.
  Source: 2004 Behavioral Risk Factor Surveillance System (BRFSS)

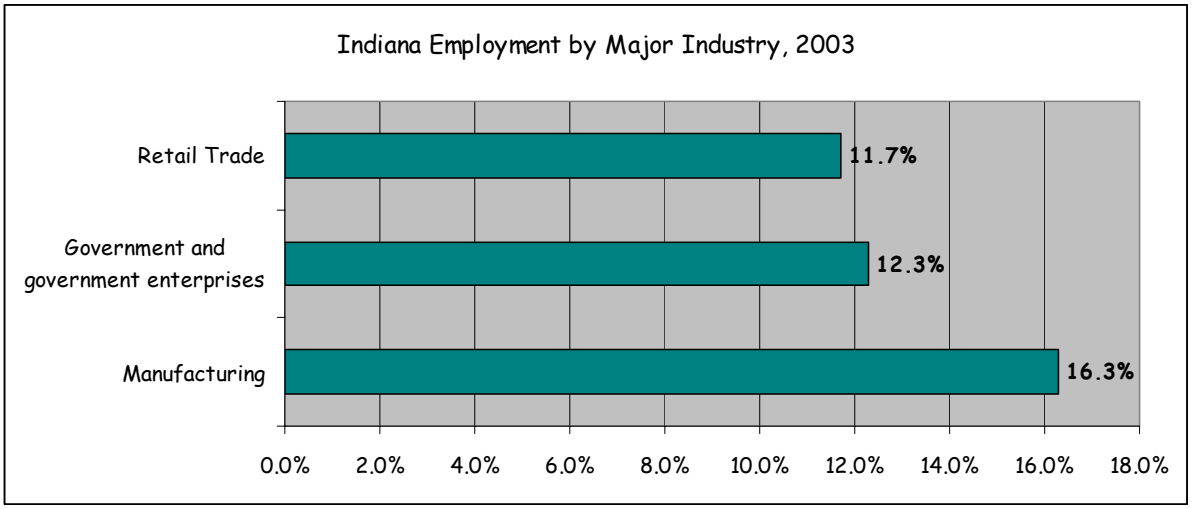
- U.S. smoking rates remain highest among American Indian or Alaskan Native populations, at 28.8 percent. Due to Indiana's small American Indian / Alaskan Native populations (0.3 percent), there is no quantitative state-specific data available.
  Sources: 2004 National Health Interview Survey U.S. Census Bureau, American Fact Finder, 2004 American Community Survey

- A review of the literature from 1987 through 2000 estimated the following smoking rates among gays and lesbians**:** Rates among adults range from 11 percent to 50 percent; among gay/lesbian youth, rates range from 38 percent to 59 percent.
  Source: Ryan, H., Wortley, P.M., Easton, A., Pederson, L., and Greenwood, G. "Smoking Among Lesbians, Gays, and Bisexuals: A Review of the Literature." American Journal of Preventative Medicine 2001; 21 (2), 142-149.

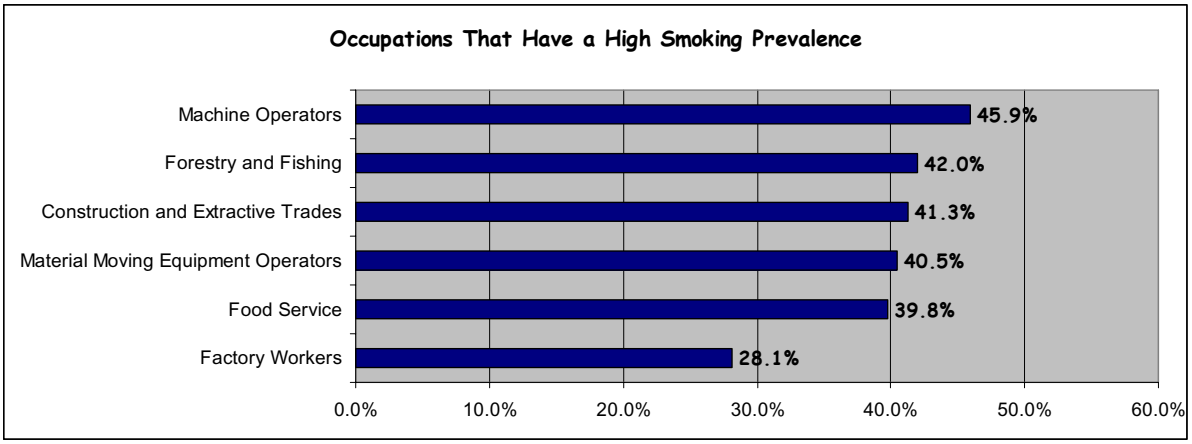
Additional Disparately-Affected Populations Identified in 2006 Review

The following disparately affected populations have been identified and added to the Indiana Tobacco Use Disparities & Diversity Workgroup Plan. In the absence of state smoking prevalence data among people with disabilities, the uninsured and occupational groups, national data was used.

Population	Prevalance Rate	Data Source
Pregnant Women	18.5 percent	*Indiana State Department of Health, Indiana Natality Report - 2003*
People with Disabilities	30.2 percent	*CDC At A Glance Disability and Health in 2005: Promoting the Health and Well-Being of People with Disabilities*
Uninsured	34.3 percent	*2004 National Health Interview Survey*



Source – *Indiana Demographic and Economic Profile*, Update May 2006, Rural Policy Research Institute



National Institute for Occupational Safety and Health, Occupational Respiratory Diseases Surveillance, Smoking Status: Estimated prevalence by current occupation, U.S. residents age 18 and over, 2000

Additional Findings

- In 2004, the overall U.S. smoking prevalence was 20.8 percent while Indiana's smoking rate was 24.8 percent.
  Source: 2004 Behavioral Risk Factor Surveillance System (BRFSS)

- Despite a decline in smoking rates among pregnant women, Indiana's rate is above the national rate of 10.2 percent.
  Source: Martin, J.A., Hamilton, B.E., Menacker, F., Sutton P.D., and Matthews, T.J. Preliminary births for 2004: Infant and maternal health. Health E-stats. Hyattsville, MD: National Center for Health Statistics. Released November 15, 2005.

- Available research suggests that people with disabilities are more likely to use tobacco. Literature on cigarette smoking among people in the U.S. with mental disabilities is sparse. Results from the National Epidemiological Survey on Alcohol and Related Conditions (NESARC) revealed a strong correlation between nicotine dependence and psychiatric disorders. According to the NESARC, "individuals with a current psychiatric disorder (with and without nicotine dependence) made up 30.3 percent of the population, and they consumed 46.3 percent of all cigarettes smoked in the United States."
  Source: Grant, B.F., Hasin, D.S., Chou, P.S. Stinson, F.S., and Dawson, D.A. Nicotine Dependence and Psychiatric Disorders in the United States Results From the National Epidemiologic Survey on Alcohol and Related Conditions. Archive of General Psychiatry, 2004; 61: 1107-1115.

- The majority of U.S. non-elderly uninsured population are young adult, Hispanic, and earn less then $20,000 per year.
  Source: The Kaiser Commission on Medicaid and the Uninsured, Characteristics of the Nonelderly Uninsured, 2004.

- According to the 2000 U.S. Census, production, transportation, and material moving were the primary occupations in Indiana. The smoking rates for these occupations are higher than the U.S. smoking rate.
  Source: National Institute for Occupational Safety and Health, Occupational Respiratory Diseases Surveillance Smoking Status: Estimated prevalence by current occupation, U.S. residents age 18 and over, 2000.

- Adults living in rural areas of the U.S. have a higher smoking rate, at 26.2 percent, than those living in metropolitan or urban areas. According to the Indiana Rural Development Council, 33 percent of Indiana's population lives in rural areas.
  Sources: 2004 National Health Interview Survey, Indiana Rural Development Council.

- Montgomery, Shelby, and Clinton counties have high percentages of recent Hispanic immigrants. In 2005, Hispanics made up 64.2 percent of Indiana's migrant and seasonal farm worker population.
  Sources: Indiana Youth Institute. Hispanic Numbers Soar as Indiana Attracts New Wave of Immigrants, Issue Alert, Winter 2004; Indiana Workforce Development, Annual Consolidated Outreach Project Report Data Summary January 1, 2005 – December 31, 2005, Prepared by Jose M. Perez, February 13, 2006.

- In 2001, the highest proportion of U.S. Hispanic workers were in agriculture and construction industries (20.3 percent and 15.8 percent, respectively).
  Source: National Institute for Occupational Safety and Health, Worker Chartbook.

- Lung cancer deaths are more than 2 times higher for Latino men (38.7 per 100,000) than Latino women (14.8 per 100,000).
  Source: U.S. National Institutes for Health, National Cancer Institute, Surveillance Epidemiology and End Results Cancer Stat Fact Sheets – Cancer of the Lung and Bronchus.

- National research suggests that the average number of cigarettes smoked by Chinese men increases with the number of years they live in the U.S. Due to the small populations of Asians (1.0 percent) living in Indiana, there are no quantitative state-specific data available.
  Sources: American Lung Association, Smoking and Asian Americans / Pacific Islanders Fact Sheet, November 2004; U.S. Census Bureau, American Fact Finder, 2004 American Community Survey.

- Due to the small population of American Indians / Alaskan Natives (0.3 percent) in Indiana, state-specific data was not available. Therefore, national data was used.
  Behavioral Risk Factor Surveillance Survey results for the above mentioned populations, as well as multiracial populations, are grouped together under "other."

Critical Issues

The ITDD Workgroup has updated the critical issues, previously identified in the original 2003 plan, which affect the ability to identify and eliminate tobacco-related disparities in Indiana.

Gaps in Data

State-specific data remains insufficient to adequately identify populations disproportionately impacted by tobacco use. For example, Indiana natality reports do not include data on pregnant Hispanic women. State surveys have not taken steps to ensure data is collected on sexual orientation.

Funding Challenges

There is no single funding source to support the implementation of the strategic plan. Continuous collaboration with national, state and local organizations that address tobacco use and/or health related disparities will be required to implement the plan.

Capacity Issues

Existing partners must have the resources to continually increase their capacity. Additionally, new statewide tobacco control partnerships are being developed with populations identified as disparately affected by tobacco use. Many partners will have no previous tobacco control experience. In order to effectively reach their communities, resources must be made available to new partners.

Tobacco Industry

The tobacco industry continues to target specific populations. Historically, industry contributions have been used to buy influence with and oppress these populations. These tactics have been particularly widespread in the African American and Hispanic communities, as well as, among 18-24 year old, young adults. Alternate funding sources need to be identified and obtained to support the programs of these disparately affected populations. Counter marketing efforts will have to be population specific.

Programming for Populations with Identified Disparities

Relationships and collaborations must continue to be cultivated with organizations to implement comprehensive tobacco control programs that will reach population groups with tobacco-related health disparities.

Recommendations

- Encourage agencies to expand valid and reliable tobacco research, including data collection and surveillance, among populations with tobacco-related health disparities.
- Increase collaboration with institutions of higher education that conduct tobacco-related health disparities research.
- Identify possible funding opportunities to address disparities in tobacco use.
- Develop a plan and solicit support from key stakeholders to adopt tobacco prevention and control as a program interest area.
- Encourage key stakeholders, especially public health and private businesses, to educate policy makers on tobacco use among disparately affected populations.
- Advocate for tobacco tax increases with a portion dedicated to reaching disparately affected populations.
- Maintain Master Settlement Agreement (MSA) funding, within CDC's *Best Practices* recommended levels, for Indiana tobacco control programs.
- Advocate for a portion of MSA funding set aside to address tobacco use by disparately affected populations.
- Develop a statewide clearinghouse, containing relevant and credible statewide findings on tobacco-related disparities, with the ability to disseminate information.
- Identify best practices and model programs for comprehensive approaches to eliminating tobacco-related health disparities.
- Educate and empower organizations and communities in obtaining non-tobacco industry monies to support their programming.
- Develop marketing strategies to counteract tobacco industry influence on specific populations.
- Advocate for legislative policies that restrict tobacco industry advertising and marketing targeting disparate populations.
- Encourage collaboration with key stakeholders so that culturally and language appropriate, comprehensive tobacco control programs can be implemented within the organizations' programs.

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