

Identifying and Eliminating Tobacco-related Disparities

Tobacco-related disparities occur when specific populations (primarily racial/ethnic and low socio-economic status groups) have higher rates of smoking and exposure to secondhand smoke, have less access to resources and information, and are disproportionately targeted by tobacco company marketing.

Identifying and eliminating tobacco-related disparities is a major goal of the Washington State Department of Health Tobacco Prevention and Control Program (Tobacco Program). In early 2003, the Tobacco Program completed its *Strategic Plan to Identify and Eliminate Tobacco-Related Health Disparities*, and since then has launched a number of innovative activities to reduce tobacco use in high-risk populations.

Given the nationwide lack of proven or promising activities to addressing tobacco-related disparities, the Tobacco Program's efforts have built a foundation for more effectively addressing the issue, and have been a model for the efforts of other states.

Since the Tobacco Program began eight years ago, Washington's smoking rate has steadily dropped to 16.5 percent (2007 Behavioral Risk Factor Surveillance System – BRFSS), compared to a national smoking rate of 19.8 percent. However, in Washington and nationwide, smoking rates for people of low socioeconomic status and/or members of certain racial or ethnic populations remain persistently higher than for the general population.

Disparities in Adult Smoking Rates (2007 BRFSS)

Population Group	Adult Smoking Rates	Percentage of all Smokers
General (state rate)	16.5 percent	
Below 200% of poverty level	28 percent	36 percent
African American*	22 percent	3 percent
American Indian/Alaska Native*	35 percent	3 percent
Asian American*	9 percent	2 percent
Pacific Islander*	22 percent	1 percent
Hispanic/Latino*	15 percent	7 percent
Caucasian*	17 percent	83 percent

* Estimates are 3-year averages from 2005-2007

Strategic Approaches

Developed with significant input from communities affected by tobacco-related disparities, the Program's *Strategic Plan to Identify and Eliminate Tobacco-Related Health Disparities* is based on standards provided by the federal Centers for Disease Control and Prevention (CDC). These standards call for a two-pronged strategy to addressing tobacco-related disparities:

- Statewide approaches – tobacco quit lines, broadcast and print media, and health care and social service systems change.
- Targeted approaches – educational and promotional materials, and health provider interventions done in a culturally and linguistically appropriate way.

The Tobacco Program conducted a variety of activities consistent with the CDC's two-pronged strategy; and in many cases activities tailored to the cultural and linguistic needs of specific communities.

Statewide Activities

- Washington Tobacco Quit Line (1-800-QUIT NOW, 1-800-2NO FUME) – more than 105,000 Washington residents have called the toll-free quit line for free counseling, a personalized quit plan, and nicotine replacement therapy (if appropriate and recommended by a physician). Services are provided in Spanish and enhanced services are available to qualifying Medicaid clients. Studies show that Quit Line use and satisfaction are equally high among nearly all population groups.
- Training and technical assistance centers – the Tobacco Program provides free tobacco prevention and cessation training and assistance to its cross-cultural and other community-based contractors to build skills at the community level.
- Health care provider training – the Tobacco Program trains health care providers in tobacco cessation intervention techniques and helps community clinics and rural hospitals develop tobacco intervention/treatment policies and practice in collaboration with First Steps, WIC, and rural hospitals.
- Smoke-free housing – the Tobacco Program assists multi-unit housing owners and managers in developing no-smoking policies to protect residents from secondhand smoke.
- Research – the Tobacco Program continually improves data-gathering capabilities to ensure all Washington population groups are accurately represented, and published data reports on tobacco-related disparities to help improve tobacco prevention and cessation service delivery.

Targeted Activities

- Community-driven activities – the Tobacco Program provides \$2 million per biennium to organizations in high-risk communities to conduct local tobacco prevention and cessation activities. These contracts are awarded through a competitive process every two years.
 - African American – \$353,400 (Center for Multicultural Health)
 - Asian American-Pacific Islander – \$528,400 (Washington Asian Pacific Islander Families Against Substance Abuse)
 - Hispanic-Latino – \$635,200 (Washington Association of Community and Migrant Health Centers)
 - Urban Indian – \$202,800 (Seattle Indian Health Board)
 - Lesbian, Gay, Bi-sexual and Transgender (LGBT) – \$280,200 (Gay City)

Funding totaling \$1.6 million per biennium is also provided directly to 27 federally recognized tribes on a non-competitive basis.

- Media – the Tobacco Program, in collaboration with its community partners, developed targeted, culturally competent grassroots media campaigns in the African American, Asian/Pacific Islander, American Indian, Hispanic, and LGBT communities, and media campaigns targeting low socio-economic status and pregnant women.
- Educational materials – Community partners provided the Tobacco Program with guidance on the development of population-specific tobacco prevention and cessation educational materials distributed at community fairs and gatherings, community health clinics, and as part of focused media campaigns (transit advertising, gas pump posters, etc.).

For more information about the Tobacco Program's efforts to address tobacco-related disparities, contact David Harrelson at 360-236-3685 or david.harrelson@doh.wa.gov, or visit <http://www.doh.wa.gov/tobacco/disparities/disparity.htm>.