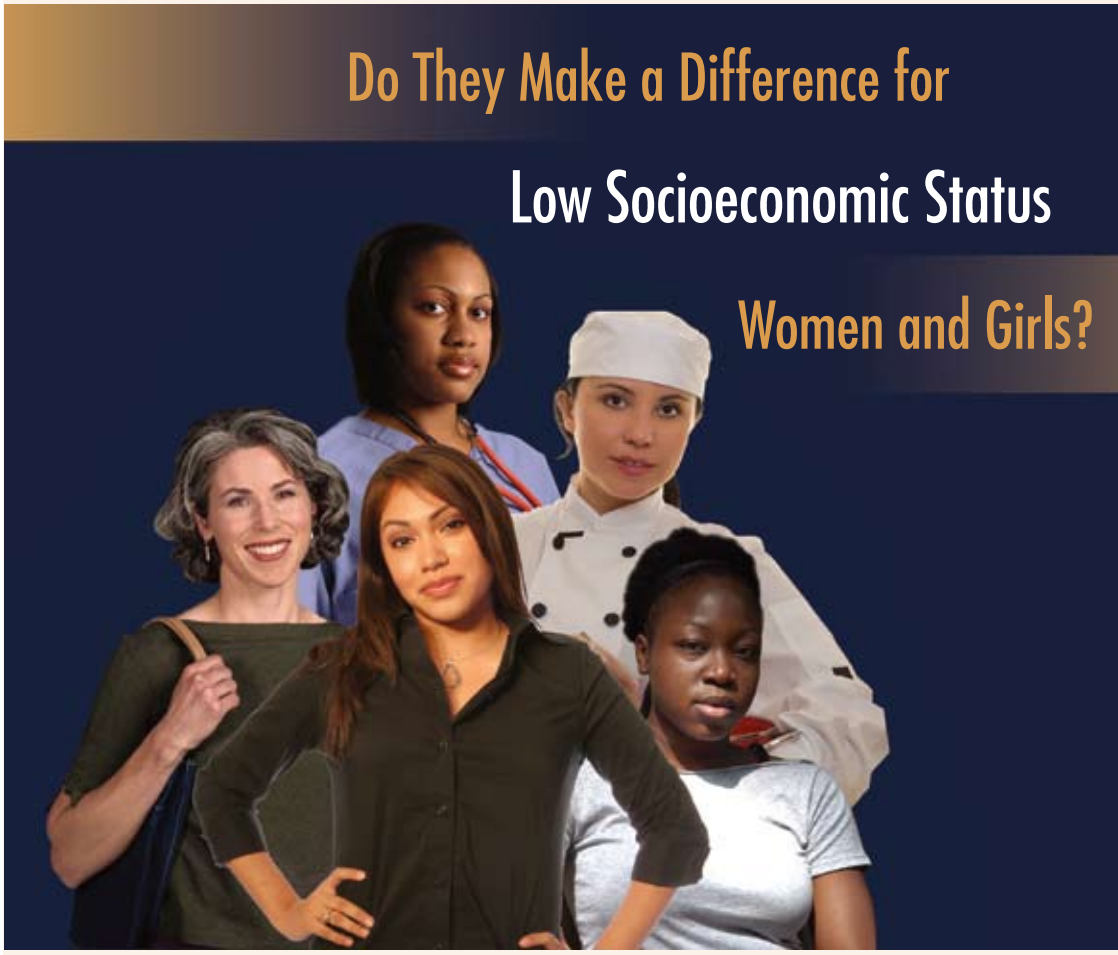
National Cancer Institute

TOBACCO CONTROL POLICIES

Do They Make a Difference for Low Socioeconomic Status Women and Girls?



A SUMMARY REPORT BY THE LOW SOCIOECONOMIC STATUS WOMEN AND GIRLS PROJECT

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

TOBACCO CONTROL POLICIES

Do They Make a Difference for Low Socioeconomic Status Women and Girls?

Summary Report

September 2008

National Cancer Institute
National Institutes of Health
U.S. Department of Health and Human Services

American Legacy Foundation

The Low Socioeconomic Status Women and Girls Project is an Initiative of the Tobacco Research Network on Disparities (TReND)

Smoking is one of the most studied human behaviors and thousands of studies have documented its health consequences, yet certain questions and data needs exist with respect to women and smoking.

— Surgeon General's Report, 2001

While tobacco control policies—such as increases in cigarette prices and excise taxes, worksite smoking bans, and focused youth media campaigns—show promise for reducing smoking among the general population, their effectiveness in reducing smoking is less clear among women who are poor, have less than a high school diploma, and work in blue collar and service positions.

— Nancy J. Kaufman, R.N., M.S., and
Deborah L. McLellan, M.H.S., Meeting Co-Chairs

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LETTER FROM THE CO-CHAIRS

We are pleased to submit this Summary Report of the activities of the Low Socioeconomic Status Women and Girls Project, most notably its inaugural meeting, *Tobacco Control Policies: Do They Make a Difference for Low Socioeconomic Status Women and Girls?* Although overall tobacco use has declined dramatically since 1965 in the United States, this decline has not been distributed equally across populations. Notably, the decline in smoking among women has not been as striking as that seen in men. Lung cancer surpassed breast cancer in 1987 as the leading cause of cancer deaths in women, and lung cancer rates among women continue to rise. In response to this health crisis, tobacco control experts have used comprehensive tobacco control policies and programs to stem tobacco's deadly march.

While tobacco control policies—such as increases in cigarette prices and excise taxes, worksite smoking bans, and focused youth media campaigns—show promise for reducing smoking among the general population, their effectiveness is less clear among women who are poor, do not have a high school diploma, and work in blue-collar and service positions. We know that racial/ethnic disparities in cigarette smoking and exposure to tobacco smoke exist in the United States. Also known is that women of lower socioeconomic status have higher rates of tobacco use and suffer disproportionately from tobacco's burden. The question then arises: Are tobacco control policies effective in reducing the harm caused by tobacco in these heterogeneous groups of low socioeconomic status women?

To advance the science on this critical issue, the Tobacco Research Network on Disparities (TReND)—a national network developed through a National Cancer Institute/American Legacy Foundation partnership—launched an initiative in 2004: the Low Socioeconomic Status Women and Girls Project. This initiative evolved from more than a decade of work on women and tobacco, including the findings from the 2001 U.S. Surgeon General's report, *Women and Smoking,* which detailed the costs of tobacco use to women's health and well-being. Additional important work includes the 2004 National Cancer Institute report, *Women, Tobacco, and Cancer: An Agenda for the 21st Century,* which outlined strategies to reduce smoking among women and girls.

Building on these efforts, the Low Socioeconomic Status Women and Girls Project convened a small expert meeting in September 2005. Participants reviewed evidence on the effects of tobacco control policies on low socioeconomic status women and girls, identified research gaps, and developed transdisciplinary research ideas to catalyze continued dialogue and translation of research into practical interventions. Significantly, this meeting served to confirm our belief that we *can* reduce the harm tobacco causes among low socioeconomic status women and girls. However, it will take concerted efforts by researchers, policymakers, practitioners, and advocates.

If together we examine the impact of tobacco policies on women, conduct research to establish an evidence base, and ensure that evidence-based approaches are disseminated and used at the community level, we may well close gender and socioeconomic gaps. This requires that we collaborate with traditional and new partners. Please join us on this important journey. The future of women and girls depends on it.

Sincerely,

Nancy J. Kaufman

Nancy J. Kaufman, R.N., M.S.
Aurora Health Care
Meeting Co-Chair

Deborah L. McLellan

Deborah L. McLellan, M.H.S.
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EXECUTIVE SUMMARY

The 1980 U.S. Surgeon General's report, *The Health Consequences of Smoking for Women*, concluded that "The first signs of an epidemic of smoking-related disease among women are now appearing."[1] In 1987, lung cancer death rates in women surpassed those from breast cancer, triggering a new disease epidemic among women. Since 1987, lung cancer has been the leading cause of cancer deaths among women in the United States, including women of low socioeconomic status.

Low socioeconomic status women and girls are heterogeneous groups characterized by one or more social conditions that increase their risk for tobacco use and exposure. These women and girls live in poverty or near poverty, often have not received a high school diploma but may have earned a General Educational Development (GED) diploma, and are unemployed or work in blue-collar or service positions. Over the past 10 years, low socioeconomic status women consistently have had higher rates of cigarette smoking, lower rates of quitting, and increased risk for tobacco-related diseases than women of higher socioeconomic status.

Poverty rates have increased in the United States since 2001, and women and women-headed families are more likely than men to live in poverty.[2] Although women of low socioeconomic status span all races and ethnicities, African American, American Indian, Alaska Native, and Hispanic women are significantly more likely than non-Hispanic White women to be poor or near-poor and to have lower quality preventive primary health care and inadequate access to care.[3]

Working women have higher poverty rates than working men, and women-headed families are twice as likely as their male counterparts to be among the working poor.[4] With equivalent levels of education, women earn on average substantially less income than men,[5] placing them at greater risk for poverty.

Research also suggests that women without a college education are more likely than college-educated women to work in blue-collar and service positions. Women working in such positions are often doubly jeopardized, as their jobs may expose them to the interactive and synergistic effects of workplace chemicals and tobacco smoke, thereby increasing their risk for lung diseases. Women in blue-collar and service positions may work in environments, such as bars or restaurants, where smoke-free policies do not exist or are not enforced.

Poverty, educational attainment, and occupational class work independently or together to create cumulative effects on women and girls throughout their lives. Moreover, these socioeconomic factors limit women's ability to access quality health care, which in turn reduces their access to tobacco prevention and cessation services and treatment for tobacco-related diseases.

Except for initiatives aimed at pregnant smokers, few interventions and known evidence-based tobacco control interventions have targeted low socioeconomic status women. Tobacco control policies—tobacco sales restrictions, price and taxation strategies, and designation of smoke-free environments, among other efforts—are low-cost, effective strategies that help reduce or eliminate tobacco access, use, and exposure. Such policies also can increase access to services that help people quit smoking. Since the early 1990s, countries, states, and municipalities across the world have implemented tobacco control policies to reduce tobacco use and exposure among all populations. However, it is unclear whether these policies have decreased tobacco use and exposure among

low socioeconomic status women and girls. To address this issue, the Tobacco Research Network on Disparities (TReND)—a national network developed through a National Cancer Institute/ American Legacy Foundation partnership—launched the Low Socioeconomic Women and Girls Project in 2004.

Goals of the Low SES Women and Girls Project

The Low Socioeconomic Status Women and Girls Project strategically examines the effects of tobacco control policies on diverse populations of low socioeconomic status women and girls. By reviewing existing research and stimulating new research, the project aims to inform the development and implementation of policies and programs by practitioners that may reduce tobacco use among low socioeconomic status women and girls.

Recommendations from the following major reports helped form this project's mission and activities:

Women and Smoking: A Report of the Surgeon General (2001)[6] stated the need for a better understanding of the effects of tobacco control policies on women.

Women, Tobacco, and Cancer: An Agenda for the 21st Century (2004)[7] recommended research to explore and strengthen the health benefits of public and private tobacco control policies on women and girls, especially in populations at greatest risk.

Eliminating Tobacco-Related Health Disparities: Summary Report (2005)[8] called for more research to assess the impact of policy interventions on under-studied populations, such as low-income groups and blue-collar workers.

At project inception, members of the project's planning committee targeted four near-term activities:

- Review the literature in 2004 on the effects of tobacco control policies on low socioeconomic status women and girls.
- Plan and convene a meeting in 2005 to address such policies, inviting researchers, practitioners, and tobacco control advocates.
- Sponsor a special supplement issue in the *Journal of Epidemiology and Community Health* in 2006 to promote interdisciplinary empirical exploration of policy data.
- Develop a summary report to describe the
  - background driving the need for this project
  - results of the literature review on tobacco policies
  - purpose of and recommendations from the 2005 meeting—*Tobacco Control Policies: Do They Make a Difference for Low Socioeconomic Status Women and Girls?*
  - key findings from papers published in the *Journal of Epidemiology and Community.*

With the creation of this report, each of these activities has been completed. This Executive Summary concludes with recommendations developed at the 2005 *Tobacco Control Policies* meeting.

Recommendations from Tobacco Control Policies Meeting

Researchers, practitioners, and tobacco control advocates attending the 2005 meeting of the Low Socioeconomic Status Women and Girls Project crafted recommendations that have guided additional projects since this inaugural meeting. The suggestions comprise methodological and measurement recommendations and other research actions to increase our knowledge of how to reduce tobacco use among low socioeconomic status women and girls.

Methodological and Measurement Recommendations

- Improve the analysis and reporting of tobacco-related disparities and enhance existing data sets, techniques, and measures of socioeconomic status and policy.

Research Recommendations

- Increase understanding of the lives and social context of low socioeconomic status women and girls over the life course and how tobacco control and other policies affect their tobacco use trajectories.
- Examine how smoke-free environments in the home, community, and workplace work individually, interactively, and synergistically to help women and girls quit smoking.
- Develop an understanding of how gender-specific power dynamics at home, work, and in public venues affect the implementation and enforcement of policies.

- Determine how tobacco control policies interact with acculturation and diverse communities' level of integration into mainstream society to affect smoking among low socioeconomic status women and girls.
- Engage women, girls, women's organizations, and organizations that support women and girls in developing effective ways to translate and disseminate research findings to help inform tobacco control policies.
- Monitor tobacco industry strategies that target low socioeconomic status women and girls and examine the effects of those strategies on this population's initial and continued use of tobacco.
- Examine how the attitudes, perceptions, and actions of the tobacco control community and policymakers toward low socioeconomic status women and girls and smokers affect research and policymaking.

INTRODUCTION

Smoking Among Women and Girls

Very few women smoked in the early 1900s, as smoking was considered unacceptable for women and was even prohibited in public. Not until World War II did smoking among women increase dramatically,[6] marking changes in social customs and laying the groundwork for an emerging smoking epidemic. Although the 1964 U.S. Surgeon General's report, *Smoking and Health: Report of the Advisory Committee to the Surgeon General of the Public Health Service,* was the first major report to establish causal relationships between smoking and cancer, respiratory disease, and heart disease, the impending epidemic of smoking-related diseases among women was not acknowledged until 1980. That year, the U.S. Surgeon General's report, *The Health Consequences of Smoking for Women*, stated that "The first signs of an epidemic of smoking-related diseases among women are now appearing."[1] The report refuted the notion that women were immune from the damaging effects of smoking.

In 2001, a second Surgeon General's report focused on smoking among women, further advancing our understanding of women and tobacco. The report highlighted trends in women's smoking; the devastating effects of tobacco use and secondhand smoke—also known as environmental tobacco smoke; and the unique role the tobacco industry plays in marketing tobacco products to women. It also brought attention to gender-specific health outcomes and concluded that women who stop smoking greatly reduce their risk of premature death at any age, while noting, however, that women have greater difficulty quitting smoking than men. In addition, the report showcased successful interventions and organizational activities, offering hope to address the smoking epidemic among women.

Much progress has been made since the social revolution of the early 1940s made cigarette smoking more socially acceptable among women. Smoking rates among women have declined from nearly 34 percent in 1965 to about 19 percent in 2004.[6] High school girls have smoking rates similar to those of boys (23 percent)[9]; although adolescent smoking began to decline in 1998, rates have now stabilized.[10] While significant progress has been made to reduce smoking overall among women and girls, many gaps in knowledge remain. As the National Cancer Institute's report *Women, Tobacco, and Cancer: An Agenda for the 21st Century* [7] indicates, we still do not fully understand the gender differences associated with tobacco use and tobacco-caused cancer morbidity and mortality.

Today, lung cancer is the leading cause of cancer deaths among women. As had been predicted in the 1980 U.S. Surgeon General's report, lung cancer surpassed breast cancer death rates by 1987. While smoking rates and lung cancer incidence and death rates among men decreased from 1975 to 2002, the incidence of lung cancer has remained relatively stable among women, with death rates increasing by 0.3 percent per year from 1995 to 2002.[11]

Any declines that have been achieved in smoking and tobacco-related disease outcomes have not been distributed equally across all populations of women. Smoking rates among women vary by race/ethnicity (Figure 1), income, education, and occupation.

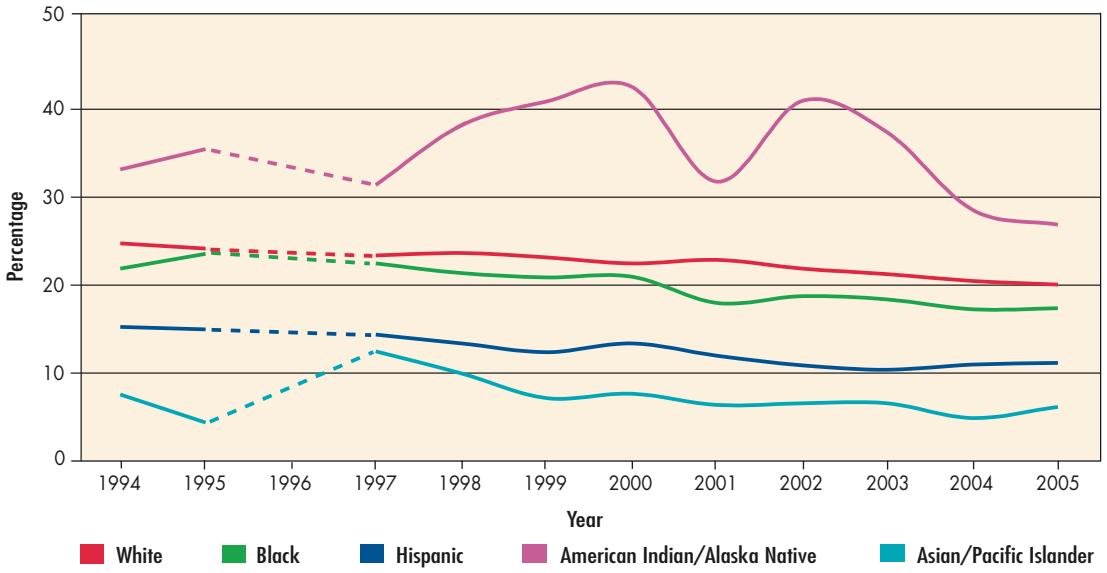
Role of Poverty, Education, and Occupation

Interest has grown in the United States in reducing tobacco-related disparities between and among populations.[3] This interest has prompted a more critical investigation of socioeconomic status, which has been associated with lifelong disparities in health. Low socioeconomic status women have higher rates of smoking and lower rates of quitting than women of higher socioeconomic status.[12-18] Single mothers who receive welfare—one of the most underprivileged female populations—have nearly twice the rate of smoking, lower rates of quitting, and worse health than other women of the same age and race.[19] Socioeconomic factors, combined with the social, physical, and cultural context in which women and girls live, may increase their risk for tobacco-related diseases and conditions.

Legacy of Poverty

Although smoking rates have declined overall in women, a significant and substantial disparity remains in smoking, quitting, and lung cancer rates based on poverty status. Twenty-seven percent of women below the poverty threshold, compared with nearly 18 percent of those at or above the poverty threshold, reported current smoking in 2004 (Figure 2).[20] On average, current smoking rates in 1998 were 2.5 times higher among pregnant women on Medicaid than among pregnant women without Medicaid,[21] and pregnant women below the poverty threshold were less likely to attempt quitting than were pregnant women at or above the poverty threshold.[22] Further, the incidence of lung cancer

Figure 1. Percentage of women aged ≥18 years who were current cigarette smokers,* by race and ethnicity, 1994–2005



Source: Figure adapted from National Health Interview Survey (NHIS) data, as reported in *Morbidity and Mortality Weekly Report* between 1996 and 2007 (see References).

Notes: *Current smoker: has smoked 100 or more cigarettes in lifetime and currently smokes cigarettes "every day" or "some days."

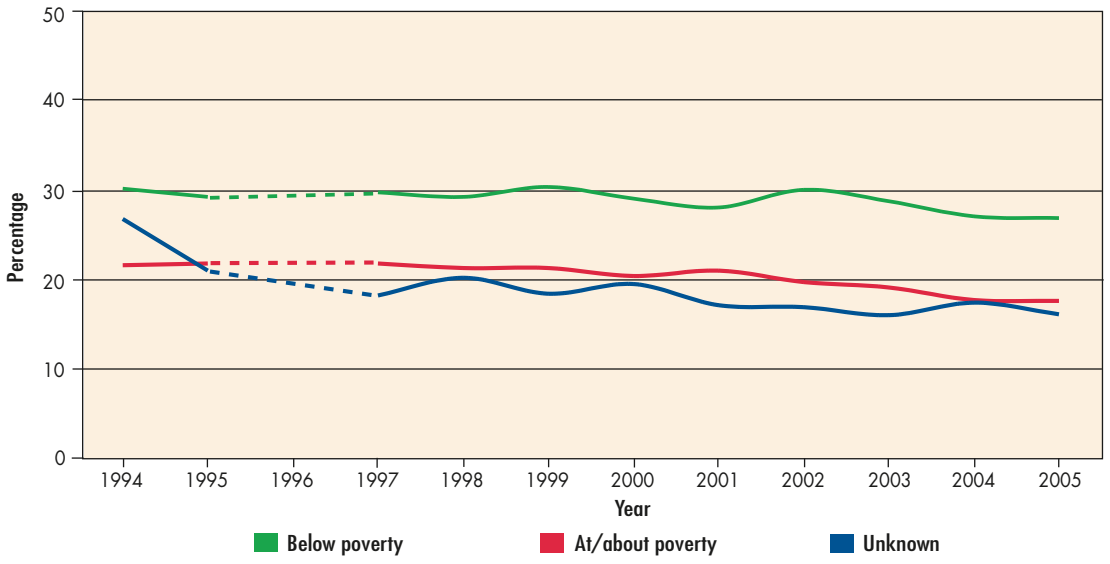
Data were not collected in 1996. The survey was redesigned in 1997; trend analysis and comparison with data years before 1997 should be done with caution.

from 1975 to 1999 among women in counties with poverty levels of 20 percent or higher was 11 percent greater than that for women in counties with poverty levels between 10 and 19 percent.[23]

These outcomes may be partly explained by access to and quality of health care. Poor and near-poor women are more likely than higher income women to lack health insurance, be dissatisfied with their health plans when insured, lack a usual source of care,[3] have worse health, and die prematurely.[3] Poverty rates are increasing in the United States,[23] and cumulative adverse health effects result from living in poverty.[25] Among women of low socioeconomic status, tobacco use among the poor, the near-poor, and those with low incomes may be considered a 21st century epidemic.

Women in general earn on average about $10,000 less per year than men, and women-headed households earn less than other family households.[24]

Figure 2. Percentage of women aged ≥18 years who were current cigarette smokers,* by poverty status, 1994–2005



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Notes: *Current smoker: has smoked 100 or more cigarettes in lifetime and currently smokes cigarettes "every day" or "some days."

Data were not collected in 1996. The survey was redesigned in 1997; trend analysis and comparison with data years before 1997 should be done with caution.

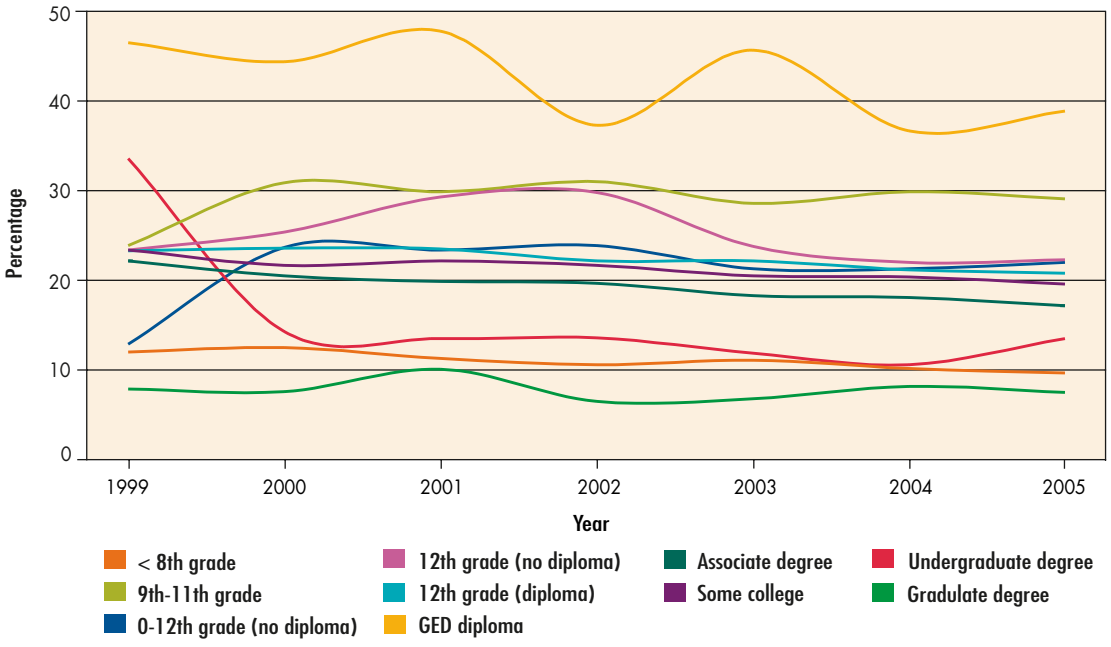
Role of Educational Attainment

Educational attainment is associated with current smoking and health outcomes. Although some women with low education levels have higher-than-average rates of tobacco use, a direct linear relationship does not exist between smoking and educational attainment (Figure 3). For example, nearly 37 percent of women with a GED reported current smoking in 2004, whereas only about 11 percent of women with fewer than 8 years of education reported current smoking. However, high education levels generally are associated with a lower risk of ill health and death from tobacco-related cancer and cardiovascular disease across multiple cultures[26] and women's lifespan.[27] Few studies report quit rates among women and girls with low educational attainment.

Impact of Occupational Class

As with poverty and education, occupation is associated with tobacco use and exposure, smoking cessation, and health outcomes. Studies of men and women have reported that about 35 percent of blue-collar workers smoke, as compared with 20 percent of white-collar workers.[18] Notably, no significant difference in quit attempts has been reported by occupation level among men and women, although white-collar workers (20 percent) are more likely to be former smokers than are blue-collar (18 percent) or service workers (14 percent).[18]

Figure 3. Percentage of women aged ≥18 years who were current smokers,* by education level, 1999–2005



Source: Figure adapted from National Health Interview Survey (NHIS) data, as reported in *Morbidity and Mortality Weekly Report* (see References).

Notes: *Current smoker: has smoked 100 or more cigarettes in lifetime and currently smokes cigarettes "every day" or "some days."

Few studies report data by gender, but one study that combined National Health Interview Survey data from 1987 to 1994 reported the following smoking rates among women by occupation:

- 25 percent in executive, administrative, and managerial occupations
- 33 percent in service occupations
- 36 percent in transportation and material moving occupations[28]

Women in blue-collar and service positions may be doubly jeopardized if they work in positions or environments where the interactive and synergistic effects of workplace chemicals and tobacco smoke increase their risk for lung disease.[29]

The workplace can be a major source of exposure to tobacco smoke.[30] Smoke exposure among adults is inversely associated with occupational class.[31] Blue-collar and service workers are significantly less likely to be protected by smoke-free policies than are white-collar workers.[32] Bartenders and food servers are less likely to be covered by a smoke-free policy in the workplace and are more likely to be exposed to smoke even when covered by a smoke-free policy.[32] Migrant, seasonal, and other workers who are exposed to tobacco leaves may suffer from green tobacco sickness, an occupational illness resulting from transdermal nicotine exposure.[33]

The workplace also may contribute to smoking initiation. One-third of adolescent smokers reported that they first started smoking regularly at work.[34] Although studies have not examined the effects of gender and tobacco among working adolescents, these data suggest that additional analyses may be important to understanding possible intervention points to prevent or stop smoking among low socioeconomic status adolescents and their families.

Hispanic and African American women were more likely than White or Asian women to work in service occupations in 2004.[35]

Poverty, education level, and occupational class—independently or together—cumulatively affect the health of women and girls throughout their lives and may differentially affect women of different races or ethnicities. The social, cultural, and environmental context may be extremely complex, with multiple layers of disparities.

For example, one study among a U.S. sample found that 28 percent of women with less than a college education smoke; if these women also worked in blue-collar positions, their smoking rate jumped to 32 percent. Moreover, if these women fell below 200 percent of the poverty threshold, their rate increased to 34 percent.[18] This pattern also has been observed in the United Kingdom[44] and underscores the importance of research on reducing smoking among low socioeconomic status women. Socioeconomic factors impact women's ability to access quality—or any—health care,[3, 34] thereby reducing their access to tobacco prevention and cessation services and treatment for tobacco-related diseases.

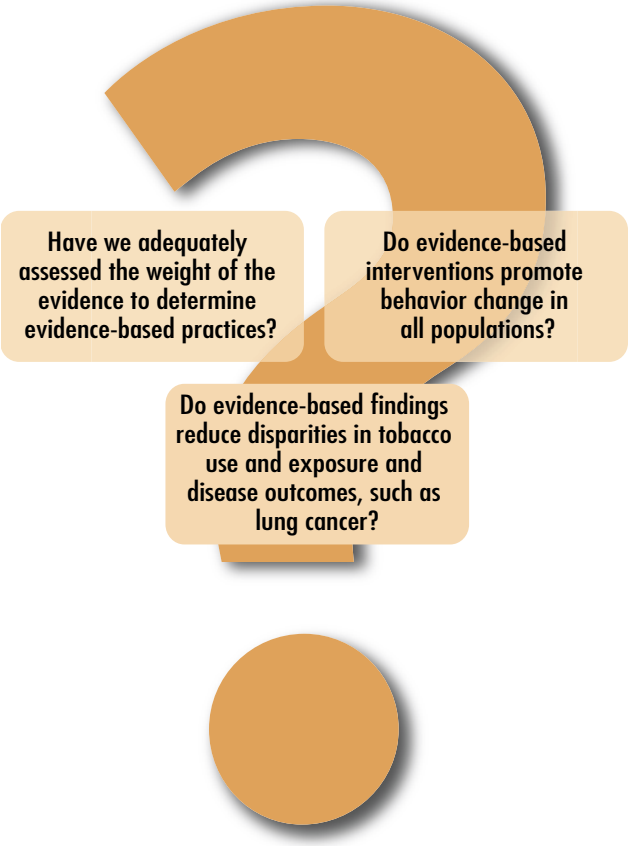
Evidence-Based Tobacco Control Practices for Low Socioeconomic Status Women and Girls

Few known evidence-based tobacco control interventions have targeted low socioeconomic status women and girls. A study conducted by the Agency for Healthcare Research and Quality concluded that

> ***Very few systematic reviews have specifically evaluated the effectiveness of behavioral interventions that promote the uptake of cancer control behaviors in minority or socioeconomically disadvantaged populations.***[36]

Similarly, few studies have examined the effects of policy-level cancer control interventions, although tobacco control advocates have provided leadership in implementing policies that aim to reduce or prevent tobacco access, use, and exposure. Tobacco control policies—tobacco sales restrictions, price and taxation strategies, and designation of smoke-free environments, among other efforts—are low-cost, effective intervention strategies. While helping to reduce or eliminate tobacco access, use, and exposure, these policies also can increase access to services that help people quit smoking. For example, studies indicate that smoke-free laws help smokers by providing an environment that facilitates quitting, while benefiting nonsmokers by eliminating exposure to secondhand smoke. Most of these strategies are population-based and have been used successfully by tobacco control advocates to reduce tobacco use and exposure to secondhand smoke.[8]

Since the early 1990s, countries, states, and municipalities around the world have implemented policies to reduce tobacco use and exposure among all populations. However, it is not clear that these policies decrease tobacco use and exposure among low socioeconomic status women and girls, and critical questions remain. A more thorough analysis of evidence-based practices in addressing tobacco-related disparities among women of low socioeconomic status is needed to identify differences and plan appropriate policies and programs to ameliorate these disparities.



THE LOW SOCIOECONOMIC STATUS WOMEN AND GIRLS PROJECT

Project Purpose and Activities

Against the backdrop detailed in the Introduction, the Tobacco Research Network on Disparities (TReND)—a national network developed through a National Cancer Institute/American Legacy Foundation partnership—launched the Low Socioeconomic Status Women and Girls Project in 2004. The project's purpose is to strategically examine the effects of tobacco control policies on diverse populations of low socioeconomic status women and girls. This is to be achieved by reviewing existing research, stimulating new research, and informing the development and implementation of policies and programs to help reduce tobacco use among low socioeconomic status women and girls.

At project inception, members of the project's planning committee targeted four near-term activities:

- Review the literature in 2004 on the effects of tobacco control policies on low socioeconomic status women and girls.
- Plan and convene a meeting in 2005 to address such policies, inviting researchers, practitioners, and tobacco control advocates.
- Sponsor a special supplement issue in the *Journal of Epidemiology and Community Health* in 2006 to promote interdisciplinary empirical exploration of policy data.
- Develop a summary report to describe the
  - background driving the need for this project
  - results of the literature review on tobacco policies
  - purpose of and recommendations from the 2005 meeting—*Tobacco Control Policies: Do They Make a Difference for Low Socioeconomic Status Women and Girls?*
  - key findings from papers published in the *Journal of Epidemiology and Community.*

With the creation of this Summary Report, each of these activities has been completed. Each is described in the next section.

Literature Review Results

The planning committee used PubMed to conduct a thorough literature review in Fall 2004. Only four published articles reported the effects of tobacco control policies on low socioeconomic status women and girls.[37-40] Although gender and socioeconomic status characteristics of smokers are often collected in surveys and may be analyzed or reported separately, the lack of analysis and reporting of the effects of tobacco control policies on women of different levels of education, income, or by occupational class is notable.

A rigorous literature review conducted by Greaves et al.[41] echoed the committee's findings. Both literature reviews helped confirm the critical need for a meeting to address the dearth of literature on tobacco control policies and low socioeconomic status women and girls.

Tobacco Control Policies Meeting

Purpose of Meeting

Planning committee members conferred monthly by conference call from January to September 2005 to develop a meeting agenda, activities, and participants list for a late September 2005 meeting and to discuss an abstract submission process (see Appendices A and B). The purpose of the meeting, held in Bethesda, MD, was to:

- Identify research gaps on the effects of tobacco control policies on low socioeconomic status women and girls.
- Present draft research papers on the effects of tobacco control policies on low socioeconomic status women and girls.
- Develop transdisciplinary ideas for advancing the field.
- Foster a national dialogue on smoking among low socioeconomic women and address ways to maintain the project's momentum and to promote and disseminate information on this issue.
- Produce content for the meeting report and recommendations.

Meeting organizers invited about 50 researchers, practitioners, and tobacco control advocates with expertise in tobacco policy and/or women's health to participate in the meeting. The planning committee ensured that male and female participants represented diverse geographical regions and disciplines, race/ethnicities, state and federal agencies, and foundations.

Before the meeting was held, participants were invited to submit research abstracts on topics that addressed the effects of tobacco control policies on low socioeconomic status women and girls. Authors of selected abstracts were asked to summarize their research at the 2-day meeting, with topics organized under one of four panels.

Summary of Meeting Presentations

This section summarizes the keynote and research presentations made at the 2005 *Tobacco Control Policies* meeting. The meeting format allowed for full-group discussion after each presentation.

Keynote Presentation

Tobacco Policies and Vulnerable Girls and Women: Toward a Framework for Gender-Sensitive Policy Development
Lorraine Greaves, Ph.D.

Dr. Greaves presented results from a literature review on tobacco control policy effects on low socioeconomic status women. After examining the effects of tobacco sales restrictions, price, taxation, and smoking location restrictions, she concluded that despite higher rates of smoking, little research has examined the effects of policies on vulnerable women. Existing research points to differential effectiveness of policies and the importance of using gender- and diversity-based analyses of tobacco control policies. Dr. Greaves stressed the need to examine the term *comprehensive tobacco control policy* and recommended expanding the scope to include broader social policies. Based on the research findings, Dr. Greaves recommended conducting gender-based analyses, improving research using participatory action and collaborative models, improving measurement tools and data reporting, widening the policy purview, and committing to an ethical framework.

Panel 1

Smoke-Free Worksites and Homes and Their Effect on Low Socioeconomic Status Women and Girls

Donald R. Shopland

Mr. Shopland discussed smoking trends among low socioeconomic status women, using data from the 1992/1993 and 2001/2002 Tobacco Use Supplements to the Current Population Survey. The data indicate a consistent increase in the percentage of employed low socioeconomic status women who do not allow smoking in the home, although differences exist by race/ethnicity, educational level, and occupation. Some of the most important predictors of smoke-free homes are being a nonsmoker, having attained a high educational level, having a white-collar job, and identifying oneself as Hispanic/Latino or Asian/Pacific Islander. Mr. Shopland concluded that after controlling for certain demographic indicators, home smoking restrictions were more highly correlated with cessation among women than any other variable examined; however, it is unclear whether a smoke-free home promotes cessation or whether women who are quitting are more likely to make their homes smoke-free.

Workplace and Home Smoking Restrictions and Racial/Ethnic Variation in the Prevalence and Intensity of Current Cigarette Smoking Among Women

Vickie L. Shavers, Ph.D.

Dr. Shavers presented two research questions: How do worksite and home smoking restrictions influence the prevalence of current cigarette smoking and cigarette consumption patterns? Do cigarette smoking and consumption vary by race and ethnicity? Dr. Shavers concluded that smoking variations by race/ethnicity and

by poverty level were observed among employed women and that home smoking policies have a uniform effect on the prevalence of current smoking among women at different poverty levels when controlling for race/ethnicity. However, workplace policies differentially affect current smoking among women, such that women in homes with more restrictive policies had lower odds of smoking.

Tobacco-Free Workplace Policies and Low Socioeconomic Status Female Bartenders in California

Roland S. Moore, Ph.D.

Dr. Moore used qualitative and quantitative approaches to studying compliance with nonsmoking regulations in bars in California serving primarily Irish, Hispanic/Latino, and Asian clientele. He reported that smoking in these bars was significantly related to the presence of female bartenders, with exposure to secondhand smoke greater in bars frequented largely by Irish and Asian clientele. Female bartenders serving Asians reported minimal client compliance with smoke-free laws; greatest compliance was reported by female bartenders who served predominantly Hispanic/Latino clientele. Dr. Moore also stated that some female bartenders did not favor

regulating smoking, while others described positive outcomes when their bars eliminated interior smoking. He concluded by stating that female bartenders who work in "smoke-free" bars are still exposed to secondhand smoke.

Panel 2

Smoking Among Low Socioeconomic Status Women, 1992–2002: The Role of Tobacco Control Policies
David T. Levy, Ph.D.

Using the Tobacco Use Supplements to the Current Population Survey, Dr. Levy's research aimed to assess the effects of state-level tobacco control policies (e.g., cigarette pricing policies, indoor smoking bans, and media campaigns) on current smoking among women with low levels of education. He defined three comparison groups: females with less than a high school degree, females with a high school degree through undergraduate studies, and females with a graduate education. Dr. Levy found that females without a high school diploma respond differently to increases in the price of cigarettes. He also observed racial/ethnic differences in response to policies. Dr. Levy concluded that future studies should expand policy to include variables, such as Medicaid coverage of treatments, and refine the definition of low socioeconomic status.

Cigarette Smoking Transition in Low Socioeconomic Status Girls: Impact of State-Level, School, and Individual Factors
Hyoshin Kim, Ph.D.

Dr. Kim's study used National Longitudinal Study of Adolescent Health data to examine state, school, and individual factors that predict smoking transition from adolescence to young adulthood in low socioeconomic status females. The findings suggest that low socioeconomic status females are responsive to enforcement of sales restriction regulations but are not particularly responsive to state excise taxes or school policies such as fines. Dr. Kim found that individual factors, such as having friends who smoke, were strong predictors of subsequent smoking. She concluded that it was important to look at individual factors in addition to state and school policies and that stronger tobacco control policies are associated with a lower likelihood of initiation and adverse transition for low socioeconomic status females. While statewide policies are somewhat effective, they are not equally effective in all socioeconomic groups of females. Individual policies were also associated with lower adverse transitions in smoking among low socioeconomic status girls.

Panel 3

Political Coalitions and Working Women: How the Tobacco Industry Built a Relationship with the Coalition of Labor Union Women
Edith Balbach, Ph.D.

Using tobacco industry documents, Dr. Balbach assessed how the tobacco industry established and leveraged its political relationship with the Coalition of Labor Union Women so that the organization supported the industry's positions and opposed smoke-free workplace policies and increases in tobacco excise taxes. Such data provide information about strategies that help build strong organizational allies to support excise taxes and smoke-free worksites. Dr. Balbach identified three key components to promote coalition building in the fight for tobacco control: understanding partners' values about and positions on issues of importance to them, framing tobacco control issues in light of these values and positions, and showing reciprocity in support of partners.

Tobacco Quitlines and Women of Low Socioeconomic Status

Laura A. Beebe, Ph.D., M.P.H.

Dr. Beebe discussed the benefits of tobacco quitlines. Tobacco quitlines are free to the public and nationally available[42] and have demonstrated a twofold increase in abstinence rates when compared with self-help.[43] Dr. Beebe's presentation analyzed preliminary results from state quitlines. She found that a quitline in one state is significantly reaching female smokers of low socioeconomic status; however, female smokers of low socioeconomic status were more motivated to use the quitline on the recommendation of a family member or friend than in response to media promotions. Dr. Beebe concluded by emphasizing the importance of family and friends in disseminating messages on state tobacco quitlines.

Overcoming the Odds for Providing Cessation Treatment in Settings for Low Socioeconomic Status Women

Helen Lettlow, Dr.P.H.

Dr. Lettlow stated that smoking heavily impacts the health of women of low socioeconomic status. She presented the results of three case studies of tobacco cessation treatment projects that receive funding from the American Legacy Foundation to provide smoking cessation services to low socioeconomic status women. These studies identified systems-level approaches that facilitate or hinder service delivery for underserved women in select settings. Dr. Lettlow found that effective delivery of cessation services requires written policies and protocols, brief intervention on the part of health care providers, project staff training and buy-in, intensive case management, and client followup services.

Exploring the Policy and Community Contexts for Making Recommendations: The Federal Perspective

Mark S. Clanton, M.D., M.P.H.

Dr. Clanton emphasized the need to understand how multiple policies work together to produce an effect. He provided an overview of the Department of Health and Human Services tobacco initiatives and identified several challenges to addressing smoking and low socioeconomic status women. Challenges included coordinating public, private, government, and community stakeholders to address the needs of poor and low socioeconomic status populations; improving knowledge about the impact of tobacco policies on the poor and disenfranchised; and effectively reaching low socioeconomic status populations with messages about prevention and treatment.

The Tobacco Control Movement's Policy Perspective

William Corr

Mr. Corr stated that progress is being made in tobacco control policy at the federal, state, and local levels. He indicated that several programs and policies have contributed to tobacco control progress, including clean air laws, state excise taxes, statewide prevention and cessation programs, private insurance coverage for prevention and cessation, and national quitlines. Mr. Corr also discussed two current priority areas for his organization: U.S. Food and Drug Administration regulation of tobacco products and the U.S. Department of Justice lawsuit against the cigarette companies. He cited a strong evidence base among the reasons for the success of these activities and stressed the importance of using research findings in policy and advocacy work. Mr. Corr concluded by stating that the advocates of tobacco control have learned to campaign effectively and translate research into real-life language that can elicit legislative action.

Working With the Faith-Based Community
Vincent DeMarco, J.D., M.A.

Mr. DeMarco began his presentation by commending the faith-based community for its contributions to tobacco control. Based on the activities of Faith United Against Tobacco, he summarized five lessons learned from the faith community's involvement in dramatically increasing the tobacco tax in Maryland: (1) when faith leaders speak out, policymakers listen; (2) faith communities are grassroots organizations that reach many people; (3) the media pay attention to stories that highlight community campaigns against the tobacco industry; (4) tobacco control activities can transcend religious diversity; and (5) faith-based leaders have an influential voice in stating that tobacco taxes work.

Clinical Policies for Enhancing Tobacco Treatment Services for Pregnant Women
Catherine L. Rohweder, Dr.P.H.

Dr. Rohweder discussed pregnancy as a motivation to quit smoking. Although many women quit during pregnancy, they often resume smoking following delivery. Dr. Rohweder presented three state-level intervention programs: a demonstration project with Smoke-Free Families and the Oregon Department of Health and Human Services, a Medicaid Toolkit, and a Native American Action Plan.

Recommendations for Future Research

During workgroup panel discussions, meeting participants developed recommendations for future research to advance tobacco control policy research on low socioeconomic status women and girls. The following information synthesizes overarching methodological and measurement recommendations and other research actions.

Methodological and Measurement Recommendations

Improve analysis and reporting of tobacco-related disparities and enhance existing data sets, techniques, and measures of socioeconomic status and policy

Many studies collect sociodemographic data but do not report policy findings by race or ethnicity, age, educational attainment, poverty level, employment status, sexual orientation, or gender. Analyses of existing secondary data sets are important first steps in disseminating these findings, but additional cross-sectional and longitudinal studies are needed. Because researchers use different ways to measure socioeconomic status and policy, standard measures need to be developed. Further, to contextualize quantitative research findings, the tobacco control field needs to integrate qualitative and quantitative methodologies, neighborhood-level analyses, and expertise and methodologies from other fields, such as anthropology and law.

Research Recommendations

Increase understanding of the lives and social context of low socioeconomic status women and girls over the life course and how tobacco control and other policies affect their tobacco use trajectories

To implement effective policies, a better understanding is needed of the lives of women and girls. It is also important to investigate

how tobacco control policies—alone and in conjunction with other social policies (e.g., housing, welfare, education, domestic violence, child health, health care, and transportation)—differentially affect the lifetime smoking habits of low socioeconomic status women. Few studies have investigated specific links between social policies and tobacco use, but those that have suggest that social policies can influence smoking behavior.[18, 43]

Examine how smoke-free environments in the home, community, and workplace work individually, interactively, and synergistically to help women and girls quit smoking

Investigation is needed into the directional and bidirectional nature of quitting behavior among women, the implementation of smoke-free home policies, the interactions of smoke-free home restrictions with other smoke-free environmental policies, the most effective yet ethical ways to increase the number of smoke-free homes among low socioeconomic status women, and other programmatic interventions

Develop an understanding of how gender-specific power dynamics at work, home, and in public venues affect the implementation and enforcement of policies

Women who have less social and economic power at work or at home than their male partners/spouses, supervisors, colleagues, or patrons who smoke may have difficulty implementing and enforcing a smoke-free policy, even when such policies are supported by legislation. Investigation is needed into the role of gender power in the home or workplace in determining whether a smoke-free policy exists or is followed. Research is also needed on the impact of gender and culture on youth access to and purchase of cigarette products.

Determine how tobacco control policies interact with acculturation and diverse communities' level of integration into mainstream society to affect smoking among low socioeconomic status women and girls

Some populations of low socioeconomic status women and girls may not be integrated into mainstream society and, hence, not be affected by mainstream legislation and regulation. For instance, smoke-free legislation and excise tax policies that exist in a state or locality may not have to be implemented within sovereign nations. Although Native American women and girls have high rates of smoking, they may not benefit from tobacco control policies that are outside the jurisdiction of their tribes. In addition, homeless women and girls who are not in school are outside of mainstream society and may not be protected by tobacco control policies. Women who are uninsured, on Medicaid, or do not have a phone may have problems accessing evidence-based smoking cessation treatments. Studies also have identified differences in smoking by level of acculturation, but little is known about how tobacco control policies intersect with level of acculturation to curb smoking. Research is needed to determine how culture and access to resources influence policy reach.

Engage women, girls, women's organizations, and organizations that support women and girls in developing effective ways to translate and disseminate research findings to help inform policies

More information is needed to understand media usage and channels of communication among low socioeconomic status women, determine whose voices are trusted and credible, and understand how to frame appropriate messages for low socioeconomic status women. Further, it is critical to translate and disseminate research findings and do a more effective job of engaging women advocates in this process.

Monitor strategies used by the tobacco industry to target low socioeconomic status women and girls and examine how they affect the initial and continued use of tobacco

Ongoing monitoring is needed of the tobacco industry's continued ability to find innovative ways to make its products attractive to heterogeneous populations of low socioeconomic status women and girls. Analyses are needed to determine which industry marketing techniques encourage initiation and use among low socioeconomic status women and girls. It is also important to monitor how the industry continues to build collaborations with organizations and individuals to advance its political agenda and undermine efforts to prevent and reduce tobacco use.

Examine how the attitudes, perceptions, and actions of the tobacco control community and policymakers toward low socioeconomic status women and girls and smokers affect research and policymaking

Researchers and policymakers need to identify how some policies unintentionally contribute to greater disparities and the degree to which some policies discriminate against low socioeconomic status women and girls. For instance, pregnant smokers have been incarcerated for child abuse against the fetus. Sometimes white-collar office buildings are smoke-free, while blue-collar workers are exposed to tobacco smoke on the manufacturing floor. Excise taxes on tobacco products reduce overall consumption, but such taxes have been called regressive, potentially hurting those who have the least money and smoke the most.

Although smokers are not a protected class under civil rights legislation in the United States, some employers choose to hire and retain only nonsmokers. Spirited debate exists within the tobacco control community as to the appropriateness of such actions, and it may be helpful to understand and address underlying attitudes and perceptions toward low socioeconomic status women that affect the development and implementation of such policies.

Key Findings of Published Papers

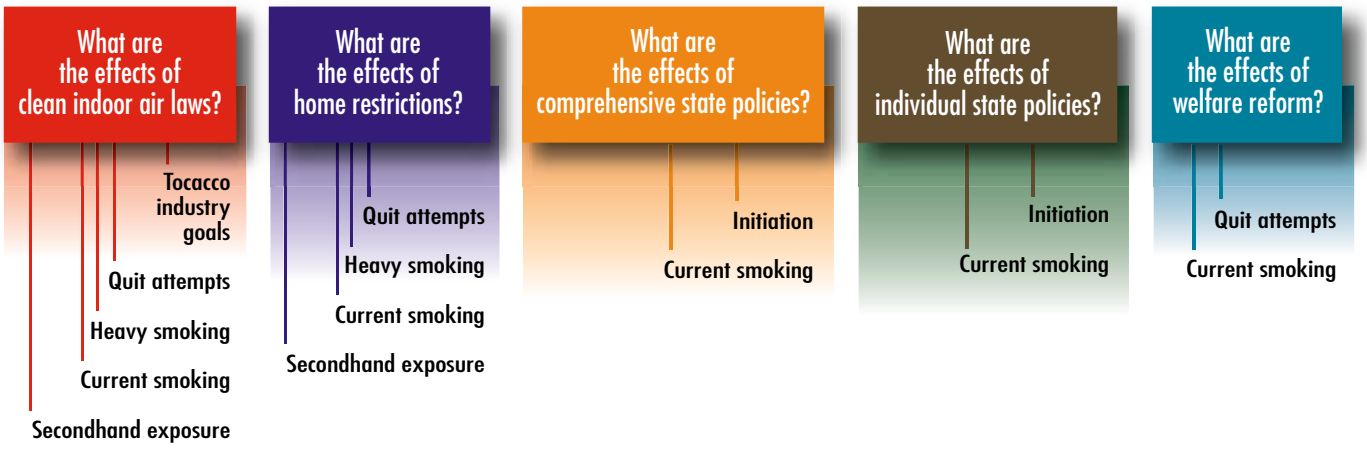
Eight of the papers presented at the *Tobacco Control Policies 2005 meeting* were published in a special supplement issue of the *Journal of Epidemiology and Community Health* in September 2006.* These papers examined the effects of workplace policies, home restrictions, comprehensive state policies, individual state policies, and welfare reform on initiation of smoking, current smoking, heavy smoking, quitting, and smoke exposure. Also addressed was the tobacco industry's development of a relationship with the Coalition of Labor Union Women to advance its goal to constrain clean indoor air laws. Figure 4 shows the outcomes examined for each of the research questions addressed.

* Abstracts and full papers are available at http://jech.bmjjournals.com/content/vol60/suppl_2/.

The results from these quantitative, qualitative, and review studies suggest that tobacco control policies have differential effects on smoking behavior and smoke exposure. A brief summary of study findings follows.

- Comprehensive state tobacco control efforts have a modest but significant effect on reducing initiation and transition to higher levels and frequency of smoking among low socioeconomic status girls from adolescence to young adulthood. These effects are likely due to a few policies that reduce illegal sales, such as statewide enforcement, authority for sales, random inspection, and request for photo identification.
- Women who have a low education level, work blue-collar jobs, and are at or below the poverty threshold are significantly less likely to have smoke-free homes than are women in their respective comparison groups.
- Although differences exist by racial/ethnic group and socioeconomic status, worksite smoking bans generally do not seem to affect quitting attempts.
- Gender power dynamics play a role in the enforcement of worksite smoking bans at bars serving primarily Irish and Asian immigrants in California.
- Smoking and quitting behaviors are influenced by current and past circumstances of the disadvantaged, and social and economic policies affect smoking behaviors across the lifespan of women and girls.
- The tobacco industry has found ways to help organizations like the Coalition of Labor Union Women facilitate their goals while also seeking to advance industry's goals.

Figure 4. Outcomes examined for research questions addressed in papers published in the *Journal of Epidemiology and Community Health,* September 2006



CONCLUSION

The 1980 U.S. Surgeon General's report, *The Health Consequences of Smoking for Women,* was the first acknowledgement of the impending epidemic of smoking-related diseases among women and the link between smoking and disease outcomes in women. The 2001 Surgeon General's report, *Women and Smoking,* took an important next step, declaring that women of low socioeconomic status have higher rates of smoking and lower rates of quitting regardless of the socioeconomic factor—poverty, education, or occupation.

The goal of *Healthy People 2010*—to reduce tobacco use to 12 percent among adults and 16 percent among youth—can be achieved only if tobacco control researchers, practitioners, and advocates examine the effects of policies on populations of women with high smoking rates. Furthermore, to reduce the death toll from tobacco among poor, low-educated, and blue-collar and service sector working women, we must evaluate how evidence-based policies impact tobacco exposure, initiation, current smoking, frequency of smoking, quitting, relapse, and disease outcomes among women and girls.

Implementing the recommendations made by the *Tobacco Control Policies* meeting participants will increase our capacity to reduce smoking and, ultimately, the burden of tobacco-related cancers among women and girls of low socioeconomic status. Researchers have a wealth of existing data to examine the effects of tobacco control policies on low socioeconomic status women and girls. Together with practitioners and advocates, they have an opportunity to learn more about the lives of low socioeconomic status women and girls and how industry targets them, as well as to generate new, integrated quantitative and qualitative data to assess the problem and develop strategies to address it.

To spur these efforts and implement recommendations, new and sustainable collaborations must be built within and outside the field of tobacco control. Efforts to bridge tobacco control policy to broader social policies necessitate collaborations with new allies outside of the tobacco control movement. Furthermore, expanding collaborations with community advocates who work with low socioeconomic status women may help advance the scope of policy research and the intended reach of policy effects.

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** Figures 1 and 2 use data from all references; Figure 3 uses data from references 5–12.

APPENDICES

Appendix A. Tobacco Control Policies Meeting Agenda

Tobacco Control Policies:
Do They Make A Difference for Low Socioeconomic Status Women and Girls?

Clarion Bethesda Park Hotel, Bethesda, Maryland
September 22–23, 2005

..... Agenda .....

Day 1: ***What Do We Know About the Effects of Tobacco Control Policy on Low Socioeconomic Status Women and Girls?***

Thursday, September 22, 2005

8:00–8:30 a.m.	***Continental Breakfast***
8:30–9:00 a.m.	***Welcome and Introduction to the Meeting*** **Deborah L. McLellan,** M.H.S., Co-Chair of Meeting and Panel Moderator **Wanda K. Jones**, Dr.P.H., Director, Office on Women's Health, Department of Health and Human Services **Robert T. Croyle**, Ph.D., Director, Division of Cancer Control and Population Sciences, National Cancer Institute **Donna Vallone**, Ph.D., M.P.H., Assistant Vice President of Research, American Legacy Foundation
9:00–10:00 a.m.	***Keynote Address***
9:00– 9:30 a.m.	***Tobacco Policies and Vulnerable Girls and Women: Toward a Framework for Gender-Sensitive Policy Development*** **Lorraine Greaves**, Ph.D., Executive Director, British Columbia Centre of Excellence for Women's Health
9:30–10:00 a.m.	***Full-Group Discussion*** **Nancy J. Kaufman**, R.N., M.S., Meeting Co-Chair and Session Moderator
10:00–10:15 a.m.	***Break***

10:15–10:30 a.m.	***Workplace and Home Smoking Restrictions and Racial/Ethnic Variation in the Prevalence and Intensity of Current Cigarette Smoking Among Women, by Poverty Status, TUS-CPS 1998–1999 and 2001–2002*** **Vickie L. Shavers**, Ph.D., Epidemiologist, Division of Cancer Control and Population Sciences, National Cancer Institute
10:30–10:35 a.m.	***Q&A Session with Vickie Shavers, Ph.D.***
10:35–10:50 a.m.	***Smoke-Free Worksites and Homes and Their Effect on Low Socioeconomic Status Women and Girls*** **Donald R. Shopland**, Public Health Service, Department of Health and Human Services (retired)
10:50–10:55 a.m.	***Q&A Session with Donald R. Shopland***
10:55–11:10 a.m.	***Tobacco-Free Workplace Policies and Low Socioeconomic Status Female Bartenders in California*** **Roland S. Moore**, Ph.D., Research Scientist, Pacific Institute for Research and Evaluation
11:10–11:15 a.m.	***Q&A Session with Roland Moore, Ph.D.***
11:15–12:00 p.m.	***Full-Group Discussion*** **Nancy J. Kaufman**, R.N., M.S., Moderator
12:00–1:30 p.m.	***Lunch (on your own)***
1:30–1:45 p.m.	***Smoking Among Low Socioeconomic Status Women, 1992–2002: The Role of Tobacco Control Policies*** **David T. Levy**, Ph.D., Senior Scientist, Pacific Institute for Research and Evaluation
1:45–1:50 p.m.	***Q &A Session with David Levy, Ph.D.***
1:50–2:05 p.m.	***Cigarette Smoking Transition in Low Socioeconomic Status Girls: Impact of State-Level, School, and Individual Factors*** **Hyoshin Kim**, Ph.D., Principal Research Scientist, Battelle Centers for Public Health Research and Evaluation
2:05–2:10 p.m.	***Q&A Session with Hyoshin Kim, Ph.D.***
2:10–2:55 p.m.	***Full-Group Discussion*** **Richard R. Clayton**, Ph.D., Chair, Tobacco and Health Disparities Research Network, and Panel Moderator
2:55–3:15 p.m.	***Break***

3:15–3:30 p.m.	***Political Coalitions and Working Women: How the Tobacco Industry Built a Relationship With the Coalition of Labor Union Women*** **Edith D. Balbach**, Ph.D., Director, Community Health Program, Tufts University
3:30–3:35 p.m.	***Q&A Session with Edith D. Balbach, Ph.D.***
3:35–3:50 p.m.	***Tobacco Quitlines and Women of Low SES*** **Laura A. Beebe**, Ph.D., M.P.H., Assistant Professor, University of Oklahoma Health Sciences Center
3:50–3:55 p.m.	***Q&A Session with Laura A. Beebe, Ph.D., M.P.H.***
3:55–4:10 p.m.	***Overcoming the Odds for Providing Cessation Treatment in Settings for Low Socioeconomic Status Women*** **Helen Lettlow**, Dr.P.H., Assistant Vice President, Program Development for Priority Populations, American Legacy Foundation
4:10–4:15 p.m.	***Q&A Session with Helen Lettlow, Dr.P.H.***
4:15–5:15 p.m.	***Full-Group Discussion*** **Deborah L. McLellan**, M.H.S., Moderator
5:00–5:30 p.m.	**Summary and Charge for Day 2** **Nancy Kaufman**, R.N., M.S.
5:30 p.m.	***Adjourn for the Day***
6:30 p.m.	***Dinner at Bacchus Restaurant in Bethesda, Maryland***

Day 2: *Where We Are and Where We Want to Go*

Friday, September 23, 2005

7:45–8:15 a.m.	***Continental Breakfast***
8:15–8:30 a.m.	***Synthesis of Day 1 and Charge for Day 2*** **Nancy J. Kaufman**, R.N., MS.
8:30–9:45 a.m.	***Exploring the Policy and Community Contexts for Making Recommendations***
8:30–8:45 a.m.	***The Federal Perspective*** **Mark S. Clanton**, M.D., M.P.H., Deputy Director, Cancer Care Delivery Systems, National Cancer Institute

8:45–9:00 a.m.	***The Tobacco Control Movement's Policy Perspective*** **William Corr**, Executive Director, Campaign for Tobacco-Free Kids
9:00–9:15 a.m.	***Working With the Faith-Based Community*** **Vincent DeMarco**, J.D., M.A., Consultant, Campaign for Tobacco-Free Kids
9:15–9:30 a.m.	***Clinical Policies for Enhancing Tobacco Treatment Services for Pregnant Women*** **Catherine L. Rohweder**, Dr.P.H., Research Associate, Smoke-Free Families National Dissemination Office, University of North Carolina at Chapel Hill
9:30–9:45 a.m.	***Full-Group Discussion*** **Richard R. Clayton**, Ph.D., Moderator
9:45–10:00 a.m.	***Charge to Workgroups*** **Deborah L. McLellan**, M.H.S.
10:00 a.m.–12:30 p.m.	***Moving the Field Forward: Planning Tobacco Control Policy Research Efforts To Reduce Tobacco-Related Health Disparities for Low Socioeconomic Status Women and Girls*** (Four workgroups convened to develop recommendations and ideas to address gaps in tobacco control policy research.)
12:30–1:30 p.m.	***Lunch*** *(provided by the American Legacy Foundation)*
1:30–1:45 p.m.	***Presentation of Synthesized Report From Workgroups*** **Deborah L. McLellan**, M.H.S.
1:45–2:45 p.m.	***Full-Group Discussion and Edits of Synthesized Report*** **Nancy J. Kaufman**, Moderator, R.N., MS.
2:45–3:00 p.m.	***Next Steps and Evaluation*** **Deborah McLellan**, M.H.S.
3:00 p.m.	***Adjournment***

Appendix B. Tobacco Control Policies Meeting Participants

Tobacco Control Policies:
Do They Make A Difference for Low Socioeconomic Status Women and Girls?

Clarion Bethesda Park Hotel, Bethesda, Maryland
September 22–23, 2005

..... Meeting Participants .....

Cathy L. Backinger, Ph.D., M.P.H.
National Cancer Institute

Lourdes Baezconde-Garbanati, Ph.D., M.P.H.
University of Southern California

Edith D. Balbach, Ph.D.
Tufts University

Elizabeth M. Barbeau, Sc.D., M.P.H.
Harvard School of Public Health

Laura A. Beebe, Ph.D., M.P.H.
University of Oklahoma

Janice A. Blalock, Ph.D.
University of Texas

Michele H. Bloch, M.D., Ph.D.
National Cancer Institute

Francisco O. Buchting, Ph.D.
University of California

Crystal A. Caudill
University of Kentucky

Mark S. Clanton, M.D., M.P.H.
National Cancer Institute

Richard R. Clayton, Ph.D.
University of Kentucky

Leslie D. Cooper, Ph.D., R.N., M.P.H.
National Cancer Institute

William Corr
Campaign for Tobacco-Free Kids

Robert T. Croyle, Ph.D.
National Cancer Institute

Vincent DeMarco, J.D., M.A.
Maryland Citizens' Health Initiative

Pebbles Fagan, Ph.D., M.P.H.
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Anita F. Fernander, Ph.D.
University of Kentucky

Jean L. Forster, Ph.D., M.P.H.
University of Minnesota

Lorraine Greaves, Ph.D.
British Columbia Centre of Excellence for Women's Health

Jennifer Irving, M.P.H.
Rainbow Research, Inc.

Natasha Jategaonkar, M.Sc.
British Columbia Centre of Excellence for Women's Health

Wanda K. Jones, Dr.P.H.
Department of Health and Human Services
Office of Women's Health

Nancy J. Kaufman, R.N., M.S.
Aurora Health Care

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Research and Evaluation

Michelle A. Larkin, R.N., M.S.
Robert Wood Johnson Foundation

Helen Lettlow, Dr.P.H.
American Legacy Foundation

Anna T. Levy, M.S.
National Cancer Institute

David T. Levy, Ph.D.
Pacific Institute for Research and Evaluation

Rod Lew, M.P.H.
Asian Pacific Partners for Empowerment,
Advocacy and Leadership

Sharon L. Marable, M.D., M.P.H.
Rhode Island Department of Health

Deborah L. McLellan, M.H.S.
Brandeis University

Roland S. Moore, Ph.D.
Pacific Institute for Research and Evaluation

Mary O'Connell, M.A.
National Cancer Institute

Anne B. Rodgers
Contractor

Catherine L. Rohweder, Dr.P.H.
University of North Carolina at Chapel Hill

Melissa J.H. Segress, M.S.
University of Kentucky

Vickie L. Shavers, Ph.D.
National Cancer Institute

Donald R. Shopland
U.S. Department of Health and Human Services
(retired)

Patricia Sosa, J.D.
Campaign for Tobacco-Free Kids

Frances A. Stillman, Ed.D.
Johns Hopkins School of Public Health

Judith Thierry, D.O., M.P.H.
Indian Health Service

Donna Vallone, Ph.D., M.P.H.
American Legacy Foundation

Robin C. Vanderpool, Dr.P.H. (ABD), CHES
University of Kentucky

Barbara K. Wingrove, M.P.H.
National Cancer Institute

Appendix C. The Tobacco Research Network on Disparities

As the sponsor of the Low Socioeconomic Status Women and Girl Project, the Tobacco Research Network on Disparities (TReND) is dedicated to devising new solutions to address tobacco use and exposure and health disparities. TReND's background, mission, and projects are detailed below.

TReND Background

Despite scientific progress to document tobacco-related health disparities, many questions remain on what causes such disparities and how they cluster within and across population groups. Moreover, little is known about how tobacco use and its health effects lead to health disparities. To address these knowledge gaps, the National Cancer Institute (NCI) and the American Legacy Foundation created TReND in 2004.

By design, TReND includes researchers from a wide range of academic disciplines. TReND works to

- stimulate new studies
- challenge existing paradigms
- address significant gaps in research on understudied and underserved populations.
- collaborate on new solutions to address tobacco use and exposure and health disparities.

TReND Mission

To eliminate tobacco-related health disparities through transdisciplinary research that advances the science, translates that scientific knowledge into practice, and informs public policy.

TReND Projects

In addition to the Low Socioeconomic Status Women and Girl Project, TReND sponsors several other projects that examine the effects of tobacco control policies.

The Unintended Consequences of Tobacco Control Policies on Low Socioeconomic Status Women and Girls

Not all policies have the intended effects and there is a need to continue to examine the consequences of tobacco control policies on populations with high rates of smoking, low rates of quitting, and at increased risk for tobacco-related disease. Phase II of the Low Socioeconomic Status Women and Girls Project was launched in 2007 as a followup project to Phase I.

Phase I addressed the research question: *What are the effects of tobacco control policies on Low Socioeconomic Status Women and Girls?* In Phase II, TReND investigators are examining a second research question: *What are the unintended consequences of tobacco control policies on low socioeconomic status women and girls?* Unintended consequences of tobacco control policies (i.e., impact on social acquisition, social networks, support systems, obesity, substance use, job circumstances, occupational choices, home life, and personal community and livelihood) may be harmful or helpful to the lives and livelihood of low socioeconomic status women and girls.

With funds from NCI's Office of Women's Health, TReND is collaborating with the *American Journal of Preventive Medicine* to publish a special journal issue dedicated to the unintended

consequences of tobacco control policies on low socioeconomic women and girls. Results from this research effort will help initiate dialogue and generate the research-based evidence needed to develop and implement effective tobacco control policies and programs that

- decrease tobacco consumption behaviors among low socioeconomic status women and girls
- promote the overall well-being of this population within the broader context of their families and other interpersonal relationships, communities, and socioeconomic structures.

Differential Impact of State Tobacco Control Policies among Racial/Ethnic Groups

Although numerous econometric studies have examined the determinants of smoking for the general U.S. population, very few have looked at the impact of state tobacco control policies on smoking among racial/ethnic groups. The purpose of this project is to examine the impact of such policies on smoking propensity and intensity among individuals of racial/ethnic minority groups in the United States. By employing multiple waves of the Tobacco Use Supplements to the Current Population Surveys, the project quantifies the differential effect of cigarette prices and cigarette excise taxes, smoke-free air laws, and youth access laws on cigarette smoking among African Americans, American Indians and Alaskan Natives (Aleuts and Eskimos combined), Asians and Pacific Islanders, and Hispanics.

Project findings will be used to better understand the impact of state-level tobacco control policies on smoking propensity and intensity among individuals of racial/ethnic minority groups in the United States and to help inform the development and implementation of tobacco control initiatives that will reduce tobacco-related health disparities.

State Tobacco Control Policies and Smoking Cessation among Individuals of Different Racial/Ethnic and Socioeconomic Status Groups

Many econometric studies have examined the determinants of smoking propensity and intensity in the United States, but few have focused on the impact of state tobacco control policies on individuals' smoking cessation decisions. And none have focused on the differential effect of these policies on smoking cessation decisions among individuals of different racial/ethnic and socioeconomic groups. This project examines the impact of such policies on smoking cessation decisions among individuals of different racial/ethnic and socioeconomic status groups.

By employing two large nationally representative datasets, TReND investigators seek to quantify the differential effect of cigarette prices and cigarette excise taxes, smoke-free air laws, and youth access laws on previous smoking cessation attempts, intentions to quit smoking, and actual cessation efforts among Whites, African Americans, American Indians and Alaskan Natives (Aleuts and Eskimos combined), Asians and Pacific Islanders, Hispanics, and individuals of different socioeconomic status defined by income and education. Datasets include (1) 15 cross-sectional waves of data from the 1992-2003 Tobacco Use Supplements to the Current Population Surveys and (2) the National Longitudinal Survey of Youth 1997 Cohort.

Project findings will build on the *Differential Impact of State Tobacco Control Policies among Racial/Ethnic Groups* project. Findings will be used to better understand the effects of current state policy efforts on smoking cessation behaviors and to inform the drive to develop effective state tobacco control policy initiatives that encourage smoking cessation among those suffering disproportionately from tobacco-related health disparities.

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The Low SES Women and Girls Project Summary Report can be found at
http://cancercontrol.cancer.gov/TCRB/ses_women-girls_project/September08.pdf

TReND
Tobacco Research Network on Disparities