

Identifying and Eliminating Tobacco-Related Disparities **Appendix D**

Because some populations within the United States experience a disproportionate health and economic burden from tobacco use, a focus on reducing tobacco-related disparities is necessary. Identifying and eliminating tobacco-related disparities is a primary goal of every state tobacco control program, along with preventing initiation of tobacco use, promoting tobacco cessation, and eliminating exposure to secondhand smoke.

Tobacco-related disparities are “differences in patterns, prevention, and treatment of tobacco use; the risk, incidence, morbidity, mortality, and burden of tobacco-related illness that exist among specific population groups in the United States; and related differences in capacity and infrastructure, access to resources, and environmental tobacco smoke exposure.”¹ Measuring these kinds of characteristics in a population assessment will identify the high-risk populations within a state or community.

Focusing efforts on the identification and elimination of tobacco-related disparities may close the gaps in prevalence of tobacco use and access to effective treatment, thus alleviating the disproportionate health and economic burden experienced by some sectors of the population. These subgroups may be distinguished, for example, by factors such as race or ethnicity, age, socioeconomic status, geographic location, mental health, sexual orientation, level of education or acculturation, and they may differ from state to state.

State tobacco control programs collaborate with stakeholders to build capacity and infrastructure. This strategy is useful in guiding the public health system in developing policies and practices that reflect the principles of inclusion and cultural competency. In addition, clear leadership and dedicated resources are essential to develop and implement a strong strategic plan and develop tobacco control efforts devoted to identifying and eliminating tobacco-related disparities. Reaching the national goal of eliminating health disparities related to tobacco use will necessitate improved collection and use of standardized data to correctly identify disparities in tobacco use, health outcomes, and efficacy of prevention programs among various population groups.² The use of oversampling, combining multiple years of data, and qualitative methods are often necessary to reflect changes in knowledge, attitudes, and behaviors in specific population groups.

This guidance is based on information about state practices, published scientific findings, and input from external partners. This guidance highlights the presumed minimum infrastructure and capacity needed by state and territorial tobacco control programs to pursue strategic activities that would identify and eliminate tobacco-related disparities.³

Activities to support reaching this goal may include:

- Conducting a population assessment to guide efforts
- Identifying and assembling a diverse and inclusive stakeholder group
- Prioritizing reduction in tobacco-related disparities and assessing capacity
- Developing a strategic plan
- Funding community organizations to implement proven or promising interventions
- Providing culturally competent technical assistance and training to grantees and partners
- Evaluating intervention efficacy and refining efforts

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Initiatives for the strategic plan may include the following activities:

- Eliminating gaps in the data for identifying populations experiencing tobacco-related disparities
- Creating partnerships to maximize resources and reach of interventions
- Integrating efforts to eliminate disparities throughout all tobacco prevention and control activities
- Developing culturally competent materials and approaches
- Educating partners and decision makers about pro-tobacco influences and the disproportionate tobacco burden affecting identified populations
- Passing smoke-free policies in all worksites and public places
- Increasing the unit price of tobacco products
- Eliminating preemption from statewide tobacco control laws
- Securing funding to sustain data collection and intervention efforts
- Expanding and tailoring quitline services to serve diverse populations
- Identifying culturally competent communication interventions
- Obtaining comprehensive Medicaid coverage of tobacco use treatments

Core Resources

Starr G, Rogers T, Schooley M, Porter S, Wiesen E, Jamison N. *Key Outcome Indicators for Evaluating Comprehensive Tobacco Control Programs*. Atlanta: Centers for Disease Control and Prevention; 2005. Available at: http://www.cdc.gov/tobacco/tobacco_control_programs/surveillance_evaluation/key_outcome/index.htm.

MacDonald G, Starr G, Schooley M, Yee SL, Klimowski K, Turner K. *Introduction to Program Evaluation for Comprehensive Tobacco Control Programs*. Atlanta: Centers for Disease Control and Prevention; 2001. Available at http://www.cdc.gov/tobacco/tobacco_control_programs/surveillance_evaluation/evaluation_manual/index.htm.

U.S. Department of Health and Human Services. *Tobacco Use Among U.S. Racial/Ethnic Minority Groups—African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics: A Report of the Surgeon General*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 1998. Available at http://www.cdc.gov/tobacco/data_statistics/sgr/sgr_1998/index.htm.

U.S. Department of Health and Human Services. *Reducing Tobacco Use: A Report of the Surgeon General*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2000. Available at http://www.cdc.gov/tobacco/data_statistics/sgr/sgr_2000/index.htm.

References

1. Fagan P, King G, Lawrence D, Petrucci SA, Robinson RG, Banks D, et al. Eliminating tobacco-related health disparities: directions for future research. *American Journal of Public Health* 2004;94:211–217.
2. U.S. Department of Health and Human Services. *Reducing Tobacco Use: A Report of the Surgeon General*. Atlanta: US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2000.
3. Starr G, Rogers T, Schooley M, Porter S, Wiesen E, Jamison N. *Key Outcome Indicators for Evaluating Comprehensive Tobacco Control Programs*. Atlanta: Centers for Disease Control and Prevention; 2005.