

# Highlights in Tobacco Control

## Practical Ideas Online

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### Texas Communities Address Tobacco-Related Disparities

In 1998, as a response to the Texas Tobacco Settlement, Texas began concentrated efforts to prevent tobacco use and its related causes of death and illness. Strategies have been very successful with some groups, but about 20 percent of adult Texans are still smokers. Tobacco use continues to place an enormous toll on the state, annually killing more than 24,000 Texans and costing the state over \$10 billion in medical costs and lost productivity.

All communities do not share the burden of tobacco equally. For example, while current cigarette use is typically high among both white (21.9%)<sup>1</sup> and black (25%)<sup>1</sup> males, the death rate due to lung cancer<sup>2</sup> among white males (79.5 per 100,000) is much lower than among black males (104.1 per 100,000). Smoking rates tend to be much higher in rural communities than in metropolitan areas. Also, smoking rates and the disease burden are higher among adults with low incomes and education than among those with higher levels of income and education.

To reduce tobacco use in these often hard-to-reach groups, the Texas Department of State Health Services (DSHS) is working with communities to provide information and resources to help build strategies for eliminating tobacco-related health disparities. The effort is important for several reasons:

- The most vulnerable populations typically have the greatest impact on health care costs in the state.
- Ignoring tobacco-related health disparities threaten the viability of valuable segments of communities.
- Tobacco use negatively affects other diseases like diabetes, asthma, heart disease and stroke.

<sup>1</sup> 2004 Texas Behavioral Risk Factor Surveillance Survey, DSHS

<sup>2</sup> Texas Cancer Mortality 2001

*Tobacco-related health disparities are differences in the patterns of tobacco use and the prevention and treatment of tobacco-related diseases. These differences result in poorer health outcomes and higher death rates among specific populations when compared to the general population.*

### Ask Dr. Phil Huang

**Dear Dr. Phil (Huang),**

**Question:** *How do we know which groups are most disparately affected by tobacco in our community?*

**Answer:** Tobacco is a serious health threat to all Texans, but some groups experience higher than average death rates and worse health outcomes than others. Texas has several online resources to help identify health disparities. These resources include:

- Texas Behavioral Risk Factor Surveillance System: [www.dshs.state.tx.us/chs/brfss/pages/riskf.shtm](http://www.dshs.state.tx.us/chs/brfss/pages/riskf.shtm)
- Texas Department of State Health Services: [www.dshs.state.tx.us/tobacco/default.shtm](http://www.dshs.state.tx.us/tobacco/default.shtm)
- The Texas Cancer Data Center: [www.txcancer.org](http://www.txcancer.org)
- The U.S. Census Bureau: [www.census.gov](http://www.census.gov)

While it is vital to get the best and most complete information available, you will often find that data is missing or incomplete. Identifying and addressing these data gaps are as much a part of the process as collecting the available data. It is important to consider the missing information when making decisions without letting these data gaps hinder the process.

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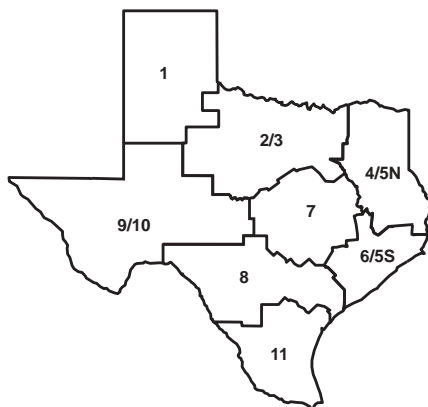
## Groups Form to Focus on Disparities

DSHS regional tobacco specialists are identifying community leaders and health professionals to help develop and apply local action plans to address tobacco-related health disparities. The National Cancer Information Services, the University of Texas at Austin Tobacco Control Group and DSHS are available to provide technical assistance. The planning process needs local involvement for the following actions:

- Collect and review available data about smoking and disease burden in the community.
- Organize a group of community leaders to review the data and identify groups most adversely impacted by tobacco use in the area.
- Recruit additional leaders from priority population groups to provide feedback.
- Identify evidence-based programs that have been demonstrated to reduce tobacco use among vulnerable populations.
- Prepare, market and implement an action plan for eliminating tobacco-related health disparities during 2006-2007.

Please contact your regional tobacco specialist to volunteer or to recommend an individual or organization to serve on the planning group:

- Region 1 – Sherri Scott, 806/655-7151, [sherri.scott@dshs.state.tx.us](mailto:sherri.scott@dshs.state.tx.us)
- Region 2/3 – Betty Boenisch, 817/-264-4554, [betty.boenisch@dshs.state.tx.us](mailto:betty.boenisch@dshs.state.tx.us)
- Region 4/5N – Lana Herriman, 903/533-5225, [lane.herriman@dshs.state.tx.us](mailto:lane.herriman@dshs.state.tx.us), or EDee Crosman, 903/533-5376, [edee.crosman@dshs.state.tx.us](mailto:edee.crosman@dshs.state.tx.us)
- Region 6/5S – Debbie Campbell, 713/767-3030, [debbie.campbell@dshs.state.tx.us](mailto:debbie.campbell@dshs.state.tx.us)
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- Region 9/10 – Becky Zima, 915/834-7775, [rebecca.zima@dshs.state.tx.us](mailto:rebecca.zima@dshs.state.tx.us)
- Region 11 – Dora del Toro, 956/423-0130, [dora.deltoro@dshs.state.tx.us](mailto:dora.deltoro@dshs.state.tx.us)



## Ask Dr. Phil Huang

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**Question:** *What makes some groups more vulnerable to tobacco use than others?*

**Answer:** Many circumstances contribute to tobacco-related health disparities, including the following:

- Delayed diagnosis and treatment of tobacco-related diseases.
- Lack of protection from clean indoor air ordinances and practices at work or in the home.
- Aggressive sales tactics by the tobacco industry.
- Cultural norms promoting tobacco use.
- Lack of access to cessation assistance, including nicotine replacement therapy.
- Lower quit rates and higher relapse rates.

**Question:** *Which groups typically experience a higher than average disease burden from tobacco use compared to the general population?*

**Answer:** Tobacco-related health disparities typically are found among low socio-economic groups (income, education and occupation), mental health and substance abuse populations, racial/ethnic groups, 18 – 24 year olds and others. Higher smoking rates do not always translate to a higher disease burden.

1. 2004 Texas Behavioral Risk Factor Surveillance Survey, DSHS
2. Texas Cancer Mortality 2001