

-DISPARITIES-

Goal: Identify and eliminate disparities related to tobacco use and its effects among different population groups.

Justification: There are a variety of reasons why some populations may have higher smoking or spit tobacco use rates than the general population. The populations may feel disenfranchised and unresponsive to standard educational or media programs or the population may be separated physically or culturally (as in skills levels) from the general population. The first step in reaching these groups is to identify them and collect baseline data on use rates. Ethnicity, age, occupation, income, gender, health status and at-risk health issues can all be considered in designing campaigns, programs or policy initiatives to affect tobacco use behaviors.

Factors in Prioritizing Populations with Tobacco-related Disparities

The following factors can be considered in prioritizing populations with tobacco-related disparities:

- The size of the population.
- The health impact of direct tobacco use on this population (rate of cigarette smoking or spit tobacco use among this group, compared to West Virginia rates or U.S. rates, or increased use illustrated by trend data).
- The health impact of one population exposed to secondhand smoke, as a result of tobacco use by another group.
- The ability to reach the group with programs and the cost of reaching them.
- The ability to achieve a behavior change in this population.
- The cost if we do nothing compared to the cost savings if we achieve behavior change.
- The ability to break the cycle of tobacco use within family units or culture groups.
- The vulnerability of a group to marketing pressures or other influences that could increase rates of use.

Fourteen populations with tobacco-related disparities were defined in planning meetings, and, of those 14, five have been identified for intervention. Those five populations include pregnant women, women of childbearing age, children under age 18 exposed to secondhand smoke, African-Americans and blue-collar workers.



Populations with Disparities Healthy People 2010 Objectives

Pregnant Women

West Virginia Healthy People 2010 Objectives		Baseline
27.2	Reduce the prevalence of cigarette smoking among pregnant women to 17% or lower.	26.0% in 1999 26.2% in 2000 26.7% in 2001
27.3	Increase smoking cessation during pregnancy, so that at least 60% of women who are cigarette smokers at the time they become pregnant quit smoking in pregnancy.	14.3% in 1998

Women of Childbearing Age

Healthy People 2010 Objectives		Baseline
27.1c	Reduce the prevalence of cigarette smoking among women aged 18-44 (i.e., childbearing ages) to 25% or lower.	36.4% in 1998 31.7% in 1999 32.5% in 2000 37.9% in 2001



Children under Age 18 Exposed to Secondhand Smoke

West Virginia Healthy People 2010 Objectives		Baseline
27.19	Increase to 70% the number of homes with children where a voluntary policy prohibits smoking anywhere inside the home.	56.1% in 2001

African-Americans

West Virginia Healthy People 2010 Objectives		Baseline
27.20	Reduce the prevalence of cigarette smoking among African-American adults aged 18+ to 20% or lower.	31.8% in combined years 1998-2000

Blue-Collar Workers

West Virginia Healthy People 2010 Objectives		Baseline
27.1a	Reduce the prevalence of cigarette smoking among adults aged 18+ to 20% or lower.	27.9% in 1998 28.2% in 2001
27.1b	Reduce the prevalence of cigarette smoking among adults aged 18+ who are in the lower socioeconomic level (12 years or less of education and a household income of less than \$25,000) to 28% or lower.	36% in 1998 35% in 2000 35% in 2001
27.7	Reduce smokeless tobacco use among adult men aged 18+ to 13% or lower.	17.5% in 1998 17.1% in 2001



Populations with Disparities Intermediate Objectives

Population	Intermediate Objective	Data Source
Pregnant Women	By June 2008, decrease the rate of cigarette smoking by pregnant women to 19% or less.	WV Vital Statistics
Women of Childbearing Age	By June 2008, decrease the rate of cigarette smoking by women aged 18-24 to 26% or less.	BRFSS
Children under 18 Years of Age Exposed to Secondhand Smoke	By June 2008, increase to 70% the number of homes with children where a voluntary policy prohibiting smoking inside the home exists.	BRFSS
African-Americans	By June 2008, decrease the rate of cigarette smoking among African-American adults to 27% or less.	BRFSS
Blue-Collar Workers	By June 2008, decrease the rate of smoking among adults aged 18+ in the lower socioeconomic level (12 years or less of education and a household income of less than \$25,000) to 29% or less.	BRFSS



Populations with Disparities Short-term Objectives

Population	Short-term Objective	Data Source
Pregnant Women	By June 2006, decrease the rate of cigarette smoking by pregnant women will be 21% or less.	WV Vital Statistics
Women of Childbearing Age	By June 2006, decrease the rate of cigarette smoking by women aged 18-44 to 27% or less.	BRFSS
Children under 18 years of Age Exposed to Secondhand Smoke	By June 2006, increase to 68% the number of homes with children where a voluntary policy prohibiting smoking inside the home exists.	BRFSS
African-Americans	By June 2006, decrease the rate of cigarette smoking among African-American adults to 28% or less.	BRFSS
Blue-Collar Workers	By June 2006, decrease the rate of smoking among adults aged 18+ in the lower socioeconomic level (12 years or less of education and a household income of less than \$25,000) to 31% or less.	BRFSS



Populations with Disparities Strategies

Channels	Strategies
<p>Community Interventions: Programmatic interventions to enable individuals to make behavior consistent with being tobacco free.</p>	<p>All: Conduct tobacco cessation training for health care professionals.</p> <p>Pregnant Women: Increase funding to provide cessation counseling to all pregnant smokers.</p> <p>Children under 18: Conduct education campaigns among daycare centers and home daycare providers.</p> <p>African-Americans: Conduct an education campaign to inform African-Americans about the health risks of using tobacco.</p> <p>Blue-Collar Workers: Conduct education and cessation programs through labor organizations and other worksites.</p>
<p>Counter-Marketing: Countering pro-tobacco influences and increasing pro-health messages throughout the state, region, or community. Includes: media advocacy, media relations, counter-advertising, reducing tobacco industry sponsorships and promotions, and exposing tobacco industry tactics.</p>	<p>All: Conduct paid media campaigns.</p> <p>Pregnant Women: Conduct local and state level earned media efforts.</p> <p>Women of Childbearing Age: Conduct local and state level earned media efforts.</p> <p>Children under 18: Conduct paid media campaign on secondhand smoke exposure and children.</p>

Channels	Strategies
<p>Program Policy/Regulation: Conducting policy analysis and educating decision-makers and the public on the importance and benefit of public health policies.</p>	<p>Pregnant Women: Seek policy change among health insurers to cover cessation for pregnant women.</p> <p>Women of Childbearing Age: Seek policy change among health insurers to cover cessation for women.</p> <p>Children under 18: Enforce "no smoking regulations" for daycare centers; encourage families to declare their homes smoke free.</p> <p>African-Americans: Train community leaders on policy advocacy on local and state level; seek voluntary policy change in homes, churches, organizations and local businesses.</p> <p>Blue-Collar Workers: Seek voluntary policy change among businesses not covered by local CIA regulations.</p>
<p>Surveillance and Evaluation: Surveillance - Continuous monitoring of measures over time to inform program and policy direction and interventions. Evaluations - Point-in-time assessment to measure effectiveness of programmatic, policy and media efforts.</p>	<p>All: Maintain state and federal level surveillance instruments.</p> <p>Children under 18: Collect baseline data on children's exposure to SHS in the home.</p>