Are We Addressing the Needs of a Multicultural-racial-ethnic Society? Strategies for Tobacco Control

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Smoking and Cultural Diversity
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Goals for Today

- Describe the roles of the National Cancer Institute, National Institutes of Health

- Discuss disparities initiatives funded by NCI

- Discuss changing landscape of our society and tobacco use among racial/ethnic groups

- Propose strategies for tobacco control with African Americans
NCI’s Tobacco Control Research Branch

• NCI leads the nation’s efforts in research on tobacco and tobacco-related cancers.

• TCRB was established in October 1998 to provide a focal point for tobacco control research within the Division of Cancer Control and Population Sciences.

• The vision of the TCRB is a world free of tobacco use and related cancer and suffering.

• The mission of the TCRB is to lead and collaborate on research, and to disseminate evidence-based findings to prevent, treat, and control tobacco use.
<table>
<thead>
<tr>
<th>Fiscal Year 2008 Estimate</th>
<th>$4,925,740</th>
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<td>Current Services Increase</td>
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**Fiscal Year 2009 Additional Resources**

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<th>Increase Success Rate for Research</th>
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<td>Grant Projects</td>
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<td>Basic and Translational Science for Personalized Medicine</td>
<td>289,902</td>
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<tr>
<td>Linking Science and Technology</td>
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<td>Reaching All Communities</td>
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<tr>
<td>Prevention Early Detection</td>
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<td><strong>TOTAL, NCI Request</strong></td>
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Select Tobacco Control Initiatives at NCI that focus Racial/Ethnic and Low SES Groups
CNP Pilot Projects

• CNP for Older Underserved, African-American Adults
  – CNP for Older, Underserved African American Adults

• Regional Native American Community Networks Program
  – An Innovative and Interactive Supplemental Tobacco Curriculum for Native Youth
  – Assessment of Attitudes Towards Mammography Among Older AI/AN Women

• Asian American Network for Cancer Awareness, Research, and Training
  – Sinag Tala (Bright Star): Filipina Breast Cancer Support Group Outreach
  – Impact of Interpreters on Cancer Care Access & Delivery for Thai & Vietnamese Patients

• 'Imi Hale - Native Hawaiian Cancer Network
  – Assessment to Inform Programming to Increase Screening in Hawaiian Homesteads

• Arkansas Cancer Community Network (ARCCN)
  – Working to Eliminate Barriers: Cancer Communities Online
CNP Pilot Projects

- Latin American Cancer Research Coalition
  - Cancer Caregiving in Latinos

- Massachusetts Community Networks to Eliminate Cancer Disparities through Education, Research, and Training (MASS CONECT)
  - Cancer Disparities in Context: Engaging Communities in Monitoring and Mapping
  - Challenges in Covering Cancer Disparities: A Study of Journalists

- ATECAR - Asian Community Cancer Network
  - A Pilot Physician-Based Trial to Increase Colorectal Cancer Screening in Chinese
  - Community Intervention to Increase Cervical Cancer Screening-Chinese American Women
  - Feasibility Study of Culturally Tailored Smoking Cessation Chinese Smokers in NYC

- Redes En Acción: National Latino Cancer Research Network
  - Smoking Cessation in Spanish-Speaking Hispanics
  - Culturally Relevant Cancer Risk Counseling for Underserved Latinas
TReND Mission and Goals

MISSION

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

GOALS

- Generate new ideas and research projects focusing on tobacco-related health disparities.
- Encourage collaborations among researchers representing multiple disciplines.
- Establish mechanisms for effectively translating science, communicating the results, and interacting with other networks and community advocacy groups.
- Promote the involvement and training of junior investigators and participation of senior researchers in health disparities research.
TReND-CNP Collaborations

Appalachia Community Cancer Network
PI: Mark Dignan

University of Oklahoma Community Network Projects
PI: Laura Beebe

Redes En Acción: National Latino Cancer Research Network
PI: Amelie Ramirez

Massachusetts Community Networks to Eliminate Cancer Disparities Through Education, Research, and Training
PI: Howard Ko

Tobacco Exposure to Media Messages
The Changing Landscape of our Society: How Do We Continue to Make Progress in Reducing Tobacco Use?
Figure 1: Interim Projections: Percent Change in Population by Region of the United States, 2000 to 2030

Source: U.S. Census Bureau, Population Division, Interim State Population Projections, 2005
Projected Population of the United States by Race and Hispanic Origin: 2000-2050

*Includes American Indian, Alaska Native, Native Hawaiian, Pacific Islander, Two or More Races

Source: U.S. Census Bureau, 2004, US Interim Projections By Age, Sex, Race, Hispanic Origin
NOTE: Included in the totals but not shown separately are estimates for those from other racial/ethnic categories. In 1994, the survey instrument for the Current Population Survey (CPS) was changed and weights were adjusted. See supplemental note 2 for further discussion.

See supplemental note 1 for more information on poverty levels. Some estimates are revised from previous publications. Detail may not sum to totals because of rounding. Race categories exclude persons of Hispanic ethnicity.


FOR MORE INFORMATION:
Supplemental Notes 1, 2
Supplemental Table 6-1
Median Income of Households, by Race/Ethnicity: 1989 to 2003

Income is based on constant 2003 dollars. The 3 year averages for 2003 are based on combining the race categories.

Note: median income is the 3-year moving average median and calculated as the sum of the 3 inflation-adjusted single year medians divided by 3.
Percent of All Persons Below Poverty in the U.S. by Race/Ethnicity, 1994-2005

Shifting Demographics in Maryland

- The overall population size for Prince Georges County has remained the same, the in/out flow has contributed to demographic and economic changes.

- Prince George's County has become a destination for many working-class families from the District and Montgomery County. Lower-income households are moving into Prince George’s County mainly from DC (mostly Black and Latino) and Montgomery County (mostly foreign-born). Many people leaving Prince George's for Anne Arundel, Charles and Howard counties have consistently higher incomes. Migration patterns in the region have also given Charles County one of the nation's fastest-growing black populations.

*Brookings Institute Report, Pathway to the Middle Class; Migration and Demographic Change in Prince George’s County, MD, 2007*
Figure 11. Net Migration Between Prince George’s County and Surrounding Jurisdictions, 2003–2004

Legend:
- Orange: Net inflow to Prince George's
- Blue: Net outflow from Prince George's

Source: Tabulation of MSA area-to-area migration data
LaPlata, Md. (AP) - Black students are expected to become the majority demographic group in Charles County’s public school system this year. School officials say the number of black students in the county surpassed the number of white students for the first time last year, and the number probably will rise above 50 percent this year. Over the past decade, the school system has increased from about 20,000 to 27,000 students. The number of white students dropped by about 3,000 during that period, while the number of black students has more than doubled. The school system is mirroring population changes in the county. Charles County now has the fastest-growing black population of any large county in the nation except the Atlanta suburbs.

Information from: The Washington Post
Current Smoking By Race/Ethnicity, TUS-CPS, 1993-2003

<table>
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<tr>
<th>Years</th>
<th>Total</th>
<th>American Indian/Alaska Native</th>
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<th>Black/African American</th>
<th>Hispanic</th>
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- Total <$25,000 per yr
- American Indian/Alaska Native
- White
- Black/African American
- Latino/Hispanic
- Asian/Pacific Islander
% Smoking < 10cpd By Race/Ethnicity, TUS-CPS, 1993-2003

Years

0 10 20 30 40 50 60 70 80


% Smoking < 10cpd By Race/Ethnicity, TUS-CPS, 1993-2003

Total
American Indian/Alaska Native
White
Black/African American
Latino/Hispanic
Asian/Pacific Islander
% Smoking < 10cpd By Race/Ethnicity and Low Income Status, TUS-CPS, 1993-2003

Year


% Smoking by Race/Ethnicity and Low Income Status:

- Total
- Total <$25,000
- American Indian/Alaska Native
- White
- Black/African American
- Latino/Hispanic
- Asian/Pacific Islander
Second-hand Smoke Exposure

- During 1988-1994 and 1999-2004, the prevalence of second-hand smoke exposure in the home was highest among non-Hispanic Blacks and for persons with lower incomes.

- During 1988-1994, African Americans were more likely than non-Hispanic whites and Mexican Americans to have detectable serum cotinine (93.7%, 83.2%, and 77.7%, respectively). However, by 1999-2004, the gap had increased between non-Hispanic Blacks with detectable serum cotinine (70.5%) and non-Hispanic whites (43.0%) and Mexican Americans (40.0%) (CDC, 2008).

- The percentage of nonsmokers with detectable serum cotinine was inversely associated with family income in both periods, and the decline over time was smaller for the lowest income group compared with the higher income groups (CDC, 2008).
Smoking rates among African Americans increased from 2000 (21.7%) to 2005 (24%) in MD and are higher than Whites (17%) and Hispanics (20%) in MD.

AA Children have higher rates of exposure to second-hand smoke or environmental tobacco smoke than other race or ethnic groups.

In 2004, 17% of Blacks in MD indicated that there was a time during the past 12 months when they needed to go to the doctor but could not because of the costs.

In 2004, 15% of Blacks in MD indicated that they did not have health insurance coverage.
Cancer and African Americans

- **Men**
  - African American men have the highest incidence and death rates of lung/bronchus, oral/pharynx, pancreatic, esophageal, and larynx cancers in the U.S.
  - Although rates are declining, Black/African American men have the highest rates of diagnosis of lung cancer and highest death rates.
  - Black/African American men also have a younger age of lung cancer diagnosis than other groups.

- **Women**
  - Lung cancer case and death rates are lower among Black/African American women compared to Black/African American men in the U.S.
  - But Black/African American women have the highest incidence rates of lung cancer and the second highest death rates after white women.
  - Lung cancer death rates have not declined for Black/African American women.
If No One Smoked...

- 5,750 Hispanic men and women will never be diagnosed of lung cancer and 4,070 will never die of lung cancer each year
- 19,180 Black men and women will never be diagnosed with lung cancer and 15,500 will never die of lung cancer each year
- Saving a total of 44,500 annually

- Stable family structure
- Economic stability in families
- Increases in productive workforce
- Lower health care costs for treatment of tobacco, and tobacco-related illnesses
- Increased lifespan for racial/ethnic groups
Sociodemographic Context

Changing Demographics
race/ethnicity, language, age, gender, educational attainment, poverty, income, job security, benefits, migration, geography, household, marital status, ownership, occupation, religion, sexual orientation etc.

Tobacco Use and Exposure
Increasing Disparities in SHS among Blacks and the poor Disparities still exist and stalling among some groups

What are Important Strategies for Tobacco Control Among Blacks?
Strategies for Tobacco Control
Among African Americans
Cultural Diversity

- “Diversity” describes the integration and inclusion of races, ethnicities, genders, and groups from different geographies, cultures, and classes into organizations, decision-making tiers, institutions, and systems for which they are and have historically been excluded.

- “Diversity” also entails the validation of different ideologies, philosophies, and ways of conceptualizing things.

- With diversity, we take into consideration not only who plans but how we plan, design, and implement our tobacco programs and how the audience interprets that information.
From The Wizard of Oz to The Wiz: Cultural Transformation is critical for Tobacco Cessation Programs
What is The Wiz?

- *The Wiz* was adapted from the 1975 Broadway. The Wiz is an urbanized story which features Dorothy, a shy teacher from Harlem, NY who finds herself magically transported by a blizzard to the wonderland of Oz. She is befriended by the Scarecrow, the Tinman, and the Lion. Dorothy travels through the world of Oz to find the Wiz who allegedly has the power to take her home.
• The Wiz was a Motown production with an all black cast –
  – Diana Ross, Michael Jackson, Nipsey Russell, Ted Ross, Mabel King, Lena Horne, Richard Pryor and others
  – These folks comprised an interdisciplinary team of “players” who implemented an important script. They represented diverse black talents- singers, comedians, actors, actresses, and dancers.
Diversity and Validation

The first scene captures specific and familiar aspects of Black culture.
- Identification with family and coming together during the holidays
- Carving of the ham at the table
- Intergenerational connectivity from the youngest to the oldest
- The dashiki
- Diana Ross’s afro
- Singing around the dinner table

Second scene
- Munchkins with the ReRun hats to the side
- Afro-puffs

Poison poppy scene
- Shows a supportive and strong black supportive female character affirming the lion. Affirmation of the worthiness of the lion even though he faces challenges and feels like a failure - that the lion is a lion- “I'm a lion in my own way”.
The use of rhythm and rhymes and familiar yet diverse dialects among the characters.

- “Ms. One’s the name and if you haven’t guessed by now, numbers is my game”
- “I’m a mean ole’ lion”
- Use of language like “can you dig it..”

Change the name from the Wizard to **The Wiz**.

The Lion’s name was “Fleetwood-Coupe Deville”.

Inclusion and Integration of Familiar Places

- Township has a familiar name
  - Harlem is where Dorothy’s family lives.
  - Soulville was the name of the amusement park where the Tinman, Nipsey Russell lived.

- Integration of geography where African Americans live—appealing to urban and rural dwellers
  - In the third scene, the Scarecrow, Michael Jackson, hangs in a deserted urban area and is surrounded by cornfields and crows who control his life.
Diversity in Representation

• Inclusion of different social classes of Blacks
  – Dorothy is a school teacher who lives in Harlem with her Aunt.
  – The scene where the scarecrow is first introduced is filled with dancing country crows contrasted by the intellectual Scarecrow who lives biculturally and feels trapped in his circumstances.
    • The Scarecrow quote Shakespeare, "Heavy is the head that wears a crown."
    • But yet sing a soulful song, “You cant win child, you cant break even, you cant get out of the game”.
  – Evelline’s sweat shop represents the blue collar working class, trapped in their shift work, unprotected by any labor laws- no breaks, not enough ventilation, and subject to an environment that is tyrant-supervisor leaving them with little power to negotiate.
Validation of African American History

- Identification with the struggle through lyrics
  - You can’t win, you can’t break even and you can’t get out of the game. People keep sayin’ things are gonna change but they look just like they’re staying the same. -You Can’t Win, MJ

- Identification for the need to feel free
  - Hello world! It’s like a different way of living now. And thank you world, we always knew that we’d be free somehow – Brand New Day, Group

- Identification of the diversity and culture through colors
  - red, green, gold colors
  - I thought it was over and green is dead, Till I changed my mind, the color is red – Emerald City Sequences, Richard Pryor
Inclusion of Familiar Music

• The writing and production team for the music was inclusive of talented African Americans - Luther Vandross, Charlie Smalls, Quincy Jones, and Ashford and Valerie Simpson.

• Lyrics have a lot of rhyme and rhythm.
  – Instead of follow the yellow bring road- they sang to the soulful tunes of, “Come on and ease on down ease on down the road. Don’t you carry nothing that might be a load, ease on down the road”.

• Lyrics tapped into familiar historical context.
  – “Thank you world, I know that we’d be free somehow.”

• Integration of jazz musical themes and the sounds of a band - piano player in the Emerald City.
“If you got to bring me something, bring me something I can use... but don’t nobody bring me no bad news.” — Evillene (Mabel King)
Population-based Policy Interventions and Relevance to African Americans

- Raising Taxes
- Workplace Smoking Restrictions
- Home Smoking Restrictions (voluntary)
- Car Smoking Restrictions (voluntary)
- Bar and Restaurant Smoking Restrictions
- Public Place Smoking Restrictions (beach, concerts)
Clinical Interventions for Smoking Cessation that Target the Individual

• Physician’s Advice to Quit

• Group Counseling

• Nicotine Replacement Therapy and Pharmacotherapy
  – OTC- Patch, gum, lozenge
  – Prescription -inhaler, spray, Bupropion SR (WellButrin), Verinidline (Chantix)
Barriers to Advice to Quit

- Racial/ethnic groups are less likely than whites to receive advice on quitting smoking from physicians and even less likely by dentists (Kogan et al 1994; Winkelby et al 1995; Hymowitz et al 1996).

- Advice is less likely for younger patients, men, African Americans, uninsured, healthier, lower healthcare services users, light smokers (Doescher 2000) and the less educated (Tomar et al 1996).

- Racial/ethnic minorities and poor patients more likely to report poor communication with physicians, problems with some aspects of patient-provider relationships, and report more difficulty with patient-provider relationships.

- Rates of smoking cessation counseling in the hospital are 40%, but only 29% for Blacks (AHRQ 2003).
Physician’s Advice to Quit

• What is recommended is that providers ask about tobacco use, advise him/her to quit, assess willingness to quit, assist in quitting, and arrange for follow-up contact to prevent relapse.
  – Does audience have access to a provider or insurance that allows them to see a provider?
    • It is possible that those who are at greatest risk, black poor smokers, do not have access to a provider and therefore access issues pose themselves as a barrier to this evidence-based practice.
  – Is the provider a credible messenger?
  – Do perceptions about the person’s background prevent the provider from asking about smoking?
  – Are the recommended methods for assisting acceptable to the audience?
    • If I recommend that the patient goes to group counseling, is it affordable, does it fit with their work and family life?
Group-Based Counseling

- Understanding family and individual values
  - Does group counseling concept fit different types of African American smokers?
  - Is this an effective problem-solving strategy and how can it be adapted to fit with the current values?
  - Are there aspects about group counseling that appeal to Black smokers?
  - Do strategies implemented within the counseling fit with the belief systems and philosophies?
  - Is it accessible to minority smokers?
Medications

• Affordability and accessibility
  – Nearly 41 million Americans are covered by state Medicaid insurance, but coverage of tobacco dependence treatments remains low.
  – Many smokers who are recipients of Medicaid are unaware of programs that provided coverage for smoking cessation pharmacotherapy.
  – Medicaid programs that offer treatment fail to inform clients of those benefits.
  – MD state Medicaid in 2005 covered the patch, nasal spray, inhaler, Zyban, and individual counseling for pregnant women, but not counseling specific to tobacco.

• Understanding values on the use of medications for treatment
  – What are perceptions about using nicotine to treat a nicotine addiction?
  – How do Black smokers feel about taking an antidepressant to help them quit smoking?

• Understanding belief systems on smoking and quitting
  – Because Black smokers only smoke a few cigarettes per day, do they even think that medications are appropriate?
  – If people largely believe that quitting tobacco is a matter of mind over matter, then how do you treat the physical addiction in addition to the psychological addiction?
  – Particularly in the African American communities, there may be strong beliefs about overcoming challenges by drawing on internal strengths. This may cause AA to resist the use of medications.
    • How can campaigns build on this asset?
Telephone and Web-based Counseling

- Quitlines
  - 1-800-QUITNOW
- Web-based support
  - Smokefree.gov
- Legacy EX Campaign
  - http://www.becomeanex.org
  - “Re-learning your life without cigarettes”
Self-Help and Quitting

• Clearing the Air
  - For people at all stages of quitting

• Pathways to Freedom
  - For African Americans interested in quitting

• Guia para Dejar de Fumar
  - For Spanish speaking persons interested in quitting

• Clear Horizons
  - Ages 50 and over
  - For people thinking about quitting

• Forever Free
  - For people trying to stay quit
• Is this an acceptable channel for “help seeking”, particularly for a difficult problem?
  – If not, is there a way to make it more acceptable?
  – Are quitlines marketed to appeal to Black consumers?
  – Are quitlines marketed to appeal to the poor Black smoker? To Black men? To Black women? To the housekeeping staff? To the bar owner? To the plumber?

• Understanding language and appropriateness of materials
  – Do self-help materials appeal to or integrate culturally relevant images and messages? Are the colors appealing and relevant?
  – Are counselor supportive of the particular needs of the audience?
Thinking Outside the Box

- Dorothy was focused on the Wiz as her solution to getting back to Harlem, but there were other solutions to her getting home?
- What is the role of other social policy in tobacco control?
- How do educational, welfare, economic, and social programs contribute to reducing tobacco use and exposure?