

Identifying & Eliminating Tobacco-Related Disparities in Indiana

**Indiana Tobacco Use Disparities & Diversity Workgroup Strategic Plan
Executive Summary, 2003**

Indiana Tobacco Use Disparities and Diversity (ITDD) Workgroup, is funded through a supplemental grant provided by the Centers for Disease Control and Prevention to the Indiana State Department of Health and administered by Smokefree Indiana.

In 2002, the Centers for Disease Control and Prevention (CDC) commissioned a special effort through state health departments' tobacco control programs for "identifying and eliminating tobacco-related disparities." Funding was provided to the Indiana State Department of Health to build capacity for the identification and elimination of tobacco-related disparities by engaging a diverse and inclusive workgroup in a strategic planning process. Under the auspices of Smokefree Indiana, the Indiana Tobacco Use Disparities and Diversity (ITDD) Workgroup, consisting of state and local community representatives, was developed.

The resulting key findings and project goals are part of a comprehensive strategic plan that will provide a framework for future programs, interventions, surveillance and evaluation associated with tobacco-related disparities.

Project Goals

- ◆ Identify and strengthen funding for tobacco prevention and control in Indiana;
- ◆ Eliminate information gaps in data that prevent the identification of tobacco-related disparities in Indiana;
- ◆ Promote a comprehensive approach to tobacco prevention and control that is population and community specific;
- ◆ Reduce the influence of the tobacco industry on population groups disproportionately-impacted by tobacco use in Indiana; and
- ◆ Reduce disparities of tobacco use among specific populations identified in this plan.

Identifying and Closing the Gaps

The following populations have been identified as disparately affected by tobacco use or as populations at great risk for disparities. In the process of collecting data, it was clear state-specific data was insufficient to completely identify all populations disparately-affected by tobacco use or having indicators identifying them as a possible risk. Gaps in data were identified and qualitative and national data were collected to make constructive correlations in identifying disparately-affected populations.

Populations Identified in Indiana as Disparately-Affected by Tobacco Use and Smoking Prevalence Rate

Using quantitative data, disparately-affected populations were grouped by demographics, identified in the plan by "communities" and "strata." With the absence of quantitative data, "high risk" populations were identified with national and/or qualitative data.

Communities

(Populations with a shared history, context or culture)

African-American Males	24.7%
Rural Youth	40.0%
Hispanics	22.5%

Strata

(Populations with commonalities, which do not necessarily share culture)

Income under \$25,000	36.2%
Low Education less than high school	46.5%
Age 18-24	37.4%
Unemployed	42.0%

High Risk

(Populations identified with limited or very few quantitative data; quantitative data suggest a risk for disparity)

Asians	16.9%
American Indians	31.4%
Gay, Lesbian, Bisexual, Transgender (GLBT)	Unknown

Key Findings

- ♦ African-American men bear one of the greatest health burdens of the four ethnic groups, with death rates from lung cancer 50% higher than those of white men.
- ♦ Although there is no information on adult smoking in rural Indiana, focus group respondents said tobacco is part of small town culture, and permissive attitudes and adult smoking set bad examples for youth.
- ♦ Indiana's Hispanic population increased by 17% from 1990 to 2000. The tobacco industry has targeted the Hispanic community by increasing advertising and sponsorship of cultural programs.
- ♦ According to the 2000 BRFSS prevalence data, those in Indiana with income less than \$25,000 had higher rates of smoking than other income levels.
- ♦ According to the 2000 BRFSS data, when asked "Do you smoke cigarettes now?" the percentage of respondents was highest among those with less than a high school education.
- ♦ The 1998 National Health Interview Survey (NHIS) prevalence of current smoking (self-reported) was the highest among American Indians/Alaska Natives (40%). In 2000, prevalence of cigarette smoking was reported as 41.7% for men and 38.1% for women.
- ♦ Evidence suggests the rates of tobacco use among GLBT men and women may exceed those of the general population, ultimately leading to increased rates of tobacco-related disease. Nationally, small group studies have shown adolescent and young adult gay men and lesbians appear to be especially at risk for substance abuse.

Critical Issues

The ITDD Workgroup has identified the following critical issues which affect the ability to identify and eliminate tobacco-related disparities in Indiana.

Gaps in Data: State-specific data are insufficient to adequately identify populations disproportionately-impacted by tobacco use.

Funding Challenges: Since no single funding source is available to support the implementation of the strategic plan, it will require resources from a number of organizations, combined with the identification and acquisition of outside funding, to implement.

Capacity Issues: New tobacco control partnerships exist statewide, many with organizations that have no previous tobacco control experience. Partnerships need to be developed to reach population groups with identified disparities. Efforts must be made to continually increase the capacity of these organizations to implement effective tobacco control programs. Capacity issues include financial and staff resources; training and education; and access to materials, programs and best practices.

Tobacco Industry: The tobacco industry spends large amounts of money to fund specific populations' events, buy influence and conduct target marketing to specific populations. Alternative funding sources are needed to support these populations and their projects to counteract the influence of the industry. Historically, industry contributions have been used to buy influence among, and to oppress these populations. Counter marketing is needed and must be specific to the disproportionately-affected population.

Programming for Populations with Identified Disparities: Programs, marketing efforts and tobacco control interventions must be tailored to meet the specific needs and culture of each population disproportionately-affected by tobacco use in Indiana.

The Time to Act is Now

The state of Indiana can successfully address tobacco-related disparities. Through collaboration and adoption of the goals and strategies identified in the strategic plan, we can eliminate tobacco-related disparities and reduce the social and economic costs of tobacco use in Indiana.

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Copies of the comprehensive strategic plan
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