

# National Networks Consortium for Tobacco Control and Prevention

## *Joint Statement on Data Collection* Gaps and Best Practices Series

### Gap

Concerted efforts by tobacco control partners and policy changes at the local, state and federal level in the past ten years have reduced tobacco use rates in the United States. Unfortunately those gains have not significantly reduced disparities in specific priority populations, especially: communities of color, LGBT (lesbian, gay, bisexual, transgender) communities and those with low SES (socioeconomic status).

According to the most recent data, smoking prevalence is highest for LGBT people while American Indians and Alaska Natives (AI/AN) adults have one of the highest smoking prevalence among ethnic/racial groups. When data is disaggregated, Native Hawaiians, Pacific Islanders and Southeast Asian men have very high tobacco prevalence as well. African Americans face a greater burden from lung cancer and other cancers than other groups. Latino and Asian immigrants have high exposure to secondhand smoke. Smoking prevalence is higher for all overlapping low SES populations. For example, it is estimated that approximately 80% of people experiencing homelessness, 95% of the incarcerated, and 90% of substance abusers are tobacco users – compared to a 20% tobacco use prevalence rate among the U.S. population as a whole.

According to the US Census Bureau (2010) the US population grew by almost ten percent over the last decade, the vast majority of which being people of color. Hispanic populations alone grew by 43% between 2000 and 2010. Same-sex households (a proxy for LGB people) grew by 80%. It is estimated that by 2042 the U.S. population will be a majority people of color.

Data collection on tobacco use disaggregated by subpopulation is still poor and it is often missing entirely for LGBT people, masking the problem of tobacco use even further and limiting effective solutions for these communities. With the advent of new rollouts of healthcare reform, tobacco regulation and policy change activities, there is a heightened need to make sure all tobacco surveillance, research, and evaluation activities adequately capture data on disparate populations. This gap profoundly affects effective tobacco control efforts for disparate populations.



## Best Practice

The allied national networks consortium strongly urges all policymakers and researchers to ensure data collection addresses the populations most at risk for tobacco disparities.

Tobacco related data collection must include:

- Routine demographic measures for sexual and gender minorities, per IOM recommendations.
- Disaggregated data collection for racial and ethnic categories, per IOM recommendations.
- Respondent reported data collection, versus interviewer determined, particularly for race, ethnicity, and sex.
- In language data collection, especially for Latinos, Asian Americans, Native Hawaiians and Pacific Islanders.
- Adequate low socio-economic indicators, particularly parental proxy indicators if it is a youth sample.

The allied national networks consortium members have examples of measures to use for each of these categories.



Kim Alford, Program Manager  
National Native Commercial Tobacco  
Abuse Prevention Network  
Inter-Tribal Council of Michigan



Rod Lew, Executive Director  
Asian Pacific Partners for Empowerment,  
Advocacy and Leadership (APPEAL)



Dr. Scout, Project Director  
The Network for LGBT Health Equity  
The Fenway Institute, Fenway Health



Jeannette Noltenius, MA, PhD, National Director  
National Latino Tobacco Control Network  
Indiana Latino Institute



Janet Porter, Program Director  
Break Free Alliance – Low SES Network  
Health Education Council



Delmonte Jefferson  
Interim Executive Director  
National African American Tobacco  
Prevention Network

