

# From Stigma to Strength: Transforming Tobacco Outreach in Socioeconomically Disadvantaged Areas

March 20, 2024 | Presented by Rachel Marquez, MPH



Training and Technical  
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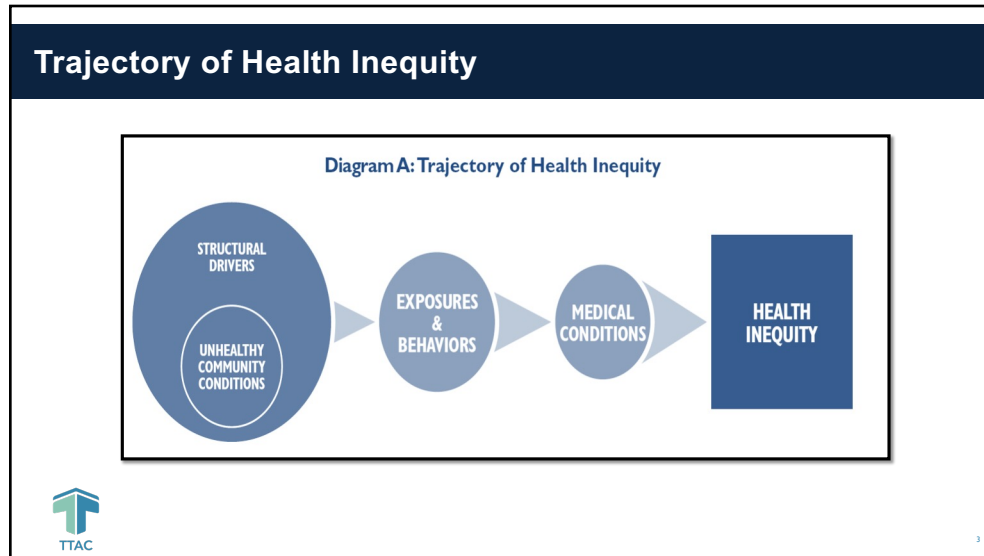
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## Case Study

The Power of Structural Drivers



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### Zip Code: A Better Predictor of Health

The Delmar Divide

Home value: \$78,000  
Income: \$22,000  
5% have bachelor's degree  
99% African American

Delmar Blvd

Home value: \$310,000  
Income: \$47,000  
67% have bachelor's degree  
70% white

“Your zip code is a better predictor of your health than your genetic code.”

Melody Goodman

Source: <https://www.hsph.harvard.edu/news/features/zip-code-better-predictor-of-health-than-genetic-code>


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## Health Disparities Influenced by Zip Code

Where you live matters for how well and how long you live.

usleep | Neighborhood Life Experience Project



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## Drivers of Health

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graph BT; PO[Policies & Programs (10%)] --> SEF[Social & Economic Factors (40%)]; PO --> PE[Physical Environment (10%)]; SEF --> HBF[Health Behaviors (30%)]; SEF --> CC[Clinical Care (20%)]; PE --> HBF; PE --> CC; HBF --> LO[Length of Life (50%)]; HBF --> QOL[Quality of Life (50%)]; CC --> LO; CC --> QOL;
```


Health Outcomes

- Length of Life (50%)
- Quality of Life (50%)

Health Factors

- Health Behaviors (30%)
  - Tobacco Use
  - Diet & Exercise
  - Alcohol & Drug Use
  - Sexual Activity
- Clinical Care (20%)
  - Access to Care
  - Quality of Care
- Social & Economic Factors (40%)
  - Education
  - Employment
  - Income
  - Family & Social Support
  - Community Safety
- Physical Environment (10%)
  - Air & Water Quality
  - Housing & Transit

Policies & Programs (10%)


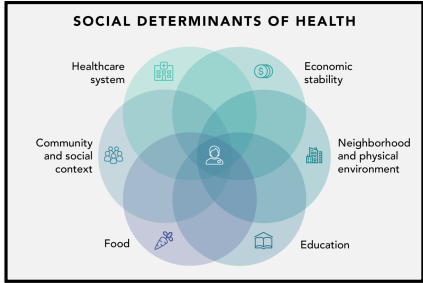


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## Social Determinants of Health

- Conditions in the environments in which people are born, live, learn, work, play, worship, and age
- Affect a wide range of health, functioning, and quality-of-life outcomes and risk



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## Social Determinants of Health

**Health disparities result from multiple factors, including:**

- Poverty
- Environmental threats
- Inadequate access to health care
- Inadequate access to healthy foods
- Individual and behavioral factors
- Educational inequalities



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## Social Determinants and Tobacco Related Disparities

**Higher prevalence of tobacco related deaths for:**

- American Indian, Alaska Native
- Black and African-American
- Hispanic
- Individuals who reside in the Midwest & South
- Individuals who have a GED, high school diploma or less
- Individuals who make less than \$35,000 annually

Percentage of persons aged ≥18 years who reported cigarette use "every day" or "some days" at time of survey and reported smoking at least 100 cigarettes during their lifetime.


By Race/Ethnicity	Percentage
White, non-Hispanic	13.3%
Black, non-Hispanic	14.4%
Asian, non-Hispanic	8.0%
American Indian/Alaska Native, non-Hispanic	27.1%
Hispanic	8.0%
Other, non-Hispanic	19.5%

By Education (adults aged ≥25 yrs)	Percentage
0-12 yrs (no diploma)	21.5%
GED	32.0%
High school diploma	17.0%
Some college, no degree	14.0%
Associate degree (academic or technical/vocational)	12.7%
Undergraduate degree (Bachelor's)	5.0%
Graduate degree (Master's, doctoral or professional)	3.3%

By U.S. Census Region	Percentage
Northeast	10.4%
Midwest	15.2%
South	14.1%
West	9.0%



By Annual Household Income	Percentage
<\$5,000	20.2%
\$5,000-\$74,999	14.1%
\$75,000-\$99,999	10.5%
≥\$100,000	6.2%


Source: <https://www.cdc.gov/tobacco/campaign/tips/resources/data/cigarette-smoking-in-united-states.html>



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## The Power of Place







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## What is a Structural Driver?


A range of factors, acting at macro and community levels, that fundamentally shape and influence patterns of risk behavior, and facilitate or impede an individual or group's ability to access services and/or adhere to treatment



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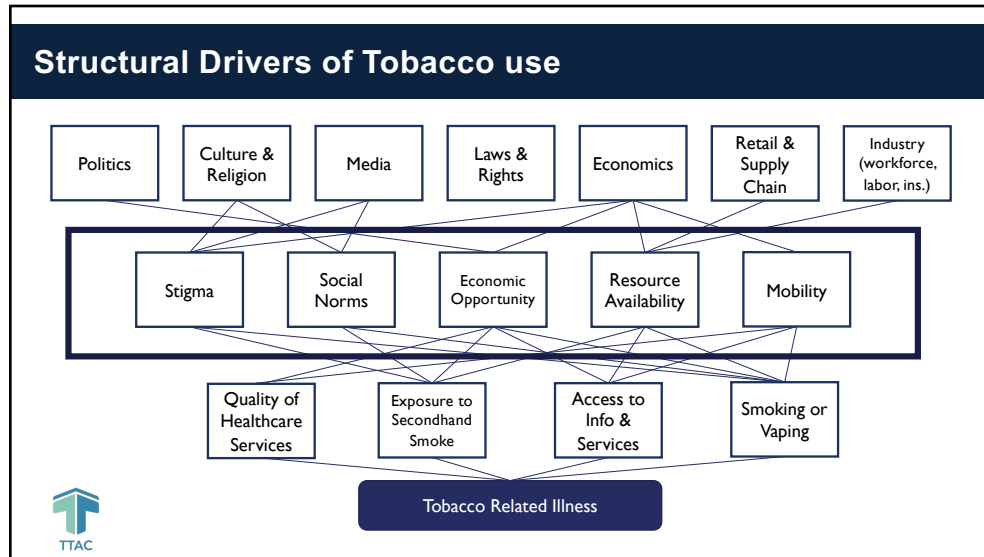
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## What do you think are structural drivers influencing tobacco use and associated disease?

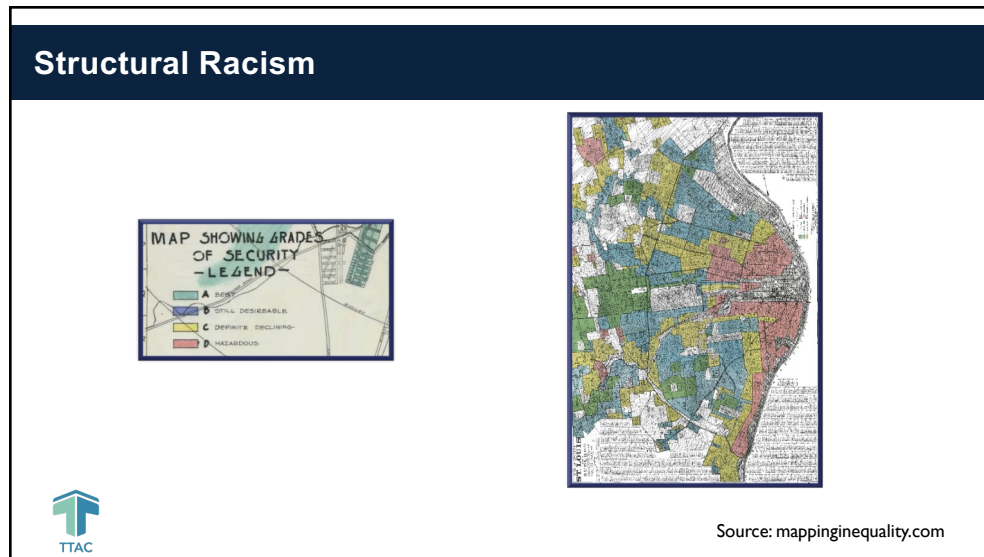


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## Structural Racism & Tobacco

- Disproportionately high distribution of tobacco retailers in Black and Hispanic neighborhoods provides increased availability of tobacco products in these communities contributing to existing tobacco disparities. Historical factors such as redlining, racially biased retailer decisions to invest (or not invest) in resources, and neighborhood segregation could all be contributing factors to high retailer density in these communities



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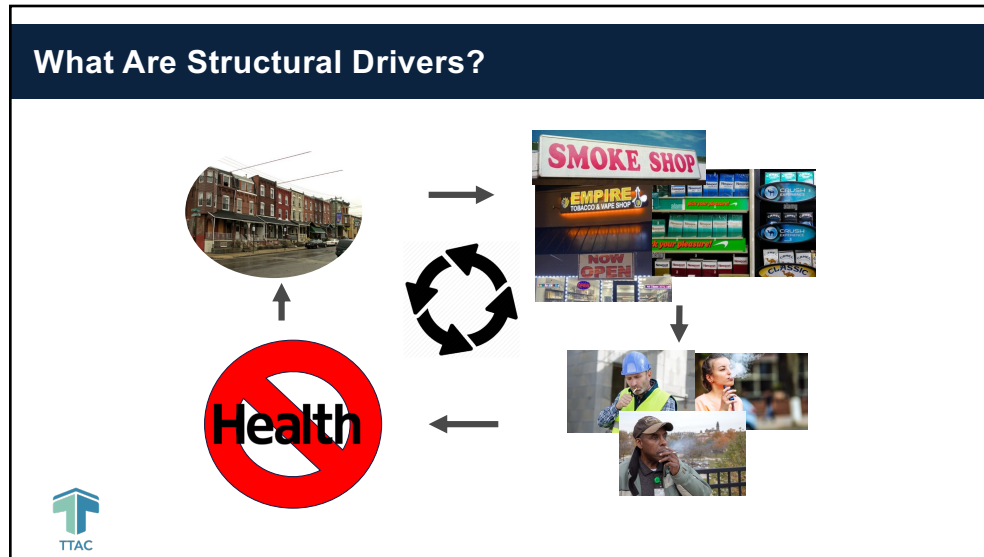
## Tobacco Industry Targets Black and African American Communities

- Neighborhoods and areas with more African American residents tend to have more stores that sell tobacco.
- Tobacco companies advertise more heavily in stores whose customers are mostly African American people.
- Tobacco companies use price promotions such as discounts and multi-pack coupons—which are most often used by African American people and other minority groups, women, and young people—to increase sales



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## Tobacco Outreach Initiatives


How to keep equity as the central focus and develop initiatives that will move the needle on tobacco prevention

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## Strategy and Approach

- Audience and place centered programming/initiatives
- Community-based solutions
- Mitigating bias and stigma




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## Audience and Place Centered Initiatives

<p><b>Understand the landscape of tobacco related disparities in your community</b></p> <ul style="list-style-type: none"><li>• Who is at risk</li><li>• Where are they located</li><li>• What do you know or need to know</li></ul>	<p><b>Get curious about what you don't know</b></p> <ul style="list-style-type: none"><li>• What is important to your audience</li><li>• Why should they trust you</li></ul>
<p><b>Understand root causes</b></p> <ul style="list-style-type: none"><li>• What causes increased risk for your population</li><li>• What are potential structural drivers</li></ul>	<p><b>Outreach to your priority population</b></p> <ul style="list-style-type: none"><li>• How will you engage your audience</li><li>• What is the best way to reach your audience</li><li>• What messaging will you use</li></ul>




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## Understanding Your Audience

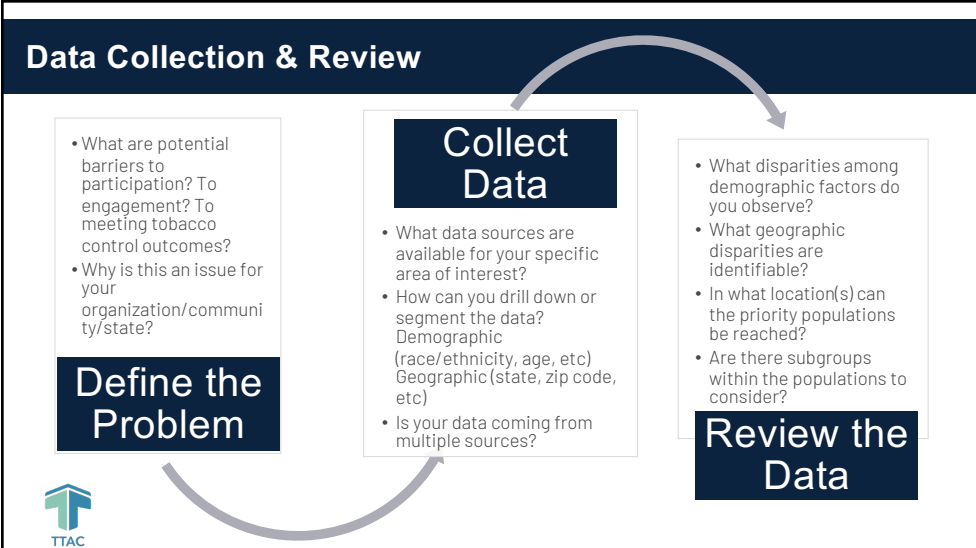
- What are potential barriers for your priority population?
- How do you collect information from those who are unsuccessful or unable to participate in program or initiatives?
- How do you prepare to anticipate and address potential barriers?
- Where do care disparities exist within our system?

**“Our health care system is complicated for all...you can just imagine trying to navigate it if you have limited-English proficiency or a different understanding of health and health care.” — Practicing Physician and Faculty Member, Academic Health Center**



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## Data Collection & Review



- What are potential barriers to participation? To engagement? To meeting tobacco control outcomes?
- Why is this an issue for your organization/community/state?


**Define the Problem**

**Collect Data**

- What data sources are available for your specific area of interest?
- How can you drill down or segment the data?  
Demographic (race/ethnicity, age, etc)  
Geographic (state, zip code, etc)
- Is your data coming from multiple sources?

- What disparities among demographic factors do you observe?
- What geographic disparities are identifiable?
- In what location(s) can the priority populations be reached?
- Are there subgroups within the populations to consider?


**Review the Data**




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## Uncovering Needs and Realities

- Formal screening tool for Social Determinants of Health (SDOH)
- Informal screening for SDOH
- Needs assessment/landscape assessment data
- Coordinator insights and information from participants
- Referring providers
- Other



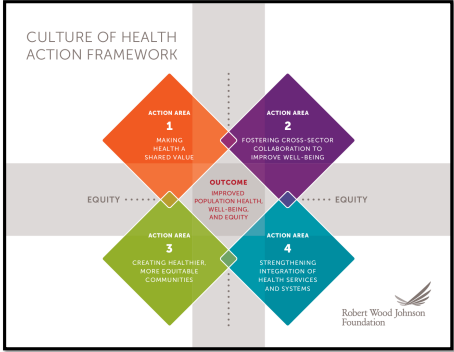
The 'Uncover' graphic shows the word 'Uncover' in a bold, black, sans-serif font. The letters are partially obscured by a white, torn-edge paper effect that appears to be peeling away from a dark background, revealing the text underneath.



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## Community-Based Solutions




The diagram is titled 'CULTURE OF HEALTH ACTION FRAMEWORK'. It features a central vertical bar and a horizontal bar intersecting at the center. Four diamond-shaped action areas are arranged around the intersection:

- Action Area 1 (Orange):** MAKING HEALTH A SHARED VALUE
- Action Area 2 (Purple):** FOSTERING CROSS-SECTOR COLLABORATION TO IMPROVE WELL-BEING
- Action Area 3 (Green):** CREATING HEALTHIER, MORE EQUITABLE COMMUNITIES
- Action Area 4 (Teal):** STRENGTHENING INTEGRATION OF HEALTH SERVICES AND SYSTEMS

In the center, the text reads: 'OUTCOME: IMPROVED POPULATION HEALTH, WELL-BEING, AND EQUITY'. The words 'EQUITY' are also written on the horizontal bar. The Robert Wood Johnson Foundation logo is in the bottom right corner.

 <b>FOSTERING CROSS-SECTOR COLLABORATION TO IMPROVE WELL-BEING</b>	NUMBER AND QUALITY OF PARTNERSHIPS <hr/> INVESTMENT IN CROSS-SECTOR COLLABORATION <hr/> POLICIES THAT SUPPORT COLLABORATION
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## Partnerships

- Increase trust
- Provide cultural training
- Provide ambassadors for your initiatives and programs
- Marketing locations
- Share health education materials



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## Coordinating Across Sectors



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## Coordinating Across Sectors

### Role of Faith-Based Organizations in Reducing Disparities

Faith-based organizations like churches, mosques, synagogues, and temples can be effective partners in reducing tobacco-related disparities because they:<sup>38</sup>

- Are centers of community life for many priority populations
- Have traditionally served as a trusted source of guidance and inspiration, especially in Black communities
- Understand their communities and their needs
- Share concerns for the well-being of their congregations that can align closely with commercial tobacco prevention goals

For example, a partnership of community stakeholders, 26 local churches, and a team from the University of Kentucky developed and implemented Faith Moves Mountains, a smoking cessation program for underserved, high-risk communities in rural Appalachia.<sup>105</sup> Faith-based partners incorporated their own relevant religious components, and participants included but were not limited to church members. Participants appreciated the convenience, the support and comfort of existing social connections, and access to free nicotine-replacement therapies.<sup>105</sup>



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## Building Trust

- Involving audience and community members into decision making process helps to build trust
- Prevents power from being concentrated among few
- Adds credibility to information being communicated
- Helps to sustain community efforts

“ The coalitions are effective because decision makers listen to local champions. They trust information when it comes from someone who lives and works in the community.”



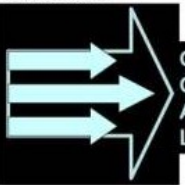
— Tiffany Johnson, Bureau Director




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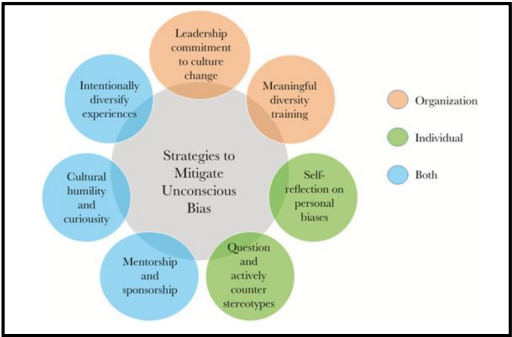
## Health Equity as a Shared Vision and Value


No Vision	Imposed Vision	Shared Vision
		
<ul style="list-style-type: none"><li>• Groups move in various directions</li><li>• No plan or coordination</li></ul>	<ul style="list-style-type: none"><li>• Plan without community involvement</li><li>• Lots of energy expended</li><li>• No forward movement</li></ul>	<ul style="list-style-type: none"><li>• Community Planning</li><li>• All groups acting in concert</li><li>• Forward movement</li><li>• Plans become reality</li></ul>

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## Mitigating Bias & Stigma




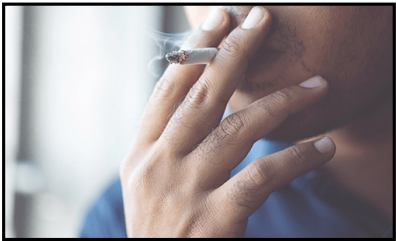


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## Role of Bias in Tobacco Prevention and Control

**Explicit Attitudes – Tobacco Use as Individual Choice**

- Smoker's Rights – Prevent employers from discrimination against employees for using tobacco products
- Right of individual to choose
  - Provider treatment
  - Insurance Coverage
  - Social marginalization of smokers (Christakis & Fowler, 2008; Gollust, Schroeder & Warner, 2008)



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## Understanding Your Implicit Biases

**Project Implicit**

- <https://implicit.harvard.edu/implicit/takeatest.html>

**Implicit Association Tests to assess attitudes and beliefs:**

- Gender-Career
- Gender-Science
- Race
- Age
- Disability
- Weight
- Sexuality
- Skin-tone
- Religion



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## Providers and Implicit Bias


### Education

- Nature of implicit bias
- Prevalence of race bias in our society
- Share outcomes due to bias

### Skill Building

- Individualizing
- Counter-stereotypic imaging
- Contact
- Perspective taking

Devine, Forsher, Austin and Cox (2012) strategies to reduce implicit bias:



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## Role of Bias in Tobacco Prevention and Control

### Ways to Reduce Implicit Bias

- Approach-avoidance practice (Macy et al., 2016)
- Design a quit plan (Chassin et al., 2010)

### Tobacco Users and Implicit Bias

- Positive – unconscious favorable attitude toward tobacco use
- Negative – unconscious unfavorable attitude toward tobacco use
- Implicit attitudes found to be predictive of smoking onset in non-smoking adolescents (Sherman et al., 2009)
- Implicit attitudes about tobacco are associated with quit attempts, cessation, and abstinence (De Hauwer et al., 2006; Lee et al., 2016).



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## Cultural Humility

Ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the (person)

### 3 Important Features:

- A lifelong commitment to self-evaluation and self-critique, there is no point where you are done learning
- Fix power imbalances
- Develop partnerships with people and groups who advocate for others



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## Multiple Levels of Culture

### Surface level culture:

- Observable elements: food, music, dress, holidays,
- Low emotional change

### Interventions

- Activities are sensitive to diverse cultural health beliefs and practices, preferred languages, and levels of health literacy
- Making sure materials, resources, policies, procedures, and training and professional development of tobacco control program staff reflect an understanding of the people being served



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## Multiple Levels of Culture


**Deep Culture:**

- Encompasses worldview, core beliefs, group values
- Intense emotional change

**Interventions**





- Researching the values, attitudes, communication styles, language, literacy levels, histories, cultures, and social, economic, and physical environments of the people they serve
- Broadening your definition of culture beyond traditional racial or ethnic groups to include other demographic characteristics or aspects of a person's identity
- Improving the availability, accessibility, and effectiveness of cessation services for populations affected by tobacco-related disparities.

**E-cigarettes are not our tradition.**



*There is no word for vape in our language*

Benefits to workplaces of going smokefree



			
Tobacco smoking contributes to more deaths and hospitalizations than alcohol and illicit drug use combined.	Smokers are 1.4 times more likely to be absent from work than non-smokers.	The strain put on workers' bodies by smoking often causes years of suffering.	Tobacco smoke contains over 2000 chemicals, at least 69 of which are known to cause cancer.

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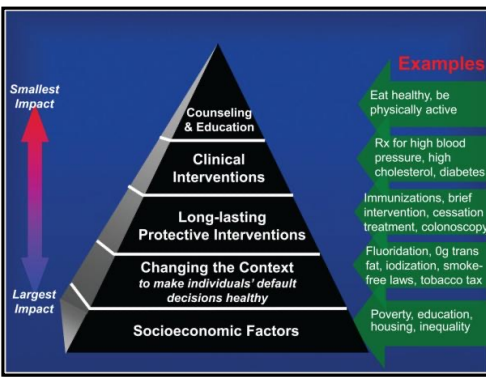
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## Health Impact Pyramid

Smallest Impact

Largest Impact



Examples

- ▶ Eat healthy, be physically active
- ▶ Rx for high blood pressure, high cholesterol, diabetes
- ▶ Immunizations, brief intervention, cessation treatment, colonoscopy
- ▶ Fluoridation, 0g trans fat, iodization, smoke-free laws, tobacco tax
- ▶ Poverty, education, housing, inequality

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## Youth Structural Drivers & SDOH

### Current Use (past 30 days) of Any Tobacco Product (middle and high school):

- 13.5% of non-Hispanic American Indian or Alaska Native (AI/AN) students
- 16.0% of those identifying as lesbian, gay or bisexual
- 16.6% of those identifying as transgender
- 12.5% of those with low family affluence
- **27.2% of those with low academic achievements (mostly Fs)**

