

# The Pathway to Advancing Health Equity in Commercial Tobacco Control

Clearing the Air in Communities of Color Conference

March 9, 2022

Kya Grooms, PhD, MPH  
ORISE Health Equity Fellow  
Oak Ridge Institute for Science and Education

**Centers for Disease Control and Prevention**  
National Center for Chronic Disease Prevention and Health Promotion

Office on Smoking and Health

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.





# Agenda

- Background
  - Inequities and Disparities in Commercial Tobacco Control
  - Resulting Disparities
  - Moving Forward: Health Equity Priorities & Aligned Efforts
- 



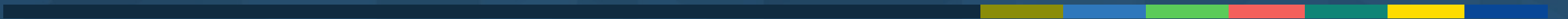
---

**“If you can’t fly then RUN,  
If you can’t run then WALK,  
If you can’t walk then CRAWL,  
But whatever you do, you  
have to keep moving  
FORWARD.”**

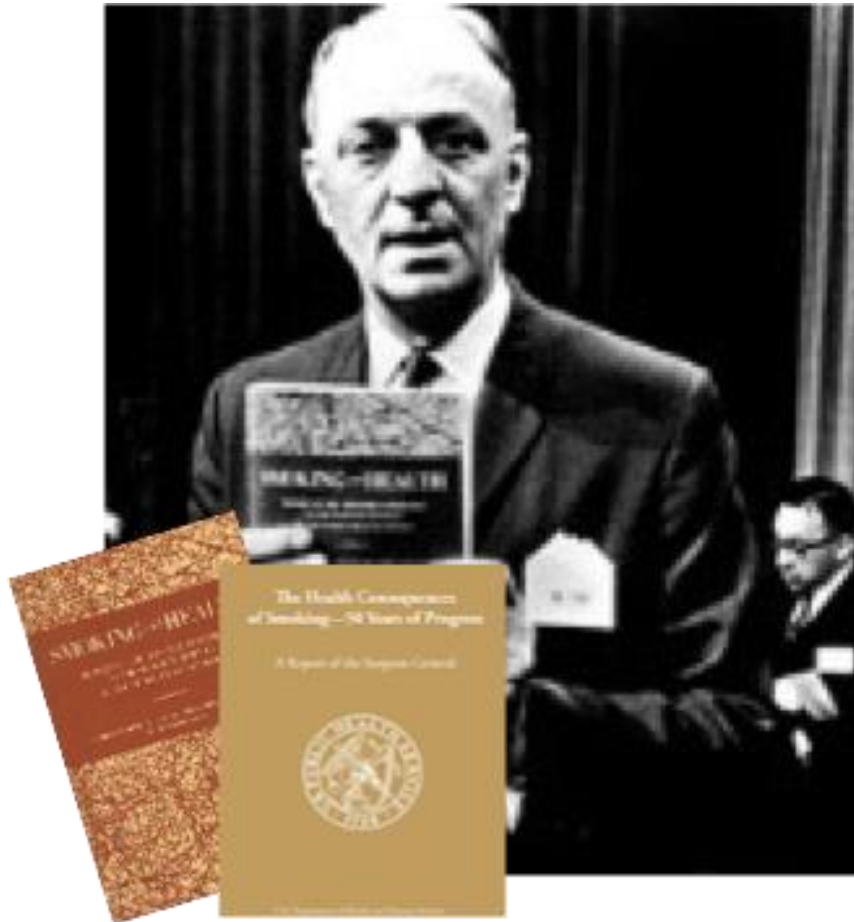
*Dr. Martin Luther King, Jr.*



**BACKGROUND**



# Over a Half Century of Disease and Death: 1964 to Today



**34M**

An estimated **34.1 million** U.S. adults smoked in 2019.



**480,000**

Cigarette smoking and secondhand smoke exposure kill about **480,000 Americans** each year.



**1 Vs. 30**

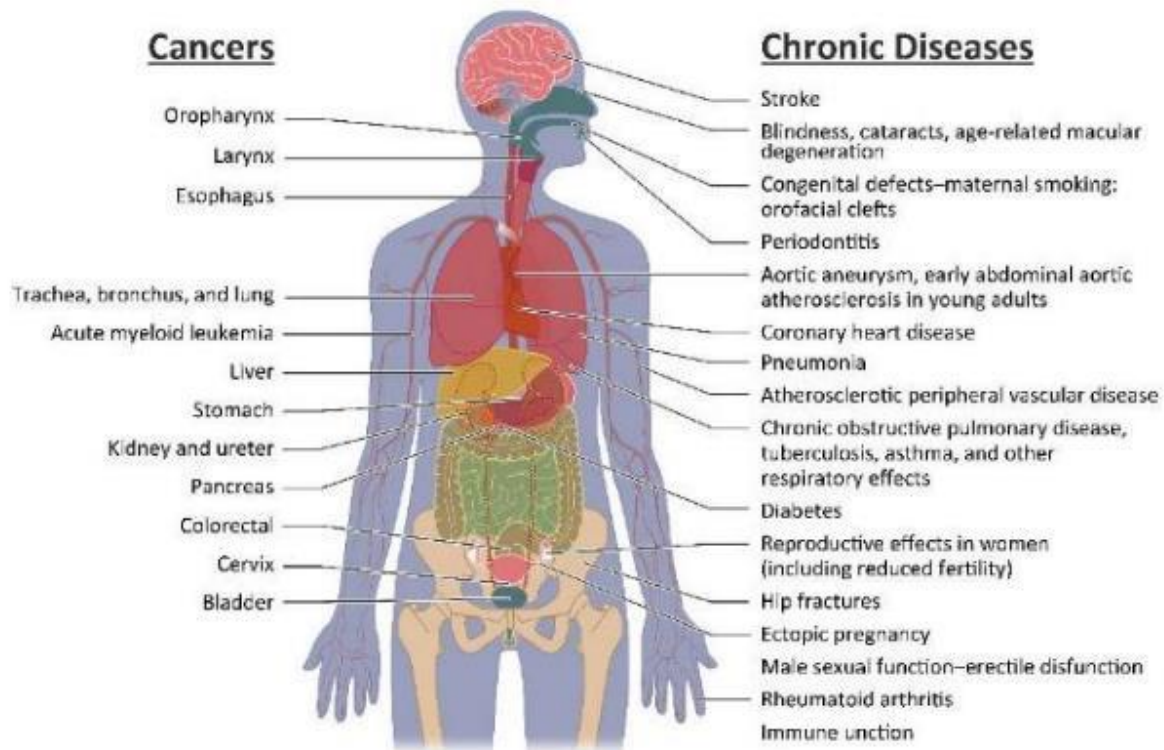
For each smoking-related death, **at least 30** people live with a serious smoking-related illness.



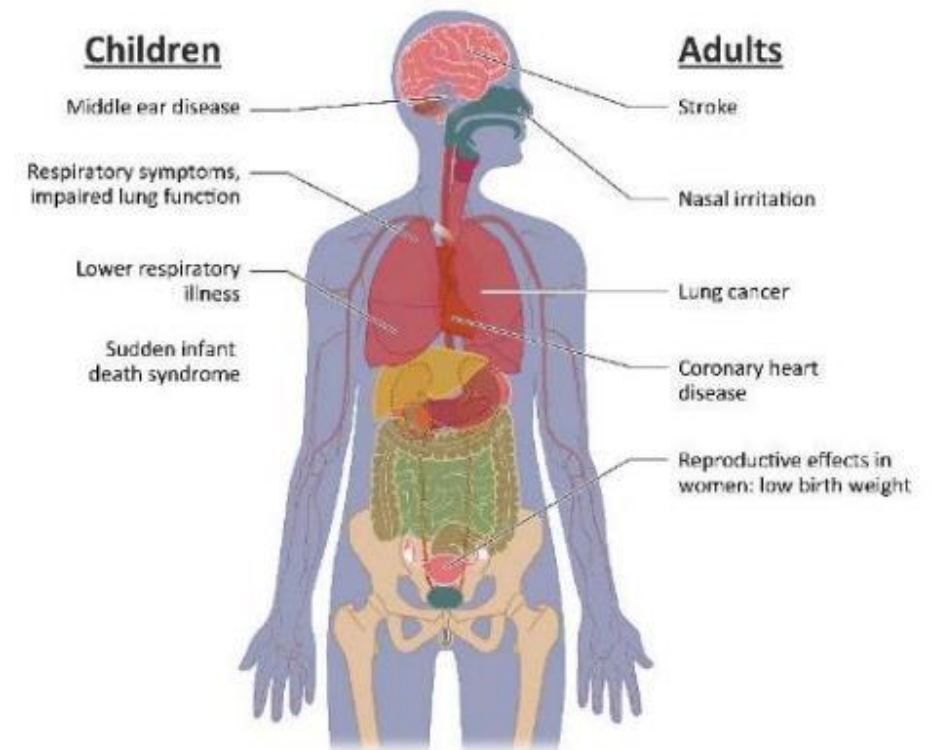
**\$300 BILLION**

Each year, cigarette smoking costs more than **\$300 billion** in medical costs and lost productivity.

# Smoking and Secondhand Smoke Exposure Harm Nearly Every Organ in the Body

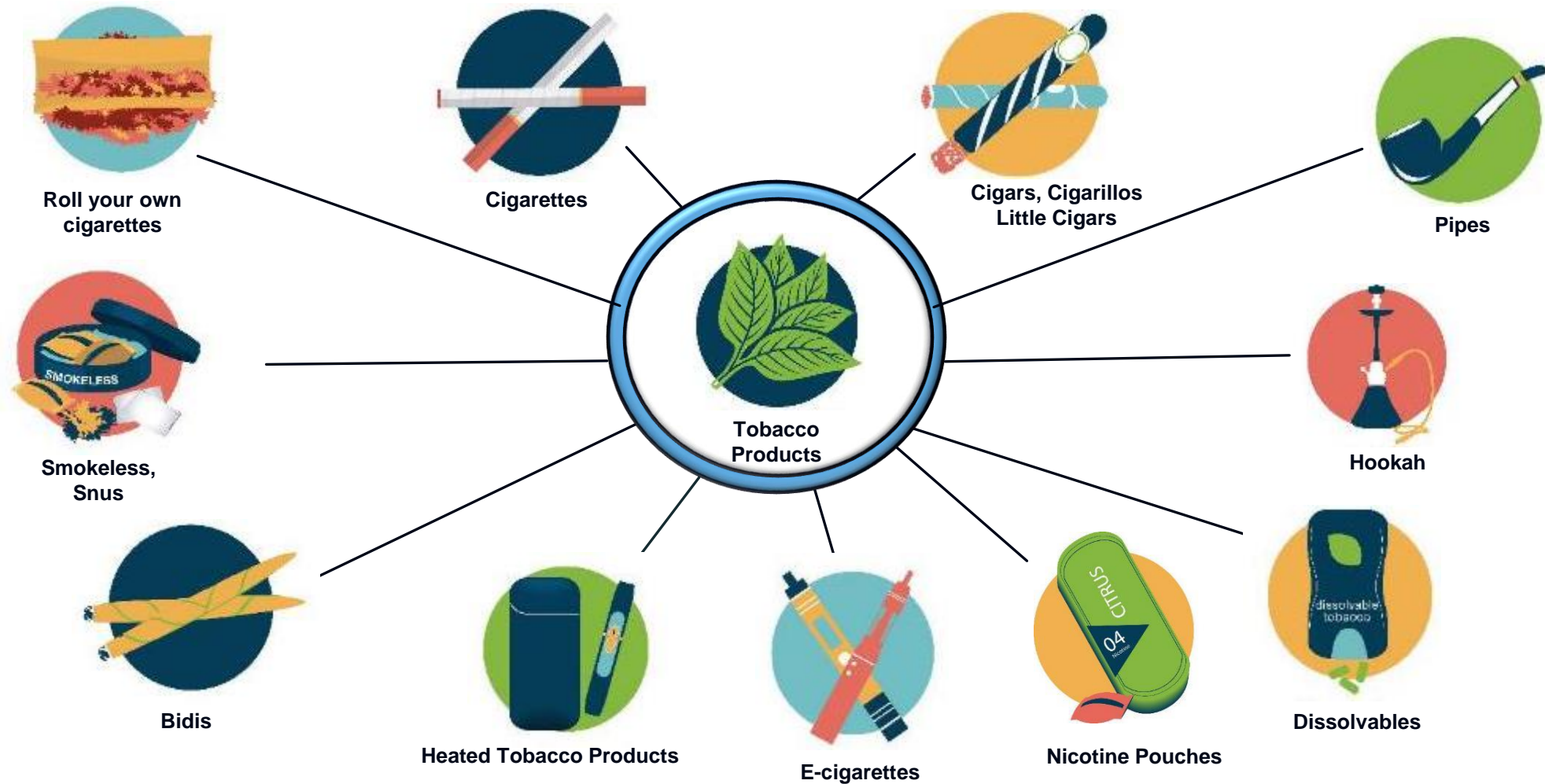


**Smoking**



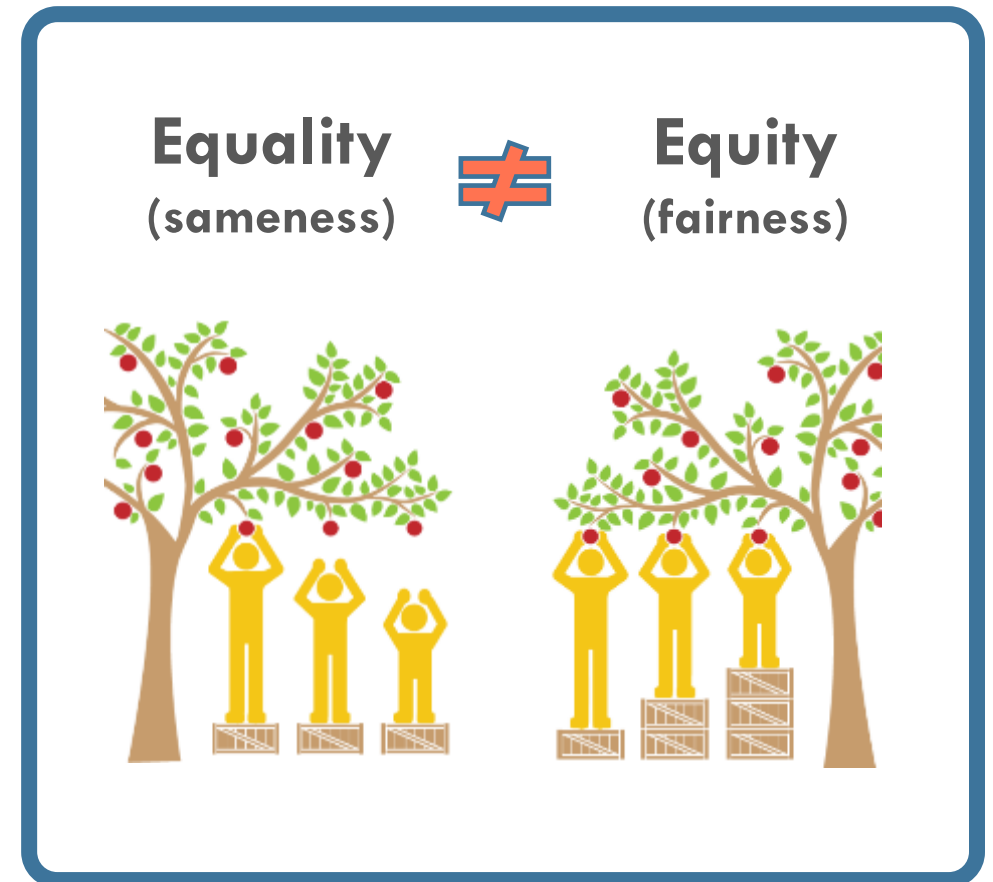
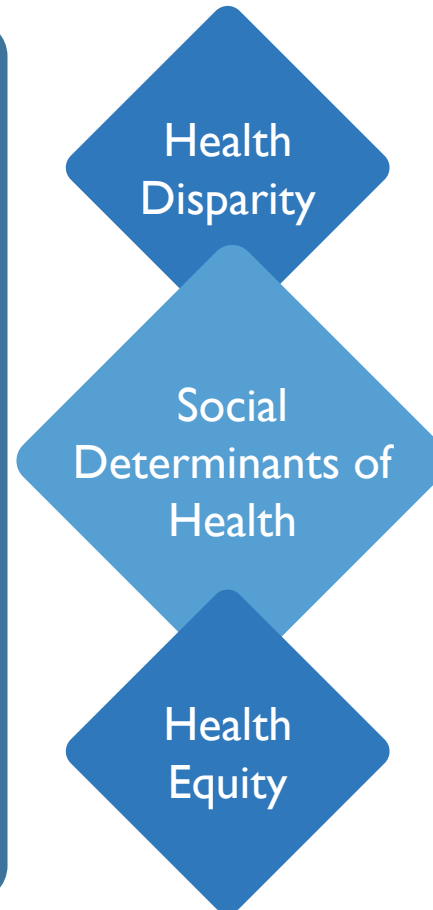
**Secondhand Smoke Exposure**

# The Evolving Landscape of Tobacco Products





# Key Terms and Concepts







# Arriving at Health Equity

DESTINATION: Health Equity



PATHWAY=  
Structural /Social  
Determinants of Health

PROBLEMS=  
Health Inequities  
Health Disparities

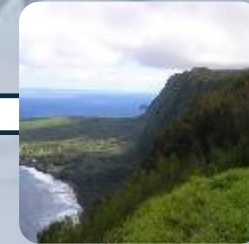


# INEQUITIES AND DISPARITIES IN COMMERCIAL TOBACCO CONTROL

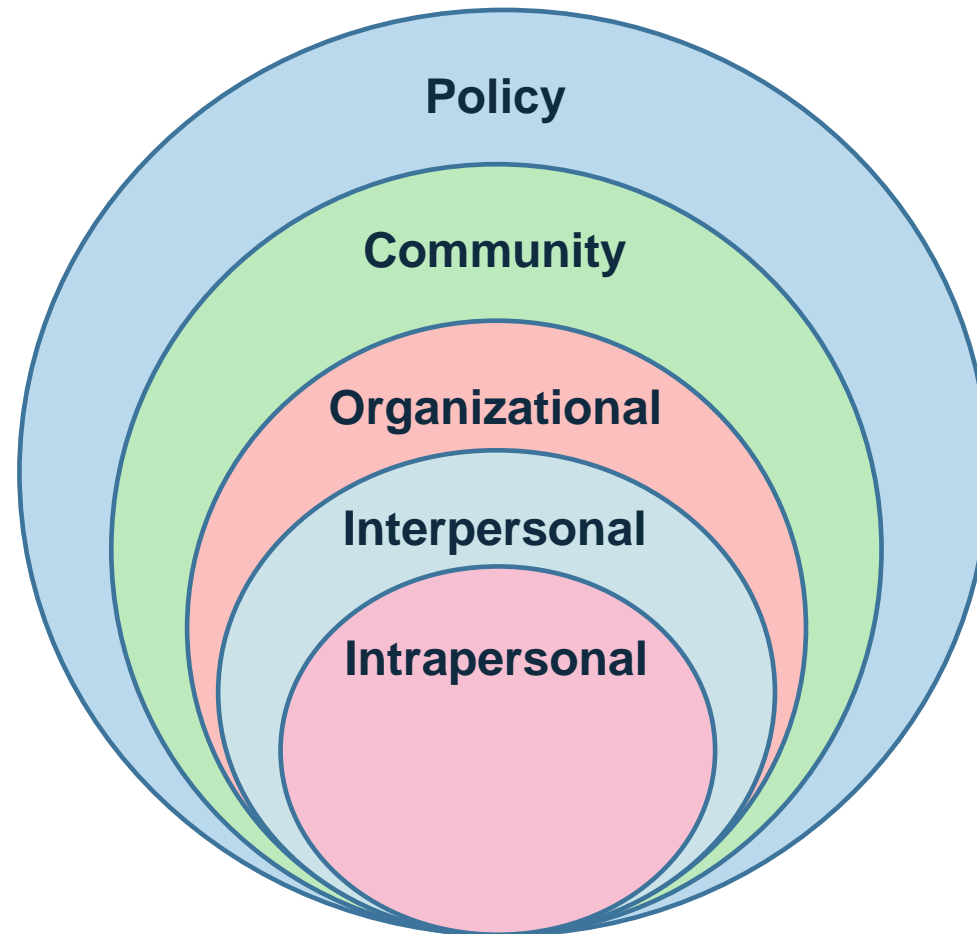




# Social and Structural Inequities Affect Tobacco Product Related Health and Health Outcomes

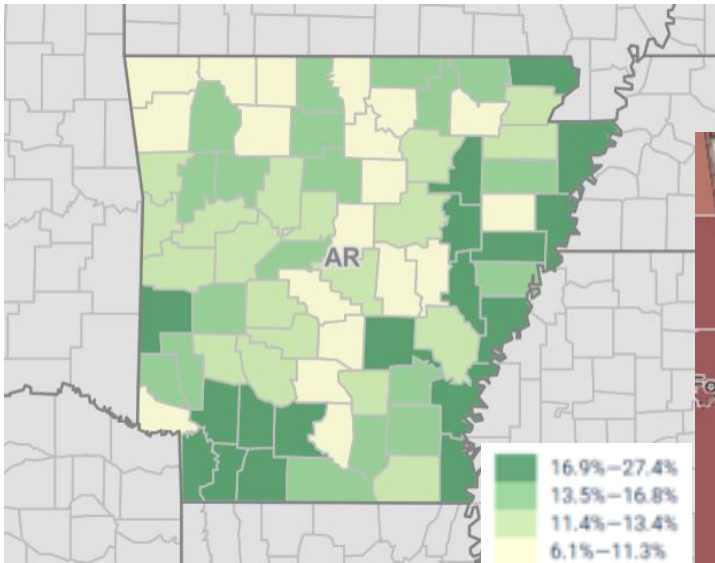


# Factors that Impact One's Health Potential



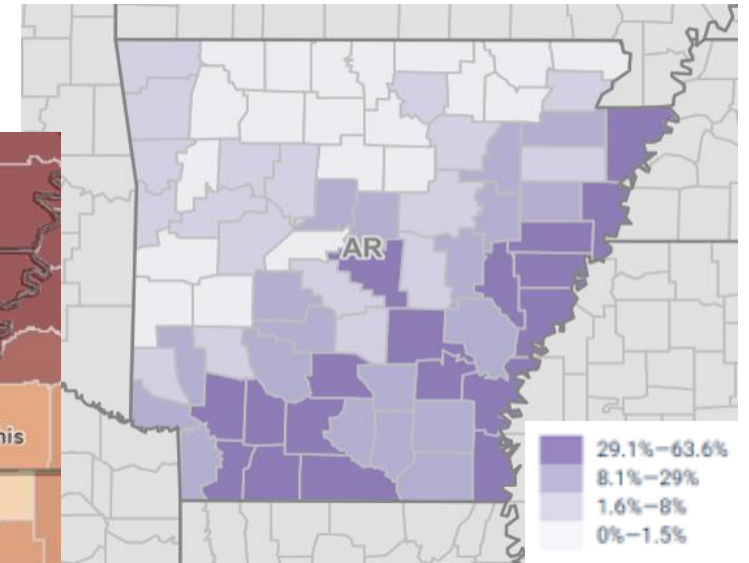
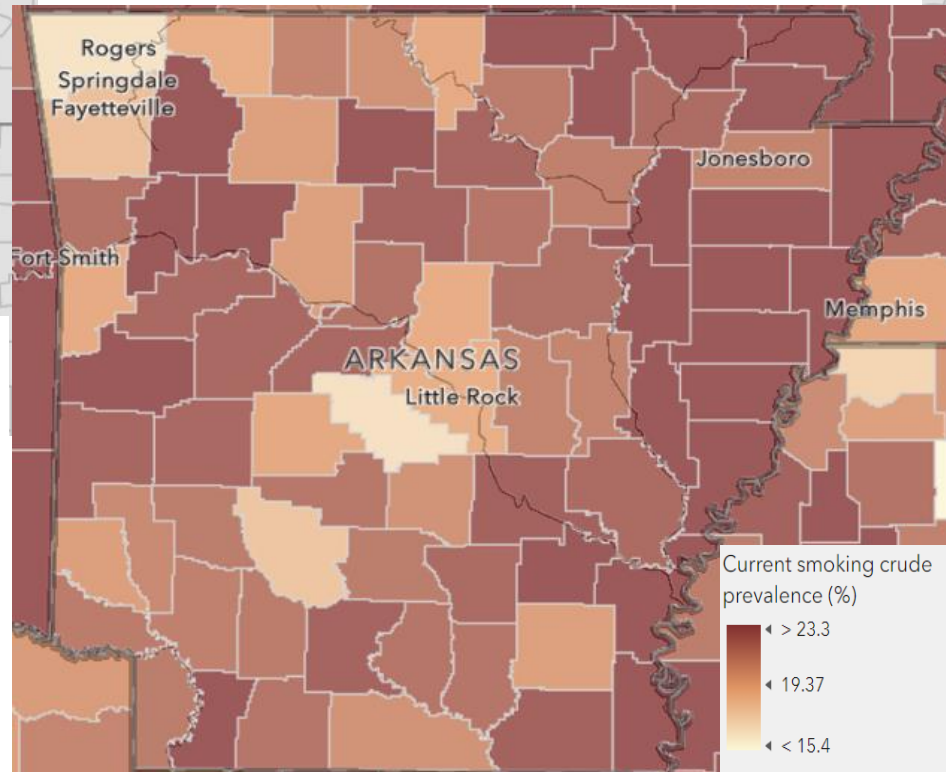
Social  
Ecological  
Model

# Place Matters



Percentage of families whose income is below the poverty level by county in Arkansas, 2019

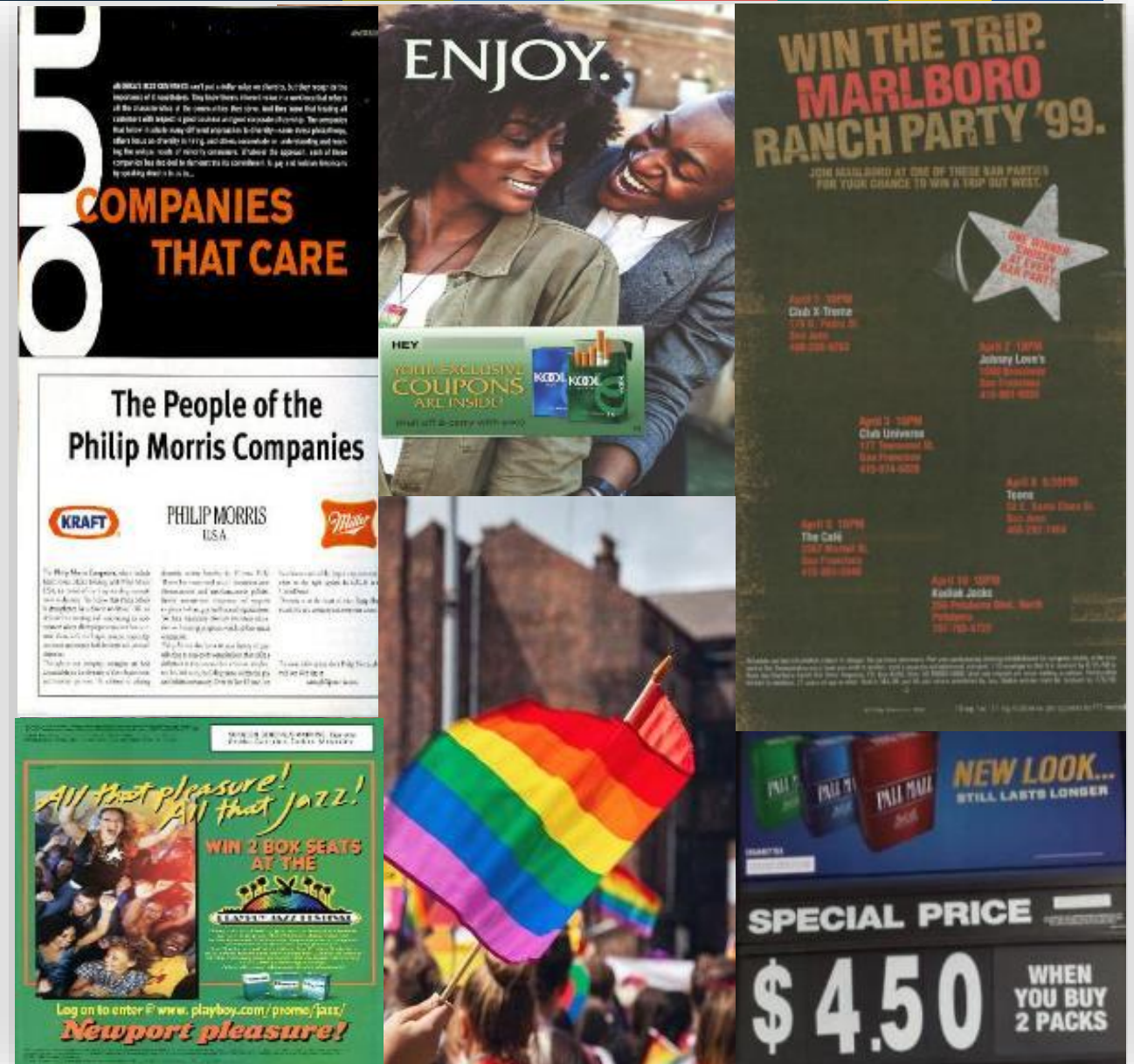
Percentage of the population who currently smoke cigarettes by county in Arkansas, 2019



Percentage of the total population who is Black or African American by county in Arkansas, 2019



# Targeted Marketing and Advertising



\*Use of brand names is for identification and informational purposes only. It does not imply an endorsement by CDC and/or Health and Human Services of any product, service, or enterprise.

Sources: 1. Source: Tobacco Disparities Framing Project Justice In The Air, 2. [www.trinketsandtrash.org](http://www.trinketsandtrash.org), 3. Rutgers School of Public Health Center for Tobacco Studies. <http://www.trinketsandtrash.org>. Accessed October 20,2021.

# Targeted Tobacco-Related Promotions

## FOCUS COMMUNITIES

Inner city, racial and ethnic minority groups, lower income



Less expensive, more desirable promotions



Buy 1, Get X Free

\$\$\$

Summer/Holiday promotions



Menthol cigarettes: cheaper  
\$1 to \$1.50 off/pack  
\$10 to \$15 off/carton

\$

## NON-FOCUS COMMUNITIES



Suburban areas, white, higher income



More expensive, less desirable promotions

\$

Buy 2, Get X Free  
Buy 3, Get X Free



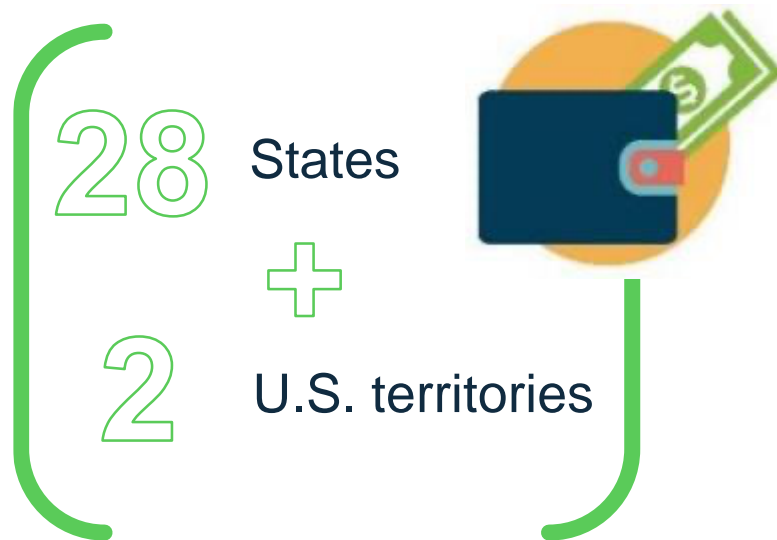
No special seasonal promotions

¢

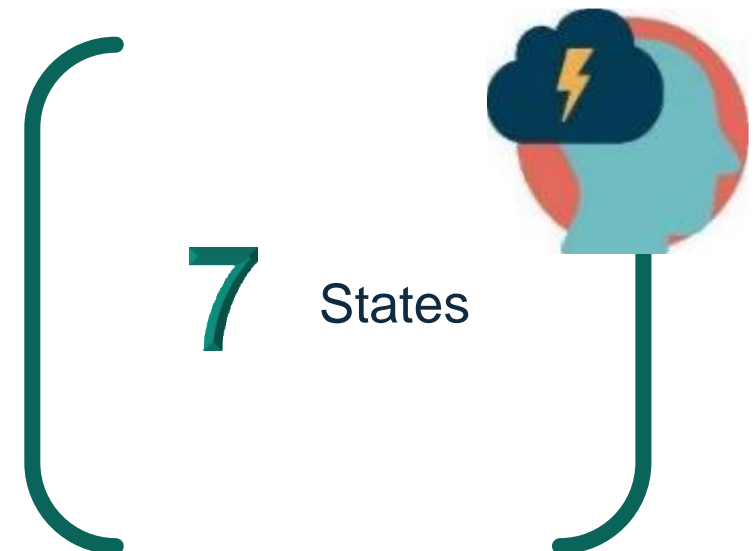
Menthol cigarettes:  
50 cents off/pack  
\$5 off/carton

# Unequal Coverage by Smoke-free Policies, 2022

100% smokefree laws in non-hospitality workplaces, restaurants, and bars



State laws that require 100% smokefree indoor areas of psychiatric facilities





# Lack of Access to Cessation Treatments and Services

As of December 2018...

**36** state cover all 7 FDA-approved cessation medications for Medicaid enrollees

**16** states cover both individual and group counseling for Medicaid enrollees



**15** states cover all 9 cessation treatments for Medicaid enrollees

# INEQUITIES AND DISPARITIES IN COMMERCIAL TOBACCO CONTROL

*RESULTING DISPARITIES*



# Disparities in Cigarette Smoking in the U.S., 2019



## Race/Ethnicity

20.9% American Indians/  
Alaska Native  
15.5% White



## Education Level

35.3% GED  
4.0% Graduate degree



## Annual Household Income

21.4% <\$35,000  
7.1% ≥\$100,000



## Health Insurance Coverage

22.5% Uninsured    10.7% Private  
24.9% Medicaid    8.6% Medicare



## Disability

21.1% Yes  
13.3% No



## Sexual Orientation

19.2% Lesbian/Gay/Bisexual  
13.8% Heterosexual



## Generalized Anxiety Disorder

34.5% Severe  
12.0% None/ Minimal

# Disparities in Cigarette Smoking in Arkansas, 2020



## Race/Ethnicity, 2020

40.4% American Indian and Alaska Native  
36.6% non-Hispanic, Multiracial  
21.3% non-Hispanic, White



## Education Level, 2020

33.1% Less than HS  
7.8% College degree or higher

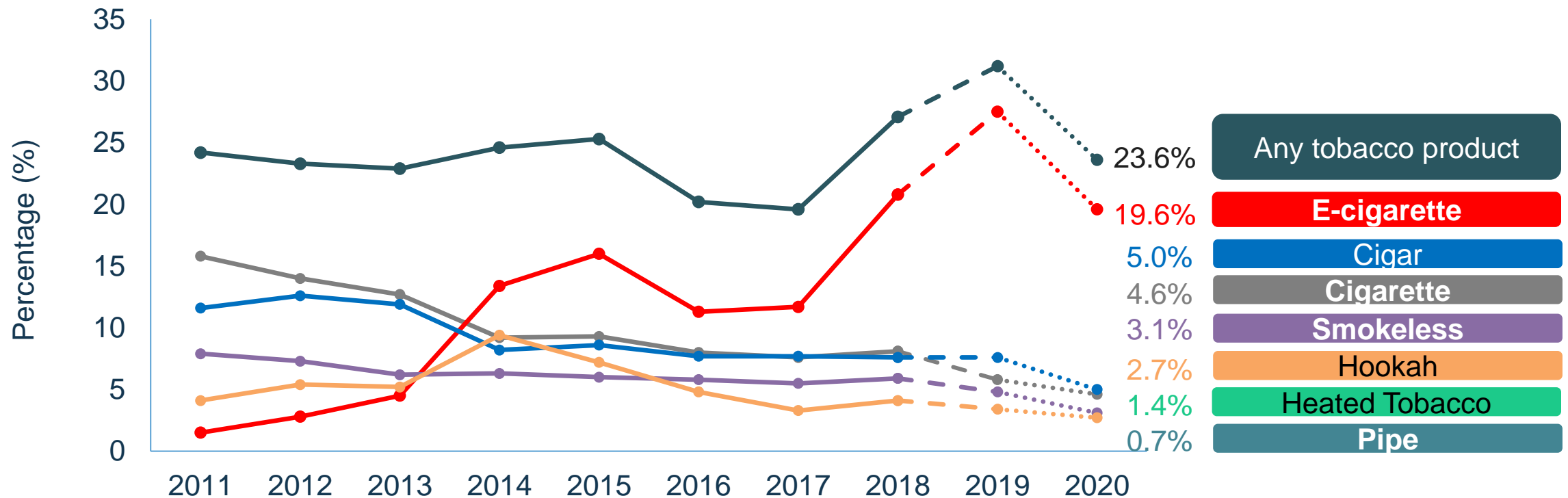


## Household Income, 2020

29.6% Less than \$15,000  
13.5% \$50,000 or more



# Current Tobacco Product Use Among High School Students in the U.S., 2011–2020



Note: Dashed lines represent change in the mode of survey administration. Trends from 2011-2020 are not conducted.

Dotted line indicates that 2020 survey fielding time was truncated (January 16 – March 16) due to COVID-19.

Definition of any tobacco product use included current use of heated tobacco products (HTPs) in 2020 – this is the first time HTPs are included in this definition.

# Disparities in Current E-Cigarette Use among High School Students in the U.S., 2020

19.6% of all U.S. High School Students



## SEXUAL ORIENTATION

Lesbian/Gay/Bisexual: 25.1%  
Heterosexual: 18.5%

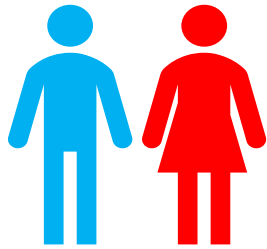


## RACE/ETHNICITY

White, non-Hispanic: 23.2%  
Hispanic: 18.9%  
Black, non-Hispanic: 9.1%

# Disparities in Current E-Cigarette Use among High School Students in Arkansas, 2019

**24.3% of all Arkansas High School Students**



## SEX

Male: 27.8%  
Female: 20.6%



## SEXUAL ORIENTATION

Lesbian or Gay: 39.0%  
Bisexual: 26.6%  
Heterosexual: 24.0%

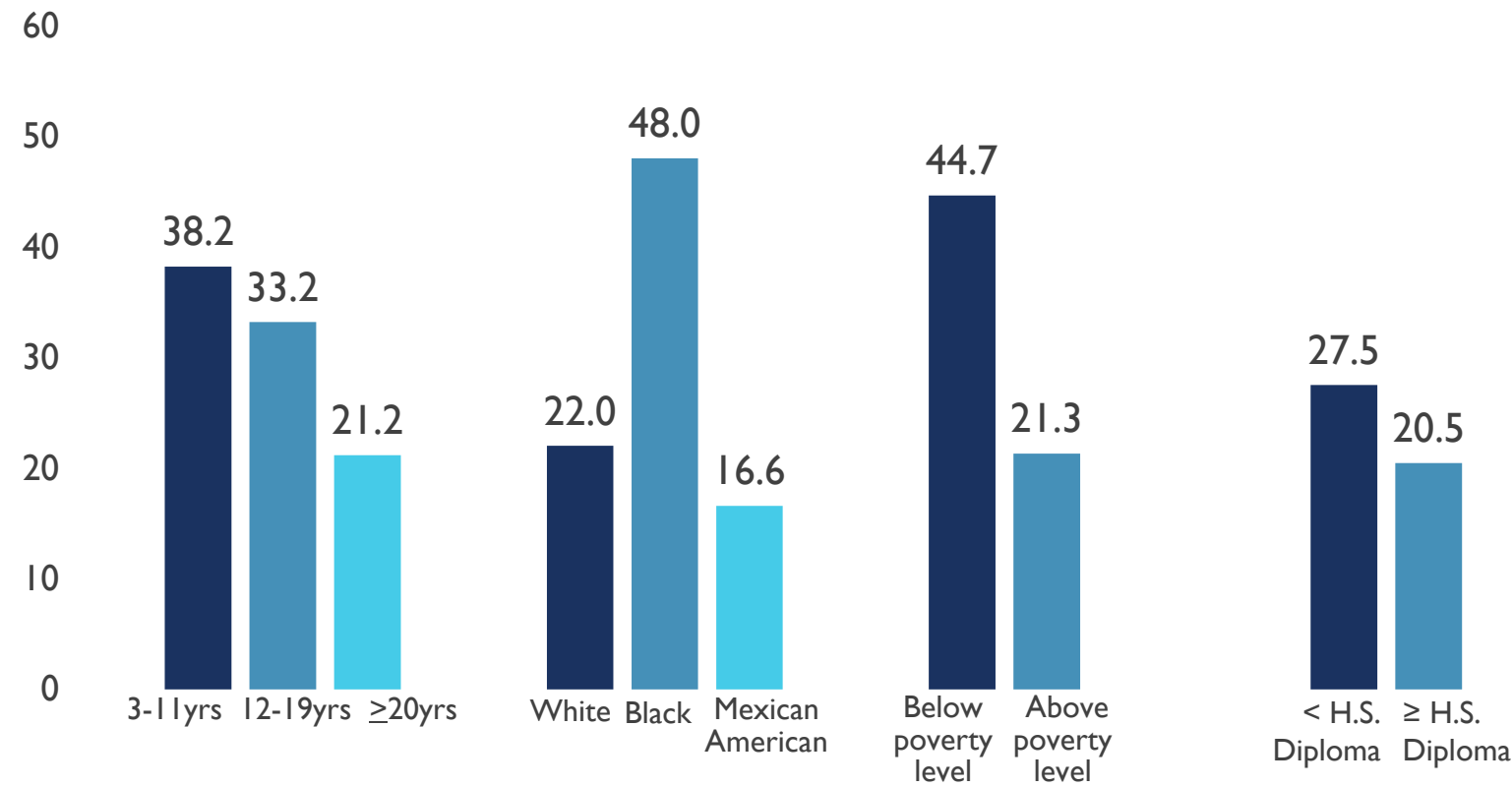


## RACE/ETHNICITY

White, non-Hispanic: 28.9%  
Hispanic: 19.4%  
Black, non-Hispanic: 12.6%

# Disparities in Secondhand Smoke (SHS) Exposure in the U.S.

Percentage of nonsmoking population (age 3+ years) exposed to secondhand smoke, by selected demographic characteristics — National Health and Nutrition Examination Survey, U.S., 2017-18





## SHS EXPOSURE

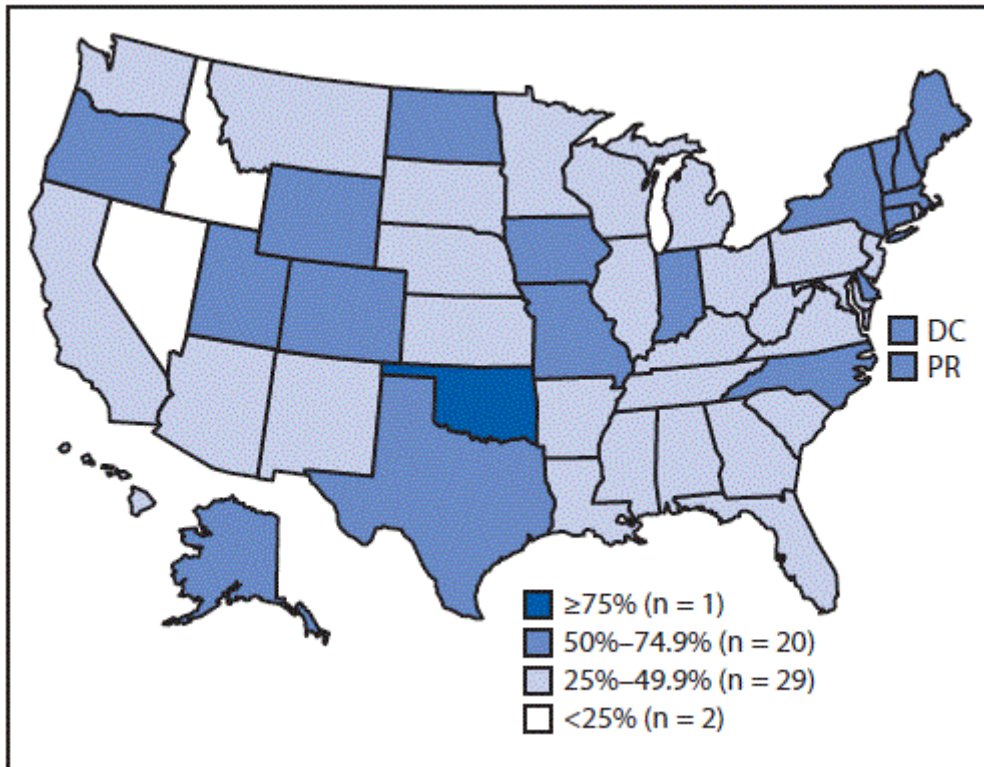
Children  
Black Persons  
Persons in Poverty  
Education



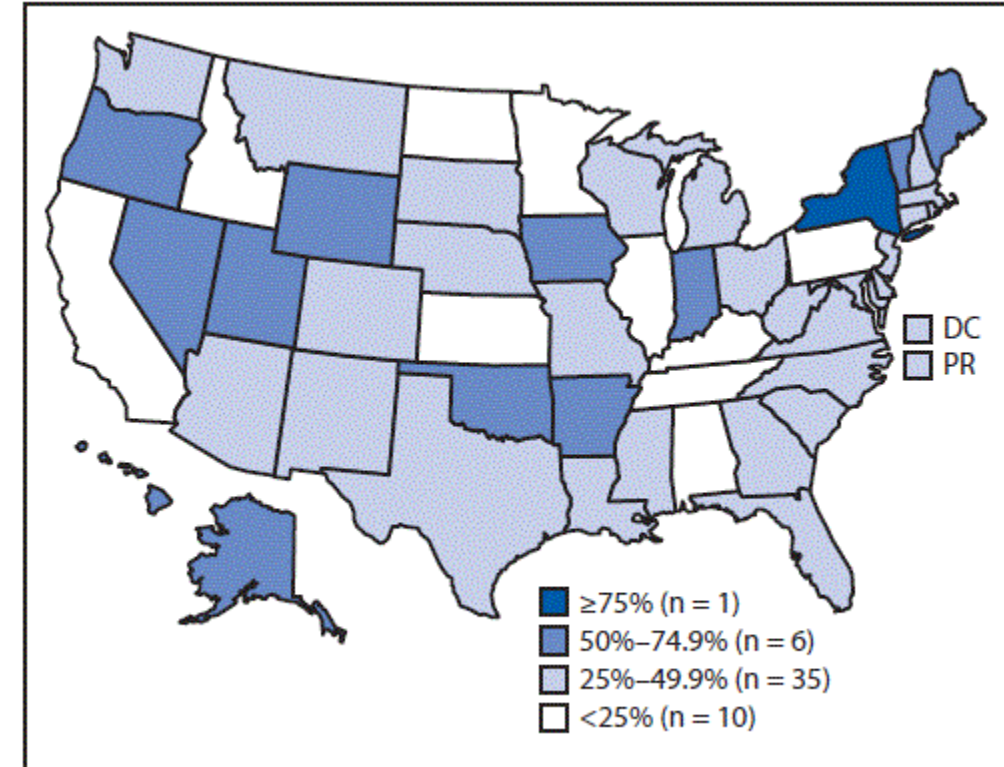


# Secondhand Smoke Exposure for Persons with Mental Health Conditions and Substance Use Disorders

Percentage of **mental health treatment facilities** that prohibit smoking in all indoor and outdoor locations – National Mental Health Services Survey, United States, 2016



Percentage of **substance abuse treatment facilities** that prohibit smoking in all indoor and outdoor locations – National Mental Health Services Survey, United States, 2016



# Disparities in Smoking Cessation among Adults in the U.S.

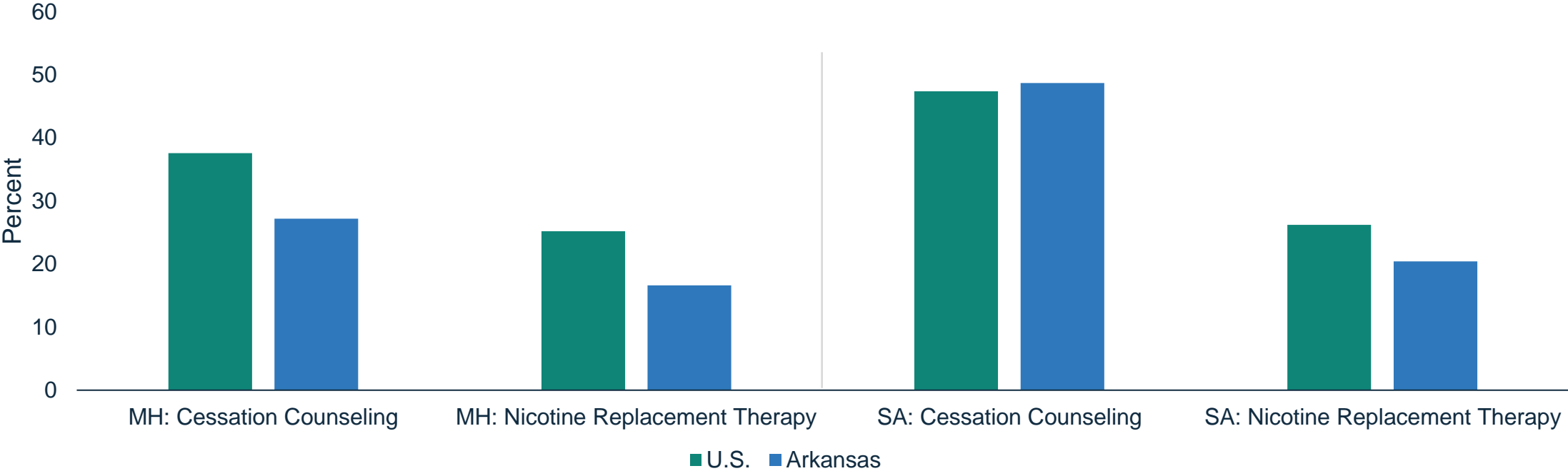
NSDUH, 2015

QUIT ATTEMPT		USE OF EVIDENCE-BASED TREATMENT		CLINICAL ADVICE (PAST 6 MONTHS)	
69.4%	nH, Asian			60.2%	nH, White
63.4%	nH, Black	34.3%	nH, White	55.7%	nH, Black
56.2%	Hispanic	28.9%	nH, Black	42.2%	Hispanic
53.3%	nH, White	20.5%	nH, Asian	38.1%	nH, Am. Indian/Alaska Native
52.1%	nH, American Indian/Alaska Native	19.2%	Hispanic	34.2%	nH, Asian
QUIT SUCCESS		31.7%	Straight	56.8%	Private insurance
9.4%	Private insurance	14.5%	LGB	44.1%	Uninsured
5.9%	Medicaid	32.1%	Private insurance		
5.2%	Uninsured	21.4%	Uninsured		



# Smoking Cessation for Persons with Mental Health Conditions and Substance Use Disorders

Smoking Cessation Services Provided in Mental Health (MH) Treatment and Substance Abuse (SA) Treatment Facilities in the U.S. and Arkansas, 2016



**MOVING FORWARD**

***HEALTH EQUITY PRIORITIES & ALIGNED EFFORTS***





# Forging A Path Forward: Health Equity at CDC



The graphic features a decorative border at the top with a repeating pattern of colorful, interlocking shapes. Below this, the title "CDC CORE HEALTH EQUITY SCIENCE AND INTERVENTION STRATEGY" is displayed in a serif font. Underneath the title is a collage of four photographs: three young women of Asian descent smiling, a middle-aged couple smiling, a woman holding a baby, and a man and woman looking at a tablet. The bottom of the graphic is divided into two light blue boxes. The left box is titled "VISION" and contains the text "All people have the opportunity to attain the highest level of health possible." The right box is titled "ABOUT" and contains the text "CDC has launched an agency-wide strategy that aims to integrate health equity into the fabric of all we do."

## CDC CORE HEALTH EQUITY SCIENCE AND INTERVENTION STRATEGY



**VISION**

All people have the opportunity to attain the highest level of health possible.

**ABOUT**

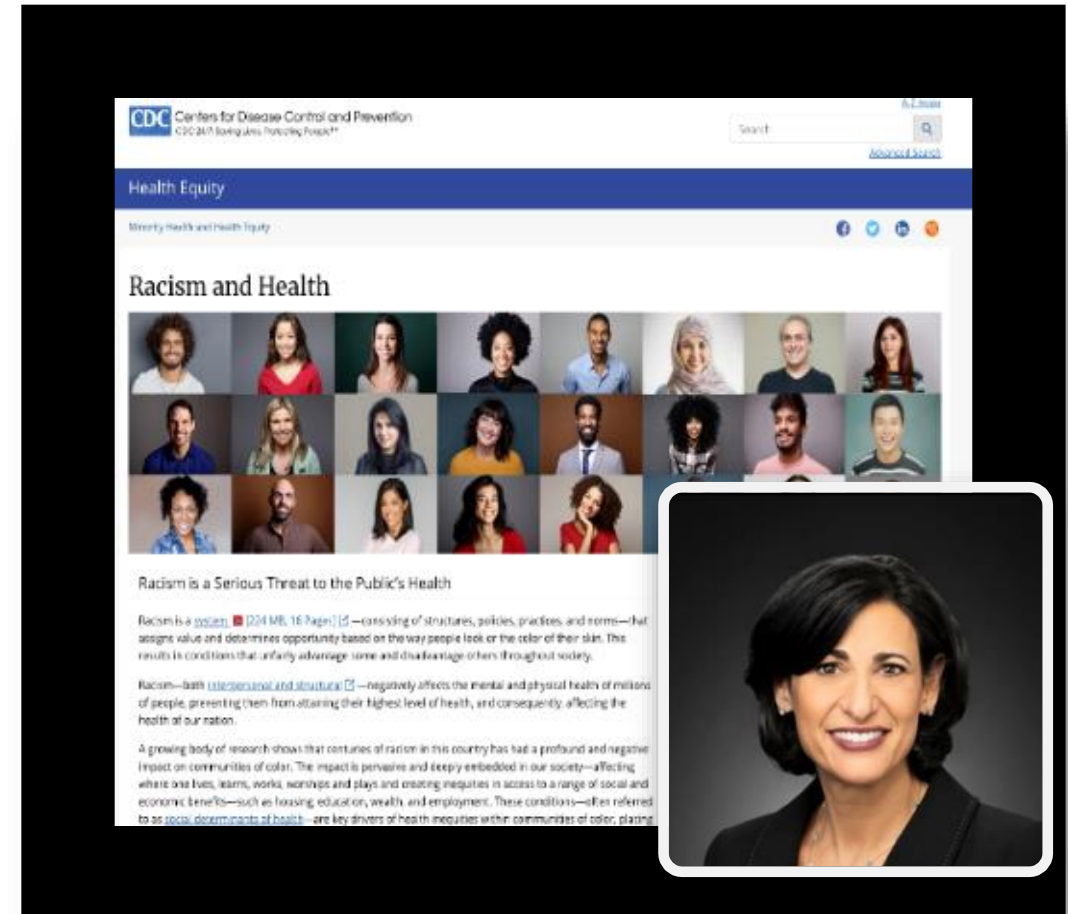
CDC has launched an agency-wide strategy that aims to integrate health equity into the fabric of all we do.

# CDC Declares Racism A Public Health Threat

*“Racism is a serious public health threat that directly affects the well-being of millions of Americans. As a result, it affects the health of our entire nation.”*

*“Confronting the impact of racism will not be easy... I know that we can do this if we work together. I certainly hope you will lean in and join me.”*

**Rochelle P. Walensky, MD, MPH**  
Director, CDC, and Administrator, ATSDR



# CDC's Office on Smoking and Health (OSH): Key Overarching Impact Areas



# OSH Health Equity Strategic Plan

**VISION:** A society with equitable opportunities and conditions for all people to live free from the harmful effects of commercial tobacco products.

**MISSION:** To advance health equity through a SDOH lens, by identifying and eliminating drivers of inequities and disparities in commercial tobacco use and exposure.





# Advancing Health Equity

by identifying and eliminating commercial tobacco product-related inequities and disparities

## Interventions

Advance health equity in commercial tobacco prevention and control interventions and strategies.

## Full Spectrum of Tobacco Products

Use an equitable approach to address the full spectrum of commercial tobacco products, including emerging products and trends.

## Science

Integrate a health equity approach into commercial tobacco products-related surveillance, research, and evaluation efforts.



## Partnerships

Advance health equity in commercial tobacco prevention and control through inclusive multi-level, multi-sector, and non-traditional partnerships.

## Capacity & Infrastructure

Enhance capacity and organizational cultures to advance health equity.

## Identification & Understanding

Improve identification and understanding of commercial tobacco-related health disparities and inequities.





## Interventions

Advance health equity in commercial tobacco prevention and control interventions and strategies.

### STRATEGIES

- Investigate and document evidence of the reach and impact of proven population-level strategies for groups and communities which are disproportionately impacted by commercial tobacco
- Expand the evidence for promising practices with groups and communities disproportionately impacted by commercial tobacco

### EXAMPLE ACTIONS

- DP20-2001 focus on Health Equity



DP20-2001 National Tobacco Control Program



## Full Spectrum of Tobacco Products

Use an equitable approach to address the full spectrum of commercial tobacco products, including emerging products and trends.

### STRATEGIES

- Prioritize efforts that reduce the use of all flavored tobacco products, including menthol
- Address all commercial tobacco products, including emerging products, especially those that may have a higher burden in populations experiencing inequities (e.g., little cigars, smokeless tobacco, menthol)

### EXAMPLE ACTIONS

- Evidence briefs on flavors and specific harms of menthol
- [https://www.cdc.gov/tobacco/data\\_statistics/evidence/index.html](https://www.cdc.gov/tobacco/data_statistics/evidence/index.html)
- Trainings and Technical Assistance (e.g., menthol and the federal tobacco regulation rule making process; surveillance and data)



## Science

Integrate a health equity approach into commercial tobacco products-related surveillance, research, and evaluation efforts.

### STRATEGIES

- Promote Community-Based Participatory Research (CBPR) as an important practice
- Engage in research, surveillance, and evaluation to identify priority areas and approaches for closing gaps in tobacco related disparities
- Improve the availability, timely collection, and interpretation of disaggregated subpopulation data
- Provide technical assistance to collect, analyze, and interpret data on tobacco related health inequities and disparities
- Enhance the use of health equity indicators in evaluation

### EXAMPLE ACTIONS



Addressing Tobacco-Related Disparities: A Report of the Surgeon General

- Identifying and Eliminating Tobacco-Related Disparities: Key Outcome Indicators for Evaluating Comprehensive Tobacco Control Programs
  - <https://www.cdc.gov/tobacco/stateandcommunity/guides/pdfs/2022-koi-guide-508.pdf>



## Identification & Understanding

Improve identification and understanding of commercial tobacco-related health disparities and inequities.

### STRATEGIES

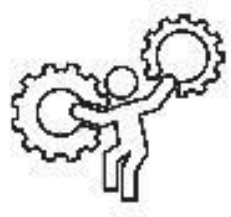
- Use shared language related to population groups, commercial tobacco related health disparities, and health equity
- Increase awareness and understanding of disparities and inequities, their impact, and actions needed to improve health equity for all population groups
- Identify factors that are likely to contribute to health disparities

### EXAMPLE ACTIONS

- Health Equity and Tobacco Disparities Framing Project & Training Modules



Over 1 million impressions 3 thousand clicks



## Capacity & Infrastructure

Enhance capacity and organizational cultures to advance health equity.

### STRATEGIES

- Engage in efforts to make health equity central to OSH's mission, strategic priorities, and stakeholder engagements at all levels
- Acknowledge and address structural and social determinants of health that create and perpetuate inequities
- Build a diverse and inclusive workforce with the capacity to advance health equity

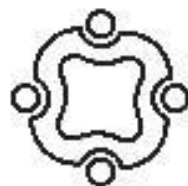
### EXAMPLE ACTIONS

- Building workforce capacity through training



Enhancing Internal & External Capacity





## Partnerships

Advance health equity in commercial tobacco prevention and control through inclusive multi-level, multi-sector, and non-traditional partnerships.

### STRATEGIES

- Foster meaningful and impactful community engagement to advance health equity
- Advance health equity and address social determinants of health by developing new and strengthening existing partnerships and coalitions
- Foster collaboration across CDC and with other federal partners to address commercial tobacco through a health equity lens

### EXAMPLE ACTIONS

- Enhancing partnerships between CDC-funded programs, Local Lead Agencies, and National Networks



Networking2Save

# How Can We Reduce Tobacco Product-Related Disparities and Advance Health Equity?



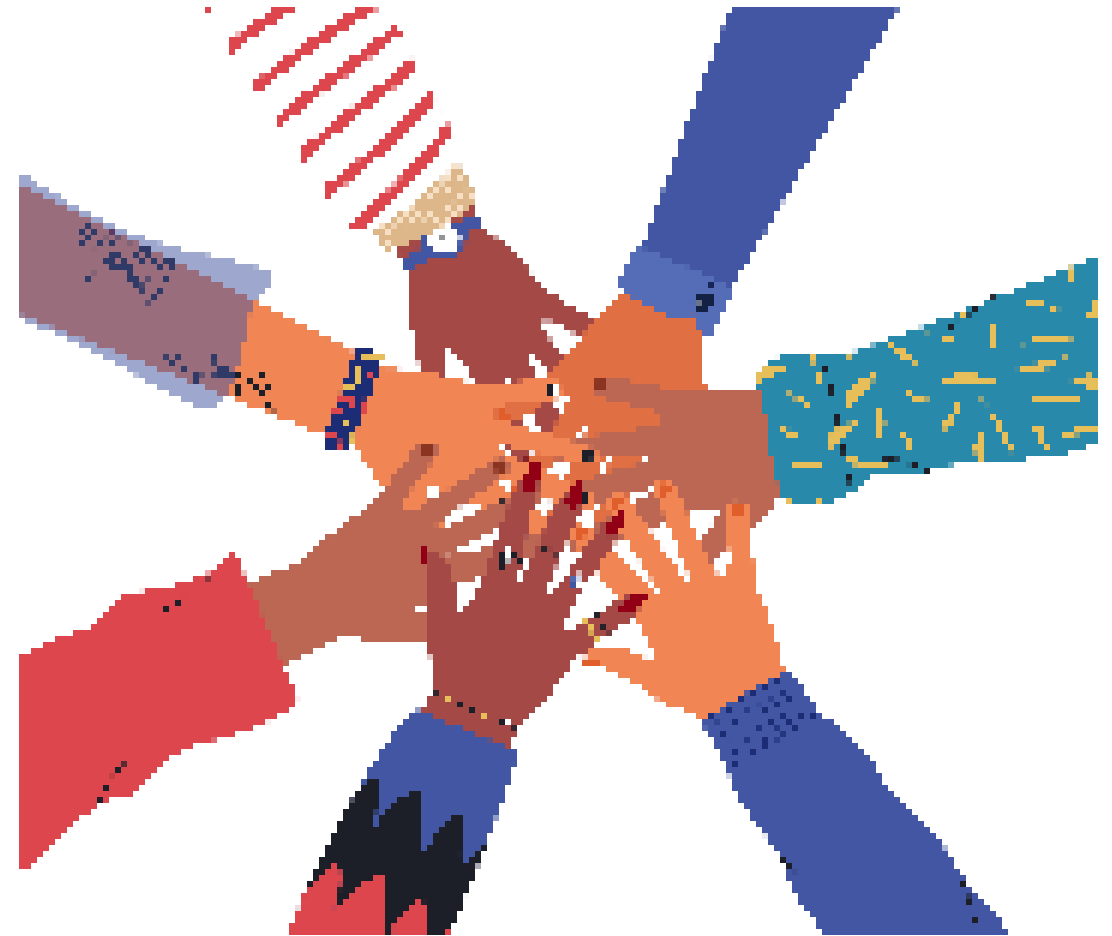
---

# Advancing Health Equity in Commercial Tobacco Control Through Partnerships

Build awareness and understanding across partners.

**Seek out opportunities to:**

- Collaborate and coordinate
- Leverage skills and competencies
- Broaden knowledge
- Improve networks
- Expand and maximize resources
- Engage communities most impacted by health inequities
- Assess the impact of your work



# Keep Flying, Running, Walking, or Crawling Towards Health Equity



# Thank You

CONTACT: [KGROOMS2@CDC.GOV](mailto:KGROOMS2@CDC.GOV)

**Centers for Disease Control and Prevention**  
**National Center for Chronic Disease Prevention and Health Promotion**

Kya Grooms, ORISE Health Equity Fellow, CDC/NCCDPHP/OSH

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

