

# Innovative Approaches to Reducing Tobacco Use and Exposure to Secondhand Smoke Among Low-SES Populations

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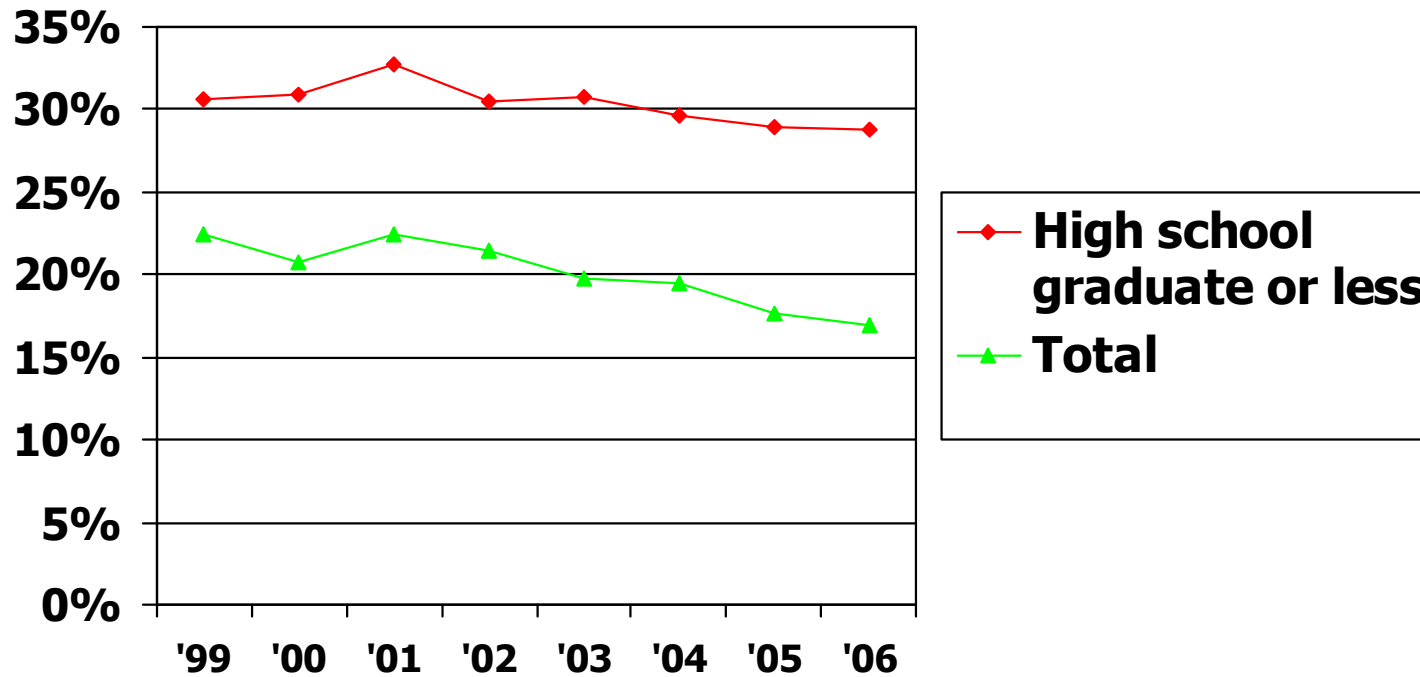
NAATEN/NNTTPP National Conference  
April 24, 2008

# Background

- Washington State has had a comprehensive tobacco control program since 2000
- Current tobacco control funding is \$5 per capita
  - Annual funding is \$30 million
- Overall, adult smoking prevalence has decreased from 22.4% to 17.0% since 1999
  - Decreases among low socioeconomic status (SES) populations have been much smaller

# Background

## Adult Smoking Prevalence - Washington State



Source: Washington Behavioral Risk Factor Surveillance System (BRFSS)

# Background

- Washington tobacco program is currently targeting low-SES populations, for example:
  - Broadcast ads in daytime and overnight
  - Training Women, Infants and Children (WIC) providers to do brief interventions with clients
  - Statewide comprehensive smokefree workplace law
  - Recently passed bill to have Medicaid include cessation treatment benefits
- The data are clear – more needs to be done

# Objectives of this Study

- Describe smoking characteristics of low-SES adult populations in WA
- Catalog current tobacco control activities targeting low-SES populations in WA and opportunities for improving their reach
- Identify additional strategies to reduce the tobacco burden among low-SES populations from other tobacco control programs and experts

# Methods

- Analysis of Behavioral Risk Factor Surveillance System (BRFSS) data
  - Annual random-digit dial telephone survey in all states
  - WA adds tobacco-related questions
  - Includes data on household income, education level
  - 18,000 surveys each year
- Review the scientific literature

# Methods

- Key informant interviews
  - WA tobacco program staff (n=9)
  - Other health department staff - WIC, Medicaid, drug and alcohol, chronic disease (n=7)
  - Service providers to low-SES communities in WA (n=5)
  - Tobacco program staff and service providers in other states (n=8)
  - National experts, e.g., NNTPP, American Legacy Foundation, CDC, National Cancer Institute (n=8)

# Adult Smoking Characteristics Washington, 2006

<i>All Respondents</i>	Less than 200% FPL	More than 200% FPL
Current smoker	26%	14%

<i>Among smokers</i>	Less than 200% FPL	More than 200% FPL
Want to quit	64%	64%
Plan to quit in 30 days	24%	20%
Attempted to quit in last year	62%	57%

Source: Washington Behavioral Risk Factor Surveillance System (BRFSS)

# Summary of BRFSS Data

Low-SES populations:

- want to quit, plan to quit, and attempt to quit at same rates as general population
- but, are less likely to be successful in quitting

# Definition of low-SES

- No consensus definition of low-SES, but definitions include:
  - Income – Federal poverty level or eligibility for certain programs
  - Education – usually 12 years of education or less
  - Occupation
- Many subpopulations within low-SES
  - Enrolled in government programs – Women, Infants and Children (WIC), Head Start, Medicaid
  - Served by agencies or institution – homeless shelters, incarcerated, treatment (substance abuse, mental health)
  - Others – worksites that employ low-wage workers, blue collar, out of school youth
  - Overrepresentation of some racial/ethnic groups in poverty

# Social Determinants of Health

- The causes of disease in low-SES populations are pervasive and complex
- Even if we reduce disparities in tobacco use, there will likely be disparities in tobacco-related health outcomes
- Must change the social determinants of health in order to eliminate all health disparities
- Thinking about social determinants can lead to better tobacco control interventions

# Social Determinants of Health

- Tobacco is not the leading concern for low-SES
- Need to integrate tobacco into other issues of concern
- Partner with health and non-health agencies that work with low-SES communities and where there is a trusted relationship
- Wisconsin has a model of a statewide network on poverty and tobacco

# Social Determinants of Health

- Policies that work within the social determinants of health
  - Smokefree workplaces and other worksite wellness programs
  - Smokefree homes (multi-unit housing)
  - Smokefree public transportation
  - Medicaid coverage of cessation treatment services

# Targeting Best Practices

- Apply the best practices for comprehensive tobacco control
- Make sure each strategy is
  - Designed to impact low-SES populations
  - Reaching low-SES populations
- Example: Mass media advertising
  - Cessation ads should have actors that look like smokers
  - Ads should be placed in shows that smokers are watching

# Population-Wide Strategies

- Population-wide strategies reach low-SES. Policies have the potential for greater impact on low-SES
- Before comprehensive smokefree workplace laws, low-SES were more likely to be exposed to secondhand smoke at work
- Increasing tobacco taxes leads to greater reductions in use by low-income
  - Important to ensure that increased tax revenue goes to services for the populations most affected by tobacco use
- Consider unintended consequences, for example
  - Unequal enforcement of smokefree laws
  - Tax increase leading to sale of loose cigarettes

# Working w/ Social Service Agencies

- Tobacco programs can:
  - Find out how tobacco fits into the agency's core mission
    - Tobacco is bad for health
    - Effect of secondhand smoke on others, especially children
    - Quitting tobacco helps the family's finances
    - Employers do not want to hire smokers
    - Social justice
  - Make it easy for the agency to integrate tobacco control

# Working w/ Social Service Agencies

- Social service agencies can:
  - Support and equip the staff-
    - Train staff to do brief intervention (motivational interviewing)
    - Address staff concerns that the staff has to quit tobacco first
    - Support them when they are ready to quit
  - Add questions to intake form, e.g., Do you smoke cigarettes? Do you want to quit?
  - Create smokefree facilities
  - Start with a pilot project

# Changing Social Norms

- Changing social norms and social acceptability of tobacco use is important
- It is harder to quit if your family, friends, workmates use tobacco.
- Stigmatizing tobacco users is not a good strategy and may be particularly ineffective with low-SES populations
  - Low-SES populations may already be marginalized
  - People who feel stigmatized may be more likely to lie to doctors
- Need to continue de-normalizing tobacco without stigmatizing smokers

# Examples of Targeting Tobacco Control Activities to Low-SES Populations

- Quit Line number in mailings – Medicaid, WIC, etc.
- Smokefree multi-unit housing
- Adding secondhand smoke question to WIC assessment form
- Credit union working with recent Bosnian immigrants
- Tobacco prevention in social service agencies

# Conclusions

- Key informant interviews were a valuable way to gain insights and information
- Remember the best practices for tobacco control
  - Need to tailor best practices to low-SES communities
- Use population-wide strategies, e.g., smokefree environments, tobacco taxes
- Work with agencies serving these populations
- Integrate tobacco control into other concerns
- Emphasize changing social norms

# Next Steps

- We will complete interviews with experts by end of April
- Report for the Washington tobacco program will be completed June 30, 2008
- We will work with the WA tobacco program to develop and implement specific program recommendations based on our findings
- Looking at ways to disseminate the report's findings to other audiences in Washington and nationally

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