

Achieving Health Equity in Tobacco Control

The Truth Initiative Report

(A summary by Global Advisors on Smokefree Policy, 1-20-16)

On December 8, 2015 the Washington D.C.-based nonprofit called The Truth Initiative published a report entitled, *Achieving Health Equity in Tobacco Control*. Research was gathered and analyzed by a consortium of organizations including The U.S. Centers for Disease Control and Prevention, The Tobacco Research Network on Disparities and others. The project coincided with the 50th anniversary of the Surgeon General's report on Smoking and Health.

It was reported that despite population-based tobacco control efforts, smoking disparities exist amongst the US population. Smoking disproportionately affects some demographic groups: the lower socio-economic group, the less educated, racial and ethnic communities, populations with mental illness and substance abuse disorders, and the LGBT communities.

Unfortunately, these groups are major targets of tobacco marketing practices. Tobacco related diseases such as heart disease and cancer are quite predominant in these groups.

The report gave a summary of key findings on smoking prevalence, cessation, health effects and marketing of tobacco amongst the demographic groups most severely impacted by the tobacco epidemic.

Low socioeconomic status (SES): Studies showed that smoking prevalence was higher amongst persons living below the poverty line, and they are less likely to successfully quit smoking. The common health effects are chronic obstructive pulmonary disease and lung cancer. Women of low SES status were targeted by tobacco companies.

Education level: Studies showed that the prevalence of smoking was higher amongst persons with low levels of education, and attempts at quitting smoking tended to increase with higher level of education. Incidence of ischemic stroke was greater amongst persons with low level of education.

African American: Studies showed that smoking prevalence was higher amongst African American men when compared with African American women. African American adults tended to have more difficulty in quitting smoking. Heart disease and cancer are top leading causes of death among this group.

Asian Americans: The prevalence of smoking in the U.S. is highest amongst Asian American men, and cancer is a leading cause of death amongst this ethnic group.

Hispanic/Latino: Puerto Ricans have the highest rate of smoking. Concern of health effects on children was a motivator for the Hispanic/Latino group to quit smoking. Cancer and heart disease are leading causes of death amongst this group.

Native Hawaiians and Pacific Highlanders: The prevalence of smoking is higher among men, and youth tended to start smoking early in life.

LGBT: Studies in 2012 showed that prevalence of smoking was higher in this group than other groups. In this group, were found to have a higher smoking prevalence rates. Tobacco industry targets this group through direct advertisement in LGBT publications.

Mental Illness and Substance abuse Disorders: Data showed that 1 in 3 adults with mental illness smoke, and that persons who smoked or had substance abuse disorders were less likely to quit smoking. Top causes of death among this group are cardiovascular diseases, pulmonary diseases and diabetes mellitus.

Homeless: Studies have shown that the prevalence of smoking is higher among the homeless compared with the general population. The homeless are also less likely to quit smoking. Causes of death among them are infections, respiratory illnesses, cancers and cardiovascular diseases.

The report concluded by recommending a commitment to addressing health inequities, including creating organizational priorities for specific group disparities by advancing health equity principles. The report is at <http://truthinitiative.org/sites/default/files/Achieving%20Health%20Equity%20in%20Tobacco%20Control%20-%20Version%201.pdf>