



Identifying Outcomes and Gaps Impacting Tobacco Control and Prevention in African American Communities

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Abstract

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Keywords

African Americans; Smoking; Public Health; Leadership

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ABSTRACT

Great racial disparities exist in smoking and related health outcomes in the United States. African American (AA) smokers start smoking later and smoke less than white smokers but are less likely to quit. In 2008, the CDC's Office on Smoking and Health funded the National African American Tobacco Prevention Network (NAATPN) to focus tobacco control leadership, expertise and promotion in the AA community. In 2012, NAATPN sought to determine significant outcomes of tobacco control efforts impacting Black and AA communities by conducting a qualitative document search and series of interviews with experts in the field. Thirteen identified outcomes were categorized into five broad classifications: 1) Menthol: Emergence of menthol as a focus for advocacy, policy and research; 2) Policy and Legal: Public policy and legal action aimed at reducing tobacco usage and consumption; 3) Advocacy: Focus on national networking to facilitate growth of local, organic, and grassroots capacity in AA communities; 4) Diversity: Emergence of diversity and inclusivity as values and principles used in shaping/driving policy, advocacy, and outreach; and 5) Cessation: Creation of a cessation guide for the AA community. The identified outcomes can be used by public health practitioners in furthering their efforts to address and reduce tobacco use disparities in the AA community.

Keywords: African Americans, smoking, public health, leadership

INTRODUCTION

Tobacco use continues to be the largest preventable cause of disease in the United States, with 480,000 Americans dying each year (US Department of Health and Human Services, Services, 2014). Of these deaths, 45,000 are African Americans (Schmidt, 2015), and tobacco kills more African Americans each year than AIDS, homicide, and drug and alcohol use combined (Robinson, Sutton, James, & Orleans, 2003). In 2012, 18.1% of African American adults were current smokers, with multiple disparities existing in smoking and related health

outcomes between Blacks and Whites. For instance, African American smokers start smoking later than white smokers and smoke less than white smokers, but African Americans are less likely to quit, thus making them more likely to be long-term smokers (Gadgeel & Kalemkerian, 2003). African Americans have lower lung cancer survival rates than whites, with 13% of African Americans surviving five years past a diagnosis compared to 16% of white smokers (American Cancer Society, 2013). The incidence rate of lung and bronchus cancer is 20% higher in African American men than in White men (American Cancer Society, 2013).

The Surgeon's General Report states a differential risk for tobacco addiction among racial and ethnic groups, with African Americans bearing the greatest tobacco-related health burden. Differences in risk are associated with different pattern of smoking (CDC's Office on Smoking and Health, 1998). Complex interactions of various factors contribute to tobacco use behavior. These factors include but are not limited to socioeconomic status (SES), cultural characteristics, targeted advertising from tobacco industry, and the community's capacity to implement effective tobacco control initiatives (CDC's Office on Smoking and Health, 1998). Many African American communities face social and economic inequalities that contribute to and magnify health disparities and create a higher burden of disease. African American communities have higher rates of poverty, are less likely to have a usual source of medical care, have higher rates of being uninsured and underinsured, and have increased exposure to secondhand smoke due to higher rates of the population being a part of the industrial work force (Tong & Lew, 2013).

Recognizing that such disparities exist within the African American community and other vulnerable populations, the Centers for Disease Control and Prevention's Office on Smoking and Health (OSH) began funding a National Tobacco Control Program (NTCP) in 1998 to reduce tobacco use. The funding recipients consisted of states, territories, tribes, and national organizations. OSH added to the NTCP by funding six National Networks representing African American, American Indian/Alaska Native, Asian American/Pacific Islander, Hispanic/Latino, LGBT (lesbian/gay/bisexual/transgender), women and youth, and low socio-economic populations (National African American Tobacco Prevention Network, n.d.). OSH hopes ultimately to reduce many of the health disparities in tobacco use by combining policy, regulation, mass media counter-marketing campaigns, community engagement, advocacy, and smoking cessation (Green et al., 2006)

To better understand the outcomes and gaps associated with tobacco control efforts among the African American community, the National African American Tobacco Prevention Network contracted with the Tobacco Prevention and Evaluation Program (TPEP) at the University of North Carolina to systematically assess outcomes and gaps in tobacco control for the African American community. In this study, experts provided clarity on identified outcomes and formulated gaps or opportunities for further action.

METHODS

Document Review

We systematically searched journal databases and the internet using a combination of terms, including "African American," "minority populations," "tobacco control," and "tobacco policy." Databases searched included Ebsco Academic Search Complete, PubMed, and Google Scholar, followed by a search of grey literature using the Google search engine. Search engine results were systematically accessed and explored, including links leading to additional

information. In addition to websites, the internet search led to the identification of newspaper articles, conference presentations and reports, action tool kits, litigation paperwork, blogs, etc. We recorded, catalogued and reviewed each website to develop a comprehensive listing of tobacco control efforts in African American communities.

Interviews

To supplement results from the document review, we sought to develop a consensus amongst a cohort of professionals with expertise in tobacco control within the African American community. To do this, we interviewed and collected survey responses from experts over a series of rounds, modeling the process after the Delphi Technique, a method designed for gathering data from respondents within their domain of expertise (Hsu & Sandford, 2007). Research staff conducted initial interviews with two leading African American tobacco control activists and researchers to identify tobacco control outcomes, as well as to identify further experts in the African American community. Using results from the first round of two interviews, a preliminary questionnaire was sent to nine additional experts (N=11) to gather feedback and to identify other impactful tobacco control events or activities conducted in tobacco control in the African American community. This controlled feedback process consisted of a well-organized summary of prior responses, allowing each participant an opportunity to generate additional insights and more thoroughly clarify the information developed by previous interviews. Responses from the questionnaires were synthesized into a list of major outcomes. With each round (or iteration of questions), we collected and expanded upon the previous round of collected information. This approach provided a consensus of opinion on tobacco control and prevention outcomes in the African American community. Methods of communication included email, phone calls, and in-person interviews.

RESULTS

Data from interviews and qualitative document searches (Table 1) yielded a range of accomplishments, outcomes, and significant impacts that reflected five broad themes:

1. Emergence of menthol as a focus for advocacy, policy and research;
2. Public policy and legal action in African American communities aimed at reducing tobacco usage and consumption;
3. Focus on national networking aimed at bringing together local groups under one umbrella and facilitating growth of local, organic, and grassroots capacity in African American communities;
4. Emergence of diversity and inclusivity as values and principles used in shaping/driving policy, advocacy, and outreach; and
5. Creation of cessation materials targeted for the African American community.

Table 1. Qualitative Document Search, November 1998-April 2012

Type of Resource	# of Resources
National, State, and Local Presentations	24
News/Press Releases	23
Journal Articles	15
Reports	7
Toolkits	3
Legislation/Policy Documents	2

Emergence of menthol

Two national conferences focused on menthol and its contribution to racial disparities in smoking and tobacco use. The first Menthol Conference, held in 2002, set the tone for looking at menthol and its role in addiction and initiation, as well as set the research agenda for future study of the effects of menthol cigarettes (US Department of Health and Human Services, 2002). The second Menthol Conference, held in 2009, reviewed the progress made in menthol research and tobacco control policies and served as an opportunity to update the research agenda and develop a strategy for addressing prevention and cessation for menthol cigarettes (Gardiner & Clark, 2009). The Tobacco Products Scientific Advisory Committee report submitted to the FDA in 2011 stated that the “removal of menthol cigarettes from the marketplace would benefit public health in the United States” in the fight against menthol cigarettes (Food and Drug Administration, 2011).

Policy and Legal

Public policy and legal action aimed at reducing tobacco usage and consumption in the African American community emerged as a prominent theme due to the Tobacco Master Settlement Agreement (MSA) of 1998. With the MSA came a host of regulations and restrictions on the advertising, marketing, and promotion of cigarettes, e.g. prohibition of most outdoor advertising of cigarettes, advertising of cigarettes in public transit facilities, use of cartoons in tobacco advertising, and branded merchandise (Public Health Law Center, 2014). The MSA paved the way for integration of the tobacco control movement, and in particular, settlement monies were set aside to work with and in communities of color. A significant outcome was the development of the American Legacy Foundation, created and funded by monies from the MSA (“Legacy: Our History,” 2014) and which specifically targets vulnerable populations, including youth, low-income individuals, and racial, ethnic, and cultural minorities. During this same time period, the National Network Initiative was created, as described above, to address national disparities within specific target communities (The Center for Tobacco Policy Research, 2008).

Advocacy

Advocacy is a focus on national networking aimed at bringing together local groups under one umbrella and facilitating growth of local, organic, and grassroots capacity in African

American communities. One grassroots effort that occurred within this community is the development of community specific and culturally competent marketing tools such as *Spoof Cards* (e.g. Joe Cancer, Fool); *The Wall* – an art installation showcasing prominent African Americans who died from complications due to smoking; and *Follow the Signs* – a training module highlighting product placement strategies used by tobacco companies to increase menthol use, youth access to tobacco, and nicotine addiction (“Follow the Signs,” 2012). Another grassroots effort was the development of training modules and toolkits for tobacco control novices, as many individuals and groups doing tobacco control work at the grassroots level are often not public health professionals.

Community-specific marketing campaigns, such as the Uptown Campaign grassroots effort spearheaded by and for the African American community, significantly changed the landscape and helped stop the tobacco industry from selling targeted products in some Black communities (Foster, 1990).

Diversity

Diversity emerged as a theme, with a particular emphasis on diversity and inclusivity as values used in shaping and driving policy, advocacy, and outreach efforts within African American communities. A major component of this particular effort was the building of social capital across African American leadership throughout the nation, facilitated by the CDC/OSH funding of National Networks, advocacy campaigns, national conferences and African American focused conferences. With limited financial support, African American leadership collaborated with advocates in multiple states and organized tobacco control conferences, forming the basis for education and advocacy around tobacco prevention. The two National Menthol Conferences successfully leveraged social capital to address tobacco use disparities. By engaging African American churches, as well as faith-based and community-based organizations, in tobacco prevention and control initiatives, advocacy and outreach efforts were able to be more targeted towards minority populations.

Cessation

A culturally competent cessation guide for African Americans was created, called Pathways to Freedom (Robinson et al., 2003). Pathways included topics such as cigarette-smoking patterns among African Americans, culturally appropriate strategies to quit, the role of prayer and faith in helping people quit, and messages that nonsmoking friends and relatives could use to help smokers quit. Over one million copies of Pathways were distributed nationally as part of an American Cancer Society Pathways to Freedom Community Demonstration Project launched in 1992 to help eliminate the disparity between Black and White tobacco-use prevalence (CDC’s Office on Smoking and Health, 1998).

DISCUSSION

Important strides have been made towards reducing disparities related to tobacco use, in large part due to the hard work of the many individuals in the field. By using a retrospective document review and key informant interviews modeled after the Delphi technique, we were able to identify five themes that reflect specific areas of progress in tobacco control efforts in African American communities over the last several decades. The first steps included identifying specific disparities and then taking policy and legal action to address them (i.e. creation of the

MSA and the National Network Initiative); additionally, the emergence of menthol as a targeted issue helped to focus tobacco control efforts towards advocacy in the African American community. Finally, the use of macro-level approaches combined with local, grassroots advocacy efforts and directed education assisted in the success of addressing disparities in the African American community.

This study identified the use of menthol flavoring in cigarettes as a primary topic in tobacco control efforts among the African American community. Research links menthol cigarettes to increased smoking initiation, sustained smoking behavior, and targeted marketing practices of the tobacco industry. The industry continues to market menthol cigarettes through channels that target vulnerable population subgroups, including African Americans and youth (Richardson et al., 2014). Smoking menthol cigarettes appears to be associated with reduced likelihood of quitting smoking successfully, especially for African American female smokers (Smith, Fiore, & Baker, 2014). This is of particular interest as evidence suggests that the tobacco industry knew consumers perceived menthol as healthier than non-menthol cigarettes and proceeded to market them as such to attract potential users (Anderson, 2011). The second Menthol Conference sought to address issues of greater morbidity and mortality, along with growing evidence of increased uptake of smoking, sustained and increased addiction, increasing potential of relapse, and undermining social justice by the constant targeted marketing of menthol products to African Americans (Gardiner & Clark, 2009). Since initial efforts at addressing menthol, advocating for the Food and Drug Administration (FDA) to eliminate menthol in cigarettes remains a priority among African American public health leaders and National Networks like NAATPN.

Data from this study further identified policy efforts and legal action, including the 1998 MSA, as an important step in reducing tobacco use in the African American community. However, despite the promise of MSA dollars, this policy did not materialize into comprehensive tobacco control efforts nationwide. This may be because most state legislatures supported diversion of MSA funds from tobacco control efforts to other non-tobacco related activities (Jayawardhana, Bradford, Jones, Nietert, & Silvestri, 2014). While tobacco control policymakers viewed the MSA payments as funds that should be allocated towards tobacco prevention activities, not all state legislatures shared this point of view (Jayawardhana et al., 2014).

Although the preventative actions following the MSA bolstered the decline in smoking prevalence among African Americans and whites (Mantey, 2014), it did very little to prevent the industry from continuing to target disadvantaged and underserved population. In retrospect, the MSA litigation did not provide for strong advertising and regulatory restrictions, which may have had a greater sustained impact on smoking prevalence (Mantey, 2014). Today tobacco control initiatives are more likely to be funded at the federal level with the Family Smoking Prevention and Tobacco Control Act (Jones & Silvestri, 2010). Policy and legal action protecting African Americans originating with the FDA is yet to be fully realized.

Next, experts identified advocacy efforts as being as important to moving forward and increasing tobacco-free policies in African American communities. Such advocacy has traditionally been accomplished through grassroots activities ("Follow the Signs," 2012). Increasingly, organizations like NAATPN are working with community organizations to implement new advocacy strategies. Successful tobacco control advocacy strategies include communicating with policymakers regarding tobacco control policies, building relationships with policymakers, educating and involving community members, and framing the message by

emphasizing economic data and highlighting the benefits of tobacco control programs as being grounded in the values held by the policymakers (Schmidt, Ranney, & Goldstein, 2014).

History shows advocacy to be a successful means of accomplishing policy-related goals (Mark, Sanders, Mitchell, Seale, & Richmond, 2014). For example, coordinated advocacy efforts at the local government level resulted in adoption of smoke-free outdoor policies despite lack of state legislation in New South Wales (Mark et al., 2014). Such coordinated advocacy efforts between local government health organizations have the potential to influence higher levels of government, resulting in smoke-free policies (Mark et al., 2014). Advocacy is an ongoing process and leaders in African American communities continue to reach out to policymakers to reduce secondhand smoke exposure, eliminate the sale of mentholated tobacco products, and build strong grassroots efforts to counter predatory marketing tactics.

Looking to the future, tobacco control advocacy may increasingly occur through social media; Facebook and Twitter are ideal platforms from which to monitor and counter tobacco industry marketing targeted at African Americans and simultaneously generate awareness and momentum against tobacco sponsorship (Hefler, Freeman, & Chapman, 2012). The use of social media can be effective in educating a vast group of people on a certain topic and, to a certain extent, can also be used to mobilize individuals towards action (Guo & Saxton, 2013), and African American health organizations should begin to leverage social media as an advocacy tool for addressing tobacco control at the community, state, and national levels. NAATPN has increased social media efforts by expanding its platform to include website, Facebook, Twitter, and Instagram. The strength and reach of their National Network has grown primarily through targeted use of social media (Tobacco Prevention and Evaluation Program, 2015).

Building social capital is essential to developing trust, cooperation, and reciprocity in African American communities. CDC funding of national networks such as NAATPN, National Menthol Conferences, and collaborative initiatives with faith-based organizations in tobacco prevention and control are all means of developing social capital among African Americans. Garnering social capital also includes understanding the issues that concern African Americans, building capacity through coalitions, strengthening existing relationships, and building new relationships that will advance actions to reduce tobacco use (Lew, Martinez, Soto, & Baezconde-Garbanati, 2011). It is important to involve African American community members in the initial planning for policy changes, in new FDA regulations around tobacco use and to recruit leaders to help advance community readiness to engage in tobacco control (Lew et al., 2011). To inform future tobacco control efforts such as the elimination of menthol flavoring in tobacco, African American leaders must reconcile the smokers' "freedom to choose" arguments with public health efforts to protect African American health (Cheyne, Dorfman, Daynard, Mejia, & Gottlieb, 2014). African American leadership should engage the community on tobacco control issues that are central to their community and voice one clear, cohesive message in instances where regulatory action is the preferential outcome.

Public health professionals recognize the need for culturally-specific strategies to address tobacco health disparities (David, Cruz, Mercado, & Li, 2013). The Pathways to Freedom resource delivers culturally competent tobacco messages and cessation treatment to African Americans (CDC's Office on Smoking and Health, 1998). However, studies investigating the efficacy of culturally-specific tobacco treatment material (i.e., Pathways to Freedom and The Harlem Health Connection's Kick-It Video) are mixed (Nollen et al., 2007). While findings from the culturally-targeted video did not support increases in cessation, participants were more likely

to read targeted cessation materials (Nollen et al., 2007). Using culturally-specific materials and training methods increases the relevance of the material to the target population (David et al., 2013); this may encourage people who smoke to move from the pre-contemplation to contemplation stages of quitting (Prochaska & Velicer, 1997).

Our study findings may be limited by the narrow scope of search terms used to conduct the literature review; however, the number of databases and types of documentation included increases the likelihood of capturing a variety of relevant tobacco control literature. The Delphi method is limited by the quality and expertise of the participants involved in the iterative interview process. We implemented a valid selection process of identifying two leaders in the field and subsequent experts via a referral process. The Delphi interview technique allows for consensus on a large scale and provides powerful information on future trends.

Future research should probe deeper and include focus groups or traditional interview methods to further identify existing gaps in tobacco control efforts among the African American community, as well as barriers that prevent progress in each of the five identified themes.

CONCLUSION

Despite efforts over the last 50 years to combat disparities, African Americans continue to shoulder a large portion of the national burden of tobacco use and associated health outcomes. One key to the long-term success of tobacco control and prevention efforts specific to the African American community is to understand the impact of past and current outcomes of these efforts. In doing so, public health practitioners can assess the efforts at a macro level and then identify programmatic strengths, weaknesses, and gaps at a more focused and specific level. The accomplishments and outcomes identified through this study can be used by public health practitioners in furthering their efforts to address—and hopefully reduce—tobacco use disparities in the African American community.

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