Reducing Smoking in Disadvantaged, Racialized, and Minoritized Populations

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8:30am-8:55am

Goals for Today

1

Describe what **social justice** is and its role in reducing tobacco-related health disparities.

2

Discuss how **racism** and other **"isms"** impact health care.

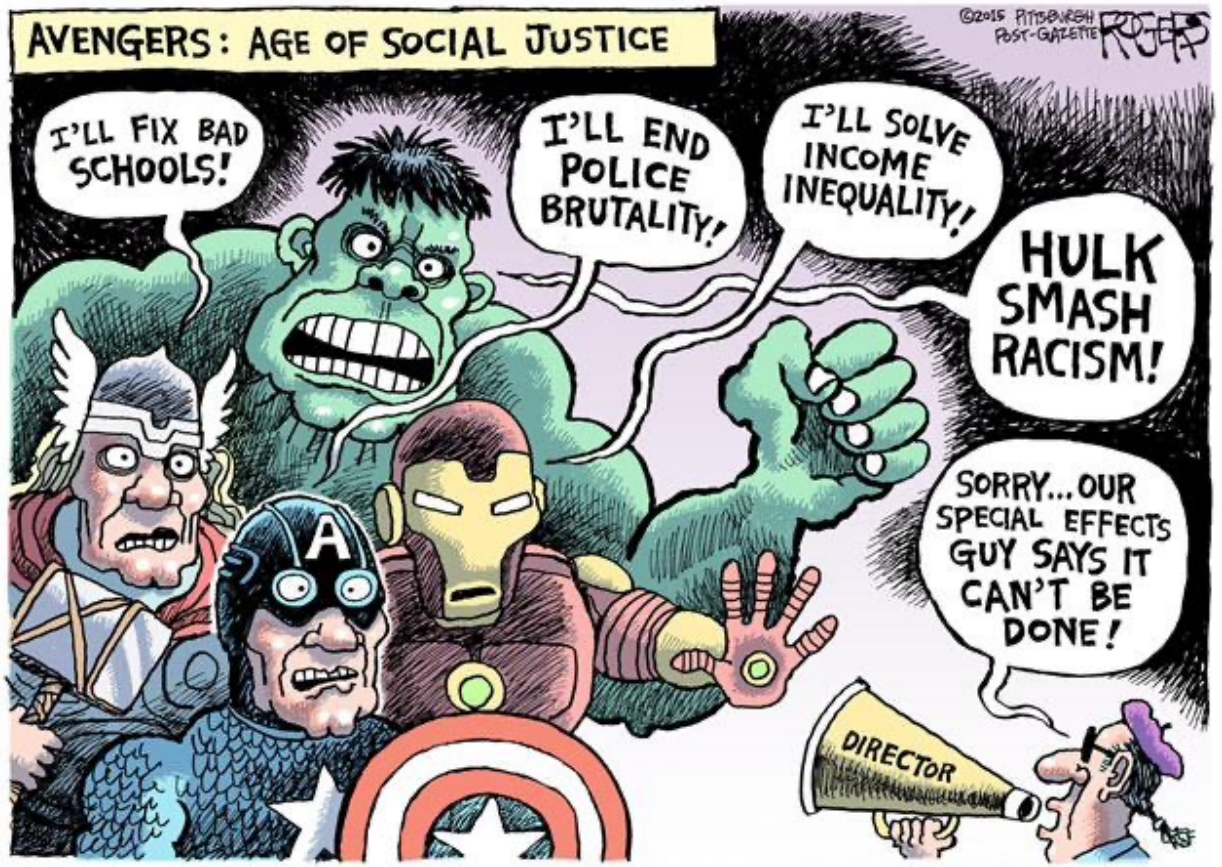
3

Discuss preliminary results from the FRESH Study which primarily includes menthol smokers.

Disclosure Statement

I have no disclosures.

A **Social Justice** approach is needed to eliminate tobacco related health disparities



What is social justice?

- **Social justice** is focused on improving the lives and wellbeing of historically marginalized, minoritized, racialized, and oppressed groups that face racism and discrimination because of their phenotype (skin color), ethnicity, age, sex, religion, geography, nationality, sex and gender identity and other characteristics.

- Essential dimensions of social justice include: health, knowledge and understanding, personal security, equal respect, personal attachment, self-determination.

- Social justice approaches identify interlocking patterns of disadvantage that systematically marginalize population groups (Powers and Faden, 2006, 2019).

- The identification of interlocking social determinants generates critical discussions among stakeholders on problems facing communities and helps researchers identify knowledge gaps and formulate hypotheses that embed critical issues related to social determinants in research.

Essential Wellbeing Elements of Social Justice (Powers and Faden, 2019)	
Health	A distinct moral concern that involves both mental and physical health that cannot be secured without institutional support, social arrangements that allow for research, education and training to facilitate the delivery of health care and public health service.
Knowledge and Understanding	Having a broad set of skills and abilities to understand the world that results in understanding, knowing, and good judgment. It is depending on institutional structures that facilitate the transmission of knowledge.
Personal Security	A feeling that is absence of fear of physical and psychological abuse that is dependent on institutions and policies that facilitate physical and emotional safety.
Equal Respect	Being recognized and treated as a moral being deserving of equal moral standard. This includes the absence of social and economic marginalization and cultural stigmatization. Social institutions are the primary mechanism by which individuals or social groups are recognized as worthy.
Self-Determination	Includes the cultivation of the capacity for self-direction and the value for people to live a successful life. It depends on social structures and institutions that allows them to control basic aspects of their lives.
Personal Attachments	Having deep bonds (friendships, relationships, family relations) that allow people to experience loving and being loved by others. Institutional arrangements and social values can be antagonistic making these personal relationships difficult.

Levels and domains that influence tobacco-related disparities

NIMHD Levels and Domains of Influence
Societal Health and social policies, structures to support chronic disease prevention, social norms related to academic-community partnerships and equity in research, societal racism and discrimination, including place-based discrimination in rural areas
Community Chronic disease illnesses, risk exposure to tobacco diet/obesity, alcohol, functioning related to assets to prevention chronic diseases, environment and resources to support prevention and research in the region, local structure in rural communities to support engagement, preventive services, community and institutional racism and discrimination
Interpersonal Interactions and relationships building among academic and community peers, work functioning and environments to support disparities research with a social justice lens, social networks, microaggressions, interpersonal racism and discrimination
Individual Health behaviors, coping, personal environment, sociodemographics, cultural identity, health literacy, response to racism and discrimination, internalized racism, racial privilege, unconscious bias

The National Institutes of Health has acknowledged that structural racism is an underlying current of health.

NIH Statement on Historic Racism, 2021

“Historical racism has led to the marginalization and oppression of Indigenous peoples, African Americans, Latinos, Asian Americans, Pacific Islanders, Native Hawaiians, and other communities of color. This discrimination has extended to sexual and gender minorities. Structural racism has resulted in persistent health disparities, poor health status, and premature mortality as demonstrated by the current disproportionate burden of morbidity and mortality from COVID-19. Within the biomedical research enterprise, structural and institutional racism has resulted in inequitable access to funding, training, and workforce opportunities. NIH is in a position of influence to contribute to positive, visible, and sustainable change to break the cycle of institutional racism with systems, policies, social norms, and practices that remove stereotypes and mitigate the pervasive effects of racism. We must practice science in a way that ensures employing the full breadth of talent and with attention to any unintended consequences of our research that might amplify health disparities.”

The acknowledgement of structural racism is the first step.

This then leads to an understanding of why a social justice approach is necessary and unavoidable for institutions.

Change begins with institutions the social structures that impact the 6 elements of social justice.

Reducing Tobacco Exposures Among African American Socially Disadvantaged Women Caregivers in the Arkansas Delta Region

This study was funded by the National Institute on Minority Health and Health Disparities
award number U54MD002329-05

Families
Rising to
Enforce
Smokefree
Homes

FRESH

Keeping It FRESH!

Underlying Assumptions

- Policies are important strategy to protect disparate populations from tobacco smoke exposure and smoking.
- We do not yet have a ban on menthol, which is most commonly used by African Americans.
- Need to continue to push other policies that may be helpful while we wait for federal policies.
- In Tobacco Nation States like Arkansas and that have pre-emption related to any policies except clean indoor air policies, federal policy is our best chance to eliminate disparities.

Description of the FRESH Study

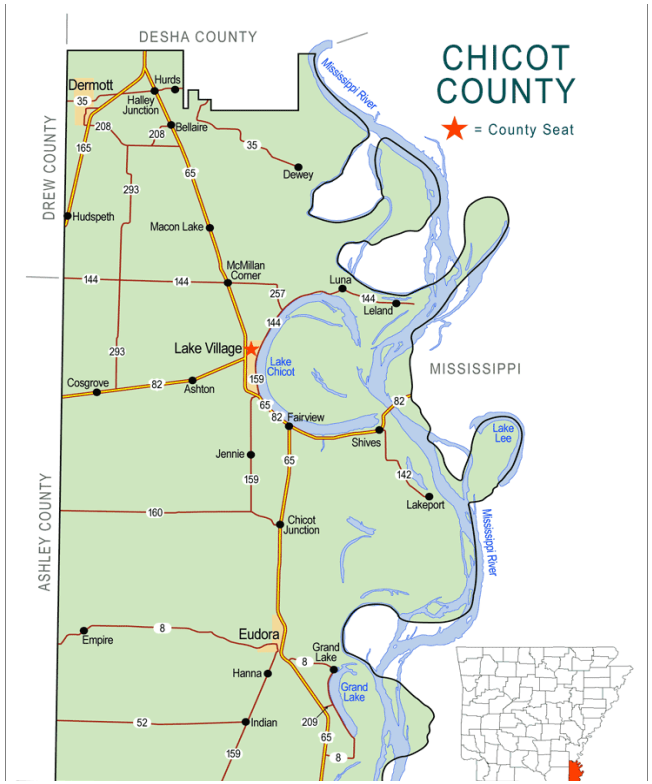
The FRESH study is an ongoing, randomized controlled behavioral intervention trial that aims to increase comprehensive smokefree policies in the home as a primary outcome and quitting smoking as a secondary outcome (clinical trial # NCT03476837) among those eligible in the intervention counties.

In 2019, the Families Rising to Enforce Smokefree Homes (FRESH) study began recruiting Black/African American women caregivers who are current cigarette and/or little cigar and cigarillo (LCC) smokers and reside in Lee and Philips counties in rural Arkansas.

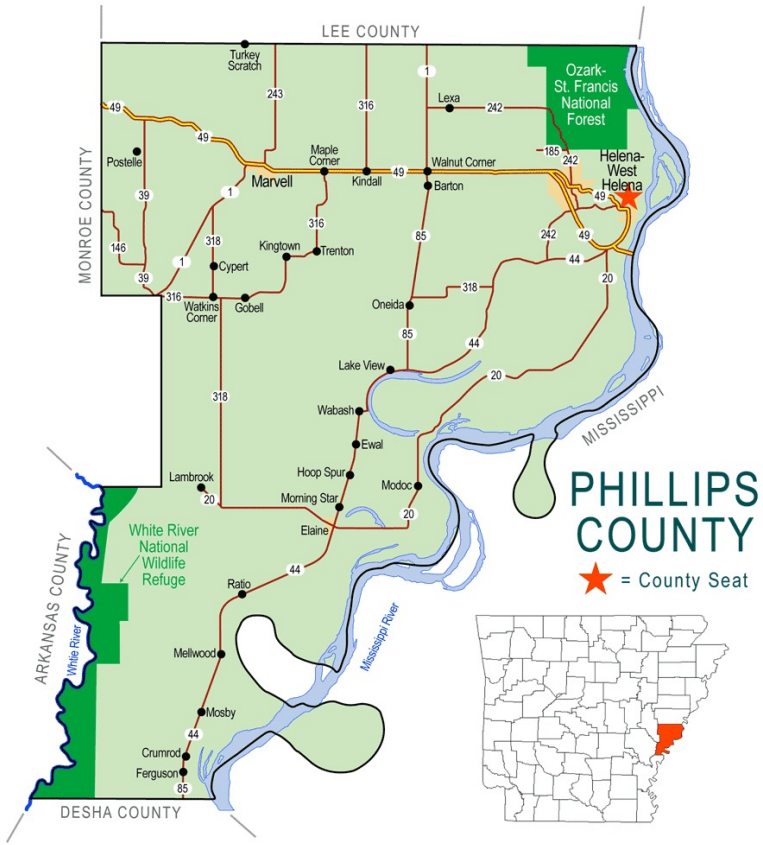
The study recruited Black/African American women caregivers who currently smoke cigarettes and/or LCCs and reside in rural, low-resource counties.

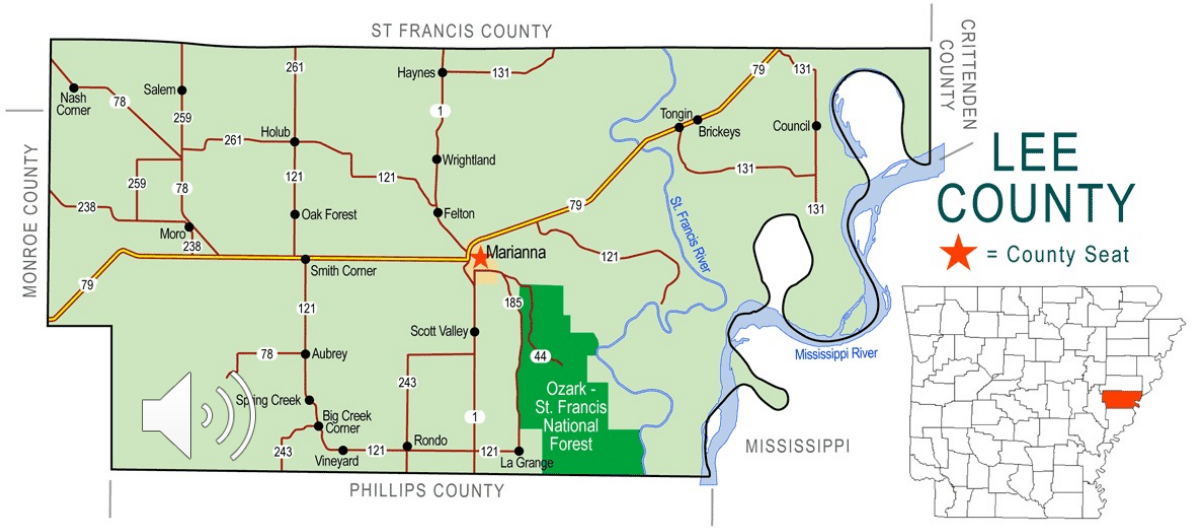
The sample was recruited from Lee and Phillips counties located in the Delta region of Arkansas, where smoking prevalence is approximately 29% and 27%, respectively and the population count is less than 20,000 residents in each county.

Formative Research Counties



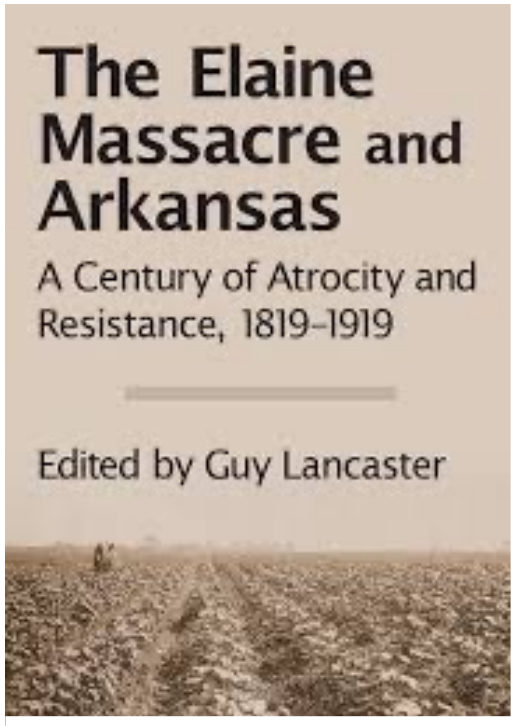
Intervention Counties





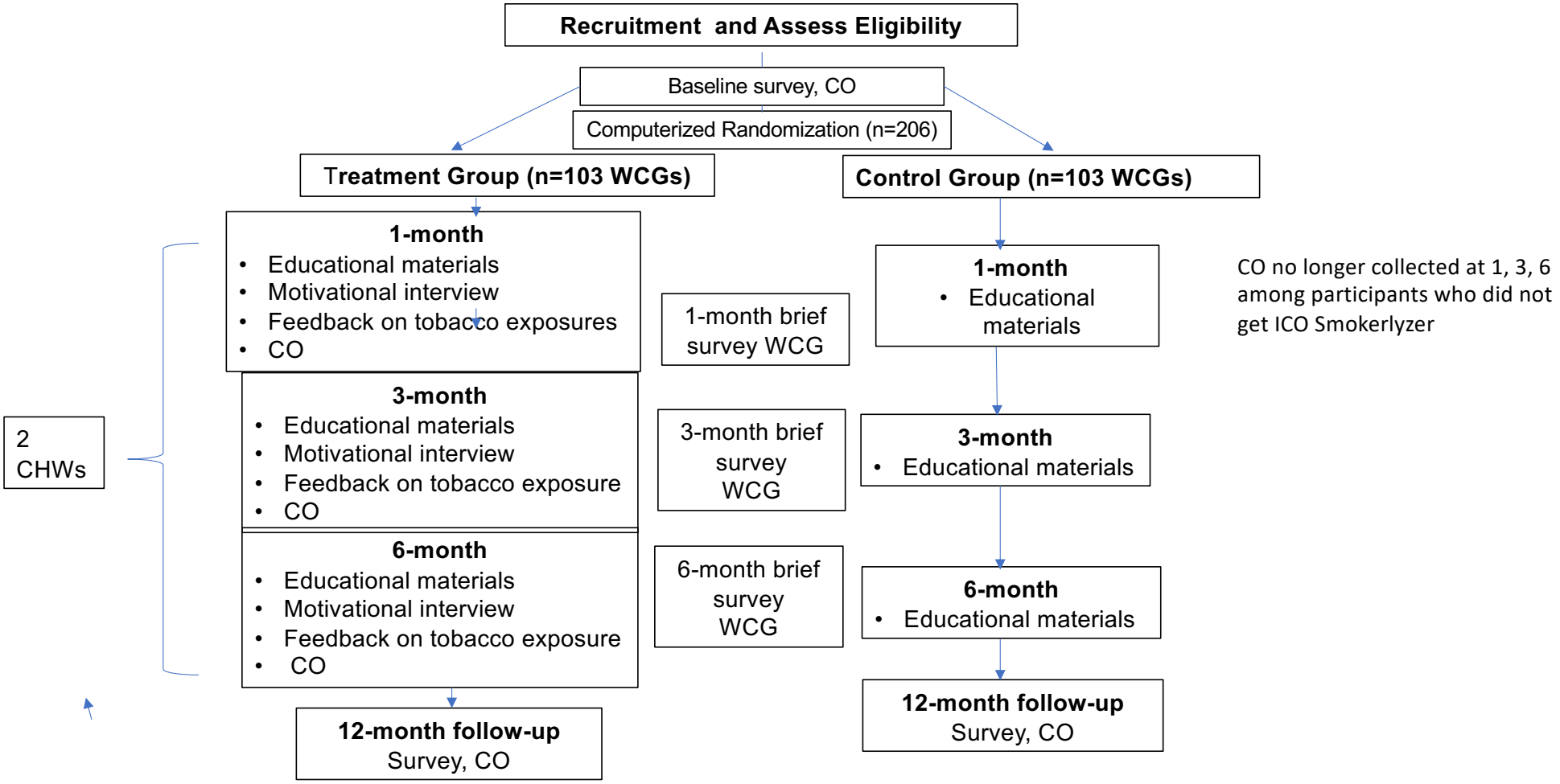
There are huge provider gaps in these counties:

Lee Co. 3340:1 (patients per primary care provider)
Phillips Co. 2901:1

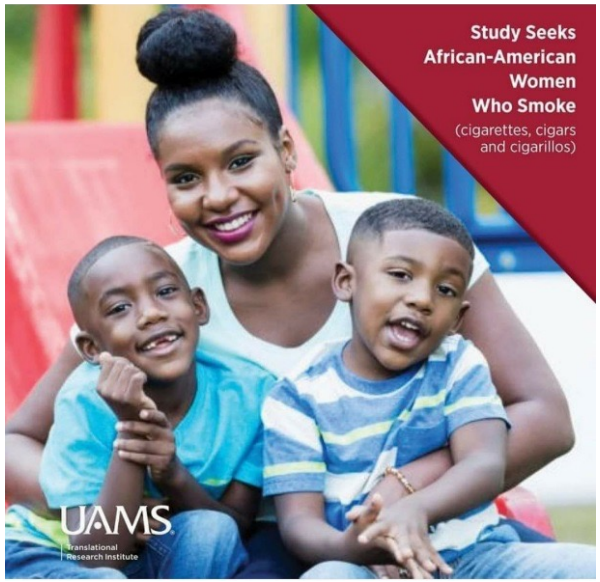


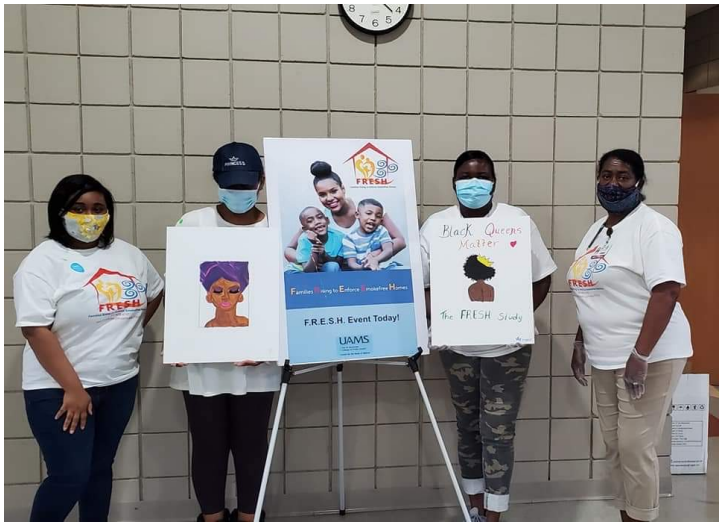
Elaine Massacre

Figure 1. FRESH Intervention Model – COVID-19



Recruitment Strategies and COVID-19





Keeping it FRESH!

Volunteer Board in Helena (Phillips Co.)

The **purpose** of the Volunteer Advisory Board will be to help the F.R.E.S.H research study staff recruit and enroll women into out study.

The **mission** of the F.R.E.S.H Volunteer Advisory Board is to assist F.R.E.S.H research study staff with the implementation of the project through recruitment.

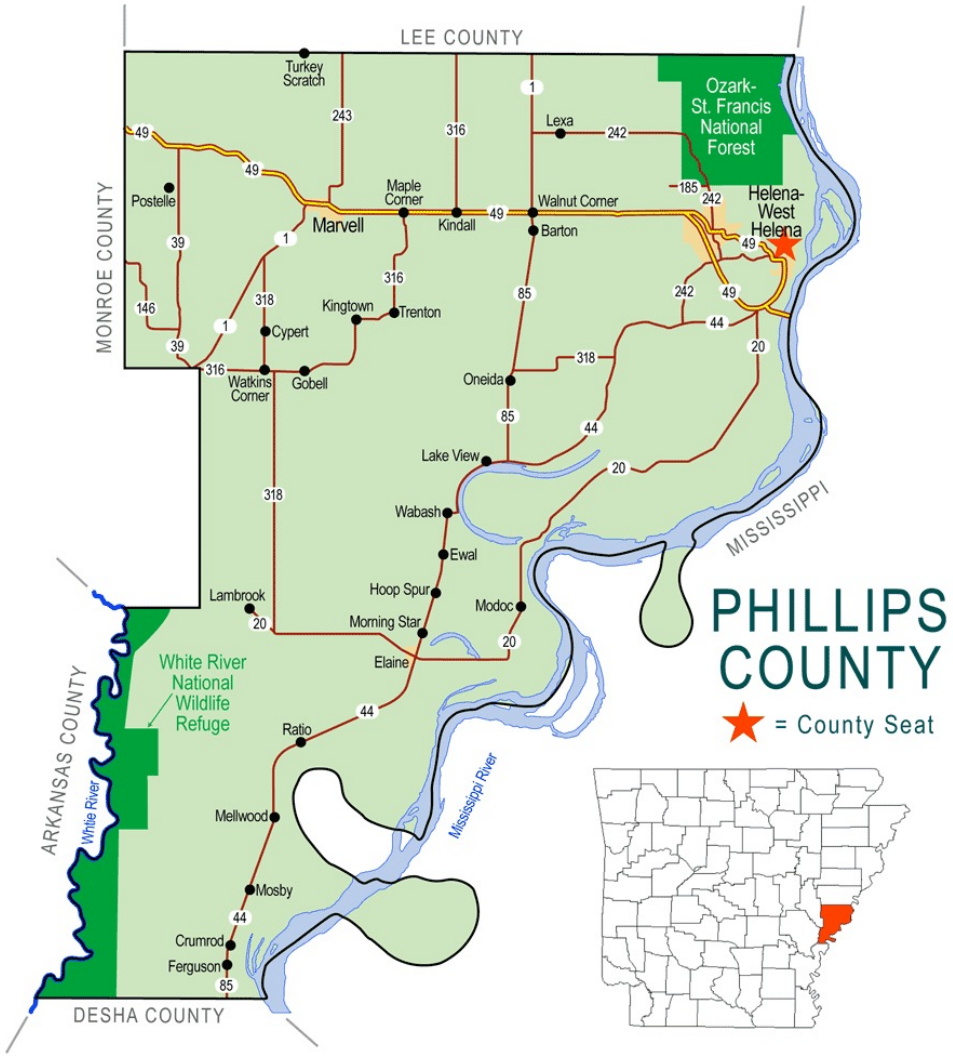


Figure 3. Total # of recruitment activities and # client successful referrals to the study Feb 2020 to May 2021

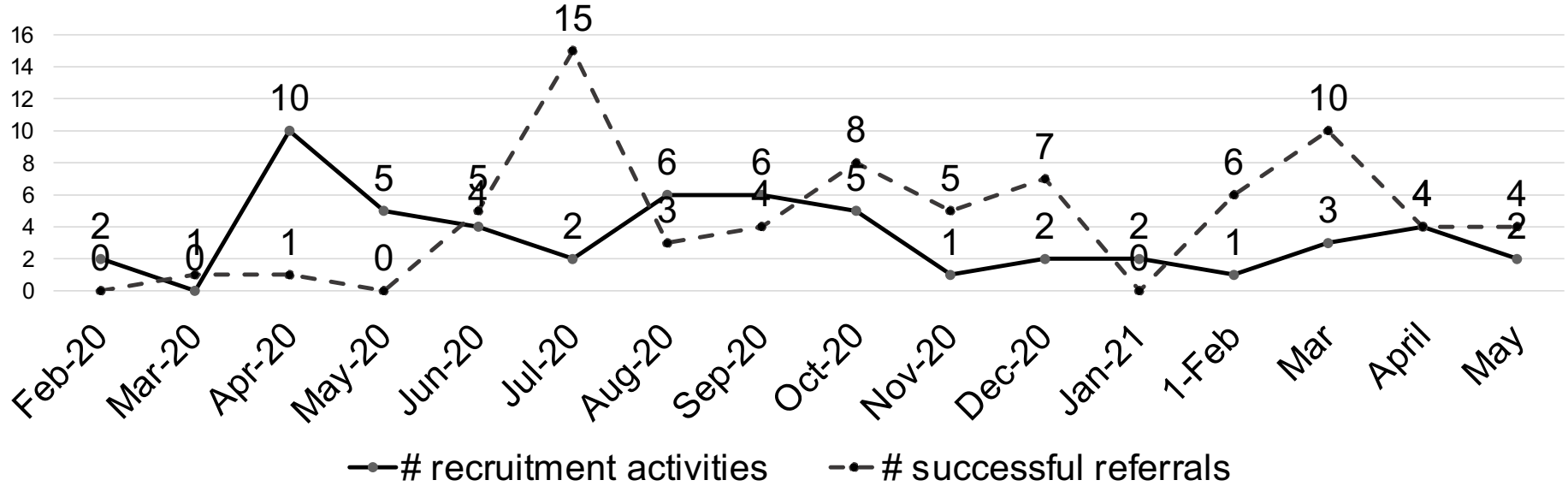
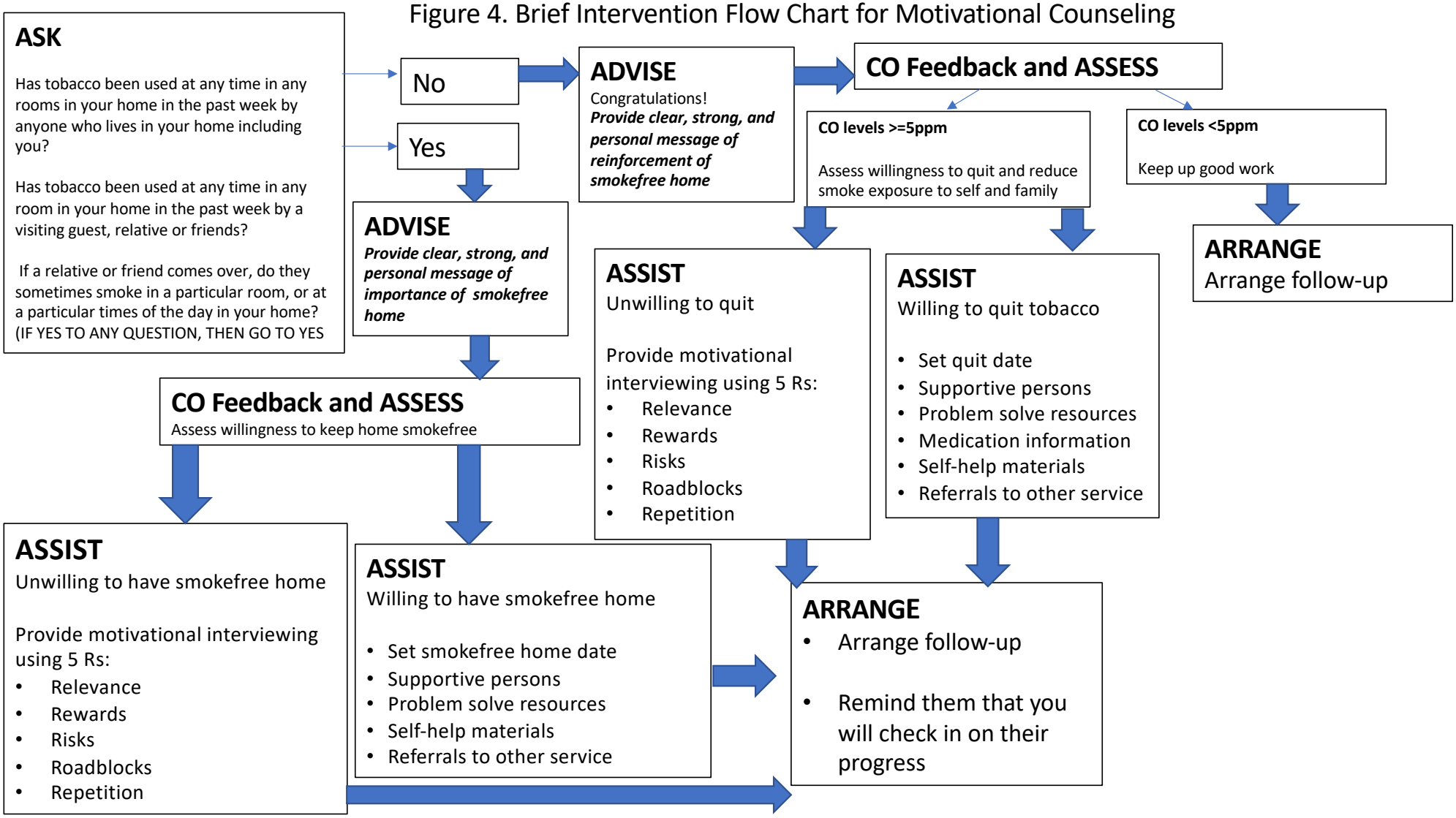


Figure 4. Brief Intervention Flow Chart for Motivational Counseling



Sample of educational materials at 1,3, and 6 months

Quittin' Ain't Easy, but There's Help

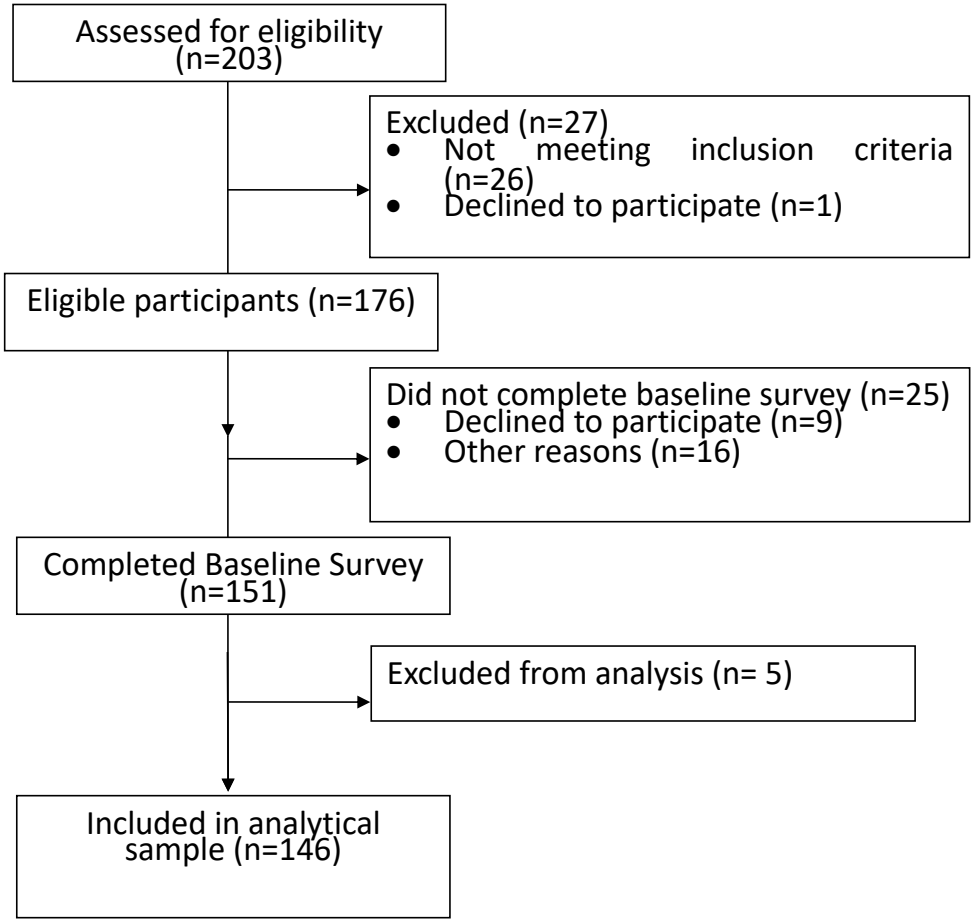
A photonovella sponsored by the Black Health Block and the UAMS Center for the Study of Tobacco

the black health block

UAMS
Fay W. Boozman College of Public Health
Center for the Study of Tobacco

Hey Erica! Do you have a cigarette? My nerves are bad!
Girl, no! I stopped smoking Newports over 9 months ago. Jackie, it was the best decision that I have ever made.
I tried to stop. It is just so hard. I don't know how you did it.
I was scrolling on Facebook one day and ran across this page called Smokefree.women. It is a community of women who provide tips on quitting. They even share their personal stories about quitting. It helped me out a lot.
And that is all it took?
I wish! It took five tries before I quit smoking. Someone posted 1-800-QUIT-NOW on the Smokefree.women Facebook page. I called and spoke to a counselor who helped me to understand my addiction to menthol cigarettes. The counselor helped me to develop a plan to quit menthol cigarettes.

Figure 5. Number of participants screened for eligibility and enrolled in FRESH as of July 26, 2021.



- 86% of women smokers screened were eligible
- 86% of women smokers eligible for the study completed the baseline survey enrolled

Table 1. Sociodemographic Characteristics of Black/African American Women Smokers by Menthol Smoking Status (n=146)

Sociodemographic Characteristics	**Overall Sample % (n) or M (SD)**	**Current Menthol Smoking Status (cigarette or LCC) % (n) or M (SD)**	
		Any Menthol	Non-menthol
		69.2 (101)	30.8 (45)
Age	33.3 (8.7)	34.3 (8.1)	31.2 (9.7)
Sexual Orientation			
Heterosexual/Straight	73.6 (106)	71.7 (71)	77.8 (35)
Gay/Lesbian/Bisexual/Other	26.4 (38)	28.3 (28)	22.2 (10)
Body Mass Index (BMI)	32.2 (9.6)	31.9 (10.3)	32.7 (7.7)
Employment Status			
Full-time	20.7 (30)	19.0 (19)	24.4 (11)
Part-time	16.6 (24)	13.0 (13)	24.4 (11)
Do not currently work for pay	62.8 (91)	68.0 (68)	51.1 (23)
Insurance Status			
Insured	81.1 (116)	78.6 (77)	86.7 (39)
Uninsured	18.9 (27)	21.4 (21)	13.3 (6)
Enrolled in Degree Program			
Yes	15.9 (23)	13.0 (13)	22.2 (10)
Education*			
Less than high school	26.9 (39)	31.0 (31)	17.8 (8)
High school or GED	48.3 (70)	51.0 (51)	42.2 (19)
Some college or associates degree	24.8 (36)	18.0 (18)	40.0 (18)
Annual Household Income			
<$10K	65.5 (95)	64.0 (64)	68.9 (31)
Received SNAP Benefits in Past Year			
Yes	81.4 (118)	84.0 (84)	75.6 (34)

Figure 6. Baseline quitting behaviors among African American women smokers who reside in rural Arkansas Delta counties (n=74)

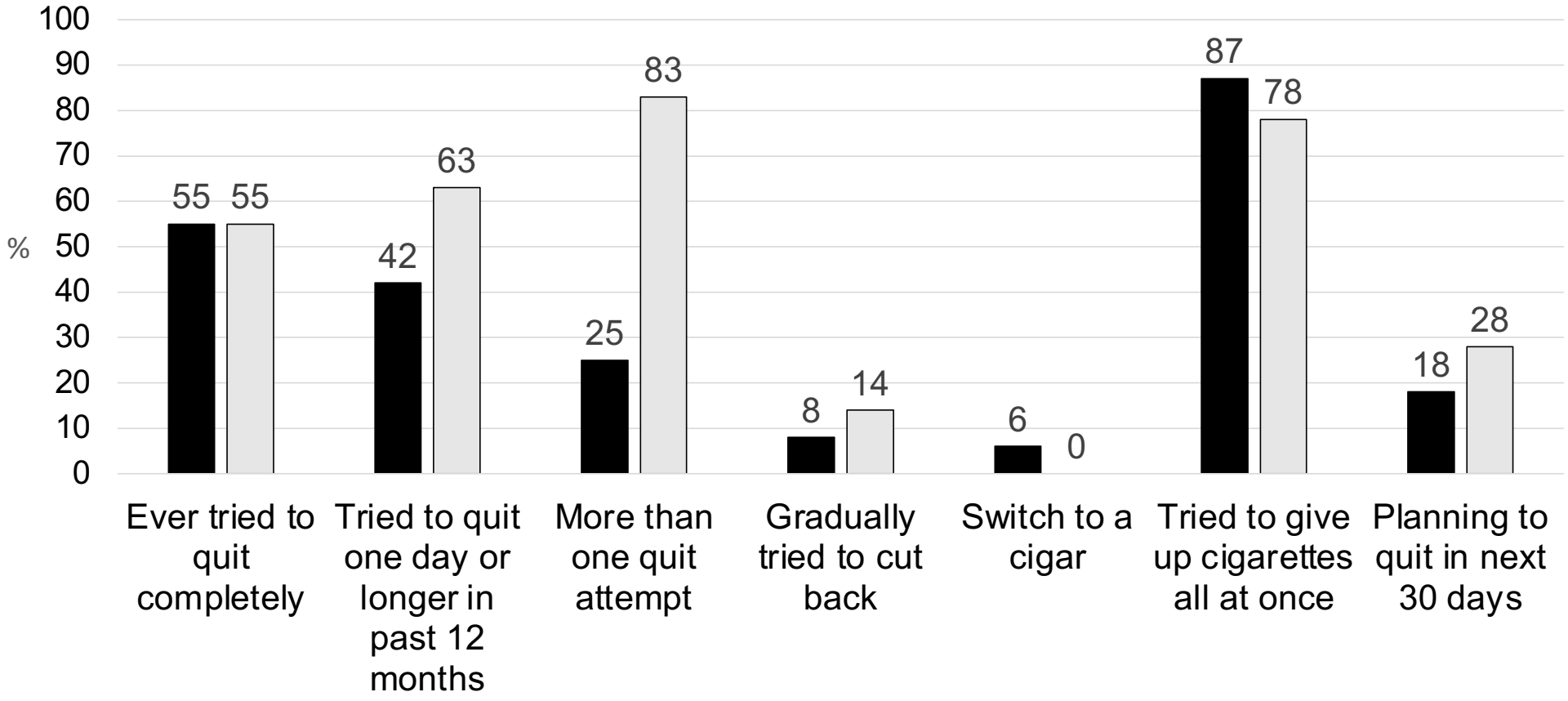


Table 2. Depth of Socioeconomic Deprivation by Time to First Tobacco Product Use, Time to First Cigarette Use, and FTND Score (n=146)

	Total N= 146	Low Education	Low Education and Low Income	Low Education, Low Income, and SNAP Recipient
	Cigarette and/or LCC smokers			
	n=146	n=39	n=32	n=23
	% (n)	% (n)	% (n)	% (n)
Time to First Tobacco Product Use ≤5 minutes of waking (Yes)	47.9 (70)	59.0 (23)	62.5 (20)	65.2 (15)
	Cigarette smokers			
	n=120	n=37	n=31	n=22
	% (n) or M (SD)	% (n) or M (SD)	% (n) or M (SD)	% (n) or M (SD)
Time to First Cigarette Use ≤5 minutes of waking (Yes)	50.0 (60)	59.5 (22)	61.3 (19)	63.6 (14)
FTND Score	4.6 (2.3)	4.9 (2.5)	4.9 (2.6)	4.9 (2.8)

Next steps

- We will complete recruitment for this study and begin analyzing baseline data related to secondhand smoke.
- We will complete final surveys and increase follow-up of 1, 3, and 6-month surveys.
- Continue to track participants because people do not have continuous phone service.
- Continue to do food distributions to address food insecurity in the community.
- We are starting a new study that looks at effects of social intervention on quitting and include African American males who also have high rates of menthol tobacco use.

Summary

There are interlocking patterns of disadvantage that systematically marginalize population groups and maintain smoking and tobacco use exposure.

FRESH uses a social justice approach that is inclusive of improving social indicators like food security that community members were impacted by during COVID-19.

A social justice approach would include a ban on menthol to protect disadvantaged racial/ethnic groups from the harms of menthol.