



# Disparity in Lung Health

## Reaching Out to Communities in Need

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American Lung Association, Plains-Gulf Region*

# MISSION AND VISION

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## **Mission**

To save lives by improving lung health and preventing lung disease

## **Vision**

A world free from lung disease

## **OUR CREDO**

We will breathe easier when the air in every American community is clean and healthy.

We will breathe easier when people are free from the addictive grip of tobacco and the debilitating effects of lung disease.

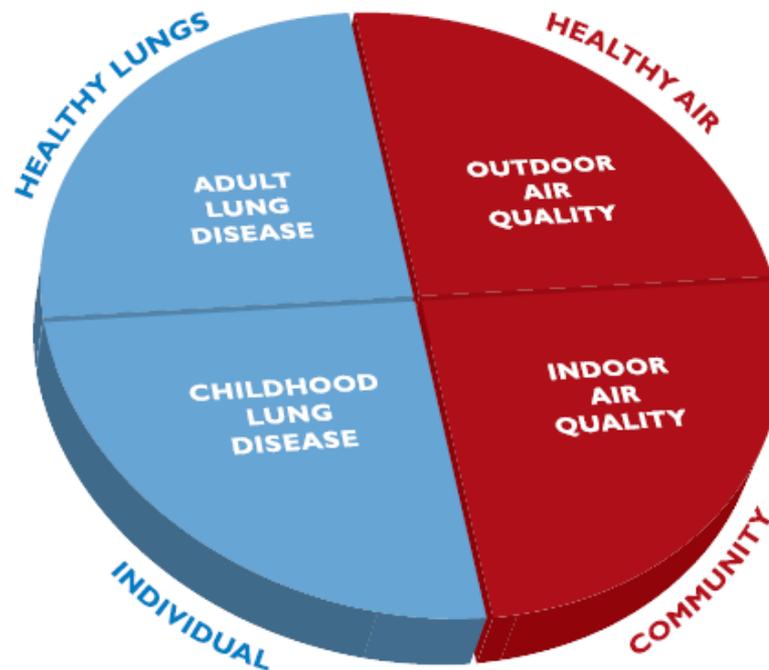
We will breathe easier when the air in our public spaces and workplaces is clear of secondhand smoke.

We will breathe easier when children no longer battle airborne poisons or fear an asthma attack.

*Until then, we are fighting for air.*

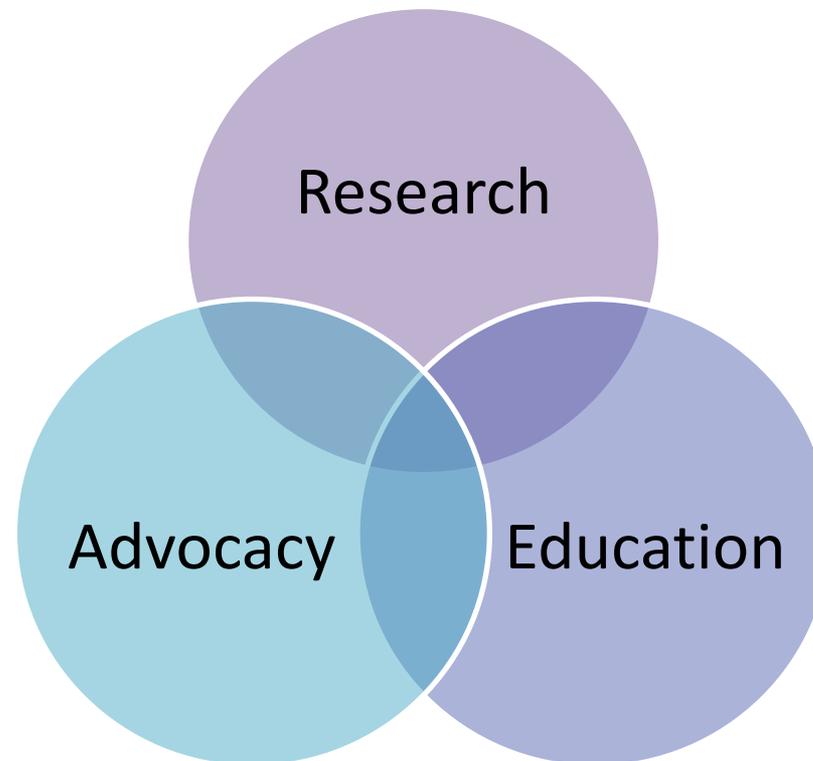
# QUADRANTS OF OUR WORK

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# ELEMENTS OF OUR MISSION

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# MISSION DELIVERY—PUBLIC POLICY

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- Federal, state and local advocacy (NHQ – Congressional relationships, State: regulatory, state legislation, municipal and county ordinances and ballot initiatives)
- Focus on:
  - Smokefree efforts
  - Tobacco tax
  - Clean Air
  - Cessation
- E-advocacy (Lung Action Network)

# PUBLIC POLICY

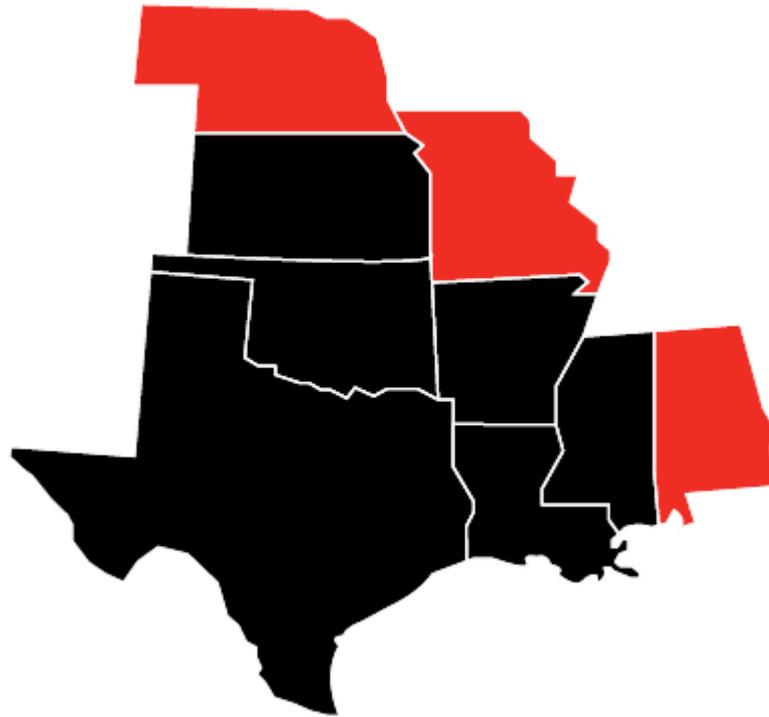
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1. Advocate for tobacco control policies (Smokefree Air, Cigarette Tax, Tobacco Prevention and Control Funding and Coverage of Cessation Treatments and Services)
2. Maintain and expand clean air coalitions and monitor current air quality policies
3. Increase volunteer involvement E-Advocacy campaigns

# FY13 TOBACCO TAX EFFORTS

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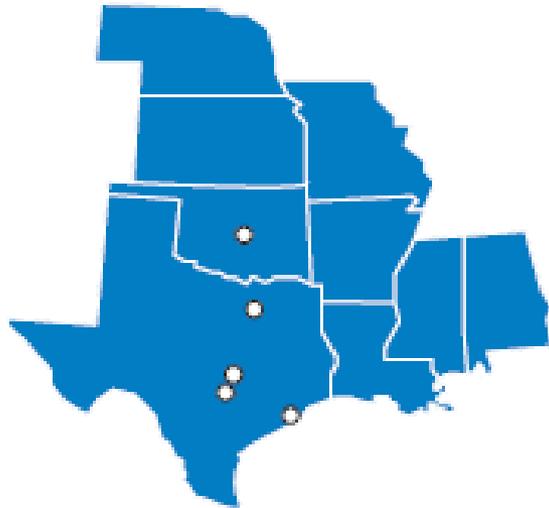
- Nebraska
- Missouri
- Alabama



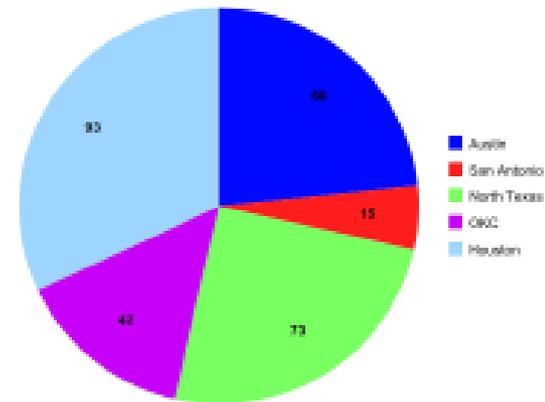


# CLEAN AIR ACTION NETWORKS

Clean Air Coalition Locations



Clean Air Coalition Partners by Market



Clean Air Coalition Outreach

Coalition Partners Secured	291
Coalition Meetings Held	54
Individuals Reached	115,375
Educational Sessions Held	221

# E-ADVOCACY

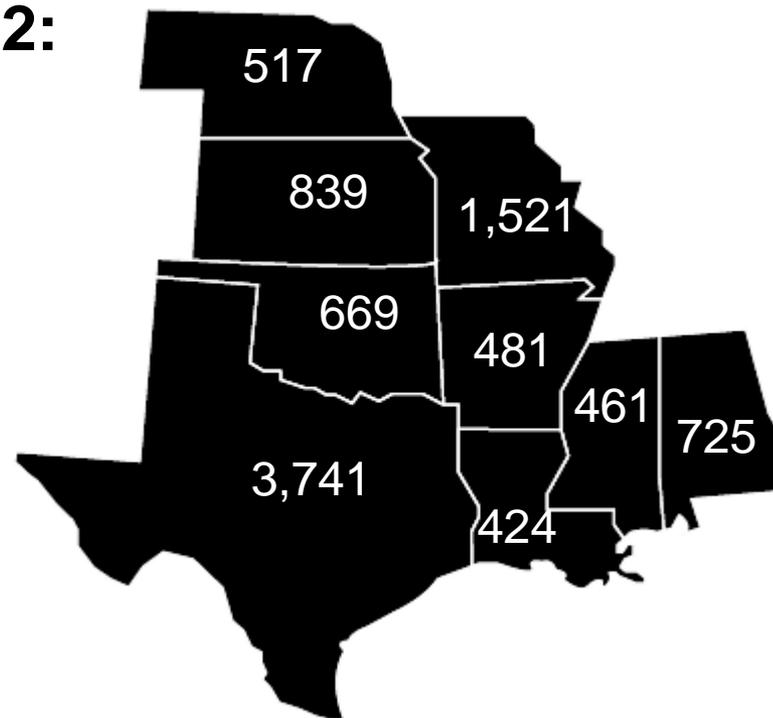
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**Current E-Advocates as of 6/5/12:**

**9,378** participants registered

Lung Action Network:

**5,708** actions taken in FY12



# MISSION DELIVERY—SIGNATURE PROGRAMS

- Freedom From Smoking (FFS)



- Freedom From Smoking Online (FFSO)



- Better Breathers Clubs (BBC)



- Lung HelpLine



- Asthma Educator Institute/Course (AEI or AEC)

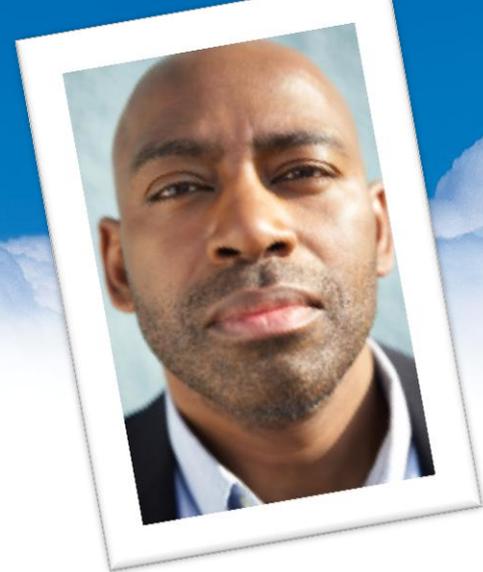


# MISSION DELIVERY—OUTREACH AND SERVICES

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- Online support services
  - My Fighting for Air Community – Online scheduler to assist patients
  - Lung Connection – Online support groups for lung patients
  - Lungtropolis – interactive asthma education for children & parents
- Lung Cancer
  - Clinical Trial Matching System
- Disparities in Lung Health Report Series
  - *Too Many Cases, Too Many Deaths: Lung Cancer in African Americans*
  - *Smoking Out a Deadly Threat: Tobacco Use in the LGBT Community*
  - *Missed Opportunities: Influenza and Pneumonia Vaccination in Older Adults*
  - *The Burden of Asthma in Hispanics*
  - *Cutting Tobacco's Rural Roots: Tobacco Use in Rural Communities*

# What are these reports?



- Build upon *State of Lung Disease in Diverse Communities:2010*
- In-depth look at disparity issues affecting lung health outcomes
- Collection of data and research
  - Interviews with experts
  - Interviews with patients

# Why did we create these reports?

- **Disparity:** African Americans, members of the LGBT community and rural communities have higher rates of tobacco use and greater exposure to secondhand smoke
- **Result:** This disparity perpetuates tobacco addiction and tobacco-related illness
- **Solutions:** Create and strengthen partnering opportunities to address the disparity



# Too Many Cases, Too Many Deaths: **Lung Cancer in African Americans**



 **AMERICAN LUNG ASSOCIATION®**  
Fighting for Air

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Fighting for Air

# Key Findings/ Themes



*Despite lower smoking rates,*

*African Americans are more likely to:*

- Develop & die from lung cancer
- Be diagnosed later
- Wait to receive treatment, to refuse treatment and to die in the hospital after surgery

# TOO MANY CASES

**Figure 1**  
**Lung Cancer Incidence Rates**

**Incidence Rate Per 100,000**

African American

**74.7**

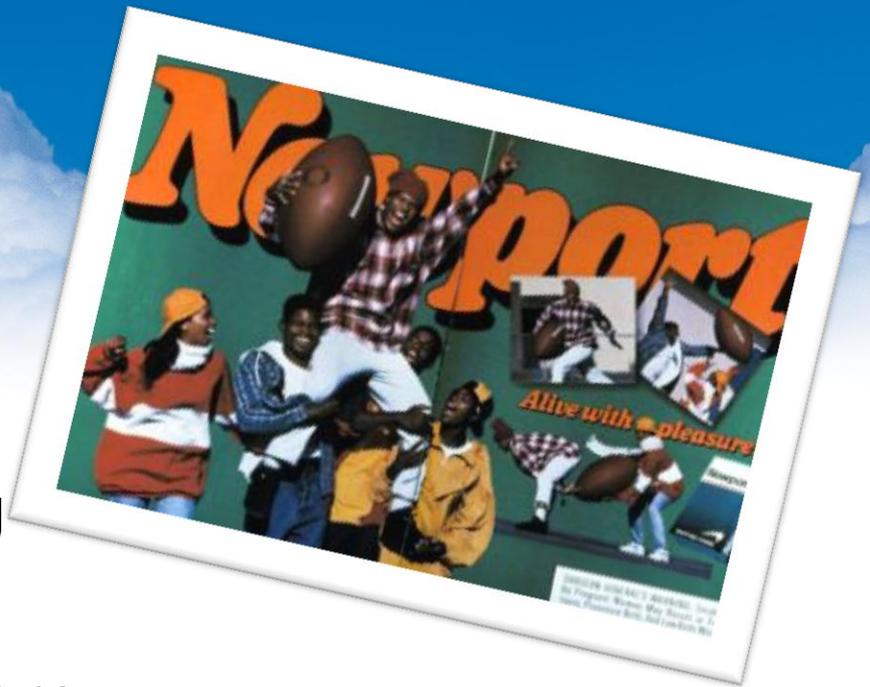
White

**64.4**

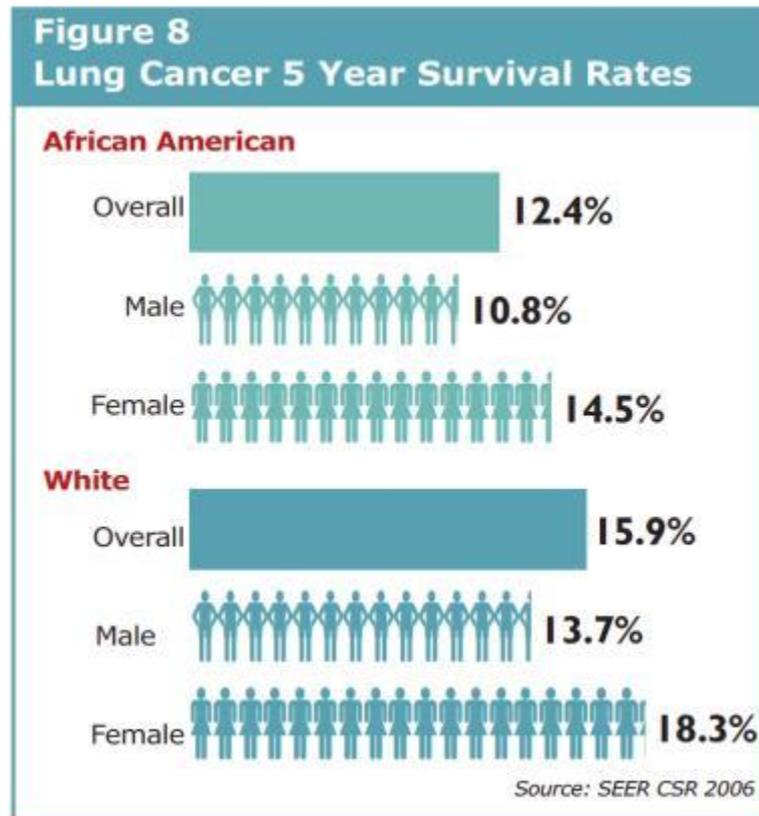
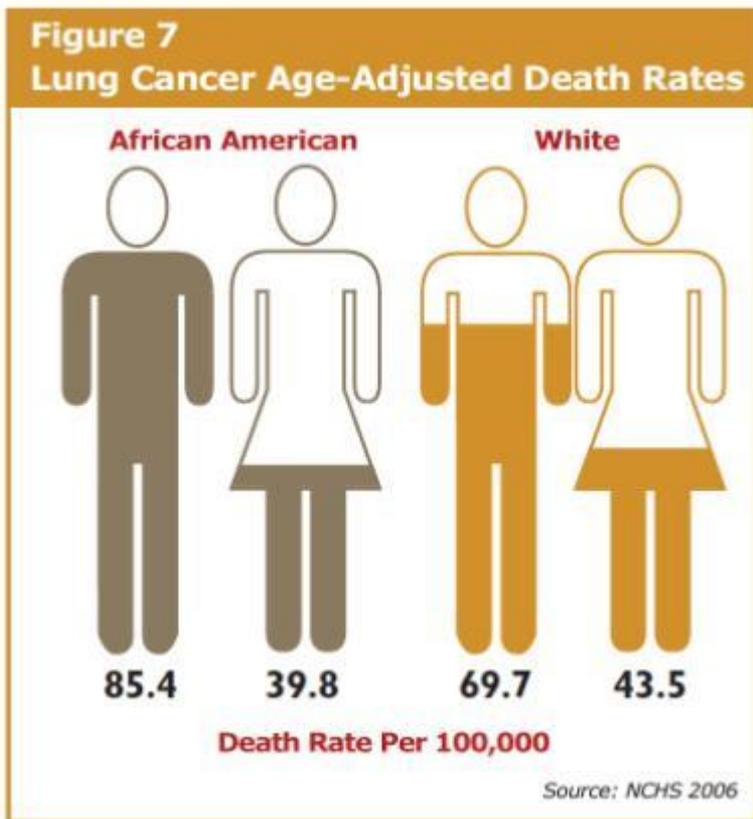
**Race and Ethnicity**

# Five Factors

1. Tobacco use
  - Targeted marketing
  - Menthol cigarettes
2. Preventive behaviors
3. Socioeconomic status
4. Environmental factors
5. Genetics
  - Cotinine level link
  - Cellular characteristics



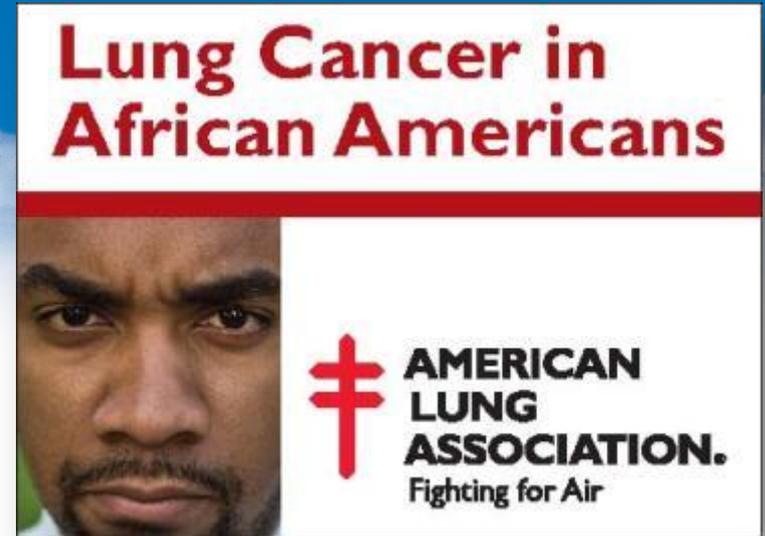
# Too Many Deaths



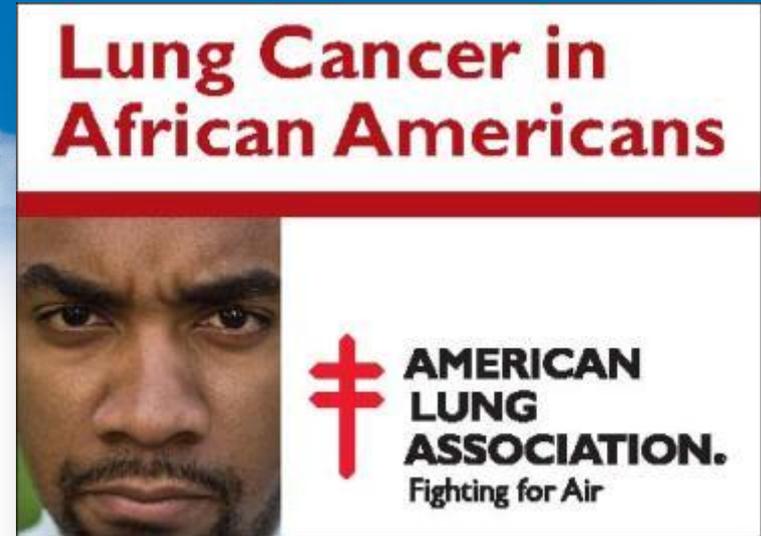
# Too Many Deaths

Three main factors:

1. Unequal access to care
  - Health insurance
  - Fewer choices



# Too Many Deaths



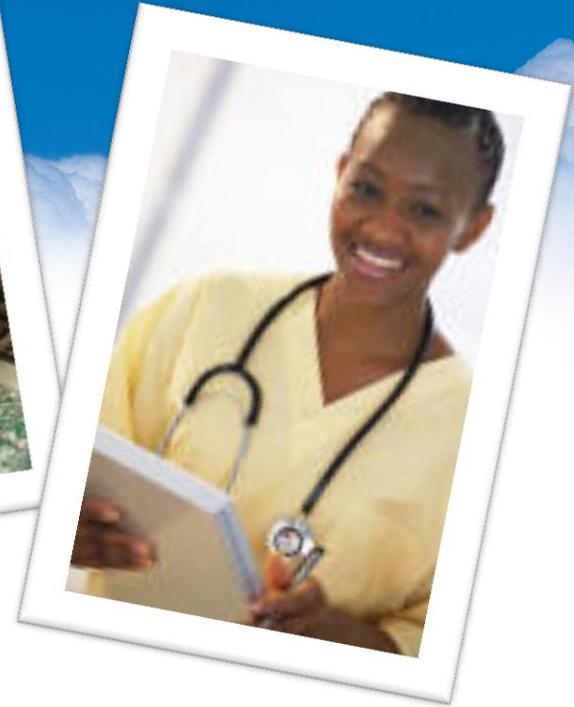
2. Unequal quality of lung cancer care
  - Less experienced caregivers/hospital
  - Less staging and surgery
3. Racism and social stress
  - Discrimination in health settings
  - Doubts about caregiver trustworthiness

# Taking Action



- ✓ FDA review of menthol use
- ✓ Smokefree air laws
- ✓ Access to effective cessation programs
- ✓ Radon control in federally-managed housing
- ✓ Increased funding for research

# Taking Action continued...



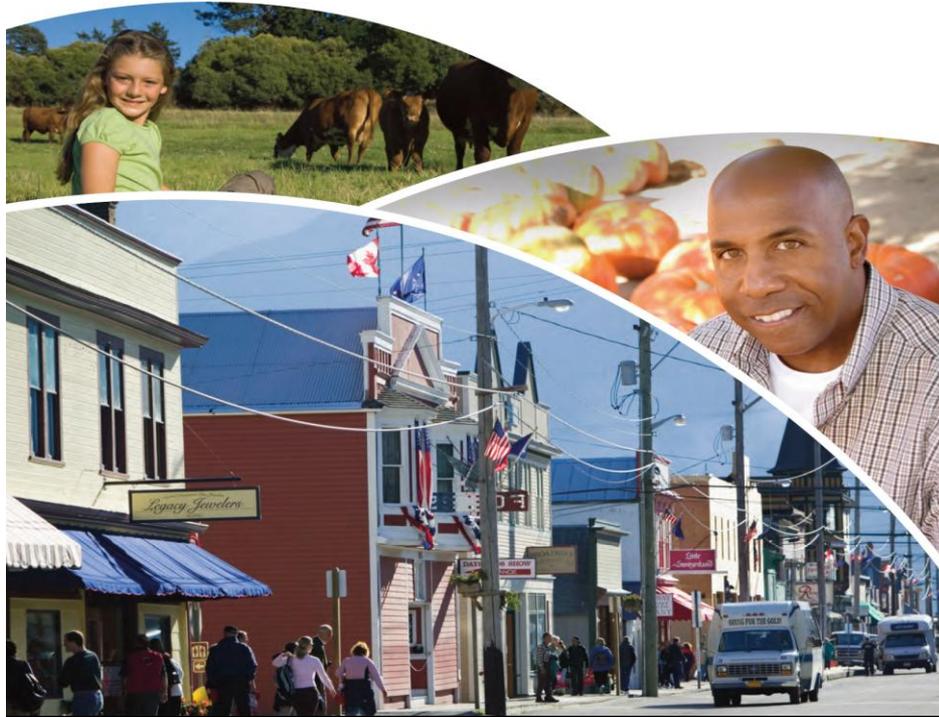
- ✓ Access to affordable health care
- ✓ Diversified healthcare workforce
- ✓ Cultural competency training for medical professionals
- ✓ African American community leadership

Disparities In Lung Health Series



# Cutting Tobacco's Rural Roots

Tobacco Use In Rural Communities



# Key Findings

*Rural communities in America have higher rates of tobacco use and greater exposure to secondhand smoke.*

- Tobacco use is higher in rural communities than in suburban and urban communities.
  - Rural residents are more likely to smoke
  - Rural residents who smoke consume more cigarettes

# Key Findings

*Rural communities in America have higher rates of tobacco use and greater exposure to secondhand smoke.*

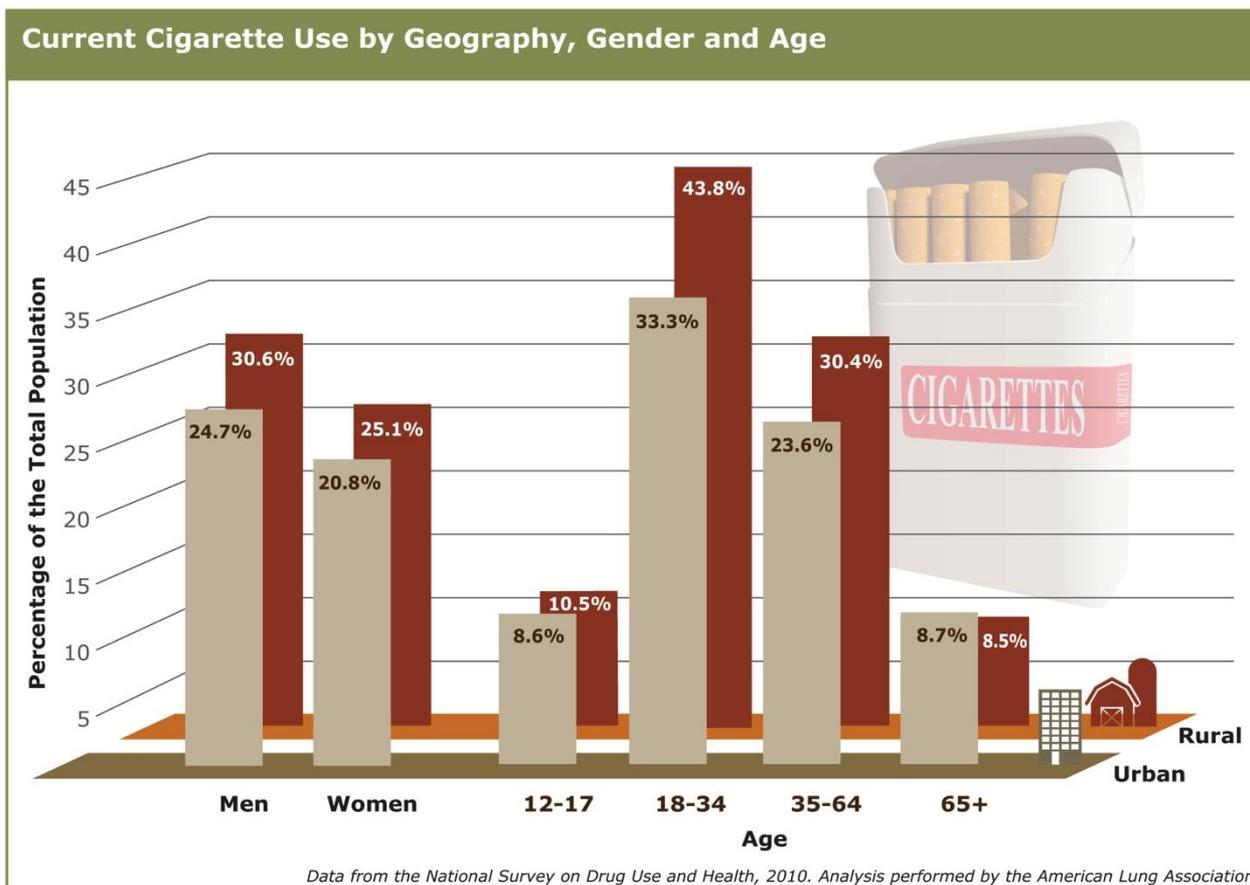
- Rural youth are more likely to use tobacco and tend to start earlier than urban youth.
- Pregnant women in rural areas are more likely to smoke than those in urban areas

# Key Findings

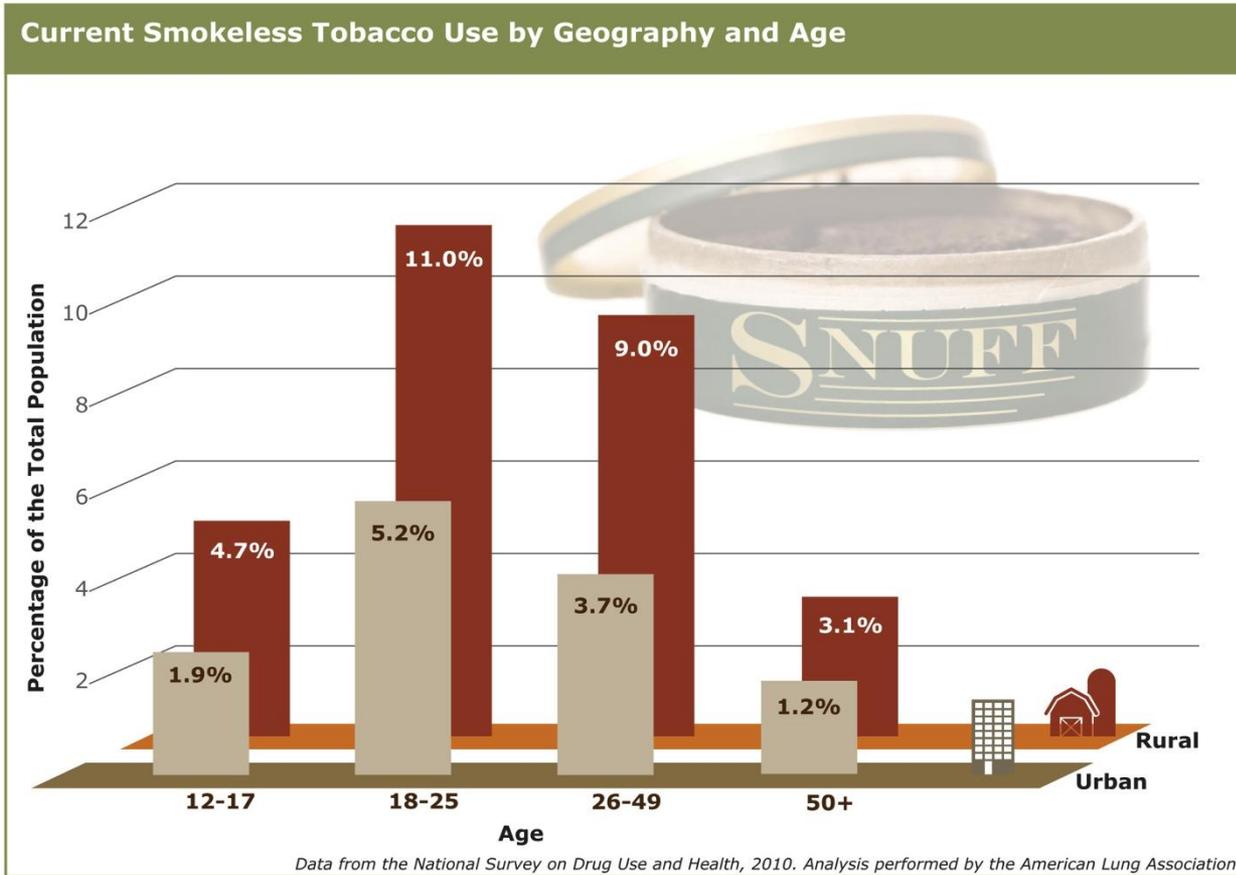
*Rural communities in America have higher rates of tobacco use and greater exposure to secondhand smoke.*

- The percentage of children who live in a household with a smoker is considerably higher in rural areas:
  - 33.1% of children living in large rural areas
  - 35.0% of children living in small rural areas
  - 24.4% of urban children

# Cigarette Use



# Smokeless Tobacco Use



# Contributing Factors

- Unemployment rates higher, education and income levels lower
- Rural youth less exposed to anti-tobacco counter-marketing efforts/messages
- Less access to in-person tobacco prevention and cessation programs
- Less likely to be protected by smokefree air policies in public places and more likely to allow smoking in their homes



# Points to remember



- Not all rural communities are the same
- All communities have assets
- To a certain extent, change must come from within

# Action Steps

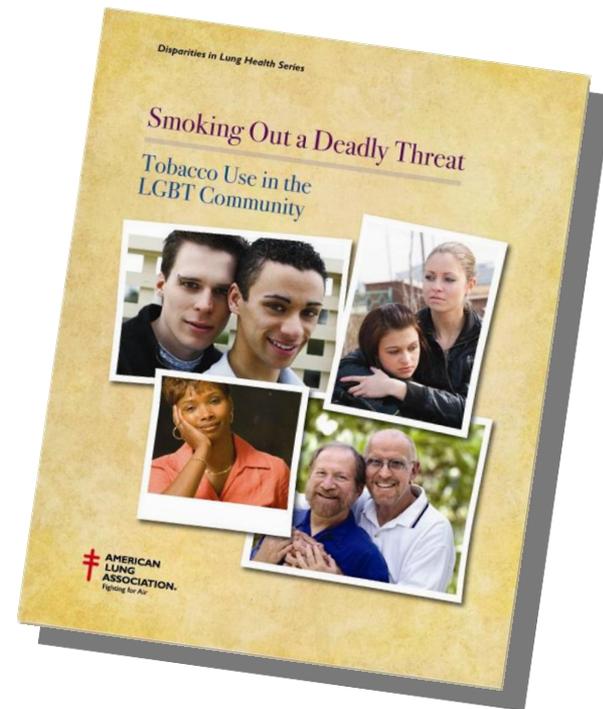
- Federal and state funding of tobacco control, including rural areas
- Protect the public from exposure to secondhand smoke
- Access to effective cessation programs
- Increased research funding to find evidence-based ways for smokeless tobacco users to quit

# Action Steps

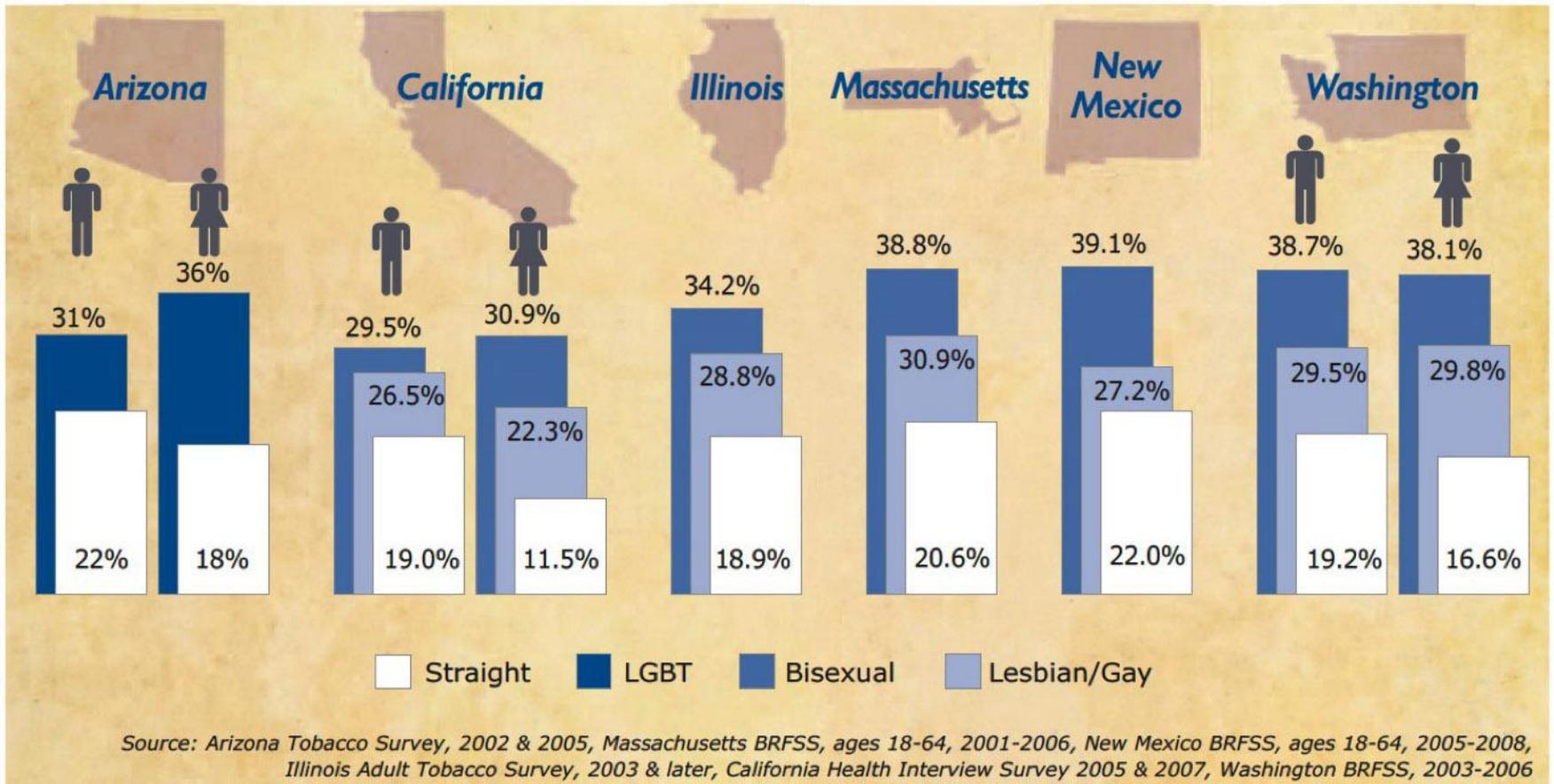


- Insurers should include cessation services
- Schools should not allow tobacco use on property or at events
- Families should not allow smoking in homes or cars
- Reject culture of tobacco use as part of rural life

# Smoking Out a Deadly Threat: Tobacco Use in the LGBT Community



# Smoking Prevalence By State



# Key Findings *continued...*

- For youth, bisexual boys and girls again have higher smoking rates than both straight and gay boys and girls

## Smoking Prevalence Among Youth



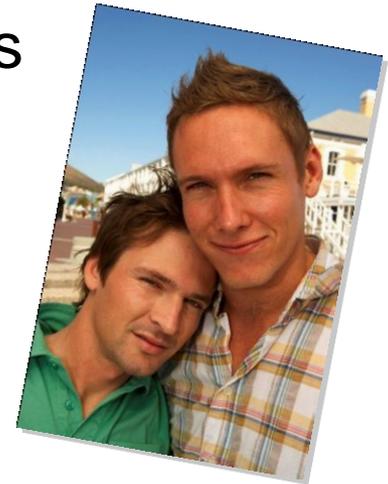


# Lack of data on LGBT population

- Most national and state surveys do not ask questions about sexual orientation and gender identity
- If you don't ask the question, you can't describe the population
- When included, LGBT questions often are not standardized

# Six Contributing Factors

- Stress related to homophobia and stigma
- Social bonding around the use of tobacco
- Tobacco industry marketing
  - Heavy advertising to LGBT audiences
- Lack of access to treatment





# Contributing factors *continued...*

- Lack of attention from LGBT organizations
- Lack of attention from tobacco control organizations

# Taking Action



- Improved data collection and reporting on tobacco use in the LGBT community
- Sexual orientation and gender identity questions should be asked by:
  - Center for Disease Control and Prevention (CDC)
  - State Departments of Health
  - North American Quitline Consortium (NAQC)

# Taking Action *continued...*

- Smoking cessation programs and the providers that deliver them must be culturally competent for LGBT tobacco users
- Tobacco campaigns should be inclusive of the LGBT community and provide
- LGBT organizations must recognize tobacco use as a public health priority.



# Why Talk About These Health Disparities?

Because.....

- They haven't changed
- It is more complicated than smoking rates
- Solutions require multi-level effort

# We Want to Work with You

- To raise awareness about the issues
- To generate discussion/build partnerships
- To implement solutions
- To engage volunteers, state and local organizations to effect change
- To prevent lung cancer and improve lung health



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grip of tobacco and the debilitating effects of lung disease.

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