



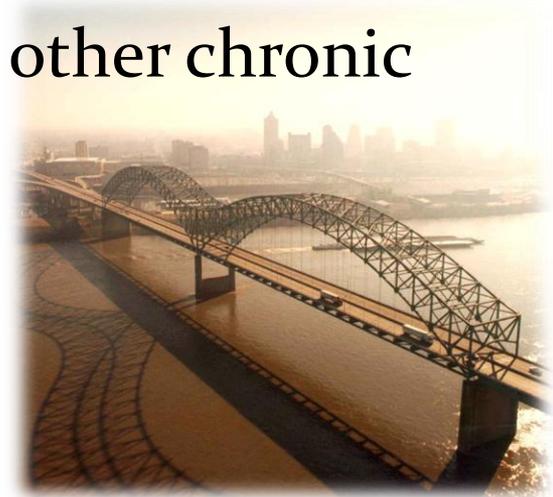
Tobacco Control Building Bridges With Chronic Disease for MPOWERED Change



Arkansas
Jeannette Noltenius, MA, PhD,
National Latino Tobacco Control Network (NLTCN)
www.latinotobaccocontrol.org

Objectives

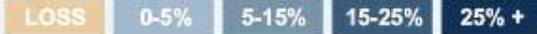
1. Changes in the AR population and impact on health disparities
2. Prevalence & trends of tobacco, diabetes, obesity and other risk factors
3. Tobacco control strategies: MPOWER**ED**
4. Successful interventions
5. Next steps in integrating tobacco into other chronic diseases and policy changes



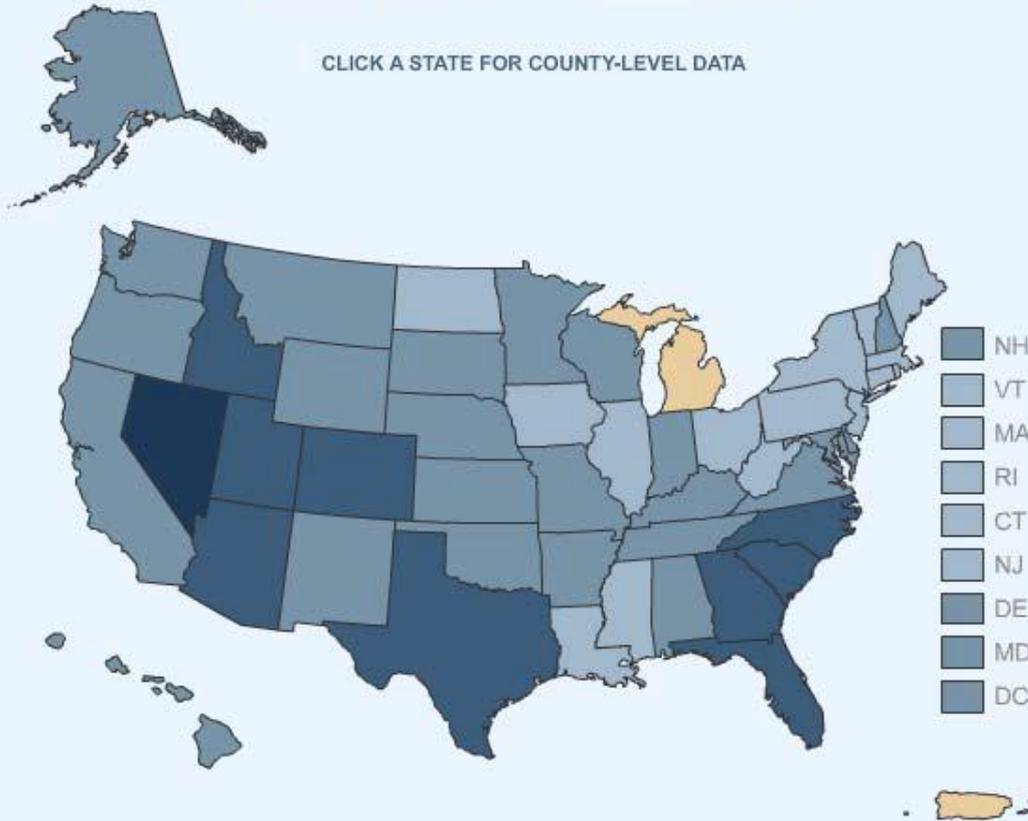
United States

NATIONAL POPULATION: 308,745,538

POPULATION CHANGE BY STATE: 2000-2010



CLICK A STATE FOR COUNTY-LEVEL DATA



- NH
- VT
- MA
- RI
- CT
- NJ
- DE
- MD
- DC

NATIONAL POPULATION BY RACE UNITED STATES: 2010

PERCENT OF POPULATION	CHANGE 2000-2010
White alone 72.4%	5.7% ↑
Black or African American alone 12.6%	12.3% ↑
American Indian and Alaska Native alone 0.9%	18.4% ↑
Asian alone 4.8%	43.3% ↑
Native Hawaiian and Other Pacific Islander alone 0.2%	35.4% ↑
Some Other Race alone 6.2%	24.4% ↑
Two or More Races 2.9%	32.0% ↑

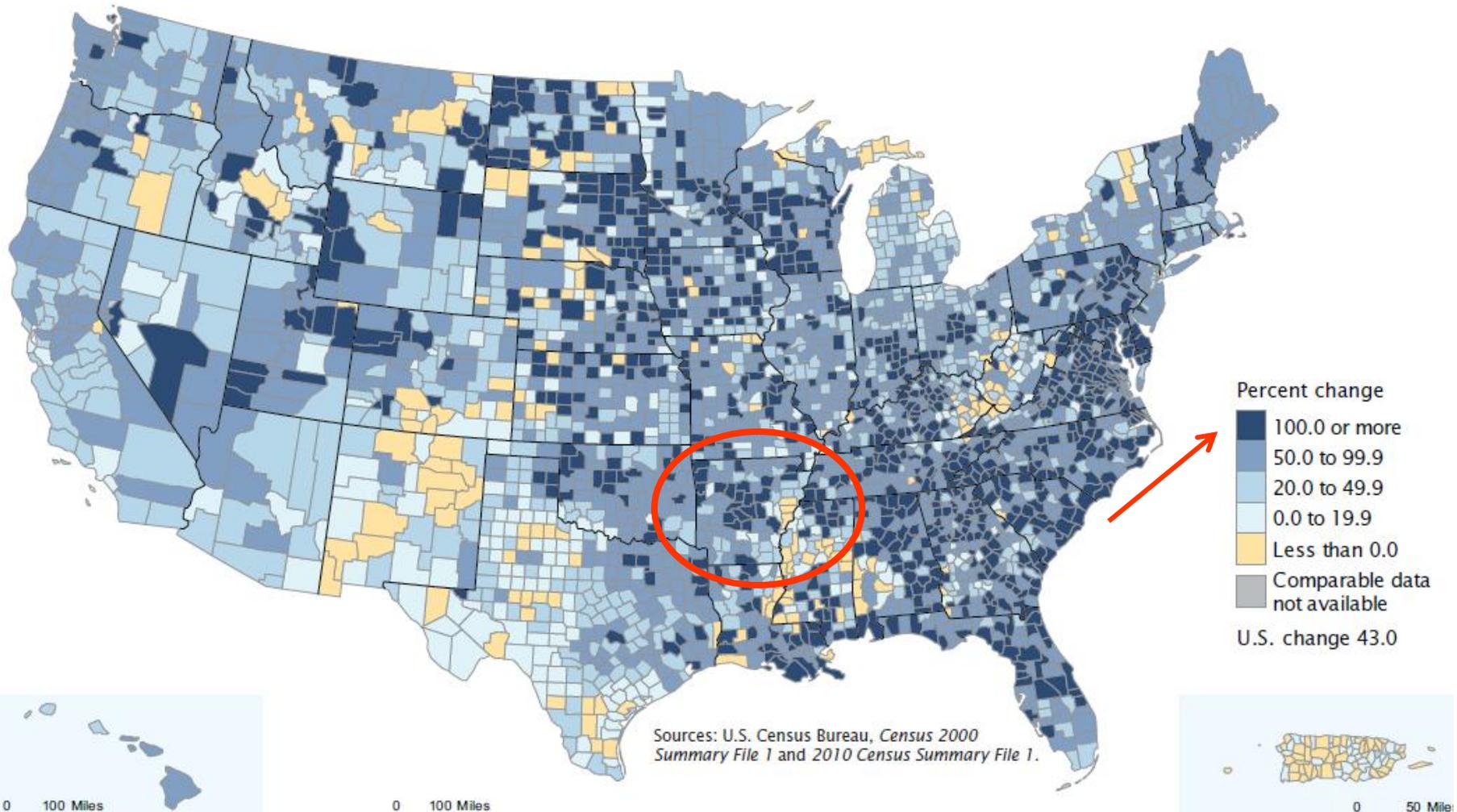
NATIONAL POPULATION BY HISPANIC OR LATINO ORIGIN UNITED STATES: 2010

PERCENT OF POPULATION	CHANGE 2000-2010
Hispanic or Latino 16.3%	43.0% ↑
Not Hispanic or Latino 83.7%	4.9% ↑

U.S Census Population Projections : 2010 & 2050

Race/Ethnic	2010	2050
Non-Hispanic Whites	64.7%	46.3%
Hispanic/Latinos	16.0%	30.2%
African Americans	12.9%	13.0%
Asians	4.6%	7.8%

Percent Change in Hispanic Population by County : 2000 to 2010



Largest Percent Changes in Hispanic Population by State: 2010 Census

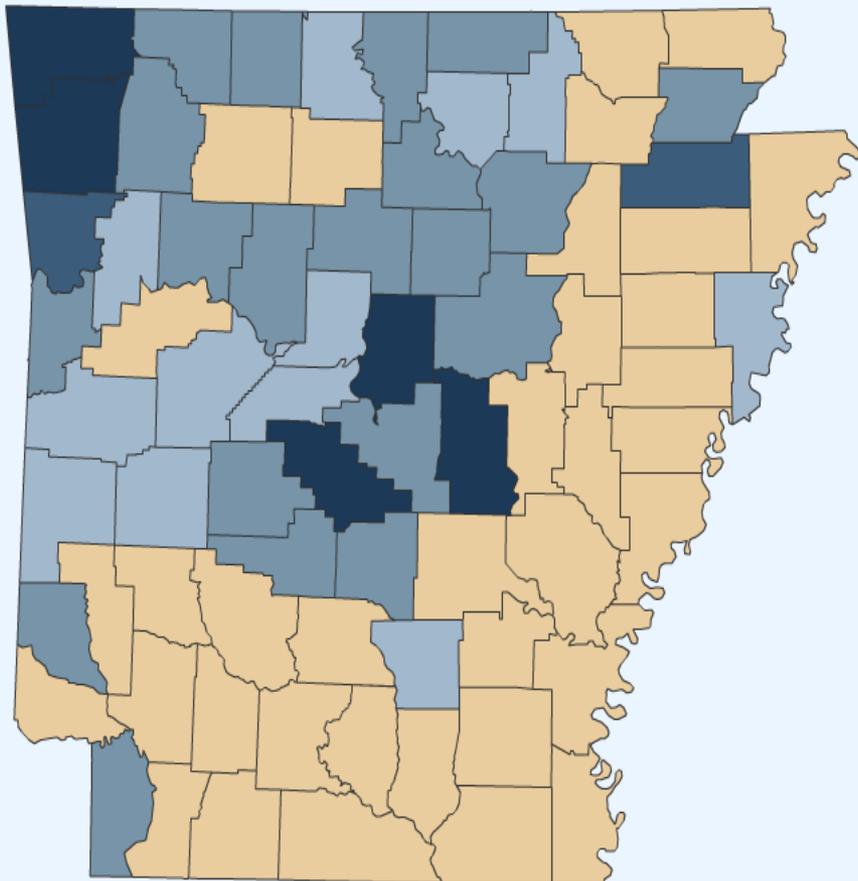
State	Percent Change in Population 2000-2010
South Carolina	147.9% ↑
Alabama	144.8% ↑
Tennessee	134.2% ↑
Arkansas	114.2% ↑
North Carolina	111.1% ↑
Mississippi	105.9% ↑
Georgia	96.1% ↑



Arkansas

STATE POPULATION: 2,915,918

POPULATION CHANGE BY COUNTY: 2000-2010



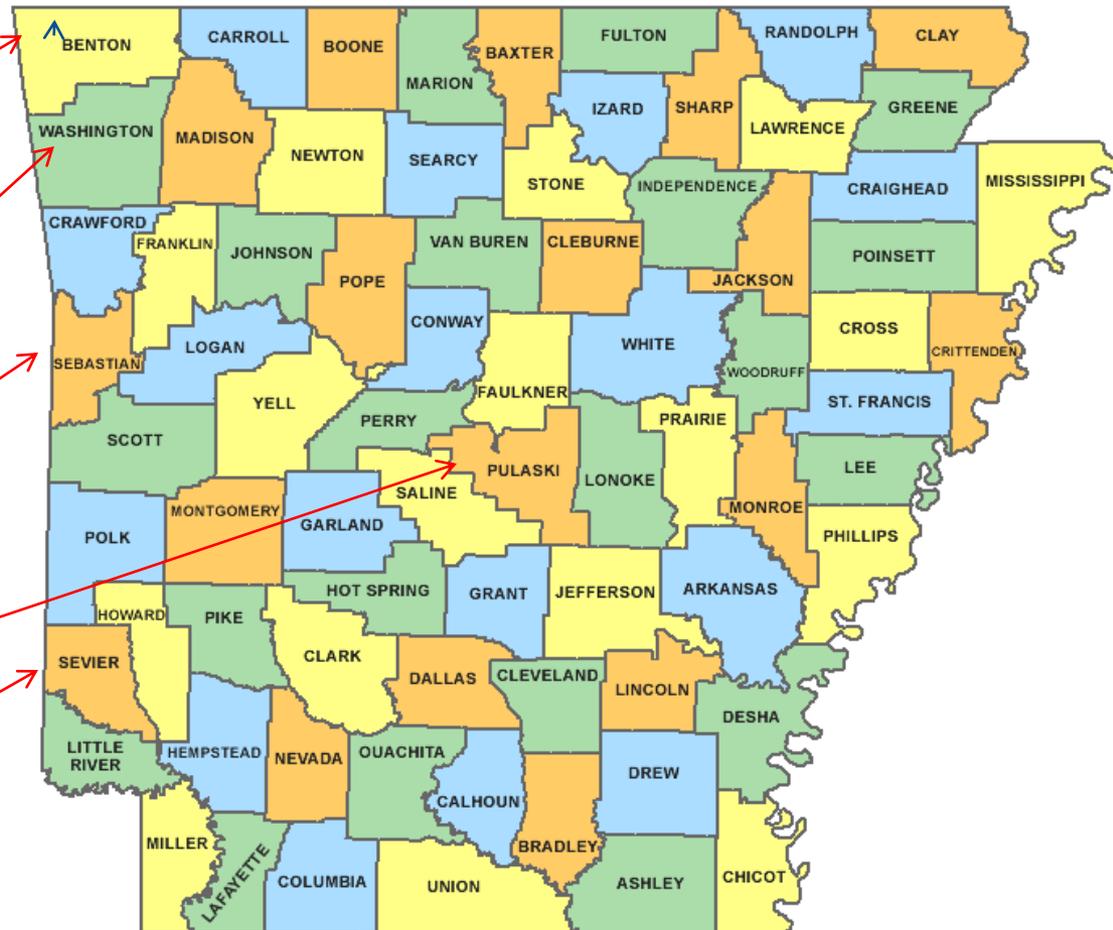
STATE POPULATION BY RACE ARKANSAS: 2010

PERCENT OF POPULATION		CHANGE 2000-2010
White alone	77.0%	5.0% ↑
Black or African American alone	15.4%	7.4% ↑
American Indian and Alaska Native alone	0.8%	24.9% ↑
Asian alone	1.2%	78.5% ↑
Native Hawaiian and Other Pacific Islander alone	0.2%	251.5% ↑
Some Other Race alone	3.4%	146.4% ↑
Two or More Races	2.0%	59.5% ↑

STATE POPULATION BY HISPANIC OR LATINO ORIGIN ARKANSAS: 2010

PERCENT OF POPULATION		CHANGE 2000-2010
Hispanic or Latino	6.4%	114.2% ↑
Not Hispanic or Latino	93.6%	5.5% ↑

Largest Hispanic Population in top Five Counties in Arkansas



Benton= 34,283

Washington= 31,458

Sebastian= 15,445

Pulaski= 22,168

Sevier= 5,220

Largest Hispanic Population By County and City: Arkansas 2000-2010

County/City	Number of Population in 2010	Population Change From 2000-2010
Benton	34,283	155% ↑
Washington	31,458	143% ↑
Pulaski	22,168	151.4% ↑
Sebastian	15,445	100.3% ↑
Sevier	5,220	-
City		
Springdale	24,692	174% ↑
Rogers	17,619	135% ↑
Fayetteville	4,725	68% ↑
Bentonville	3,071	157% ↑

Why Social Justice? It is about the Children who may become future smokers?

- In tobacco control, we know the tobacco industry is looking for new clients. These are the new clients, children of color and children in poverty.
- Because there has been a paradigm shift in who we are as a nation. People of color represent 36% of the nation, including Puerto Rico and the Territories.
- The Tobacco industry still sees the US as a growing market.



45% of Children under 18 are of color!

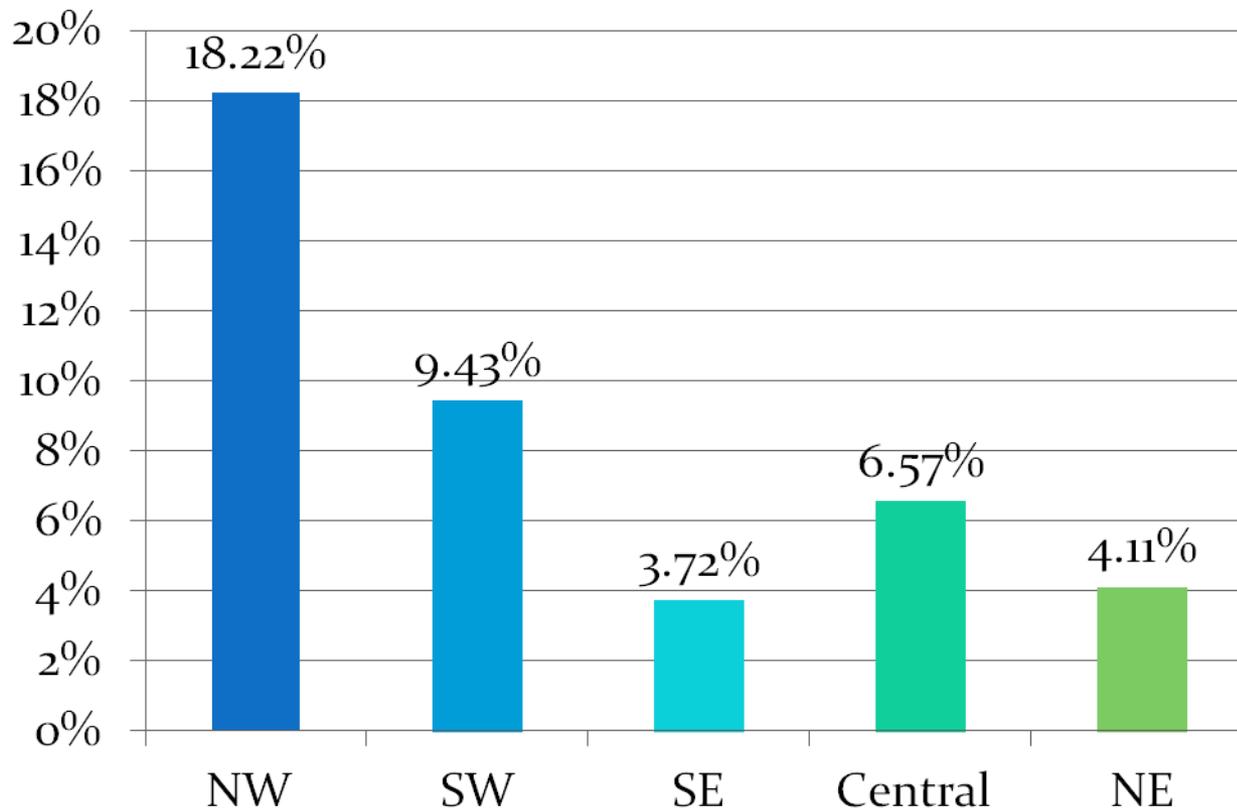
Population Distribution of Children (0-18 yrs.) by Race/Ethnicity US 2009

Race/Ethnicity	US #	US %
White	43,695,000	55%
African American	11,271,200	14%
Hispanic (of any race)	17,893,300	23%
Other	6,446,200	8%
Total	79,305,700	100%

Percent Change in Arkansas Population Under 18 Years of Age by Race/Ethnicity

Race/Ethnicity	Percent Change in Population 2000-2010
White	-9.8%
Black	-2.3%
American Indian	-5.6%
Asian	31.2%
Native Hawaiian & Pacific Islander	23.8%
Hispanic	38.8%

Hispanic Student Enrollment by Region (2011-12)



Source: <http://adedata.arkansas.gov>

Nation's Children in 2050

- Of the nation's children in 2050, 62% are expected to be of a minority ethnicity, up from 45% today.
- Approximately 39% are projected to be Hispanic or Latino (up from 23% in 2009), and
- 38% are projected to be single-race, non-Hispanic Whites (down from 55% in 2009).

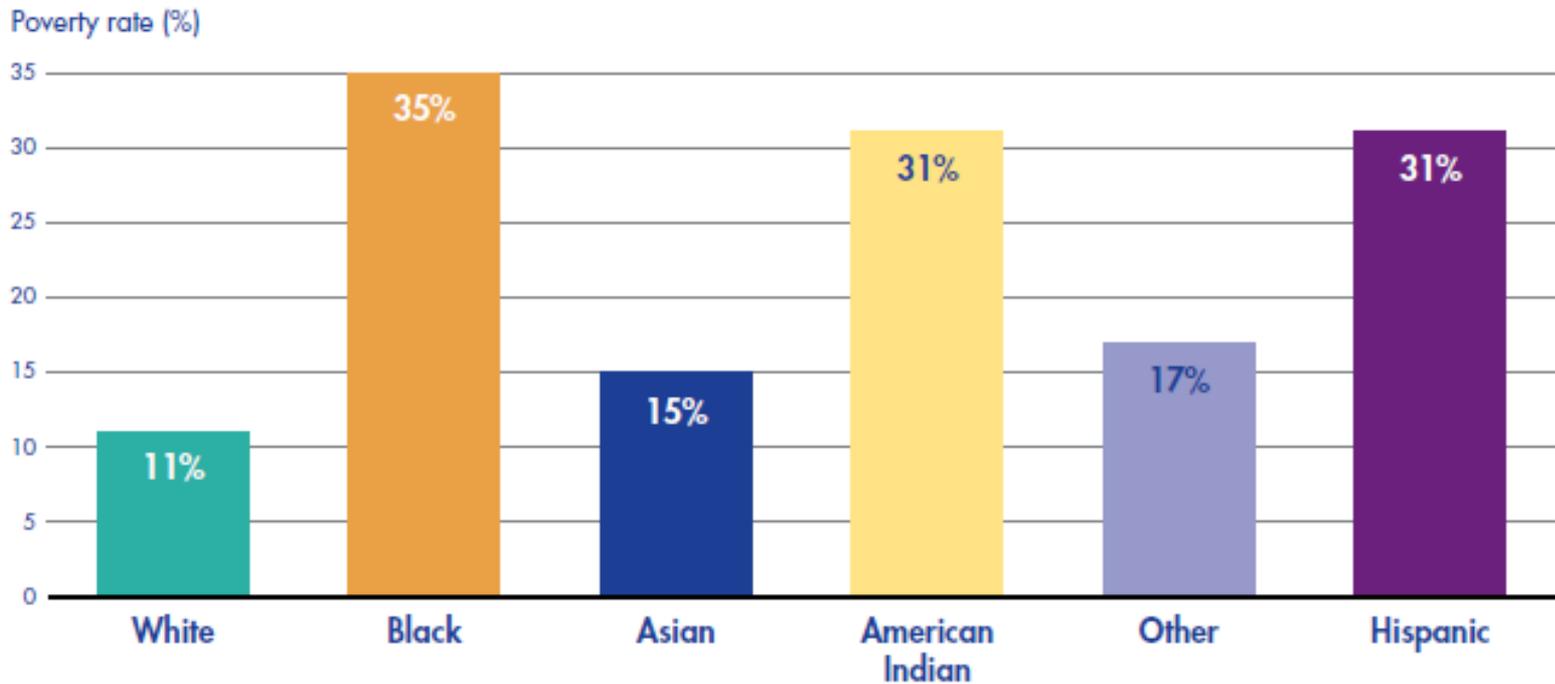
Source: U.S Census Bureau

Tobacco and Poverty

- The greatest, single predictor of tobacco use is low socioeconomic status.
- Approximately 95% of incarcerated individuals smoke compared to 17% of the non incarcerated population.
- Approximately 70-80% of homeless individuals smoke.
- Adults who are unemployed (approximately 42%) smoke more than other adults working full time (approximately 26%) or part time (approximately 24%).
- Low SES populations are still disproportionately exposed to secondhand exposure to smoke in the workplace, in their homes and in their communities.

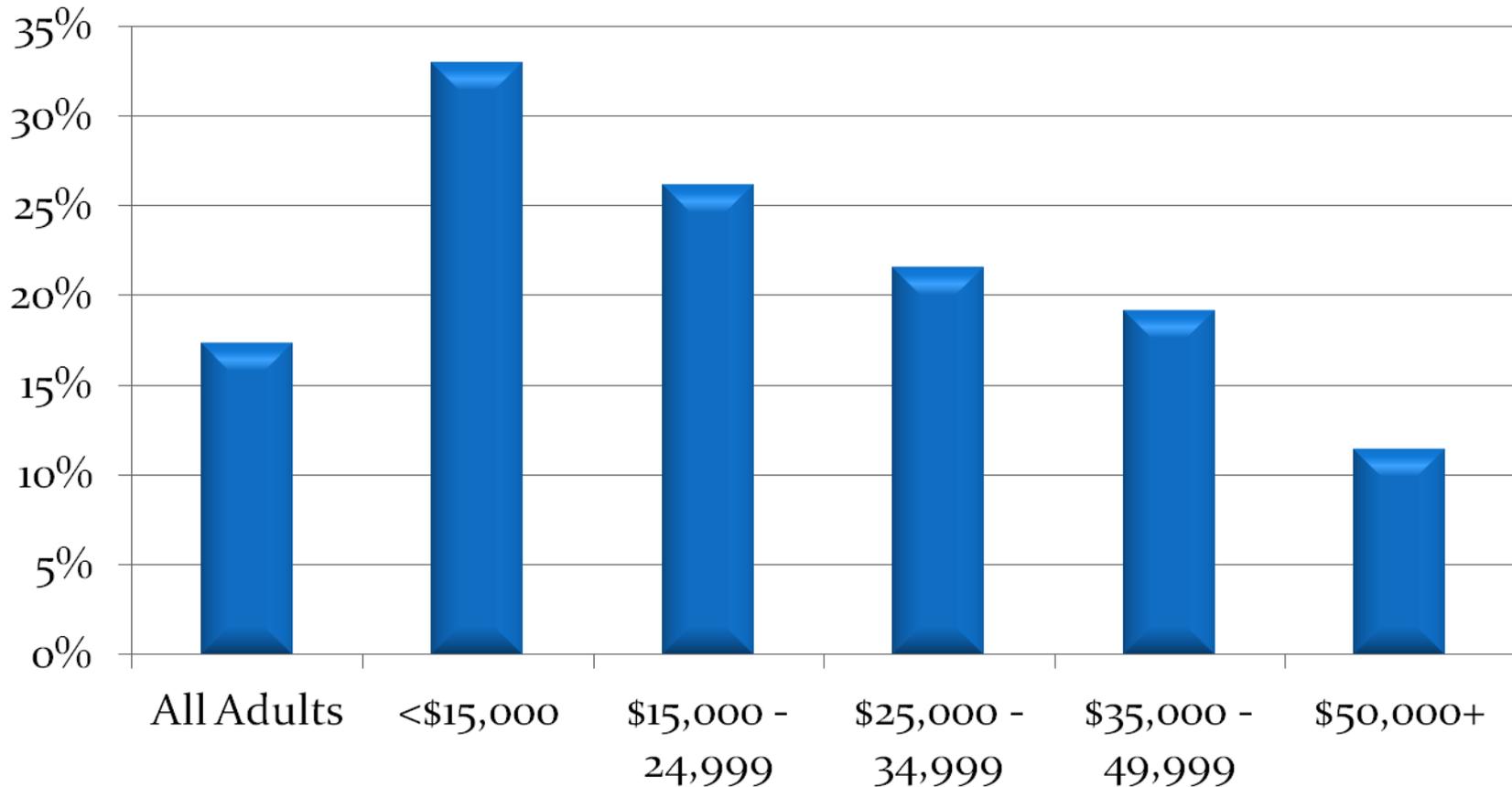
Child Poverty Nationwide by Race, 2008

Child poverty rates by race/ethnicity, 2008



National center for Children in Poverty
Who are America's Poor Children?
The Official Story

Low income = Higher levels of smoking



Behavioral Risk Factor Surveillance System,
Prevalence Data 2010
Smoking Prevalence by Income Level

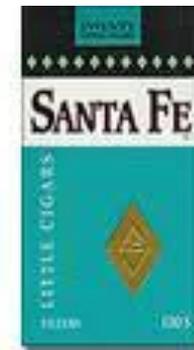
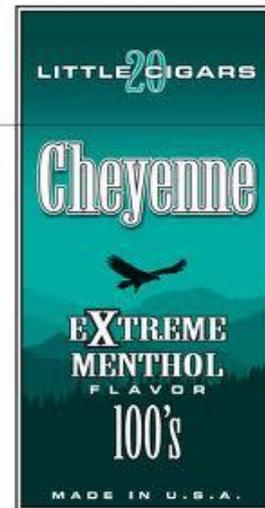
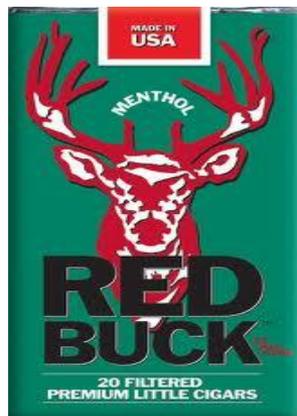
Heaviest Smokers

- 44% of cigarettes are smoked by people with serious mental illness.
- 75% of smokers have a past or current problem with mental illness or addiction
- 1.5% - is the proportion of patients seeing an outpatient psychiatrist who receive treatment for tobacco addiction

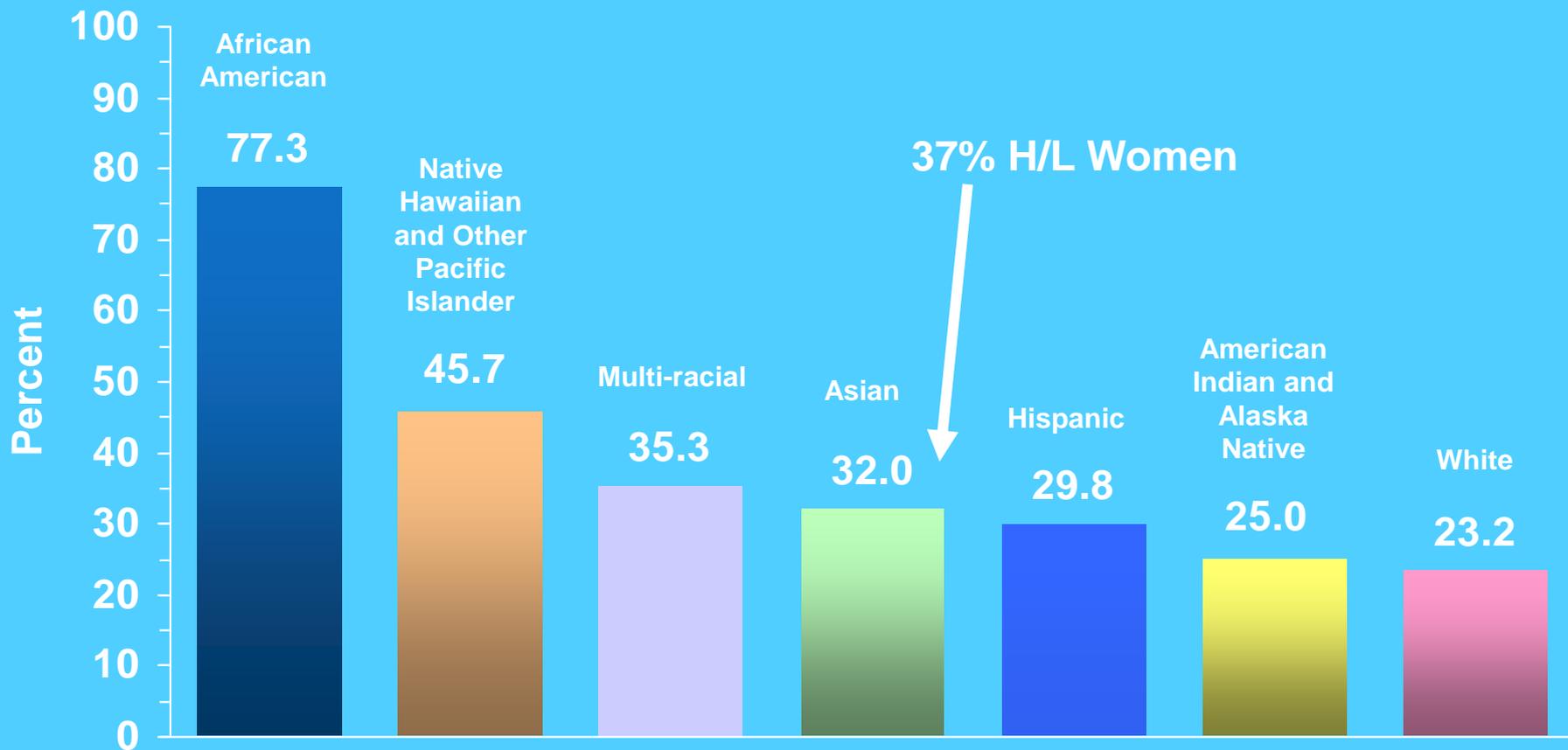
Beck, Melinda, *Helping the Mentally Ill to Quit Smoking*, The Wall Street Journal, Tuesday, April 26, 2011. Sources: JAMA, National Comorbidity Study; National Association of State Mental Health Program Directors; Tobacco Control; American Journal of Addiction

Menthol and new products

- Communities of color, LGBT and poor communities are going to be targeted most heavily.
- Regulation is still uncertain. New products with menthol and other flavoring **contain sugar**.
- 61.7% of Latino, 48% of Asian, and 39.4% of Black cigar smokers use flavored cigars!



Percentage of Smokers Who Use Menthol Cigarettes by Race/Ethnicity US 2002-2007

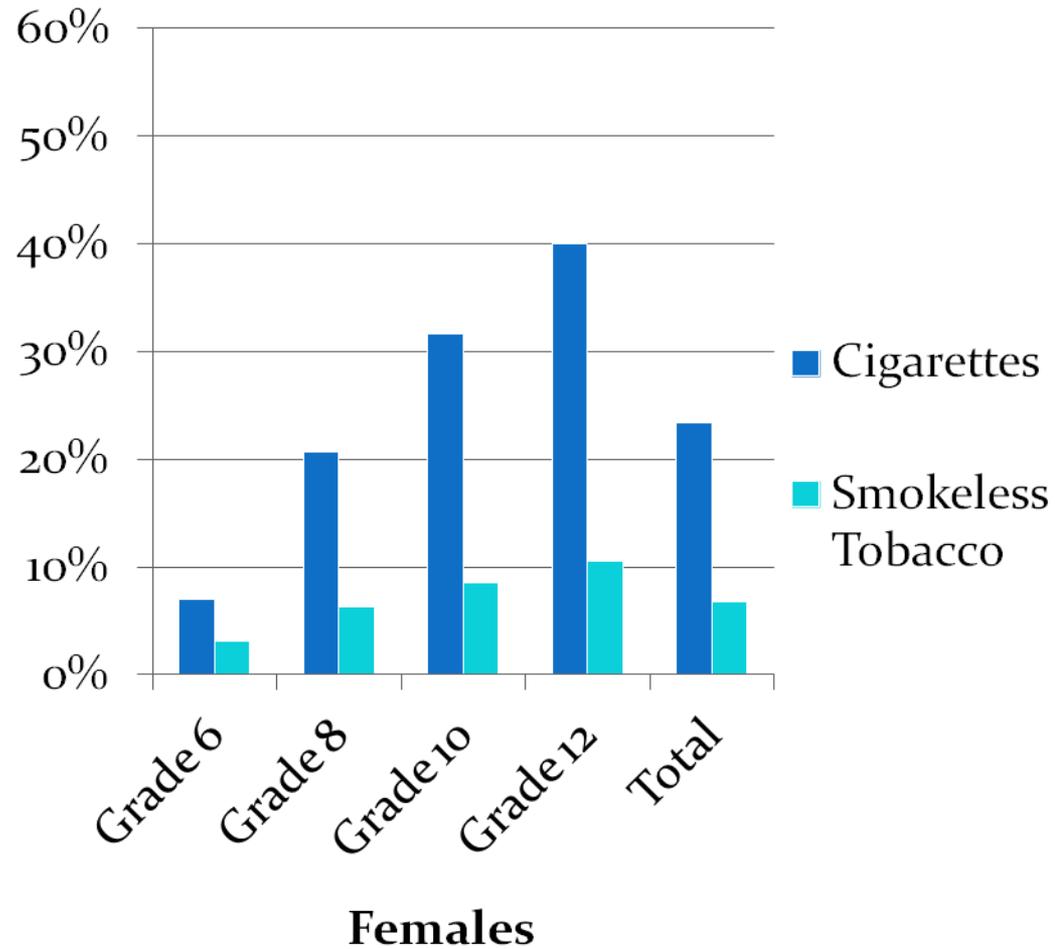
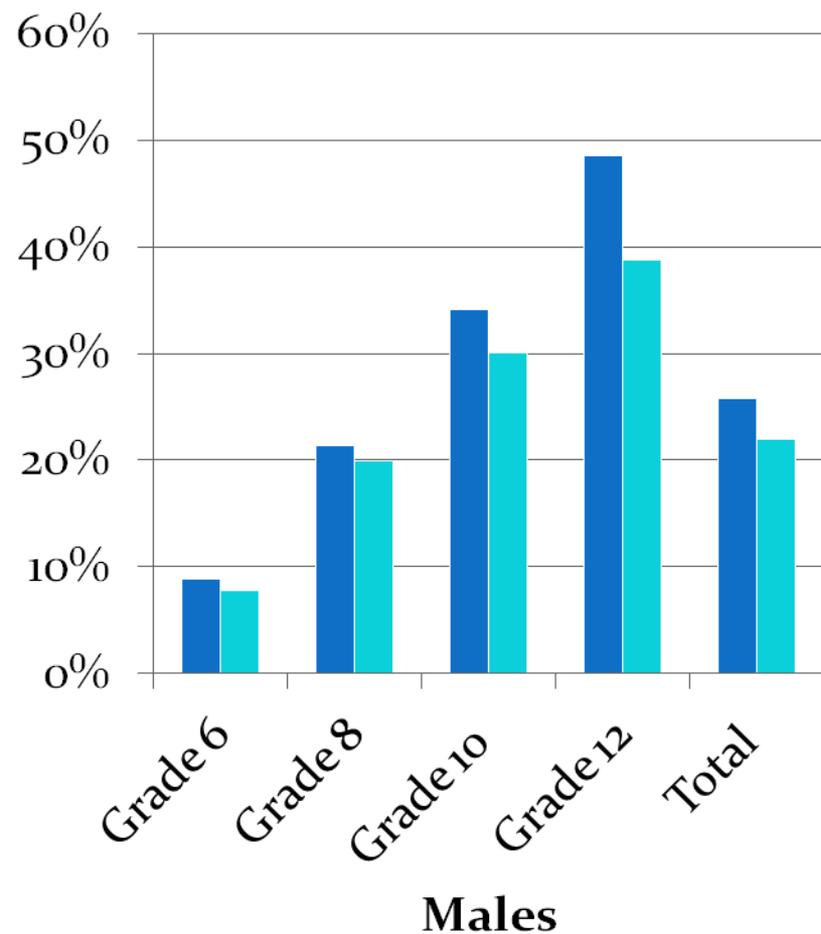


§ National Surveys on Drug Use and Health, 2002-2007, Caraballo, R, Rock, V, **Overview of Current Use of Menthol Cigarettes and Trends in Recent Years, 2nd Menthol Conference, Oct 2009**

Little data but strong trends

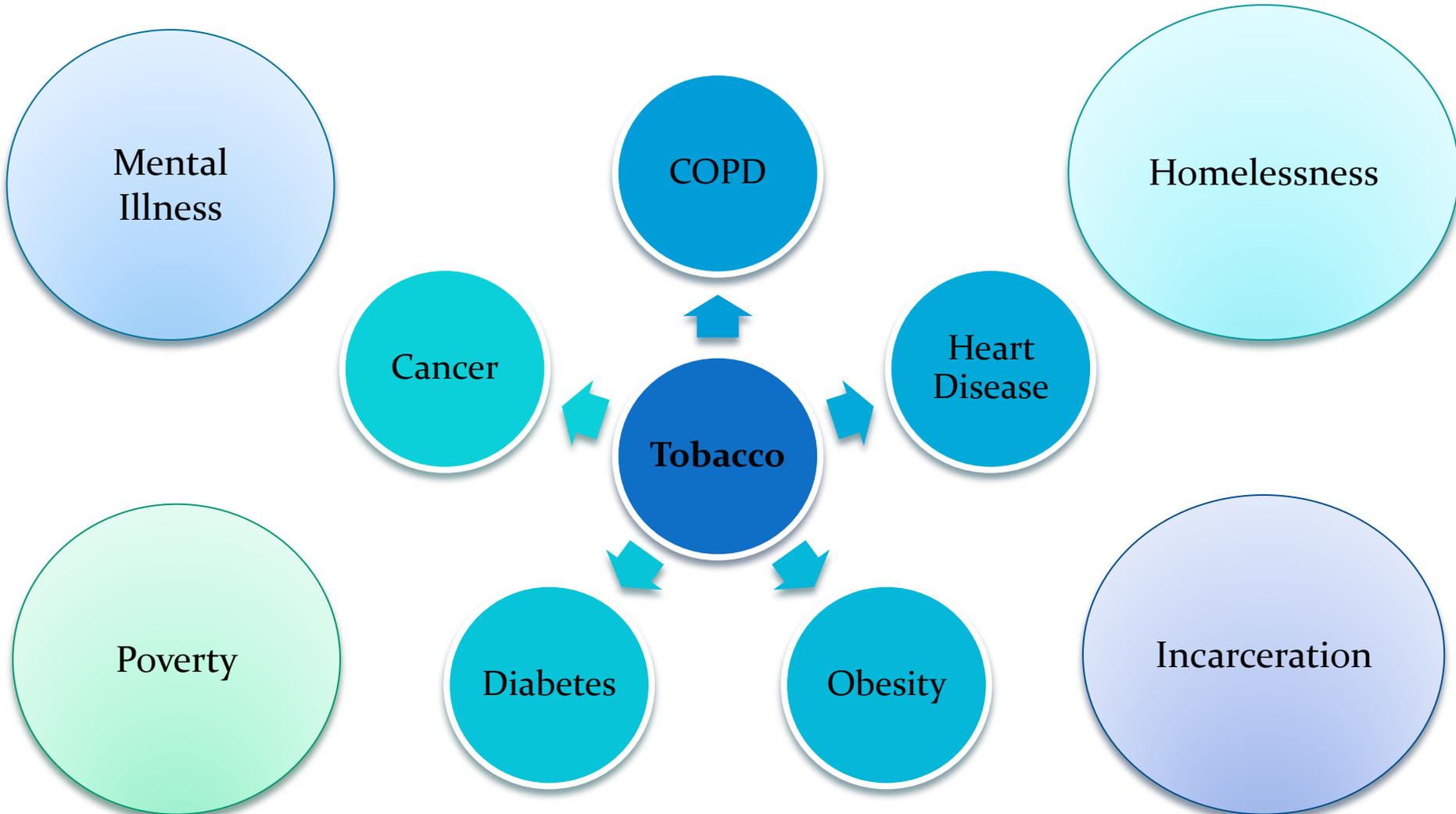
- A 2008 report reveals that little cigar and cigarillo sales increased by over 240% and almost 150%, respectively, between the years 1997-2007 (Maxwell Report, 2008)
- Sales increases may be attributable to lower product taxation, increased accessibility, convenience, and perception of reduced harm relative to cigarette smoking (Denelvo, 2005; Jolly, 2008; Smith, 2007)
- Despite these trends, cigar use has been “...an ignored public health threat for some time” (Terchek et al., 2009; Symm et al., 2005)

Percent of Arkansas students by grade who used tobacco in their lifetime 2011



Data from Arkansas Prevention Needs Assessment (APNA) Survey

Tobacco and Chronic Diseases

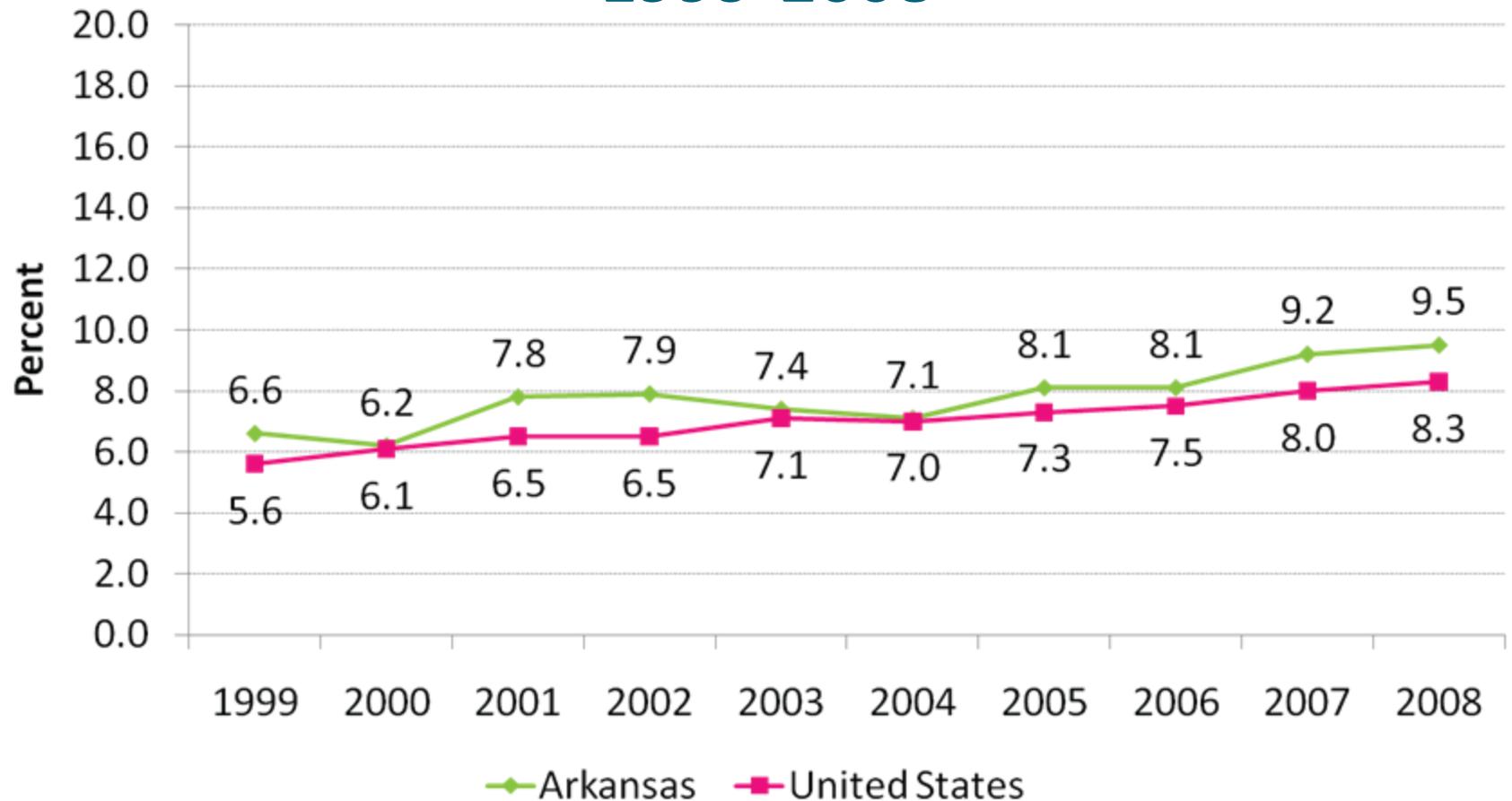


2010 U.S. Surgeon General's Report How Tobacco Smoke Causes Disease?

- There is no safe level of exposure to tobacco smoke
- Damage from tobacco smoke is immediate
- Smoking longer means more damage.

2010 U.S. Surgeon General's Report

Diabetes Prevalence* in Arkansas and United States, 1999-2008



*Question: Have you ever been told by a doctor that you have diabetes?
Source: CDC Behavioral Risk Factor Surveillance System 1999-2008.

How Big is the Diabetes Problem in Arkansas?



**Those with diagnosed
Diabetes in AR =211,626 (9.6%)**

**Those with diagnosed and undiagnosed
diabetes in AR= 352,533 (15.9%)**

**Those with pre-diabetes in AR= 951,985
(43.2%) and those are at risk for developing
diabetes**



Smoking & Diabetes

A Dangerous Combination

- **11 fold increase in risk for MI or stroke** Haire-Joshu D, et al: Smoking and Diabetes, Diabetes Care 22(11):1887-1898, 1999
- **3 times more likely to have kidney disease** Haire-Joshu D, et al: Smoking and Diabetes, Diabetes Care 22(11):1887-1898, 1999
- **3 times more likely to die of CVD** American Diabetes Association, Smoking Webpage
- **Can cause cancer of mouth, throat, lung & bladder** American Diabetes Association, Smoking Webpage
- **Raises blood sugar level, making it harder to control** American Diabetes Association, Smoking Webpage

Smoking May Be An Independent Risk Factor for Type 2 Diabetes

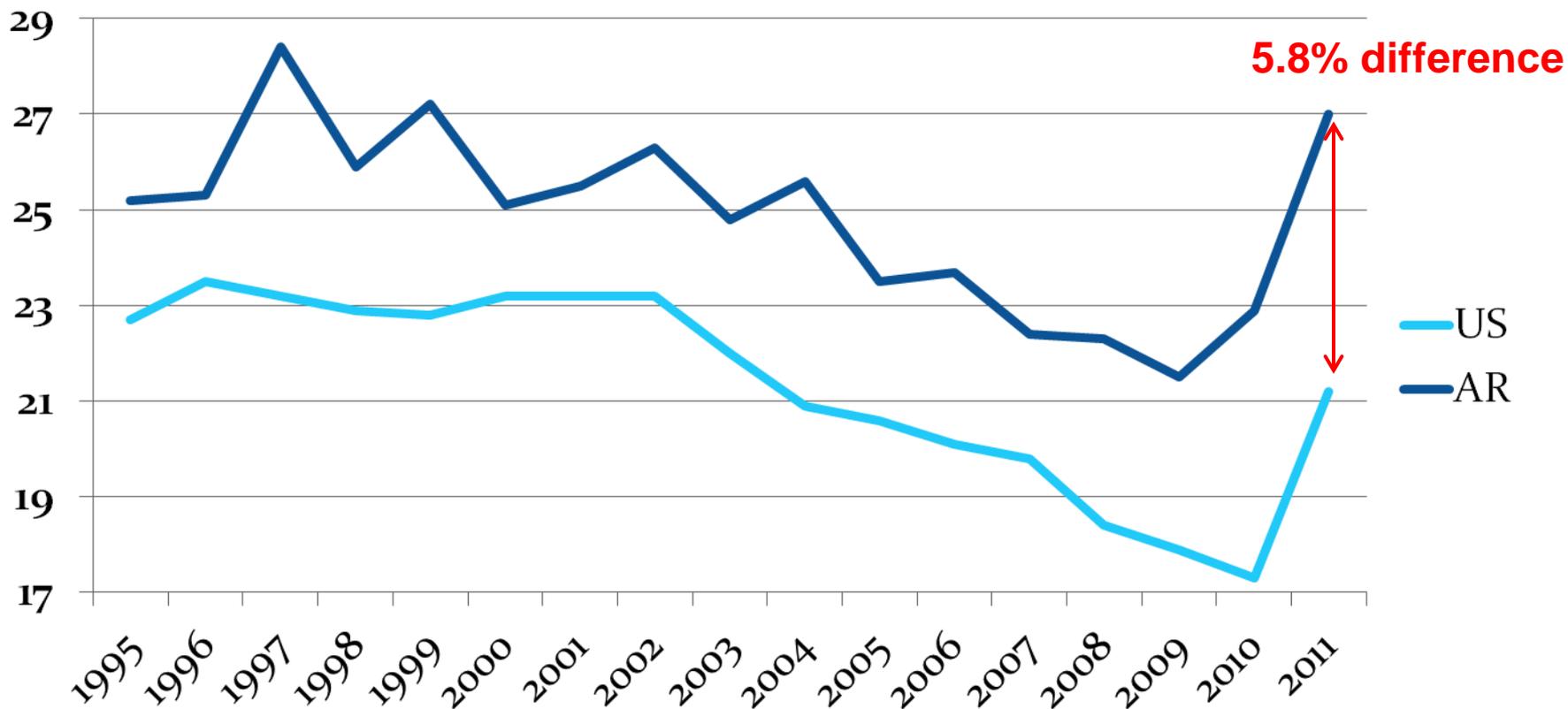
- JAMA meta-analysis 2007 (Relative risk or 1.44 and 12% of diabetes attributable to smoking)
- Nurses' Health Study found relative risk of 1.42
- Those who smoke more than 20 cig. /day, almost double their risk of developing diabetes, when compared with nonsmokers (Dr.Collazo-Clavell, Mayo Clinic)
- Another study found Smoking 16 to 25 cig./day increases the risk for Type 2 diabetes than did those who smoked 1-15 cig./day(Am.J Epidemiol vol.145 No.2. 1997)
- Smoking cessation-key facet to both diabetes prevention and treatment.
- Assure no exposure to second hand smoke.

Willi et al JAMA 2007;298:2654-64; Ding and Hu editorial 2675-76 Rimm E, et al Am. J. Public Health 83(2): 211-214, 1993

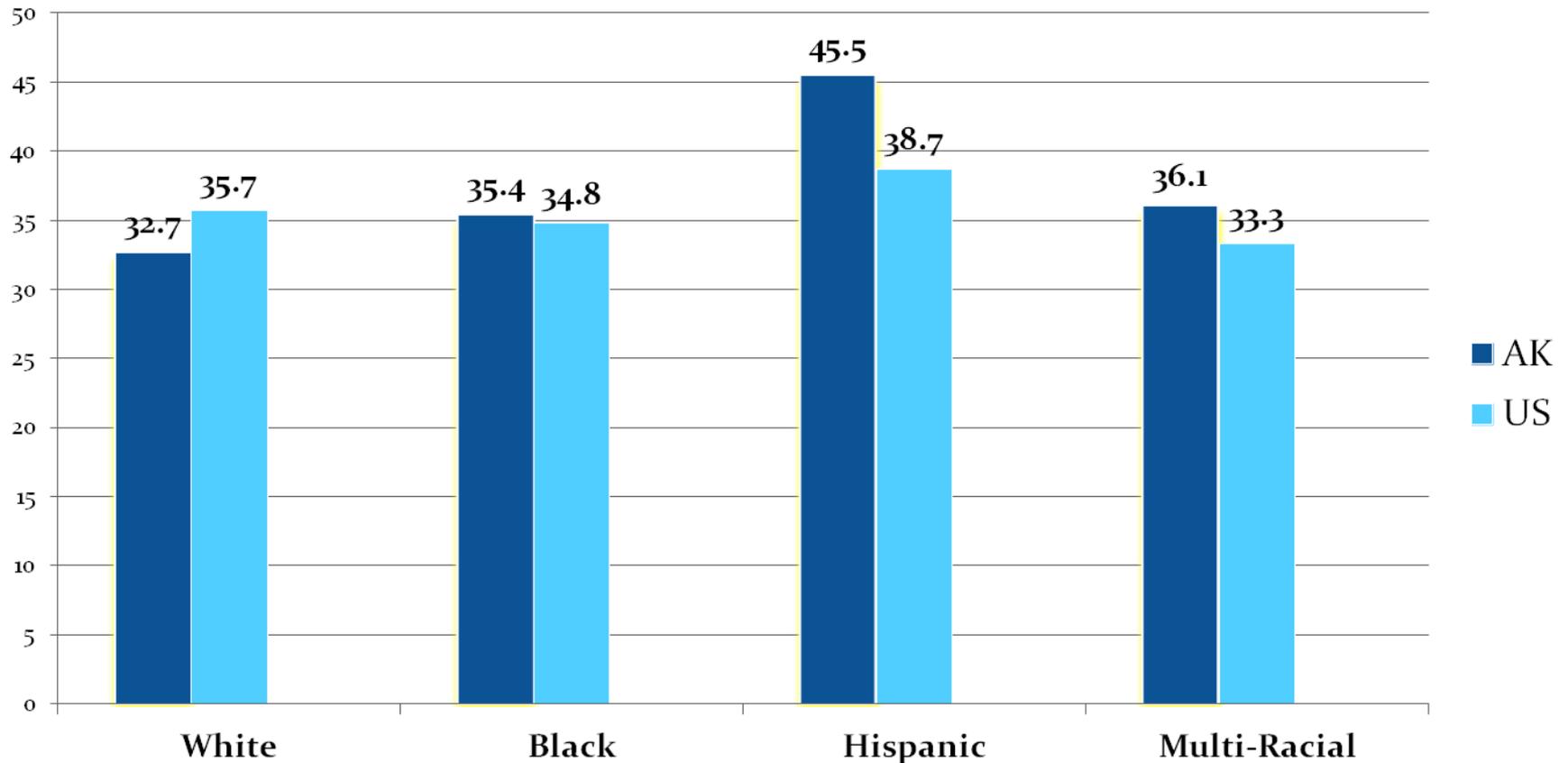
Smoking and Insulin Resistance

- Smoking acutely impairs insulin action and leads to insulin resistance J Intern Med, 1993 April, 233(4):327-32
- Smoking **ONE** cigarette reduces the body's ability to use insulin by **15%**.
- When insulin is impaired in smokers, a dose response relationship can be seen. Diabetes Spectrum 2005; 18 (4) 202-208

Prevalence of Smoking in AR and US: 1995-2011

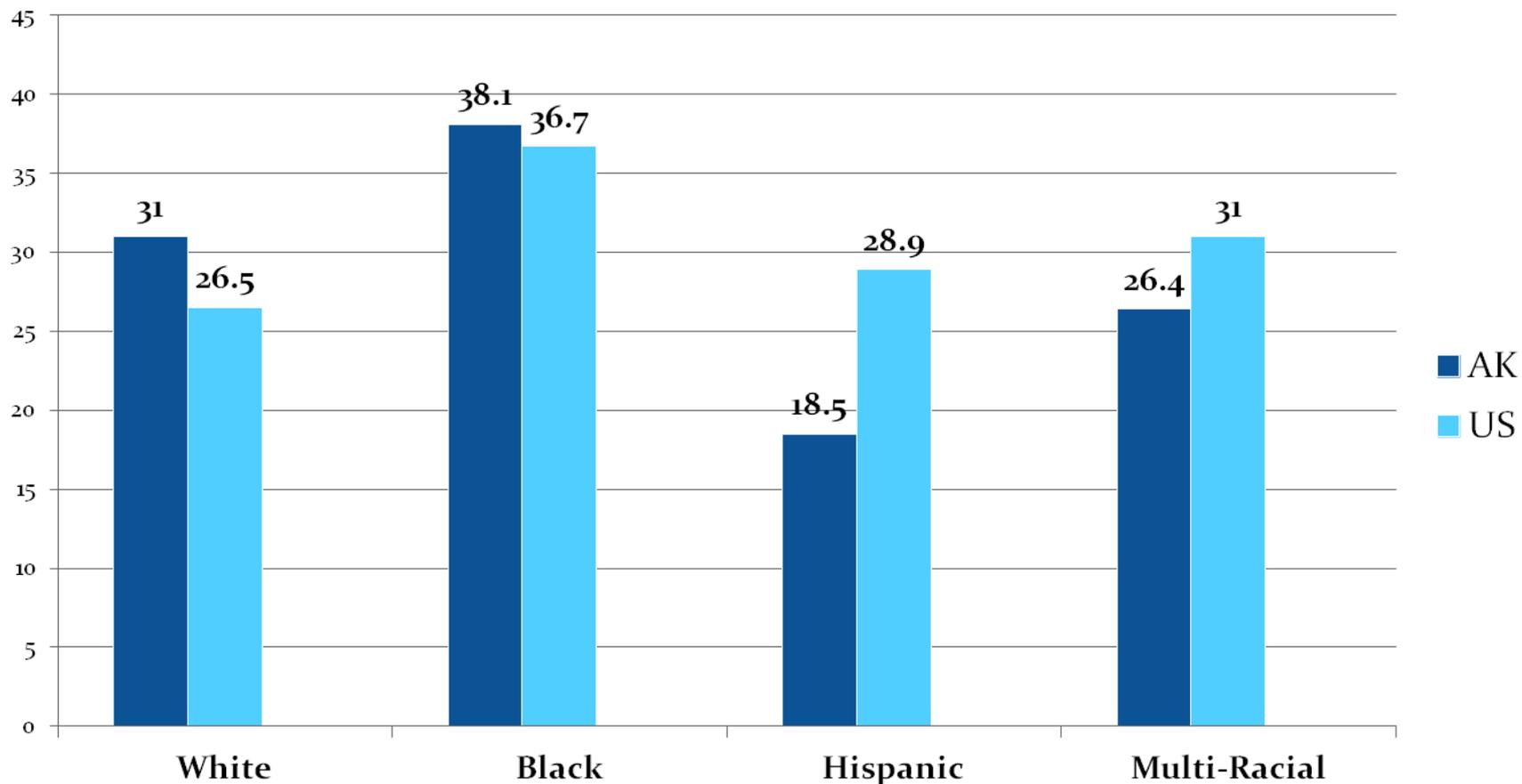


Prevalence of Overweight BMI 25-29.9 by race/ethnicity in AR & US: 2011



Source: CDC, BRFSS, 2011

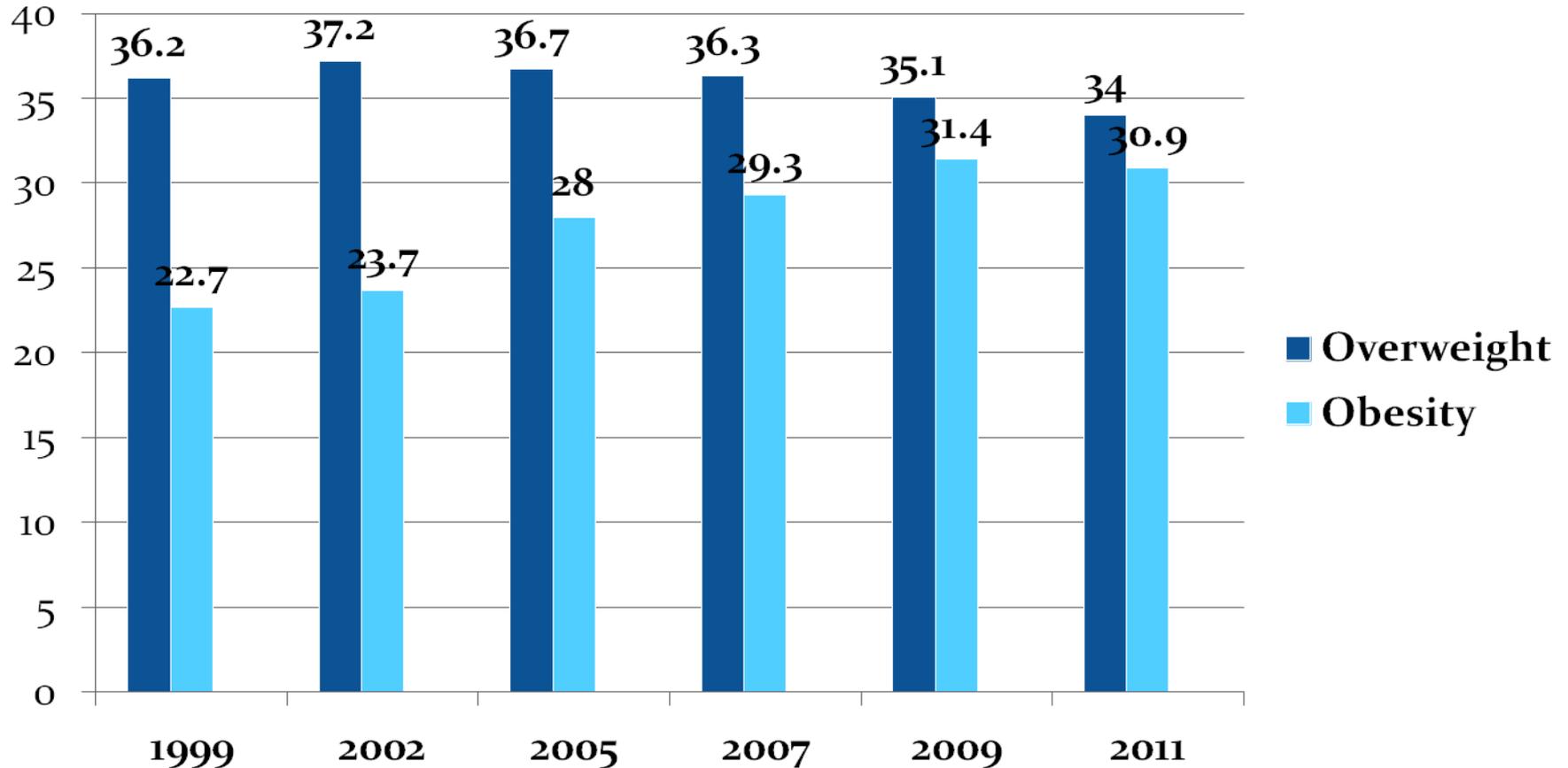
Prevalence of Obesity BMI > 30 by Race/Ethnicity in AR & US: 2011



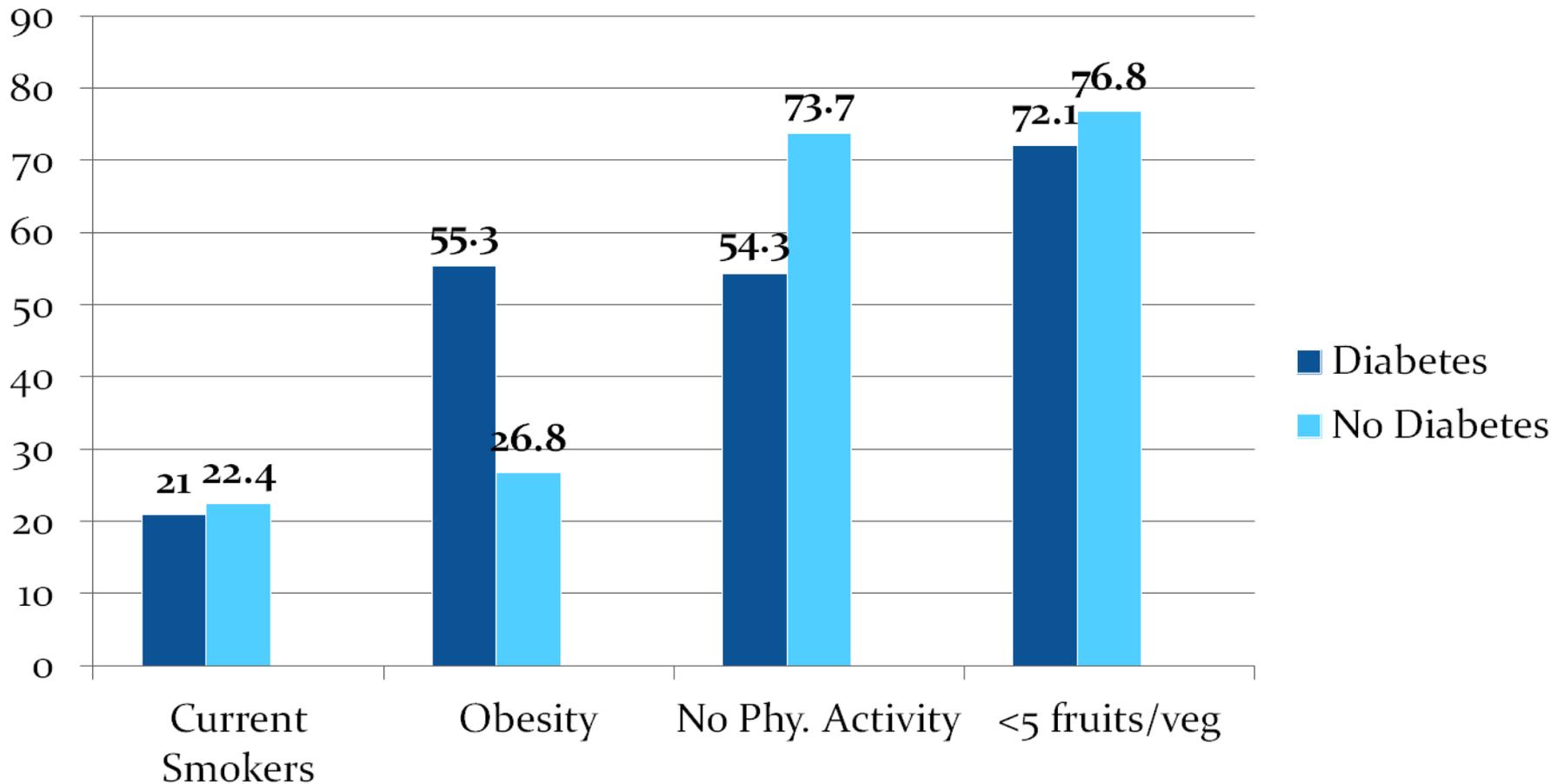
Source: CDC, BRFSS, 2011

64.9% of the Arkansas population is obese or overweight!

Prevalence of Overweight & Obesity in Arkansas 1999-2011



Prevalence of Risk Factors Among Adults by Diabetes Status, AR: 2007



Source: Burden of Diabetes in AR, Dept. of Health, July 2011

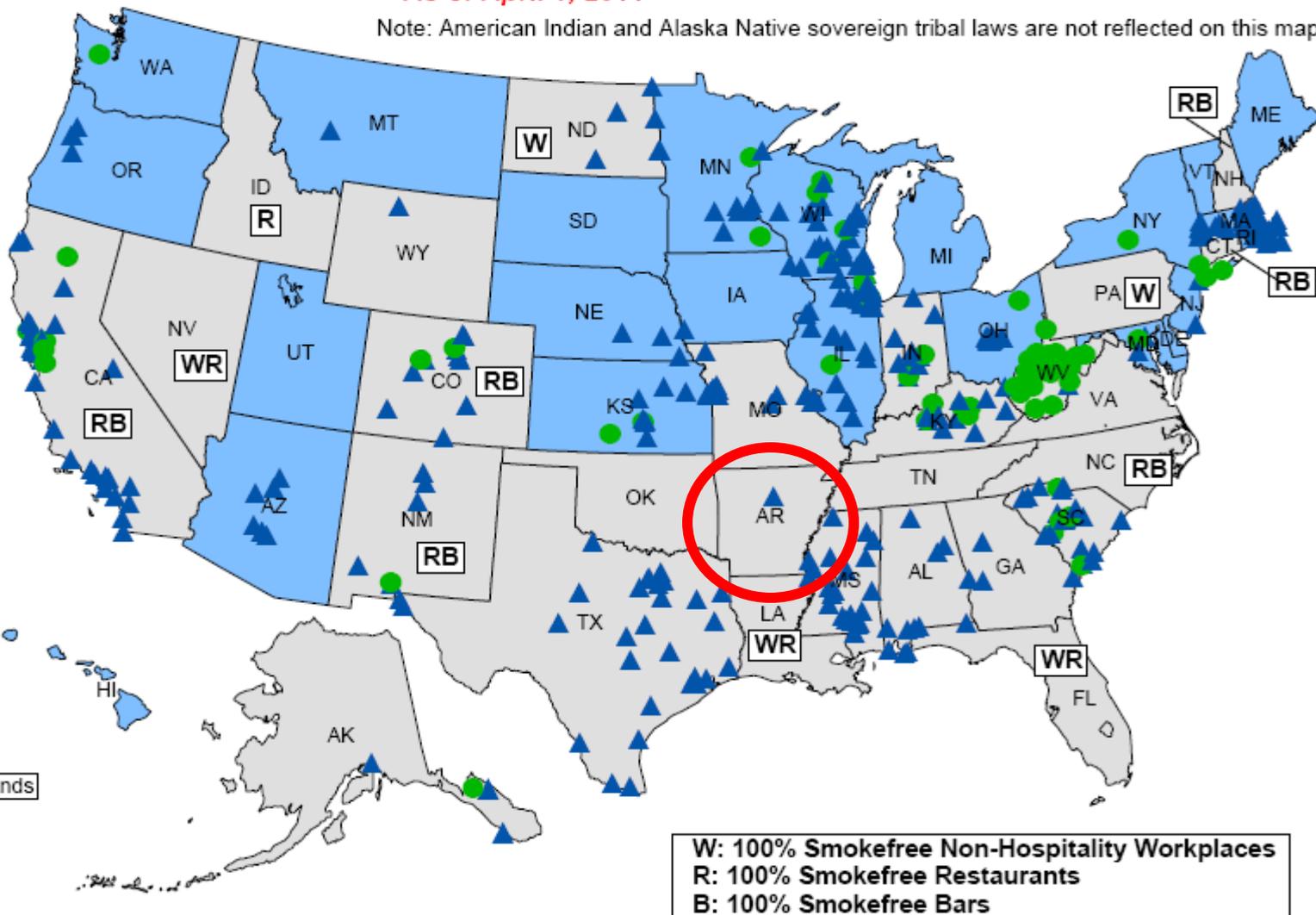
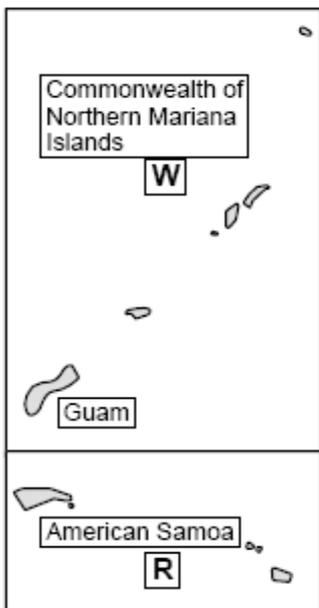
U.S. 100% Smokefree Laws in Non-Hospitality Workplaces AND Restaurants AND Bars

American Nonsmokers' Rights Foundation

As of April 1, 2011

Note: American Indian and Alaska Native sovereign tribal laws are not reflected on this map.

Territories and Commonwealths



Locality Type with a 100% Smokefree WRB Law

- ▲ City
- County

State and Commonwealth/Territory Law Type

- 100% Smokefree Non-Hospitality Workplace, Restaurant, and Bar Law
- Law doesn't cover 100% Smokefree Non-Hosp. Workplaces & Restaurants & Bars

Percent of Population Covered by 100% Smokefree Non-Hospitality Workplace Laws In Effect As of April 1, 2011

American Nonsmokers' Rights Foundation, www.no-smoke.org

Territories and Commonwealths

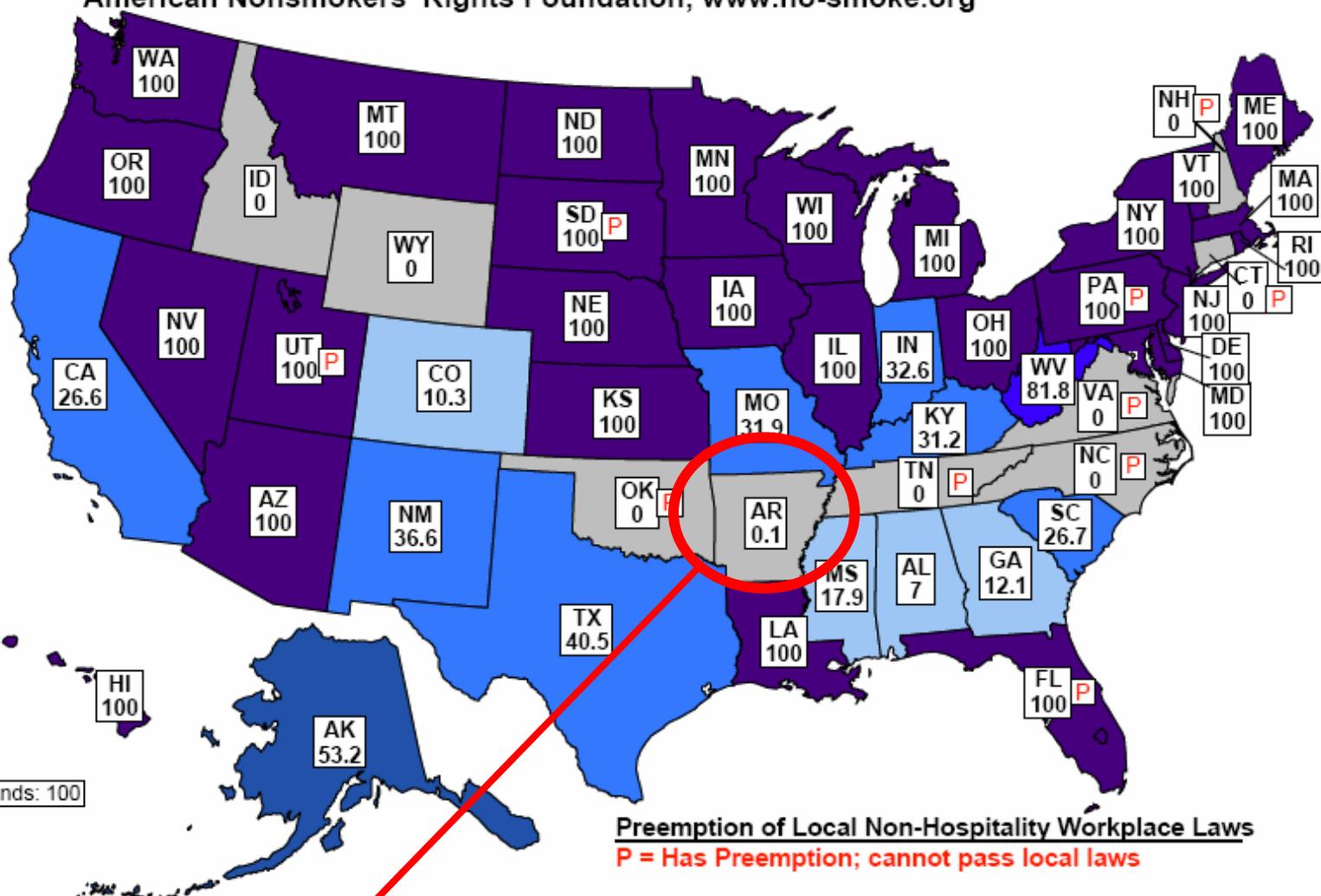
Commonwealth of Northern Mariana Islands: 100

Guam: 0

American Samoa: 0

Puerto Rico: 100

U.S. Virgin Islands: 100



Preemption of Local Non-Hospitality Workplace Laws
P = Has Preemption; cannot pass local laws

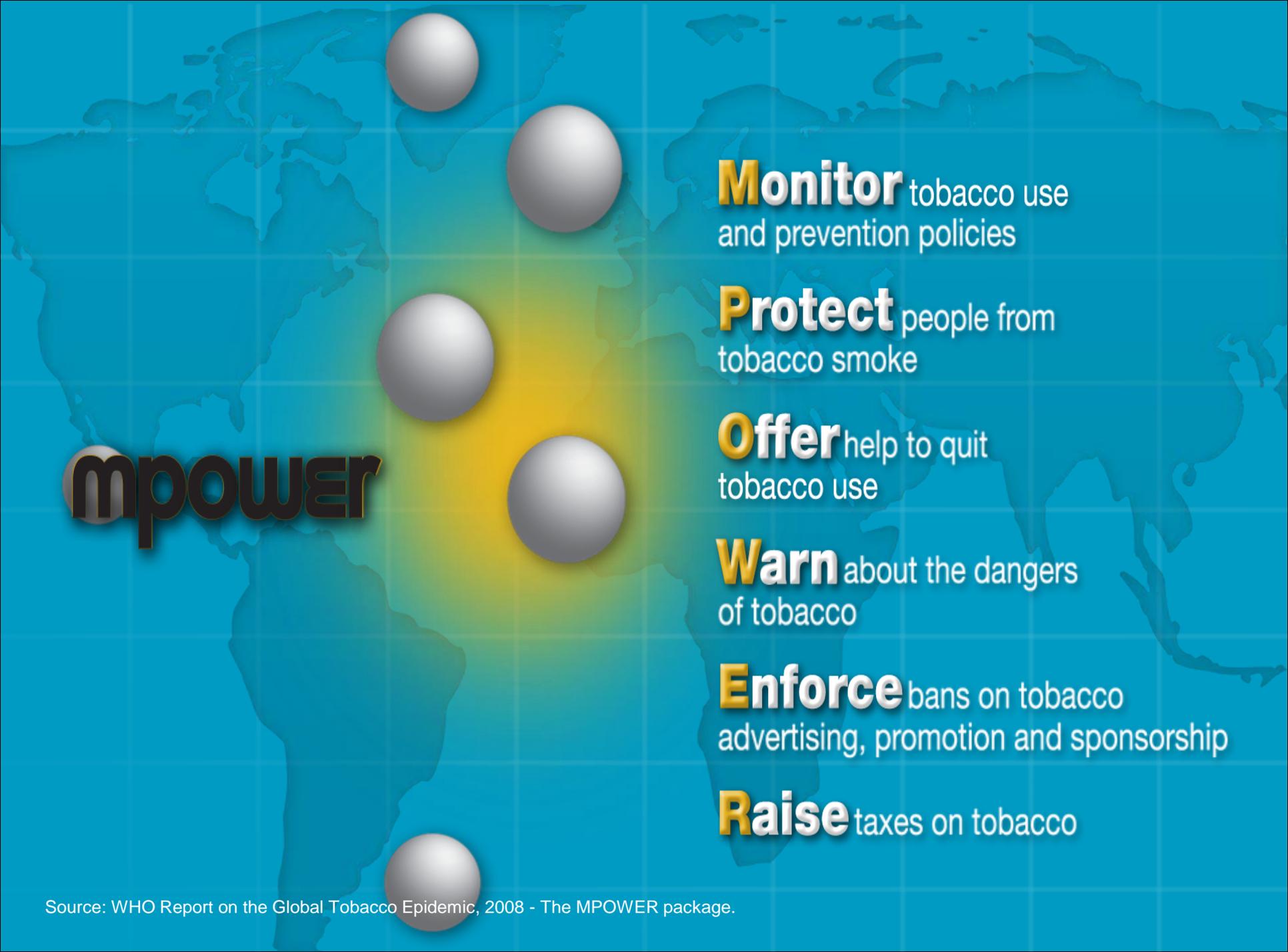
Note: American Indian and Alaska Native sovereign tribal laws are not reflected on this map.

State/Commonwealth/Territory Population with 100% Smokefree Workplace Laws



How to connect tobacco control to other chronic diseases?





mpower

Monitor tobacco use
and prevention policies

Protect people from
tobacco smoke

Offer help to quit
tobacco use

Warn about the dangers
of tobacco

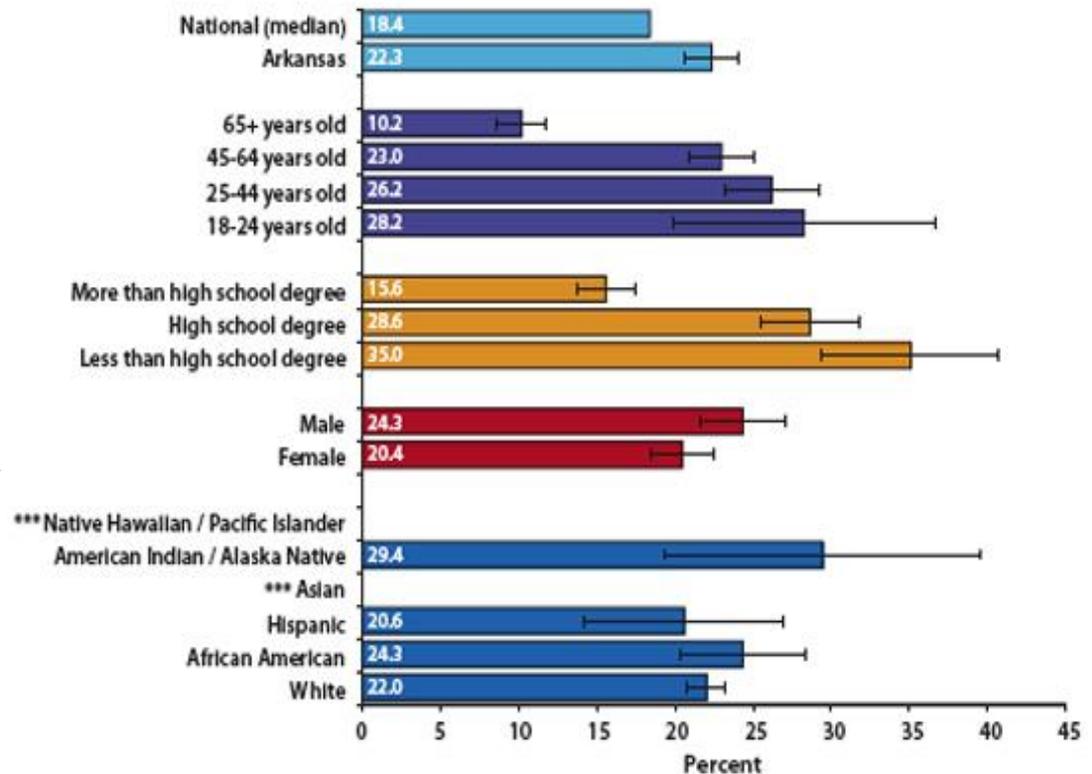
Enforce bans on tobacco
advertising, promotion and sponsorship

Raise taxes on tobacco

MONITOR tobacco use and prevention policies

- Tobacco products
- Obesity rates
- Products available at grocery stores
- Physical activity
- Disaggregate data by racial and ethnic subgroups!

Current Smoking among Adults by Demographic Characteristics



*** Data not shown because sample size is less than 50.

Source: BRFSS, 2007-2008

PROTECT people from tobacco smoke

- Create coalitions that can advocate for smoke-free ordinances.
- Engage minority populations.
- Engage business owners to implement smoke-free policies in their establishments.
- No smoking in cars, parks, or public outdoor spaces.

State Smoke-free Policy		
Smoke-free Workplaces	Smoke-free Restaurants	Smoke-free Bars
 Yes	 No	 No

Source: STATE System, 2009

OFFER help to quit tobacco use

National Quitline Services:

- Include counseling, nicotine replacement therapy (NRT), referrals, educational materials, and training for health care providers
- Appeal to those -uncomfortable in a group setting
- Easy intervention for health care professionals
- **1-800-QUIT-NOW** is a national number that accepts calls from throughout the nation, including AK.
- The router directs callers to the appropriate state Quitline.
- Quitline can increase an individual's success in quitting by up to 56%

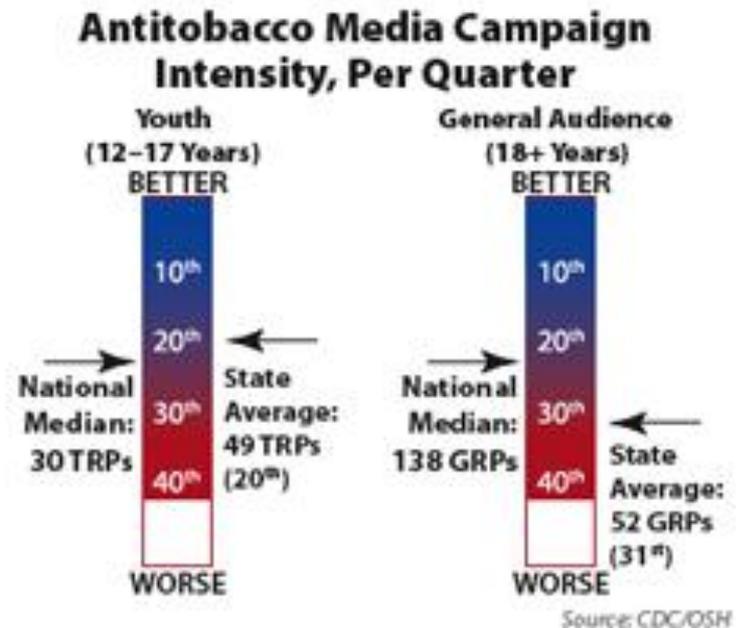
(CDC & Surgeon General)

Nicotine Replacement	Varenicline	Bupropion	Counseling
Partial	✓ Yes	✓ Yes	Partial

Source: MMWR 2009, SR(43), 1199-1204.

WARN about the dangers of tobacco

- Many people do not associate tobacco use with other chronic diseases.
- Emphasize the relationship between tobacco and diabetes, obesity, heart disease.
- Educate populations in a culturally and linguistically appropriate manner.



ENFORCE bans on tobacco advertising, promotion and sponsorship

- The tobacco industry offers money to finance events in minority communities.
- Advertising is most concentrated in stores that serve communities of color.

State Allows Local Advertising and Promotion Laws		
Display	Promotion	Sampling
✓ Yes	✓ Yes	✓ Yes

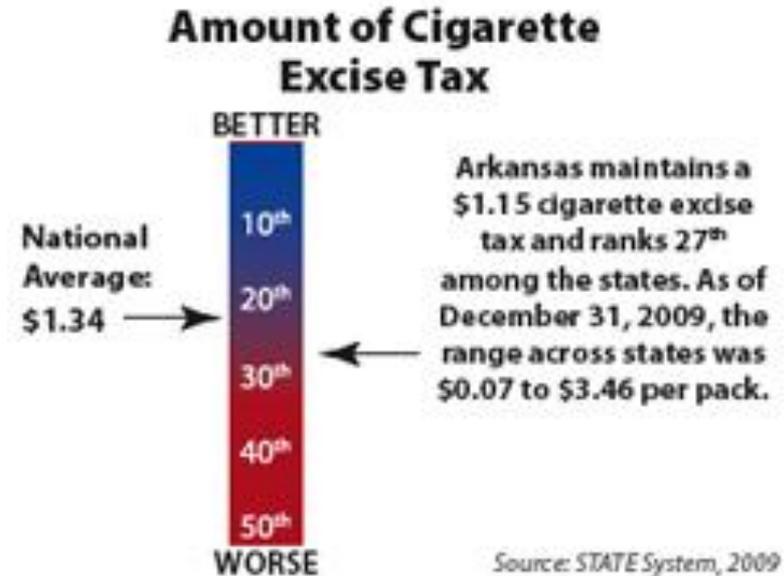
Source: STATE System, 2009

Retail Environment Tobacco Licensure	
Over the Counter	Vending Machines
✓ Yes	✓ Yes

Source: STATE System, 2009

RAISE taxes on tobacco products

- Higher taxes on cigarettes discourages consumption and can help finance anti-tobacco campaigns.
- Taxes on tobacco products can help pay states back for their expenditures on health to treat tobacco related conditions.
- Use money to fund tobacco control initiatives with minority populations.



Adding value: MPOWERED

- Monitoring and data collection
- Protecting from SHS, advocacy work
- Offering Cessation, promoting, educating
- Warning on the dangers of tobacco
- Enforcement: bans on ads, smoking in pubs, sales to youth
- Raise taxes
- Empowering leaders/community level
- Disseminating information to communities of color on tobacco control/ CDC/ FDA/ National issues such as menthol.

Are you **MPOWERED**?

- m** • Are you collecting data about different ethnic, racial, socioeconomic, and other groups?
- p** • Are you engaged in smoke-free workplaces policy?
- o** • Are you working with the LGBT community?
- w** • Are you educating people on tobacco?
- e** • Are you enforcing policies and bans on tobacco?
- r** • Are you involved in advocating for higher taxes?
- e** • Are you empowering minority communities?
- d** • Are you doing Media Advocacy? Distribution ?

Action Steps

- Support the Clean Indoor Air Legislation that will close the loop-hole in Act 8 of 2006---make all workplaces smoke-free, NOT LOBBY, But Educate.
- Bring in NEW troops, LGBT communities, Faith Communities, start with Businesses, soccer/little leagues to become smoke free, build political power by doing small private policies, engage NEW groups, the American Diabetes Association, the health insurance companies, the HEALTH CLUBS, youth groups, etc.
- Increase Arkansas tobacco excise tax to at least to the level of the national average
- Reach out to your health department colleagues and work with them on diabetes, asthma, cancer, COPD.. INTEGRATE

Success Stories



250 Latino Business in Indianapolis went Smoke-Free and supported a smoke-free city ordinance



The Hoosier Faith and Health Coalition engaged over 800 Indiana faith groups in tobacco control efforts



PR LGBTT communities filled over 520 health surveys



San Antonio passed a comprehensive smoke-free ordinance



Smoke-Free Soccer Leagues in Latino communities worked against tobacco

Integrated Tobacco Control in Chronic Disease Management

- Case studies: different approaches for integrating tobacco treatment and chronic disease management.
- **1. Blue Cross Blue Shield of Minnesota: Integrating tobacco cessation through health plan operations.**
- **2. Maine Center for Tobacco Independence (CTI): Using provider networks to integrate tobacco cessation into chronic disease management programs.**
- **3. Oregon Department of Human Services: Integrating Tobacco Cessation and Asthma Control**

Source: TCLN Tobacco Cessation Leadership Network

http://www.tcln.org/reports/pdfs/Integrating_Cessation_and_Chronic_Disease.pdf

Questions and Discussion



THANK YOU MUCHAS GRACIAS

Jeannette Noltenius, PhD
National Director
National Latino Tobacco Control Network
1869 Park Road, NW
Washington, DC 20010
(202) 328-1313 phone
(202) 329-6045 cell
(202) 797-9856 fax
jnoltenius@sswdc.com



www.latinotobaccocontrol.org

