



Tobacco Use Treatment and Disparate Populations

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(MCN)

and

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Objectives

- Identify the differences between health disparity and health inequity and define "Social Determinants of Health"
- Identify cultural beliefs and practices that challenge interventions to encourage quitting among groups disparately affected by tobacco use
- Discuss how "practice-based" strategies are used to effectively treat disparately affected populations.
- Discuss similarities and differences among each of Michigan's five major ethnic groups - as it relates to tobacco use treatment



Definitions

Health Disparity

a difference in health outcomes between population groups.

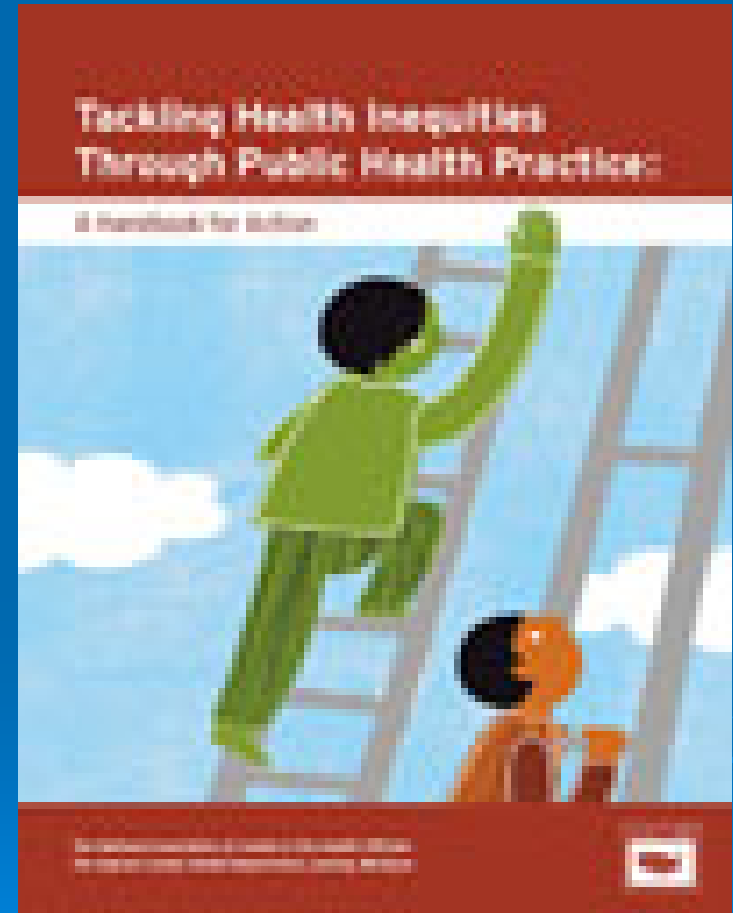
Health Inequity

a difference in health outcomes brought on by systematic, unjust advantage given to one group over another.

“Health Disparity” vs. “Health Inequity”

Disparity = Difference in the outcomes for two groups

Inequity = Difference based on differences in opportunity, support, access... “an uneven playing field”.



[Tackling Health Inequities Through Public Health Practice: A Handbook for Action](#) Edited by Richard Hofrichter, National Association of County and City Health Officials.

Definitions

Social Determinants of Health

The economic and social conditions that influence the health status of individuals, communities and jurisdictions as a whole.

They include, but are not limited to:





Health Disparities in the American Indian Community

South Eastern Michigan Indians, Inc.

Identifying cultural beliefs, practices and norms that challenge interventions to encourage quitting among American Indians



- A historical distrust by American Indians regarding the truthfulness of statistical statements made by non-Native “experts”
- Sharing of information by a Native person verses a Non-Native person.
- Information regarding the American Indian population, particularly those living in poverty, is better accepted when delivered by American Indian people working in the community
- High level of trust by American Indians when referrals come from American Indian people working in their communities

Health inequities that perpetuate failure to reach and support American Indians



- The current health care industry delivers a one size fits all, universal, cookie cutter approach, which is not compatible with American Indian communities
- No method to identify ethnicity of patients at intake or during client processing
- No method to identify if patient is experiencing exposure to second hand smoke
- Health care industry does not typically use relationship/confidence building practices, which is very important to the American Indian community and reinforces their lack of trust
- Unless a clinic is culturally specific, there is no culturally specific media in “mainstream” clinics or offices, such as American Indian posters or brochures, etc.

Promising & best practices, policies & strategies for effectively treating American Indians

- Understand that Western Medicine Practices often work best with Traditional American Indian Practices and have the best possible outcomes for the client
- **Tobacco is sacred medicine to American Indians.** There are no known health risk when tobacco is used traditionally/ceremonially and not commercially.
- Engaging the American Indian community as a resource; i.e., tribes, urban Indian centers
- **Think outside the box!** The American Indian population does not respond well to current health care practices, that is why there is such a health disparity!
- Develop a questionnaire on patient/client intake application, asking for ethnicity
- Also ask on the patient/client intake, “Does someone in your home smoke?”

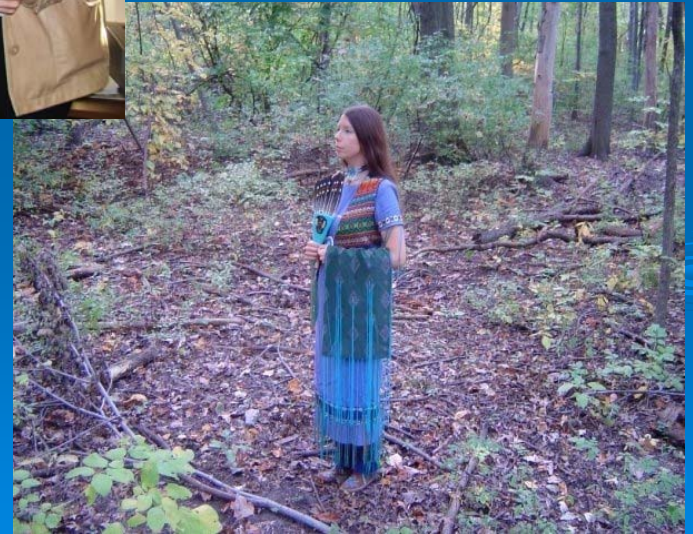


- Learn about the population you are serving
- Do not presume you know who someone is ethnically, by sight

Do Not Presume To Know...



...Unless You Ask





Miigwech!– (Thank you) to the SEMII staff...

Euphemia “Sue” Franklin

***Brian Moore – Assistant Executive Director**

***Karen Tomalis Lloyd – Seniors Advocate**

****...for permitting us to use their photographs in this presentation***

RESOURCES

- <http://www.huntsmancancer.org/pdf/nao/AmerIndian.pdf>
- <http://cancercenter.mayo.edu/upload/completelist.pdf>
- <http://www.tobacco-cessation.org/PDFs/NativeAmericanActionPlan.pdf>
- http://www.keepitsacred.org/network/index.php?option=com_content&view=article&id=18&Itemid=12
- <http://www.itcmi.org/>
- <http://www.semii1975.org>

Tobacco Assessment & Treatment in the Latino/Hispanic Community

Marisa Cuevas
Latino Family Services



Identifying cultural beliefs, practices and norms that challenge interventions to encourage quitting among Hispanic/Latino populations

- Uses smoking as a coping mechanism for managing anxiety and stressful situations.
- Other family members in the household smoke or use other forms of tobacco.
- Constantly in situations where alcohol and smoking are done together and triggers cravings. Habit in certain situations.
- Efforts to quit smoking cigarettes leads to the use of cigars, water pipes and marijuana.
- Failed attempts at Quitting



Identifying cultural beliefs, practices and norms that challenge interventions to encourage quitting among Hispanic/Latino populations (continued)

- Lack of bilingual and culturally relevant smoking cessation materials.
- Living in certain (urban area) neighborhoods
 - There are more liquor stores, bars and smoke shops.
 - Increased advertisements in the urban neighborhoods with link to alcohol consumption which triggers tobacco use.
- Cost of smoking cessation medications.



Promising & best practices, policies & strategies for effectively treating the Hispanic / Latino populations

➤ Family Support System

- Family is a major influence in a decision to quit using tobacco.
 - Children is a key motivator in stopping smoking and living a healthier lifestyle.
 - Tobacco Use Treatment programs which involve the family and/or church
- ### ➤ Having access to low cost tobacco use treatment (cessation) materials and medications.



Promising & best practices, policies & strategies for effectively treating the Hispanic / Latino populations (continued)

- Use of alternatives that curb cravings.
- Avoid the consumption of Alcohol
- Support from people who have quit and from culturally relevant programs.
- Providing culturally appropriate resources and materials. Better education about available resources.

Tobacco Assessment & Treatment in the Arab/Chaldean Community

Manal Said, Bashar Shamo and Wali Altahif
ACCESS Substance Abuse Prevention Program
Arab American and Chaldean Council



Overview of the Arab American Community

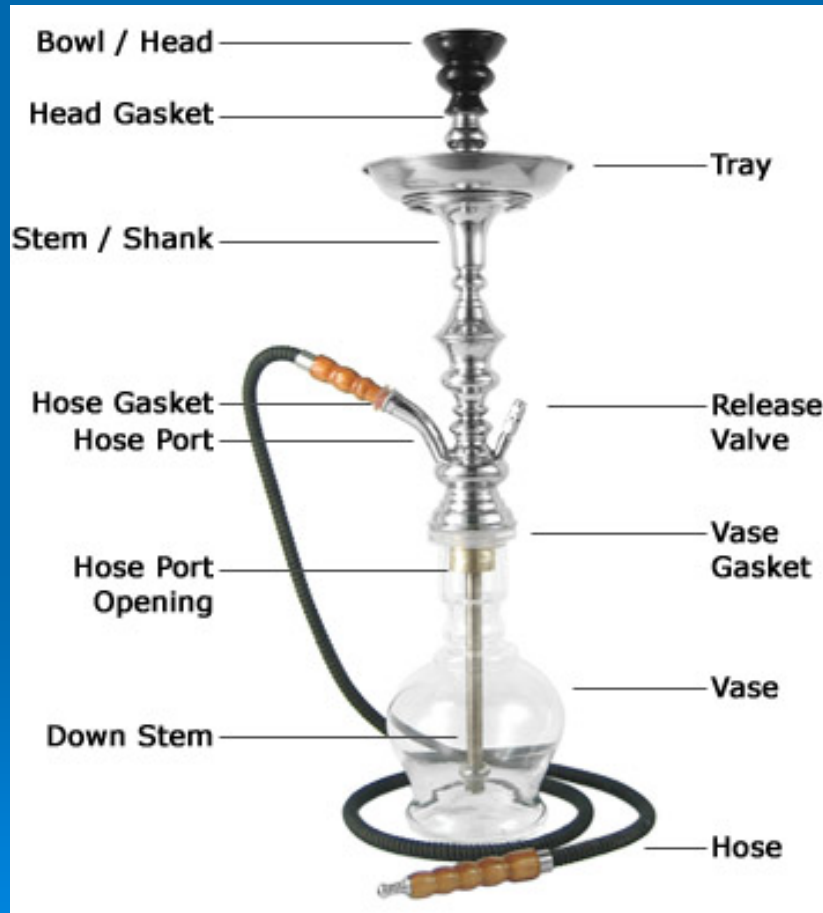
- Anyone whose ancestry traces back to any of various waves of immigrants originating from one or more of the twenty-three countries comprising the Arab world
- Immigrants and American born, different levels of acculturation
- Do not assume or over generalize



Smoking in the Arab American community

- Smoking rates: 30 - 38.9 %
- Many of the immigrants were smokers before coming to the U.S.
- Mostly cigarettes and hookah

HOOKAH ARGILEH



- Hookah aka, Argileh or Shisha, is a single or multi-stemmed (often glass-based) water pipe for smoking flavored tobacco.
- It has a long hose attached to the pipe from which the smoke is drawn. The charcoal is used to heat and smoke the tobacco. When the smoke passes through the water it cools smoke of tobacco.

Flavored moist Hookah tobacco



Providing services to Arab and Chaldean Americans

- The Language barrier
- Translation of services is not enough but helpful in reaching out
- Mistrust of mainstream services



Findings from the field

Identifying cultural beliefs, practices and norms that challenge interventions to encourage quitting among Arab and Chaldean populations

- Many do not consider themselves as smokers if they only smoke hookah
- Many view it as a social activity, non addictive and not as harmful.
- Social acceptance of smoking.
- Able to resist smoking for longer periods of time when they are in an environment where smoking is not allowed
- Family and guests smoking in the home contribute significantly to their smoking behavior



More Findings from the field

Arab and Chaldean populations

- Sometimes it is viewed as disrespectful to ask a guest to smoke outside
- Smoking as a stress coping mechanism
- Stigma of being counseled

Promising & best practices, policies & strategies for effectively treating the Arab / Chaldean populations

- Strong family values can be used as protective factor to influence quitting
- Belief that success with quitting is dependent on the individual's willpower (regardless of support provided)
- Other support that would be helpful:
 - socializing with people who do not smoke
 - being a part of a group of people who are quitting together
 - workshops about quitting smoking
 - talking with someone who has been successful with quitting
 - availability of facilities for exercise and other healthy alternatives

Tobacco Assessment & Treatment in the African American Community

Tobacco Use Among African Americans

Statistics


- African Americans are 14.7 % of the State's Population
- Individuals Below Poverty Level
 - State 16.0%, Nationally, 18.0%
 - African Americans in Michigan 40.4%
- The smoking rates for African Americans
 - 21.1% for the State
 - 21.2% Nationally

Impact Of Tobacco

- 47,000 African Americans die yearly from a preventable smoking related disease
- If trend continues, an estimated 1.6 million African Americans, now under 18 will become regular smokers and 500,000 will die from a smoking related disease.
- Smoking is responsible for 87% of lung cancer. African American men are at least 50% more likely to develop lung cancer than white men and 30% more likely to Die.

Identifying cultural beliefs, practices and norms that challenge interventions to encourage quitting among African American populations

- Understanding of the History
 - African Americans As Indentured Servants
 - African Americans Farmed Tobacco
- Tradition Is Very Important In African American Community
- African American prefer menthol
- There is a culture of mistrust
- Health Literacy (lack of understanding)



Identifying cultural beliefs, practices and norms that challenge interventions to encourage quitting among African American populations (continued)

- Language Barrier
- Lack of Culturally Competent Resources
- Peer and Family pressure
- Lack of options... Social determinants of health
- Tobacco is viewed as a Stress Reliever
- Understanding the DECEPTION:
 - Tobacco Company Schmooze African Americans

What Tobacco Companies Think About Their Customers

- When asked “Do you smoke?” an R.J. Reynolds executive replied “Are you kidding we reserve that right for the poor, the black, and the stupid.”
- Tobacco Companies pour resources into the Black community.
 - Advertising dollars (Black magazines)
 - Financial Support
 - Political campaigns
 - Festivals and community events
 - Churches
 - National Urban League
 - Diverts attention away from the real issue

Tobacco Use Among African Americans

Urban Advertisement

- 4 of 10 billboards in African American communities
- Ebony, Jet, and Essence receive higher profits from cigarette ads
- \$12.7 billion on advertisement yearly
- Educate 2000 Students Being taken advantage of by tobacco companies and those who sell cigarettes
- Underlying racism in the advertisement and sale of tobacco



Promising & best practices, policies & strategies for effectively treating the African American population

- Tobacco companies target African Americans through advertisements.
 - Strong community support is needed to stop marketing activities because of the strong advertisement in Urban communities.
- Smoking addiction should be treated the same as drug addiction.
- A need for support groups to help with the tobacco addiction.



Promising & best practices, policies & strategies for effectively treating the African American population

➤ *Involve African Americans*

- As Community Advocates
- Faith-based Organizations
- Businesses
- Sororities and Fraternities

➤ *Promote...*

- *Adults quitting... children learn by example*
- Smoke-free Home Pledge
- Political Involvement
- Advocating for key research
- Alternative funding source
- Policy Changes

Tobacco Assessment & Treatment in the Asian American Community

Dr. Douglas Chung
Asian Center

Cultural beliefs and practices that challenge interventions to encourage quitting among Asian Americans



Asian core values and beliefs include: Harmony, caring/loving, equality/justice, accountability, consistency, mutual aid, fidelity, respect the elderly, ...etc These values are reflected in the Yin Yang diagram as image of Tao. Health and other social disparities indicate a violation of these values which led to tobacco use and other stresses, depression, anxieties and physical and mental diseases among various Asian groups.



Cultural beliefs and practices that challenge interventions to encourage quitting among Asian Americans (continued)

- Cigarette as a gift is cultural norm in Asian countries
- Soldiers were/are provided cigarettes free in military in many Asian countries
- Indians use tobacco in more diversified forms than other Asian countries
- Japanese vending machine has capacity to screen buyers' age
- Tobacco companies play multiple-role in hurting/killing people as well as a "hero" to provide jobs, kind doer, donator,...causes more harms for countries/communities.
- Oppressive Asian History - histories facilitate more smoking behaviors, hostility, and tobacco production and distribution.



Cultural beliefs and practices that challenge interventions to encourage quitting among Asian Americans (continued)

➤ Peer pressure/social influence

- Means of socializing with friends, guests, and business acquaintances
- Difficult to reject a cigarette that is offered by a friend or one that is shared with a friend or coworker

➤ Lack of willpower

- “Decisive mind is important”
- Belief that the individual has to make the decision to quit to be successful

➤ Cultural Factors

- “I am the main bread winner”
- “I am entitled to have this...”
- Age as an issue “...old enough...”

Additional Challenges faced in the Asian American Community

- Working environment
 - Industries (such as the restaurant business) where smoking is used for stress relief or as a major factor in business hospitality.
- Culture as an obstacle and an opportunity



Discuss how 'practiced-based evidence' strategies are used for effectively treating Asian American populations

Asian Center has developed various culturally competent energy therapies, such as Water therapy, Sound therapy, Qigong therapy, Diet therapy, Tai Chi therapy, Meridian therapy, Acupuncture, Hand Clapping therapy, etc. evidence-based interventions for Asian smokers and general public. These energy therapies are offered and well accepted not only by the Asian populations but also general population.



Discuss how 'practiced-based evidence' strategies are used for effectively treating Asian American populations

- Involve with family in smoking cessation as a cultural strength.
- Importance of education in all Asians in tobacco education.
- Tobacco is correlated to health and mental health
- Religion & spirituality also impact health; mental health and tobacco consumption.
- Although the main stream service providers do provide service to all, they fail to provide culturally competent services to Asian groups.



Differences between ethnic groups...

- History
- Locations
- Beliefs
- Customs and Value Systems as it relates to tobacco use treatment.

Common to all groups

- The family functions as both a “a trigger” and “inhibitor”
- Sometimes it is difficult to identify what their “triggers” are for smoking.
- Religion, faith, spirituality important part of who they are. Treatment is more effective when it involves the entire person (physical, spiritual, mental)
- Notable lack of awareness about formal tobacco cessation resources including educational or support programs or tools apart from the “Patch.”
- Taking care of the needs people have FIRST may be a gateway to discussion about Tobacco use and treatment.
- There are sub-cultures within “cultures”

Common to all groups

- Be careful of your language:
 - Smoke-free verses Tobacco-Free
 - Traditional use verses Commercial use
- There is a lack of trust in many of these populations (if not all) . As a result of this, it can be difficult to do anything with the population without engaging the ethnic leadership of the population. There's more trust from within the community than from outside.
- Use of tobacco to cope with stress.

Common to all groups

- Individuals who quit for extended periods of time:
 - Had a decisive mind (willpower)
 - Told by a doctor to quit
 - Asked by a family member to quit
 - Used the nicotine patch
- Some success with decreasing the quantity smoked and situations where they smoke
 - Change in behavior caused by the request from family members to quit smoking, or the desire to avoid smoking around family member
 - Able to refrain from smoking in places where it is not allowed and in situations where they are expected not to smoke.

Common to all groups

➤ Social influence

- Cultural practices
- Connection between smoking and social relationships is a cultural norm
 - Particularly true for the Arab American groups and the Asian American group

➤ Social pressure to not smoke also increased individuals' likelihood to smoke

Resources

- DCH Tobacco Section: www.michigan.gov/tobacco
- The Michigan Multicultural Tobacco Prevention Network (MCN) *see contact info on following page*
- Unnatural Causes: Is Inequality Making Us Sick? Documentary www.unnaturalcauses.org
- Dr. Camara Phyllis Jones – presentation on her allegory, “A Gardeners Tale”
http://citymatch.org/UR_tale.php
- CDC

Michigan Multicultural Tobacco Prevention

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Thank You!

Questions???

“BE THE CHANGE YOU WANT TO SEE IN
THE WORLD”

~Gandhi