"Smoking and Tobacco Use Behavior Assessment Study of the African Americans in Michigan-2020."

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Introduction:

Black or African American is defined by the US Office of Management and Budget as "a person having origins in any of the black racial groups of Africa." There were over 40 million African Americans in the United States in 2016—approximately 13% of the U.S. population. While in Michigan African Americans population are 1,350,329 which is approximately 13.5% of Michigan's population.

Although African Americans nationally smoke fewer cigarettes and start smoking cigarettes at an older age, they are more likely to die from smoking-related diseases than Whites.^{3,4,5,6,7,8}

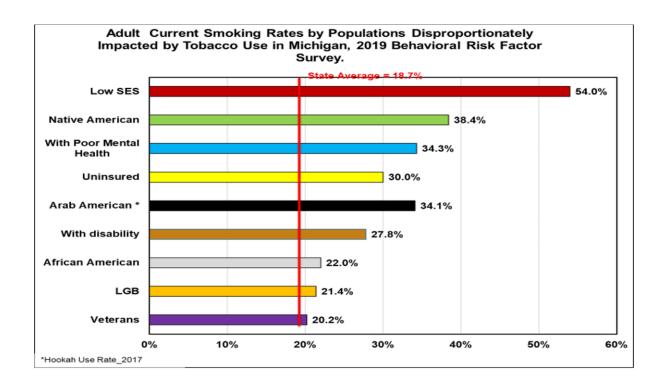
According to the CDC, (Tobacco use is a major contributor to the three leading causes of death among African Americans—heart disease, cancer, and stroke ^{3,4,5}. Diabetes is the fourth leading cause of death among African Americans⁴. The risk of developing diabetes is 30–40% higher for cigarette smokers than nonsmokers.⁹)

African American children and adults are more likely to be exposed to secondhand smoke than any other racial or ethnic group.¹⁰

Quitting Behavior, most African American adult cigarette smokers want to quit smoking, and many have tried. 9,11

- Among African American current daily cigarette smokers aged 18 years and older:
 - 72.8% report that they want to quit compared to 67.5% of Whites, 69.6% of Asian Americans,
 67.4% of Hispanics, and 55.6% of American Indians/Alaska Natives.¹¹
 - 63.4% report attempting to quit compared to 56.2% of Hispanics, 53.3% of Whites, and 69.4% of Asian Americans.¹¹
- Despite more quit attempts, African Americans are less successful at quitting than White and Hispanic cigarette smokers, possibly because of lower utilization of cessation treatments such as counseling and medication.^{3,11}

In Michigan, smoking and tobacco use affect all levels of population and specifically those disproportionately impacted populations such as racial/ethnics groups and low socio-economic status as shown in the figure below:



People who live in poverty have a high prevalence of smoking, are less likely to engage in evidence-based treatment and find it harder to quit. Their beliefs about smoking and quitting can serve as barriers to quitting.

Little is known about the smoking and quitting beliefs of the African Americans in Michigan because they tend not to be included in research. The tobacco industry has long targeted African Americans in marketing and specifically through marketing menthol flavored cigarettes. Tobacco is often used by the community in response to stress and discrimination.

Limited information exists on smoking and tobacco use behavior among African Americans in Michigan because of the limited questions in the BRFSS.

This survey studied the cigarette smoking and other tobacco products use behavior among a large sample of the African Americans in Michigan and was conducted by the Black Caucus Foundation of Michigan and their allies and partners. The MDHHS-Tobacco Control Program worked collaboratively with the Black Caucus Foundation of Michigan in completing this project.

Objective:

The purpose of this study is to:

- 1. Determine and assess the current behavior and beliefs around cigarette smoking patterns among the African American in Michigan.
- 2. Study demographic and socioeconomic factors among the African American related to tobacco use.
- 3. Assess quitting behavior and the preferred method of quitting among the African American in Michigan.

Method & Sample:

The MDHHS Tobacco Control Program conducted this study in partnership with Black Caucus Foundation of Michigan through subcontract with "Campus Strategies" to conduct the survey to reach as broad of an audience as possible, they will be blending online, landline, and cell phone sample. The proposal will be to conduct the survey among 1,500 respondents. The recruited adult African Americans who participated in this study through completion of an anonymous survey to assess knowledge, beliefs, and behavior around smoking and tobacco use and quitting practices and preference.

The sample is a convenience sample of male and female adults, ages 18 and older, from different Michigan's cities.

Risk/incentive:

No risk is expected from participating and completing these surveys as no personal or identification information will be included on the survey. No incentives are offered to the participants since the survey will take less than 15 minutes to complete; and the participants are being asked to complete the survey at any device from any agency that has posted the link to the survey.

Period of the study:

Distribution of survey is around 4 months from June through September 30, 2020.

Data Management:

Data will be entered into a secured, electronic file and analyzed in SPSS 26. The anonymous cumulative data will be shared with the African American stakeholders and different agencies which promoted the survey.

Study Team:

The principal investigator for the study is Farid Shamo with the assistance from Ms. Minou Carey Jones, the Executive Director of the Black Caucus Foundation of Michigan and Sean Bennett from the evaluation team of the MDHHS, Tobacco Section. The team provided the technical assistance throughout the duration of the study and conducted the data analysis and share results with the participating agencies.

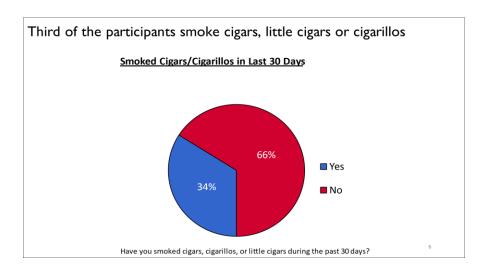
Ownership of the study:

The study will remain the property of MDHHS.

Dissemination:

The MDHHS will attempt to publish the results of the study in a scientific journal and present at community meetings along with state and national conferences. There may be other ways of disseminating the data and findings, such as poster presentations or articles in professional newsletters.

<u>Findings:</u> Rates of current cigars, cigarillos or little cigars smokers:



We found that third (34%) of the African American participants smoke cigars, little cigars or cigarillos in the past 30 days. This rate of smoking cigars, cigarillos or little cigars is considered high and can be explained for being cheaper than cigarette (because of the Tax loopholes that allow "little cigars and cigarillos" to be taxed at much lower rates than cigarettes).

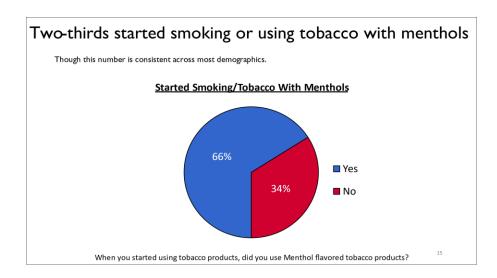
We found that younger age groups are more likely (60%) to smoke cigars, little cigars, or cigarillos than other age groups, and this may be due to those products are sold in a variety of flavors, including candy and fruit flavors, chocolate, and menthol in addition to being cheaper than cigarette.

Lesbian (67%), bisexual (57%) and gays (44%) are using them more than survey average(34%).

Highly educated (50%) (college and above) participants are more likely to smoke them than other groups. But the low educated also use them at relatively higher level (42%).

No huge differences found among household income levels, or employment status groups or insurance status groups.

Started using tobacco products, with Menthol flavored.

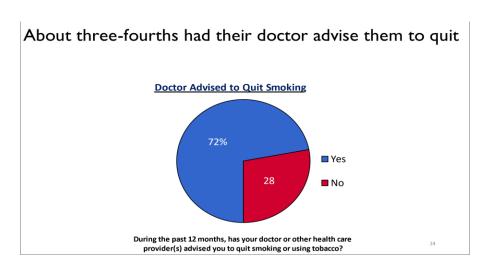


Two-thirds (66%) of the sample started smoking or using tobacco with menthols, this number is consistent across most demographics.

We found that all participants of different gender groups, different age groups, different LGB groups, different education levels, different income levels and different employment status were highly and similarly using menthol when started using tobacco.

This finding indicates that Menthol is a very serious risk factor when it comes to initiating smoking and tobacco use in African Americans.

Whether health care providers advised participants to quit smoking or using tobacco during the past 12 months.



About three-fourths (72%) of the participants had their doctor advised them to quit.

Transgender were less likely to be advised by their doctors to quit tobacco use.

Younger population 18-39 year were less likely (around 60%) to be advised by doctors to quit tobacco use.

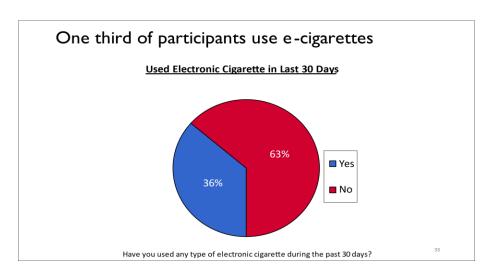
Gays and bisexual (66%) were less likely to be advised by doctors to guit tobacco use.

Low educated (58%) were less likely to be advised by doctors to quit tobacco use.

The higher income group (77%) were more likely to be advised by doctors to quit tobacco use than all other groups.

Those with no insurance coverage were lest (47.7%) to be advised by doctors to quit tobacco use, while those with disability (81.3%) were highly likely to be advised by doctors to quit tobacco use.

Rate of those who used Electronic Cigarette in Last 30 Days:



More than one third (36%) of participants used e-cigarettes in the last 30 days.

Transgenders (75%) are more likely to use e-cigarette.

Young population 18-29 (60%) are more likely to use e-cigarette than all other age groups.

Gays, Lesbians and Bisexuals are using e-cigarette more than the survey average.

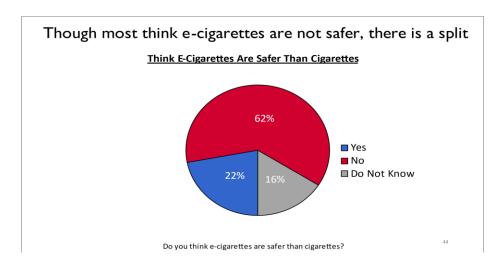
Highly educated (50%) are using e-cigarette more than low educated.

Higher income group (49%) are using e-cigarette more than low income.

Almost all e-cigarette users (about 98%) are dual users, they smoke cigarette in addition to e-cigarettes.

Dual users prefer e-cigarettes to quit, but practically they are using it in addition to smoking cigarettes.

Rate of those who think E-Cigarettes Are Safer Than Cigarettes



More than fifth of the participants (22%) think that e-cigarettes are safer than cigarettes.

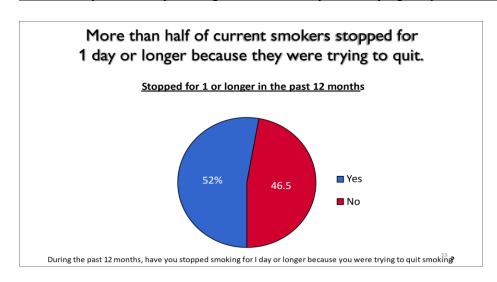
Transgender and males are more likely to think that e-cigarettes are safer than cigarettes.

Younger population 18-39 (36%) are more likely to think they are safer than cigarettes.

Highly educated (college and above) (40%) and higher income group (38%) are more likely to think they are safer than cigarettes.

Those with private insurance (30%) and full time employed (35%) are more likely to think they are safer than cigarettes.

Quit attempts for I day or longer because they were trying to quit smoking in the past 12 months.



More than half (52%) of current smokers stopped for 1 day or longer because they were trying to quit.

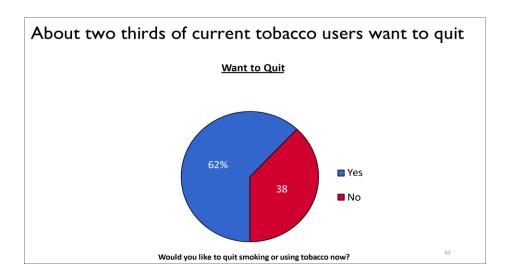
Similar rates of quitting among gender groups and age groups.

Lesbians (71%) and gays (56%) are more likely to quit smoking in the past 12 months.

Similar rates of quitting among educational levels, income levels, and employment status groups

Group with no insurance coverage (41%) are less likely to quit compared to those with insurance coverage.

Rate of participants who would like to quit smoking or using tobacco now:



Less than two thirds (62%) of current tobacco users want to quit now.

Transgender (50%) are less likely to quit than females and males.

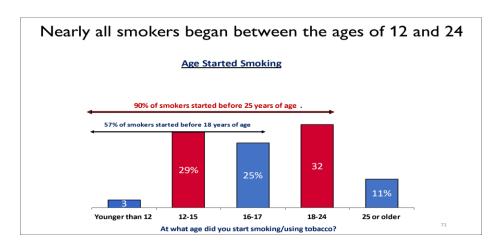
The youngest (18-29) with (56%) and the oldest (70+) age groups with (54%) are less likely to quit now.

Lesbian (45%) are less likely to quit than Bisexual and gays.

Low educated (58%), low income (56%) and those with no insurance coverage (46%) are less likely to quit now.

Full time employees (67.4%) are more likely to quit now.

At what age did participants-initiated smoking or using tobacco?



Nearly all smokers (90%) began between the ages of 12 and 24

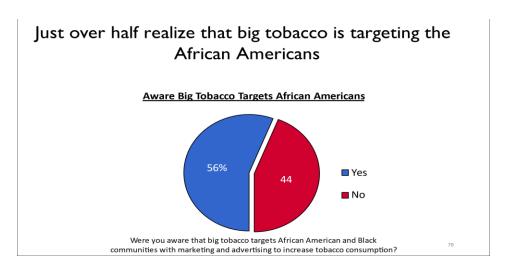
Transgender started using tobacco at very early age (<12 years) than females and males.

Lesbians are more likely to start using tobacco at 12-15 years (54%).

Low educated (55%), low income (45%) and unemployed (49%) are more likely to start using tobacco at earlier age (<12-15 year).

Those with no health insurance coverage (50%) or with Medicaid coverage (43%) are more likely to start early.

The rate of those who are aware that "Big Tobacco" targets African Americans.



Just over half (56%) realize that big tobacco is targeting the African Americans.

Transgender (62.5%) and males (59%) are more likely to be aware big tobacco targets the African Americans. Younger age groups (18-39) (59%), lesbians (67%) are more likely to be aware that big tobacco targets the African Americans.

Highly educated (61.3%) are more likely to be aware that big tobacco targets the African Americans. Those who are unemployed (39%) are less likely to be aware that big tobacco targets the African Americans.

Preferred Quitting Method for Now or Future Quit-Attempts by Gender:

The quitting methods that survey participants prefer to use when they will quit in future.

- 1. Any type of counseling,
- 2. Telephone Quitlines,
- 3. Stop smoking classes,
- 4. Medications prescribed by a doctor,
- 5. Over the counter medications "OTC" (NRTs, nicotine patch, nicotine gum),
- 6. Quit on your own or cold turkey, and
- 7. E-cigarettes to quit smoking.

By gender: Female and male groups displayed similar preferences for quit attempt methods for future attempts, they both have high rate of cold turkey (36%) and medication by doctors (18%). Transgender group displayed a higher rate of preference for OTC medications (28%) than the other two groups, a lower rate of preference for cold turkey (16%) and did not have any responses indicating they would seek medications prescribed by doctors.

By age groups: For all age groups, cold turkey was the method most likely to be used (from 35-49%). In the middle age group (50-59) and the elderly (70+) age group, participants displayed lower rates of preference for any type of counseling (6%, 3%), telephone quit lines (4%, 2%), stop smoking classes (3%, 1%), and e-cigarettes to quit (7%, 6%) than the rest of the age groups. Ages 18 – 39 showed a higher rate of preference for e-cigarettes (13%), counseling (12%), and quitline (9%) to quit than those 50 or older.

By sexual orientation: For all groups, the most preferred quitting method was cold turkey. Respondents who identify as gay and lesbian showed a higher rate of preference for telephone quitlines (8%, 12%), stop smoking classes (16%, 13%), and medications prescribed by doctors (16%, 13%) than other groups.

By education level: For all groups, the preferred quitting method was cold turkey, with relatively lower among graduates. Participants with less than a high school education displayed higher preference levels for any type of counseling (16%). Participants with a bachelor's or graduate/professional degrees displayed a higher preference for medications prescribed by doctors (17%, 18%).

By household annual income: Again, for all groups, cold turkey was the most popular answer, but relatively higher among lower income \$<20K (41%). All groups displayed similar preferences for the quitting methods. For the over \$75K group, the distribution between all the methods was a lot more equally distributed than other groups, where at least 27% indicated they would use cold Turkey.

By their health insurance status: Cold turkey was the top choice for all groups, but relatively the highest among no insurance group (51%). The no insurance group by far had the lowest ranking for Medications prescribed by a doctor (7%), any type of counseling (4%), and telephone quitlines (3%) than any other group. By whether they used an e-cigarette in the last 30 days: It is interesting to note that for the group of respondents who indicated they had used an e-cigarette in the last 30 days, that the most preferred quitting method is e-cigarettes (20%) to quit, rather than cold turkey (19%) like it had been for pretty much every group in every split analysis we performed.

Based on whether the participants used cigar, cigarillos, or little cigars in the last 30 days: Cold turkey was the most popular option among those did not use them (40%). Participants who had not used cigar, cigarillos or little cigars in the last 30 days displayed a higher preference for medications prescribed by a doctor (18%) as well as over the counter medications (19%). Those who had used cigars cigarillos or little cigars, indicated a higher preference for any type of counseling (11%), telephone quitlines (11%), and stop smoking classes (8%) than those who had not used cigars.

<u>Based on whether the respondent thinks e-cigarettes are safer than traditional cigarettes</u>: Participants who indicated they believe e-cigs are safer than traditional cigs most preferred quitting method was e-cigarettes (25%), and they showed a more equal distribution of their preferred quitting method than the other group, additionally, they displayed a higher preference for any type of counseling (10%), telephone quitlines (11%), and stop smoking classes (10%).

<u>Based on whether participants used menthol or regular non-menthol tobacco products</u>: For both groups, cold turkey was the most preferred quitting method. Both groups displayed a similar level of preference for ecigarettes to quit, medications prescribed by doctors, telephone quitlines, and over the counter medications.

<u>Based on whether the respondent would like to quit using tobacco now</u>: Respondents who indicated they would like to quit now, displayed a higher preference for medications prescribed by a doctor (19%), over the counter medications (19%), any type of counseling (10%), telephone quitlines (7.4%), and stop smoking classes (5.3%). Those who did not indicate wanting to quit now, they displayed a very high preference for cold turkey (47%) and e-cigs to quit (10%).

<u>Based on whether the respondent was advised by their healthcare provider to quit tobacco</u>: Those who had been advised by their doctor, displayed a higher preference for medications prescribed by doctors (21%), over the counter medications (19%) and any type of counseling (8.3%). Respondents whose healthcare provider did not advise them to quit tobacco displayed a very high preference for cold turkey (46%) and e-cigs (16%) to quit than the other group.

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