Eliminating Tobacco-Related Health Disparities

Summary Report

National Conference on Tobacco and Health Disparities

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Institutes of Health • National Cancer Institute

Eliminating Tobacco-Related Health Disparities

Summary Report

National Conference on Tobacco and Health Disparities

Forging a National Research Agenda to
Reduce Tobacco-Related Health Disparities

December 11-13, 2002 | Palm Harbor, Florida

National Conference on Tobacco and Health Disparities

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Senior Editor

Gary King, Ph.D.
The Pennsylvania State University
University Park, PA

Assistant Editors

Pebbles Fagan, Ph.D., M.P.H.
National Cancer Institute
Bethesda, MD

Deirdre Lawrence, Ph.D., M.P.H.
National Cancer Institute
Bethesda, MD

Conference Summary Report Contributors

Mark Adams, C.M.P.
MasiMax Resources, Inc.
Rockville, MD

Jennifer Anne Bishop, M.P.H.
Harvard School of Public Health
Boston, MA

Jeanine Draut
Concept Systems, Inc.
Ithaca, NY

Heather Freeborn
Concept Systems, Inc.
Ithaca, NY

Tamika Gilreath, M.S.
The Pennsylvania State University
University Park, PA

Rachel Grana, B.S.H.S.
MasiMax Resources, Inc.
Rockville, MD

Sharon Marable, M.D., M.P.H.
State of Rhode Island
Department of Health
Providence, RI

Dan McLinden, Ed.D.
Concept Systems, Inc.
Dekalb, IL

Paris Ponder, B.S.
MasiMax Resources, Inc.
Rockville, MD

Ruth Stadius, B.A.A.
MasiMax Resources, Inc.
Rockville, MD

Conference Honorary Chair

Harold Freeman, M.D.
National Cancer Institute
Bethesda, MD

Conference Planning Committee

Mark Adams, C.M.P.
MasiMax Resources, Inc.
Rockville, MD

Nancy Breen, Ph.D.
National Cancer Institute
Bethesda, MD

Kevin Collins, M.P.A.
Centers for Disease Control
and Prevention
Atlanta, GA

Jane Daye, M.S.
National Cancer Institute
Bethesda, MD

Mirjana Djordjevic, Ph.D.
National Cancer Institute
Bethesda, MD

Pebbles Fagan, Ph.D., M.P.H.
National Cancer Institute
Bethesda, MD

Harold Freeman, M.D.
National Cancer Institute
Bethesda, MD

Phillip Gardiner, Dr.P.H.
University of California
Oakland, CA

Rachel Grana, B.S.H.S.
MasiMax Resources, Inc.
Rockville, MD

Benjamin Griffin, M.P.A.
Environmental Protection Agency
Washington, DC

Sandra Headen, Ph.D.
National African American Tobacco Prevention Network
Raleigh, NC

Suzanne Heurtin-Roberts, Ph.D., M.S.W.
National Cancer Institute
Bethesda, MD

Linda Jouridine, Ed.D.
University of Kentucky
Lexington, KY

Gary King, Ph.D.
The Pennsylvania State University
University Park, PA

Deirdre Lawrence, Ph.D., M.P.H.
National Cancer Institute
Bethesda, MD

Scott Leischow, Ph.D.
National Cancer Institute
Bethesda, MD

Helen Lettlow, M.P.H.
American Legacy Foundation
Washington, DC

Rod Lew, M.P.H.
Asian Pacific Partners for Empowerment and Leadership
Oakland, CA

Grace Ma, Ph.D., C.H.E.S.
Temple University
Philadelphia, PA

Sharon Marable, M.D., M.P.H.
State of Rhode Island
Department of Health
Providence, RI

Stephen Marcus, Ph.D.
National Cancer Institute
Bethesda, MD

Sherry Mills, M.P.H., M.D.
Abt Associates, Inc.
Bethesda, MD

Deborah McLellan, M.H.S.
Dana-Farber Cancer Institute
Boston, MA

Michael Moran
MasiMax Resources, Inc.
Rockville, MD

Mildred Morse, J.D.
National Tobacco Independence Campaign
Silver Spring, MD

Pamela Murray
MasiMax Resources, Inc.
Rockville, MD

Dearell Niemeyer, M.P.H.
Tobacco Technical Assistance Consortium
Atlanta, GA

Jeanette Noltenius, Ph.D., M.A.
Rick Swartz and Associates
Washington, DC

Sallie Anne Petrucci, M.P.H., C.H.E.S.
The Robert Wood Johnson Foundation
Princeton, NJ

Paris Ponder, B.S.
MasiMax Resources, Inc.
Rockville, MD

Robert Robinson, Dr.P.H.
Centers for Disease Control and Prevention
Atlanta, GA

Rebecca Ryan, B.S.
MasiMax Resources, Inc.
Rockville, MD

Patricia Sosa, J.D.
Campaign for Tobacco-Free Kids
Washington, DC

Ruth Stadius, B.A.A.
MasiMax Resources, Inc.
Rockville, MD

Perry Stevens, M.P.A.
Centers for Disease Control and Prevention
Atlanta, GA

Alexandria Stewart
Centers for Disease Control and Prevention
Atlanta, GA

Ron Todd
American Cancer Society
Atlanta, GA

Deborah Winn, Ph.D.
National Cancer Institute
Bethesda, MD

National Conference on Tobacco and Health Disparities

Executive Summary

The elimination of tobacco-related health disparities poses a major challenge to this nation.[1] Certain groups remain at high risk for tobacco use and suffer disproportionately from tobacco-related illness, disease, and death. Underlying the challenge to eliminate health disparities is the inadequate empirical understanding of the proximal and distal determinants of tobacco use, nicotine addiction, and related consequences among understudied and historically underserved populations in the United States. A research agenda that addresses the existing gaps in the scientific knowledge base and identifies optimal points for interrupting the continuum of tobacco-related health disparities, ranging from tobacco use to tobacco-related deaths, will help health professionals develop and implement effective intervention programs to reduce the burden of tobacco.

"The health disparities movement offers the tobacco control community an opportunity to participate in this vital national public health agenda by documenting, monitoring, and elucidating reasons for these differences and by restructuring, reworking, and reinvigorating approaches for diverse communities to eliminate tobacco-related health disparities."[2]

Eliminating Tobacco-Related Health Disparities is the first report to identify critical steps to help reduce tobacco-related health disparities among understudied and historically underserved populations in the United States. This report describes the process employed to generate research recommendations in key scientific areas, summarizes the conference presentations, and presents nine research clusters/themes used to categorize more than 100 recommendations developed by the conference participants. These recommendations provide direction for research action, processes, and communication needed to build the evidence base for reducing tobacco use and the disproportionate burden of tobacco use and its consequences.

This summary report represents efforts that began at the National Conference on Tobacco and Health Disparities (NCTHD) held in December 2002, in Palm Harbor, Florida. The conference planning committee, which included a diverse group of researchers and practitioners, worked to identify key funding organizations and individuals from academic institutions and community-based organizations to participate in this meeting. The NCTHD was the first scientific effort to review the current research, identify gaps, and develop a comprehensive research agenda to eliminate tobacco-related disparities. Supporters of this meeting included representatives from the National Cancer Institute, the Centers for Disease Control and Prevention, the American Legacy Foundation, The Robert Wood Johnson Foundation, the American Cancer Society, the Campaign for Tobacco-Free Kids, the National Latino Council on Alcohol and Tobacco Prevention, and the National African American Tobacco Prevention Network.

A critical step in developing a research agenda for addressing tobacco-related health disparities was to define the depth and breadth of health disparities. The conference planning committee defined tobacco-related disparities as follows:

Differences in patterns, prevention, and treatment of tobacco use; the risk, incidence, morbidity, mortality, and burden of tobacco-related illness that exist among specific population groups in the United States; and related differences in capacity and infrastructure, access to resources, and environmental tobacco smoke (ETS) exposure (also known as secondhand smoke).

Following the NCTHD, a work group from the conference planning committee convened to develop a framework for organizing and presenting the NCTHD research recommendations. The work group used concept mapping to help prioritize more than 100 recommendations. Concept mapping methods included sorting the recommendations into themes and rating them on scales of importance and

feasibility. Results revealed nine major clusters or closely related recommendations. All nine clusters are presented, and research recommendations that were ranked as both highly important and highly feasible are highlighted in this executive summary. Other research recommendations are outlined in the summary report, with each recommendation making a valuable contribution to the development of a research agenda. While this summary report includes many important research recommendations, it is not intended to be exhaustive of all the ideas and suggestions on this topic. Furthermore, while we acknowledge the importance of smokeless tobacco and other tobacco products, this report primarily focuses on cigarettes.

Research Recommendations Highly Ranked on Importance and Feasibility

Research Funding	• Develop special grant peer-review groups that examine innovative, qualitative or quantitative research needs of small populations. • Design funding mechanisms to promote collaboration between investigators at minority-serving institutions and investigators at large research institutions. • Develop and explore funding mechanisms (e.g., community academic research awards) that incorporate methods to increase the likelihood that tobacco prevention efforts are culturally relevant and evidence-based. • Encourage ongoing funding for pilot projects and exploratory research (i.e., qualitative) that focus on innovative theories and methods from the perspective of the target populations.
Training/ Mentoring and Systems Change	• Fund the training and mentoring of minority researchers. • Expand and fund mentorship programs, such as minority supplements, to increase opportunities for training in community intervention research. • Create broader multidisciplinary teams (e.g., community advocates and social, behavioral, and basic scientists) to develop a comprehensive perspective on tobacco use, addiction, and health consequences. • Prioritize funding for community-based policy research to build the case for innovative tobacco control policy activities related to disparate populations.
Using Information to Inform Policy or Practice	• Increase understanding about how tobacco control programs, tax increases, and smoking restriction policies together affect changes in tobacco use or quit rates for disparate populations. • Improve the use of research, including basic biological research, in formulating policy.

Research Recommendations Highly Ranked on Importance and Feasibility
continued

Community-based Dissemination and Communication	• Build a network of state and community health disparities researchers to facilitate effective communication and collaboration. • Create a repository of tobacco control resources developed for different groups. • Disseminate scientific data in a usable manner to academic researchers, community members who carry out their own research, and community members.
Marketing Research Strategies to Affect Tobacco Use and Policy	• Document state-level best practices for tobacco policy and control for disparate communities. • Encourage use of marketing research to develop communication strategies that address prevention, interventions for cessation, and maintenance of quit behaviors.
Examining and Understanding Tobacco Use and Cessation	• Include additional questions on the use of menthol, light, and other types of cigarettes in national and state surveys. • Conduct secondary analysis of national surveys to generate information on disparate populations and ethnic communities. • Examine predictors of cessation in African Americans and other ethnic minority adult populations. • Conduct research on cessation among youth and assess differences in quitting among early and late initiators. • Increase the study of socioeconomic status in smoking initiation and cessation. • Study data on tobacco use and individual and community variables (e.g., number of stores that sell tobacco, provision and characteristics of cessation programs) that may influence use and quitting behaviors. • Continue and expand research on the prevalence and effects of ETS within special populations. • Examine barriers among disparate groups regarding the use of behavioral and pharmacological treatments at the individual, organizational, and community levels, and assess ways of improving access to treatments.

Research Recommendations Highly Ranked on Importance and Feasibility
continued

Exploratory and Developmental Research	• Expand national and state surveys to include questions relevant to tobacco use behaviors, including questions on smokeless tobacco and other methods of using tobacco by understudied populations (e.g., Lesbian, Gay, Bisexual, and Transgender [LGBT], Native American, and Alaska Native). • Develop culturally and ethnically appropriate sampling methods, survey designs, and measures to obtain larger samples and to assess the smoking behaviors of small populations at national, regional, and local levels. • Develop surveys and intervention materials in the native language (non-English) of the survey respondents, intervention participants, and community. • Develop and assess reliable measures, protocols, methods, and models to assess cultural dimensions of health (e.g., country of origin, acculturation, and linguistic and geographic factors). • Fund research studies to examine the effects of acculturation, stress, coping, racism, and discrimination on the etiology of smoking, trajectories in smoking, quitting, and disease onset and progression. • Support research that examines the role of culturally specific beliefs, perceptions, and behaviors on tobacco use and exposure within multiple populations. • Develop, implement, and utilize longitudinal studies (e.g., Black Women's Health Study) for small, understudied, and underserved populations.
Cessation, Environmental Risks, and Harm Reduction	• Explore the combination of constituents in tobacco (e.g., menthol) and the effect of differing levels (e.g., within different products or brands) on addiction and subsequent health effects. • Conduct research on how to obtain support for ETS policies within disparate communities. • Conduct community assessment or capacity studies to determine optimal strategies for building, strengthening, and developing tobacco control initiatives. • Encourage research on the sustainability and effectiveness of community and state antitobacco coalitions in addressing tobacco issues in communities of color. • Develop and evaluate interventions to promote delivery and use of treatments for nicotine addiction in various populations, including substance abusers and mental health populations. • Conduct research to assess how evidence-based treatment programs are adopted, implemented, and maintained in health care systems, schools, and other settings.

Research Recommendations Highly Ranked on Importance and Feasibility
continued

Research on the Impact of Tobacco Industry Policies and Products	• Conduct research on different tobacco industry pricing practices in communities, especially in low socioeconomic status neighborhoods. • Study the impact of tax increases on consumption patterns, quitting, and reduction in the number of cigarettes smoked in specific minority or disparate community populations. • Conduct research on differential consequences of tobacco use policies in disparate neighborhoods. • Conduct counter-marketing research utilizing social marketing techniques and principles with specific application to disparate populations.

National Conference on Tobacco and Health Disparities

Introduction

The elimination of tobacco-related health disparities poses a major challenge to this nation.[1] Tobacco, the single most preventable cause of death in the United States, kills more than 440,000 smokers[3] and approximately 40,000 nonsmokers annually. Unfortunately, certain groups including racial and ethnic minorities,[4,5,6,7,8] women,[8,9] youth,[8,10] workers exposed to occupational hazards,[8,11] blue-collar and service workers,[11] and others with low levels of education[7,9,12] remain at high risk for tobacco use and exposure and bear a disproportionate burden of tobacco-related illnesses and deaths.[9,11,13]

While progress has been made to document these differences, additional data are needed to help explain the causes. Currently, we have an inadequate understanding of the proximal and distal determinants of tobacco use, nicotine addiction, and related consequences among understudied and historically underserved populations in the United States. Tobacco-related health disparities represent a variety of differences that may not span the entire disease continuum for certain segments of the population, while severely impacting others along the entire causal pathway. For example, some populations may experience a single disparity in exposure, initiation, current use, dependence, cessation and treatment, the economic and political consequences of tobacco production and sale, and in morbidity and mortality; others may experience multiple disparities. Below are some research findings that offer insight into the different aspects of tobacco use and exposure for some of the disparate populations in the United States.

Tobacco Use Initiation

- The majority of Asians and Pacific Islanders and African Americans initiate regular smoking as young adults, much later than other racial and ethnic groups.[14]
- Low socioeconomic status predicts smoking initiation among youth.[15,16,17]
- Children of parents with low educational attainment are more likely to try smoking.[18,19]
- English language use is associated with a risk of lifetime smoking among Hispanic[20,21,22,23] and Asian youth.[20,21,24]

Current Tobacco Use

- Forty-two percent of those with a General Education Development (GED) diploma smoke cigarettes.[25]
- Twenty-nine percent of American Indian and Alaska Native boys report smoking compared to 15 percent of White male boys.[26]
- Lesbian and bisexual girls are more than 6 times as likely to have smoked in the past month compared to heterosexual girls.[27]
- Disabled adults are 1.5 times as likely to smoke than those not disabled.[28]
- Native-born African Americans are more likely to be smokers than foreign-born Blacks.[29]
- More than 80 percent of schizophrenia, bipolar disorder, and alcohol or drug-dependent patients smoke.[30]

Number of Cigarettes Smoked Per Day

- Those who are unemployed early in life are more than twice as likely to report daily smoking than those with no early unemployment.[31]
- African Americans, Hispanics, and Asians have a greater proportion of light smokers than heavy smokers; yet few interventions target light smokers.[6]
- African Americans smoke fewer cigarettes per day than Whites, but have higher levels of serum cotinine than White,[32,33] Mexican,[6,32,33] and Asian American smokers.[34]
- Twenty-seven percent of smokers who are blue-collar workers and farmers report smoking ≥ 25 cigarettes/day compared to 18 percent of white-collar smokers.[35]

Quitting Tobacco Use

- Of ever smokers, 34 percent who were below poverty level quit smoking compared to 50 percent of those at or above poverty level.[36]

- Thirty-three percent of service workers compared to 51 percent of white-collar workers report being former smokers.[35]
- Only one-third of women who stop smoking during pregnancy are still abstinent 1 year after their delivery.[9]
- Women living in high unemployment areas are 1.7 times more likely to be current smokers than former smokers.[37]

Treatment/Cessation of Tobacco Use

- Only 34 percent of youth, ages 9–21 years, who visited a doctor's office report receiving advice from a health care provider on the dangers of tobacco use.[38]
- Nonwhite racial and ethnic groups,[39] younger patients, the uninsured, the healthy, lower health care service users, light smokers,[40] and the less educated[41] are less likely to receive advice to quit.
- Rates of smoking cessation counseling for hospitalized patients are 40 percent, but only 29 percent for Black patients.[42]

Environmental and Transdermal Exposure to Tobacco

- Blue-collar and service workers are significantly less likely than white-collar workers to be protected by smoke-free policies.[43]
- Bartenders and waiters/waitresses are less likely to be covered by a smoke-free policy and are more likely to be exposed to ETS even when covered by such a policy.[43]
- Migrant, seasonal, and other farm workers who are exposed to tobacco leaves may suffer from green tobacco sickness, an occupation illness resulting from transdermal nicotine exposure.[44]

Marketing

- In-store and over-the-counter promotions for tobacco products seem to target racial and ethnic communities disproportionately.[6]
- The tobacco industry has targeted LGBT communities[9,45] and has advertised in the gay media,[46] at sponsored events,[47] and contributed to gay and AIDS organizations.[48,49]
- The tobacco industry has targeted women since the early 1900s and has produced brands that target women in the United States and overseas.[9]

These examples provide merely a snapshot of the wide range of disparities that affect the young, the poor, the less educated, women, LGBT communities, the disabled, the mentally ill, workers, the unemployed, and racial and ethnic communities across the United States. For some population groups, little information is known about tobacco use and exposure. Gaps exist in comparative data as well as data to explain the heterogeneity observed in racial and ethnic groups.

Even less is known about the consequences and disease causal pathways among disparate groups. Since 1964, the Surgeons General have published several reports on the health consequences of smoking. Forty years later, the former Secretary of the U.S. Department of Health and Human Services, Tommy G. Thompson, said,

> **"It [smoking] continues to cost our society too many lives, too many dollars, and too many tears."[50]**

Unfortunately, the cost of smoking and exposure to tobacco have cost some American communities more than others.

The 1964 Surgeon General's Report concluded that cigarette smoking causes cancers of the lung and larynx.[51] In 2003, African American men were diagnosed for invasive lung and bronchus cancer at a rate of 110.2 compared to 77.3 per 100,000 for Whites.[52] Overall, lung cancer rates in men have declined, while rates in women are still rising.[50] Men living in counties with 20 percent or more of the population below poverty level in 1990 had a lung cancer mortality rate of 93.5 compared to 73.1 of those men living in counties with less than 10 percent below poverty.[53] Occupational exposures, as reported in the 1985 Surgeon General's Report, place a number of workers at high risk for lung cancer. Some of these occupational agents are synergistic with smoking in

increasing lung cancer risk[54,55,56] and diseases such as restrictive and chronic obstructive lung disease.[50]

Tobacco-related disease disparities also exist across the lifecycle. *In utero* exposure to maternal smoking is associated with reduced lung function among infants.[9] Studies demonstrate an association between exposure to secondhand smoke and childhood asthma,[50,57,58] and increased number and severity of respiratory illnesses and decreased physical fitness.[50] Furthermore, smoking adversely affects bone density and increases the risk for hip fractures in postmenopausal women.[9,50]

Although this is not an exhaustive list of tobacco-related diseases, this snapshot provides some insight into the consequences of tobacco use and exposure in disparate communities. There is still more to learn about disparities in tobacco-related health outcomes and the consequences of tobacco use and exposure in understudied and underserved communities in the United States.

Eliminating Tobacco-Related Health Disparities is the first report to identify critical steps to help reduce tobacco use and its consequences among understudied and historically underserved populations in the United States. This summary report includes

- a description of the process employed to generate research recommendations in key scientific areas,
- final research recommendations for reducing tobacco-related health disparities, and
- a summary of the conference panel presentations.

This summary report presents more than 100 research recommendations developed by conference participants. The implementation of these research recommendations by policymakers, researchers, and practitioners will ultimately help to reduce the disproportionate burden of tobacco use on specific populations in the United States.

Developing Research Recommendations

Developing research recommendations for tobacco-related health disparities included two major steps. First, presenters at a national conference identified gaps and directions for future research. Work group exercises followed and were conducted to generate new recommendations and to gain consensus on recommendations presented by speakers. Second, the post-conference work group used concept mapping to help prioritize the research recommendations developed by the conference work groups.

Presentations by Conference Participants and Work Groups

This summary report represents efforts that began at the National Conference on Tobacco and Health Disparities (NCTHD), which was held December 11–13, 2002, in Palm Harbor, Florida. The NCTHD was the first scientific gathering to convene researchers and practitioners for the purposes of reviewing the current research, identifying gaps, and developing a set of research recommendations for eliminating tobacco-related health disparities. Key funding organizations and individuals from academic institutions and community-based organizations convened to develop a comprehensive research agenda aimed to reduce tobacco-related health disparities for multiple populations. Supporters of this meeting included representatives from the National Cancer Institute, the Centers for Disease Control and Prevention, the American Legacy Foundation, The Robert Wood Johnson Foundation, the American Cancer Society, the Campaign for Tobacco-Free Kids, the National Latino Council on Alcohol and Tobacco Prevention, and the National African American Tobacco Prevention Network.

A critical step in developing a research agenda for addressing tobacco-related health disparities was to define the depth and breadth of health disparities. The conference planning committee defined tobacco-related health disparities as follows:

Tobacco-related disparities are differences in patterns, prevention, and treatment of tobacco use; the risk, incidence, morbidity, mortality, and burden of tobacco-related illness that exist among specific population groups in the United States; and related differences in capacity and infrastructure, access to resources, and ETS exposure (also known as secondhand smoke). Disparate populations may be defined by race and ethnicity, gender, age, geography, sexual orientation, disability, religion, occupation, mental illness, income, social class, education, and institutionalization.

During the conference, researchers and practitioners from multiple disciplines used this definition as a basis for discourse on advancing the science of eliminating tobacco-related health disparities in several areas: epidemiology, psychosocial risk factors, harm reduction, capacity and infrastructure, policy, community and state, basic biology, marketing, surveillance, treatment of nicotine addiction, and the prevention of tobacco use. About 178 conference participants participated in this 3-day meeting. (See Appendix A for the agenda and Appendix B for the summaries of the presentations.)

Dr. Pebbles Fagan of the National Cancer Institute opened the meeting and introduced the keynote speakers, Dr. Jeff Krischer of the H. Lee Moffitt Cancer Center and Research Institute and Dr. Harold Freeman of the National Cancer Institute. The opening plenary focused on *Race, Social Disparities, and Scientific Research.* This session was followed by breakout sessions on *Building Tobacco Capacity and Research Infrastructure* and *Epidemiology of Longitudinal Studies.* The breakout sessions were followed by the luncheon panel on *Tobacco Control Policy and Disparate Populations.* The afternoon breakout sessions focused on *Behavioral and Psychosocial Research, Prevention of Tobacco Use and Nicotine Addiction,* and *Community and State Interventions and Research.* The evening session included poster presentations and provided participants with an opportunity to meet other researchers and practitioners.

On the second day, the NCTHD opened with the plenary session on *Biological Factors Influencing Tobacco Use and Risk.* A second plenary on *Epidemiology: Small Populations and Tobacco Research* also was held during

the morning. Following the plenary presentations, breakout sessions on *Treatment of Nicotine Addiction* and *Basic Biology* were held. The luncheon panel focused on *Marketing* by the tobacco industry to disparate populations and tobacco control research being conducted on this topic. The afternoon breakout sessions also focused on *Marketing* and *Harm Reduction*. Mr. Kevin Collins from the Centers for Disease Control and Prevention, Office on Smoking and Health, closed the conference presentation phase of the meeting and provided directions to prepare conference participants for the next phase in the planning and priority-setting process—formulating recommendations.

On the third day, participants worked in small groups to further define and prioritize the research recommendations that were developed in 11 scientific areas:

1. Epidemiology
2. Psychosocial risk factors
3. Tobacco harm reduction
4. Capacity and infrastructure
5. Policy
6. Community and state
7. Basic biology
8. Marketing
9. Surveillance
10. Treatment of nicotine addiction
11. Prevention of tobacco use

Facilitators and note takers were assigned to each group. The work groups were charged with developing both short-term and long-term recommendations for eliminating tobacco-related health disparities. To promote a full exchange of ideas and suggestions, attendees had the opportunity to participate in at least three different work groups, thereby contributing to the discussions of three different scientific areas. Some research recommendations stemmed from the presentations given in the previous 2 days, and others were developed during work group sessions. Designated facilitators compiled the results and reported recommendations to the full group. During the working lunch session, each facilitator presented work group results, and conference participants had the opportunity to provide additional input on the recommendations. This process resulted in 166 recommendations.

Concept Mapping to Prioritize Recommendations

Following the conference, a small working group from within the conference planning committee convened to edit and eliminate the redundancy of recommendations. This postconference working group decided to implement a process called *concept mapping* to further prioritize the research recommendations. This process occurred from January to July 2003 in coordination with Concept Systems, Inc.

Concept mapping is a mixed methods planning and evaluation approach that integrates familiar qualitative group processes (e.g., brainstorming, categorizing ideas, and assigning value ratings) with multivariate statistical analyses to help a group describe its ideas on any topic of interest and represent these ideas visually through a map. Participants were involved in the following steps: 1) individually sorting statements into related categories by relevance, 2) rating each statement on one or more dimensions, and 3) interpreting the resulting maps. The steps for implementing the concept mapping are listed in Table 1.

The analyses of the data included multidimensional scaling (MDS) of the sorted data, and a hierarchical cluster analysis of the MDS coordinates to create a map of data points that shows the distance between the data points. The final stage resulted in 102 recommendations or data points that were then sorted and rated on importance and feasibility. The ratings provided the data used to compute an average for each individual item and for each cluster of items. Clusters that were closely related based on similar ratings were presented visually as maps. The maps were subsequently interpreted by the postconference work group in a facilitated group session (see Figure 1). Results from the concept mapping exercise revealed nine major clusters or closely related recommendations (see Figure 2). In addition, the importance and feasibility tables also were reported.

Table 1. Steps for Implementing the Concept Mapping*

Task	Postconference Work Group	Core Participant Group	Extended Participant Group	Concept Mapping, Inc.
Review list of recommendations to determine relevance to disparities, reduce redundancy or duplication, clarify meaning, and determine the appropriateness for sorting and rating recommendations.	✓			✓
Sort recommendations into related categories or groups based on similarity of ideas.	✓	✓		
Rate each recommendation alone on a five-point scale for **importance** and **feasibility**.	✓	✓	✓	
Calculate the results.				✓
Interpret the resulting maps and name the clusters.	✓			✓

*For references and articles on the Concept System, contact 607.272.1206, or infodesk@conceptsystems.com.

Figure 1. Point Cluster Map

The 102 recommendations were numbered and produced the following map based on how similar or closely related the recommendations were.

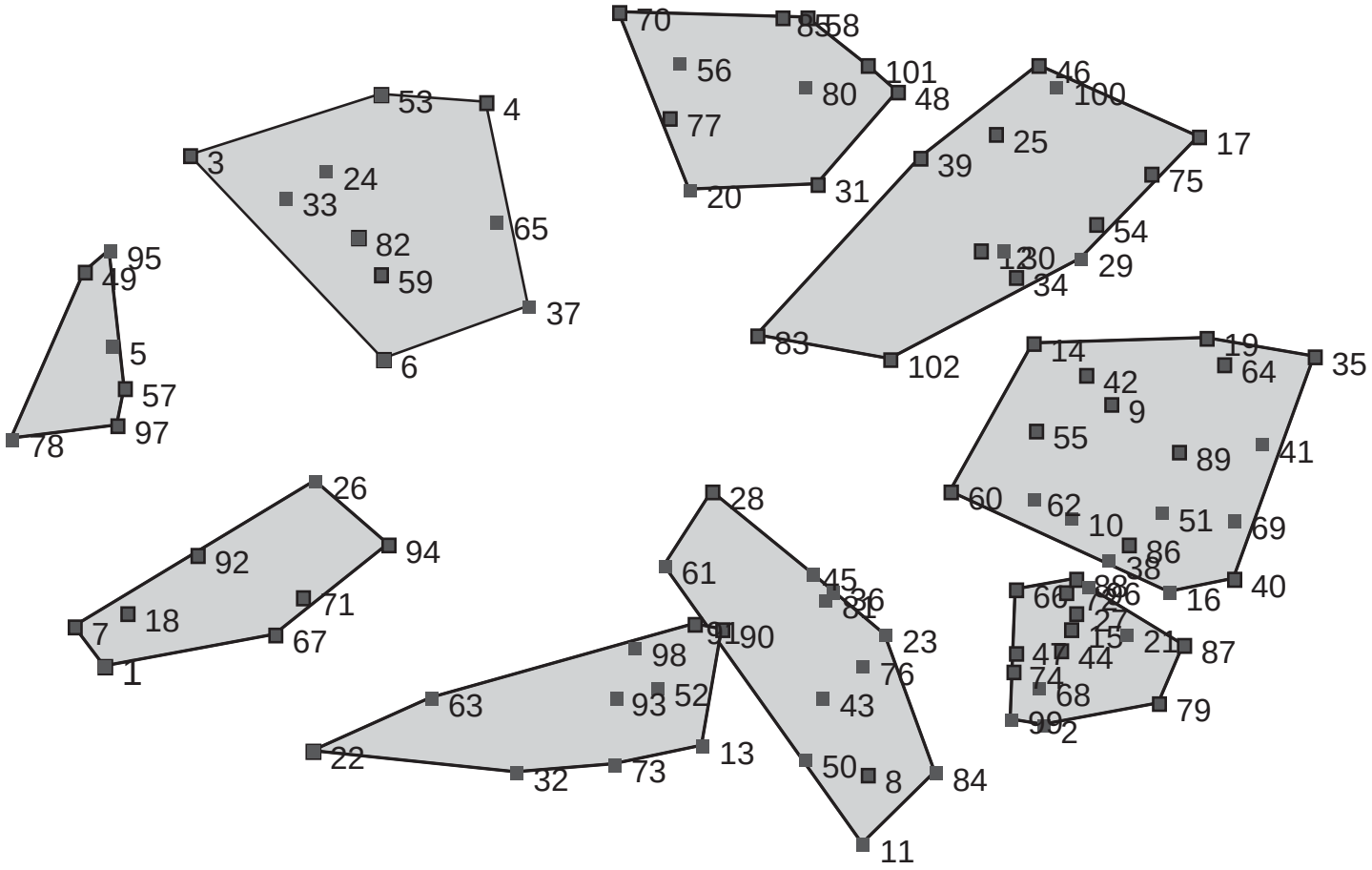
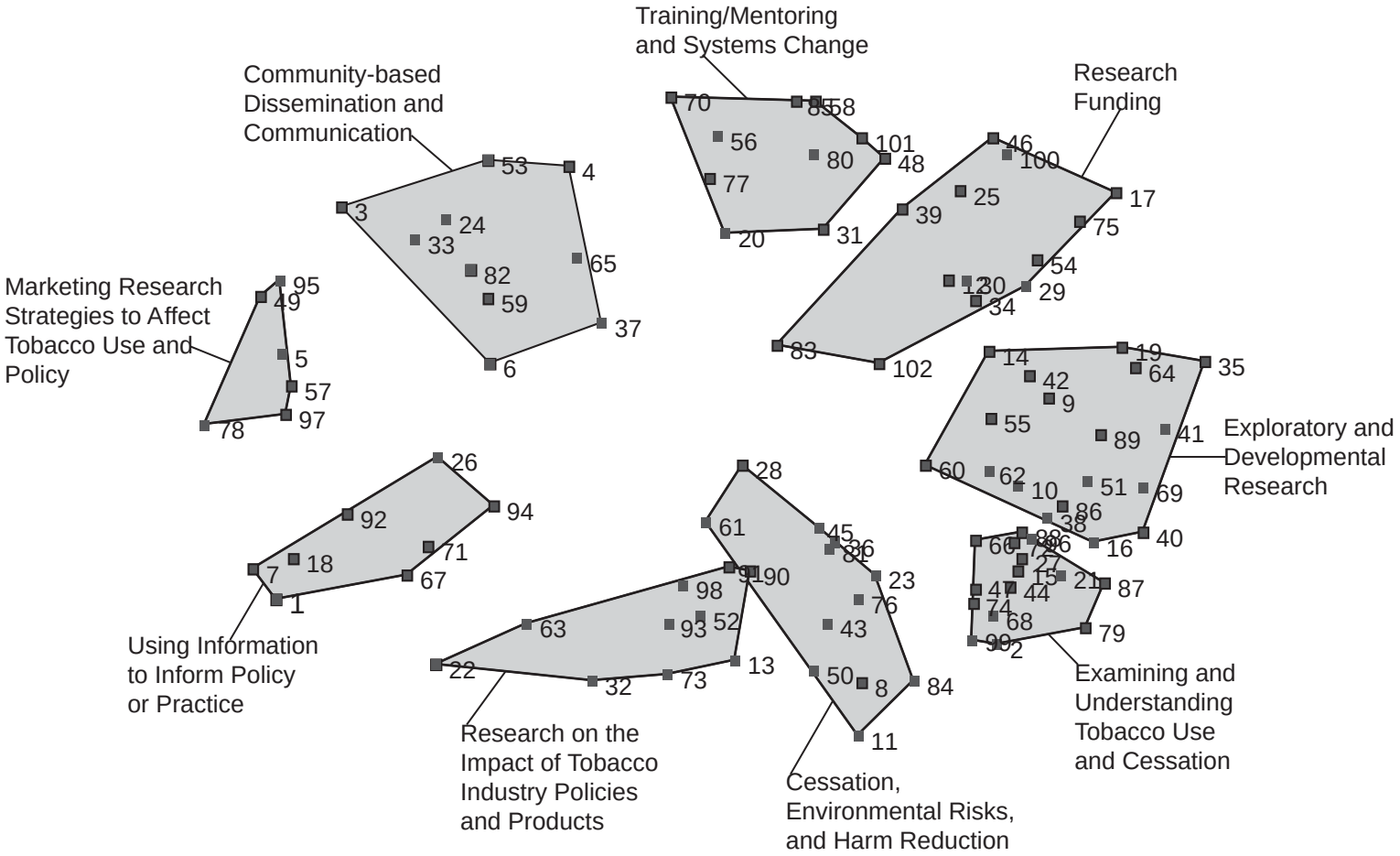


Figure 2. Combined Point Cluster and Concept Map

A nine-cluster concept map, which indicates the main topics/concepts that contain the 102 recommendations, was created. Small clusters, such as *Marketing Research Strategies to Affect Tobacco Use and Policy* and *Examining and Understanding Tobacco Use and Cessation,* suggest groups of closely related ideas. Larger clusters, such as *Community-based Dissemination and Communication* and *Research Funding,* are representative of broader-encompassing concepts.



National Conference on Tobacco and Health Disparities

Cluster Concepts and Research Recommendations

Each cluster concept is composed of items which, while specifically different, contribute to a common theme. The nine clusters (see Figure 2) include the following conceptual categories named by the postconference work group:

- Research Funding
- Training/Mentoring and Systems Change
- Using Information to Inform Policy or Practice
- Community-based Dissemination and Communication
- Marketing Research Strategies to Affect Tobacco Use and Policy
- Examining and Understanding Tobacco Use and Cessation
- Exploratory and Developmental Research
- Cessation, Environmental Risks, and Harm Reduction
- Research on the Impact of Tobacco Industry Policies and Products.

The concept maps in Figure 2 only apply to the data from the sorting exercise. The shape and size of the categories reflect the distribution of the points within that cluster, with large clusters typically covering more conceptual areas than small clusters. The *value* is represented in the importance and feasibility rating of the clusters and the recommendations represented within each cluster.

The concept mapping participants ranked all the clusters, and the results indicate the following priority clusters: Research Funding, Training/Mentoring and Systems Change, Exploratory and Developmental Research, and Community-based Dissemination and Communication. The graphs on the following pages present the results of the importance and feasibility rankings of individual recommendations within each cluster. The resulting four quadrants represent high importance–high feasibility, high importance–low feasibility, low importance–high feasibility, and low importance–low feasibility. These rankings do not suggest that research recommendations ranked low importance–low feasibility should not be addressed, but rather provide guidance on what might be addressed *first* among many recommendations. Each organization must also determine which recommendations best fit its mission and goals.

Research Funding

RECOMMENDATIONS

HIGH IMPORTANCE — HIGH FEASIBILITY

12 | Develop special grant peer-review groups that examine innovative, qualitative or quantitative research needs of small populations.

25 | Design funding mechanisms to promote collaboration between investigators at minority-serving institutions and investigators at large research institutions.

46 | Develop and explore funding mechanisms (e.g., community academic research awards) that incorporate methods to increase the likelihood that tobacco prevention efforts are culturally relevant and evidence-based.

100 | Encourage ongoing funding for pilot projects and exploratory research (i.e., qualitative) that focus on innovative theories and methods from the perspective of the target populations.

LOW IMPORTANCE — HIGH FEASIBILITY

17 | Fund more studies to develop interventions to reduce children's exposure to ETS in homes.

54 | Create a small grants program to fund secondary analyses and dissemination of existing data on the relationships between smoking and other risk behaviors and protective factors that are specifically related to disparate populations.

HIGH IMPORTANCE — LOW FEASIBILITY

34 | Ensure that evidence-based programs are culturally appropriate and effective for diverse populations.

39 | Develop funding mechanisms that allow for a co-principal investigator structure between researchers and community organizations, and develop mechanisms to ensure equity in resources.

102 | Incorporate principles of community-based participatory research and outcomes into the studies and develop databases of these strategies for specific priority populations.

83 | Promote an understanding that psychosocial issues are broader than the individual, and encompass an individual's social context and experiences.

LOW IMPORTANCE — LOW FEASIBILITY

29 | Fund randomized trials of comprehensive, community-based adolescent prevention programs.

30 | Fund research on the tobacco industry, including tobacco industry documents, and integrate this research into tobacco control practices.

75 | Fund efforts to identify and estimate health care costs related to ETS and help disparate communities develop messages to use in their prevention efforts.

Training/Mentoring and Systems Change

RECOMMENDATIONS

HIGH IMPORTANCE — HIGH FEASIBILITY

85 | Fund the training and mentoring of minority researchers.

58 | Expand and fund mentorship programs, such as minority supplements, to increase opportunities for training in community intervention research.

31 | Create broader multidisciplinary teams (e.g., community advocates and social, behavioral, and basic scientists) to develop a comprehensive perspective on tobacco use, addiction, and health consequences.

101 | Prioritize funding for community-based policy research to build the case for innovative tobacco control policy activities related to disparate populations.

LOW IMPORTANCE — HIGH FEASIBILITY

None.

HIGH IMPORTANCE — LOW FEASIBILITY

48 | Provide sustained funding for long-term community research.

LOW IMPORTANCE — LOW FEASIBILITY

56 | Train researchers in effective community research, especially skills related to building and maintaining relationships, negotiation, and group facilitation.

20 | Create a network of researchers to facilitate communication and collaboration about harm reduction studies and recommendations.

70 | Develop systems of accountability to ensure that funds are spent and priorities are set in accordance with health disparities data.

77 | Convene review committees that recognize and value different perspectives and worldviews on research and health.

80 | Develop strategies to facilitate change in the culture of research in academic and federal settings (e.g., attitudes, beliefs, criteria for review, types of research rewarded) and encourage diverse research perspectives.

Using Information to Inform Policy or Practice

RECOMMENDATIONS

HIGH IMPORTANCE — HIGH FEASIBILITY

92 | Increase understanding about how tobacco control programs, tax increases, and smoking restriction policies together affect changes in tobacco use or quit rates for disparate populations.

26 | Improve the use of research, including basic biological research, in formulating policy.

LOW IMPORTANCE — HIGH FEASIBILITY

18 | Create a marketing expert panel to provide independent analyses and recommendations for counter-marketing and marketing strategies.

67 | Obtain tobacco industry documents available from tobacco industry Web sites and from other sources, because tobacco companies are only obligated to make them available for a limited time.

71 | Evaluate how state tobacco control dollars (e.g., CDC, state, and tobacco settlement money) are being used in disparate communities.

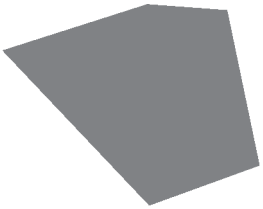
94 | Identify the associations that the tobacco industry establishes among population groups and use these data to help develop cross-cutting counter-marketing campaigns that reach across public health demographic variables.

HIGH IMPORTANCE — LOW FEASIBILITY

1 | Expand Food and Drug Administration regulations about tobacco products' content and claims.

LOW IMPORTANCE — LOW FEASIBILITY

7 | Develop valid measures for testing tobacco products that claim *reduced harm*.



Community-based Dissemination and Communication

RECOMMENDATIONS

HIGH IMPORTANCE — HIGH FEASIBILITY

4 | Build a network of state and community health disparities researchers to facilitate effective communication and collaboration.

33 | Create a repository of tobacco control resources developed for different groups.

24 | Disseminate scientific data in a usable manner to academic researchers, community members who carry out their own research, and community members.

LOW IMPORTANCE — HIGH FEASIBILITY

3 | Train people on how to approach the media and use media outlets to promote their programs.

53 | Fund a national Web site to post best practices information for tobacco control researchers and advocates.

HIGH IMPORTANCE — LOW FEASIBILITY

59 | Disseminate information about research findings to the community.

LOW IMPORTANCE — LOW FEASIBILITY

6 | Develop and evaluate prevention resources that are culturally appropriate for elementary school children.

37 | Develop the appropriate messages about harm reduction products for underserved populations, community providers, and others to increase their awareness about the consequences of their use.

65 | Educate populations across cultures about the value of research to their communities and its significance in reducing tobacco consumption and related diseases.

82 | Examine the current literature to disseminate existing research on programs that focus on polysubstance use and multirisk behaviors among teens.

Marketing Research Strategies to Affect Tobacco Use and Policy

RECOMMENDATIONS

HIGH IMPORTANCE — HIGH FEASIBILITY

5 | Document state-level best practices for tobacco policy and control for disparate communities.

97 | Encourage use of marketing research to develop communication strategies that address prevention, interventions for cessation, and maintenance of quit behaviors.

LOW IMPORTANCE — HIGH FEASIBILITY

78 | Meet with tobacco control and marketing experts to develop directions for marketing strategies.

HIGH IMPORTANCE — LOW FEASIBILITY

None.

LOW IMPORTANCE — LOW FEASIBILITY

49 | Develop partnerships with schools of business to gain a better understanding of marketing environments and their relationships to disparate communities.

57 | Assist in reducing exposure to ETS among children by producing and disseminating state estimates and demographic characteristics of household exposure to ETS.

95 | Disseminate at the community level the effects of marketing and product placement on tobacco use, particularly among minors.

Examining and Understanding Tobacco Use and Cessation

RECOMMENDATIONS

HIGH IMPORTANCE — HIGH FEASIBILITY

99 | Include additional questions on the use of menthol, light, and other types of cigarettes in national and state surveys.

87 | Conduct secondary analysis of national surveys to generate information on disparate populations and ethnic communities.

15 | Examine predictors of cessation in African Americans and other ethnic minority adult populations.

44 | Conduct research on cessation among youth and assess differences in quitting among early and late initiators.

88 | Increase the study of socioeconomic status in smoking initiation and cessation.

27 | Study data on tobacco use and individual and community variables (e.g., number of stores that sell tobacco, provision and characteristics of cessation programs) that may influence use and quitting behaviors.

2 | Continue and expand research on the prevalence and effects of ETS within special populations.

68 | Examine barriers among disparate groups regarding the use of behavioral and pharmacological treatments at the individual, organizational, and community levels, and assess ways of improving access to treatments.

LOW IMPORTANCE — HIGH FEASIBILITY

66 | Investigate how social support networks (e.g., family, peer, faith-based) can be used to reduce tobacco use.

RECOMMENDATIONS CONTINUED

HIGH IMPORTANCE — LOW FEASIBILITY

72 | Investigate the mechanisms mediating the effects of socioeconomic status on tobacco use behaviors.

79 | Systemically analyze the interactions among tobacco constituents, genetic factors, and other environmental risks (e.g., dietary factors, occupational or chemical exposures, psychosocial risks, and protective factors) on health.

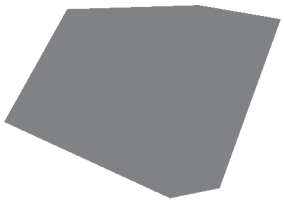
LOW IMPORTANCE — LOW FEASIBILITY

47 | Evaluate the determinants of potential differences in cessation success and disease risk in users of different types of tobacco products (e.g., menthol smokers versus nonmenthol smokers).

74 | Conduct larger studies to assess whether observed differences in tobacco addiction and tobacco-related diseases are correlated with genetic variations in racially or ethnically classified social groups.

96 | Conduct more qualitative research on aspects of socioeconomic status, stress, locus of control, cultural affinity, and sexual orientation to determine specific components associated with smoking, thus generating hypotheses and clarifying concepts.

21 | Assess patterns of use with Ecological Momentary Assessment (EMA) in special populations.



Exploratory and Developmental Research

RECOMMENDATIONS

HIGH IMPORTANCE — HIGH FEASIBILITY

40 | Expand national and state surveys to include questions relevant to tobacco use behaviors, including questions on smokeless tobacco and other methods of using tobacco by understudied populations (e.g., LGBT, Native American, and Alaska Native).

9 | Develop culturally and ethnically appropriate sampling methods, survey designs, and measures to obtain larger samples and to assess the smoking behaviors of small populations at national, regional, and local levels.

35 | Develop surveys and intervention materials in the native language (non-English) of the survey respondents, intervention participants, and community.

41 | Develop and assess reliable measures, protocols, methods, and models to assess cultural dimensions of health (e.g., country of origin, acculturation, and linguistic and geographic factors).

19 | Fund research studies to examine the effects of acculturation, stress, coping, racism, and discrimination on the etiology of smoking, trajectories in smoking, quitting, and disease onset and progression.

64 | Support research that examines the role of culturally specific beliefs, perceptions, and behaviors on tobacco use and exposure within multiple populations.

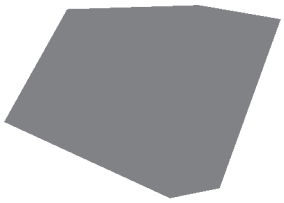
10 | Develop, implement, and utilize longitudinal studies (e.g., Black Women's Health Study) for small, understudied, and underserved populations.

LOW IMPORTANCE — HIGH FEASIBILITY

14 | Examine current models of acculturation that can be applied to tobacco-related behavior and determine how these models should be altered for specific populations.

86 | Explore other comorbid/co-occurring behaviors with smoking and tobacco use (e.g., alcohol and coffee-drinking contexts).

16 | Conduct qualitative studies to identify patterns, similarities, and differences in community perceptions of culture.



Exploratory and Developmental Research

RECOMMENDATIONS CONTINUED

HIGH IMPORTANCE — LOW FEASIBILITY

42 | Develop community-based research processes that are based on establishing and maintaining long-term relationships within the community.

LOW IMPORTANCE — LOW FEASIBILITY

38 | Expand large sample-size research in question breadth and methodology to incorporate small populations, especially with regard to collection of data on LGBT populations, language use, the disabled, and within various ethnic groups.

51 | Support longitudinal studies that identify intergenerational risks and protective factors among disparate groups.

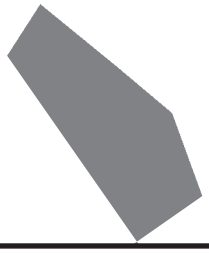
55 | Address multiple issues (e.g., ethical, legal, insurance, conceptual) related to genetic differences in susceptibilities and population distribution differences in genetic variants that influence tobacco addiction and tobacco-related disease.

60 | Develop methods to assess and reduce the burden of green tobacco sickness in tobacco production and distribution.

62 | Promote greater use of process evaluation research in interventions to determine its impact on tobacco research outcomes, such as prevalence, health, and cessation.

69 | Develop and test instruments for measuring psychosocial contextual factors.

89 | Examine the definition of *community*, so data are collected with regard to special populations (e.g., subgroups of LGBT and Native American populations).



Cessation, Environmental Risks, and Harm Reduction

RECOMMENDATIONS

HIGH IMPORTANCE — HIGH FEASIBILITY

23 | Explore the combination of constituents in tobacco (e.g., menthol) and the effect of differing levels (e.g., within different products or brands) on addiction and subsequent health effects.

36 | Conduct research on how to obtain support for ETS policies within disparate communities.

28 | Conduct community assessment or capacity studies to determine optimal strategies for building, strengthening, and developing tobacco control initiatives.

81 | Encourage research on the sustainability and effectiveness of community and state antitobacco coalitions in addressing tobacco issues in communities of color.

43 | Develop and evaluate interventions to promote delivery and use of treatments for nicotine addiction in various populations, including substance abusers and mental health populations.

45 | Conduct research to assess how evidence-based treatment programs are adopted, implemented, and maintained in health care systems, schools, and other settings.

LOW IMPORTANCE — HIGH FEASIBILITY

8 | Survey the therapeutic community about knowledge, attitudes, and behaviors and beliefs about the harm-reducing claims of tobacco products.

76 | Examine treatments in other fields for relevance to the treatment of nicotine addiction.

HIGH IMPORTANCE — LOW FEASIBILITY

61 | Develop novel therapies and innovative ways of treating nicotine dependence.

LOW IMPORTANCE — LOW FEASIBILITY

50 | Collect data on the economic impact of ETS policies on restaurants, bars, gaming industry, etc., in minority communities.

11 | Increase the use of current technologies to determine molecular changes resulting from tobacco exposure in order to gain better understanding of the biological mechanistic pathways.

84 | Investigate the impact of products with harm-reducing claims on cessation practices of underserved populations.

Research on the Impact of Tobacco Industry Policies and Products

RECOMMENDATIONS

HIGH IMPORTANCE — HIGH FEASIBILITY

13 | Conduct research on different tobacco industry pricing practices in communities, especially in low socioeconomic status neighborhoods.

63 | Study the impact of tax increases on consumption patterns, quitting, and reduction in the number of cigarettes smoked in specific minority or disparate community populations.

90 | Conduct research on differential consequences of tobacco use policies in disparate neighborhoods.

32 | Conduct counter-marketing research utilizing social marketing techniques and principles with specific application to disparate populations.

LOW IMPORTANCE — HIGH FEASIBILITY

22 | Monitor the tobacco industry's response or action to future or enacted policies.

HIGH IMPORTANCE — LOW FEASIBILITY

98 | Conduct research in disparate communities on the enforcement of existing tobacco policies, voluntary policies, and the synergy between them.

LOW IMPORTANCE — LOW FEASIBILITY

52 | Research the effects of point-of-purchase advertisements and promotions on smoking status and sustained cessation.

73 | Conduct research on the tobacco industry's marketing behaviors for each product with harm-reducing claims.

91 | Study the impact of tobacco product redesign on public and individual health.

93 | Identify, examine, and analyze tobacco industry documents pertaining to biochemical effects of cigarettes on health.

Conclusions

Eliminating Tobacco-Related Health Disparities represents the first report to identify critical steps that are needed in research to help reduce tobacco use and its consequences among underserved and understudied populations in the United States. Procedures for developing and refining recommendations included 1) experts who presented data at the NCTHD, 2) work groups at the NCTHD that helped to formulate and discuss recommendations, and 3) the concept mapping exercise following the conference. Each step helped to produce what is presented in this summary report—nine cluster priorities that establish directions for researchers; practitioners; and local, state, and national organizations.

These recommendations highlight the considerable gaps in the research, and the human and financial resources needed to implement plans that will ultimately and directly benefit communities and the overall health of the nation. Although the concept mapping participants ranked the recommendations on importance and feasibility, we recognize that depending on the context (community, state, local, and/or national level), some of these recommendations may be more important or more feasible than others. What is presented here, however, provides guidance for those who are planning research and programs that target tobacco-related health disparities.

Research funding is critical at multiple levels. Testing the relevance, applicability, efficacy, and effectiveness of programs will provide additional evidence that can be disseminated at the local, state, and national levels. In addition, there may be a need to re-evaluate how, what types, and what are the best mechanisms for funding studies that aim to reduce tobacco-related disparities. Funding is also needed to support training and mentoring. Building capacity to conduct disparities studies calls for the need to increase the training of researchers. The recent Institute of Medicine Report, *Ensuring Diversity in the Health Care Workforce,* indicates that African Americans, Hispanics, American Indians, Alaska Natives, and some Asian and Pacific Islander groups are poorly represented in the health professions, with representation falling far below their representation in the general population. Furthermore, this report states that increasing the racial and ethnic diversity among health professionals is important because diversity is associated with improved access to health care.[59]

Racial and ethnic minorities are significantly more likely than their White peers to serve minority and medically underserved communities . . . . Diversity in the health profession's training settings may assist in efforts to improve cross-cultural training and cultural competencies of all trainees.[59]

It is also important to improve the level of skills training for existing researchers through multidisciplinary training and begin to develop strategies that help change the culture of research.

There is a wealth of science that has been produced over the years, yet many populations do not have access to it. Therefore, additional steps and strategies are needed to disseminate and communicate science to communities that may use it to develop their own programs. Although these recommendations provide some direction about how to do that, community-research collaborations will strengthen our ability to better disseminate science. Finally, while funded research is not directed to change policy, science has always been used to inform policies in many areas of health. Additional studies will help us build our science base to better inform policies that impact health disparities and help us to reach the 2010 goals to reduce health disparities.

National Conference on Tobacco and Health Disparities

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Appendix A: National Conference on Tobacco and Health Disparities Agenda

Forging a National Research Agenda to Reduce Tobacco-Related Health Disparities

December 11–13, 2002 • The Westin Innisbrook Resort • Palm Harbor (Tampa Bay), Florida

Tuesday, December 10, 2002

5:00 p.m. – 8:00 p.m. **POSTER SESSION SETUP**

EXHIBITS SETUP

Wednesday, December 11, 2002

7:00 a.m. – 8:00 a.m. **REGISTRATION AND CONTINENTAL BREAKFAST**

8:00 a.m. – 8:45 a.m. **WELCOME AND OPENING REMARKS**

Pebbles Fagan, Ph.D., M.P.H.
National Cancer Institute
Bethesda, Maryland

Harold Freeman, M.D.
National Cancer Institute
Bethesda, Maryland

Jeff Krischer, Ph.D.
H. Lee Moffitt Cancer Center and
Research Institute
University of South Florida
Tampa, Florida

8:45 a.m. – 10:05 a.m. **OPENING PLENARY**
Race, Social Disparities, and Scientific Research

MODERATOR

Mary Northridge, Ph.D., M.P.H.
Columbia University
New York, New York

SPEAKERS

Social Disparities and Tobacco Control: Opportunities for Scientific Research
Glorian Sorensen, Ph.D., M.P.H.
Dana-Farber Cancer Institute
Boston, Massachusetts

Race, Tobacco Science, and Society
Gary King, Ph.D.
The Pennsylvania State University
University Park, Pennsylvania

DISCUSSANTS

Ken Resnicow, Ph.D.
Emory University
Atlanta, Georgia

Aida Giachello, Ph.D.
Midwest Latino Health Research,
Training and Policy Center
Chicago, Illinois

10:05 a.m. – 10:20 a.m. **BREAK**

10:20 a.m. – 11:35 a.m. **BREAKOUT SESSIONS**

I. Capacity and Infrastructure: A Strategic Framework in Support of Research and Practice

MODERATOR

Jeanette Noltenius, M.A., Ph.D.
Rick Swartz and Associates
Washington, DC

SPEAKERS

Providing the Foundation for Public Health Strategies to Eliminate Disparities

Kevin Collins, M.P.A.
Centers for Disease Control and Prevention
Atlanta, Georgia

Participatory Research: A Model for the Application of Community Development and Community Competence Tobacco-Related Disease Research Program

Phillip Gardiner, Dr.P.H.
University of California
Oakland, California

DISCUSSANT

Rod Lew, M.P.H.
Asian Pacific Partners for Empowerment and Leadership
Oakland, California

II. Capacity and Infrastructure: Emergent Surveillance, Programs, and Networks

MODERATOR

Alexandria Stewart
Centers for Disease Control and Prevention
Atlanta, Georgia

SPEAKERS

Examples of Initiatives

LaDonna BlueEye
University of Oklahoma Health Sciences Center
Oklahoma City, Oklahoma

Challenges of Insufficient Capacity and Infrastructure and the Importance of Community Competence in the LGBT Community

Greg Greenwood, Ph.D.
University of California, San Francisco
San Francisco, California

Evaluation and Development of a National African American Tobacco Prevention Network

Sherry Watson-Hyde
National African American Tobacco Prevention Network
Lake Mary, Florida

DISCUSSANTS

Bertha Mo, Ph.D., M.P.H.
The Praxis Project
Washington, DC

Lawrence Shorty, B.A.
University of North Carolina at Chapel Hill
Chapel Hill, North Carolina

III. Building Tobacco Capacity and Research Infrastructure: Promising Practices

MODERATOR

Patricia Sosa, J.D.
Campaign for Tobacco-Free Kids
Washington, DC

SPEAKERS

Examples of Promising Practices

Kipling Gallion, M.A.
Baylor College of Medicine
San Antonio, Texas

Aida Giachello
Midwest Latino
Training and Po
Chicago, Illinois

DISCUSSANT

Patricia Sosa, J.D.
Campaign for Tobacco-Free Kids
Washington, DC

IV. Building Tobacco Capacity and Research Infrastructure: Tobacco, Alcohol, and Disparities

MODERATOR

Helen Lettlow, M.P.H.
American Legacy Foundation
Washington, DC

SPEAKERS

Howard University Program for Collaborative Alcohol Research

Robert Taylor, M.D., Ph.D.
Howard University
Washington, DC

NIAAA Strateg Health Disparit

Faye Calhoun,
National Institut and Alcoholism
Bethesda, Maryland

Research Opportunities for Alcohol/ Smoking Issues Among Minorities

R. Thomas Gentry, Ph.D.
National Institute on Alcohol Abuse and Alcoholism
Bethesda, Maryland

DISCUSSANT

Faye Calhoun, Ph.D., M.S.
National Institute on Alcohol Abuse and Alcoholism
Bethesda, Maryland

V. Epidemiology: Data from Longitudinal Studies

MODERATOR

Gillian Barclay, D.D.S., M.P.H., Dr.P.H.
Harvard School of Public Health
Boston, Massachusetts

SPEAKERS

CARDIA Study

Stephen Hulley, M.D., M.P.H.
University of California, San Francisco
San Francisco, California

Black Women's Health Study

Lynn Rosenberg, Sc.D.
Boston University
Boston, Massachusetts

DISCUSSANT

Sharon Marable, M.D., M.P.H.
State of Rhode Island Department of Health
Providence, Rhode Island

11:35 a.m. – 1:50 p.m.

LUNCHEON PANEL
Tobacco Control Policy and Disparate Populations

MODERATOR

Makani Themba-Nixon
The Praxis Project
Washington, DC

SPEAKERS

Results from CTFK Survey on African American Latinos: Tax and Clean Indoor Air

Nichole Veatch, B.A.
Campaign for Tobacco-Free Kids
Washington, DC

Data Needs Related to Secondhand Smoke Exposure, Clean Indoor Air Policies, and Disparate Populations

Elva Yañez, M.S.
The Praxis Project
Washington, DC

Data Needs Related to Policies that Affect Disparate Populations

Rod Lew, M.P.H.
Asian Pacific Partners for Empowerment and Leadership
Oakland, California

DISCUSSANT

Makani Themba-Nixon
The Praxis Project
Washington, DC

1:50 p.m. – 2:15 p.m.

BREAK

2:15 p.m. – 3:30 p.m.

BREAKOUT SESSIONS

I. Behavioral and Psychosocial Research: Low Income, Occupation, and Social Class

MODERATOR

Sherry Mills, M.P.H., M.D.
Abt Associates, Inc.
Bethesda, Maryland

SPEAKERS

Working Populations and Social Class
Elizabeth Barbeau, Sc.D., M.P.H.
Dana-Farber Cancer Institute
Boston, Massachusetts

Low-Income P
Karen Emmons
Dana-Farber Ca
Boston, Massac

DISCUSSANTS

Clara Manfredi, Ph.D.
University of Illinois at Chicago
Chicago, Illinois

Noel Chrisman
University of Wa
Seattle, Washin

II. Behavioral and Psychosocial Research: Working with LGBT Populations

MODERATOR

Deborah McLellan, M.H.S.
Dana-Farber Cancer Institute
Boston, Massachusetts

SPEAKERS

Efforts to Reduce LGBT Tobacco Use Disparities
Perry Stevens, M.P.A.
Centers for Disease Control and Prevention
Memphis, Tennessee

William Furma
Center for Toba
Washington, DC

DISCUSSANTS

Greg Greenwood, Ph.D.
University of California, San Francisco
San Francisco, California

Scout, M.A.
The Fenway Institute
Boston, Massachusetts

III. Behavioral and Psychosocial Research: Mental Illness, Institutionalization, Religion, and Tobacco Use

MODERATOR

Steve Ridini, Ed.D.
The Medical Foundation
Boston, Massachusetts

SPEAKERS

Tobacco-Related Health Disparities in Patients with Major Mental Illness

Anne Eden Evins, M.D.
Massachusetts General Hospital
Boston, Massachusetts

Forging Faith-Based Partnerships for Tobacco Control

Joyce Moon Howard, Dr.P.H.
Columbia University
New York, New York

Bans on Smoking in Prisons and Jails

Gregory Falkin, Ph.D.
National Development and Research Institutes, Inc.
New York, New York

DISCUSSANTS

Charyn Sutton, B.A.
The Onyx Group
Bala Cynwyd, Pennsylvania

LaSimba Gray, Jr., D.Min., M.Div., M.Ed.
New Sardis Baptist Church
Memphis, Tennessee

3:30 p.m. – 3:45 p.m. **BREAK**

3:45 p.m. – 5:00 p.m. **BREAKOUT SESSIONS**

I. Prevention of Tobacco Use and Nicotine Addiction: Environmental Tobacco Smoke (ETS) in the Home

MODERATOR

Benjamin Griffin, M.P.A.
Environmental Protection Agency
Washington, DC

SPEAKERS

ETS in the Home

Melbourne Hovell, Ph.D., M.P.H.
San Diego State University
San Diego, California

Disparities in Children's Exposure to Secondhand Smoke at Home–United States, 1993–1999

Angela Trosclair, M.S.
Centers for Disease Control and Prevention
Atlanta, Georgia

DISCUSSANT

Nina Jones
University of Arizona
Flagstaff, Arizona

II. Prevention of Tobacco Use and Nicotine Addiction: Early Prevention and Adolescent Cessation

MODERATOR

Pebbles Fagan, Ph.D., M.P.H.
National Cancer Institute
Bethesda, Maryland

SPEAKERS

Early Prevention and Adolescent Cessation for Youth at Multiple Risk

Anthony Biglan, Ph.D.
Oregon Research Institute
Eugene, Oregon

Tobacco Use Cessation Among Young People

Steve Sussman, Ph.D., F.A.A.H.B.
University of Southern California
Alhambra, California

DISCUSSANTS

Steven Schinke, Ph.D.
Columbia University
New York, New York

Phyllis Ellickson, Ph.D.
RAND
Santa Monica, California

III. Prevention of Tobacco Use and Nicotine Addiction: Social and Cultural Influences on Initiation

MODERATOR

Felicia Hodge, Dr.P.H.
University of Minnesota
Minneapolis, Minnesota

SPEAKERS

African American and Puerto Rican Tobacco Use: A Longitudinal Study

Judith Brook, Ed.D.
Mount Sinai School of Medicine
New York, New York

Social and Cultural Influences on Initiation

Jennifer Unger, Ph.D.
University of Southern California
Alhambra, California

DISCUSSANTS

John Elder, Ph.D., M.P.H.
San Diego State University
San Diego, California

Sandra Headen, Ph.D.
National African American Tobacco Prevention Network
Raleigh, North Carolina

IV. Community and State: Creating and Sustaining Capacity-Building Efforts

MODERATOR

Kevin Collins, M.P.A.
Centers for Disease Control and Prevention
Atlanta, Georgia

SPEAKERS

Engaging Priority Populations

Carla Freeman, M.A.
American Medical Association
Las Vegas, Nevada

The Los Angeles County Alcohol, Tobacco, and Other Drug Policy Coalition (LACATOD): A Model for Capacity Building and Maintaining Effective Coalitions

Nora Manzanilla, B.S.
Tobacco Enforcement Program
Office of the Los Angeles City Attorney
Los Angeles, California

DISCUSSANTS

David Harrelson
Washington State Department of Health
Olympia, Washington

Angelina Esparza, B.A.
U.T.M.D. Anderson Cancer Center
Houston, Texas

Brenda Bell Caffee
Caffee, Caffee and Associates
Hattiesburg, Mississippi

5:00 p.m. – 5:30 p.m. **BREAK**

5:30 p.m. – 7:00 p.m. **Networking Reception and Poster Presentations**
Bridging the Gap Among Research, Practice, and Policy
Sponsored by American Legacy Foundation

Thursday, December 12, 2002

7:00 a.m. – 8:00 a.m. **REGISTRATION AND CONTINENTAL BREAKFAST**

8:00 a.m. – 9:30 a.m. **PLENARY SESSION**

Biological Factors Influencing Tobacco Use and Risk: Differences Among Populations

MODERATOR

Deborah Winn, Ph.D.
National Cancer Institute
Bethesda, Maryland

SPEAKERS

Quitting Success Among Menthol Cigarette Smokers

Jasjit Ahluwalia, M.S., M.P.H., M.D.
University of Kansas Medical Center
Kansas City, Kansas

Nicotine Metabolism and Topography Among African Americans and Whites

Karen Ahijevych, Ph.D.
The Ohio State University
Columbus, Ohio

Can a Defective Gene Be Good For You? Smoking, Cancer, and Population Variation

Rachel Tyndale, M.Sc., Ph.D.
University of Toronto
Toronto, Ontario

DISCUSSANT

Eric Moolchan, M.D.
National Institute on Drug Abuse
Baltimore, Maryland

9:30 a.m. – 9:45 a.m. **BREAK**

9:45 a.m. – 11:00 a.m. **PLENARY SESSION**

Epidemiology: Small Populations and Tobacco Research

MODERATOR

Deirdre Lawrence, Ph.D., M.P.H.
National Cancer Institute
Bethesda, Maryland

SPEAKERS

Multiple Asian Pacific Islander Populations

Grace Ma, Ph.D., C.H.E.S.
Temple University
Philadelphia, Pennsylvania

Prevalance of Use Patterns A

Caroline Renne
Alaska Native Tr
Anchorage, Alas

Vietnamese Populations

Tung Nguyen, M.D.
University of California, San Francisco
San Francisco, California

DISCUSSANT

Deirdre Lawrence, Ph.D., M.P.H.
National Cancer Institute
Bethesda, Maryland

11:00 a.m. – 11:15 a.m. **BREAK**

11:15 a.m. – 12:30 p.m. **BREAKOUT SESSIONS**

I. Treatment of Nicotine Addiction: Cessation Among Rural and Older Populations

MODERATOR

Ann Ward, M.A.
The Pennsylvania State University
University Park, Pennsylvania

SPEAKERS

Rural Populations

Mary Ellen Wewers, Ph.D., M.P.H.
The Ohio State University
Columbus, Ohio

Older Populations

Craig Stotts, R.N., Dr.P.H.
University of Tennessee
Memphis, Tennessee

DISCUSSANTS

Linda Jouridine, Ed.D.
University of Kentucky
Lexington, Kentucky

Neal Rick Boyd, Ed.D., M.S.P.H.
The George Washington University
Washington, DC

II. Basic Biology

MODERATOR

Mirjana Djordevic, Ph.D.
National Cancer Institute
Bethesda, Maryland

SPEAKERS

Transdermal Nicotine Exposure, Salivary Cotinine, and Green Tobacco Sickness in Latino Farm Workers

Sara Quandt, Ph.D.
Wake Forest University
Winston-Salem, North Carolina

Importance of UDP–Glucuronosyltransferases in Risk for Tobacco-Related Cancers

Phillip Lazarus, Ph.D.
H. Lee Moffitt Cancer Center and Research Institute
University of South Florida
Tampa, Florida

DISCUSSANT

George Hammons, Ph.D.
Philander Smith College
Little Rock, Arkansas

12:30 p.m.– 2:00 p.m. **LUNCHEON PANEL**

Marketing
Sponsored by American Legacy Foundation

MODERATOR

Philip Graham
American Legacy Foundation
Washington, DC

SPEAKERS

Existing Research in Industry Marketing and Future Directions for Research

Pamela Clark, Ph.D.
Battelle Centers for Public Health Research and Evaluation
Baltimore, Maryland

Counter Marketing

Philip Graham
American Legacy Foundation
Washington, DC

DISCUSSANT

Curtis Spence, B.S.
Claymar Enterprise
Providence, Rhode Island

2:15 p.m.– 2:30 p.m. **BREAK**

2:30 p.m. – 3:45 p.m.

BREAKOUT SESSIONS

I. Marketing: What Tobacco Industry Documents Tell Us

MODERATOR

Anne Joseph, M.D., M.P.H.
University of Minnesota
Minneapolis, Minnesota

SPEAKERS

Tobacco Industry Targeting of Gays and Lesbians

Ruth Malone, R.N., Ph.D.
University of California, San Francisco
San Francisco, California

Tobacco Industry Targeting of African Americans

Valerie Yerger, M.A., N.D.
University of California, San Francisco
San Francisco, California

DISCUSSANT

Monique Muggli, M.P.H.
Independent Consultant
Saint Paul, Minnesota

II. Harm Reduction: Marketing and Product Consumption

MODERATOR

Mirjana Djordjevic, Ph.D.
National Cancer Institute
Bethesda, Maryland

SPEAKERS

Target Marketing of Menthol Cigarettes

Timothy Dewhirst, B.P.H.E., M.A.
University of British Columbia
Vancouver, British Columbia

Surveillance of Harm Reduction Products and Population Usage

Harold Pollack, M.P.P., Ph.D.
University of Michigan
Ann Arbor, Michigan

DISCUSSANTS

Donna Roy, M.A., M.P.H.
Massachusetts Department of Public Health
Boston, Massachusetts

Richard Pollay, Ph.D.
University of British Columbia
Vancouver, British Columbia

3:45 p.m. – 4:00 p.m.

CLOSING AND PREPARATION FOR WORK GROUPS

Kevin Collins, M.P.A.
Centers for Disease Control and Prevention
Atlanta, Georgia

4:00 p.m.

NETWORKING OPPORTUNITIES

4:00 p.m. – 4:15 p.m. **FACILITATORS AND NOTE TAKERS MEETING**

Friday, December 13, 2002

7:00 a.m. – 8:00 a.m. **CONTINENTAL BREAKFAST**

INTRODUCTION TO ROUND ROBIN WORK GROUPS

Pebbles Fagan, Ph.D., M.P.H.
National Cancer Institute
Bethesda, Maryland

ROUND ROBIN WORK GROUPS

Epidemiology

FACILITATOR

Gary King, Ph.D.
The Pennsylvania State University
University Park, Pennsylvania

Psychosocial Risk Factors

FACILITATOR

Deborah McLellan, M.H.S.
Dana-Farber Cancer Institute
Boston, Massachusetts

Tobacco Harm Reduction

FACILITATOR

Mirjana Djordjevic, Ph.D.
National Cancer Institute
Bethesda, Maryland

Capacity and Infrastructure

FACILITATORS

Helen Lettlow, M.P.H.
American Legacy Foundation
Washington, DC

David Banks, Ph.D.
American Legacy Foundation
Washington, DC

Policy

FACILITATORS

Patricia Sosa, J.D.
Campaign for Tobacco-Free Kids
Washington, DC

Sallie Anne Petrucci, M.P.H., C.H.E.S.
The Robert Wood Johnson Foundation
Princeton, New Jersey

Community and State

FACILITATORS

Kevin Collins, M.P.A.
Centers for Disease Control and Prevention
Atlanta, Georgia

Alexandria Stewart
Centers for Disease Control and Prevention
Atlanta, Georgia

Basic Biology

FACILITATOR

Deirdre Lawrence, Ph.D., M.P.H.
National Cancer Institute
Bethesda, Maryland

Marketing

FACILITATOR

Perry Stevens, M.P.A.
Centers for Disease Control and Prevention
Atlanta, Georgia

Surveillance

FACILITATOR

Barbara Wingrove, M.P.H.
National Cancer Institute
Bethesda, Maryland

Treatment of Nicotine Addiction

FACILITATOR

Sherry Mills, M.P.H., M.D.
Abt Associates, Inc.
Bethesda, Maryland

Prevention of Tobacco Use

FACILITATOR

Linda Jouridine, Ed.D.
University of Kentucky
Lexington, Kentucky

9:20 a.m. – 10:20 a.m. **ROUND ROBIN WORK GROUPS**

Epidemiology

Psychosocial Risk Factors

Tobacco Harm Reduction

Capacity and Infrastructure

Policy

Community and State
Basic Biology
Marketing
Surveillance
Treatment of Nicotine Addiction
Prevention of Tobacco Use

10:20 a.m. – 10:35 a.m. **BREAK**

10:40 a.m. – 11:40 a.m. **ROUND ROBIN WORK GROUPS**

Epidemiology
Psychosocial Risk Factors
Tobacco Harm Reduction
Capacity and Infrastructure
Policy
Community and State
Basic Biology
Marketing
Surveillance
Treatment of Nicotine Addiction
Prevention of Tobacco Use

11:40 a.m. – 1:00 p.m. **WORKING LUNCHEON**

Report Back from Round Robin Work Groups and Next Steps

Pebbles Fagan, Ph.D., M.P.H.
National Cancer Institute
Bethesda, Maryland

Appendix B: Summary of Panel Presentations

WEDNESDAY, DECEMBER 11, 2002

Opening Plenary: Race, Social Disparities, and Scientific Research

SPEAKERS

Glorian Sorensen, Ph.D., M.P.H., *Social Disparities and Tobacco Control: Opportunities for Scientific Research*

Gary King, Ph.D., *Race, Tobacco Science, and Society*

DISCUSSANTS

Ken Resnicow, Ph.D.

Aida Giachello, Ph.D.

MODERATOR

Mary Northridge, Ph.D., M.P.H.

Dr. Glorian Sorenson emphasized the need for greater consideration of social and contextual factors. She suggested that research should aim to understand the interacting effects of multiple sources of inequalities on patterns of tobacco use, integrate health promotion and health protection strategies to effect macro-level behavioral changes, and increase analysis of existing data sources by extending partnerships among researchers and community-based organizers. Long-term efforts should focus on exploring the appropriate intervention methodology for effective interventions and examine factors related to successful dissemination strategies. Dr. Gary King provided a brief overview of the history of the interplay between health and race in the United States from theoretical and empirical perspectives. He discussed strategies for advancing the scientific discussion and empirical use race in tobacco science as a means to address health disparities. He identified two phases of minority health research that highlight research and interventions to reduce racial disparities in health. Drs. Ken Resnicow and Aida Giachello suggested that, as minority populations continue to account for a larger proportion of American society, the need for increased understanding about group differences and health behaviors becomes more urgent. Tobacco control researchers and program communities should continue to examine group disparities using an ethnic/social perspective. This could be accomplished by adding a culture-specific component to general interventions in diverse settings. One particular concern for the tobacco control community should be recognition that issues such as racism influence differences in health outcomes. Problems must be examined with respect to every relevant culture or ethnic group if we are to successfully reduce health disparities.

Panel 1: Capacity and Infrastructure: A Strategic Framework in Support of Research and Practice

SPEAKERS

Kevin Collins, M.P.A., *Providing the Foundation for Public Health Strategies to Eliminate Disparities*

Phillip Gardiner, Dr.P.H., *Participatory Research: A Model for the Application of Community Development and Community Competence Tobacco-Related Disease Research Program*

DISCUSSANT

Rod Lew, M.P.H.

MODERATOR

Jeanette Noltenius, M.A., Ph.D.

Mr. Kevin Collins discussed the importance of taking community characteristics (e.g., history, culture, race, literacy, generational diversity) into account when assessing capacity and creating infrastructure. Dr. Phillip Gardiner suggested that the participatory approach must provide co-learning experiences as well as empowering opportunities that attend to existing social inequalities. Moreover, this approach should facilitate communication among all partners and shared funding sources in all phases of the research and intervention. Mr. Rod Lew added that we should assess the current state of research in this capacity and infrastructure. In addition, panel attendees discussed the need to define race and involve historically Black colleges and universities in capacity-creating efforts.

Panel 2: Capacity and Infrastructure: Emergent Surveillance, Programs, and Networks

SPEAKERS

LaDonna BlueEye, *Examples of Initiatives*

Greg Greenwood, Ph.D., *Challenges of Insufficient Capacity and Infrastructure and the Importance of Community Competence in the LGBT Community*

Sherry Watson-Hyde, *Evaluation and Development of a National African American Tobacco Prevention Network*

DISCUSSANTS

Bertha Mo, Ph.D., M.P.H.

Lawrence Shorty, B.A.

MODERATOR

Alexandria Stewart

Native American and lesbian, gay, bisexual and transgender (LGBT) populations have disproportionately high rates of smoking. Ms. LaDonna BlueEye indicated that there are few resources to conduct research in Native American communities and methods to assess appropriate interventions are lacking. Dr. Greg Greenwood indicated that research on the LGBT population is almost nonexistent. It appears that the LGBT population in general, and older LGBT persons in particular, show an interest in quitting. To address tobacco consumption and morbidity and mortality rates among African Americans, Ms. Sherry Watson-Hyde indicated that the National African American Tobacco Prevention Network will provide support, resources, and enhanced communications in African American communities.

Panel 3: Building Tobacco Capacity and Research Infrastructure: Promising Practices

SPEAKERS

Kipling Gallion, M.A., *Examples of Promising Practices*

Aida Giachello, Ph.D., *Examples of Promising Practices*

DISCUSSANT AND MODERATOR

Patricia Sosa, J.D.

Mr. Gallion stated that researchers should invest in community networks instead of merely in research outcomes. This approach will promote optimally fruitful future research and best use of financial resources. He cited the *Redes en Accion* program as an example of a National Cancer Institute initiative that utilizes a network approach. Dr. Giachello stressed the need for developing a solid infrastructure that includes training, resource development, and evaluation components. This infrastructure will help to bridge the challenges of implementing evidence-based strategies in communities. Dr. Giachello further emphasized using a coalition-centered approach to build centers for applicable research and the need to build rapport and trust within the community one is working.

Panel 4: Building Tobacco Capacity and Research Infrastructure: Tobacco, Alcohol, and Disparities

SPEAKERS

Robert Taylor, M.D., Ph.D., *Howard University Program for Collaborative Alcohol Research*

R. Thomas Gentry, Ph.D., *Research Opportunities for Alcohol/Smoking Issues Among Minorities*

Faye Calhoun, Ph.D., M.S., *NIAAA Strategic Plan for Addressing Health Disparities*

DISCUSSANT

Faye Calhoun, Ph.D., M.S.

MODERATOR

Helen Lettlow, M.P.H.

Dr. Faye Calhoun stated the mission of the National Institute on Alcohol Abuse and Alcoholism's (NIAAA) *Strategic Plan to Address Health Disparities 2002–2006* as seeking to improve access, quality, and acceptance of care for alcohol and tobacco, and to conduct research on alcohol and tobacco use as chronic diseases with potential relapse. Research on tobacco and alcohol disparities should focus on collaborative, multidisciplinary research and increased communication through the formation of a network. Dr. Calhoun recommended that this multidisciplinary research primarily focus on young people, since initiation and experimentation occur most often with them. The goals of the strategic plan include transferring research knowledge to practice and experiential knowledge to research; building multidisciplinary, multiethnic collaborating teams; and building capacity (e.g., involving minority clinicians, investigators, and populations) in minority-serving institutions to contribute to alcohol research. Dr. Gentry presented data that show the high co-morbidity of smoking and drinking. Eighty percent of lifetime smokers drink and 60 percent of lifetime drinkers smoke. He stressed the need to address issues of synergistic effects, youth initiation, and prudence in addressing tobacco and alcohol use simultaneously. Dr. Gentry closed by raising questions about the nature of the problem of concurrent alcohol and tobacco use, and called for the need to investigate environmental, social, psychological, and physiological factors, as well as research into the synergistic effects of the two substances. He emphasized the issue of race and ethnicity as frequent markers for other causes of health disparities, including immigration status, acculturation, socioeconomic status, unemployment, insurance coverage, education, and access to health care.

Plenary 5: Epidemiology: Data from Longitudinal Studies

SPEAKERS

Stephen Hulley, M.D., M.P.H., *CARDIA Study*

Lynn Rosenberg, Sc.D., *Black Women's Health Study*

DISCUSSANT

Sharon Marable, M.D., M.P.H.

MODERATOR

Gillian Barclay, D.D.S., M.P.H., Dr.P.H.

Dr. Stephen Hulley presented the results of the CARDIA Study, which examined the predictability of race in smoking and quitting patterns among White and African American adults. When adjusting for socioeconomic variables, no differences were found between the initiation and cessation rates of the two groups. Higher education was found to be an important protective factor for smoking initiation and increased cessation rates. Furthermore, despite increased smoking prevalence and risk of developing heart disease among African Americans, White men had more coronary calcification than African American men. The independent risk factors for coronary calcification include being of older age, Caucasian, male, and smoking cigarettes. Dr. Lynn Rosenberg presented some results from the Black Women's Health Study. She noted that the study revealed disparities between White and African American women. African American women had an increased risk of dying from breast cancer before age 45 years as compared to White women, and lupus occurred more often among Black women than White women. This study also revealed several factors associated with smoking among Black women: drinking, age, body size (being thinner), less exercise, and earlier menopause onset.

Luncheon Panel: Tobacco Control Policy and Disparate Populations

SPEAKERS

Nichole Veatch, B.A., *Results from CTFK Survey on African American Latinos: Tax and Clean Indoor Air*

Rod Lew, M.P.H., *Data Needs Related to Policies that Affect Disparate Populations*

Elva Yañez, M.S., *Data Needs Related to Secondhand Smoke Exposure, Clean Indoor Air Policies, and Disparate Populations*

DISCUSSANT AND MODERATOR

Makani Themba-Nixon

Ms. Nichole Veatch, Mr. Rod Lew, and Ms. Elva Yañez presented data from several studies on African American, Asian, and Latino perspectives on tobacco product taxes and clean indoor air regulations. The speakers noted that taxes are often regressive and create a financial burden on the poor. However, taxes provide immediate encouragement to quit. In addition, those with fewer resources often experience decreased access to services. Although the majority of the revenue from regressive taxes is generated from the poor, programs funded by taxes mostly serve the middle class. The speakers recommended that funds generated from tobacco taxes be earmarked specifically for tobacco control and health services for the underserved. Some data revealed high acceptance of increased taxes on tobacco products among minority communities, and support increased dramatically when the benefits for preventing youth smoking were presented. However, differences existed among racial and ethnic groups for the best rationale for raising taxes. Whites said spending on social programs targeted to youth is the best reason to increase taxes. Blacks said raising cigarette taxes would help pay for health care and education without raising other taxes. Data about attitudes toward policies to limit exposure to secondhand smoke showed little difference among racial and ethnic groups. However, African Americans felt affected by secondhand smoke at a higher percentage than was reported by Whites. Minority respondents reported that people who work where smoking is allowed have less choice to work there, and that language and illegal residency status are main barriers to working in a smoke-free workplace. In addition, Mr. Lew presented data from previously secret tobacco industry documents that show that the tobacco industry perhaps knew more about how to reach Asian Americans and Pacific Islanders than the tobacco control movement. All speakers suggested a number of recommendations, including conducting national research with sample sizes of special populations large enough to draw generalizable conclusions, disseminating data effectively to mobilize communities to create and support policies, framing tobacco control issues as opportunities for cultural/minority community empowerment, and ensuring the inclusion of minority community members on community planning boards.

Panel 1: Behavioral and Psychosocial Research: Low Income, Occupation, and Social Class

SPEAKERS

Elizabeth Barbeau, Sc.D., M.P.H., *Working Populations and Social Class*

Karen Emmons, Ph.D., *Low-Income Populations*

DISCUSSANTS

Clara Manfredi, Ph.D.

Noel Chrisman, Ph.D., M.P.H.

MODERATOR

Sherry Mills, M.P.H., M.D.

The speakers commented that the concept of class is a social phenomenon, which includes the combined effects of levels of education and income, as well as type of occupation. Despite a decrease in smoking prevalence among all occupational categories, blue-collar and service workers smoke at twice the rate of white-collar workers. All workers attempt to quit at similar rates, yet white-collar workers are more successful at maintaining abstinence. Perhaps this is due to their ability to receive more help with quitting in their workplace. It is equally important to look at both race and occupation when determining causality. Moreover, even when controlling for age, race, ethnicity, and education, occupation has a significant effect on determining cessation success. Data show that lower socioeconomic status correlates with an increased likelihood of smoking and decreased likelihood of quitting. Specific settings should be targeted for change to help eliminate this disparity, such as the health care arena and the home environment. Improvements to health care practices are recommended, such as implementing the *PHS Guidelines to Treating Tobacco Use and Dependence* and increasing Medicaid coverage for tobacco cessation services. In addition, telephone counseling and targeted print materials are promising low-cost strategies for increasing cessation success for low-income populations. Dr. Noel Chrisman stated that community-based participatory research (CBPR) is a worthwhile science that can enhance and inform existing research projects. He emphasized the need to form, strengthen, and expand community relationships for CBPR to succeed, and advocated for a greater balance between science and service for researchers to deliver benefits to the community. The recommendations for funders included seeking out reviewers who are familiar with community work, providing grant supplements for establishing community partnerships, and funding research on the methodology of community intervention.

Panel 2: Behavioral and Psychosocial Research: Working with LGBT Populations

SPEAKERS

Perry Stevens, M.P.A., *Efforts to Reduce LGBT Tobacco Use Disparities*

William Furmanski, B.A., *Efforts to Reduce LGBT Tobacco Use Disparities*

DISCUSSANTS

Greg Greenwood, Ph.D.

Scout, M.A.

MODERATOR

Deborah McLellan, M.H.S.

Dr. Greg Greenwood presented research that demonstrates the huge discrepancy in smoking prevalence between the general U.S. adult population at 23 percent, and the adult LGBT population at 48 percent. However, because little data have been collected about tobacco use among LGBT populations, Dr. Greenwood recommended including sexual orientation on household surveys to increase the amount of data about LGBT populations. Mr. Perry Stevens indicated that the tobacco industry has tried to encourage and maintain LGBT tobacco use through advertising strategies. Countermarketing efforts should include antitobacco advertising in LGBT-focused publications, enacting nondiscrimination policies in tobacco cessation agencies and programs, and promoting antitobacco messages at LGBT events. Mr. William Furmanski encouraged the LGBT community to take advantage of the American Legacy Foundation's LGBT National Forum, which awards grants that address cultural competency, community outreach, advertising/public relations, and education strategies. Scout stated that one of the projects funded through the American Legacy Foundation found that one-half of health centers do not currently focus on LGBT tobacco control activities or services, but would do so if they had adequate resources. As part of this study, think tank discussions were conducted with health centers in different parts of the United States to determine how cessation programs could be more effective. Both practical and financial reasons were cited for lack of successful quit attempts, such as lack of social support and affordability of nicotine replacement therapy.

Panel 3: Behavioral and Psychosocial Research: Mental Illness, Institutionalization, Religion, and Tobacco Use

SPEAKERS

Anne Eden Evins, M.D., *Tobacco-Related Health Disparities in Patients with Major Mental Illness*

Gregory Falkin, Ph.D., *Bans on Smoking in Prisons and Jails*

Joyce Moon Howard, Dr.P.H., *Forging Faith-Based Partnerships for Tobacco Control*

DISCUSSANTS

Charyn Sutton, B.A.

LaSimba Gray, Jr., D.Min., M.Div., M.Ed.

MODERATOR

Steve Ridini, Ed.D.

Dr. Gregory Falkin stated that although no formal studies have been conducted among prison populations, smoking prevalence is estimated at about 75–80 percent, with many prisoners tending to be minorities. He also stated that tobacco use has been banned in many prisons, but there is variability in enforcement. He also noted that a prison is a complicated environment in which to conduct tobacco control interventions. Although inmates are provided information about quitting, there is a lack of cessation counseling, and tobacco control policies are not uniformly enforced among the institutions. Dr. Joyce Moon Howard stated that faith-based partnerships are particularly effective in African American communities, where most churches have been owned and operated by African Americans. Partnering tobacco control organizations with faith-based organizations takes advantage of the implicit trust inherent in religious organizations in those communities, which facilitates cessation efforts. She also offered examples of past faith-based tobacco control efforts, such as The Robert Wood Johnson Heart Body and Soul Initiative, which encouraged collaboration between Johns Hopkins University and churches. Dr. Anne Eden Evins reported that adults with mental illness smoke at drastically higher rates than the general adult population (70–90 percent versus 23 percent) and that they also suffer higher rates of tobacco-related morbidity and mortality. In addition, contrary to commonly held stereotypes, the mentally ill population expresses a similar desire to quit smoking (70 percent) as the general population. It is unclear what the exact effects of smoking cessation are on the mentally ill and their specific illnesses, quality of life, symptoms, and affective disorders (e.g., depression, bipolar disorder). The evidence underscores the need to conduct more research within this population and develop innovative and effective strategies to address smoking. Dr. Eden Evins proposed recommendations that call for more research to identify best practice guidelines for smoking cessation treatment for mentally ill patients.

Panel 1: Prevention of Tobacco Use and Nicotine Addiction: Environmental Tobacco Smoke (ETS) in the Home

SPEAKERS

Melbourne Hovell, Ph.D., M.P.H., *ETS in the Home*

Angela Trosclair, M.S., *Disparities in Children's Exposure to Secondhand Smoke at Home–United States, 1993–1999*

DISCUSSANT

Nina Jones

MODERATOR

Benjamin Griffin, M.P.A.

Dr. Melbourne Hovell presented data on protecting children from secondhand smoke exposure, and discussed behavioral coaching as one means of protection. Dr. Hovell commented that the tobacco control community could use the issue of protecting children from secondhand smoke to promote cessation services, diminish the strength of tobacco promotions, and decrease the social acceptability of tobacco use. Ms. Angela Trosclair reported that African Americans and Hispanics/Latinos are less likely to report smoking regularly in the home, and smoking in the home is less common in the West than in the South. Risk factors for secondhand smoke exposure in the home include low levels of education and income. Ms. Trosclair showed data that indicated a decrease in prevalence of in-home smoking for all education and income groups. Ms. Nina Jones emphasized that the first steps for a smoke-free homes program organizer are to make contact with and seek guidance from the Bureau of Housing and Urban Development, assisted living facilities, and apartment management. Programs should focus on infants and children, the elderly, cultures and communities with higher usage rates, the mentally ill, and the disabled. An effective program is based on science, and guidance from local community leaders can provide input on the cultural appropriateness of the program.

Panel 2: Prevention of Tobacco Use and Nicotine Addiction: Early Prevention and Adolescent Cessation

SPEAKERS

Anthony Biglan, Ph.D., *Early Prevention and Adolescent Cessation for Youth at Multiple Risk*

Steve Sussman, Ph.D., F.A.A.H.B., *Tobacco Use Cessation Among Young People*

DISCUSSANTS

Steven Schinke, Ph.D.

Phyllis Ellickson, Ph.D.

MODERATOR

Pebbles Fagan, Ph.D., M.P.H.

Dr. Anthony Biglan stated that adolescent smoking occurs in the context of several problem behaviors, such as drinking, illicit drug use, antisocial behavior, and risky sexual behavior. Comprehensive approaches are needed to prevent tobacco use and promote cessation for adolescents. He recommended that researchers evaluate interventions that target problem behaviors, and determine how they might apply to smoking. He also suggested conducting research that tests the effectiveness of interventions on multiple problem behaviors. Dr. Steven Sussman discussed the design and outcomes of 66 cessation studies on youth cessation. Of the different theories applied in these studies, programs based on motivational enhancement, response-contingent reinforcement theory, achieved the most successful quit rates. When considering modality, classroom-based programs and school clinics were the most successful. However, there were elements missing from most of these studies. For example, only 28 of the interventions took race and ethnicity into account, and only 46 included follow-up data. The panelists concluded that research should focus on involving support systems for adolescents, examining multiple problem behaviors from a developmental perspective, and employing less traditional interventions for prevention and cessation. Furthermore, recommendations were made to develop consensus on measurements, conduct more rigorous studies with follow-up, examine context effects, and begin effects mediation work. Long-term recommendations encouraged researchers to explore combined prevention and cessation programs and provide greater access to effective programs.

Panel 3: Prevention of Tobacco Use and Nicotine Addiction: Social and Cultural Influences on Initiation

SPEAKERS

Judith Brook, Ed.D., *African American and Puerto Rican Tobacco Use: A Longitudinal Study*

Jennifer Unger, Ph.D., *Social and Cultural Influences on Initiation*

DISCUSSANTS

John Elder, Ph.D., M.P.H.

Sandra Headen, Ph.D.

MODERATOR

Felicia Hodge, Dr.P.H.

Dr. Judith Brook indicated that among African American and Puerto Rican adolescent smokers, family, peer, and personality measures are related to adolescent smoking, and that both groups display less consistency in their smoking behavior than White adolescents. She concluded that family bonding has a direct effect on smoking. Dr. Jennifer Unger presented data on informational (i.e., peers provide information about positive and negative consequences) and normative (i.e., conforming to smoking behavior) social influences on tobacco use. Media and marketing strategies are also powerful forces shaping initiation. Cultural influences change with the individual's perception of his/her context, and culture is defined as more influential than race and ethnicity. Cultural values may be protective of risk factors for initiation and may change as the adolescent becomes acculturated. Study outcomes show later onset of smoking among Asians and African Americans and earlier onset among American Indians, with particularly low prevalence among Asian girls. Recommendations encouraged researchers to explore how adolescents conceptualize their culture, identify elements of cultural identity, follow diverse cohorts of adolescents living in diverse contexts to disentangle cultural and social effects, explore gene-environment interactions, evaluate the effectiveness of culturally targeted prevention programs relative to generic programs, and explore the influences of global culture on smoking behaviors worldwide.

Panel 4: Community and State: Creating and Sustaining Capacity–Building Efforts

SPEAKERS

Carla Freeman, M.A., *Engaging Priority Populations*

Nora Manzanilla, B.S., *The Los Angeles County Alcohol, Tobacco, and Other Drug Policy Coalition (LACATOD): A Model for Capacity Building and Maintaining Effective Coalitions*

DISCUSSANTS

David Harrelson

Brenda Bell Caffee

Angelina Esparza, B.A.

MODERATOR
Kevin Collins, M.P.A.

Ms. Carla Freeman discussed the need for engaging communities, particularly priority populations, in the policymaking process. She argued that including communities is vital for meaningful and sustainable policy change. This inclusion depends on the willingness of a coalition or organizing group to share resources and become familiar with the community's needs. Ms. Nora Manzanilla spoke about the Los Angeles County Alcohol, Tobacco and Other Drug Policy Coalition program dedicated to achieving restrictions on alcohol and tobacco billboards near sensitive areas. The campaign built and relied on community partnerships that employed face-to-face meetings and maintained constant communication to achieve this policy change. The panelists emphasized that community members should be active participants in all aspects of the program. Additionally, organizers should be apprised of the community's history and immediate political climate to be maximally effective.

THURSDAY, DECEMBER 12, 2002

Plenary 1: Biological Factors Influencing Tobacco Use and Risk: Differences Among Populations

SPEAKERS
Jasjit Ahluwalia, M.S., M.P.H., M.D., *Quitting Success Among Menthol Cigarette Smokers*

Rachel Tyndale, M.Sc., Ph.D., *Can a Defective Gene Be Good for You? Smoking, Cancer, and Population Variation*

Karen Ahijevych, Ph.D., *Nicotine Metabolism and Topography Among African Americans and Whites*

DISCUSSANT
Eric Moolchan, M.D.

MODERATOR
Deborah Winn, Ph.D.

Dr. Jasjit Ahluwalia's first study indicated that quit rates at 6 months (21 percent) were slightly lower for menthol smokers than in two prior bupropion studies (27–35 percent) with White, middle-class participants. The second study found that menthol cigarette smokers were more likely to be women and to report greater difficulty quitting than nonmenthol cigarette smokers. Dr. Ahluwalia concluded that the research community needs to better understand the reasons for lower cessation rates experienced by younger menthol smokers who are using bupropion, the role of cigarette taste and satisfaction on a smoker's ability to quit, and whether other pharmacological aids are less effective for menthol smokers as compared to nonmenthol smokers. Data presented by Dr. Rachel Tyndale indicated that African Americans, who metabolize nicotine at slower rates, smoke fewer cigarettes per day and experience less risk for becoming dependent than Caucasians. When defective, CYP2A6 (the gene that regulates nicotine metabolism) decreases in carcinogenicity due to its decreased ability to activate procarcinogens, which in turn inhibits NNK activation (one of the main tobacco specific nitrosamines). While African American smokers have known variants on the CYP2A6 gene, those variants do not account for all of the behavior and disease outcome differences between Caucasian and African American smokers. Dr. Karen Ahijevych indicated that menthol cigarette smokers have higher levels of cotinine, display a shorter time to smoking their first cigarette of the day than nonmenthol smokers, and have larger puff volume and carbon monoxide levels. Mentholated cigarettes appear to significantly inhibit nicotine metabolism and may inhibit the detoxification of nicotine carcinogens. Research also indicates that the cotinine half-life was longer for menthol smokers than for nonmenthol smokers, and significantly longer for African Americans than Caucasians. Dr. Eric Moolchan stressed that tailored interventions hold promise for African Americans and other populations. He advocated for further investigation of translating smoking behavior and toxicological effects into pathophysiological consequences.

Plenary 2: Epidemiology: Small Populations and Tobacco Research

SPEAKERS
Grace Ma, Ph.D., C.H.E.S., *Multiple Asian Pacific Islander Populations*

Tung Nguyen, M.D., *Vietnamese Populations*

Caroline Renner, M.P.H., *Prevalence of Tobacco and Tobacco Use Patterns Among Alaska Natives*

DISCUSSANT AND MODERATOR
Deirdre Lawrence, Ph.D., M.P.H.

Dr. Grace Ma's research indicated differences in prevalence and patterns of tobacco use among Asian Americans and Pacific Islanders. Vietnamese and Cambodians

have higher rates of smoking prevalence than the Chinese, with males in all groups having higher prevalence than females. For girls and young adult women, higher acculturation level was related to higher smoking risk, while the opposite was true for men. The high prevalence of smoking and high exposure to secondhand smoke represents a substantial opportunity for risk reduction and highlights a need to establish community partnerships with these populations. Additional research should be conducted to document the variations among more specific ethnic and regional groups. Dr. Tung Nguyen stressed that lung cancer is the leading cause of cancer death among Vietnamese American men and women. The prevalence of Vietnamese American smoking is estimated at 33 percent. This may be partly due to Vietnamese smoking behaviors in Vietnam, where approximately 71 percent of men and 4 percent of women smoke. Research over the past decade has revealed that culturally appropriate media interventions sustained over time produce a decrease in male Vietnamese American smoking prevalence, and interventions that focus on the family environment are effective. Recommendations encouraged researchers to explore the role of cessation counseling, standard of care regime, and nicotine replacement therapy for Vietnamese men; examine the role of parental modeling, acculturation, and tobacco industry media on smoking initiation among adolescents; and examine the role of acculturation and tobacco industry media on smoking among Vietnamese women. Ms. Caroline Renner's data demonstrated that about 43 percent of Alaska Natives smoke and 12 percent use smokeless tobacco. Eskimos, Indians, and Aleuts use tobacco in rituals and religious ceremonies; however, recreational use is rapidly rising, especially among women and children. Twenty-nine percent of Alaska Native pregnant women smoke and 29 percent use smokeless tobacco. It is very common for preschool-aged girls and boys to begin using a smokeless tobacco product, *Iq'mik*. Many pregnant Alaska Natives expressed belief that *Iq'mik* was safer than smoking during pregnancy. Ms. Renner recommended research that assesses Alaska Native political and community-based attitudes and promotes understanding of tobacco-related health effects and potential for treatment of nicotine addiction. Additional resources are needed to explore regional and cultural differences among Alaska Natives. Dr. Deirdre Lawrence emphasized that we need to address gaps in national assessment of tobacco use, predictors of use, and the surveillance of tobacco use within special populations.

Panel 1: Treatment of Nicotine Addiction: Cessation Among Rural and Older Populations

SPEAKERS

Mary Ellen Wewers, Ph.D., M.P.H., *Rural Populations*

Craig Stotts, R.N., Dr.P.H., *Older Populations*

DISCUSSANTS

Linda Jouridine, Ed.D.

Neal Rick Boyd, Ed.D., M.S.P.H.

MODERATOR

Ann Ward, M.A.

Drs. Mary Ellen Wewers and Craig Stotts reviewed their research on rural and elderly populations. Dr. Wewers presented current surveillance data that demonstrate that treatments intended for rural smokers typically include programs that utilize family participation, telephone counseling, and/or nicotine replacement therapy and are based in churches and schools. In addition, some media campaigns, work-based programs, peer-assisted smokeless tobacco cessation, and community-based initiatives have all demonstrated success. Dr. Wewers stated that rural populations are faced with demographic and geographic disadvantages and have higher rates of cigarette consumption. Family participation is most important in African American and Caucasian rural smokers and both groups preferred school and church-based programs. Dr. Stotts presented research showing that elderly smokers who have quit successfully experience decreased health care costs, less negative health effects, and improved cognitive functioning. In one study among a rural elderly population of smokers, women were more likely to quit than men, and both cited advice and assistance from their primary care physicians as the greatest motivators. Print media was the most preferred format to receive quit information. Participants indicated no interest in computer- or Web-based formats to receive information. Dr. Stotts concluded that older smokers would still benefit from quitting, and that physicians should incorporate advice to quit in their visits with smokers of this population as well. Drs. Linda Jouridine and Neal Rick Boyd commented that the tobacco control community should carefully define groups of smokers and perhaps incorporate an anthropological perspective toward defining groups. They emphasized the importance of considering the role of addiction and self-medication in the

spectrum of nicotine dependence, especially among low-income populations. Another unique and significant aspect of rural populations that influences their attitudes toward smoking and tobacco cessation is the value they place on respect and independence. Moreover, many do not consider tobacco a problem, and may see it as a personal or community source of income. Since distance and remoteness can be barriers for smokers who wish to quit in rural communities, we should invest more in toll-free quitlines, which can be accessed from any location at no cost to the caller, and proactive efforts to take the treatments to smokers' communities, rather than wait for smokers to seek them.

Panel 2: Basic Biology

SPEAKERS

Sara Quandt, Ph.D., *Transdermal Nicotine Exposure, Salivary Cotinine, and Green Tobacco Sickness in Latino Farm Workers*

Phillip Lazarus, Ph.D., *Importance of UDP–Glucuronosyltransferases in Risk for Tobacco-Related Cancers*

DISCUSSANT

George Hammons, Ph.D.

MODERATOR

Mirjana Djordjevic, Ph.D.

Dr. Sara Quandt discussed her research on migrant tobacco workers. She reviewed the health consequences of prolonged transdermal exposure to nicotine migrant farmers who are predominately people of color. She explained that even among nonsmoking workers, dermal exposure leads to transdermal absorption, which increases salivary cotinine and causes a syndrome called green tobacco sickness. Her research is indicative of the value of cotinine as a biomarker of occupational exposure to nicotine. Dr. Quandt recommended assessing the association of susceptibility to green tobacco sickness using variation in cotinine metabolism and documenting the long-term health consequences of this syndrome. She advocated for the implementation of interventions to protect workers, such as barrier creams and personal protective equipment. Dr. Phillip Lazarus discussed the genetic influences on the development of tobacco-related cancers among disparate populations by examining DNA, cellular metabolism, and cellular regulatory proteins. Research should be conducted to determine whether individual genetic variations correlate directly with displayed characteristics, determine whether observed differences in smoking-related cancer risks correlate with genetic variations in multiple racial and ethnic groups, examine whether genetic variations correlate with altered function *in vitro* and *in vivo,* and assess whether high-risk genotypes for multiple enzyme systems are different in multiple race groups. Biological research seeks to establish mechanisms for determining the role of tobacco smoke in cancer risk and disease etiology among tobacco users in general. Additional studies should examine the effects of interactions of tobacco smoke with other environmental factors and determine if genotypic differences observed in multiple race or ethnic groups can be used as a determinant in health policy design.

Luncheon Panel: Marketing

SPEAKERS

Pamela Clark, Ph.D., *Existing Research in Industry Marketing and Future Directions for Research*

Philip Graham, *Counter Marketing*

DISCUSSANT

Curtis Spence, B.S.

MODERATOR

Philip Graham

The presenters opened the discussion by reviewing the tobacco industry's immense financial dedication to the marketing of their tobacco products. The tobacco industry spent $9.7 million in advertisements in the year 2000, mainly in the form of magazine and billboard advertisements. A substantial portion of this figure is retained at the retail outlet level, where the tobacco industry pays for signage and product placement and conducts buy-downs to increase sales. This is particularly relevant when considering that teens smoke the most heavily advertised brands and have less cash flow than adults, thereby becoming most susceptible to the price incentives and inundation of signage at the neighborhood stores. The Truth™ campaign employed a grassroots model, utilizing street marketing by putting name and design on T-shirts and allowing the teens to participate in creating the commercials (i.e., the intervention). This increased Truth™ brand recognition to counter the tobacco product brand recognition they experience. The concluding discussion focused on several research questions that investigate topics ranging from determinants of the effect of point-of-purchase marketing on starting and maintaining smoking status, measurement of the reach and effectiveness of retail marketing and other grassroots programs against more

traditional media channels, mobilizing voters to pressure the retail industry to terminate ties with the tobacco industry, and potential differences in approach when working with diverse communities. Members of the audience suggested having the Latino community present in Truth™ campaigns and that efforts should include other types of entertainers in campaigns, such as mainstream hip-hop and rap performers (e.g., Snoop Dogg).

Panel 1: Marketing: What Tobacco Industry Documents Tell Us

SPEAKERS

Ruth Malone, R.N., Ph.D., *Tobacco Industry Targeting of Gays and Lesbians*

Valerie Yerger, M.A., N.D., *Tobacco Industry Targeting of African Americans*

DISCUSSANT

Monique Muggli, M.P.H.

MODERATOR

Anne Joseph, M.D., M.P.H.

Drs. Ruth Malone and Valerie Yerger discussed ways the tobacco industry targets gay, lesbian, and African American groups. The tobacco industry resists admitting to a concerted effort to market to LGBT communities. Some current statistics show that LGBT communities smoke at increased rates, even in the absence of specialized advertising. This high prevalence rate indicates to the tobacco control community that an increased emphasis on counter-marketing toward these groups would be beneficial. Health care professionals need to focus on understanding the relationship between industry and marketing to diverse communities and cultures. Much research needs to be done in tobacco and disparities through monitoring, descriptive studies, and community research. In addition, future research should obtain and compile all tobacco industry documents from outside London, England, to encourage lawyers to continue searching the documents, to look at all nonpaper materials (audio), to branch out into other disciplines, and to increase exposure of this problem through the use of all media.

Panel 2: Harm Reduction: Marketing and Product Consumption

SPEAKERS

Timothy Dewhirst, B.P.H.E., M.A., *Target Marketing of Menthol Cigarettes*

Harold Pollack, M.P.P., Ph.D., *Surveillance of Harm Reduction Products and Population Usage*

DISCUSSANTS

Donna Roy, M.A., M.P.H.

Richard Pollay, Ph.D.

MODERATOR

Mirjana Djordjevic, Ph.D.

Panelists discussed the need to analyze the level of effectiveness of ethnic-focused marketing and to determine how to counter-market to diverse communities and cultures. They recommended that behavioral and psychological research should examine ways in which class, race, gender, sexual orientation, social context, and social networks shape smoking patterns. Research needs to be sensitive to the cultural differences of tobacco use in African American, LGBT, and American Indian communities, particularly with respect to smoking rates, cessation, brand preferences, and potential for tailored services and support. Specific recommendations include expanding community-based participatory research on existing projects, procuring supplements to existing projects, and funding additional research in these specific communities.

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