

Eliminating Tobacco Related Disparities A Foundation's Recipe for Success

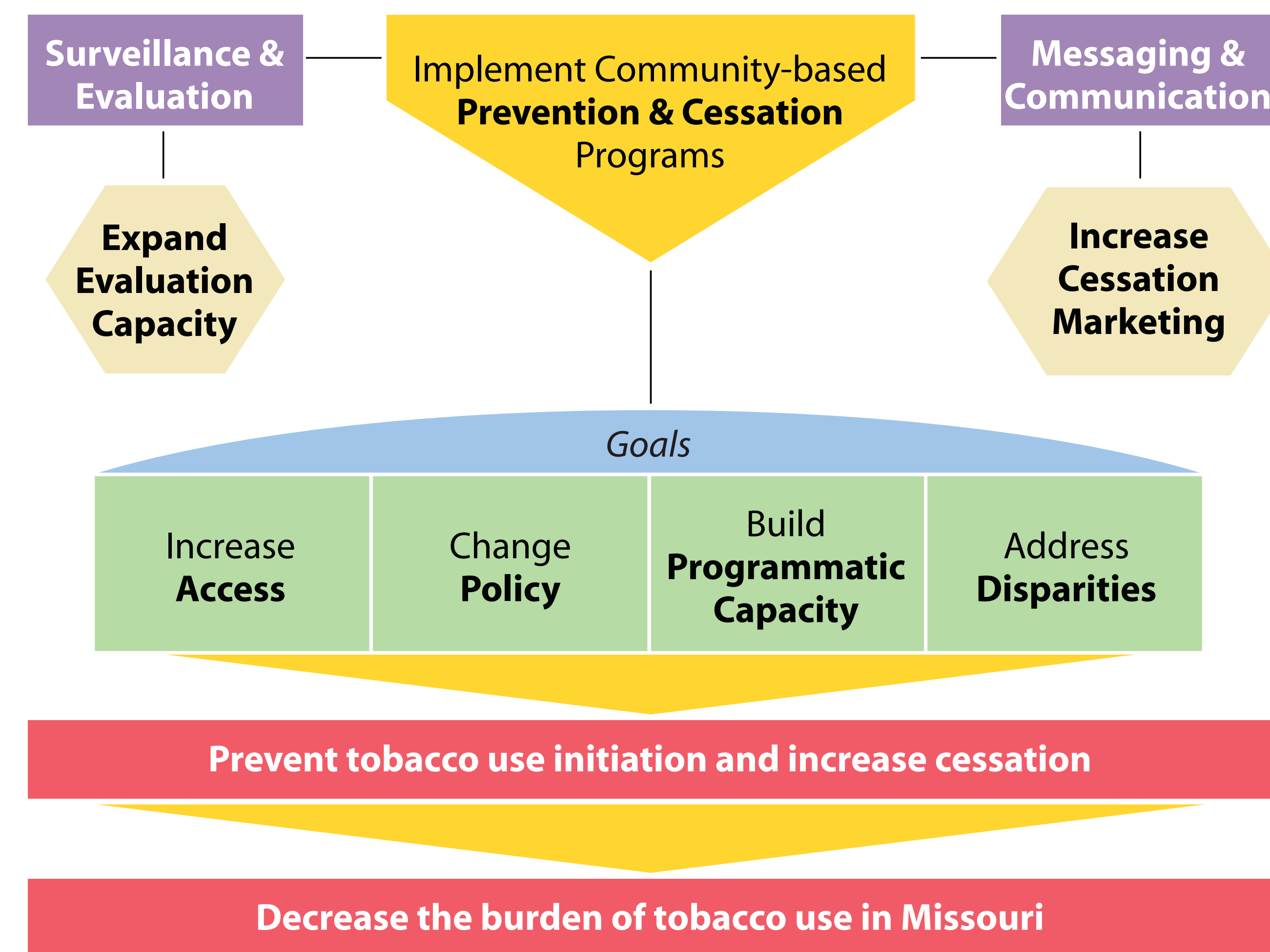
MFH Tobacco Prevention and Cessation Initiative

In 2004, the Missouri Foundation for Health (MFH) identified tobacco use as a major health issue affecting the residents of the entire MFH service region. The MFH Board of Directors committed \$40 million of funding support over 9 years through the Tobacco Prevention and Cessation Initiative (TPCI).

TPCI's goal is to introduce comprehensive tobacco control programs proven to significantly reduce smoking, which in turn reduces morbidity, mortality and health care costs.

Funding supports:

- Community-based efforts to increase access to cessation services and prevent youth initiation.
- Policy change strategies.
- Elimination of tobacco-related disparities.
- Communication and messaging activities.
- Program and initiative evaluation.
- Capacity building activities.



Tobacco-Related Disparities

According to the Centers for Disease Control and Prevention (CDC), a lack of evidence-based programs to identify and eliminate tobacco-related disparities has hindered efforts to reduce prevalence rates among affected populations. These populations are subject to a disproportionately high use of tobacco, increased targeting by the tobacco industry and a lack of tailored programs to reduce tobacco use. Populations disproportionately affected by tobacco use include, but are not limited to:

- Low-income adults earning less than \$15,000 annually, unemployed or uninsured.
- Ethnic minorities, including immigrants and migrant communities.
- Adults with lower education levels (high school education or less).
- Pregnant women, women with infants, and young children.
- Lesbian, gay, bisexual and transgender (LGBT) communities.

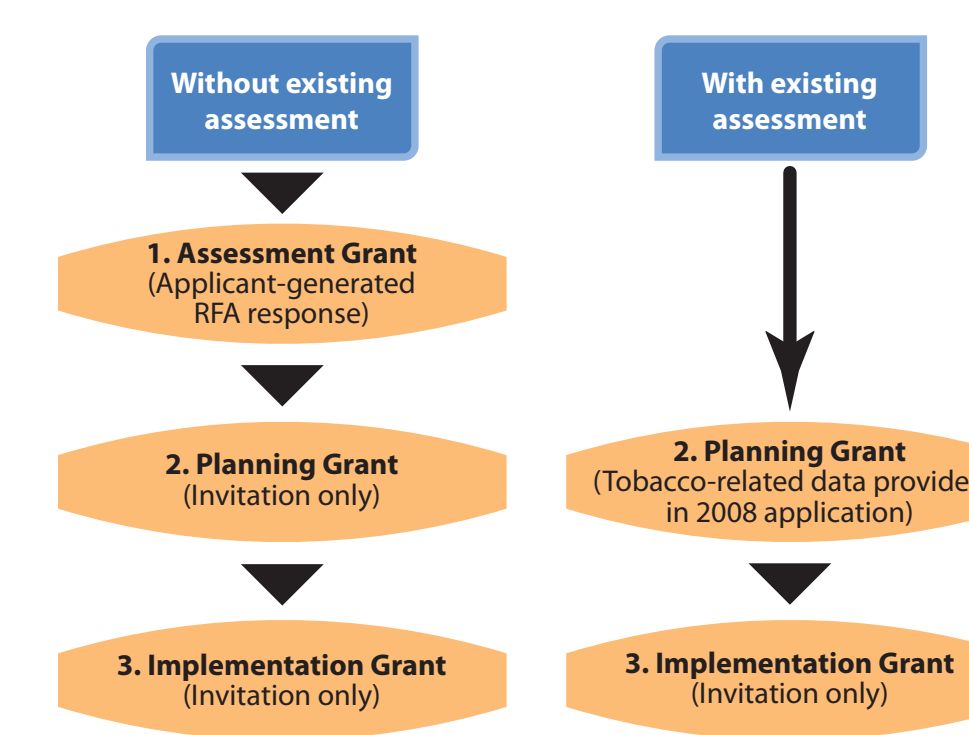
Eliminating Tobacco-Related Disparities (ETRD)

MFH awarded a continuum of projects under the Eliminating Tobacco-Related Disparities (ETRD) program to better understand and provide services to communities and populations disproportionately affected by tobacco use.

The information generated from these funded assessments is intended to expand the body of knowledge to best address tobacco-related disparities and create program models that can be used in similar communities and populations.

ETRD Program Design

- **Step 1: Demonstrating the Need – ETRD Assessments**
ETRD assessment grants comprised various activities designed to collect, analyze and present information describing the health status of affected communities.
- **Step 2: Developing/Modifying a Program – ETRD Planning**
ETRD planning grants were awarded by invitation only to applicants who completed the initial assessment stage or possessed an existing tobacco-related data set demonstrating the need for a tailored intervention. Activities during this stage included of data analysis, gathering of community input, hiring consultants, and developing and disseminating plan documents.
- **Step 3: Program Implementation**
ETRD implementation grants, awarded by invitation only, are intended to pilot the final product of a tailored intervention with the potential of leading to a replicable model program.



Grantee Profiles

Urban African-American Youth

Assessment to identify factors leading to tobacco use initiation, methods for promoting prevention and cessation, and identification of community factors contributing to tobacco use in north St. Louis City.

Vashon Jeff VanderLou Initiative, Inc. (VJVL)*

36% of VJVL youth reported having friends who use tobacco and 44% of VJVL youth reported having family members who use tobacco.

- VJVL youth are at a lower risk of tobacco use in some areas and a higher risk of tobacco use in other areas.
- VJVL youth at a lower risk of tobacco use were 50% less likely to cave in to peer pressure than high risk youth.
- VJVL youth at a lower risk of tobacco use scored 20% higher on a connection with their parents than high risk youth.
- VJVL youth's neighborhood challenges (role models, school/community characteristics, health outcomes, use of free time, beliefs and availability of tobacco) were two times higher than average youth at risk of tobacco use.

Focus groups revealed VJVL youth are aware of the dangers they face every day and see tobacco use similarly to other community problems. Family ties are important. The need for role models was expressed by VJVL youth and adults. There is strong community interest in addressing tobacco use, and motivation to try something new.

*Assessment data from Missouri Institute of Mental Health.

Smoking Adults with Children

Assessment targeting smoking parents who have quit, and those who currently smoke, to identify barriers to quitting and to better understand the inability of parents to quit smoking.

Columbia/Boone County Health Department *

Smoking was highly related to parenting, relationship stress and money issues.

- 55% of parents handled stress by talking to friends or family
- 39% tried to get more sleep
- 39% tried to get more exercise

Parents with multiple children under age five smoked more than those with older children.

Additional quitting barriers for smoking parents included transportation, money, lack of knowledge of preventive care and healthy lifestyle, and concern for immediate needs of child over themselves.

* Assessment data from Columbia/Boone County Health Department

Mental Health Consumers

Assessment to gather prevalence data on smoking prevention and cessation among Department of Mental Health consumers, especially those with serious mental illnesses and addiction disorder.

Missouri Department of Mental Health (DMH)*

- 64% of MO DMH consumers using mental health and substance abuse services regularly use tobacco products, which is more than twice as many as general Missouri Consumers (24.5%) and more than 3 times the tobacco use rate of the national general population (19.8%).
- 87% of DMH consumers use tobacco products regularly and 97% of regular users smoke cigarettes.
- The most common reasons for smoking were to relieve stress, addiction to tobacco, for enjoyment, and because of boredom.
- 56% of DMH consumers report wanting to quit using tobacco and 66% indicate they have tried in the past but were unsuccessful.
- 74% of DMH consumers used the "quit cold turkey" method and 34% tried nicotine replacement therapy.

* Assessment data from Missouri Department of Mental Health

Next Steps: Planning

Current grantees in the planning stages are engaged in

- developing steering committees composed of key stakeholders
- addressing issues at the level of the individual, provider culture, system of care, access to care and policy development
- developing broad reaching plans that can be integrated in state-wide coordination and strategies

Lessons Learned

- The ETRD structure generated process ownership and participation among stakeholders.
- The ETRD structure promoted collaboration among previously unassociated stakeholders.
- Not all assessments findings resulted in the need for a tailored intervention.
- Some findings resulted in an informed environment that promotes access to existing services.
- Some findings revealed more community based issues that went beyond what could be done with just a tailored tobacco intervention.