

African-American Male Cessation Initiative

A Louisiana Perspective

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Presentation Overview

- Tobacco Use & Smoking Behaviors among African-Americans in Louisiana
- African-American Male Focus Groups
- African-American Male Cessation Initiative



African-American Male Smoking Behavior



- **African-American adults:**
 - One of the highest smoking rates
 - One of the lowest quit rates in the US
 - Disproportionately higher rates of death and disease related to tobacco use.
- **African-American men:**
 - 50% more likely to develop lung cancer than White American men,
 - Rates of cardiovascular disease are 2x higher compared to Whites.



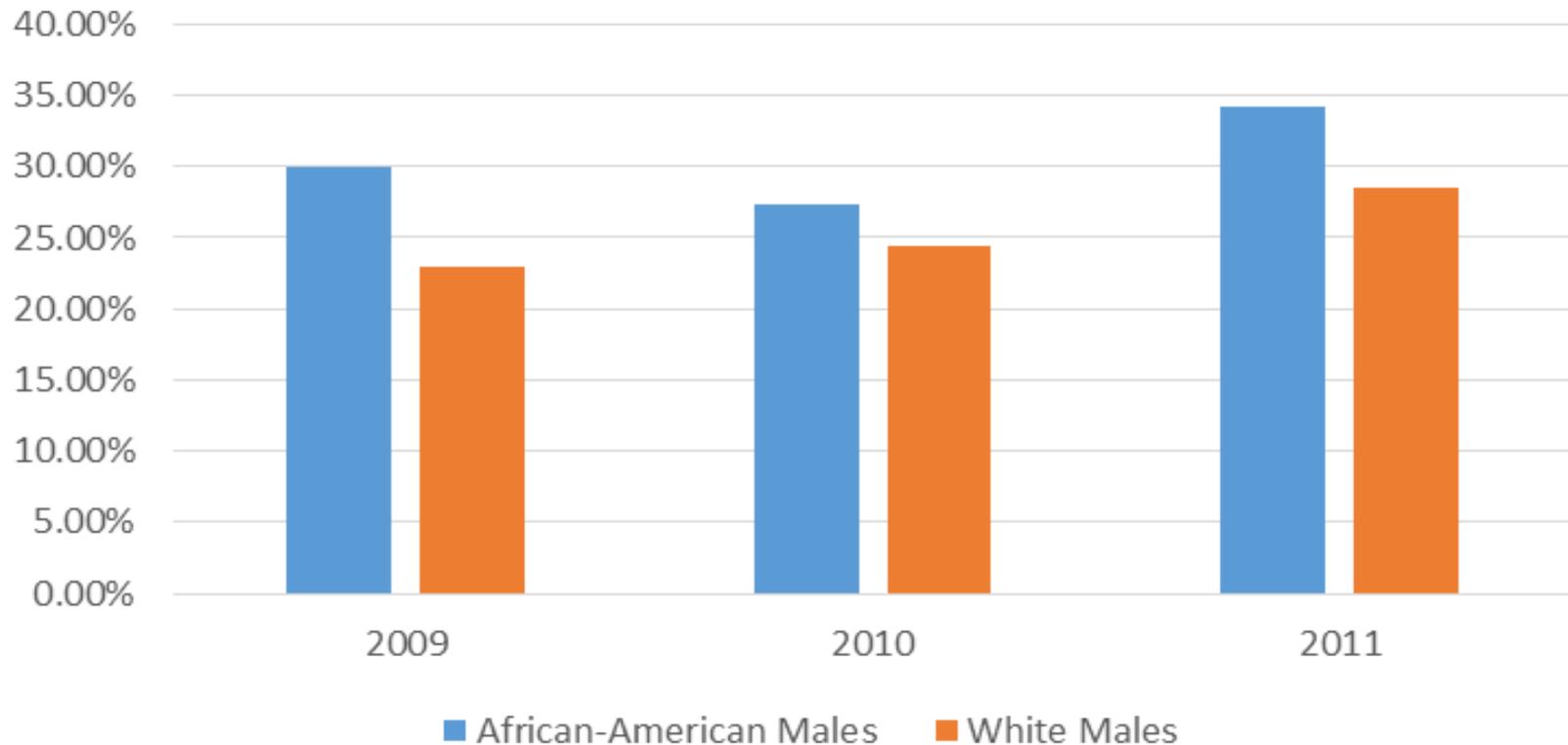
Louisiana Data on African Americans

- **2nd highest** African-American population in the US
- **2nd largest** percentage of African-American smokers
- **21%** of African-Americans smoke, compared to 18% Whites
 - Of this population, ***low-income, African-American males*** had higher smoking prevalence*
- In addition, this population were the least likely to call the state's tobacco quitline (***less than 15% of all callers***)



Louisiana Data on African Americans

Louisiana Smoking Prevalance



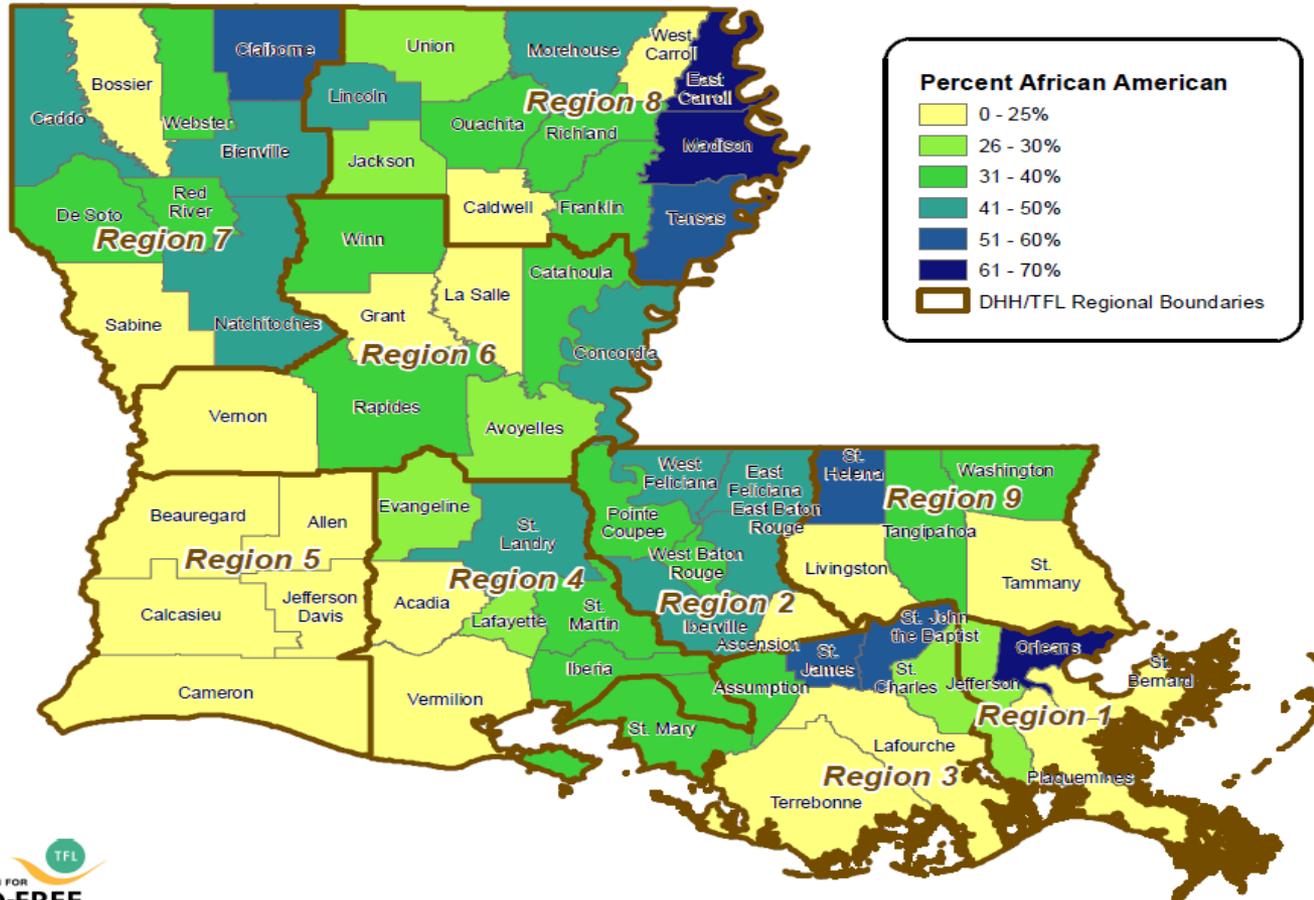
Louisiana Data on African Americans

- **81%** of African-American smokers in Louisiana *have tried to quit* compared to white smokers (**74%**).
- Only **12%** of African-Americans *successfully quit* as compared to **25%** of white smokers in La.



Louisiana African-American Data

Communities of Color (CoC): Percent African American in Louisiana



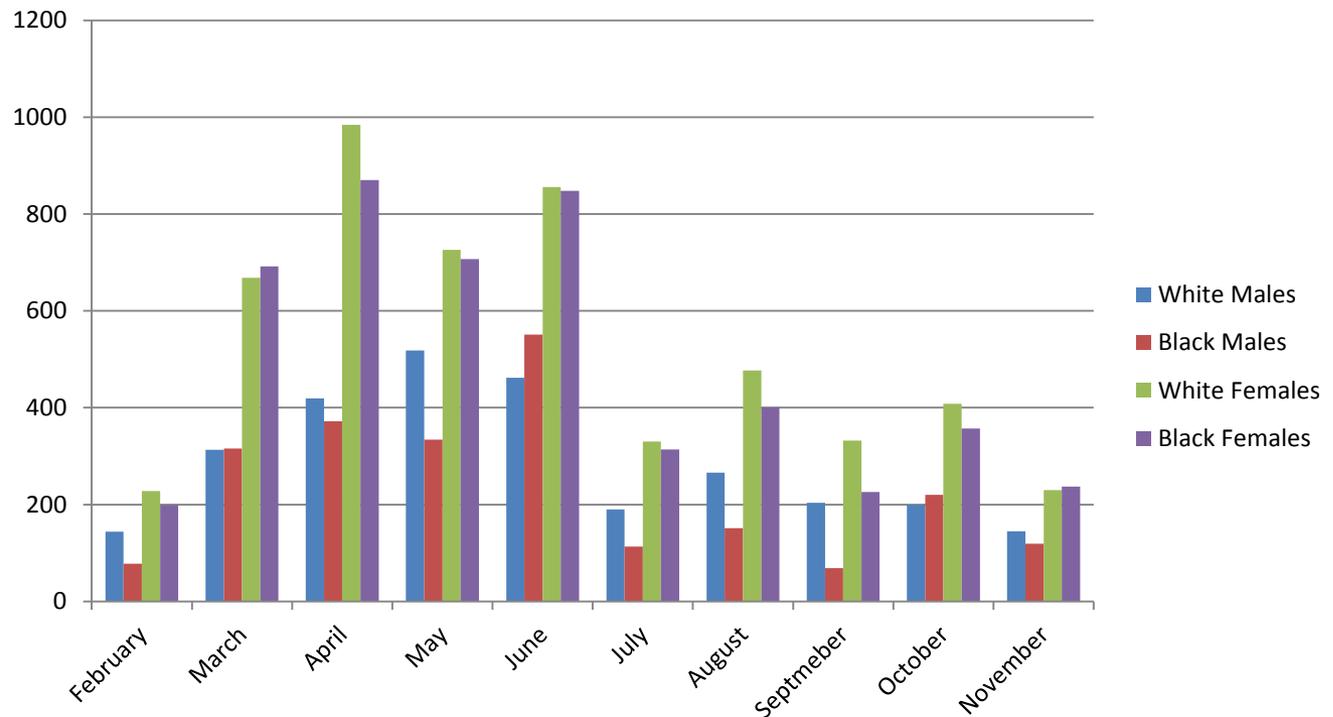
State Tobacco Quitline Data

- A report from the Louisiana Tobacco Quitline Stakeholder Report (FY2012-2013) reveals disparities in calls to the Quitline (N=4,856) with more women calling than men, (63.8% vs 36.2%) and more whites calling than African-Americans (52.2% vs 42.7%).

2013 Quitline Total Call Volume Data



QuitWithUsLa.Org 1.800.QUIT.NOW



Led to AA Male Study

- Conducted **12** focus groups in **6** market areas across the state.

Methodology

- Quitters and Current Smokers
- **50%** of the group ages 18-35 and other half 35+
- Mix level of education
- Half with an income below **\$50,000** and other half income below **\$25,000**



Findings

1. Men reported they were **unaware of free, quit resources** (such as the 1-800-QUIT-NOW, the Smoking Cessation Trust, etc.)
2. Vast majority of participants said they **came from disadvantaged neighborhoods.**
3. Overall, **health was not a priority**, cited lack of resources
4. It was found that many **started smoking at an early age**
5. Both cohorts agreed that in order to quit smoking a **strong motivation** must be identified
6. Amongst those who quit primary method was **cold turkey**
7. Current **economy** was the external force determining health outcomes according to participants
8. They also suggested that the **focus group** itself was helpful

Health Attitudes and Influences

Quitters' neighborhoods are generally healthier

Older men are more health conscious than younger men

Poor health is linked to low incomes and unhealthy diets

Most significant external influence is the economy

Avoidance of health issues is common

Politics and drugs are also major external influences on health

Advertising is heavy in local stores



Perception of Tobacco

"[I think of] slavery. ... Because we used to pick it for free and now we are spending all our money on it."
(Quitter, Alexandria)



"'Hooked' [comes to mind]. We are all smart enough to know what tobacco does to you, health-wise. Tobacco is more addictive than cocaine, right? That is what I hear. So people know better but just can't help it." (Smoker, New Orleans)

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Initiation

“I would bum a cigarette from somebody. You buy a cigarette from somebody, they’re charging a quarter, or four for a dollar. So you go to the corner store, you buy one cigarette, two loose cigarettes for fifty cents. Two smokes. You might as well buy a whole pack.” (Smoker, New Orleans)

Influential Factors

“I know people who don’t smoke cigarettes until they’ve had a drink.” (Smoker, Alexandria)

“I see [smoking] as a **stress reliever**. So, if someone doesn't smoke, maybe they become stressed out and take up smoking. It becomes a habit – every time you come to a problem, you use it as a reliever.” (Quitter, Monroe)

Current tobacco users and quitters alike named a number of negative effects tobacco had on their lives, from the health and economic impact to the effect it may have on their children.



Quitting and Cessation

Few patterns in reasons for quitting:

Family
Health
Money
Faith
Incarceration
Enjoyment (lack
there of)

Primary approach to quitting is “cold turkey”



Support from family and other non-smokers is key

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AAMCI Initiative



Purpose :

*To increase awareness and utilization of **cessation resources** and **services** by African-American males.*

Campaign:



Two phased approach – direct media targeting and direct community outreach

Mass Media Buy

- TV/Cable
 - 4,569,000 Impressions
- Radio
 - 2,851,000 Impressions
- Outdoor
 - 16,065,484 Impressions
- Print
 - 33,000 Impressions



**6 week
campaign
December 26
– February
14th**

On-the-Ground Outreach

Communities of Color Network



Mission

- To eliminate tobacco-related health disparities in targeted communities.



Community of Colors Network

Key Cessation Information and Resource Rubric

Location, Facility, Venue, or Event	Key cessation promotion information/resources that should be known and that can be reiterated or distributed.	Key Activities
Addiction/Mental/Counseling Health Facilities Hospitals/FQHCs	It is important to know and share best practices around cessation: the five As; share HEAL manual (or other Department of Health and Hospitals (DHH) tobacco healthcare resources); connect them to LSU's Tobacco Cessation Initiative (TCI) central office, material, or regional staff; know and share specifics about the State's 1-800-QUIT-NOW, TCI programming and Smoking Cessation Trust.	<ul style="list-style-type: none"> • Distribute information in churches and church materials • Presentations • Community meetings • Advice/Advise – resources, share tips that other smokers have successfully used while quitting, etc. • (General) distribute brochures/pamphlets • Befriend/engage the targeted group • Listen for ways to serve – linkage to cessation information and resources • Inform individuals/organizations about what COC's mission, as it relates to cessation, and how cessation information and resources can benefit the community • Health Fairs – strategic information distribution and networking opportunities • Collaborate with community partners – attend and assist in community planning functions, etc. • Face-to-face communication – personable; linkage to cessation information and resources • Stand-alone booth display – able to speak in depth with persons • Providing information on treatment options that are available – 1800-QuitWithUS, Smoking Cessation Trust, etc.
Schools, K-12	Know and connect school officials to DHH tobacco Schools/K-12 staff and/or resources (as needed). Share information about the following resources (as needed): TCI regional staff/resources, 1-800-QUIT-NOW, and the Smoking Cessation Trust.	
African American Social Clubs (rail riding clubs, social pleasure clubs, sororities/fraternities) African American Organizations/CBOs, Churches, Businesses, and Events HBCUs	Frame the conversation around social justice – “We don't smoke that [stuff], we just reserve the right to sell it to the young, the poor, the black, the stupid.” (<i>R J Reynolds Tobacco Executive</i>).	

Community of Colors Network

Key Cessation Information and Resource Rubric

	Share African-American specific data and share information about the following resources: TCI regional staff/resources), 1-800-QUIT-NOW, and the Smoking Cessation Trust.	
Advocacy Events (KBD, World No Tobacco Day, World AIDS Day, Food Day etc.) & Community and/or education based organizations /programs (Boys & Girl Clubs, YMCA, Upward Bound Programs, etc.)	Share tobacco data specific to the event (Youth/Adolescent, Food, HIV, Education, LGBT, etc.) and share information about the following resources: TCI regional staff/resources), 1-800-QUIT-NOW, and the Smoking Cessation Trust.	
Regional LHCC meetings	Be knowledgeable about Louisiana’s cessation resources (i.e. TCI, 1-800-QUIT-NOW, and the Smoking Cessation Trust) and share information as needed.	

Time	Key cessation promotion information/resources that should be known and can be reiterated or distributed.
1 – 30 minutes	Individual (face to face, networking); group (educational session, group counseling, and taskgroup); workshop/training: <u>A basic to general overview of 1.) African-American data and 2.) TCI, 1-800-QUIT-NOW, and the Smoking Cessation Trust).</u>
1 hour or more	Conference, summit, workshop, training, or any group session (i.e. educational session, group counseling, taskgroup): <u>An in-depth overview of 1.) African-American data and 2.) TCI, 1-800-QUIT-NOW, and the Smoking Cessation Trust information and resources).</u> Health Fair/Advocacy Event: <u>Frame the conversation around social justice (i.e. African American specific events) and share TCI regional staff/resources), 1-800-QUIT-NOW, and the Smoking Cessation Trust information and resources).</u>

BUYER BEWARE



WARNING

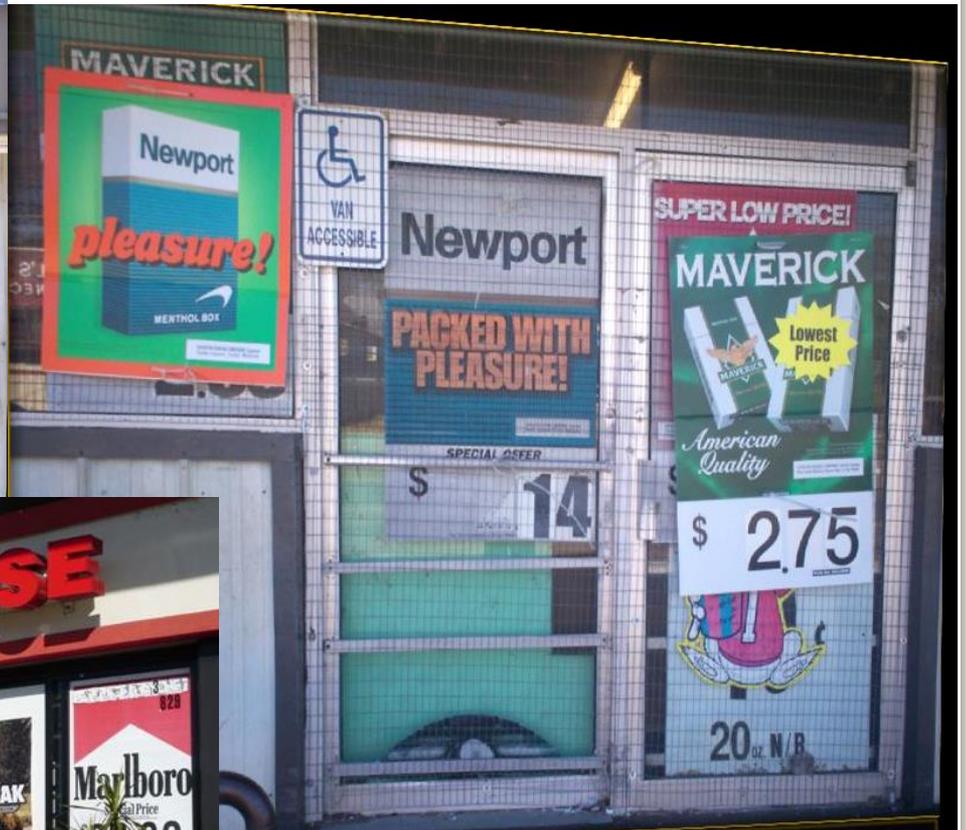
2.6 times more ads per person exist in predominantly African-American areas as compared to majority White areas!



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Big Tobacco In the AA Community



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Big Tobacco in Other Areas



Tobacco Cessation

- Going over:



The Benefits of Quitting



Strategies for Quitting



Cessation Opportunities

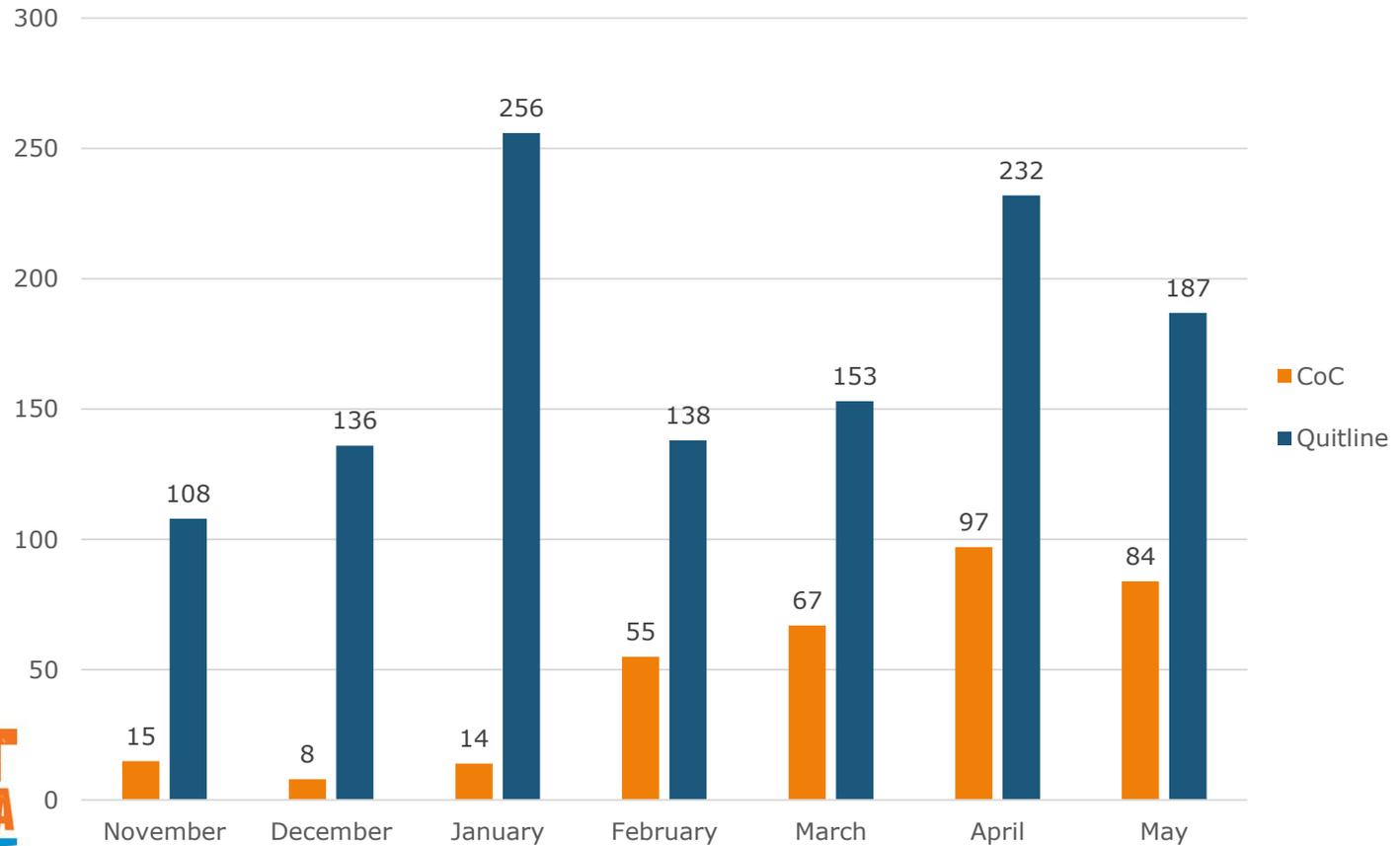


Cessation Resources

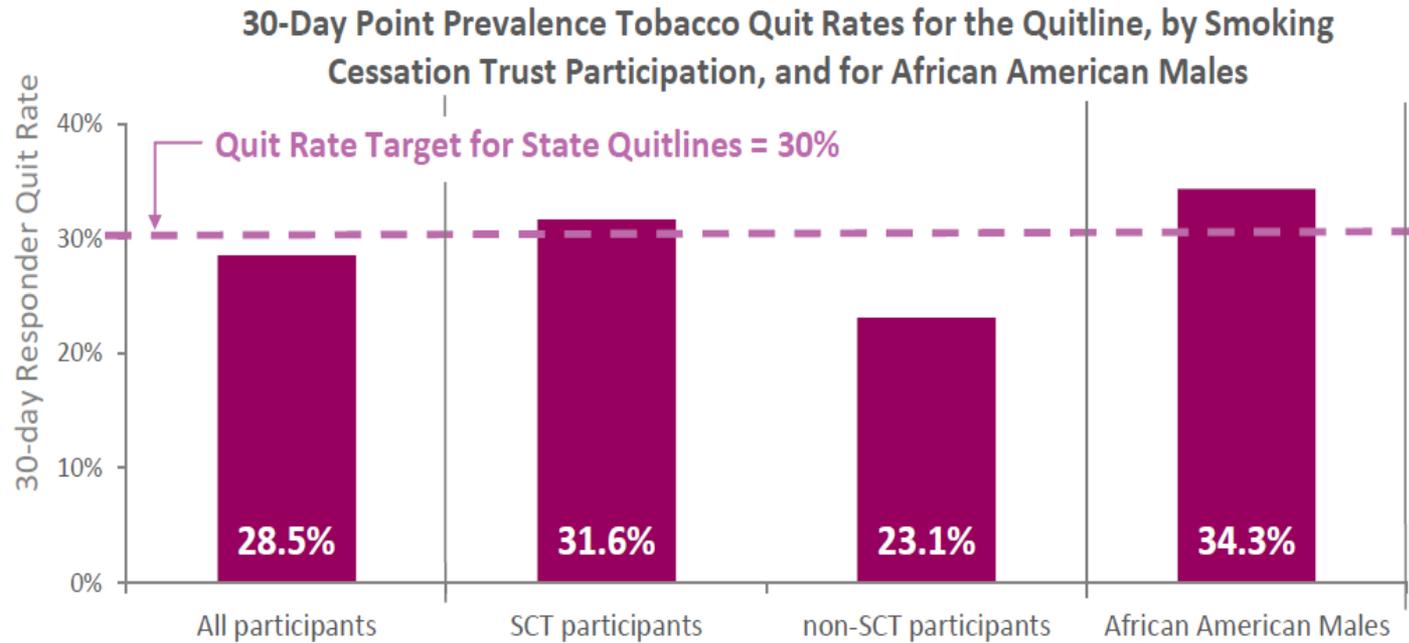


Initiative Results

CoC and Quitline SCT Referrals by Month



Quit Success Rate FY13-14



Conclusion

- African-American Males are found to be more motivated to quit with increased education around available tools and resources.
- Social justice messaging, peer outreach activities and interventions were found to be most effective at engaging African-American males around cessation.



Questions?

