California Tobacco-Related Inequities Data

The California Department of Public Health/California Tobacco Control Program has successfully reduced the smoking prevalence of California across all demographic groups over the last 20 years. Since the passage of Proposition 99 in 1988, the adult smoking prevalence in California has declined significantly from 22.7 percent in 1988 to 12.7 percent in 2012, a decline of 44 percent. Despite this success, large differences in smoking prevalence persist among population groups by race/ethnicity, socioeconomic status, educational attainment, mental health status, sexual orientation, and geography. These high risk groups suffer disproportionately from tobacco-related illness and death despite the progress made in reducing tobacco use in California.

Table 1a: Adult Smoking Prevalence (Sub-Populations,18-64 year olds)
Source: California Health Interview Survey, 2011-12

Sub-Population	Smoking Prevalence
American Indian/Alaskan Native	30.6%
Adults who needed help for emotional/mental health or use of alcohol/drug	24.4%
African American Men	24.0%
Lesbian, Gay, Bisexual	22.1%
African American Women	19.4%
Household Income 0-200% FPL (Low SES)	19.0%
Caucasian/White Men	18.7%
Asian Men	17.7%
Hispanic Men	16.8%
25-44 year olds	16.2%
Caucasian/White Women	16.0%
18-24 year olds	13.1%
Hispanic Women	9.0%
Asian Women	4.6%

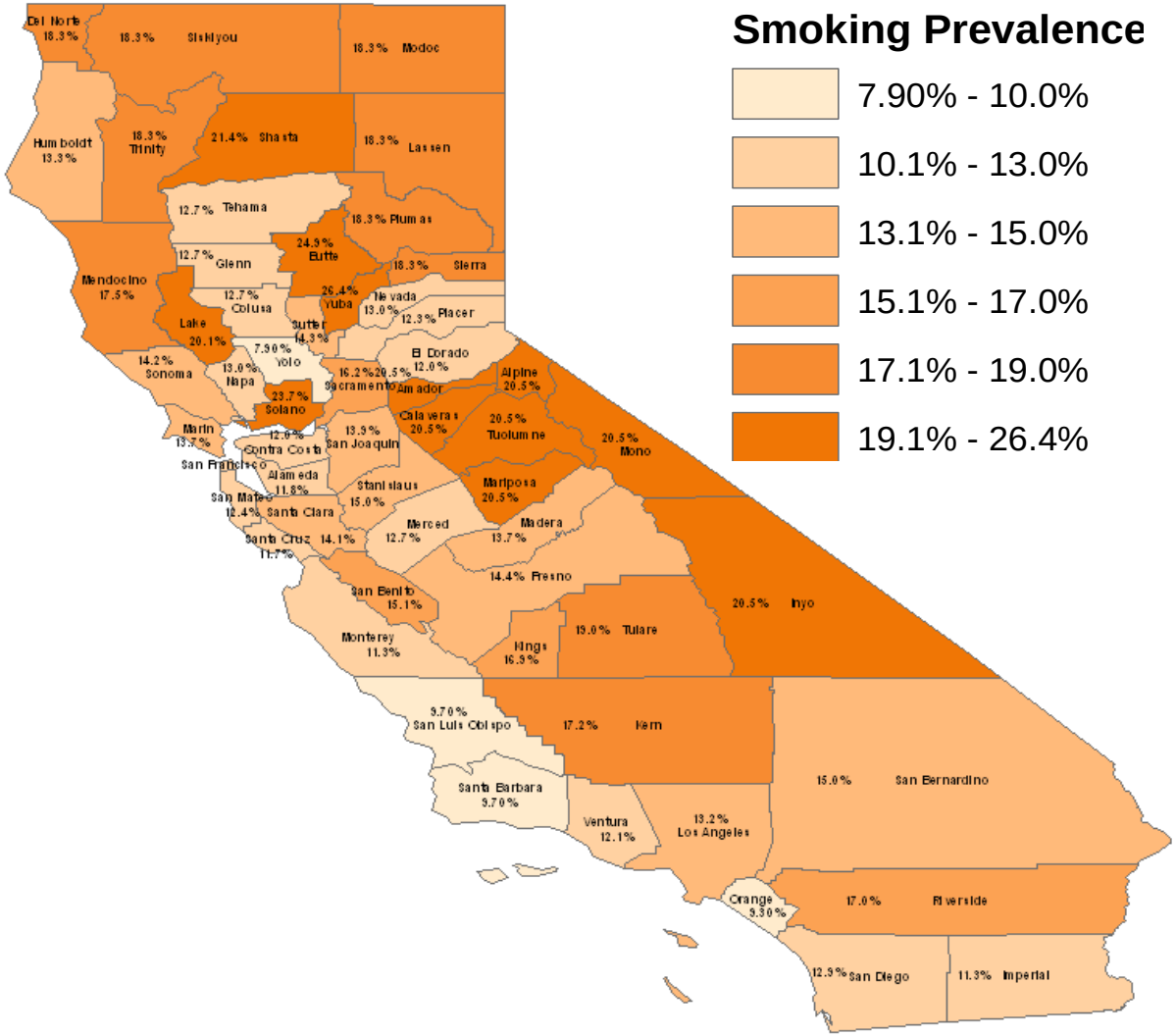
Table 1b: Adult Smoking Prevalence (Education, 18-64 year olds)
Source: California Health Interview Survey, 2011-12

Education Level	Smoking Prevalence
High School Diploma	20.7%
Less than 12 Years Education	19.8%
Some College	17.5%
College Graduate	10.0%

Table 2: Trends in smoking rates among California men by race/ethnicity, 1996 – 2011 *Source: California Behavioral Risk Factor Survey System (BRFSS)*			
Population Group	**Smoking Rate, 1996**	**Smoking Rate, 2011**	**% of Decline**
Non-Hispanic White	21.5%	14.3%	33.5%
African American	21.6%	18.9%	12.5%
Hispanic	19.0%	15.5%	18.4%
Asian/Pacific Islander	19.0%	13.1%	31.1%

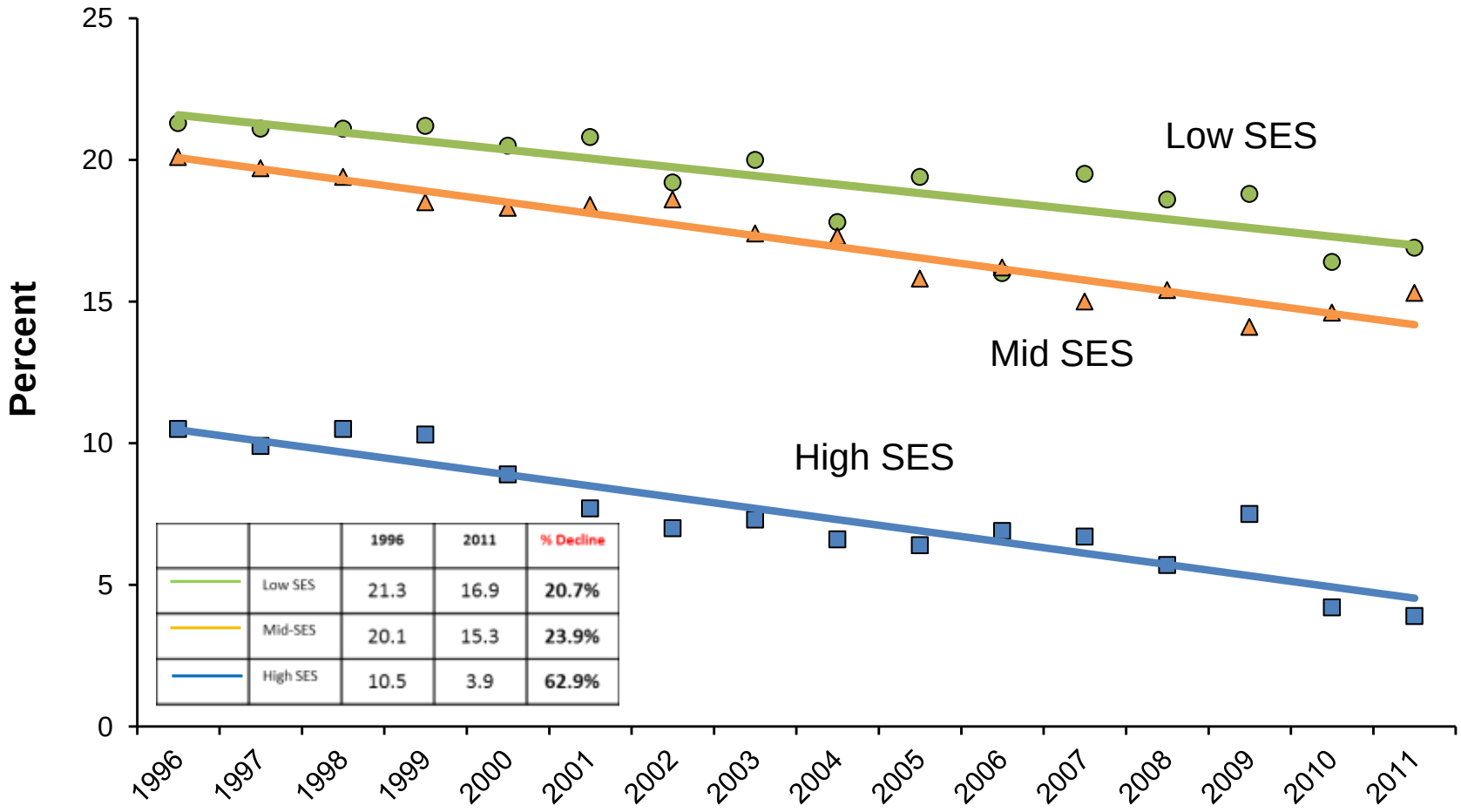
Table 3: Secondhand smoke exposure at home by various demographic groups in CA *Source: California Health Interview Survey, 2011-12*	
Population Group	**SHS Exposure Rate**
Latina female	3.5%
Low SES Latino	4.0%
Latino	4.1%
Latino male	4.8%
Asian male	6.6%
Total Adult Population	6.8%
Non-Hispanic White female	6.9%
Asian	7.1%
Asian female	7.6%
Non-Hispanic White	7.6%
Low SES Asian	7.8%
Low SES	7.9%
White male	8.3%
American Indian/Alaska Native female	10.9%
American Indian/Alaska Native	12.9%
Low SES White	12.9%
African American female	15.1%
American Indian/Alaska Native male	15.2%
African American	16.1%
African American male	17.2%
Low SES African American	21.4%
Low SES American Indian	21.5%

Figure 1: California County-level Adult Smoking Prevalence



Source: California Health Interview Survey, 2009

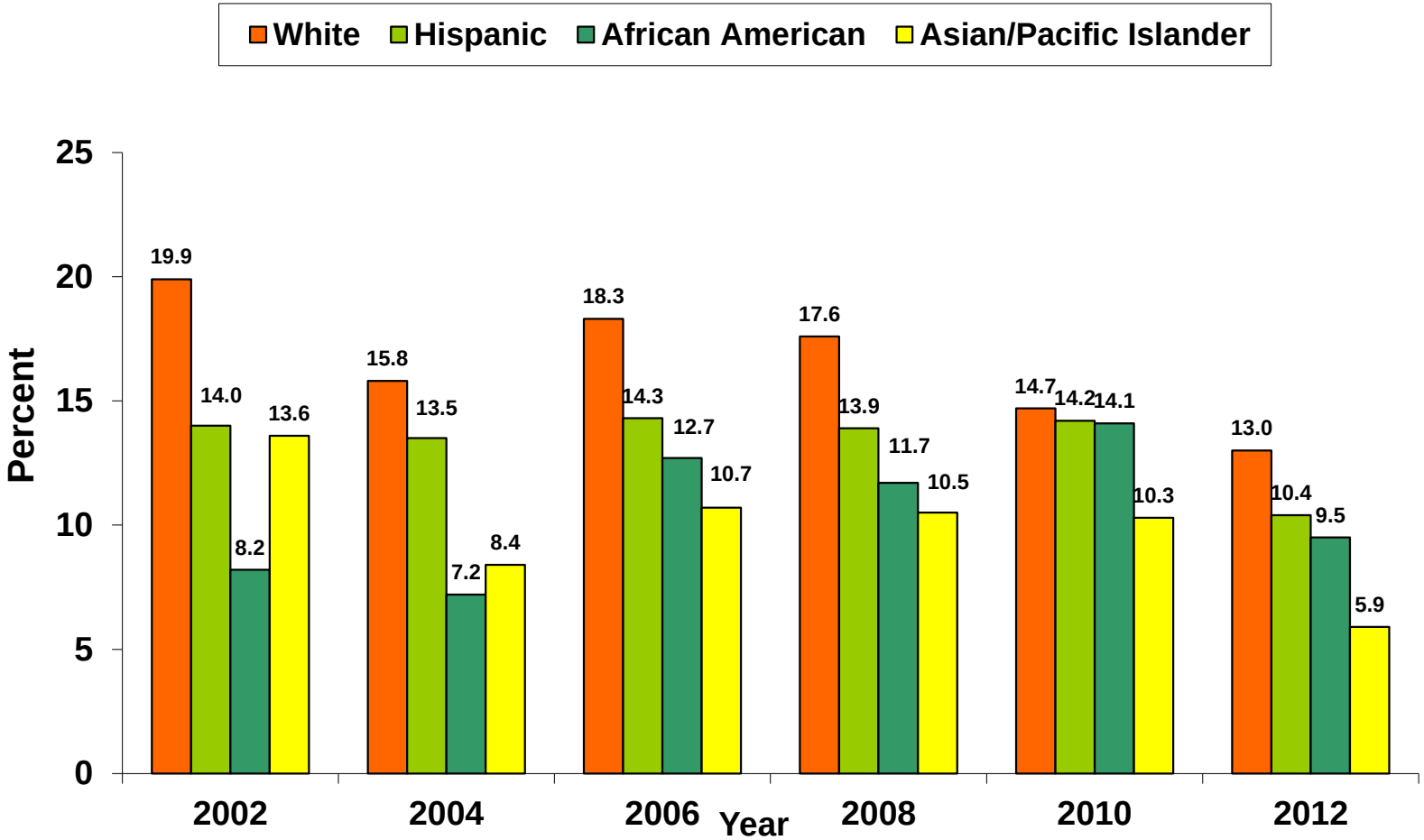
Figure 2: Smoking Prevalence among California Adults by SES, 1996-2011



		1996	2011	% Decline
	Low SES	21.3	16.9	20.7%
	Mid-SES	20.1	15.3	23.9%
	High SES	10.5	3.9	62.9%

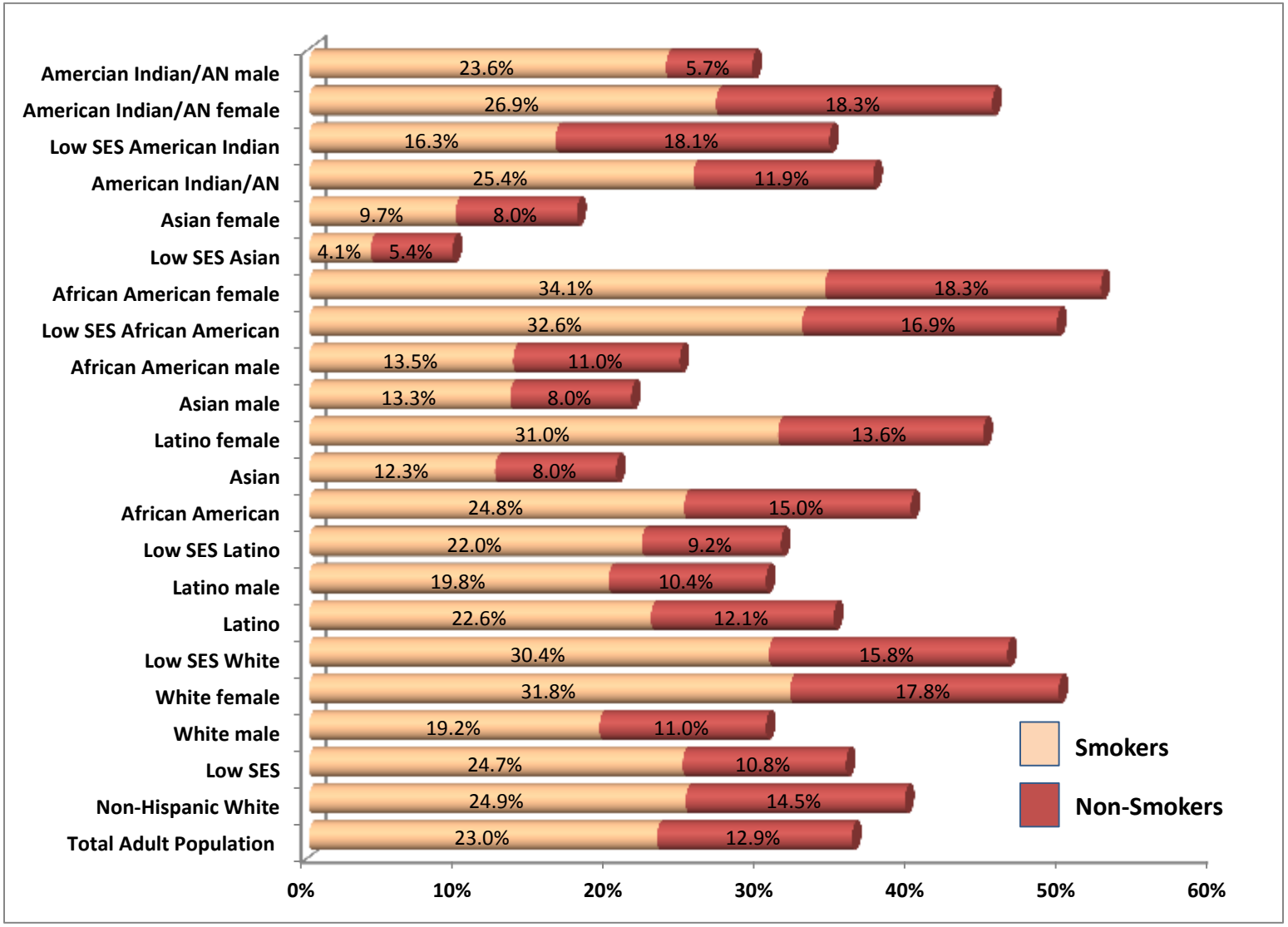
Source: California Behavioral Risk Factor Surveillance System (BRFSS) weighted to the 2000 California population. Note change of smoking definition in 1996 that included more occasional smokers.

Figure 3: 30-Day Smoking Prevalence of High School Students (9th-12th grade) in California by Ethnicity, 2002-2012



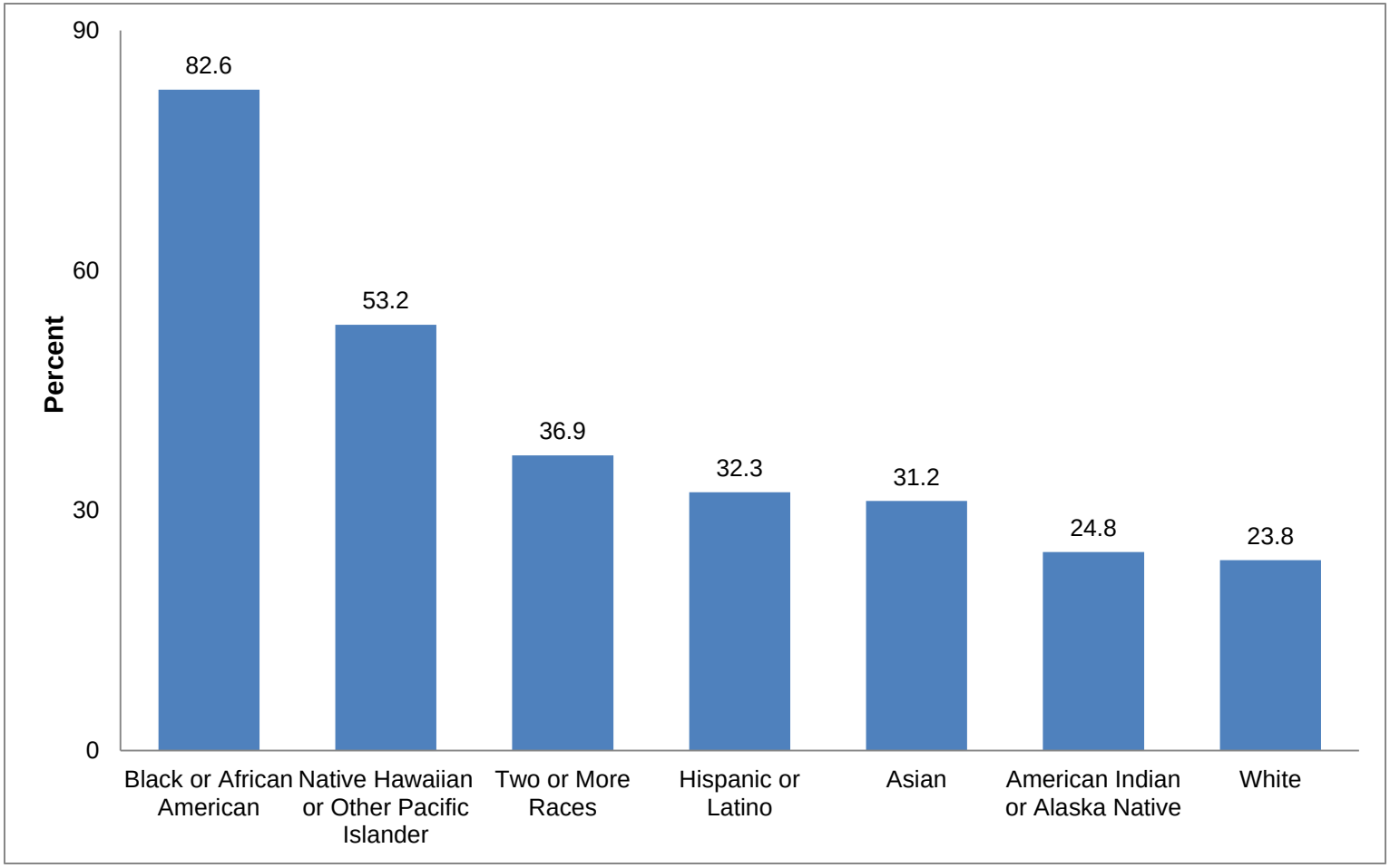
Source: California Student Tobacco Survey, 2002-2012.

Figure 4: Smoking Prevalence among Adults (18+) with Poor Mental Health in CA



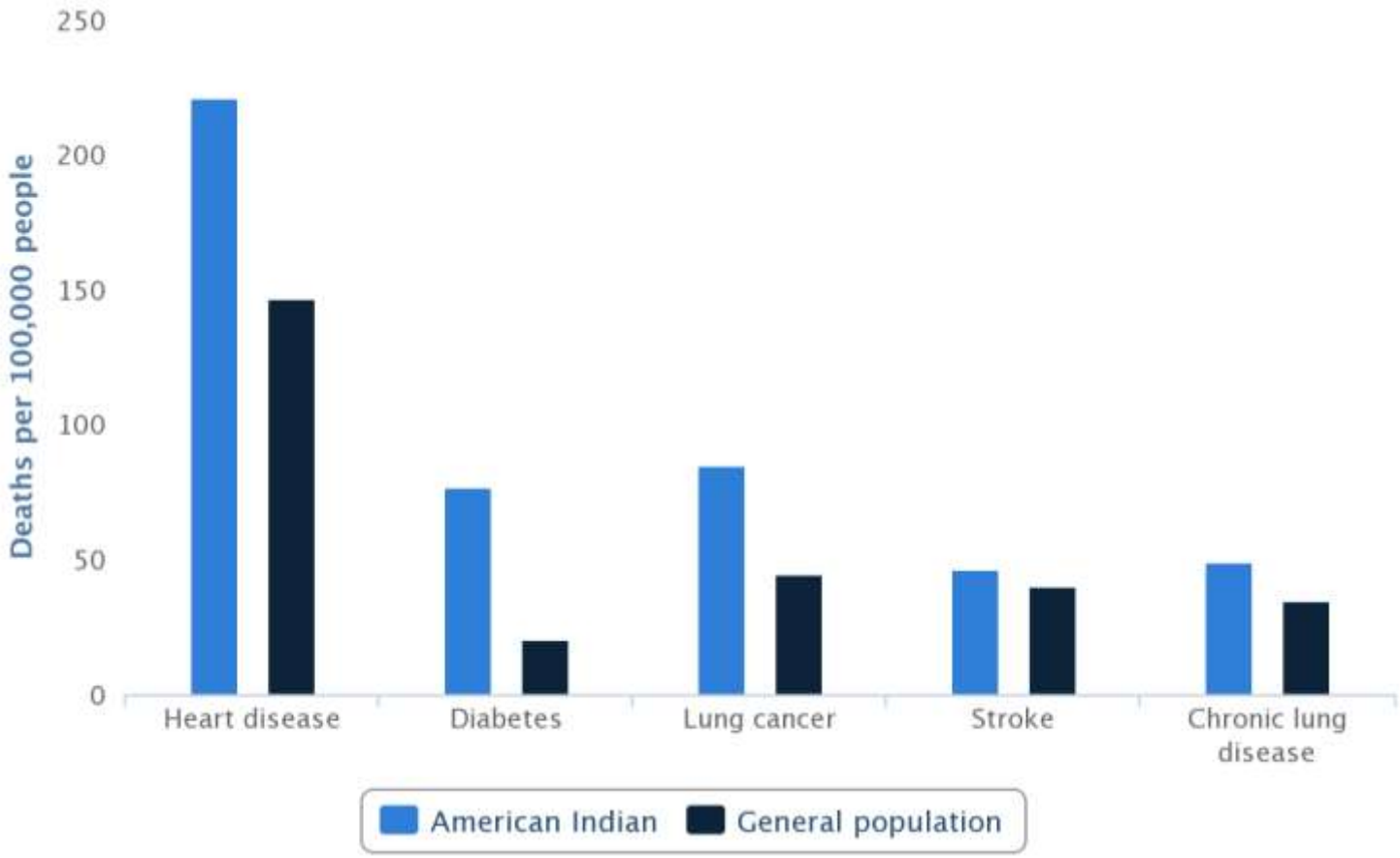
Source: California Health Interview Survey, 2011-12. Poor Mental Health defined as 'needing to see a professional because of mental health emotions or nerves or use of alcohol or drugs in past year.

Figure 5: Past Month Menthol Cigarette Use among Past Month Cigarette Smokers Aged 12 or Older, by Race/Ethnicity, 2004 to 2008



Source: 2004 to 2008 SAMHSA National Surveys on Drug Use and Health (NSDUHs),
http://www.samhsa.gov/data/2k9/134/134MentholCigarettes.htm

Figure 6: Smoking related death rates in Minnesota, 2004-2008



Source: American Indian Community Tobacco Projects, Tribal Tobacco Use Project Survey, Findings from Minnesota American Indian Communities, 2013, http://www.minnpost.com/sites/default/files/attachments/TTUPrpt.pdf

Additional Information on Tobacco-Related Inequities in California

African American

- In 2012, both African American men and women had higher smoking prevalence (24.0 percent and 19.4 percent) than their counterparts in the non-Hispanic White and Asian/ Pacific Islander populations (CHIS, 2011-2012).
- Three out of every four African American smokers prefer menthol cigarettes.[i]
- In 2010, California's African American women had the highest rate of smoking during pregnancy (12.3 percent) compared to non-Hispanic Whites (10.8 percent), Hispanics (2.7 percent) and Asians (2.0 percent).[ii]
- Smoking prevalence in African American women with poor mental health (34.1 percent) is two and a half times higher than in African American men with poor mental health (13.5 percent) and higher than any other group with poor mental health (CHIS, 2011-2012).
- Cotinine levels (an indicator of secondhand smoke exposure) have consistently been found to be higher in non-Hispanic African Americans than in non-Hispanic white Americans and Mexican Americans.[iii]
- In California, the tobacco industry has consistently contributed to political campaigns, primary and secondary schools, funded universities and colleges, and supported scholarship programs targeting African Americans.[iv]
- A 2008 study of retail outlets in California found that the number of cigarette ads per store and the proportion of stores with at least one ad for a sales promotion are increasing more rapidly in neighborhoods with a higher proportion of African-Americans.[v]

American Indian/Alaskan Native

- Based on the California Health Interview Survey 2011-12, American Indians had the highest smoking prevalence among men and women (27.0 percent and 33.6 percent) than their counterparts in other racial/ethnic groups.
- In 2008 nationally, American Indian and Alaska Native women had the highest rate of smoking during pregnancy (21.1 and 30.4 percent, respectively) compared to other ethnic groups.[vi]
- In a study where American Indians were trained to do surveys face to face with their peers, a method thought to be more culturally acceptable to the group, 59 percent of American Indian adults surveyed in Minnesota reported current smoking.[vii]
- American Indian and Alaska Native men smoke more cigarettes per day than their counterparts in the non-Hispanic White, Hispanic/Latino, and Asian/Asian Pacific Islander populations (CHIS, 2011-2012).
- Low socio-economic status American Indians are exposed to secondhand smoke at home (28.6%) more than any other group (CHIS, 2011-2012).

Asian/Pacific Islanders

- Significant gender differences in smoking behavior exist among California's Asian Americans. Asian men smoked at a greater rate than women in 2012 (17.7 percent versus 4.6 percent) (CHIS, 2011-2012).
- Among Asian sub-populations in California, Korean men and Vietnamese men (29.9 percent and 28.6 percent, respectively) had higher cigarette smoking prevalence compared to men in other Asian American sub-populations and compared to Californian men in general (CHIS, 2011-2012).
- In the 2012 California Pacific Islander Study, 46 percent of Pacific Islander adults reported smoking.[viii]

- Among Asian Indians living in California, 13.4 percent report currently using one of three smokeless products (paan, paan masala, and/or gutka).[ix]
- Although the overall smoking rate for Asian women is low, rates for Korean American women may increase as they become more acculturated.[x]

Hispanic/Latino

- Lung cancer is the leading cause of cancer deaths among Hispanic men. Deaths from lung cancer are 2.3 times higher for Hispanic men (34.0 per 100,000 persons) as they are for Hispanic women (14.5 per 100,000).[xi]
- Adult smoking prevalence among California's Hispanic/Latino population was 12.9 percent in 2012 (CHIS, 2011-2012), with men smoking at over 1.8 times the rate of women. Smoking among HL adult males was 16.8 percent, while HL adult women smoked at a rate of 9.0 percent. Acculturation appears to increase smoking rates among Hispanic/Latino women, but not among men.[xii]
- In contrast to adults, smoking rates among Hispanic/Latino adolescents are about the same in girls as in boys.[xiii]
- In California, Latinos are more likely to live in multi-unit housing than are non-Hispanic white Californians[xiv], and consequently face a greater risk of exposure to secondhand smoke and third-hand smoke.
- About one in four Latinos works in the construction industry[xv], where they are less likely to be protected from secondhand smoke exposure.
- In California, the tobacco industry has consistently contributed to political campaigns, primary and secondary schools, funded universities and colleges, and supported scholarship programs targeting Hispanics and Latinos. Tobacco companies have also placed advertising in community publications and sponsored Hispanic cultural events.[xvi]

Lesbian, Gay, Bisexual, Transgender

- In 2012 smoking prevalence in the California's lesbian, gay and bisexual population (22.1 percent) was 1.5 times that of the heterosexual population (14.9 percent) (CHIS, 2011-2012).
- Smoking prevalence for bisexual men and women was 24.5 percent (CHIS, 2011-2012).
- Almost 70 percent of lesbians, gays and bisexuals preferred to not allow smoking in outdoor dining areas at restaurants (BRFSS, 2005-2010).
- A 2004 California study found a 30.7 percent smoking prevalence rate for transgender people.[xvii]
- Compared to all adult smokers, more lesbian, gay, bisexual, and transgender smokers believe smoking increases their risk of diseases such as lung cancer and heart disease. However, some research indicates that fewer LGBT smokers have made quit attempts (75% compared with 80% of all adults).[xviii]
- Bars and nightclubs have traditionally been a safe social space for the LGBT communities.[xix] The tobacco industry utilizes these spaces to market tobacco products through venue-based promotions (giveaways, events, name recruitment) and provision of functional items (coasters, napkins, signage, etc.) that include tobacco brands and pro-tobacco imagery.[xx]

Low Socioeconomic Status

- Smoking prevalence for the low SES population in California was 16.9 percent in 2011—over four times higher than that of the high SES population (3.9%) (BRFSS, 2011). It is important to note that smoking prevalence for the low SES population has declined slower than that of the high SES population over time (see Chart 2).

- Smoking prevalence in low SES men (24.1%) is about two times higher than in low SES women (14.7%) (CHIS, 2011-2012).
- 25.8 percent of low SES adults in California were exposed to SHS in the workplace in 2005, which is almost five times higher than the high SES population.[xxi]
- Smoking prevalence in low SES whites is 31.5 percent in California, which is two times higher than that of the general population (CHIS, 2011-2012).
- A 2010 California survey reported that women in low-income (<200% FPL) families were twice as likely to smoke during pregnancy, compared to women in higher-income (>200% FPL) families.[xxii]

<u>Behavioral Health (people with poor mental health and substance abuse disorders)</u>

- Between 77 percent and 93 percent of clients in substance abuse treatment settings use tobacco.[xxiii]
- Smoking rates in the mental health and substance abuse disorder population are 2-4 times higher than the general population.[xxiv]
- In California, people reporting a poor mental health disorder were almost twice as likely to be smokers as compared to people with no mental health disorder (21.7 percent vs. 11.7 percent) (BRFSS, 2009). Reported poor mental health disorder was defined as at least 10 days during the past month where an individual's health was not good.
- Less than a quarter of outpatients with psychiatric diagnoses receive smoking cessation-related counseling from their physicians.[xxv]
- Smokers with schizophrenia spend as much as a quarter of their income on cigarettes.[xxvi]

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[iv] http://center4tobaccopolicy.org/tobacco-policy/tobacco-money/
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