California Department of Public Health, California Tobacco Control Program
Achieving Tobacco-Related Health Equity Among California's Diverse Populations
Request for Applications (RFA) 15-100

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 23.7 percent in 1988 to 11.7 percent in 2013, a decline of 51 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 2a: 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%

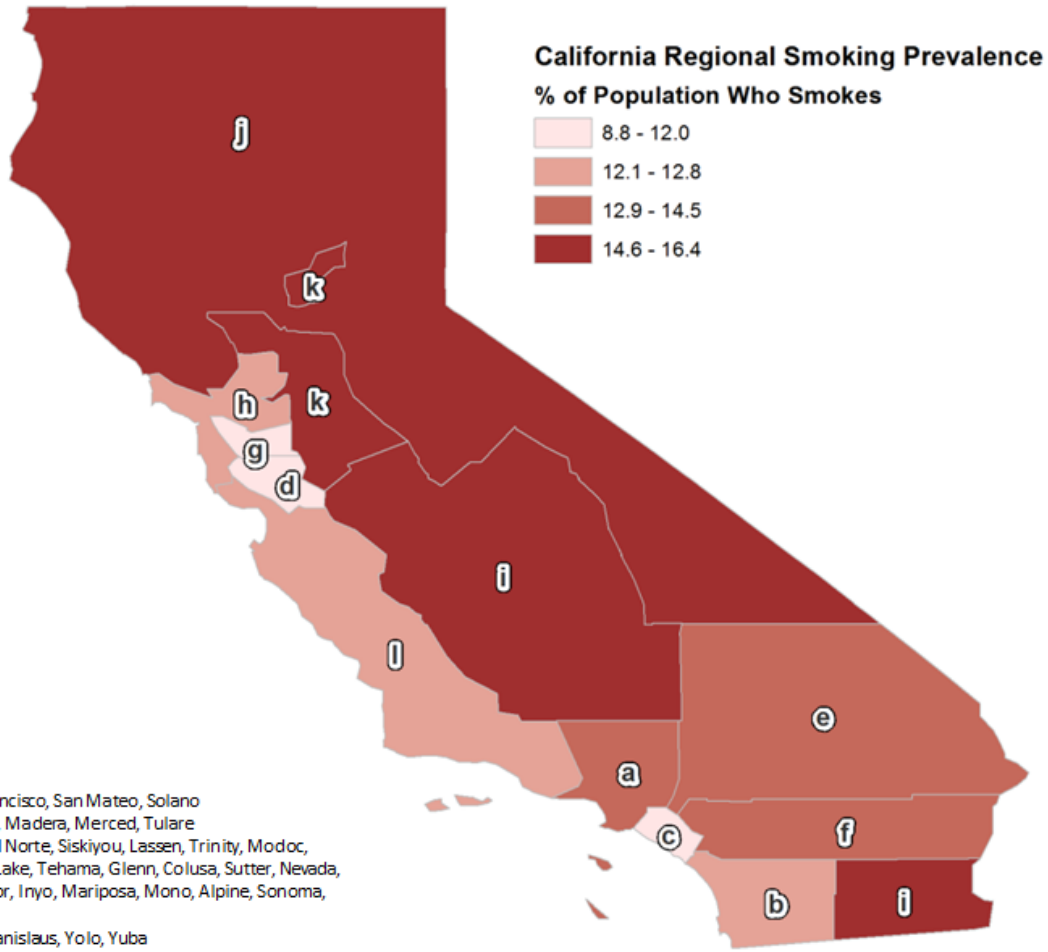
Table 2b:Trends in Smoking Rates Among California Women by Race/Ethnicity, 1996-2011 *Source: California Behavioral Risk Factor Survey System (BRFSS)*			
Population Group	**Smoking Rate, 1996**	**Smoking Rate, 2011**	**% of Decline**
Non-Hispanic White	16.6%	11.2%	32.5%
African American	23.7%	15.2%	35.9%
Hispanic	10.6%	5.7%	46.2%
Asian/Pacific Islander	8.3%	4.5%	45.8%

Table 3: Secondhand Smoke Exposure at Home by Various Demographic Groups in CA, Adults ≥18 years old *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%

Table 3: Secondhand Smoke Exposure at Home by Various Demographic Groups in CA, Adults ≥18 years old *Source: California Health Interview Survey, 2011-12*	
Population Group	**SHS Exposure Rate**
African American	16.1%
Low income African American (≤185 FPL)	21.4%
Low income American Indian (≤185 FPL)	21.5%

Table 4: Secondhand Smoke Exposure at Home by Various Demographic Groups in CA, Children < 18 Years Old *Source: California Health Interview Survey, 2011-12*	
Population Group	**SHS Exposure Rate**
American Indian/Alaskan Native	4.3%
African American	9.7%
Low income American Indian/Alaska Native (≤185 FPL)	13.1%
Low income African American (≤185 FPL)	14.2%

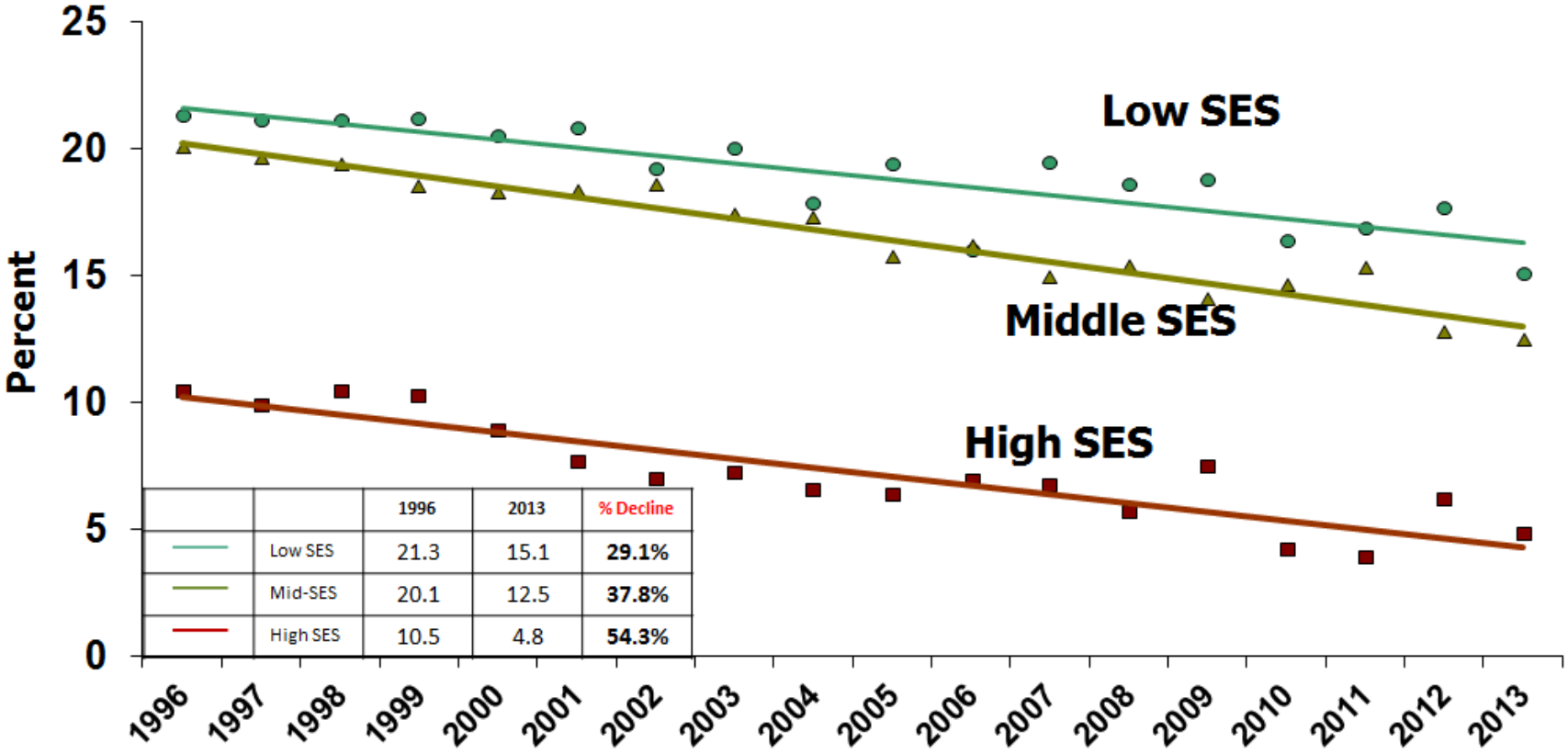
Figure 1: California Adult Smoking Prevalence by Geographic Region (2011-2012)



a) Los Angeles
b) San Diego
c) Orange
d) Santa Clara
e) San Bernardino
f) Riverside
g) Alameda
h) Contra Costa, Marin, San Francisco, San Mateo, Solano
i) Fresno, Imperial, Kern, Kings, Madera, Merced, Tulare
j) Butte, Shasta, Humboldt, Del Norte, Siskiyou, Lassen, Trinity, Modoc, Plumas, Sierra, Mendocino, Lake, Tehama, Glenn, Colusa, Sutter, Nevada, Tuolumne, Calaveras, Amador, Inyo, Mariposa, Mono, Alpine, Sonoma, Napa, Placer, El Dorado
k) Sacramento, San Joaquin, Stanislaus, Yolo, Yuba
l) Monterey, San Benito, San Luis Obispo, Santa Barbara, Santa Cruz, Ventura

Source: California Health Interview Survey 2011-2012, http://ask.chis.ucla.edu
Information presented by Al Delaimy et al. University of California, San Diego

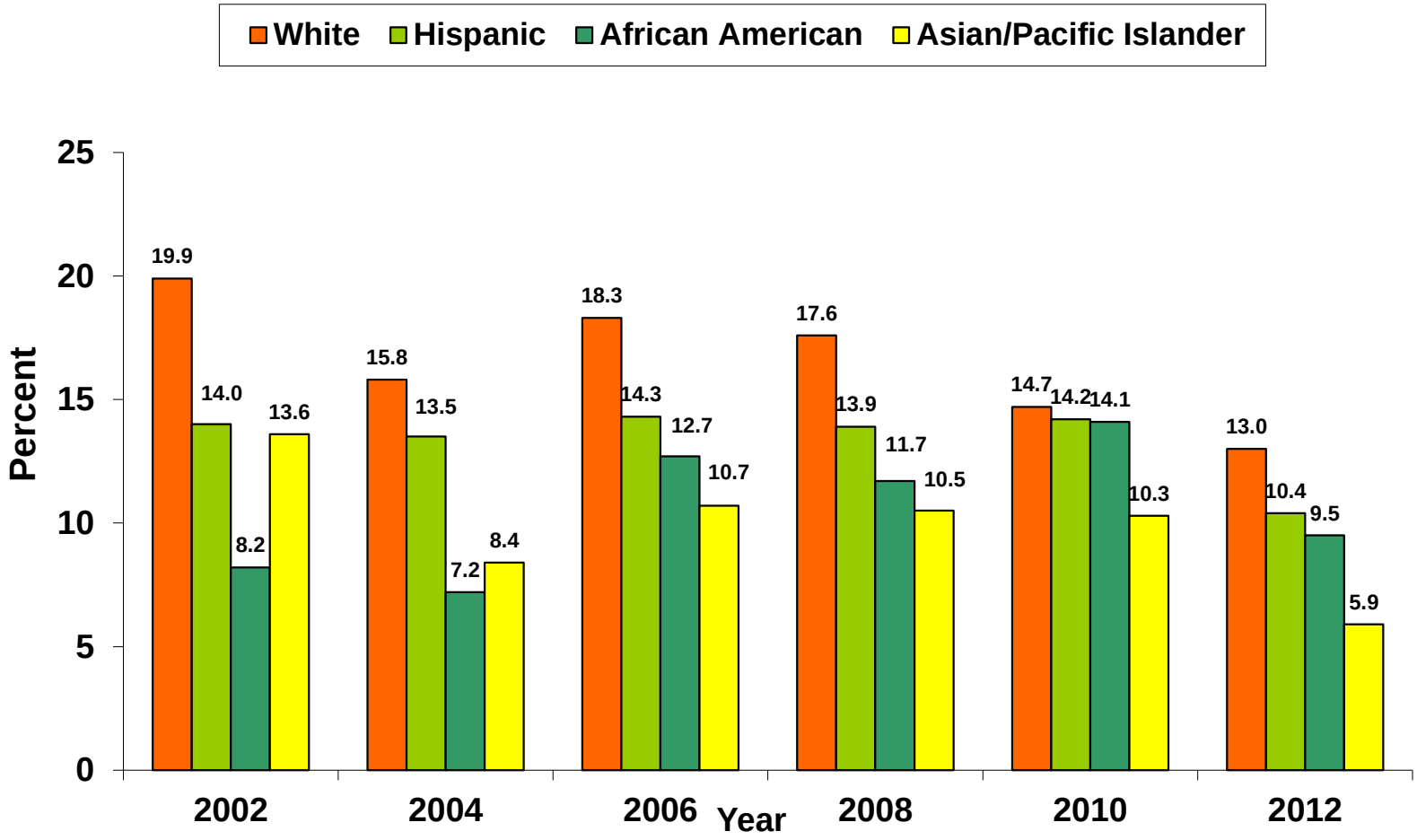
Figure 2: Smoking Prevalence Among California Adults by Socio-Economic Status (SES), 1996-2013



		1996	2013	% Decline
	Low SES	21.3	15.1	**29.1%**
	Mid-SES	20.1	12.5	**37.8%**
	High SES	10.5	4.8	**54.3%**

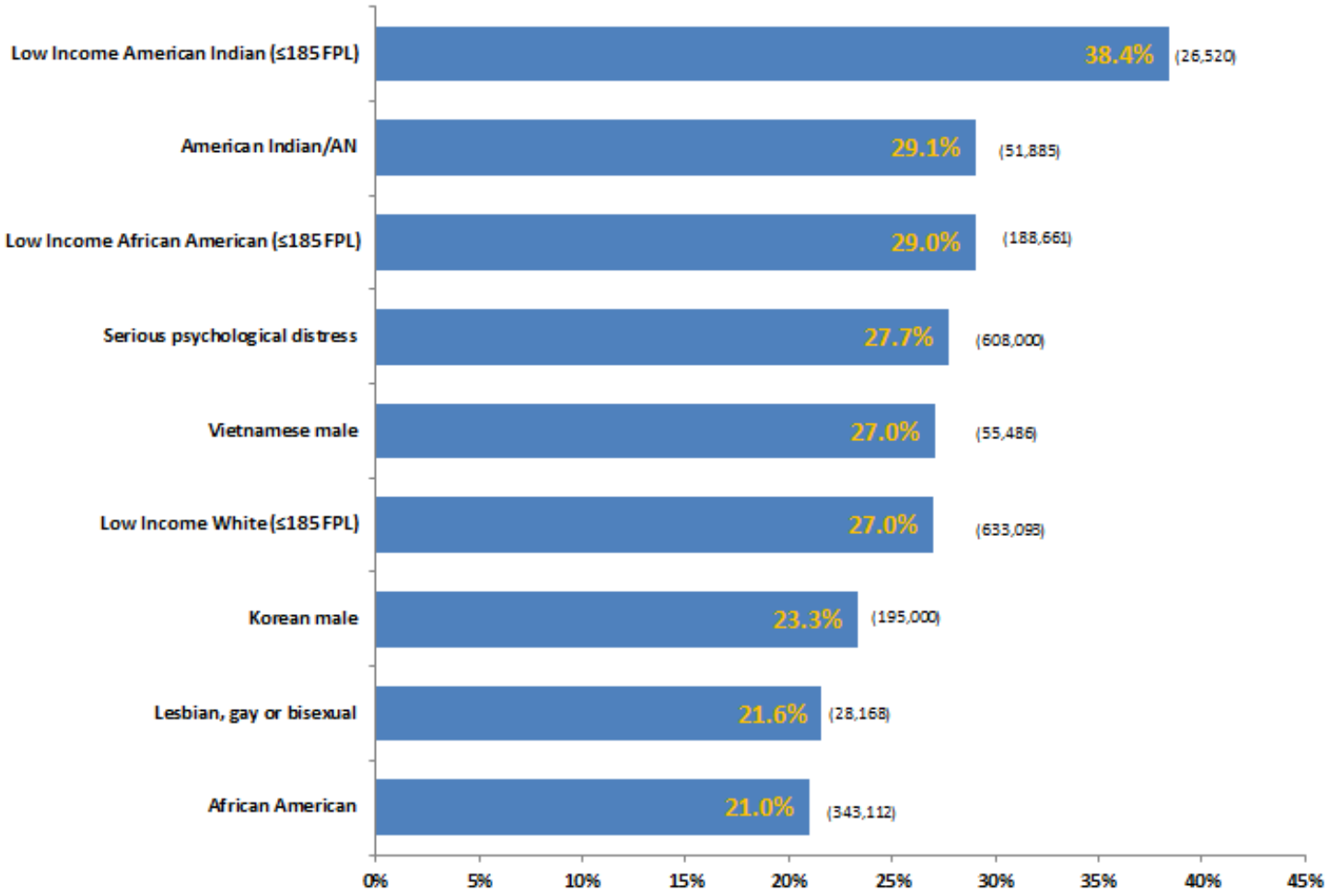
Source: Behavioral Risk Factor Surveillance System (BRFSS) 1984-2013.
The data are weighted to the 2000 California population from 1984 to 2011, weighted to 2010 California population since 2012.
Note: an adjustment was made to address the change of smoking definition in 1996 that included more occasional smokers. The weighting methodology changed in 2011 for the rest of U.S., but changed in 2012 for CA. Prepared by: California Department of Public Health, California Tobacco Control Program, October 2014.

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



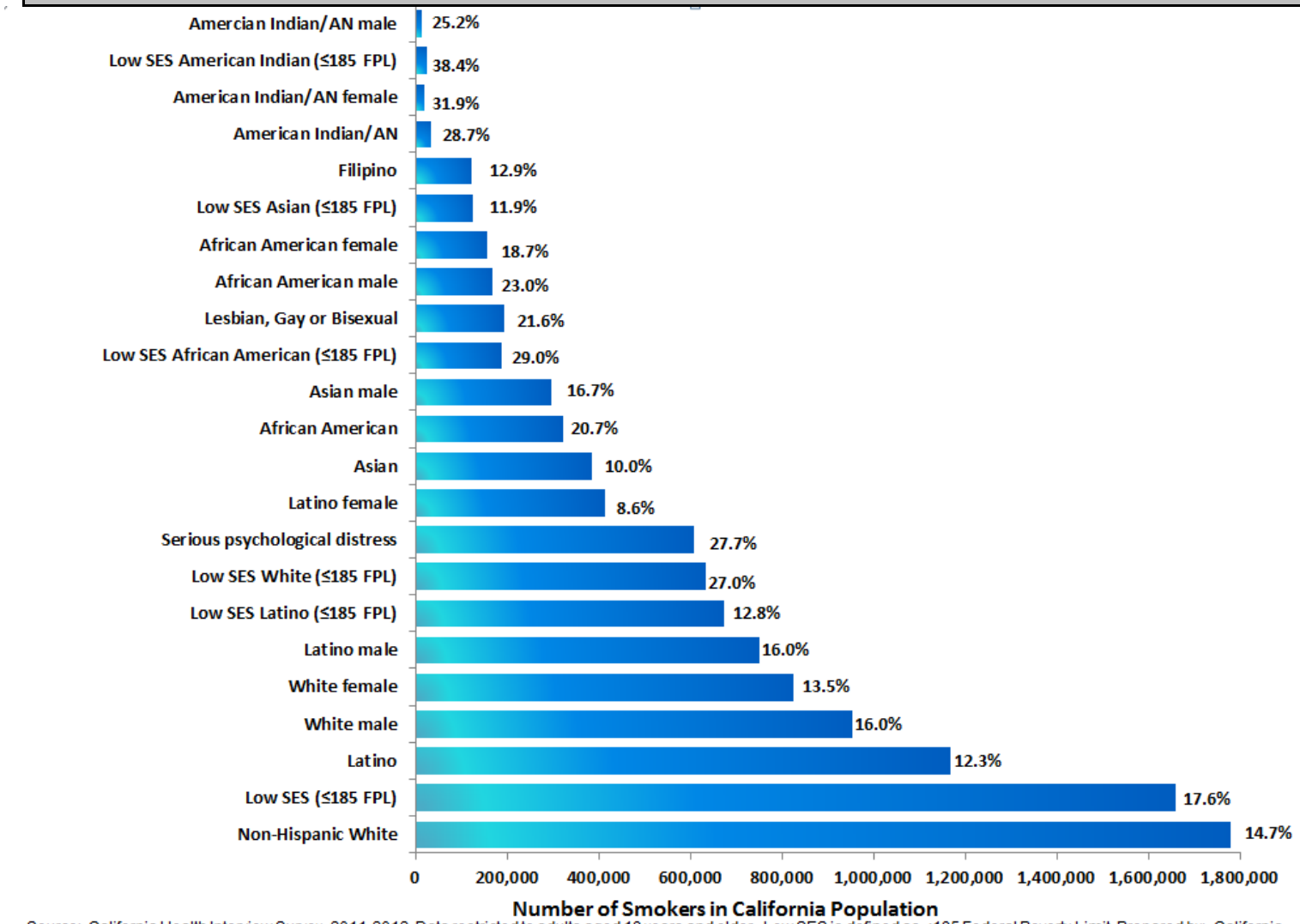
Source: The 2000 California data is from the National Youth Tobacco Survey (NYTS) collected by the American Legacy Foundation, which used passive parental consent. The other year data are from the California Student Tobacco Survey (CSTS). Prepared by: California Department of Public Health, California Tobacco Control Program.

Figure 4: Highest Smoking Prevalence by Mental Health, Income, and Race/Ethnicity (California, 2011-2012)



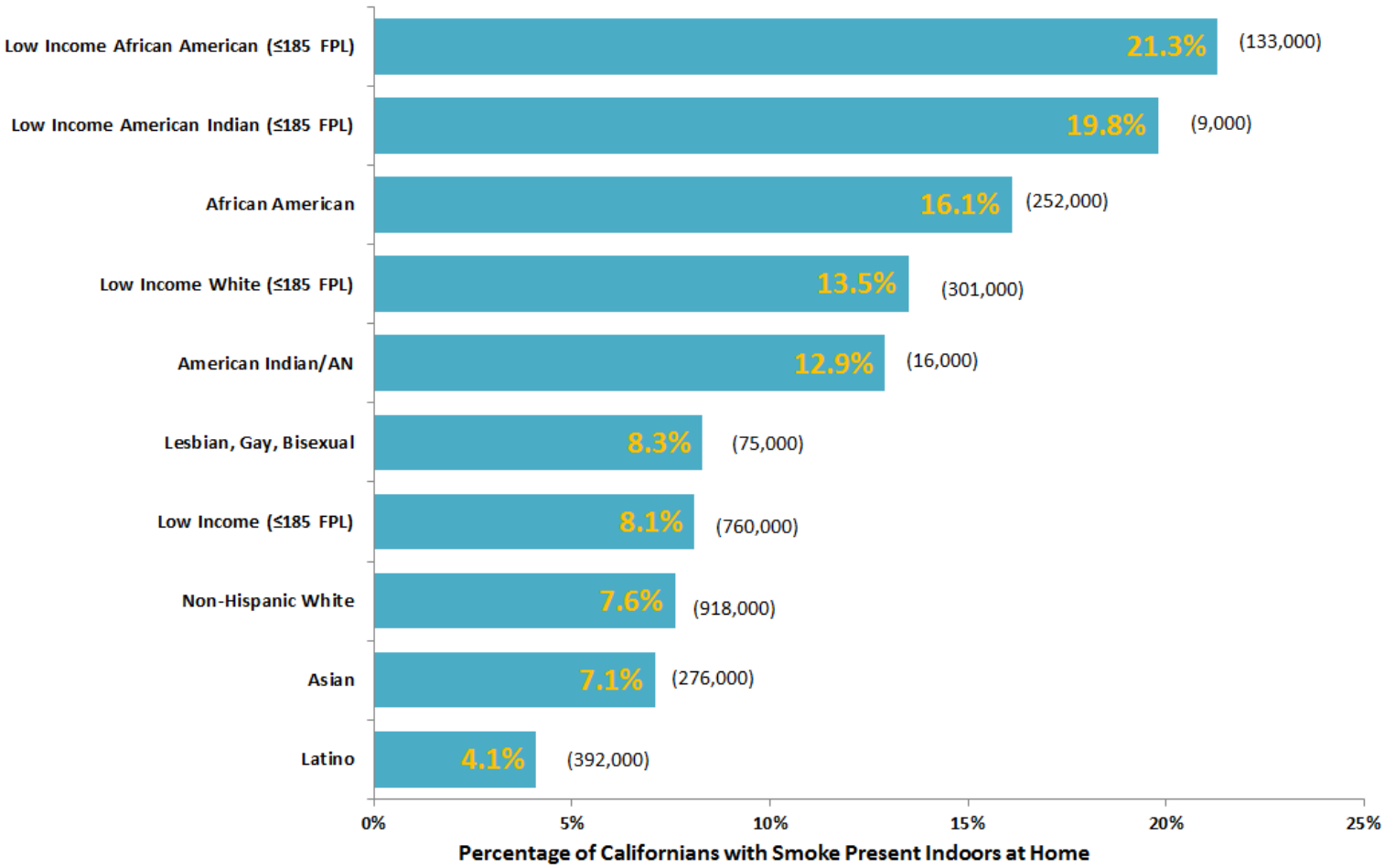
Note: Respondents were asked their current smoking status and data were restricted to adults (18+ years old). Low income is define as 185% below the Federal Poverty Limit. Sexual Orientation estimates were computed using the Online CHIS Query. Numbers in parentheses indicate the total number of smokers for each population subgroup shown. This is in contrast to the percentage of smokers within each population subgroup. Data Source: California Health Interview Survey (2011-12 CHIS) SAS dataset. Compiled by the California Tobacco Control Program on April 1, 2014.

Figure 5: Smoking Prevalence and Population Size of Various Smoker Demographic Groups in California (2011-2012)



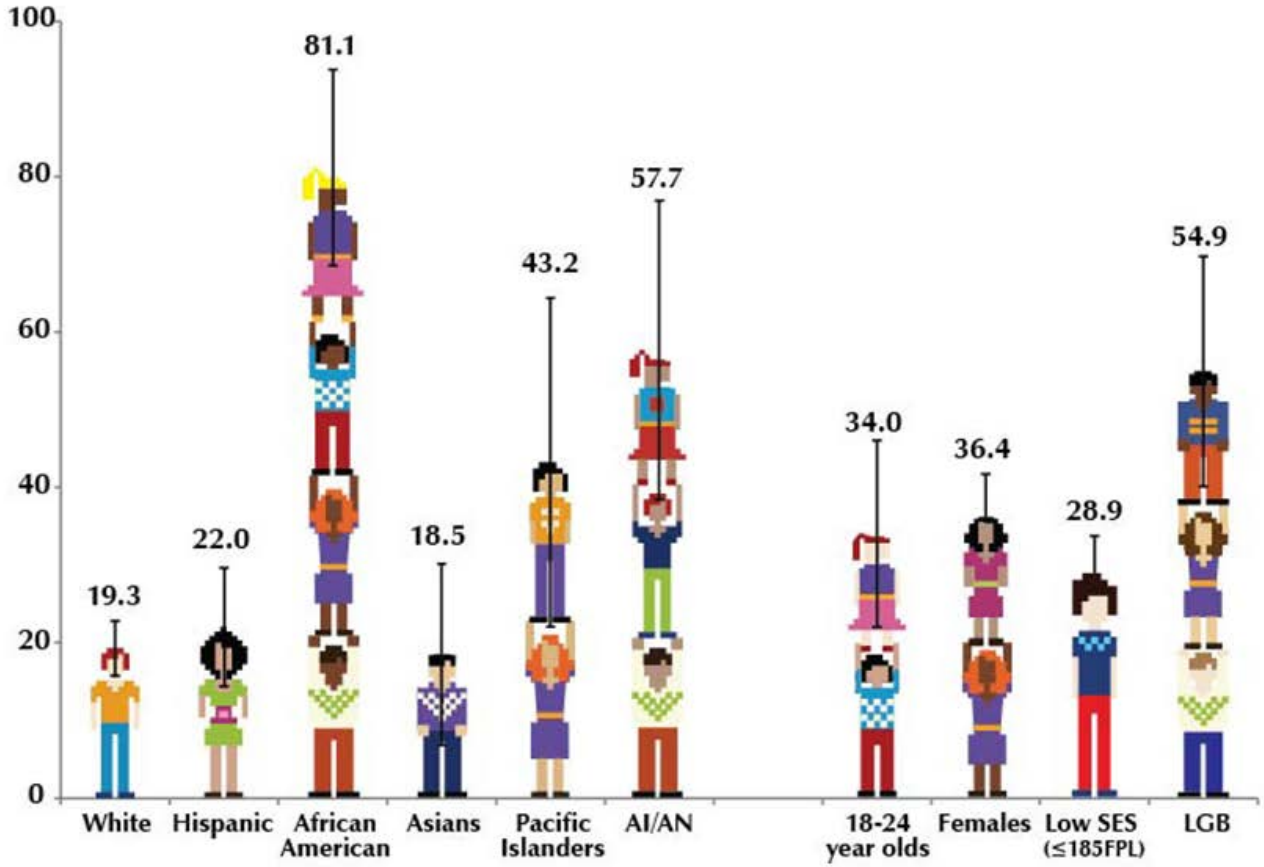
Source: California Health Interview Survey, 2011-2012. Data restricted to adults aged 18 years and older. Low SES is defined as ≤185 Federal Poverty Limit. Prepared by: California Department of Public Health, California Tobacco Control Program, October 2014.

Figure 6: Highest Secondhand Smoke Exposure in California Homes (2011-2012)



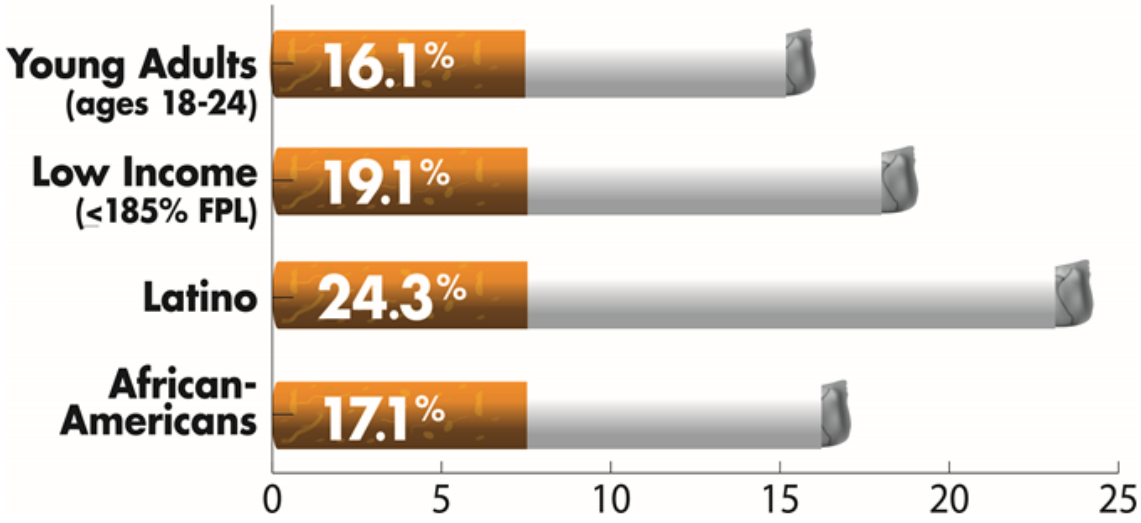
Source: California Health Interview Survey, 2011-2012. Data restricted to adults aged 18 years and older. Low Income is defined as ≤185 Federal Poverty Limit. Numbers in parentheses indicate total number of Californians exposed to secondhand smoke. Prepared by: California Department of Public Health, California Tobacco Control Program, October 2014.

Figure 7: Menthol Cigarette Smoking Prevalence in California (2013 BRFSS-CATS)



Source: Behavioral Risk Factor Surveillance System – California Adult Tobacco Survey (BRFSS-CATS), 2013. Data restricted to adults aged 18 years and older. Low SES is defined as ≤185 Federal Poverty Limit. Prepared by: California Department of Public Health, California Tobacco Control Program, April 2014. AI/AN refers to American Indian or Alaskan Native. LGB refers to lesbian, gay or bisexual. Respondents were asked whether they had usually smoked menthol cigarettes during the past 30 days.

Figure 8: California Adults Exposed to Secondhand Smoke in the Workplace (2013 BRFSS-CATS)

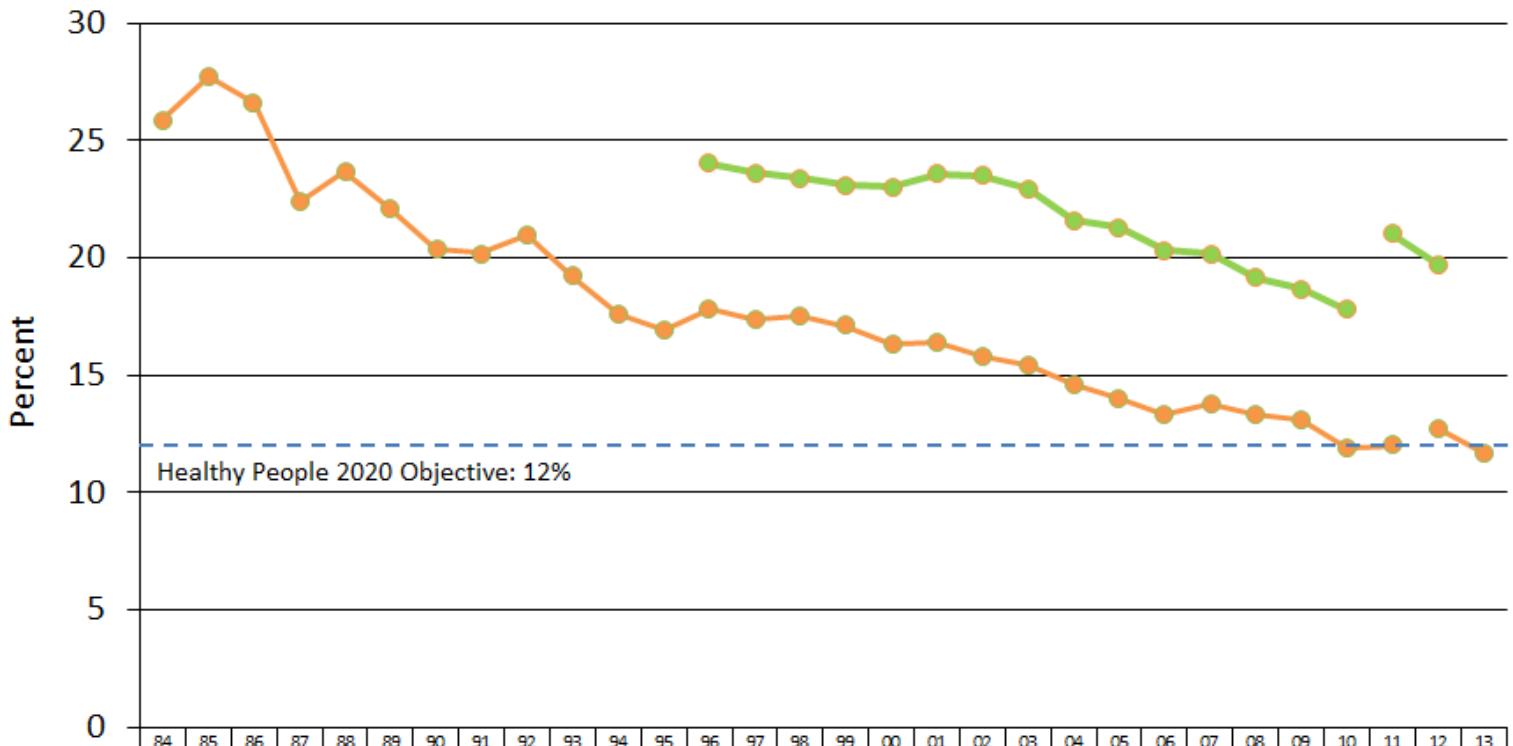


Source: Behavioral Risk Factor Surveillance System – California Adult Tobacco Survey (BRFSS-CATS, 2013). Prepared by: California Department of Public Health, California Tobacco Control Program, March 2014.

Figure 9: Largest Numbers of Smokers in California (2011-2012)

Source: California Health Interview Survey, 2011-12. Data restricted to adults aged 18 years and older. Low income is defined as ≤185 Federal Poverty Limit.
Prepared by: California Department of Public Health, California Tobacco Control Program, April 2014.

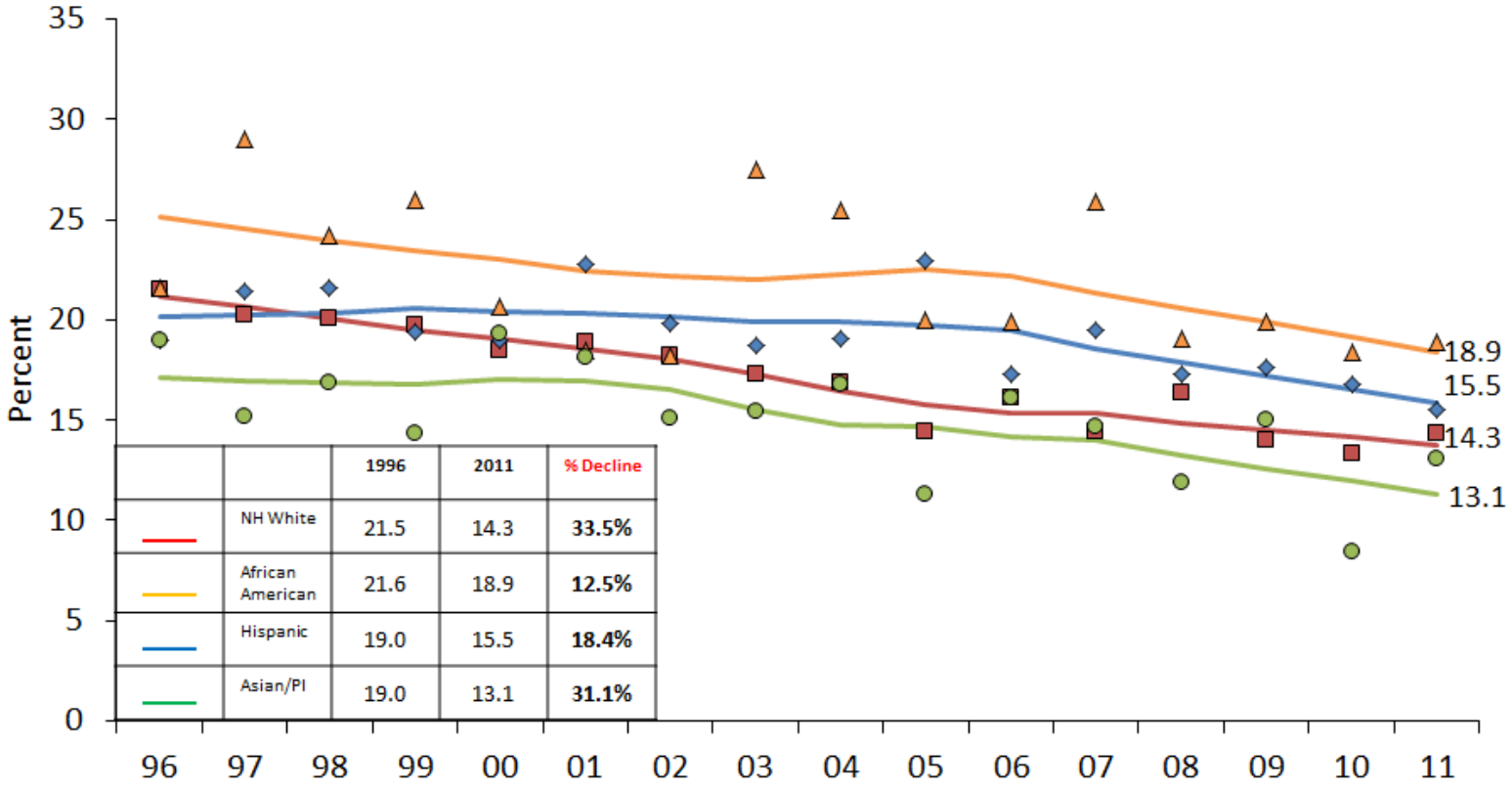
Figure 10: Smoking Prevalence Among California and the U.S., Minus California Adults (1984-2013)



	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13
CA	25.9	27.7	26.6	22.4	23.7	22.1	20.4	20.2	21.0	19.2	17.6	16.9	17.8	17.4	17.5	17.1	16.3	16.4	15.8	15.4	14.6	14.0	13.3	13.8	13.3	13.1	11.9	12.0	12.7	11.7
US-CA													24.0	23.6	23.4	23.1	23.0	23.6	23.5	23.0	21.6	21.3	20.3	20.2	19.1	18.7	17.8	21.0	19.7	

Source: Behavioral Risk Factor Surveillance System (BRFSS) 1984-2013.
The data are weighted to the 2000 California population from 1984 to 2011, weighted to 2010 California population since 2012.
Note: an adjustment was made to address the change of smoking definition in 1996 that included more occasional smokers. The weighting methodology changed in 2011 for the rest of U.S., but changed in 2012 for CA. Prepared by: California Department of Public Health, California Tobacco Control Program, March 2014.

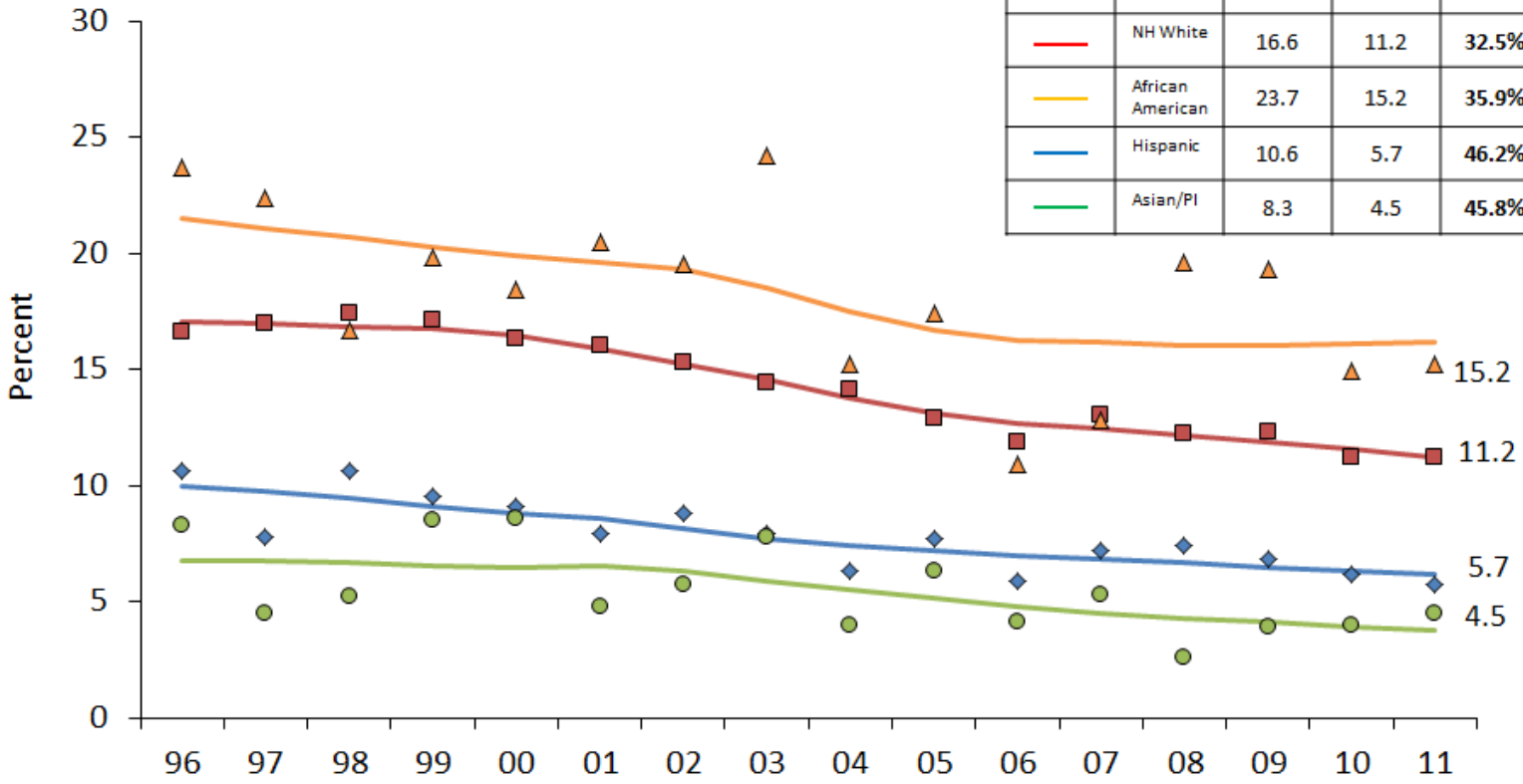
Figure 11: Smoking Prevalence Among California Men by Race/Ethnicity (1996 – 2011)



	1996	2011	% Decline
NH White	21.5	14.3	**33.5%**
African American	21.6	18.9	**12.5%**
Hispanic	19.0	15.5	**18.4%**
Asian/PI	19.0	13.1	**31.1%**

Source: Behavioral Risk Factor Surveillance System (BRFSS) 1996-2011. The data are weighted to the 2000 California population.
Note the smooth lines are based on a model to smooth out the data.
Prepared by: California Department of Public Health, California Tobacco Control Program, March 2012.

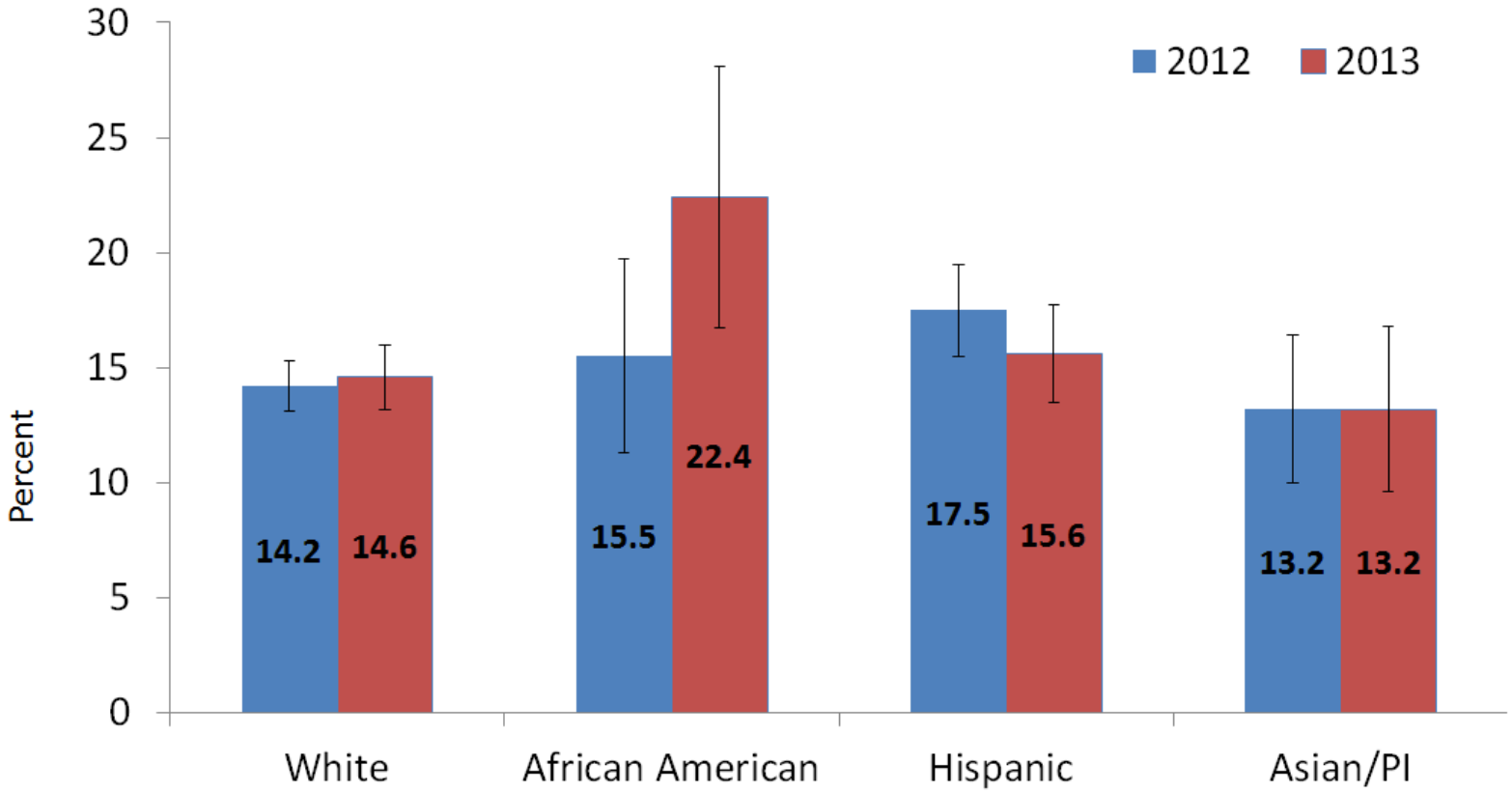
Figure 12: Smoking Prevalence Among California Women by Race/Ethnicity (1996 – 2011)



		1996	2011	% Decline
	NH White	16.6	11.2	**32.5%**
	African American	23.7	15.2	**35.9%**
	Hispanic	10.6	5.7	**46.2%**
	Asian/PI	8.3	4.5	**45.8%**

Source: Behavioral Risk Factor Surveillance System (BRFSS) 1996-2011. The data are weighted to the 2000 California population.
Note the smooth lines are based on a model to smooth out the data.
Prepared by: California Department of Public Health, California Tobacco Control Program, March 2012.

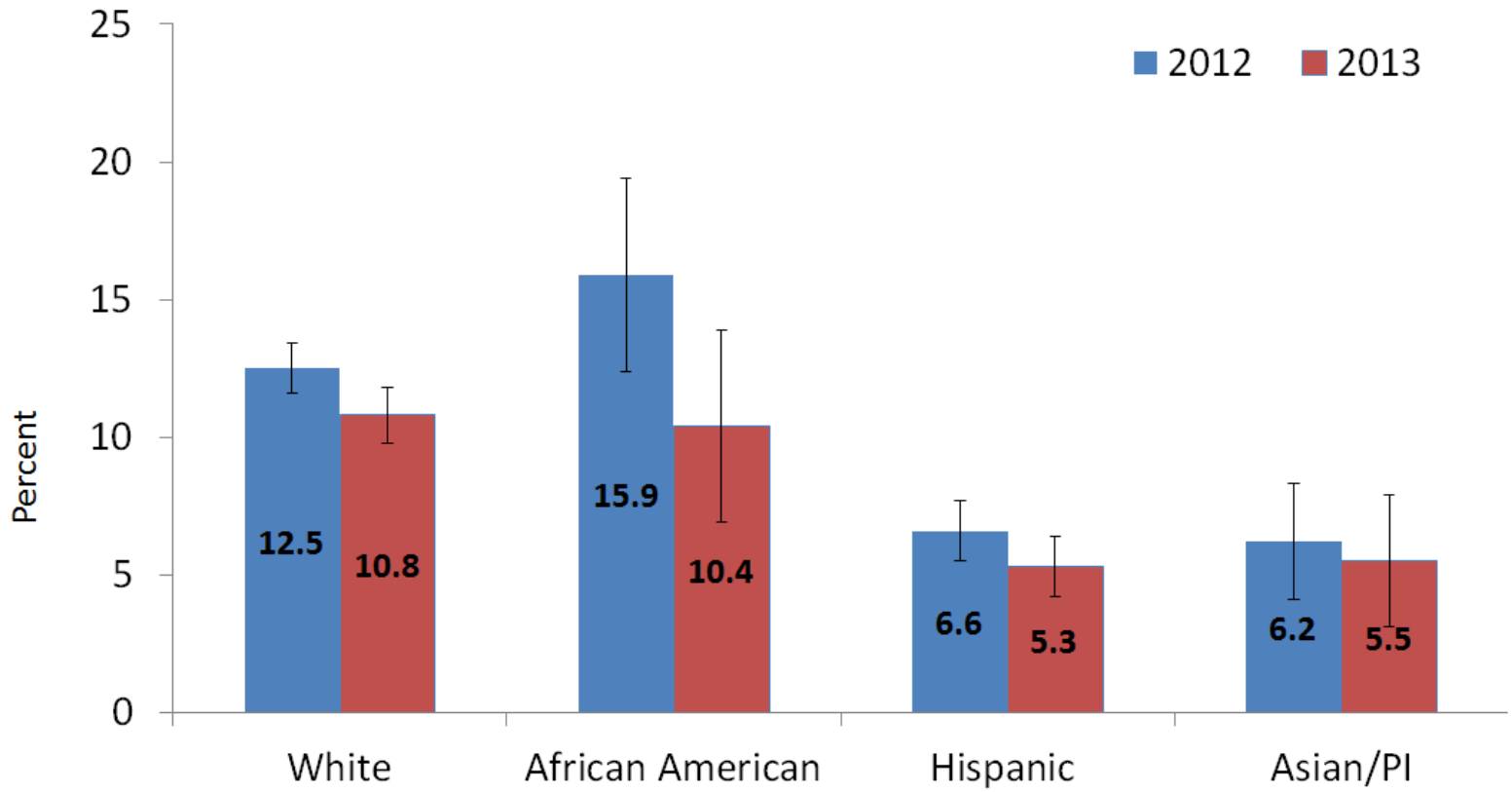
Figure 13: Smoking Prevalence by Race/Ethnicity in California Men



Source: Behavioral Risk Factor Surveillance System (BRFSS) 2012 and 2013. The data are weighted to the 2010 California population.

Prepared by: California Department of Public Health, California Tobacco Control Program, March 2014.

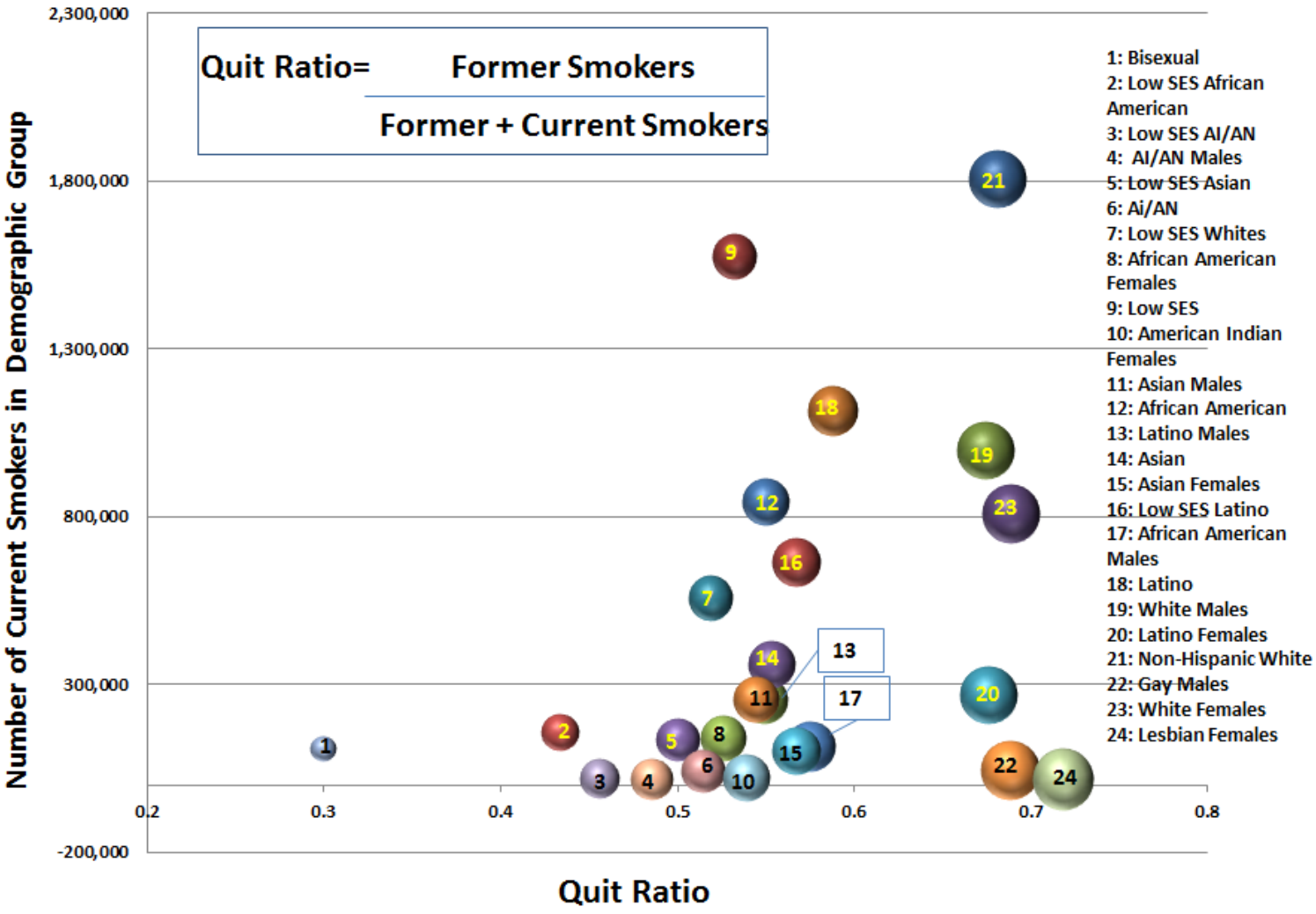
Figure 14: Smoking Prevalence by Race/Ethnicity in California Women



Source: Behavioral Risk Factor Surveillance System (BRFSS) 2012 and 2013. The data are weighted to the 2010 California population

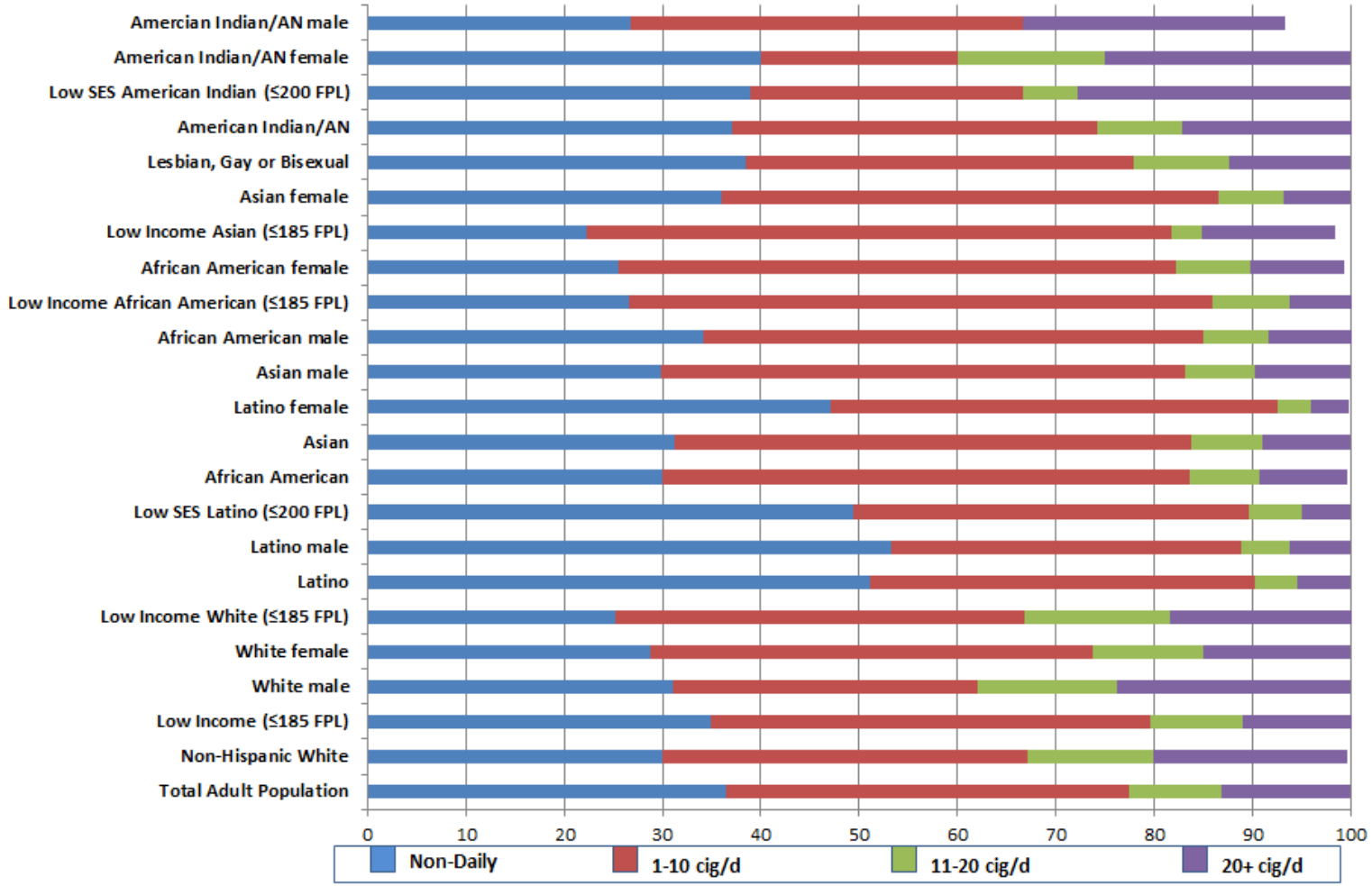
Prepared by: California Department of Public Health, California Tobacco Control Program, March 2014.

Figure 15: Quit Ratio Among Various Smoker Demographic Groups in California



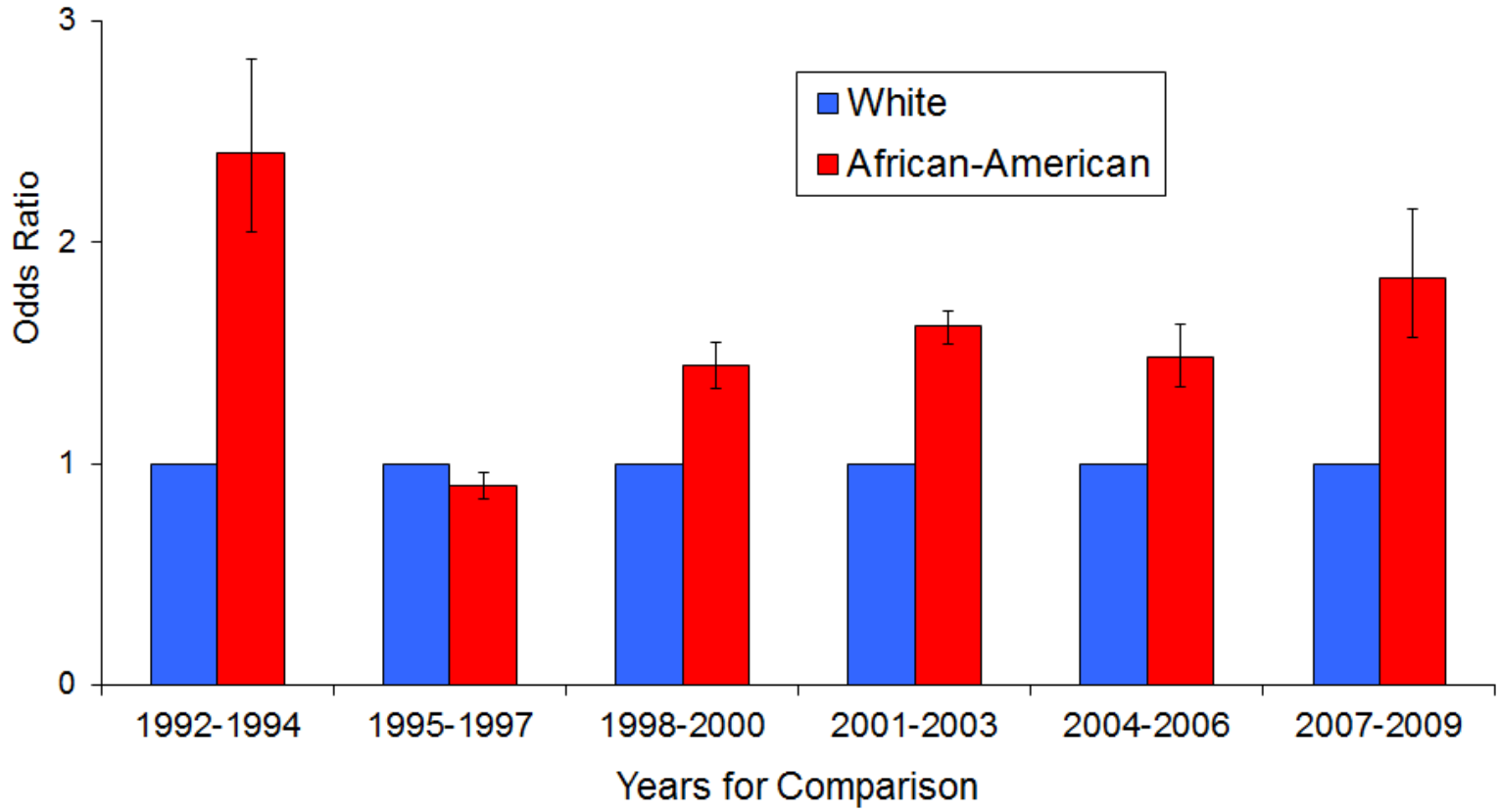
Source: California Health Interview Survey, 2009. Data restricted to adults aged 18 years and older. Low SES is defined as ≤200 Federal Poverty Limit.
Prepared by: California Department of Public Health, California Tobacco Control Program, May 2013.

Figure 16: Distribution of Daily and Non-Daily Smokers in California (2011 – 2012)



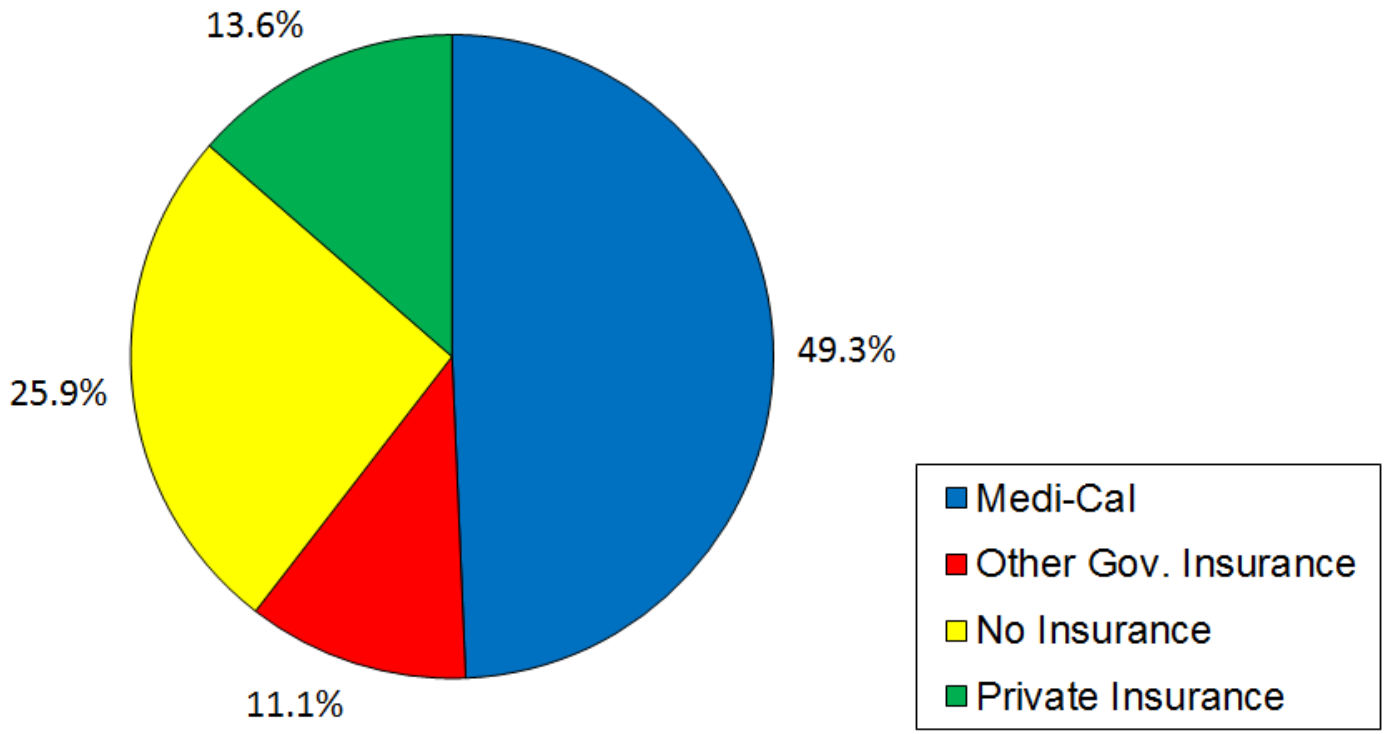
Source: California Health Interview Survey, 2011-2012. Data restricted to adults aged 18 years and older. Low SES is defined as ≤185 Federal Poverty Limit. Prepared by: California Department of Public Health, California Tobacco Control Program, October 2014.

Figure 17: Odds of African-American Smokers Calling the Helpline, Relative to White Smokers (1992-2009)



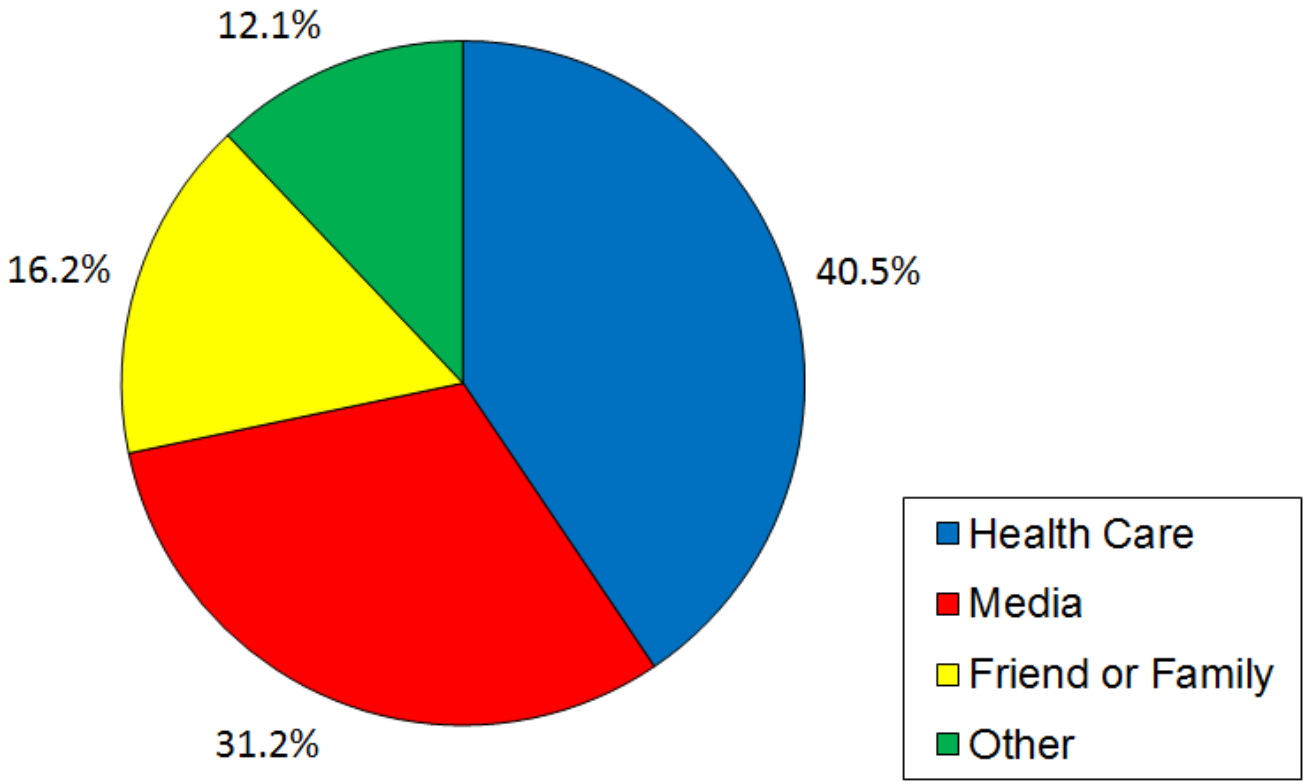
Source: Zhu et al. Quitline utilization rates of African-American and white smokers: the California experience. *American Journal of Health Promotion.* 2010;25(Suppl5):S51-S58.

Figure 18: Insurance Status of Helpline Callers (2012)



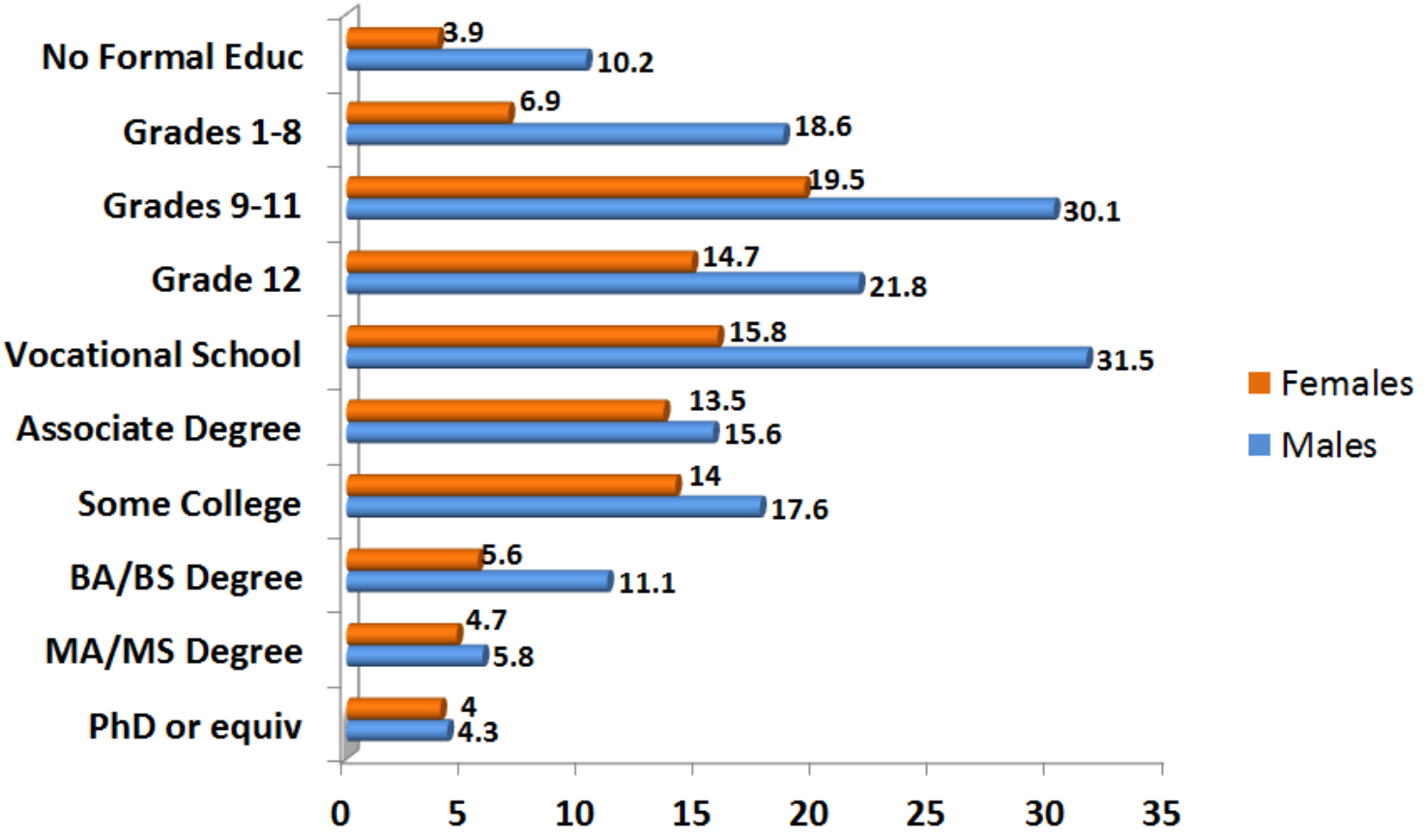
N=38,584 tobacco-using callers.
Source: California Smokers' Helpline. Prepared June 2013.

Figure 19: How Callers Heard About the Helpline (2012)



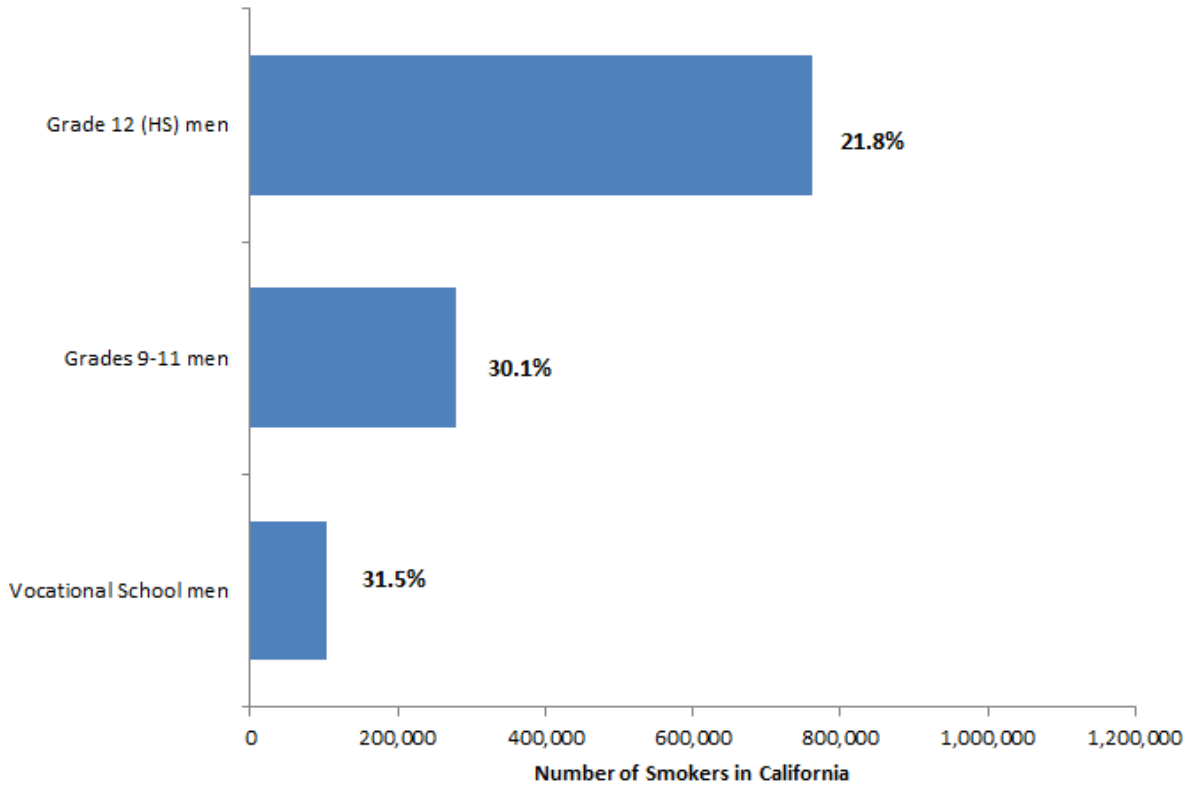
N=39,323 callers.
Source: California Smokers' Helpline. Prepared June 2013.

Figure 20: Smoking Prevalence and Population Size of Various Smoker Educational Subgroups in California (2011-2012 CHIS)



Source: California Health Interview Survey, 2011-12. Data restricted to adults aged 18 years and older. Smoker sub-groups not shown if smoking prevalence below 10%. Prepared by: California Department of Public Health, California Tobacco Control Program, March 2014.

Figure 21: Highest Smoking Prevalence and Population Size of Educational Subgroups in California (2011-2012 CHIS)



Source: California Health Interview Survey, 2011-12. Data restricted to adults aged 18 years and older. Smoker sub-groups not shown if smoking prevalence below 10%. Prepared by: California Department of Public Health, California Tobacco Control Program, March 2014.

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, respectively) 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, respectively) 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 substantially 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) than they are for Hispanic women (14.5 per 100,000).[xi]
- Adult smoking prevalence among California's Hispanic/Latino (HL) 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 (LGBT) 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 Figure 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 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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