Culturally Responsive Tobacco Cessation: Tailoring Evidence-Based Treatment for African Americans

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WHO WE ARE:
The Center for Black Health & Equity is the leading nationally recognized public health entity for solutions impacting African American health.

MISSION:
To facilitate programs and services that promote health equity for people of African descent. We do this by building community capacity, developing community infrastructure, and advocating for equity-centered policies.
Objectives:

• Identify tobacco use disparities in AA smokers

• Identify tobacco use cessation disparities/causes among AA smokers

• Discuss menthol’s impact on smoking/cessation

• Discuss strategies/efforts to increase AA cessation
African American Tobacco Use Disparities

- 16.8% of AA adults use tobacco
- 85% AA who smoke cigarettes use menthol
- AA have highest death rates for most cancers
- AA have benefitted less from smokefree laws nationwide

https://www.lung.org/quit-smoking/smoking-facts/impact-of-tobacco-use/tobacco-use-racial-and-ethnic
Contributing Factors to Tobacco Use Among African Americans

Targeted Marketing of Menthol
Menthol Stats

• Many smokers use menthol cigarettes as their ‘starter’ product

• Menthol smokers show greater signs of nicotine dependence

• Menthol smokers have a shorter time to the first cigarette of the day than non-menthol smokers

• Targeted marketing

• Connection to melanin

• Almost ALL tobacco products contain some level of nicotine
African American Tobacco Cessation Disparities

• 73% of AA adult smokers report they want to quit

• More AA smokers have attempted to quit in past year, compared to White adults (63% vs. 53%)

• Less likely to be successful in quit attempts

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5636087/
African American Tobacco Cessation Disparities

- Only about 56% AA adults who smoke reported receiving clinical advice to quit smoking.

- Less than 30% of AA adults who smoke reported using cessation counseling or medication when trying to quit.

- The use of tobacco-cessation quitlines among AA people remains low.
Contributing Factors: Tobacco Use Among African Americans

• **Exposure to stress and trauma**
  - Nationally, 61% of Black children have experienced at least 1 ACE
  - Intergenerational Trauma
  - Racism

• **Environmental**
  - High Crime
  - Low SES
  - Retail Density

![Types of Childhood Adversity](image)
Barriers to Cessation

- Less access to quit resources
- Increased access to quit products
- One size does not fit all
- Non-equitable Policies
- Small pool of clinical research addressing culturally competent cessation efforts
Cessation Strategies to Consider

- Improve access to care
- Reduce Stigma
- Culturally Relevant Programs
- Prevent ACES
Cessation Strategies to Consider

- Improve marketing
- Change the narrative
- Equitable policy creation/enforcement
Current Research

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Listening circles with menthol smokers in California

- Culturally appropriate
- Cessation should address other products (cigarillos, hookah...)
- Delivery to include text, group work, social bonding
- Marketing: utilize the tobacco industry playbook
- Make the connection to comorbidities
THANK YOU

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