Tobacco Disparities - Meeting 1 Notes

Other groups to include:

- 18-24 years – working group/vocational schools
- Immigrant populations documented and undocumented

Critical Issues

1. What holds us back (barriers) from doing more to reduce differences (disparities) in tobacco use among our communities?

Group 1

- Healthy example being set by the organization is a key for employee success.
- Grant competition with other health risk factors – where is the money now?
    - Either small $'s or large NIH research $'s that small organizations can't handle.
- Youth have identified tobacco in Wichita as #1 priority at one time. Where are we now?
- Negotiation around state government / tribal funding – policy making.
- Sometimes our populations are too small by community, ethnicity, age, etc.
- Resources / staffing
- Policy climate among politicians / Government issues of unspoken boundaries based upon neighborhood income such as non smoke environment in high income neighborhoods but not in low income neighborhoods.
- Free help – cessation products (patch, medication, etc.)

Group 2

- Value of preventive care
- Funding: where from, how much, for how long?
    - How do you fund this
    - How do you develop collaboration → sustainability
- Rural / urban – less resources
- One size does not fit all
    - Linguistic challenges
    - Cultural competence / homophobia
    - Age differences
    - Prejudices
- Underutilized community resources / silos
- List of priorities

Group 3

- 18-24 year olds not in college but working / in vocational training / or just work force
- Caregivers (paid or unpaid) who smoke, patients given no choice but to be around second hand smoke and vice versa
- Data that accurately /effectively represents groups and populations
- No champions
- Not represented – not only policy / implementation
- Cultural designed programs
- Educate - identify tobacco as a problem
- Society pressure / lesser of all evils
    - Opposite outcome now – HIDE
        - Employment – drug testing
        - Insurance

2. What community assets and resources could be utilized to reduce disparities in tobacco use?

Group 1

- Need champions in the community to tell their story as role models.
    - Use of churches / faith based communities:
        - Temple – Asian/Am, Denominational, etc.
- Collaborations – STAND Coalition in Wichita
    - Willing to educate anyone who will come to the table
- Youth networks – Scouting, Camp Fire, 4-H, Boys & Girls Club
- Tap Elders / Seniors Programs
    - Senior Olympics, Retired Military / Veterans
- Culturally appropriate videos, materials, etc. – diversified
- Community Partnerships:
    - Neighborhood Associations
    - Recreational Centers
- Events / Cultural Programming
    - Jazz Festivals, Parks & Recreation, etc.

Group 2

- One-on-one / individualized attention worked better than mass-produced
    - Peer support
    - Community leaders
- Education does not influence behavior
    - Information is there
- Emotional appeal – second hand smoke bad for your kids, get the screening—so here for your kids
- Educate: here are the tools to help when you're ready

Group 3

- Access points – intake for service sites
- Universal screening tool
- Cross trained
- Appropriate programs
- Religious organizations
- Media specific for cultures
- Existing champions
    - Time to build relationships sphere of influence/passion
- Community development

3. What do you believe are some of the most critical issues for your specific population that need to be addressed related to tobacco prevention?

Group 1

- Issues:
    - Lack of trust
    - Fear
    - Relationship building time spent
        - Are people coming in from state agency to present or are these people I know and understand, "my group"?
- Understanding the motives of the tobacco companies in putting $'s in the neighborhood for events, etc.
- Parental support for youth is necessary to obtain accurate data and encourage youth.
- Accurate / meaningful data relative to a specific population.
- Misidentification by racial class
- Communities perception of what is meaningful to the population – shifting priorities
- Ceremonial gifts of tobacco

Group 2

- Education with "other issue" help – priority list (housing, transportation, job) and smoking not at top→lessen burden
- Funding / money to pay for cessation techniques (patch, gum, etc.)
- Timing – hitting people when they are ready to quit
- Rural issues – transport time

Group 3

- Ensure and distinguish between intervention and prevention
- Address caregiver (paid or unpaid) as smokers or as non smokers
- Integration of prevention / intervention / data gathering into existing intake / service delivery systems
- Be proactive, not reactive
- Counter marketing
    - Youth engaged and empowered
- Can't pass physical / military
- Sponsorship support
    - Community centers
    - Events
    - 16.3B Promotion of tobacco products
- Relationship fulfilled – trust
    - Targeted – black 'n' milk / cigars
- Tied to alcohol, drugs, glamorized

Critical Issues (initial):

- Speak up, make voice known.
- Advertising – billboards, targeting by tobacco industry.
- Engage worksites, e.g. manufacturing and care giving worksites.
- Trust/relationship building.
- Further data analysis – accurate data.
- Access to evidence-based interventions/treatments.
- Knowledge of evidence-based programs – tobacco problem in general.
- Funding
- Standardized curriculum for health education providers (universities, MD's).
- Silos and sustainability
- Access to funding
- Insurance/provision of care
- Products – pharmaceutical companies
- Communicating what works – non-evaluated programs-sharing what works

Critical Issues (final with votes):

- Collaboration / Partnership (4)
- Funding (10)
- Marketing / Counter marketing (media) (2)
- Data (12)
- Trust / Building capacity / outreach / Resource center (8)
- Population-specific interventions that can be integrated into other programs. (education) (13)
- Advocacy and Policy development (12)
- Addressing systemic changes (silos) (2)