

Disparity Data Fact Sheet **General Information**

Tobacco use is a well-recognized risk factor for many cancers, respiratory illnesses and cardiovascular diseases within Michigan. Smoking rates have continued to decline over the years within Michigan's general population, but remain relatively high within specific population groups. Specific population groups are considered disparately affected by tobacco if one or more of the following is present: 1) higher prevalence rates, 2) limited access to tobacco dependence treatment resources, 3) increased targeted marketing by the tobacco industry; or 4) greater health consequences because of tobacco and the social determinants of health.

The purpose of this document is to provide you with the information to help you identify disparately affected populations in your local health department jurisdiction. The numbers are only data indicators. The second part of the review exercise is to discuss and come to some conclusions about the social or environmental determinants that contribute to health disparities in specific population groups. Please read and understand the definitions found at the bottom of this page.

On the following pages, there are data tables associated with each category, and you will find demographic information specific to your local health department for each of the identified population groups. Most of the state data systems are not capable of producing population-specific smoking prevalence rates at the county or local level, so the population-specific prevalence data is provided at the **state** level.

For example, the Michigan Behavioral Risk Factor Survey (MiBRFS) demonstrates that the smoking prevalence of adults who live below the poverty level is over twice that of the general population. Yet, due to sample limitations, there are no specific measurements at the local health department level. However, by using the data sets provided you can infer that a given population group has a higher smoking prevalence than the general population.

If you have any questions regarding this document, please contact your consultant or Kathie Boynton, Michigan Tobacco Control Program Statistician at (517) 335-9822.

Definitions

- ❖ ***Social Determinants of Health***: The economic and social conditions that influence the health of individuals, communities, and jurisdictions as a whole. This includes but is not limited to Safe Affordable Housing, Social Connection & Safety, Quality Education, Living Wage, Job Security, Access to Transportation and Availability of Food.
- ❖ ***Social Justice***: The absence of unfair, unjust advantage or privilege based on race, class, gender, or other forms of difference.
- ❖ ***Health Equity***: A fair, just distribution of the social resources and social opportunities needed to achieve well-being.
- ❖ ***Health Inequity***: Differences in health outcomes brought on by systematic, unjust advantage given to one group over another.
- ❖ ***Health Disparity***: Difference in health outcomes between population groups.

Jackson County Health Department

Race / Ethnicity

Tobacco dependence within Michigan’s racial and ethnic populations can often be difficult to identify and address. Tobacco plays an integral part within many cultures. For example, it is a sacred plant within the Native American population and is ritually used for prayers and giving thanks. In the Arab and Chaldean population, hookah is traditionally smoked at social and family gatherings and within the Asian population cigarettes are commonly offered at social events, and it may be considered rude to decline the offer.

In reviewing the data presented below, it appears that only two of the identified groups have a smoking prevalence significantly above Michigan’s general population, the Native American and the Arab and Chaldean population. Appearances can be deceiving. For example, although African Americans are statistically the same as the general population in terms of smoking prevalence, African American males have a higher incidence rate and death rate from lung and bronchus cancer compared to that of white males. They also have a disproportionately high diagnosis rate and die at a higher rate from tobacco-related illnesses.

Additionally, data aggregation at the state level often fails to recognize the diversity among the Asian American population sub-groups. The smoking prevalence appears to be much lower than in the general population yet within many of the Asian population sub-groups three out of four adult males are current smokers.

There are numerous caveats and considerations in understanding estimates within a population group, so we urge you to ask questions among yourselves and to your tobacco program consultant in order to be as accurate and as clear as possible about tobacco use statistics in your area.

Population Estimates for Jackson County Health Department

<i>Indicator: Race / Ethnicity</i>	<i>Number of Individuals¹</i>	<i>Percentage of Population¹</i>	<i>Smoking Prevalence*</i>	<i>Estimated Number of Current Smokers**</i>
African American	13,730	8.6%		2,840
Native American	890	0.6%		320
Asian American	1,430	0.9%		100
Hispanic / Latino	4,630	2.9%		1,030
Arab and Chaldean	950	0.6%		300

Population Estimates for the State of Michigan

<i>Indicator: Race / Ethnicity</i>	<i>Number of Individuals¹</i>	<i>Percentage of Population¹</i>	<i>Smoking Prevalence²</i>	<i>Estimated Number of Current Smokers</i>
African American	1,463,830	14.7 %	20.7 %	213,510
Native American	75,630	0.8 %	36.3 %	19,860
Asian American	261,350	2.6 %	7.5 %	14,120
Hispanic / Latino	421,100	4.2 %	22.4 %	59,270
Arab and Chaldean	490,000	4.9 %	32.4 %	121,290

* Actual smoking prevalence can not be calculated due to the sample size

** Estimated number of current smokers for Jackson County Health Department is calculated by using the population estimates for Jackson County Health Department and the smoking prevalence for the State of Michigan.

Socio-Economic Status

Social and economic factors influence a broad array of opportunities, exposures, decisions and behaviors that can promote or threaten an individual's health. Socioeconomic status (SES) is the single greatest predictor of tobacco use. Tobacco and poverty create a vicious cycle; low income people smoke more, suffer more, spend more and die more from tobacco use.

Low SES populations often include low-income individuals with less than 12 years of education, the medically underserved, the unemployed and the working poor. They may also include gay, lesbian, bisexual and transgender people, prisoners, blue collar workers and the mentally ill.

There are many factors unique to these populations that may create higher rates of tobacco use, for example: lack of appropriate educational materials, language, cultural or literacy barriers, targeted tobacco advertising in a given population or ethnic group, lack of access to preventive health care or a primary physician, lack of training by the physician to inquire about tobacco use status, high stress related to employment or lack of economic or financial relief. Conversely, tobacco use contributes to the poverty of individuals and families since tobacco users are at greater risk of falling ill and dying prematurely, thus depriving families of much needed income and the added burden of health-care costs

Educational Level:

Persons aged 25 or older with lower levels of completed education (typically defined as less than a high school education) were more likely than those with higher levels of education to use most tobacco products during the past month.

Population Estimates for Jackson County Health Department

<i>Indicator: Education Level</i>	<i>Number of Individuals³</i>	<i>Percentage of Population³</i>	<i>Smoking Prevalence*</i>	<i>Estimated Number of Current Smokers**</i>
Individuals who are at least 25 years old with < High school education	12,880	11.8%		4,790

Population Estimates for State of Michigan

<i>Indicator: Education Level</i>	<i>Number of Individuals³</i>	<i>Percentage of Population³</i>	<i>Smoking Prevalence⁴</i>	<i>Estimated Number of Current Smokers</i>
Individuals who are at least 25 years old with < High school education	836,320	12.6%	37.2%	311,110

Poverty Level (Income):

Persons aged 18 or older from lower-income families were more likely than persons from families with higher incomes to use tobacco products in the past month.

Population Estimates for Jackson County Health Department

<i>Indicator: Income Level (Poverty)</i>	<i>Number of Individuals³</i>	<i>Percentage of Population³</i>	<i>Smoking Prevalence*</i>	<i>Estimated Number of Current Smokers**</i>
Individuals classified as living below the poverty line	20,890	13.7%		7,350

Population Estimates for State of Michigan

<i>Indicator: Income Level (Poverty)</i>	<i>Number of Individuals³</i>	<i>Percentage of Population³</i>	<i>Smoking Prevalence⁴</i>	<i>Estimated Number of Current Smokers</i>
Individuals classified as living below the poverty line	1,417,380	14.5%	35.2%	498,910

Blue-Collar Workers

A blue-collar worker is generally classified as a member of the working class who typically performs manual labor and earns an hourly wage. The working poor and some ethnic minorities are often over-represented in blue-collar professions

Population Estimates for Jackson County Health Department

<i>Indicator: Worker Classification Blue-Collar Workers</i>	<i>Number of Individuals³</i>	<i>Percentage of Population³</i>	<i>Smoking Prevalence*</i>	<i>Estimated Number of Current Smokers**</i>
Individuals classified as being employed in a blue-collar job	17,510	25.0%		5,020

Population Estimates for State of Michigan

<i>Indicator: Worker Classification Blue-Collar Workers</i>	<i>Number of Individuals³</i>	<i>Percentage of Population³</i>	<i>Smoking Prevalence⁵</i>	<i>Estimated Number of Current Smokers</i>
Individuals classified as being employed in a blue-collar job	1,069,570	23.9%	28.7%	306,960

Unemployment

Little is known about the factors associated with tobacco use among the unemployed, but numerous studies have shown that tobacco use among the unemployed are higher than the general population and that quitting behaviors varied by socio-demographic factors and the length of their unemployment

Population Estimates for Jackson County Health Department

<i>Indicator: Employment Status</i>	<i>Number of Individuals⁶</i>	<i>Percentage of Population⁶</i>	<i>Smoking Prevalence*</i>	<i>Estimated Number of Current Smokers**</i>
Unemployed Population, > 18 years old	8,360	11.3%		2,950

Population Estimates for State of Michigan

<i>Indicator: Employment Status</i>	<i>Number of Individuals⁶</i>	<i>Percentage of Population⁶</i>	<i>Smoking Prevalence⁴</i>	<i>Estimated Number of Current Smokers</i>
Unemployed Population, > 18 years old	596,740	12.4%	35.3%	210,650

Uninsured

Individuals aged 18 or older who are uninsured were more likely than individuals with insurance to use tobacco products in the past month.

Population Estimates for Jackson County Health Department

<i>Indicator: Michigan Uninsured Residents</i>	<i>Number of Individuals⁷</i>	<i>Percentage of Population⁷</i>	<i>Smoking Prevalence*</i>	<i>Estimated Number of Current Smokers**</i>
Uninsured Population 18 – 64 years old	11,720	12.5%		4,680

Population Estimates for State of Michigan

<i>Indicator: Michigan Uninsured Residents</i>	<i>Number of Individuals⁷</i>	<i>Percentage of Population⁷</i>	<i>Smoking Prevalence⁴</i>	<i>Estimated Number of Current Smokers</i>
Uninsured Population 18 – 64 years old	886,800	14.3%	39.9%	353,340

People with Disabilities

Nationally, the smoking prevalence for people with disabilities (PWD) is approximately 50% higher than for people without disabilities. There is limited information on tobacco use and exposure to secondhand smoke among PWD, but some reports do suggest the PWD are more likely to use tobacco, less likely to try to quit and are not screened and assisted as often by their health care providers for tobacco use.

There are also the concerns that many PWD may also have other chronic health conditions, such as diabetes and hypertension, which would be exacerbated by their tobacco use or secondhand smoke exposure.

Population Estimates for Jackson County Health Department

<i>Indicator: People with Disabilities</i>	<i>Number of Individuals⁸</i>	<i>Percentage of Population⁸</i>	<i>Smoking Prevalence*</i>	<i>Estimated Number of Current Smokers**</i>
Estimated people with disabilities > 5 years old	27,460	18.5%		7,220

Population Estimates for State of Michigan

<i>Indicator: People with Disabilities</i>	<i>Number of Individuals⁸</i>	<i>Percentage of Population⁸</i>	<i>Smoking Prevalence⁴</i>	<i>Estimated Number of Current Smokers</i>
Estimated people with disabilities > 5 years old	1,711,230	18.4%	26.3%	450,050

Veteran Status

Smoking and tobacco dependence treatment persists as one of the Veterans Affairs biggest public health challenges. Smoking and tobacco use has been part of the military culture for years, and although it is not encouraged, the sales of tobacco products are often subsidized for troops with much of the profits from their sales going to support recreation and family support programs.

In 2007, the Pentagon found over one in three service members currently use tobacco products, with the highest use among members of the Army and Marines. Tobacco use has steadily increased since the start of the Afghanistan and Iraq wars along with symptoms of depression and PTSD, suggesting a direct correlation between combat and tobacco use and the use of tobacco as a coping mechanism. The prevalence of smoking among veterans returning home from recent wars is similar to that of the U.S. adult population during the late 1960's.

Population Estimates for Jackson County Health Department

<i>Indicator: Veteran Status</i>	<i>Number of Individuals³</i>	<i>Percentage of Population³</i>	<i>Smoking Prevalence*</i>	<i>Estimated Number of Current Smokers**</i>
Individuals who are currently or have served in the armed forces	14,180	11.5%		2,890

Population Estimates for State of Michigan

<i>Indicator: Veteran Status</i>	<i>Number of Individuals³</i>	<i>Percentage of Population³</i>	<i>Smoking Prevalence⁴</i>	<i>Estimated Number of Current Smokers</i>
Individuals who are currently or have served in the armed forces ¹	751,240	9.9%	20.4 %	153,250

Sources:

¹ Division for Vital Records and Health Statistics, Michigan Department of Community Health, Population estimates as of July 1st for 2009

² Michigan Behavioral Risk Factor Survey, 2007 – 2009 Estimates for Chronic Health Conditions and Risk Factors by Race/Ethnicity <http://www.michigan.gov/brfs>

³ U.S. Census Bureau; 2005 – 2009 American Community Survey

⁴ Michigan Behavioral Risk Factor Survey, 2009

⁵ Michigan Behavioral Risk Factor Survey, 2007

⁶ U.S. Bureau of Labor Statistics, Unemployment data for Michigan, November 2010

⁷ U.S. Census Bureau; Small Area Health Insurance Estimates, 2007

⁸ U.S. Census Bureau; State and County QuickFacts

* Actual Smoking prevalence can not be calculated due to the sample size

** Estimated Numbers of Smokers for Local Health Department is calculated by multiplying the population estimates for the Local Health Department by the Smoking prevalence for the State of Michigan