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## BACKGROUND

- Smoking-related illness is the leading cause of death among African Americans<sup>1</sup>
- Compared to Non-Hispanic Whites, African Americans are exposed to a higher volume of pro-tobacco advertising in terms of both concentration and density<sup>2</sup>
- 90% of African American smokers smoke menthol cigarettes which have greater levels of carbon monoxide than standard cigarettes, raising the risk of lung and bronchial cancer<sup>1, 3</sup>
- Previous research with Tobacco industry documents shows that tobacco companies have specifically targeted African Americans with menthol cigarette advertising and promotions<sup>3</sup>
- According to the CDC, African Americans attempt to stop smoking at higher rates than Hispanic and White smokers, but they are less successful because they utilize fewer cessation therapies, such as counseling or medications to help them quit<sup>4</sup>
- Previous research has found minority tailored smoking cessation resources to be beneficial in helping minority smokers within a variety of ethnical sub-groups<sup>5, 6, 7</sup>

## RESEARCH GOAL

The purpose of this study was to qualitatively evaluate the need for, and availability of African American tailored smoking cessation materials and services offered by US State Quitlines and/or Quitsites.

## METHODOLOGY

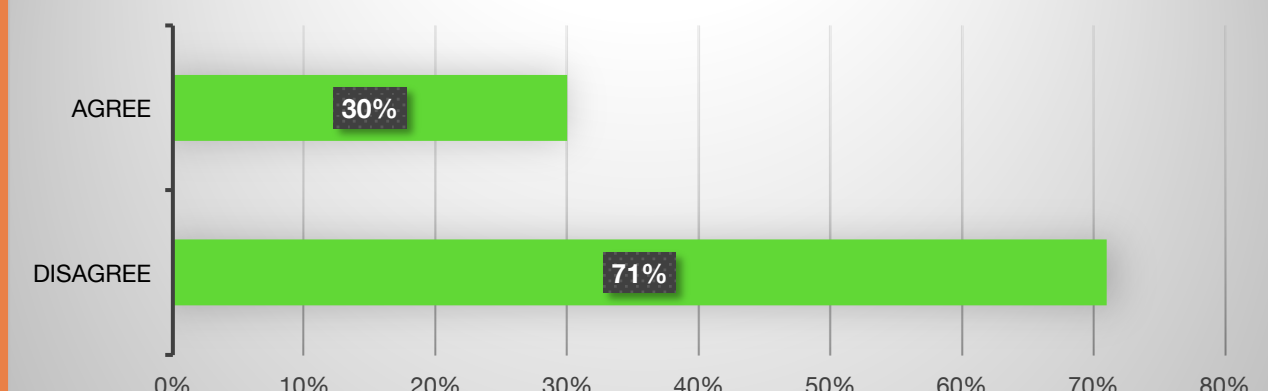
- US State Tobacco telephone Quitlines and associated "Quitsites" were identified from the North American Quitline Consortium (NAQC)
- Survey data from African American youth were analyzed from a current research study funded by the NIH and the FDA's Center for Research on Flavored Tobacco (CRoFT)
- Four semi-structured interviews were given with three current and one previous smoking cessation coaches
- Qualitative data were analyzed using open coding strategies to identify emerging themes

**TABLE 1: NAQC African American(AA) Tailored Resources Audit**

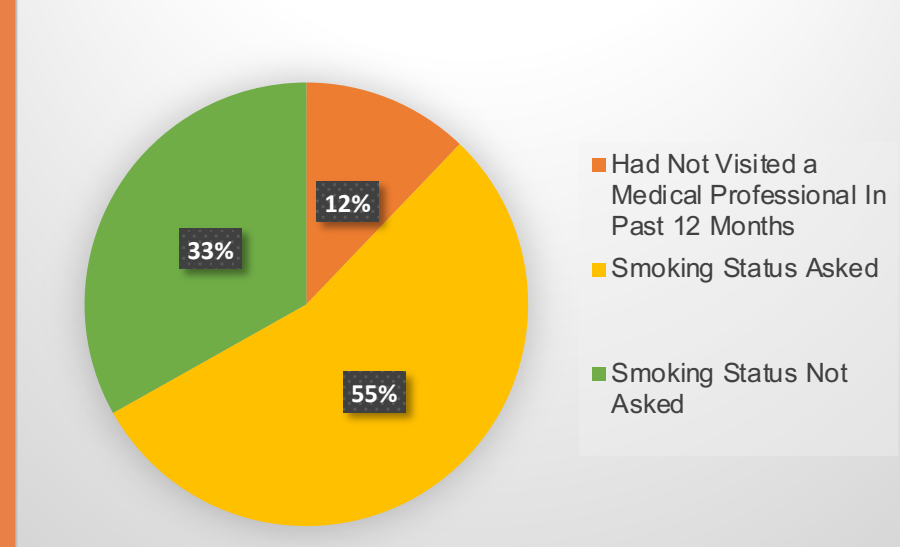
STATE	Picture of AA on Splash Page	AA Tailored Cessation Materials on Dedicated Page	AA Tailored Materials on Page With Resources	AA Tailored Materials on Home Page	Outlines Specific Smoking Risks of AA Community	Outlines Barriers to Cessation for AA community
Alabama						
Alaska						
Arizona	Colored	Colored	Colored		Colored	Colored
Arkansas						
California	Colored		Colored			
Colorado						
Connecticut						
Delaware						
District of Columbia						
Florida		Colored	Colored		Colored	Colored
Georgia						
Hawaii		Colored	Colored		Colored	Colored
Illinois						
Indiana	Colored					
Iowa		Colored	Colored		Colored	Colored
Kansas						
Kentucky		Colored	Colored		Colored	Colored
Louisiana	Colored	Colored	Colored		Colored	Colored
Maine	Colored					
Maryland						
Massachusetts						
Michigan		Colored	Colored		Colored	Colored
Minnesota						
Mississippi						
Missouri						
Montana		Colored	Colored		Colored	Colored
Nebraska		Colored	Colored		Colored	Colored
Nevada						
New Hampshire						
New Jersey	Colored					
New Mexico						
New York	Colored	Colored	Colored		Colored	Colored
North Carolina	Colored	Colored	Colored		Colored	Colored
North Dakota	Colored					
Ohio		Colored	Colored		Colored	Colored
Oklahoma						
Oregon						
Rhode Island		Colored	Colored		Colored	Colored
South Carolina						
South Dakota						
Tennessee						
Texas						
Utah	Colored					
Vermont		Colored	Colored		Colored	Colored
Virginia						
Washington						
West Virginia		Colored	Colored		Colored	Colored
Wisconsin	Colored					
Wyoming						

States not listed had broken links (n=6) States that did not have any tailored materials for AA (n=23)

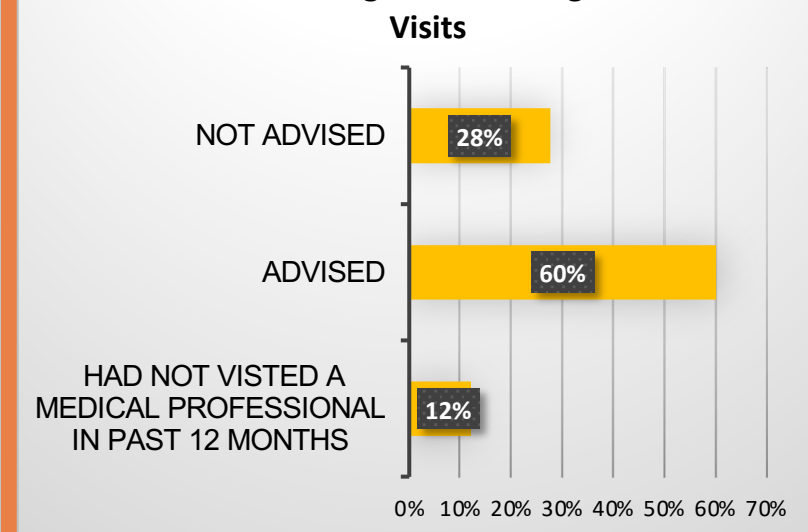
**Table 2: African Americans Responses When Asked If E-Cigarettes Help People Quit Using Cigarettes**



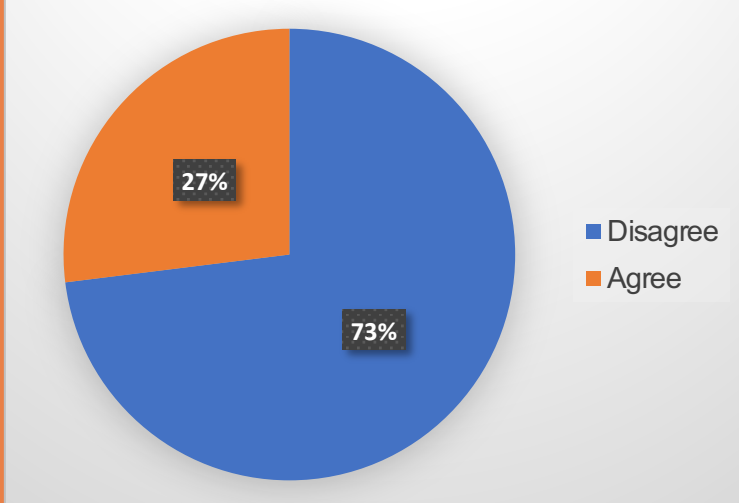
**Table 3: % of African Americans Whose Smoking Status Was Asked About During Medical Visits**



**Table 4: % of African Americans Advised Not To Use E-cigarettes During Medical Visits**



**Table 5: African Americans Responses When Asked if E-Cigarettes are Safer than Smoking**



**TABLE 6: Main Themes and Examples**

THEME	EXAMPLE
<b>No Tailored Approach:</b> Quitline Workers do not automatically change the offerings/resources recommended in their call to tailor to African American callers	- <i>"In our setting (knowing a caller is African American) it does not change procedures, self-help materials offered, or cessation recommendations."</i> - <i>"All New York State residents get the same product offered to them. That doesn't change. They get the same literature sent to them, which is basically the basics of smoking."</i>
<b>Little Tailored Resources:</b> Quitline workers are not provided with many resources tailored to African Americans	- <i>"I do not know of minority tailored vaping cessation guides at present, other than the Spanish language quit vaping guide provided by our Quitline."</i> - <i>"Because of the budget, we are sort of stumped now. We are stuck to sending you fact sheets. We are stuck to sending you a small brochure that gives you the basics."</i>
<b>Poor Motivation:</b> African Americans have trouble staying motivated with current non-tailored cessation materials	- <i>"African American clients who initiate contact with a Quitline have a certain degree of motivation to start."</i> - <i>"We found that with what we send them (African Americans), they don't gravitate towards it. They read the basics... smoking is bad for you."</i>
<b>Importance of Diverse Cessation Materials:</b> Quitline Workers believe the use of more African American tailored cessation materials would be beneficial in increasing cessation	- <i>"Tailored materials would communicate openness to cultural differences and respect for diversity. This may increase comfort with the services and possibly more engagement and quitting behavior."</i> - <i>"I believe it would be beneficial... If it has some type of information tailored for specific groups, they (African Americans) could feel like it's identifiable, I think that would be of some help."</i> - <i>(With Increased Tailored Materials) "In increasing African American smokers' likeliness to start cessation, Yes, I think it will."</i>
<b>Barriers to Cessation:</b> African Americans have specific racial/ethnic cessation barriers especially with the targeting of Big Tobacco advertising in their communities	- <i>"They are (African Americans) obviously being targeted, especially by Big Tobacco."</i> - <i>"The important thing is to know they're not alone; this isn't their fault; they are the target population."</i> - <i>"You start that out young and you started out because Big Tobacco targeted you."</i>

## RESULTS

- The Following are Data For All Functioning NAQC and African American (AA) materials
- 73% of States **did not have** a picture of AA on splash page
  - 85% of States **did not have** AA tailored cessation materials on a dedicated page
  - 63% of States **did not have** AA tailored cessation materials on a page with resources
  - 100% of States **did not have** AA tailored cessation materials on the home page
  - 65% of States **did not outline** the specific smoking risks for AA community and cessation barriers

## DISCUSSION

The hypothesis/supposition within this evaluation was further supported by the data. The three sources of triangulated data composing of current research survey data, an observational audit of NAQC websites, and a qualitative analysis of quit coach interviews establish both a need for and increased availability of African-American tailored resources/materials for tobacco cessation. For the purpose of eliminating disparities in African American tailored resources, **future studies** should continue exploring these and other data sources to examine for inequities, while also analyzing the best type of African American tailored resources/materials for better health outcomes.

## REFERENCES

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