Objective 1: Reduce disparities related to commercial tobacco use

End Tobacco-related Health Disparities

California has made remarkable progress in reducing the overall rate of tobacco use, but alarming **disparities based on demographic, socioeconomic, and geographic differences** remain. Many communities still suffer from higher than average tobacco use, higher rates of tobacco-related death and disease, and poor access to treatment. To **advance health equity** and make sure everyone has an opportunity to be as healthy as possible, it is critical to focus on these "**priority populations**" and adopt a **systematic approach** to identifying and **reducing health disparities**.

California Department Of Public Health

Key Concepts: Priority Populations

Priority populations are groups of people who have **higher rates of tobacco use** and **tobacco-related disease and death** than the general population, often as a result of **predatory tobacco industry marketing** as well as deeper **social inequalities** such as racial discrimination, homophobia, and other forms of bias and exclusion. Priority populations often experience greater **secondhand smoke exposure** at work and at home, **poor access to treatment**, and other barriers to good health. Priority populations include, but are not limited to:

- People of color
- LGBTQ individuals and communities
- Active-duty military personnel and veterans
- Residents of rural communities
- People of lower socioeconomic status
- People with behavioral health and/or substance abuse issues
- School-age youth

Strategies

Focus on Promoting Health Equity

Communities that suffer the most harm from tobacco-related disease and death should be given the most attention and resources. To make this happen:

Prioritize funding for programs and activities that address priority populations, recognizing how factors such as racism, homophobia, and other patterns of bias and exclusion contribute to tobacco-related health disparities

Develop, implement and evaluate programs to reduce disparities and promote health equity, emphasizing culturally relevant activities that recognize the unique characteristics of each community

Make sure that communities served are included in planning and implementing tobacco control activities, starting with the determination of needs used in drafting requests for applications (RFAs)

Support Bans on Menthol and Flavored Product Sales

Flavored tobacco products are enticing to young people and have been used at disproportionately high rates by African Americans, Latinos, Pacific Islanders, and LGBTQ people:

Encourage and empower local jurisdictions to adopt strong flavored tobacco policies

Make sure retailers are in compliance with existing laws

Close loopholes that have allowed the sale of products like flavored hookah tobacco

Make Sure Policy Enforcement Doesn't Make Matters Worse

Watch out for unintended negative consequences of policy enforcement that adversely impact priority populations:

Specify how policies will be enforced, with an emphasis on education and social norm change rather than fines and penalties

Reserve fines and other punishments for "upstream" violators such as advertisers who use illegal tactics or retailers who repeatedly sell to underage customers

Avoid possession, use, and purchase (PUP) laws that punish youth for violating tobacco-related age restrictions

Prioritize Research on Tobacco Disparities

Social justice demands that we give the highest priority to groups and populations that have received the least benefit from the progress in tobacco control to date. Tobacco research should:

Identify who is suffering most from tobacco-related health disparities, and recognize how they may share demographic, socioeconomic, geographic and other characteristics

Expose underlying factors and systems that create and sustain health disparities, including minority stress, industry targeting and community norms