March 12, 2009

John Ruffin, Ph.D.
Director
National Center on Minority Health and Health Disparities
National Institutes of Health
Mail stop 5465
Bethesda MD 20892-5465

Dear Dr. Ruffin,

We would like to take this opportunity to commend the National Center on Minority Health and Health Disparities for its leadership in promoting research for priority populations. We would like to share our concerns about the continuing tobacco disparity issues and the opportunity for the National Networks Consortium to expand its efforts with additional resources that may be made available through the Stimulus Bill.

We represent an alliance of six currently-funded CDC National Disparity Networks. In this role we have worked vigorously to reduce tobacco disparities in populations that are at highest risk for tobacco-related diseases and mortality. These priority populations include our respective communities of color (African Americans, American Indians and Alaskan Natives, Asian Americans, Native Hawaiians and Pacific Islanders, and Hispanics/Latinos), lesbian, gay, bisexual, and transgender (LGBT) communities and low socioeconomic status (SES) communities. We believe that the National Networks Consortium has been a critical program for addressing tobacco control within our respective communities by developing community-based interventions that can be replicated as promising practices.

The CDC Office on Smoking and Health has been a leader in funding capacity and infrastructure building efforts in our communities through the National Networks Consortium. As a result, the current and previous National Networks have been successfully achieved the following:

- Built community capacity and infrastructure through innovative leadership development programs and effective technical assistance and training
- Eliminated or countered tobacco industry sponsorship and forms of targeting
- Developed community competent and community-based interventions tailored for priority populations where tobacco control resources have been historically lacking
- Established protocols for data collection and analyses that include disaggregation of data
- Implemented tobacco control policy change within our communities

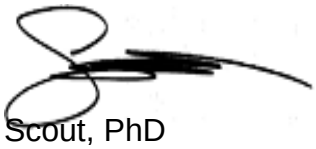
And as part of increased involvement of a combined 2500 network membership which reaches 50 million people in our communities, we are better equipped to respond to tobacco and other health disparities. The National Networks Consortium on Tobacco Control for Priority Populations can be a tremendous resource in helping to addressing other health disparities and health access issues in our communities.

Again, we would like to express our appreciation to the NCMHD for its strong history of advancing health disparity research across the country. We greatly appreciate the opportunity to dialogue with you on the importance of addressing high priority needs for health disparity research. We look forward to working together to achieve parity for all. Thank you for your consideration.

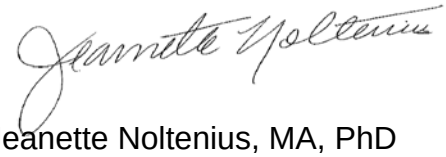
Sincerely,

Lisa Kerfoot, MPH
Program Manager
National Native Commercial Tobacco Abuse Prevention Network

Rod Lew, MPH
Executive Director
APPEAL

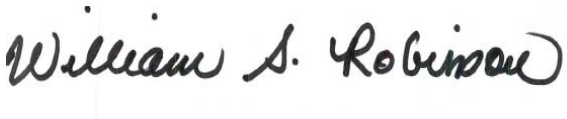


Scout, PhD
Project Director
National LGBT Tobacco Control Network



Jeanette Noltenius, MA, PhD
National Coordinator
National Latino Tobacco Control Network

Janet Porter, MPH
Program Director
Break Free Alliance
Health Education Council



William S. Robinson, MA
Executive Director
NAATPN

Joint Statement of the National Networks Consortium for Priority Populations and Tobacco Control

The Problem

Concerted efforts by tobacco control partners and policy changes at the local, state and federal level in the past 10 years have reduced tobacco use rates in the United States. Unfortunately those gains have not significantly lowered rates in specific priority populations (communities of color, LGBT (lesbian, gay, bisexual, transgender)) communities and those with low SES (socioeconomic status).

According to the most recent data, smoking prevalence is highest for LGBTs while American Indians and Alaska Natives (AI/AN) adults have one of the highest smoking prevalence among ethnic/racial groups. When data is disaggregated, Native Hawaiians, Pacific Islanders and Southeast Asian men have very high tobacco prevalence as well. African Americans face a greater burden from lung cancer and other cancers than other groups. Latino and Asian immigrants have high exposure to secondhand smoke. Smoking prevalence is higher among low SES for all groups. And it is estimated that approximately 80% of people experiencing homelessness, 95% of the incarcerated, and 90% of substance abusers are tobacco users – compared to a 20% tobacco use prevalence rate among the U.S. population as a whole.

Data collection on tobacco use disaggregated by subpopulation and LGBT status is still poor, masking the problem of tobacco use even further and limiting effective solutions for these communities.

According to the US Census Bureau (2000) the US population grew by 13 percent over the last decade, and racial and ethnic minorities now comprise 34 percent of the nation. By 2030 the US Census predicts that 40% of the population will be non-white (2004). Already in 300 counties the majority of the people are members of minorities. The numbers of children and young adults from communities of color and from poor families continue to rise.

The current economic crisis facing the country is further aggravating the plight of those in poverty as the numbers of unemployed and underemployed continue to rise. Those living in poverty, marginalized in minority urban ethnic or LGBT communities and living in AI/AN communities, suffer disproportionately from tobacco-related morbidity and mortality. In the coming years it is likely that we will see tobacco use rising again unless concerted and targeted efforts in priority populations are not made. Budget cutbacks in states and foundations on community health, infrastructure and tobacco control will weaken efforts to build infrastructure and effectively address tobacco disparities.

Communities of color, LGBT and low SES communities are less likely to have access to health insurance or access to health care services. They are also less likely to have access

to culturally and linguistically appropriate tobacco cessation programs. In many states, workers (especially in the hospitality, construction and rural employment settings) are still not protected by comprehensive smoke free laws.

The tobacco industry continues to target priority populations with their tobacco products by tailoring their marketing strategies and developing new products (especially mentholated and flavored tobacco products). Effective community-based countermarketing interventions will be needed to resist the barrage of industry marketing targeting priority populations.

The Solution

The CDC Office on Smoking and Health has funded the National Networks on Tobacco Control for Priority Populations since 2001 with many significant accomplishments. The following six currently-funded CDC National Networks have significant experience in mobilizing communities to address tobacco and other health disparities and in providing critical technical assistance to state health departments and local and national partners.

APPEAL PROMISE Network
Break Free Alliance
National African American Tobacco Prevention Network
National Latino Tobacco Control Network
National LGBT Tobacco Control Network
National Native Commercial Tobacco Abuse Prevention Network

These six networks, known collectively as the National Networks Consortium, have discussed creative ways to address the crisis we are facing in tobacco control and how best to support efforts to reduce tobacco use among adults and youth. The National Networks Consortium has identified the following three major priorities:

1) to establish closer collaboration among the Networks, the State tobacco control programs, CDC and its national and state partners;
2) to engage with CDC/NIH and the States to be active participants and support the implementation of the priorities in the Stimulus Package in order to reduce smoking prevalence in priority populations; and
3) to assist CDC, NIH, HRSA, IHA, the States and other relevant Federal Agencies in improving data collection for priority populations (e.g. accurate surveillance and gathering best practices).

The National Networks Consortium is requesting expanded funding to the national networks to address many of the key areas below:

I. Support efforts to improve research and data collection for Priority Populations

Surveillance Priorities

- Oversample American Indian, Asian, Native Hawaiian, Pacific Islanders, African, Caribbean (including Puerto Rican), Mexican American, Central American and South American (including Brazilians) subgroups.
- Add LGBT data collection in all survey instruments used to monitor Healthy People 2010/2020 impact, such as NHIS and state BRFSS core questions
- Assure that the American Indian and Alaskan Native (AI/AN) ATS is implemented fully in all AI/AN communities, both in reservations, community service areas and in urban settings. Provide funding directly to Tribal communities and Tribal Support Centers to implement the AI/AN ATS.

Research Priorities

- Provide funding on community-based participatory research (CBPR) on tobacco cessation and other tobacco disparities priorities. Provide linkages with NIH (NCI) to engage in CBPR.
- Provide resources to develop and evaluate community-based interventions that can serve as models for best practices for priority populations.
- Provide funds for research and evaluation in Community Health Care settings that serve primarily communities of color, American Indians, Medicaid/Medicare recipients, the uninsured and under-insured, Migrant Health Centers and other health care providers.

II. Increase Funding for the Workforce development on tobacco prevention, control and cessation and integration into chronic disease efforts.

Top Priorities

- Increase funding for the National Networks so that they can adequately provide community competent technical assistance, training, and materials to meet current demand with state departments of health.
- Increase funding for the National Networks, so that they can provide mini-grants to local and regional programs for priority populations to address tobacco issues comprehensively (including tailored cessation) and to institutionalize tobacco control measures into other health programs.
- Provide adequate funds for National Networks to develop effective countermarketing and media communication programs and to monitor industry products and tactics in priority populations.

Other Priorities

- Develop state-of-the art programs tailored for priority populations (ex. Blacks and role of menthol)

- Expand the community-based "complementary" cessation outreach and training that the community organizations provide to better coordinate efforts with the quitlines.
- Increase funding for access to NRTs, and other cessation classes in priority populations. Assure that all state Medicaid programs and IHS services provide NRTs and that those are available for at least 6 weeks of treatment.
- Strengthen the community health infrastructure so that priority populations can better integrate tobacco into other chronic disease management.

III. Increase Funding in Leadership and Capacity Building in Priority Populations

Top Priorities

- Provide funding for community leadership development to build capacity of priority population communities and of emerging and established advocates to implement tobacco control prevention and policy change (e.g. Clean Indoor Air, implementation of FDA authority, illegal marketing, smoke free apartments).
- Provide funding directly to tribes and tribal support centers to address commercial tobacco abuse prevention and control priorities for the Tribes. Tribal communities need control to determine and address priorities and proper funding to support effective tobacco program infrastructure.

Conclusion

The National Networks are ready, able and very interested in playing a stronger role in supporting NIH, CDC, and the states as they address the challenges posed by this current economic crisis and its impact on priority populations. We want to assist in assuring that a critical infrastructure and workforce is in place to address the potential growth of tobacco disparities in priority populations in order to save lives, save health care costs and achieve healthier environments. The National Networks can reach those "hard to reach" in our communities and build upon the sustainable relationships that have been developed with our communities over the past several years. Enhanced funding to the existing cooperative agreements will allow disbursement of new stimulus funds and other funding streams in an efficient and effective manner thereby helping to address HP2010 objectives and achieving health for all.