…Changing the way health care professionals help their patients quit smoking.

Understanding Disparities in Tobacco Treatment for Latinos with Medi-Cal

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TRDRP Smoking Cessation Day

Tobacco is a Health Equity Issue

African American/Black

There are up to 10 times more tobacco ads in **African American/Black** neighborhoods than in others.

American Indian

The tobacco industry appropriates **American Indian** cultures in marketing, using valued traditions to promote tobacco use.

Hispanic/Latino

Big Tobacco gave $75,000 to the **Hispanic American** Chamber of Commerce to mail 92,000 letters urging businesses to protest tobacco tax increases.

Asian/Pacific Islander

A Tobacco executive stated that **Asian American** populations would be a profitable target due to “this community being generally predisposed toward smoking.”

Low-income

Big Tobacco targeted children living **in low-income** housing projects by handing our free packs of cigarettes in the 50s.

LGBTQ

In 1995, a tobacco company created a targeted marketing plan for **Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ) communities** called “Project SCUM”.

People with Mental Challenges

Big Tobacco promoted cigarettes as a medicinal substance in **behavioral** health treatment facilities.

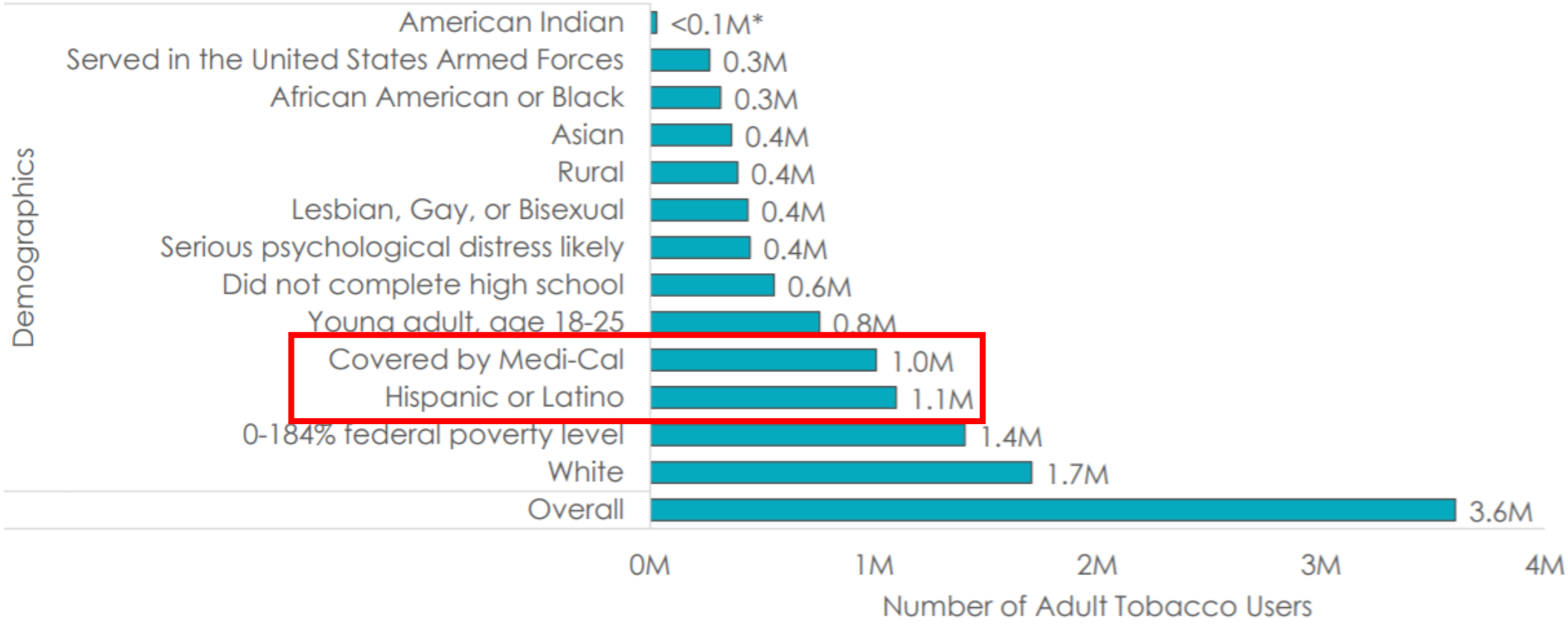
Rural Communities

Big Tobacco warps rural masculine ideals by depicting rugged images of cowboys, hunters, and racecar drivers in their advertising, making people living in **rural communities** some of Big Tobacco’s best customers.

Source: https://tobaccofreeca.com/story-of-inequity/

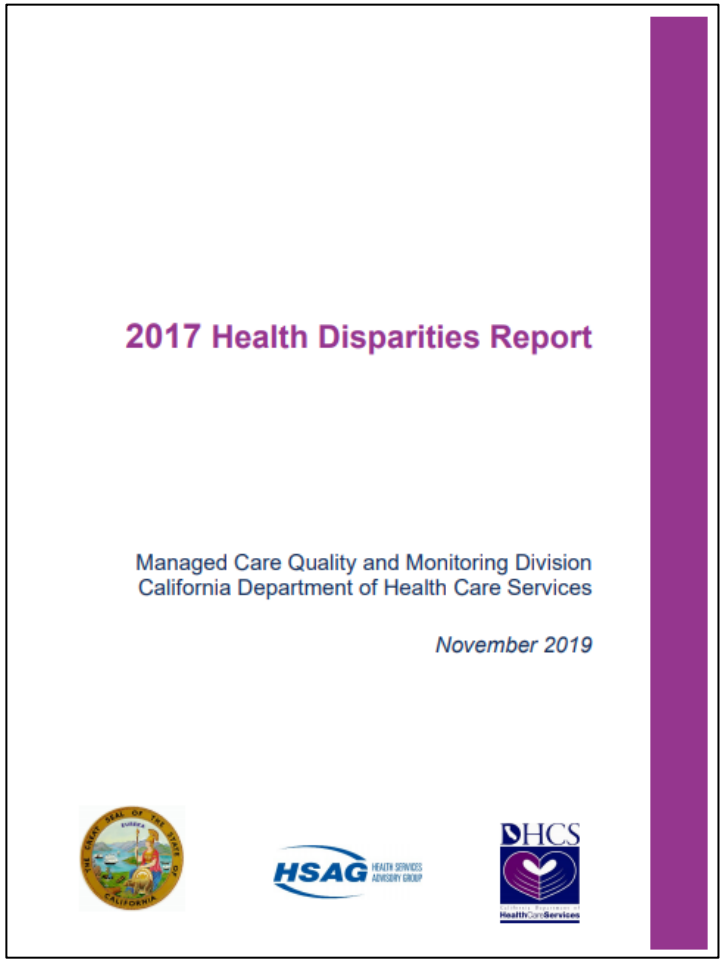
Medi-Cal Covers 1M California Tobacco Users

Figure 22. Number of adults aged ≥18 years who reported current tobacco use—California Health Interview Survey, 2019



https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CTCB/Pages/FactSheetsAndReports.aspx

DHCS Report: Tobacco Treatment Disparities



Tobacco Cessation Use (TCU)

Source: https://www.dhcs.ca.gov/Documents/CA2017-18-Health-Disparities-Report.pdf

JAMA Network Open™

Original Investigation | Diversity, Equity, and Inclusion January 19, 2022

Factors Associated With Receipt of Smoking Cessation Advice and Assistance by Health Professionals Among Latino and Non-Latino White Smokers With Medicaid Insurance in California

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UC Davis tobacco researcher Cindy Valencia.

Funding: TRDRP Community Practice–Based Implementation Research Award 28CP-0039
https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2788216

Background

- Nationally, Latino smokers are less likely than Non-Latino (NL) white smokers to receive provider advice to quit and assistance for cessation.

- California expanded its Medicaid program and applied the Affordable Care Act's (ACA) comprehensive tobacco cessation benefits.
  - It is not known if expanded coverage has helped resolve this disparity in California.

- Latinos most likely racial/ethnic group to be light and nondaily smokers

Objective

To examine the association between race/ethnicity (Latino and NL white) and provider cessation advice and assistance among smokers with Medi-Cal in the post-ACA period

Question: What are underlying factors for the disparities?

- Health care access
- Acculturation
- Smoking intensity

Methods

Data source: Cross-sectional study of publicly available data from the 2014 and 2016-2018 California Health Interview Survey (CHIS).

Primary Outcome: Self-reported receipt of:

1) provider advice to quit smoking
2) provider assistance with referral or cessation program information.

Primary Exposure: Race/ethnicity (Latino, Non-Latino White)

Methods

Inclusion Criteria (n=1861)	Covariates
Having Medi-Cal, 18-64 years old	**Demographics** (age, gender, education, race/ethnicity)
Currently smoking cigarettes	**Smoking behavior** (daily/non-daily smoking, stopped smoking in past year 1 day+, thinking about quitting in next 6 months)
Identifying as Latino or Non-Latino White	**Acculturation** (U.S./foreign born, English language proficiency)
Having at least one provider visit in past 12 months	**Healthcare factors** (# of office visits, self-reported chronic disease, and experiencing psychological distress)

Analysis

Calculated Chi-square tests for associations between race/ethnicity and each covariate.

Used multivariable logistic regression models to assess the association between race/ethnicity (Latino, Non-Latino White) and provider advice and assistance.

Odds ratio reported for each predictor to express strength of association with the two outcomes: provider advice and provider assistance.

RESULTS:

Latino and NL White smokers with Medi-Cal

Saw a provider past year:
75% Latino vs. 81% NLW

45% Latino
54% 40+ yo
46% women
60% ≤ high school

Latinos more likely to have:
- Nondaily smoking
- Fewer office visits
- No chronic disease
- Limited English
- Foreign-born

Table 1. Characteristics of Latino and Non-Latino White Smokers With California Medicaid, California Health Interview Survey, 2014 and 2016-2018[a]

Characteristic	No. (weighted %)			*P* value[b]
	Total	Latino	Non-Latino White	
Overall	1861 (100)	557 (44.8)	1304 (55.2)	.65
Demographic characteristics				
Age, y				
18-29	273 (22.5)	114 (26.2)	159 (19.4)	.18
30-39	320 (23.7)	106 (26.1)	214 (21.7)	
40-49	325 (18.9)	106 (19.9)	219 (18.2)	
50-64	943 (34.9)	231 (27.8)	712 (40.7)	
Sex				
Women	981 (45.9)	250 (40.9)	731 (50.0)	.33
Men	880 (54.1)	307 (59.1)	573 (50.0)	
Education				
≤High school	1045 (59.9)	378 (67.7)	667 (53.6)	.04
Any post-high school education	816 (40.1)	179 (32.3)	637 (46.4)	
Smoking behavior				
Daily	1310 (65.1)	314 (54.2)	996 (74.0)	.002
Stopped smoking 1 d or longer to quit in the past year	1098 (59.4)	355 (62.3)	743 (57.0)	.39
Thinking about quitting smoking in next 6 mo	1358 (73.0)	410 (71.6)	948 (74.0)	.65
Health care				
≥5 Office visits to physician in past year	905 (40.4)	213 (28.1)	692 (50.4)	<.001
≥1 Chronic disease	1049 (49.3)	290 (41.1)	759 (55.9)	.03
Experienced psychological distress[c]	578 (29.3)	143 (22.7)	435 (34.7)	.008
Acculturation				
English-language proficiency[d]	1727 (88.4)	428 (74.9)	1299 (99.4)	<.001
Born in the US	1610 (78.4)	365 (62.6)	1245 (91.3)	<.001

RESULTS:

Latino less likely than NL White smokers with Medi-Cal to report receiving:

- provider advice
- provider assistance

Table 2. Advice or Assistance from Health Professionals Among Latino and Non-Latino White Smokers With California Medicaid, California Health Interview Survey, 2014 and 2016-2018[a]

Variable	Advice, No. (weighted %)	*P* value[b]	Assistance, No. (weighted %)	*P* value[b]
Overall, No. (weighted %)	1861 (47.7)		1861 (29.5)	
Survey year				
2014	191 (42.1)	.60	118 (43.2)	.15
2016	314 (45.1)		147 (23.1)	
2017	278 (51.0)		157 (30.4)	
2018	310 (51.0)		172 (25.4)	
Demographic characteristics				
Race and ethnicity				
Latino	273 (38.3)	.01	138 (21.8)	.054
Non-Latino White	820 (55.3)		456 (35.7)	

RESULTS:

Provider Advice

Adjusted model:

Race was no longer significant

Significant factors: More office visits & chronic disease

Table 3. Multivariable Logistic Regression of Factors Associated With Advice from Health Professionals to Quit by Smoker Characteristics, California Health Interview Survey, 2014 and 2016-2018

Variable	Unadjusted, OR (95% CI) (N = 1861)	*P* value	Adjusted, OR (95% CI) (n = 1857)	*P* value
Race				
Latino	0.50 (0.29-0.86)	.01	0.71 (0.37-1.38)	.31
Non-Latino White	1 [Reference]		1 [Reference]	
Smoking intensity				
Daily	NA	NA	1.83 (0.95-3.53)	.07
Nondaily	NA	NA	1 [Reference]	
No. of visits				
1-4	NA	NA	1 [Reference]	<.001
≥5	NA	NA	2.44 (1.61-3.70)	
Chronic disease				
No	NA	NA	1 [Reference]	.01
≥1	NA	NA	1.99 (1.15-3.43)	
English-language proficiency				
Speaks well/very well	NA	NA	0.60 (0.17-2.15)	.44
Does not speak well/at all	NA	NA	1 [Reference]	
Born in the US				
Yes	NA	NA	0.83 (0.27-2.53)	.74
No	NA	NA	1 [Reference]	

RESULTS:

Provider Assistance

Adjusted model:

Race was no longer significant.

Daily smokers more likely to receive assistance.

Table 4. Multivariable Logistic Regression of Factors Associated With Assistance from Health Professionals by Smoker Characteristic, California Health Interview Survey, 2014 and 2016-2018

Variable	Unadjusted, OR (95% CI) (N = 1861)	*P* value	Adjusted, OR (95% CI) (n = 1857)	*P* value
Race				
Latino	0.50 (0.25-1.00)	.051	0.61 (0.27-1.38)	.23
Non-Latino White	1 [Reference]		1 [Reference]	
Smoking intensity				
Daily	NA	NA	2.29 (1.03-5.13)	.04
Nondaily	NA	NA	1 [Reference]	
No. of visits				
1-4	NA	NA	1 [Reference]	.06
≥5	NA	NA	1.71 (0.99-2.96)	
English-language proficiency				
Speaks well/very well	NA	NA	0.70 (0.11-4.62)	.71
Does not speak well/at all	NA	NA	1 [Reference]	
Born in the US				
Yes	NA	NA	1.18 (0.33-4.24)	.80
No	NA	NA	1 [Reference]	

Summary

California Latino smokers with Medi-Cal continue to report less provider advice and assistance to quit than Non-Latino White counterparts.

Factors associated with provider advice

- Having a chronic disease
- More office visits (≥ 5 visits)

Factor associated with provider assistance:

- Daily smoking

Limitations: Self-report, cross-sectional, no cessation

Proactive Outreach Outside of the Clinic Encounter

State quitline (Kick It California):

- 19.5% callers are Latino
- 34.2% CA smokers are Latino

Medi-Cal household mailing promoting quitline and free nicotine patch (Vijayaraghavan et al. AJPM 2018)

- 30.6% Spanish-speaking Latino callers
- 18.2% Non-Latino White callers

LADHS – proactive outreach study

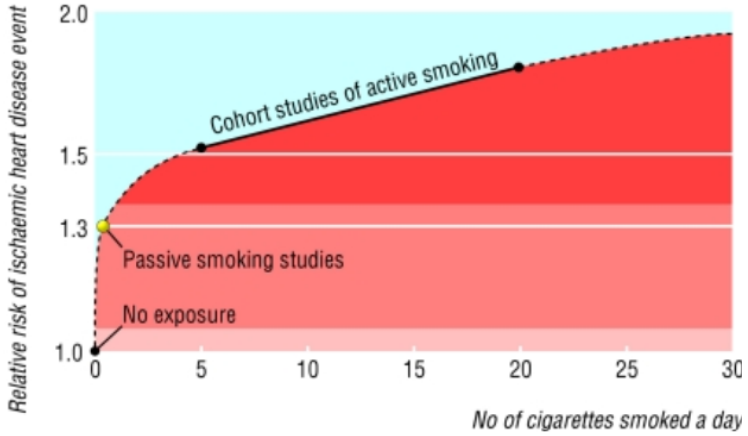
Community-based engagement

Low Smoking Level: High Cardiovascular Risk

Low cigarette consumption and risk of coronary heart disease and stroke: meta-analysis of 141 cohort studies in 55 study reports

BMJ 2018 ; 360 doi: https://doi.org/10.1136/bmj.j5855 (Published 24 January 2018)

Conclusions Smoking only about one cigarette per day carries a risk of developing coronary heart disease and stroke much greater than expected: around half that for people who smoke 20 per day. No safe level of smoking exists for cardiovascular disease. Smokers should aim to quit instead of cutting down to significantly reduce their risk of these two common major disorders.



Curvilinear dose-response curve for cardiovascular risk:

- maximal effect at low doses with acute mechanisms (platelet aggregation, endothelial dysfunction)
- linear effects with high doses with chronic mechanisms (lipids and atherosclerosis)

Pechacek TF, Babb S. How acute and reversible are the cardiovascular risks of secondhand smoke? BMJ. 2004 Apr 24;328(7446):980-3. doi: 10.1136/bmj.328.7446.980.

Medi-Cal Quality Incentive Pool (QIP) Program:

Opportunity for tobacco treatment as an “Improving Health Equity” measure with Public Hospital Clinics like LADHS

Improving Health Equity Measures Summary Table
Q-IHE1: *Improving Health Equity (Pg. 335)
Measure Description: The QIP Entity’s performance on an Eligible Equity Measure for a specific Priority Population. For PY4, all entities reporting on Q-IHE1 must use Q-CDC-H9 Diabetes Poor Control as the Equity Measure and both the Black/African American and Hispanic/Latino populations as the Priority Populations.
Q-IHE2: Improving Health Equity (Pg. 335)
Measure Description: The QIP Entity’s performance on an Eligible Equity Measure for a specific Priority Population.