



for Tobacco & Cancer Control

from NATIONAL COUNCIL FOR MENTAL WELLBEING

Using an Intersectional Framework to Address Tobacco Use Disparities

Wednesday, September 27, 2023 | 1:30-2:30 PM ET

Welcome from the NBHN team!



Taslim van Hattum, LCSW, MPH
Senior Director
Practice Improvement



Jasmine Feng
Project Coordinator,
Practice Improvement



Coyle ShropshireProject Coordinator,
Practice Improvement



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Housekeeping



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National Behavioral Health Network for **Tobacco & Cancer Control**

- Jointly funded by CDC's Office on Smoking & Health & Division of Cancer Prevention & Control
- Provides resources and tools to help organizations reduce tobacco use and cancer among individuals experiencing mental health and substance use challenges
- 1 of 8 CDC National Networks to eliminate cancer and tobacco disparities in priority populations

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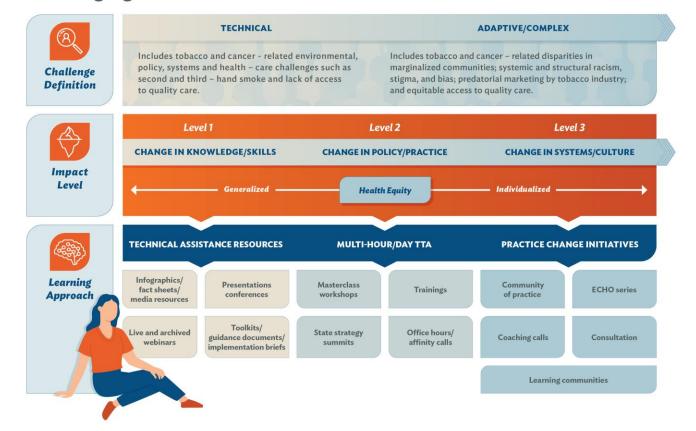


National Behavioral Health Network for Tobacco & Cancer Control



MENTAL WELLBEING

Learning Agenda





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NBHN's learning agenda is designed to advance health equity by...

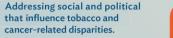




Reducing tobacco and cancerrelated disparities among individuals with mental health and substance use challenges.



Improving the availability, accessibility and effectiveness for cessation and counseling services.





Implementing trauma-informed resilience oriented prevention and cessation messaging.



Strengthening, supporting and mobilizing communities and partnerships in tobacco control, cancer control and behavioral health.



Building a diverse and skilled tobacco control, cancer control and behavioral health workforce.



Building, championing, and implementing tobacco-free policies, plans and laws.



Promoting the improvement, access, and utilization of tobacco, cancer and behavioral health data.



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A Note on Language & Terminology

- **Mental wellbeing:** thriving regardless of a mental health or substance use challenge.
- Commercial tobacco use/tobacco use: The use of commercial tobacco and nicotine products (including electronic nicotine devices, otherwise known as ENDs).*
- *All references to smoking and tobacco use are referring to commercial tobacco and not the sacred and traditional use of tobacco by some American Indian and Alaskan Native communities.



Learning Objectives

By joining this webinar, attendees will:

- Understand intersectionality and its use as a framework in addressing health disparities.
- Apply an intersectional lens to understand tobacco use disparities.
- Identify strategies that leverage intersectionality to reduce tobacco use burdens and address tobacco cessation inequities.





Today's Featured Speakers



Taslim van Hattum, MPH, MSW
Senior Director
National Behavioral Health
Network



Kimberly Caldwell, MSPH
Tobacco Program Manager
Center for Black Health and
Equity



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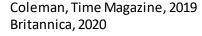


A Brief History of Intersectionality

- Originally derived from feminist movements
- In the 1970s, black feminist scholars developed theoretical frameworks that explained overlapping systems that define a women's life
- Kimberlé Crenshaw coined the term in 1989
- Oxford English Dictionary and Merriam-Webster published definitions in 2015 and 207 respectably



Picture sourced from: Time Magazine, 2019

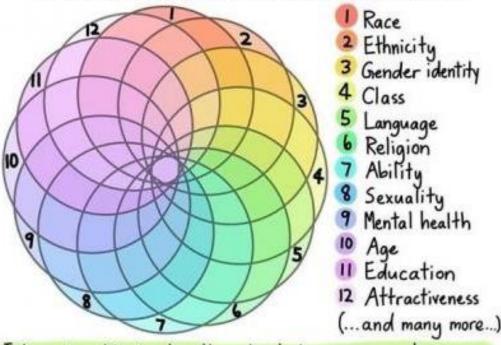




How do we define intersectionality?

Intersectionality is the interaction between gender, sexual orientation, race, and other social identities in individual lives, social practices, institutional arrangements, and cultural ideologies and the outcome of these interactions in terms of power (Davis, 2008).

INTERSECTIONALITY



Intersectionality is a lens through which you can see where power comes and collides, where it locks and intersects. It is the acknowledgement that everyone has their own unique experiences of discrimination and privilege.

- Kimberlé Crenshaw -

What is power?

Intersections occur within a context of connected systems and structures of power e.g., policies, governments, institutions, media.

- The ability to exercise one's will over others. Power occurs when some individuals or groups wield a greater advantage over others, thereby allowing them greater access to and control over resources. Wealth, whiteness, citizenship, patriarchy, heterosexism, and education are a few key social mechanisms through which power operates. (National Association of Counties, 2019)
- Access to resources and to decision-makers as well as the ability to influence others and to define reality for yourself and potentially others (OpenSource Leadership Strategies, n.d.)

"Intersectionality is a lens through which you can see where power comes and collides, where it interlocks and intersects" - Kimberlé Crenshaw

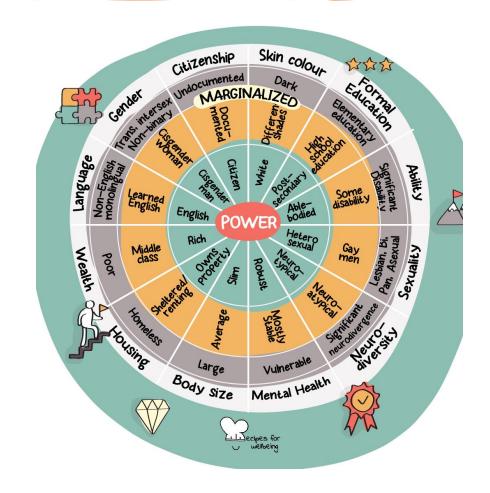
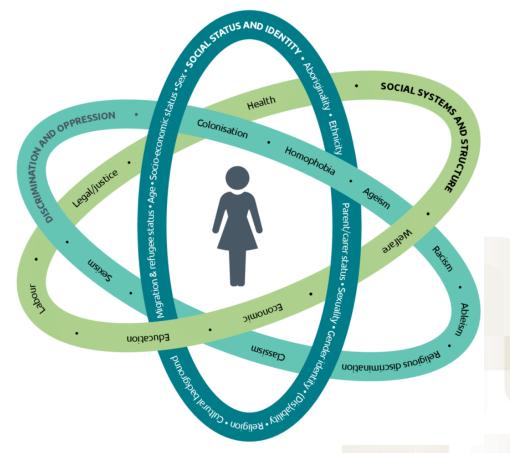


Image source: Recipes for wellbeing

Privilege versus Oppression

- Privilege exists when one group has something of value that is denied to others simply because of group membership and not based on what a person or group has done or failed to do (Johnson, 2006).
- Oppression is the combination of prejudice and institutional power that creates a system that discriminates against some groups (often called "target groups") and benefits other groups (often called "dominant groups"). Examples of these systems are racism, sexism, heterosexism, ableism, classism, ageism, and anti-Semitism. These systems enable dominant groups to exert control over target groups by limiting their rights, freedom, and access to basic resources such as health care, education, employment, and housing. (Leaven, 2003).
- Intersectionality described the overlapping of oppressed groups to cause hardship and heightened struggles. In the context of health care, oppression leads to health disparities.



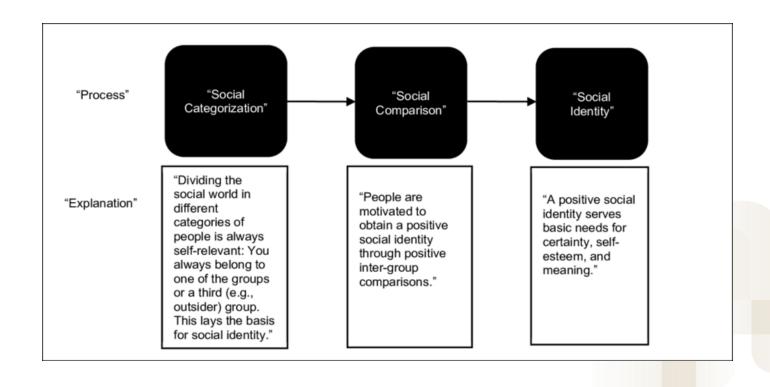


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Social Identities

- Social identity is a person's sense of who they are based on their group membership
- Social identity theory was developed to explain how individuals create and define their place in society
- Three psychological processes are central for this theory which include social categorization, social comparison, and social identification
- Social comparison leads to disparate values associated with different identities leading to privileged and oppressed identities







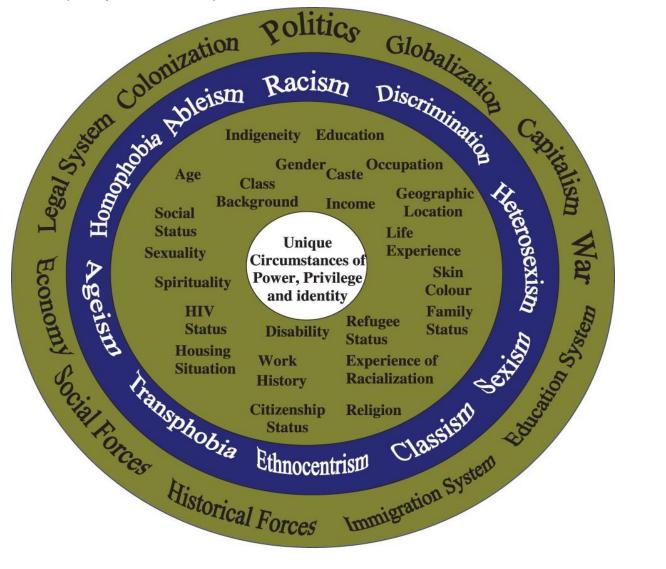
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Image source: Dedominicis, Ben. (2021). THE COMMON AGRICULTURAL POLICY OF THE EUROPEAN UNION AND BULGARIA: CRITIQUING THE NEW YORK TIMES 2019 EXPOSÉ OF CORRUPTION IN THE COMMON AGRICULTURAL POLICY. 14. 35-61.



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Figure 1 Intersectionality wheel (Simpson, 2009).





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Intersectionality Is Not Just Identity



https://www.youtube.com/watch?v=uPtz8TiATJY



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Whether we want to or not, we all experience privilege, oppression, social advantage and social disadvantage.

We can belong to multiple identities that can be privileged or oppressed. They are not mutually exclusive.





Grounding in intersectionality and health disparities related to tobacco use – how are the two related?

Why is intersectionality important?

Identifying context and attributes of risk/behavior

Multiple social disadvantages, advantages, and identities contribute to smoking disparities yet most research and practice on smoking cessation inequities has focused on a single sociodemographic attribute (e.g., race or socioeconomic status).

Forming just policies and eliminating unjust ones

Intersectionality suggests discriminatory practices within society, such as racism, classism, sexism, homophobia, and transphobia, do not act independently of one another; rather they interrelate, creating interconnecting systems of oppression and discrimination.

Improving health care practice

Current health care practices may overlook the many racial, socioeconomic issues, sexual, and gender identity concerns that overlap.

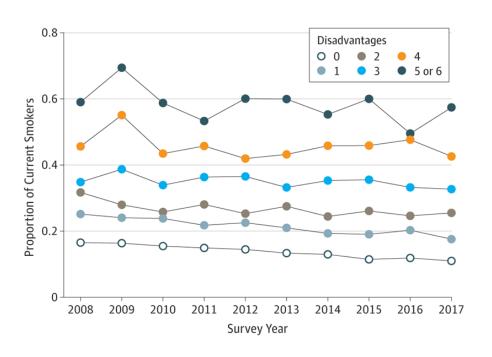




Examining Risk:

Poverty, other disadvantages tied to higher smoking risk

Source: Association of Cumulative Socioeconomic and Health-Related Disadvantage With Disparities in Smoking Prevalence in the United States, 2008 to 2017 (Leventhal, Bello, Galstyan, et al.)



About 14 percent of individuals without any of these forms of adversity smoked

With each added disadvantage, smoking rates increased, rising to 58 percent among individuals with all six forms of adversity

Unemployment/poverty

Low education

Disability

Serious psychological distress/heavy drinking



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"Disadvantage is a common denominator in smoking in the U.S. today, and if you face more disadvantages, your liability to smoking increases.

Disparities in smoking are explained by disadvantaged populations being more likely to start smoking and less likely to quit smoking."

NATIONAL COUNCIL for Mental Wellbeing

Current Cigarette Smoking Among Adults in the United States 2020 (CDC MMWR)



Race/Ethnicity

Education Level

Annual Household Income

Health Insurance

U.S. Census Region

27.1% American Indians/Alaskan Natives
13.3% White

32% GED
3.5% Graduate degree

20.2% Below poverty
14.1% At or above poverty

22.7% Medicaid **21.2**% Uninsured **9.2**% Private

15.2% Midwest 14.1% South 10.4% Northeast 9.0% West

Thinking About Intersectionality and Examining Disparities...



Disability/limitation

19.8% Yes

11.8% No

Sex assigned at birth

14.1% Males **11.0%** Females



Sexual orientation

16.1% Lesbian/Gay/Bisexual
12.3% Heterosexual



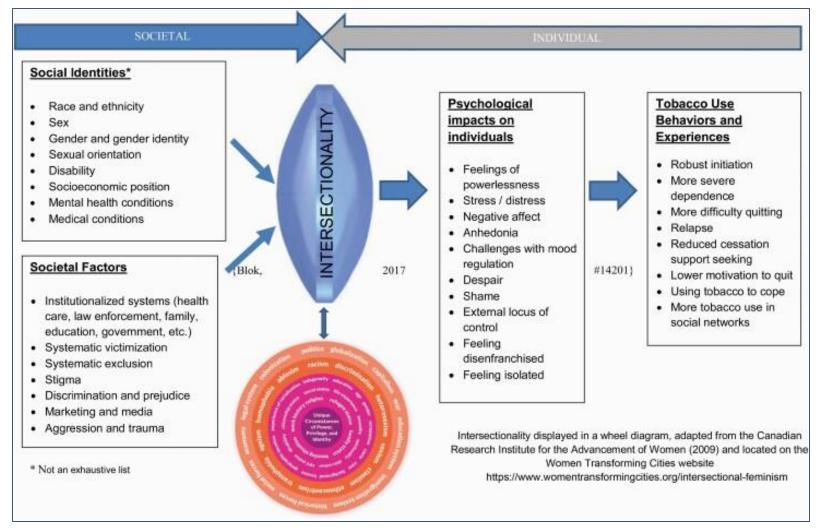
Mental Health Symptoms

26.9% Depression11.8% No depression21.4% Anxiety11.3% No anxiety

Tobacco Use Disparities Still Persist Among Priority Populations

for Mental
Wellbeing

Intersectionality as a Framework for Tobacco-Related Disparities



Sheffer at al., 2022



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Why is applying intersectionality in tobacco control important?

- Intersectionality can serve as an analytical framework for examining tobacco-related disparities across and within multiple marginalized populations
- Can lead to new and innovative multi-level interventions that impact health systems and cross-sectoral systems that impact care to drive culturally safe and equitable environments
- Contributes to a more culturally-competent tobacco treatment and control workforce
- Intersectional studies of commercial tobacco use can strengthen current research and data available to inform evidence-based practice
- Provides an in-depth multilevel framework for understanding the impact of the social determinants of health identifying policy and practice interventions that mitigate the impact of oppression and social inequities on individuals





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How do we build capacity?



Utilizing the **Community Model** as a Framework for building community capacity

Addressing the intersection of health, social justice, and economic empowerment

Partnering with traditional and non-traditional African American Civic and Community-Based Organizations



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What is the Community Model



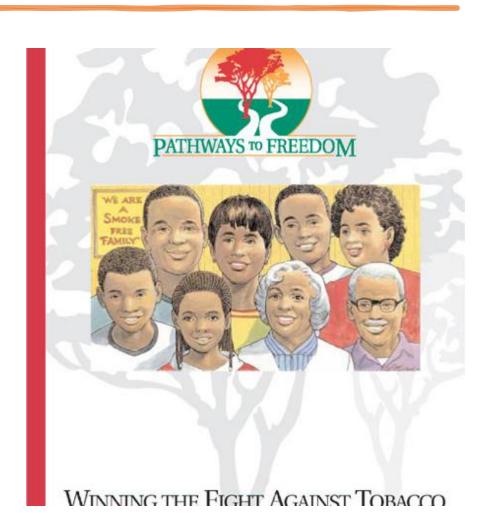
The Community Model is an asset-based framework that builds on existing community strengths and enables communities to develop and utilize the capacity, infrastructure and competency to assess problems and implement solutions.



The Community Model is centered around the relationship of two overarching components, Community Development and Community Competence. Together, they establish a comprehensive platform and achieve Community Prevention.

What is the Community Model

The model was developed by Robert G. Robinson, Dr. PH, former Associate Director for Program Development, CDC Office on Smoking and Health and one of the founding members of the National African American Tobacco Control Network.



Community Development

- Capacity and infrastructure are underlying assets reflected in a community's access to research, programs, leaders, organizations and networks
- social capital are the ties that bind a community that are not materially based and can be experienced as cooperation, collaboration, reciprocity, trust and respect.





Community Competence History

History is the long journey taken by a community to reach its present state of being.

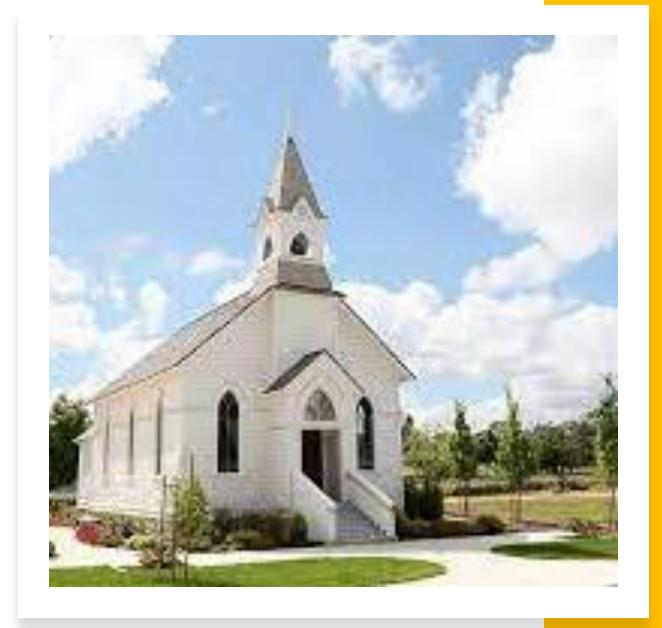
Shared experiences such as slavery, Jim Crow, segregation, and predatory marketing have created a unique bond among Black people.



Community Competence Culture

Culture are the norms, customs and values that shape the lifestyle of a community and its residents.

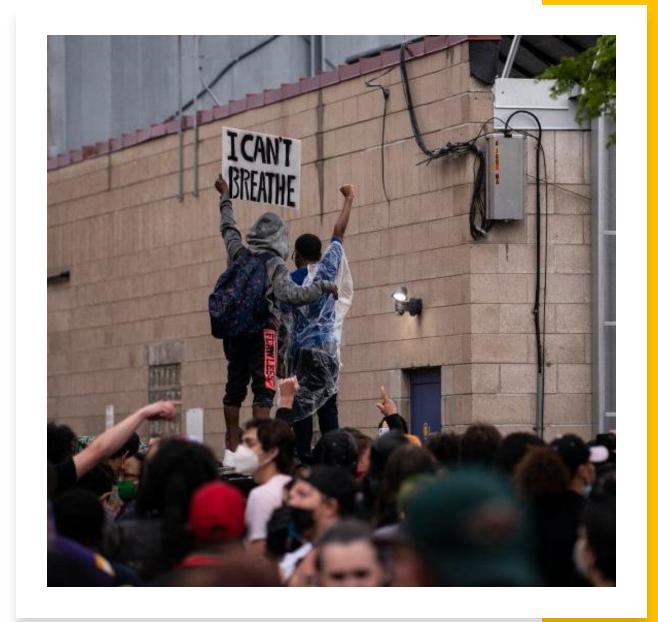
Faith-based initiatives such as No Menthol Sunday resonate well with communities that have a strong faith presence.



Community Competence Context

Context is our shared lived experience.

It is the material reality, both social and psychological which shapes daily life and profoundly impacts wellbeing.



Community Competence Geography

Geography is the range of living circumstances based upon place that impact the health and wellness of a community.

The overarching diversity within communities varies from inner cities to rural areas, mountain to coastal areas and wealthy to impoverished areas.



Community Capacity Building Process



A 5-part process to guide communities through understanding and implementing core components of the Community Model.



Measurable milestones are offered that allow community members to see the progress made towards their goals and objectives.



Communities identify needed assets (research, programs, leaders, organizations, networks) and if feasible implement necessary development strategies.

The Roadmap

- Communities develop mobilization plans and educational campaigns
- Communities develop model policy language and prepare to present before decision-makers advocating for policy, system or environmental change.







WINNING THE FIGHT AGAINST TORACCO

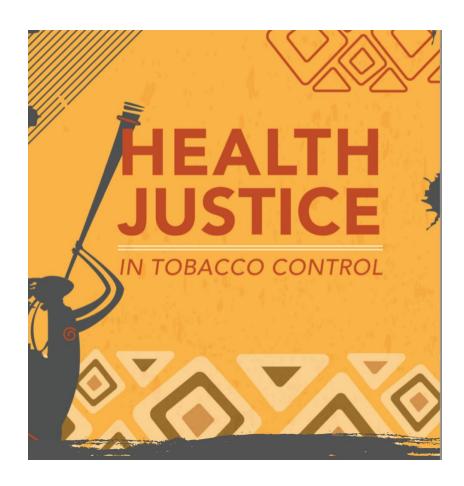
Connecting the Community Model to Tobacco Treatment

This 2003 edition of *Pathways to Freedom* addresses issues specific to African Americans, such as targeted advertising campaigns and historical, cultural, and socioeconomic influences. It also offers

- Proven strategies for anyone who wants to quit
- How friends and family can help
- How the community and its leaders can promote the value of gaining freedom from tobacco

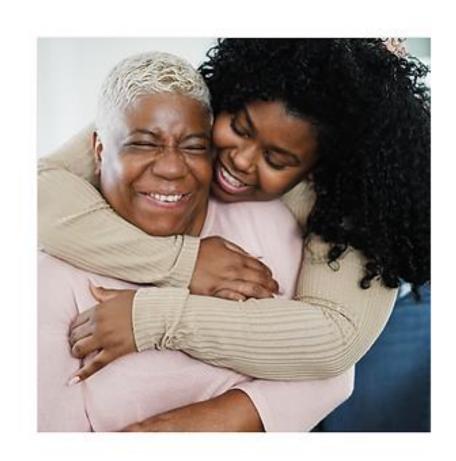
The Health Justice Guide

- The Health Justice Guide is a tool created by The Center that explores the relationship between tobacco and slavery and the tarnished legacy it has left on people of African descent.
- The guide also shows how mentholated tobacco products were targeted to people of color and shows how communities pushed back on this predatory marketing.
- The Health Justice Guide features scientific research as well as practical, in-depth instruction on how to use the community model to effect policy change.
- Health Justice Guide

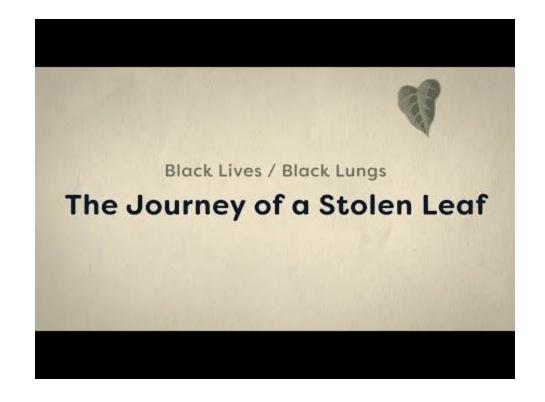


The 70% Toolkit

- A guide developed by The Center and National Jewish Health that provides a step-by-step engagement process to uplift working with African Americans who use tobacco.
- The guide also shows how mentholated tobacco products were targeted to people of color and shows how communities pushed back on this predatory marketing.
- The 70% toolkit will enhance your understanding of menthol and the Black community.



The Journey to a Stolen Leaf



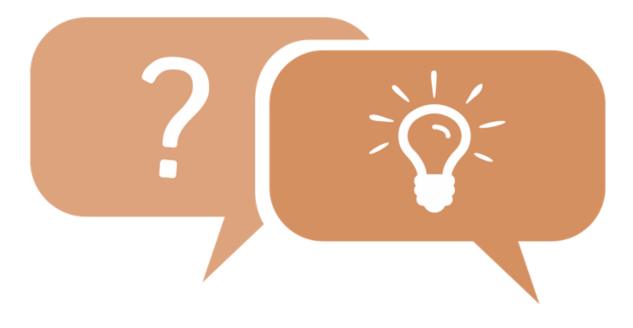
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The Community
Model Helps to
Dismantle Systemic
Injustices that
Perpetuate Health
In-Equities



Questions??



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Additional Resources

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