truth initiative
INSPIRING TOBACCO-FREE LIVES

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Sylvia Matthews Burwell
Secretary
Department of Health and Human Services
Herbert H. Humphrey Building
200 Independence Avenue SW
Washington, DC 20201

RE: Healthy People 2020 Public Comment November 2015

Dear Secretary Burwell:

Truth Initiative appreciates the involvement of public comment for the Healthy People 2020 process. We are pleased to comment on some of the new objectives for Healthy People 2020 and are also suggesting additional objectives.

Truth Initiative's mission is to create a tobacco-free generation and make tobacco a thing of the past. Until such time, however, tobacco related disease has and will continue to have an enormous impact on our health care system. Tobacco is the leading cause of preventable death in the U.S. accounting for 480,000 deaths annually. Millions more Americans suffer from tobacco-related disease.[1] Unfortunately the toll of tobacco-related disease and death falls disproportionately on many of the most vulnerable populations. Tobacco also impacts many of the areas that Healthy People 2020 Goals and Objectives cover beyond just the Tobacco Use objectives. Our comments here address several areas: supporting the objectives for lesbian, gay bisexual and transgender (LGBT) health; recommending an additional objective on tobacco use disparities; and recommending an additional objective to eliminate tobacco imagery in media, including movies and video games.

SUPPORT FOR THE LESBIAN, GAY, BISEXUAL, AND TRANSGENDER HEALTH OBJECTIVE AND A RECOMMENDATION TO DISAGGREGATE DATA ON LGBT POPULATIONS

While evidence with regard to LGBT health is relatively undeveloped [2] significant health disparities exist in this community. Tobacco use is one of those health disparities. Available data indicates that the LGBT community smokes at higher rates than the general population.[3,4,5] In 2013, 26.6% of LGB adults were current smokers compared to 17.6% of heterosexual adults.[3] LGBT adults not only use cigarettes at higher rates than heterosexual adults, but they also use other tobacco products, including cigar products and hookah, at higher rates than heterosexual adults.[4]

While we are just getting prevalence data, less is known about why this group uses tobacco at higher rates than the general population. Several factors such as higher levels of social stress,[6] frequent patronage of bars and clubs,[7] higher rates of alcohol and drug use,[8] and direct targeting of lesbian, gay and bisexual (LGB) consumers by the tobacco industry[9,10] may be related to higher prevalence rates of tobacco use among LGB groups compared to the general population. However, more data is needed to better assess the root cause of tobacco use among this population. If fulfilled, the Healthy People 2020 objectives to increase data on LGBT populations will help relieve the current dearth of information. Once the causes of such high levels of tobacco use are determined, targeted programs and campaigns to help prevent tobacco initiation can be developed. Further these objectives will help to inform some of the Health People 2020 Tobacco Use objectives including reducing tobacco use among adults and youth (Objectives TU-1, TU-2, TU-3).

As with data on tobacco initiation within in the LGBT population, few studies on cessation among this population exist. Those that do exist paint an incomplete picture as to what motivates LGBT tobacco users to quit, and what programs help most effectively. It appears that LGBT smokers, like smokers in the general population, want to quit and do make quit attempts –usually using unassisted methods, which are often not under the supervision of a health care provider.[11] Evidence on access to cessation services is mixed. One study in Colorado showed that LGBT smokers were less likely to ask about tobacco cessation during doctor visits.[12] Further, LGBT smokers may experience barriers to cessation services such as quitlines.[13] On the other hand, a recent study concluded that awareness and use of cessation support among LGBT smokers were similar to those of straight smokers. This paper went on to say that despite that, the disparities in smoking rates persist and that this population may benefit from LGBT-specific interventions.[14] Collecting data on LGBT health including tobacco cessation, will help to inform some of the Healthy People 2020 Tobacco objectives, including increasing tobacco cessation attempts by adults and adolescents, and increasing the successful cessation of tobacco by adults and adolescents (Objective TU-4, TU-5, TU-7).

While these studies provide a good baseline for data, more research is needed to ensure that the health needs of the LGBT populations are being monitored, and met. The Healthy People 2020 objectives, if fulfilled, will help support this need. The fulfillment of the LGBT Healthy People objectives alone will not be the only solution. However, these objectives have the potential to establish a solid foundation upon which additional research is built.

One recommendation that we make with regard to this data collection is that the data for lesbian, gay, bisexual and transgender people should be separable, and that the data for these populations should not always be grouped together. As was noted in the Institutes of Medicine Report on the health of LGBT people, "LGBT" is an umbrella term that represents a diverse group of people who experience different health needs.[2] It is important that the questions with regard to gender identity or sexual orientation are asked in such a way that each separate population in the LGBT umbrella can be identified. Thus, specific health trends, issues and concerns can be identified and addressed in the most effective manner.

TOBACCO OBECTIVE RECOMMENDATION: REDUCE TOBACCO-RELATED HEALTH AND PREVALENCE DISPARITIES.

While Healthy People 2020 addresses a number of issues related to health disparities, including all the data collection and monitoring objectives in the recently-added Social Determinants of Health section, it does not include an objective specifically focused on reducing tobacco-use disparities based on race/ethnicity, socio-economic status, educational attainment and other factors. Because these disparities contribute to significant inequalities in health in general, we urge the inclusion of an objective in the final draft of Healthy People 2020, specifically focused on the elimination of disparities, which includes a program of increased surveillance of these priority populations to track and assess progress.

While tobacco use dropped significantly since the first Surgeon General's report in 1964 that brought attention to the health effects of tobacco, the drop has not been as steep in all populations. Tobacco use – and smoking cigarettes in particular – disproportionately affects low-income, low-education communities, as well as racial and ethnic populations, those with mental health and substance abuse disorders, and, as discussed above, the LGBT populations. We include as an appendix to this comment, a position paper on tobacco disparities, which highlights tobacco use and the resulting health effects in all the above populations and makes a strong case for the inclusion of this objective.

As the most recent Surgeon General's report highlighted, we now know that tobacco is causally associated with diseases that impact nearly every organ in the body,

including cancers, respiratory diseases, cardiovascular diseases, diabetes, immune and autoimmune disorders, reproductive complications, eye diseases and general health.[1] Ensuring that all sectors of our population have access to prevention and cessation services is critical to improving the overall health of our nation. Including a tobacco objective that focuses on disparities is an important step toward that goal.

Additionally, we suggest that a similar recommendation as that included in the LGBT section, to encourage the disaggregation of data within diverse racial/ethnic groups. The little data that exists on these subgroups indicates that there are wide ranges in tobacco use rates, as well as disease rates within these larger demographic groups. For example, while Asian Americans smoke at lower rates than most other racial and ethnic groups, one study showed that male Asian Americans born abroad smoked at higher rates than U.S.-born Asian Americans (24.9% vs. 15.6%).[15] Further, a review of the literature published between 1988 and 2005 revealed that Cambodian, Vietnamese, Laotian, Korean, Filipino men smoked at much higher rates than the 2003 national prevalence for Asian American men (17.5%). This review also found that there was great variability within ethnic groups.[16] Among Hispanic subgroups, one study showed that Puerto Rican men smoke at the highest rate, while Cuban smokers smoke the highest number of cigarettes per day, and Dominicans had the lowest smoking rate.[17]

Those data come from a very small number of studies; we need to know more about these sub-populations. Disaggregation of data for groups such as Asian-Americans and Hispanics helps identify subgroups of these populations who are not getting the tobacco use education and care that they need.

TOBACCO OBJECTIVE RECOMMENDATION: ELIMINATE SMOKING IMAGERY FROM YOUTH-RATED MOVIES AND OTHER YOUTH MEDIA, INCLUDING VIDEO GAMES.

We are pleased that Healthy People 2020 has moved objective TU18.3 – Reduce the proportion of adolescents and young adults in grades 6-12 who are exposed to tobacco marketing in movies and television from "developmental" to "measurable". Youth who are exposed to images of smoking in movies are more likely to smoke and those who get the most exposure to onscreen smoking are about twice as likely to begin smoking as those who get the least exposure; 44% of adolescents who start smoking do so because of smoking images they have seen in the movies.[1,18] The Surgeon General estimates that youth smoking rates could be reduced by 18%.[1] Between 2002 and 2014, 60% of PG-13 movies showed smoking or other tobacco use.[19]

The relationship between smoking in the movies and youth smoking behavior raises the strong prospect that smoking in video games has a similar influence. This is particularly troubling since video game use is on the rise, with adolescents spending nearly triple the time playing video games as watching movies.[20] A 2012 study found a steady increase over the past decade in tobacco content in video games rated appropriate for kids as young as 10. For example, of all new games introduced in 2011 that were rated "Everyone 10+" (content generally suitable for ages 10 and up), 12.6% featured tobacco.[21] In a 2015 survey, researchers verified tobacco content in 42% of the video games that participants reported playing; however, only 8% of these games had received tobacco warnings from the Entertainment Software Ratings Board (ESRB).[22]

Including an objective to keep tobacco imagery out of youth-rated video games, in addition to movies and television, could help reduce youth exposure to tobacco products. We encourage Healthy People to include video games as well as television and movies in this objective. Further we suggest that the data collected to measure this objective be disaggregated so that it is possible to determine in which media they saw the tobacco use (e.g. movies, television, video games).

Thank you for this opportunity to be a part of developing the Healthy People 2020 goals. We look forward to working with you and encourage you to contact us if we can provide you with more information.

Sincerely,

M. David Dobbins
Chief Operating Officer

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