



NC Coalition on Aging Healthcare Equity Workgroup – BIPOC WORKGROUP

Focus Area 1: SOCIAL DETERMINANTS OF HEALTH – END TOBACCO’S DEADLY IMPACT ON BIPOC SENIORS INCREASE FUNDING & ACCESS TO CESSATION PROGRAMS AND BAN MENTHOL FLAVORED PRODUCTS

Our Why (Background-history)

1. **Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes and risks. (health.gov).** SDOH can be grouped into 5 domains: Economic stability, Education access and quality, Health care access and quality, Neighborhood and built environment and Social and Community context

FACT: Healthy People 2030 report identified eliminating health disparities as one of 4 goals.

FACT: The US population is aging: the share of the population over the age of 65 has been increasing and is projected to continue to increase in both North Carolina and the United States. Estimates by the Census Bureau indicate that by 2035, those aged 65 and older will outnumber children for the first time in U.S. history. (US Census Bureau 2018)

FACT: Cancer is the fourth leading cause of death among NC women aged 65 and older.

Situation as it exists today

1. **Commercial* tobacco use is the leading cause of preventable disease, disability, and death in the United States.** Every day in the United States, about 1,600 young people under age 18 try their first cigarette, and nearly 200 end up smoking cigarettes daily.
2. **Some groups of people have a higher percentage of tobacco use, secondhand smoke exposure, and related health problems, as well as less access to treatment to help them quit.** These disparities can be based on where people live, the kind of job they have, whether they have health insurance, and factors like **race, ethnicity, age, or sexual orientation (SDOH)**.
3. Over 16 million people live with at least one disease caused by smoking, and smoking-related illness cost the United States more than \$600 billion in 2018, including more than \$240 billion in direct medical costs. These costs could be reduced if we prevent people from starting to use tobacco and help people who use tobacco quit.
4. Smokers aged 65 and older are less likely to quit than any other age group yet, **this group is also more likely to die from cancer related illnesses.**

FACT: Funding declined from \$20 million to \$3.9 million for the Quit Line program, supporting smoking cessation via a 24-hour hotline in NC.

FACT: Service utilization is not reaching populations equally: Participation rates in the program reflect disparate reach and ineffective marketing: 66% white females, vs 27.8% AA, 2.8 American Indian, 3% Hispanic, 0.3% Asian.

Best Practices Recommendations

RECOMMENDATION: Tobacco usage is a health issue negatively impacting seniors in NC and the impact for BIPOC is causing disease and death. NCCOA can save lives by supporting the following recommendations:

1. Advance health equity by identifying and eliminating tobacco-related disparities. Join public and NC coalitions calling for the FDA to prohibit menthol in cigarettes which makes smoking easier to start but harder to quit. <https://www.centerforblackhealth.org/ourpositionmenthol>
2. Promote increased access and marketing of smoking cessation programs that are culturally relevant, and accessible to individual smokers, 62 and older, who do not have adequate insurance- especially older BIPOC adults.
3. Promote and issue policy statement encouraging increased funding for smoking cessation programs (i.e. NC Quitline) for older adults—especially Black, Native American, Hispanic seniors in NC. According to the CDC Smoking & Tobacco Use Report one solution is to promote cessation in ways that are culturally relevant.

Call to Action

1. **NCCOA policy agenda must support providing barrier-free, widely promoted, coverage for all evidence-based cessation treatments by all types of health insurance.** Expand Medicaid in NC and ensure tobacco cessation services are included in or out of network (For example, as of 2018, only 15 state Medicaid programs fully covered tobacco cessation (quitting) services for all traditional Medicaid enrollees.)
2. **Increase access to culturally tailored cessation services.** When it comes to health issues, one size does not fit all. Different people and communities have different needs, and they make decisions in different ways. In addition, treatment approaches developed by and for Black communities, that build on community values and priorities, may increase the chances that older African Americans are able to quit tobacco use.
3. To help protect African American people from commercial tobacco marketing and discourage tobacco use, join NC Alliance for Health, NC SHIP and other coalitions working to **prohibit the sale of flavored tobacco products; especially menthol, and prohibiting tobacco product sales altogether.** Ensure the impact of smoking on older adults is included in all policy discussions.

Future Policy Recommendations

1. **A long term commitment to health equity involves understanding and promoting awareness of health disparities related to commercial tobacco* and factors that cause these disparities.** (A 2011 study that modeled what could happen if the U.S. banned sales of menthol cigarettes nationwide estimated that, by year 2050, such a policy could save more than 600,000 lives, including nearly 250,000 Black lives.)

2. Support awareness among coalition members of the barriers to health care and treatment for tobacco use and dependence for all BIPOC older adults via annual meetings, newsletters, website, social media posts by NCCOA. [Office on Smoking and Health.](#) Most people who smoke want to quit, and more than half try to do so each year. An estimated 56% of American Indian and Alaska Native (AI/AN) people report wanting to quit., AI/AN people, compared to the other racial and ethnic groups, have a higher risk of death and disease caused by using commercial tobacco products like cigarettes, smokeless tobacco, and cigars.

3. Partner with the N C Commission on Indian Affairs and conduct joint information sessions to identify opportunities to serve as allies. On average, AI/AN people are more likely to smoke cigarettes than other racial or ethnic groups in the United States . NC is home to (9) state and one (1) federally recognized tribe. [National Center for Chronic Disease Prevention and Health Promotion](#)

References: CDC smoking and tobacco use/Office on Smoking and Health. US Surgeon General Report released on 1998, Tobacco use among US racial and ethnic minority groups

Focus Area #2:

Address State-Sponsored Jim Crow Policies That Created Today's Racial Health Inequities
Acknowledge and address legacy healthcare impacts of state-sponsored racism on a large cohort of elderly African American survivors of North Carolina's Jim Crow era, including a higher prevalence of serious chronic illness, higher demands on their family caregivers, and fewer resources to secure healthcare services due to economic discrimination over the course of their lives.

Our Why (Background-history)

There are approximately 300,000 African Americans over the age of 60 who are survivors of North Carolina's Jim Crow regime of racial segregation. They were denied equal access to healthcare as a matter of law and state policy until 1965. State policy created the landscape of health inequity that currently exists and has specifically harmed this large cohort of survivors who as a result of denied access during their most vulnerable formative years are generally sicker than the norm and require more care, yet suffer greater hesitation toward engaging the healthcare system because of past exclusion, neglect, and abuse.

Situation as it exists today

The legacy of legal, state-mandated Jim Crow segregation and racial inequality in healthcare has no doubt contributed to the disproportionate prevalence of chronic illness among older African Americans and created a heavier burden of caregiving and expense on their families who, with generally fewer resources have to struggle with sicker care recipients.

Best Practices Recommendations

The State of North Carolina must mandate research into the impact of state-sponsored Jim Crow era segregation on the current cohort of African American citizens over 60, and residual impacts on the administration of public health programs, funding, accessibility of care services,

and other legacy influences that may contribute to persistent racial health inequality in the state.

Call to Action

The Recommendation is that the NCCOA adopt an official resolution acknowledging the existence of this very large cohort (about 300,000 persons, twice the size of North Carolina's total Indigenous population, by comparison) of elderly African American survivors of Jim Crow segregation, acknowledge the legacy impact of state-sponsored segregation on its current health status, and emphasize the urgency of addressing this injustice through legislation and policy actions. This resolution should be prominently featured in the NCCOA's legislative lobbying efforts.

Future Policy Recommendations

Identification of needs or recommendations for potential consideration in the future

Based on finding of research cited above, the North Carolina Legislature should be urged to create legislation and adopt remedial policies to address the harm inflicted on 300,000 survivors of its historic healthcare racism, making this action the foundation of a focused, on-going effort to eliminate racial health disparities from the state's public health system.