

LATINO/HISPANIC COMMUNITY AND SECONDHAND SMOKE*June 2003*

Secondhand smoke in the workplace is a health justice issue; everyone deserves protection from workplace health hazards, and no one should have to choose between their livelihood and exposure to an easily preventable cause of premature death and chronic disease.

Latinos/Hispanics are the largest segment of the population in the hospitality industry workforce, the occupational sector that has the lowest level of smokefree protection. This ethnic group is exposed to secondhand smoke and its negative health effects at greater levels than the general population and also has one of the lowest rates of health insurance.

Heart disease is the leading cause of death, and lung cancer is the leading cause of death from cancer for Latinos/Hispanics. These causes of death, which are associated with smoking and exposure to secondhand smoke, are in spite of the fact that Latinos/Hispanics have significantly lower smoking rates than the national average, have a greater percentage of smokefree homes, and express strong support for smokefree workplaces.

The facts show not only that the Latino/Hispanic community is in particular need of protection from secondhand smoke, but also that it is very supportive of smokefree workplace policies.

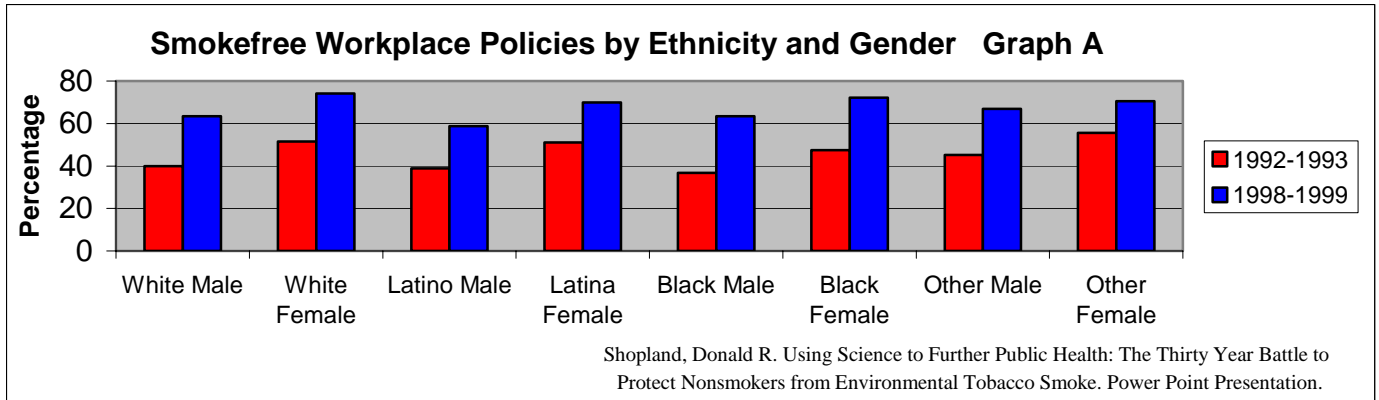
To assist you in developing a culturally competent smokefree air coalition, public education campaign, and supporting materials, the following information may be useful. This fact sheet is based, in part, on an analysis of clean indoor air policy issues in communities of color by The Praxis Project, a Washington, D.C. based nonprofit organization working with local communities on issues of health justice.¹

Secondhand Smoke Exposure By Ethnicity

Latinos/Hispanics (18.6%) have smoking rates that are significantly lower than the national average (23.3%).²

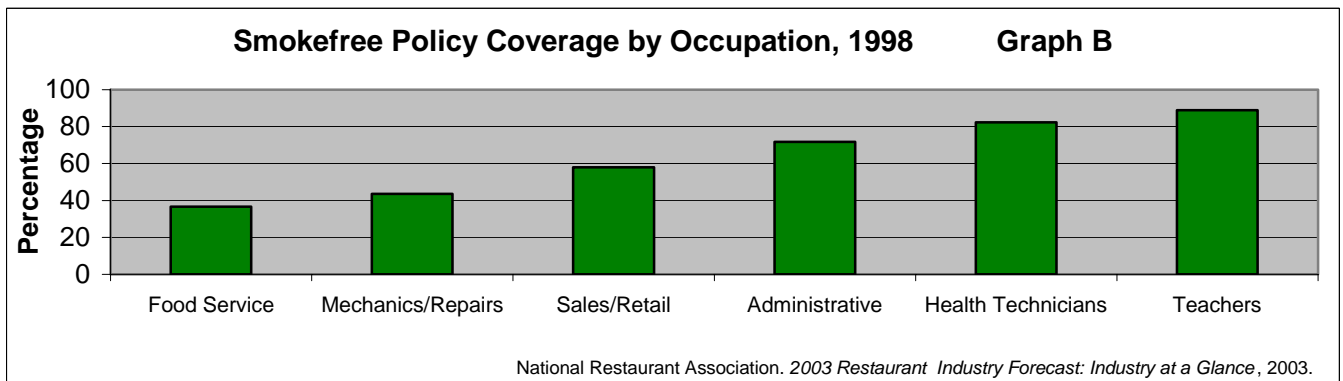
Latinos/Hispanics (73.6%) are significantly more likely not to allow smoking inside their homes than whites (59.5%) and African Americans (57.1%).³

Despite low smoking rates and often not allowing smoking at home, in 1999 Latino/Hispanic males (58.8%) and Latina/Hispanic females (69.9%) were less likely than white males (63.5%) and white females (74.1%), and African American males (63.5%) and African American females (72.2%) to be covered by workplace smoking policies.⁴ (See Graph A)



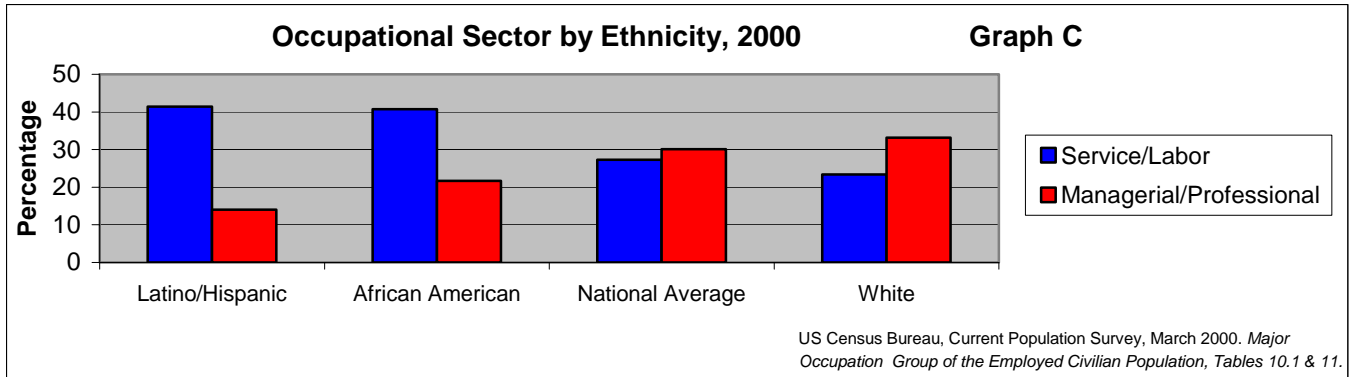
Secondhand Smoke Exposure By Occupation

Workers in the food service industry (36.6%) are least likely to report being protected by a smokefree workplace policy than any other occupational sector. Workers in professional occupations are most likely to report smokefree workplace policies, ranging from administrative support (66.6%) to educational professionals (88.9%).⁵ (See Graph B)



The restaurant industry employs 11.7 million people, or 9% of the working population, and is the nation’s largest employer other than the government. Latinos/Hispanics comprise 18% of the restaurant workforce.⁶

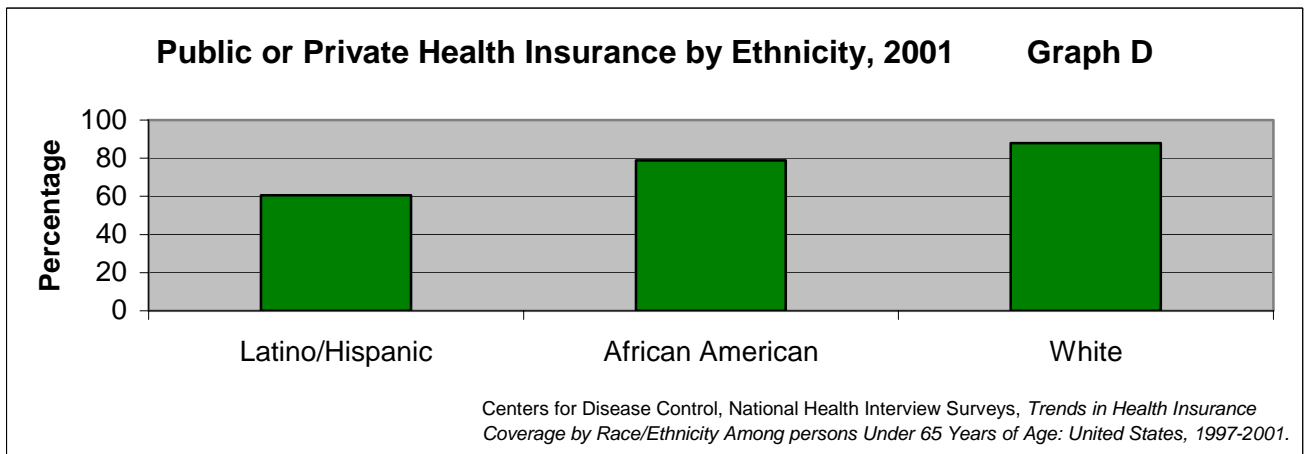
Latinos/Hispanics (41.4%) are almost twice as likely as whites (23.4%) to work in the service industry or labor sector, where they are least likely to be protected from secondhand smoke.⁷ Whites (33.2%) and African Americans (21.7%) are more likely than Latinos/Hispanics (14%) to work in managerial or professional occupations, which are the occupations most likely to have smokefree policies.^{8,9} (See Graph C)



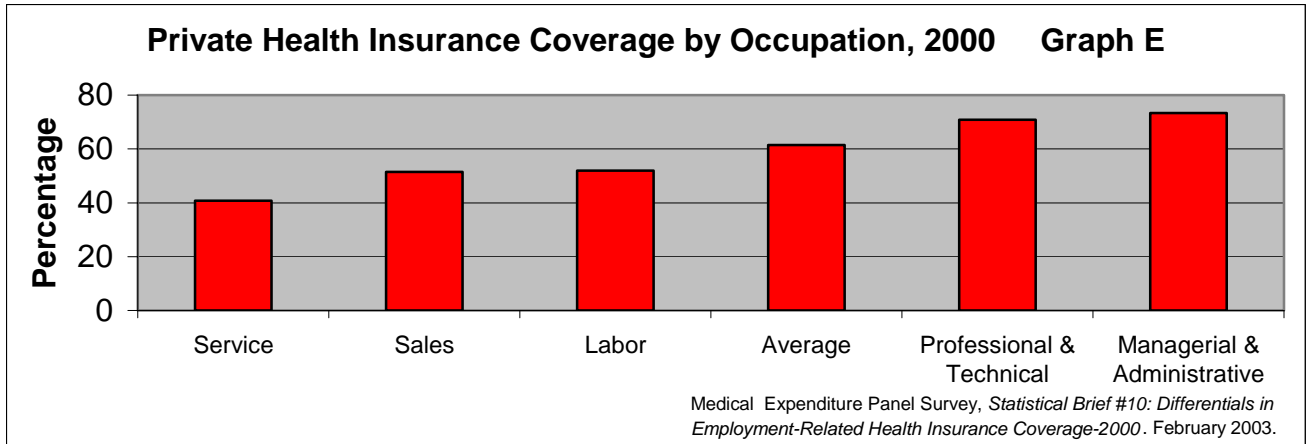
Health Insurance By Ethnicity And Occupational Sector

Latinos/Hispanics (60.5%) are significantly less likely to be covered by any health insurance than are African Americans (78.9%) and whites (88.0%). When looking at private, employer-based health insurance, Latinos/Hispanics (49.7%) are less likely to be covered than are African Americans (61.9%) and whites (80.0%).¹⁰ (See Graph D)

Latinos/Hispanics, who comprise 41.4% of the service industry or labor sector, are not only unlikely to have smokefree workplace policies, but are also least likely to have employer-based health insurance.¹¹



Restaurants, bars, and other service establishments often do not provide any of their employees with health insurance. This means that there are a significant number of employed yet uninsured people. Employees in the service (40.8%), sales (51.5%), and labor (51.9%) sectors are less likely than the average of all occupational sectors (61.4%) to have employer-provided health insurance.¹² (See Graph E)



Morbidity/Mortality Of Secondhand Smoke Exposure

A 1997 California Environmental Protection Agency (Cal EPA) report found numerous negative health effects from exposure to secondhand smoke. Each year secondhand smoke exposure is associated with 35,000 deaths from coronary heart disease, 3,000 lung cancer deaths, 12,000 other cancer deaths, plus middle ear infections, aggravation of asthma and chronic respiratory symptoms in children, low birth weight and sudden infant death syndrome (SIDS).¹³

In the U.S. Latino/Hispanic population, coronary heart disease is the leading cause of death and lung cancer is the leading cause of cancer deaths. Both of these diseases are associated with secondhand smoke exposure.¹⁴

Because Latinos/Hispanics are more likely than other populations to be exposed to secondhand smoke in the workplace, they suffer a disproportionate amount from the health hazards caused by secondhand smoke.

Health Care Costs Of Secondhand Smoke Exposure

Health care costs in the United States totaled \$1.26 trillion in 2000, of which \$806.3 billion was paid by private insurers and \$449.3 billion was paid by public insurers.¹⁵

Because Latinos/Hispanics have a lower rate of insurance coverage, they are less likely to have access to a primary care physician on a regular basis and receive preventative health care. If health problems from secondhand smoke exposure are not caught in the preventative stages, individuals will be at greater risk for death from lung disease, heart disease and other fatal health effects. Treating these health problems in the later stages is less effective and more costly.

Tobacco Industry Targeting And Sponsorship

The tobacco industry has long developed advertising campaigns targeted towards the Latino/Hispanic community by using Spanish language ads, placing print ads in Latino/Hispanic-oriented publications and concentrating outdoor billboards in neighborhoods with large Latino/Hispanic populations. The Rio and El Dorado

cigarette brands were launched in the late 1980's specifically to appeal to the Latino/Hispanic community.¹⁶

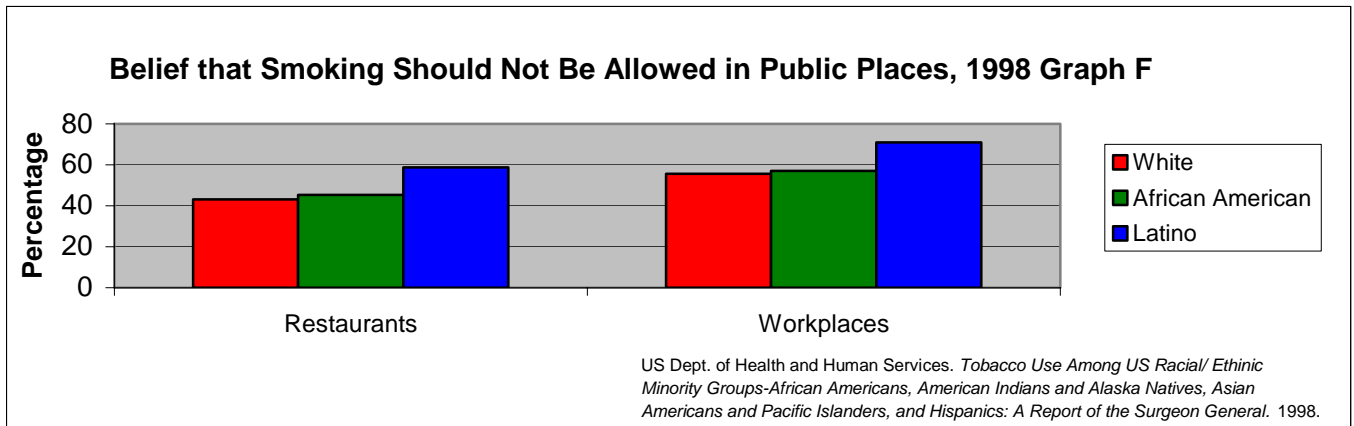
The tobacco industry tries to present a positive image within Latino/Hispanic communities by sponsoring cultural events and providing funding to various educational and political organizations. Many organizations and neighborhoods have recognized the tobacco industry's feigned attempts at goodwill as intentional attacks on the health of their communities. They are fighting back by refusing organizational and event sponsorship as well as educating people on the health hazards of smoking and secondhand smoke.¹⁷

It is important for smokefree coalitions to convince grant-making organizations to allocate resources into Latino/Hispanic communities to supplant tobacco industry money.

"It is time for the tobacco control movement to seize this unprecedented opportunity and invest adequate resources directly into communities of color to organize, build capacity and infrastructure, and advocate for clean indoor air policy change at the local level. In the case of clean indoor air, addressing disparities is not only the right thing to do; it is an important strategic means to reach our common policy goals." Elva Yañez, Deputy Director/Policy Director, The Praxis Project

Latinos/Hispanics Support Smokefree Advocacy

Latinos/Hispanics, more than other populations, believe that smoking should not be allowed in public places. Latino/Hispanic adults (70.9%) are more likely to believe that smoking should not be allowed in work areas than are white (55.7%) and African American adults (57.0%). Latino/Hispanic adults (58.8%) are more likely to believe that smoking should not be allowed in restaurants more than white (43.1%) and African American adults (45.3%).¹⁸ (See Graph F)



The facts that a high percentage of Latinos/Hispanics work in workplaces that are unlikely to have smoking restrictions, have smoking rates significantly lower than the

national average, and commonly do not allow smoking inside their homes, combined with their desire to have more smokefree public places indicate that there is broad support in the Latino/Hispanic community for smokefree advocacy.

"Secondhand smoke kills and kills across the board. It is a threat to all of us, though especially to those of us who are obliged to breathe it in at work. Eliminating the threat of secondhand smoke is both a matter of health and a matter of justice. We are all entitled to breathe free, but we should also be entitled to breathe clean." National Latino Council on Alcohol and Tobacco Prevention

For information on developing culturally competent public education and advocacy outreach materials, we strongly encourage contacting the following networks or organizations to learn from their expertise:

The Praxis Project, <http://www.thepraxisproject.org/index.html>
Phone: 202-234-5921

A national organization that provides technical assistance, training and other resources to community groups working on policy advocacy issues related to health justice. Praxis also serves as the National Program Offices for the Robert Wood Johnson Foundations' Policy Advocacy for Tobacco and Health (PATH) Program.

National Alliance for Hispanic Health, <http://www.hispanichealth.org>
Phone: 202-387-5000

A national organization dedicated to improving the health and well being of Hispanics, focusing on education, advocacy, and working with community organizations. Their National Hispanic Indoor Air Quality Helpline provides bilingual information on indoor air pollutants, including secondhand smoke. They also offer educational materials, outside resources, and organization contacts about indoor air quality.

National Latino Council on Alcohol and Tobacco Prevention (LCAT),
<http://www.nlcatp.org/default.asp>
Phone: 202-265-8054

A national organization working to reduce the impact of tobacco and alcohol on the Latino/Hispanic community. The organization works within the Latino/Hispanic community to reduce the negative impact of tobacco and alcohol. It provides a national directory of many organizations that are involved in community and policy initiatives.

Office on Minority Health Resource Center, <http://www.omhrc.gov>
Phone: 800-444-6472

A division of the US Department of Health and Human Services that provides resources for health issues within minority communities, including materials about modifying outreach efforts to effectively reach these communities.

Labor Occupational Health Program, <http://www.lohp.org>

Phone: 510-642-5507

A program connected with the School of Public Health at the University of California, Berkeley that provides technical assistance and educational materials about workplace health and safety issues.

Diversity RX, <http://www.diversityrx.org/HTML/DIVRX.htm>

Phone: 718-270-7727

An organization that works to increase cultural competence in order to improve health care in diverse and minority communities. It offers consultations, informational materials, and forums for discussing cultural competency concerning policies, linguistics, and outreach efforts.

REFERENCES

1. Yanez, E. *Clean Indoor Air and Communities of Color: Challenges and Opportunities*. Washington, DC: The Praxis Project, November 2002.
2. Centers for Disease Control. *Cigarette smoking among adults—United States, 2000*. MMWR 2002; 51:642–45. <http://www.cdc.gov/mmwr/PDF/wk/mm5129.pdf>
3. Shopland, Donald R. *Using Science to Further Public Health: The 30 Year Battle to Protect Nonsmokers from Environmental Tobacco Smoke*. PowerPoint Presentation. 2001.
4. Ibid.
5. Ibid.
6. National Restaurant Association, *2003 Restaurant Industry Forecast: Industry at A Glance, 2003*. http://www.restaurant.org/research/ind_glance.cfm
7. U.S. Census Bureau, Current Population Survey, March 2000. *Table 10.1: Occupation of the Employed Civilian Population 16 Years and Over by Sex, Hispanic Origin, and Race*: March 2000. <http://www.census.gov/population/socdemo/hispanic/p20-535/tab10-1.txt>
8. Ibid.
9. U.S. Census Bureau, Current Population Survey, March 2000. *Table 11: Major Occupation Group of the Employed Civilian Population 16 Years and Over by Sex, and Race and Hispanic Origin*: March 2000. <http://www.census.gov/population/socdemo/race/black/ppl-142/tab11.txt>
10. Centers for Disease Control. National Health Interview Surveys, *Trends in Health Insurance Coverage by Race/Ethnicity Among Persons Under 65 Years of Age: United States, 1997-2001*. <http://www.cdc.gov/nchs/products/pubs/pubd/hestats/healthinsur.htm#table%203>
11. U.S. Census Bureau, Current Population Survey, March 2000. *Table 10.1: Occupation of the Employed Civilian Population 16 Years and Over by Sex, Hispanic Origin, and Race*: March 2000. <http://www.census.gov/population/socdemo/hispanic/p20-535/tab10-1.txt>
12. Medical Expenditure Panel Survey, *Statistical Brief #10: Differentials in Employment- Related Health Insurance Coverage - 2000*. February 2003. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.meps.ahrq.gov/papers/st10/stat10.htm>
13. National Cancer Institute. *Health Effects of Exposure to Environmental Tobacco Smoke: The Report of the California Environmental Protection Agency. Smoking and Tobacco Control Monograph 10*, Bethesda, MD, 1999.
14. U.S. Department of Health and Human Services. *Tobacco Use Among U.S. Racial/Ethnic Minority Groups — African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics: A Report of the Surgeon General*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 1998. http://www.cdc.gov/tobacco/sgr/sgr_1998/sgr-min-pdf/sgr-all.pdf
15. Centers for Medicare and Medicaid Services, *Table 1: Expenditures for Health Services and Supplies, by Type of Payer: United States, Selected Calendar Years 1987-2000*. <http://cms.hhs.gov/statistics/burden-of-health-care-costs/table01.asp>.
16. Maxwell, B. and Jacobson, M. *Marketing Disease to Hispanics*. Center for Science in the Public Interest, Washington, D.C., 1989.
17. Ibid.
18. U.S. Department of Health and Human Services. *Tobacco Use Among U.S. Racial/Ethnic Minority Groups — African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics: A Report of the Surgeon General*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 1998. http://www.cdc.gov/tobacco/sgr/sgr_1998/sgr-min-pdf/sgr-all.pdf

[FS-18]

w:\files\materials\factshts\ LATINO/HISPANIC COMMUNITY AND SECONDHAND SMOKE.doc