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**Clean Indoor Air and Communities of Color:
Challenges and Opportunities
By Elva Yañez**

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Policy Advocacy on Tobacco and Health (PATH) of
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Clean Indoor Air and Communities of Color: Challenges and Opportunities

By Elva Yañez

Compared with other policy issues, clean indoor air has received limited sustained attention from communities of color over the 30 plus years of the tobacco control movement in the U.S. This is not because communities of color are untouched by the problem of secondhand smoke exposure, as will be explained in detail below. Nor is it because of lack of ability; communities of color in the U.S. have a rich legacy of successful organizing for policy change, especially at the local level. Specific to clean indoor air, notable campaigns have been waged by communities of color in Albany, GA, Bethel, AK, and El Paso, TX. This article take a closer look at the clean indoor air issue and communities of color to provide a better understanding of the various factors that influence involvement, or lack of involvement, with local tobacco control policy making activity.

Background

Secondhand smoke exposure is the third leading cause of preventable death in the U.S., killing up to 65,000 nonsmokers each year. Secondhand smoke causes lung cancer and coronary heart disease. Among children, each year secondhand smoke is responsible for 150,000 to 300,000 cases of pneumonia and bronchitis in toddlers, 700,000 to 1.6 million office visits for middle ear infections, and 7,500 to 15,000 hospitalizations of infants and children under 18 months

Formal clean indoor air policies enacted by local government are the preferred and most effective means to address the problem of secondhand smoke in workplaces and public places. In addition to protecting nonsmokers from the aforementioned health risks associated with secondhand smoke, clean indoor air policies have the added benefit of denormalizing tobacco use by motivating smokers to quit and reducing smoking initiation among youth.

Relevant Research

The U.S. Centers of Disease Control and Prevention's Tobacco Information and Prevention Source (TIPS) website— (http://www.cdc.gov/tobacco/surveillance_manual/table1.html) — lists seven state and national research studies which contain data related to secondhand smoke exposure and/or clean indoor air policies.

Unfortunately, these studies do not provide adequate information to gain a comprehensive understanding of the exposure to secondhand smoke experienced by the various communities of color in the U.S. This fact is confirmed by the U.S. Surgeon General's *Report on Tobacco use Among U.S. Racial/Ethnic Minority Groups*: "Data on exposure to environmental tobacco smoke (ETS) among members of U.S. racial/ethnic

minority groups are extremely limited.” Five years after the Report was published in 1998, the situation remains unchanged.

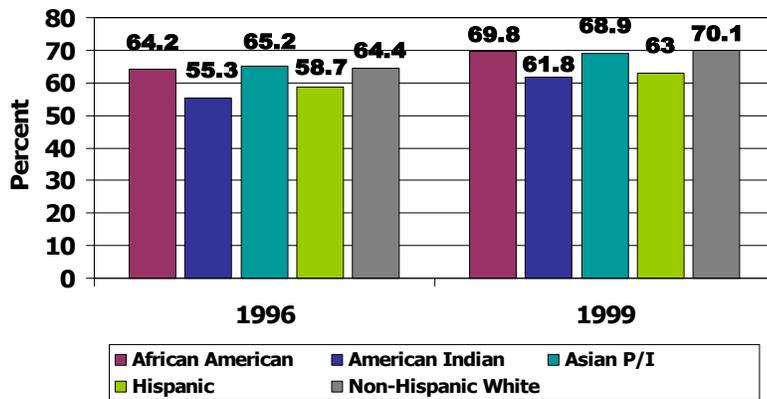
Of the studies identified above, the Current Population Survey (CPS) provides the most useful data. The CPS is a continuous monthly survey conducted by the Bureau of Labor Statistics of 100,000 American workers. In 1993, 1996 and 1999, the National Cancer Institute had the opportunity to attach supplemental questions to the CPS assessing, among other things, the presence and restrictiveness of workplace smoking policies. The CPS data allows for analysis of these supplemental questions for American Americans, Asian Americans-Pacific Islanders, Latinos and Native Americans.

Analysis by Gerlach and Shopland (*Tobacco Control*, 1997) and the California Department of Health Services, Tobacco Control Section (TCS), demonstrate that Latinos and Native Americans are less likely to be covered by a complete smokefree workplace policy than other racial/ethnic groups. It is important to note that these findings, which are persistent over time, are consistent with data collected in TCS’ on-going California Tobacco Survey.

Smokefree Workplace Policy Coverage

Source: Current Population Survey 1995-1996, 1998-1999

Prepared by: California Dept. of Health Services, Tobacco Control Section, January, 2002



There are a number of explanations for the disproportionate rates of workplace exposure among people of color indicated by the CPS data. Blue collar and service industry occupational settings with large proportions of workers of color have not voluntarily gone smokefree as many white collar workplaces have. In municipalities where formal clean indoor air policies have been enacted, ordinances often include exemptions for such venues, including restaurants, hotels, and warehouses. Additionally, workplace power dynamics, compounded in some cases by legal status or language difficulties, pose significant barriers for individual workers seeking protections against secondhand smoke exposure, regardless of the existence of formal policies.

Public opinion data regarding secondhand smoke (SHS) exposure and smokefree policies provides additional insight into the clean indoor air policy issue as it relates to communities of color. A recent poll conducted on behalf of the Campaign for Tobacco Free Kids by Market Strategies is the most comprehensive survey of its kind not funded by the tobacco industry. This survey was funded by the Robert Wood Johnson Foundation in 2002 to provide the basis for educational message development on the issues of clean indoor air and tobacco excise taxes. Approximately 900 individuals were surveyed with over-sampling among African Americans (101) and Latinos (103).

The Market Strategies survey found that more so than White voters, African American and Latino voters believe that:

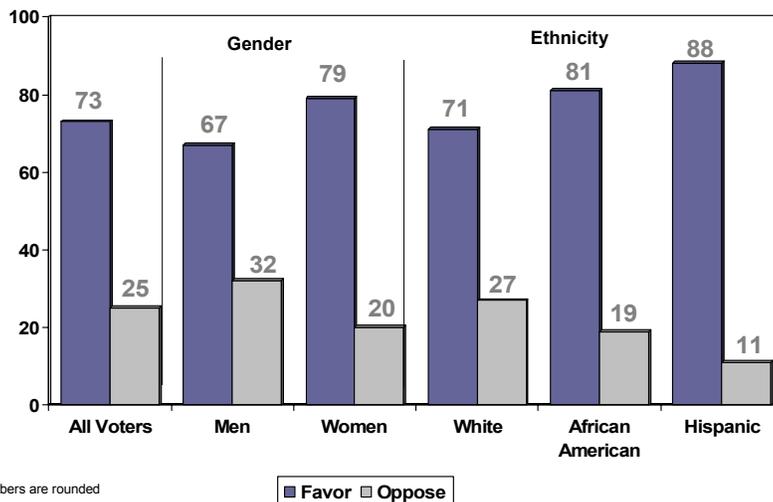
- SHS is a serious health hazard as opposed to an annoyance (African Americans 66%, Latinos 63%; Whites 53%);
- SHS is a serious health hazard to restaurant wait staff (African Americans 62%; Latinos 64%; Whites 48%) and office workers (African Americans 65%; Latinos 66%; Whites 52%);
- Restaurant workers have no choice about SHS exposure and deserve the same protections as other workers in offices and other smokefree workplaces (African Americans 62%; Latinos 52%; Whites 44%);
- It is the right of nonsmokers to breathe clean air where they shop, work and eat (African Americans 68%; Latinos 62%; Whites 49%).

Additionally, the Market Strategies survey found that support for laws prohibiting smoking in indoor places (workplaces, public places and restaurants) is **significantly stronger** among African Americans and Latinos voters than White voters (see Table 2).

Support For Smokefree Laws

Would you support or oppose a law that would prohibit smoking in most indoor places, including workplaces, public buildings and restaurants, but excluding bars?

Source: Market Strategies Survey, 2002



The Market Strategies findings regarding beliefs about secondhand smoke and support for strong clean indoor air policies are consistent with other research. For example, according to the aforementioned Surgeon General's Report:

- The 1993 CPS survey found that Asian Americans-Pacific Islanders and Latinos were more likely to support the total restriction of smoking in restaurants, hospitals, indoor workplaces and indoor malls;
- A 1993 survey conducted on behalf of ABC News/The Washington Post by the Roper Center for Public Opinion Research showed that larger proportions of African Americans (54.3%) and Latinos (52.9%) favored banning smoking in public places, compared with whites (48.3%).

Recently, the *New York Post* surveyed 1004 registered voters in New York City during the successful campaign to strengthen the City's existing smokefree ordinance by covering all restaurants and bars. In an article published on November 23, 2002, Andy Soltis reported that African Americans were the most supportive of a complete ban, 61% in favor and 34% opposed. Latinos supported the ordinance 59% to 38%, while White voters were divided 48% to 48%.

Analysis

Two key issues emerge from an analysis of the data presented above. First, specific communities of color in the U.S. are disproportionately exposed to secondhand smoke. Unfortunately, even with improvements in the coverage of clean indoor air policies over time, these inequities persist.

Second, there are significant cultural differences between people of color and Whites in the U.S. regarding:

- the understanding of health risks associated with secondhand smoke;
- perceived rights of workers and nonsmokers regarding protections against secondhand smoke;
- support for smokefree laws; and,
- the appropriate role of government in protecting the public from the dangers of secondhand smoke.

Given the disproportionate exposure rates of communities of color, the understanding of the health risks associated with secondhand smoke among these groups and the significant support found therein for strong smokefree policies enacted by government entities, it would make sense for clean indoor air to be high on the policy advocacy agenda of organizations representing communities of color. However, as the Praxis policy research demonstrates, this is not the case.

The dissonance between the documented need and support for protections against secondhand smoke, and the paucity of policy advocacy activity in clean indoor air by communities of color brings our attention back to the question of tobacco control

resource allocation. The strong support and natural constituency of communities of color for clean indoor air policies has gone untapped for far too long. Addressing these disparities in health status and allocation of public health resources is not only the right thing to do, it is strategically fundamental to policy success. In order to achieve its specified policy goals, the tobacco control movement must invest adequate resources—time, money, people and expertise—directly into communities of color to organize, build capacity and infrastructure, and advocate for policy change.

To meaningfully engage communities of color in effective tobacco policy initiatives, the tobacco control movement must overcome the following challenges:

- Competing priorities with regard to social and health issues;
- Exclusive institutional structures;
- Limited research data specific to communities of color (i.e., state specific data, sub-group data, non-voters, etc.);
- Tobacco industry investment in communities of color through sponsorship and philanthropy.

These challenges will be much easier to address as the tobacco control movement expands and enhances individual and institutional competencies for working with communities of color. There are many comprehensive documents on this topic, notably *Moving Toward Health: Achieving Parity Through Tobacco Control for All Communities* (2002). Praxis recommends the following tactics to increase involvement and leadership of communities of color in local clean indoor air efforts:

- Frame tobacco control as a window of opportunity for community empowerment and secondhand smoke exposure in the workplace as a workers' rights and/or health justice issue;
- Use workplace exposure data to support health justice framing and public opinion data to reinforce cultural strengths of specific groups;
- Encourage partnership with mainstream coalitions (this will require dialogue and, in some cases, struggle);
- Hire experienced, well-established organizers from the community who will be able to mobilize other activists and institutions as well as recruit individuals with compelling impact stories; and, most importantly,
- Be willing to share power and resources.

Because timely, relevant data enhances advocates' ability to organize around the issue of clean indoor air and provides authoritative support for strong, effective policies, improvements in research are also called for. Praxis directs the following recommendations regarding data collection and analysis to government agencies, non-governmental organizations and academic institutions:

- Analyze *existing* data sets to extract racial/ethnic secondhand smoke exposure rates over time and extrapolate related rates of morbidity and mortality; and,
- Expand and enhance surveillance activities and public opinion polling:

- Conduct national and state surveys specifically on workplace exposure and clean indoor air policy coverage, and extrapolate related estimates of morbidity and mortality rates;
- Conduct national and state public opinion polls regarding attitudes and beliefs about secondhand smoke exposure and clean indoor air policies;
- For both surveillance and public opinion polls, over sample *all* racial/ethnic groups and subgroups, and investigate relevant cultural, sociological and political issues (e.g., language, acculturation, country of origin, voting history, political activity, etc.)

Conclusion

High rates of exposure to secondhand smoke in the workplace coupled with the strong support for clean indoor air policies provide a prime opportunity for grassroots organizing around the issue of secondhand smoke in communities of color. For African Americans and Latinos specifically, the data reviewed here suggest less need for public education about the dangers of secondhand smoke in the workplace, and more need for policy advocacy infrastructure, capacity building and community organizing for workplace protections. Moreover, the documented differences in attitudes and beliefs found among racial/ethnic groups reinforce the need to develop and implement culturally competent clean indoor air organizing strategies, tactics, and media messages.

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.