

Latinos and the Texas Quitline



La Fe Policy Research and Education Center, 1313 Guadalupe St., Suite 102, San Antonio, TX 78207 (210) 208-9494

This brief will assess the utilization and participation of Latinos to the Texas Quitline and explore how improved accessibility to this resource can enhance our *bienestar* (community wellbeing) by promoting tobacco cessation through the availability of counseling and coaching services for the population. The Quitline complements a range of efforts to make Texas smoke-free, including higher taxes to discourage youth initiation, counter-advertising campaigns, and funding for community engagement in understanding how tobacco in our workplaces is a social justice issue.

On August 19, 2010, San Antonio joined the largest cities in Texas in becoming a smoke free community. Currently 32 Texas cities, encompassing 30.5% of the state's population, have Clean Indoor Air ordinances in place. The health status of all Texans would improve significantly with the whole State being smoke free, and increased utilization of quitlines and other community-based support services to help smokers beat the habit once and for all.

With many cities and counties in Texas moving toward smoke-free communities, the transition for Latinos is compounded by the stark realities of health and health insurance disparities, financial insecurity, and low educational attainment. With the advent of the Affordable Care Act smokers will have expanded opportunities to quit through preventive/cessation services incorporated in the Health Insurance Exchange and Medicaid Expansion coverage. Smokers who don't take advantage of these services may face higher health insurance premiums and co-pay costs because of their higher health risks.

Although the Latino population is slightly less likely to smoke compared to the general population, Latinos are faced with specific unique challenges that create a higher risk for second hand smoke exposure and tobacco use. A significant contributing factor to this increased risk is targeted marketing by the tobacco industry at Latinos, including discounted cigarettes, little flavored cigars and cigarillos and new smokeless tobacco products. Increased advertising at establishments with high Latino patronage and employment and sponsorship of ethnic celebrations has resulted in a higher propensity of smoking exposure (O'Hegarty et al, 2010). Having smoke free ordinances in place and raising cigarette taxes has been proven as effective strategies to reduce tobacco use – encourages people to quit smoking and promotes tobacco cessation.

Research indicates not all Latinos have the same prevalence of smoking. For example, data demonstrates that Puerto Ricans and Cuban Americans are more likely to be smokers compared to Mexican Americans, Mexican immigrants, and Central and South Americans. For Latinas, the data suggests the level of acculturation into U.S. society increases the likelihood of smoking.

An effective Quitline is an important program among interventions to help reduce smoking and exposures to second-hand smoke among Latinos. Smoke free ordinances plus targeted prevention initiatives and 'quit smoking' interventions programs are vitally important approaches.

Background:

The Texas Quitline is a free telephone-based tobacco cessation program that provides information, therapy, and counseling service for callers as well as community referrals to get more help if requested. Quitlines operates in all 50 states, all American territories, the District of Columbia, and all of Canada. The US Public Health Service's clinical practice guidelines (2008) state that a smoker who calls the state Quitline is more than twice as likely to quit tobacco; when Quitline counseling is utilized in conjunction with medication therapy (most often Nicotine Replacement Therapy, or NRT) the odds of successfully quitting are tripled. Research denotes that Quitline coaching and counseling is effective across a wide range of populations, including Latino smokers (Burns & Levinson, 2010). Unfortunately, this brief can only provide a snapshot of the utilization and characteristics of Latinos to the Texas Quitline due to the limitations of available data. For further insight into the needs, utilization, and comparisons of diverse callers the current data collection methods would require some review and improvements for more adequate analysis.

Findings:

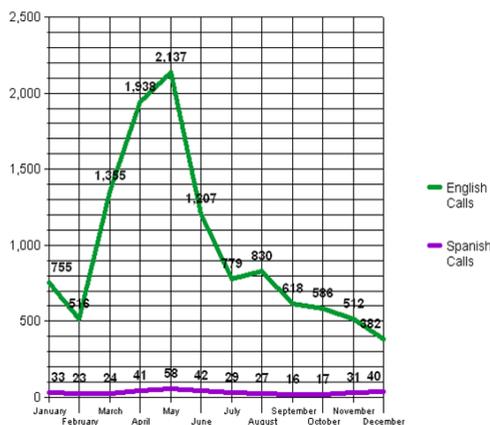
Based on data provided by the North American Quitline Consortium (NAQC), 13,009 calls and fax referrals came into the Texas Quitline in 2012, an increase of 198% since 2009. Latinos make up 17.1% of the state's smoking population, and represented a similar proportion of callers to the Quitline at 18% in 2012. This is a slight reduction from 2009 during which Latinos comprised 18.6% of the callers.

Latinos and the Texas Quitline (con't)

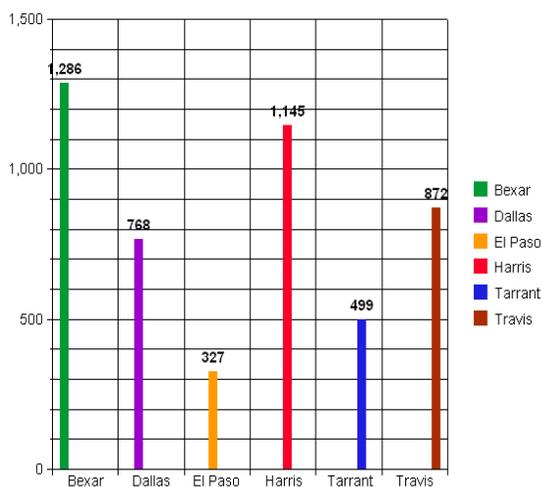
Furthermore, while Latinos in 2009 were more likely to utilize the Quitline than their Black counterparts, this is no longer the case in 2012. Call volume from Black smokers has surged to now comprise 21.8% of callers. However, this surge is reasonable because Black's make up 21.7% of Texas smokers.

Calls to the Texas Quitline in 2012 were made primarily by individuals between the age of 41-60 and the majority of callers identified themselves as female, comprising of 48.1% and 61.7% of the calls respectively. Far more than half of all callers in 2012 did not have any sort of health insurance, and 22.3% of callers had less than a high school diploma or GED.

Among the calls to the Texas Quitline, at this point only 3.2% of all calls in 2012 were in Spanish, a total of 381 calls out of 11,996. However this is an increase in Spanish callers to the Texas Quitline compared to the number of calls in 2009, at which point they comprised just 2.7% of calls. These percentages are well below the Census Bureau estimates which state that 30% of Texas homes in 2008 spoke Spanish at home and in which 44% speaking English less than "very well". Accessibility barriers may be deterring Latinos from use of the Texas Quitline and limiting utilization by Spanish speaking Latinos.



Geographically speaking, more calls came from Bexar county than any other, accounting for 12.9% of all calls to the Texas Quitline in 2012. However, while Bexar County still has the larger caller-base, its numbers are quickly becoming a smaller percentage of the call volume received by the Texas Quitline than they have been in the past. This 12.9% from Bexar County in 2012 is down from 17.5% in 2009 in the same population. Interestingly, this reduction in numbers may be a result of the comprehensive smoke-free ordinance which passed in Bexar County in 2010. With Travis County now accounting for 8.7% of the callers and Harris County accounting for 11.5%, Bexar County's comparable numbers indicate these new laws are having their desired effect.



For Quitline callers, the most frequent response when asked how they heard of the Texas Quitline was via TV advertising, family or friend, and from their health care provider. It seems that TV advertisements had a great response in the months of March – June of 2012; during which time the Federal Government put additional efforts through the Centers for Disease Control and Prevention (CDC) to publicize the Quitline on TV during that period. Indeed this had a great effect on the target audience. The type of support requested by callers was assistance in quitting, followed by more counseling and community referrals in 2012.

Since March 2013, the CDC) has launched a second campaign of hard hitting multi-media ads showing TIPS FROM FORMER SMOKERS and creating a 1-855-DEJELO-YA number for Spanish speakers to complement the 1-800-QUITNOW for English speakers. Everyone can get help!

Conclusions:

Ultimately, a comprehensive smoke free legislation that will protect all workers from second hand smoke and a multi-media campaign tailored specifically to the Latino population will clearly bolster the number of Latino and Spanish speaking calls to the Texas Quitline.

Research shows that a comprehensive marketing campaign aimed at Spanish speaking Latinos can be successful if implemented correctly through the proper channels. Burns & Levinson (2010) noted that a Spanish language media campaign program in Colorado initiated through Spanish television and Spanish movie theaters increased Latino calls to the state Quitline by 57.6%. Most notably, the media campaign brought respondents that were predominantly young (under 45 years of age), more often Spanish speaking, less educated, and more likely to be uninsured.

Recent improvements have made the Texas Quitline more accessible to the Latino population. Most notably, in the past, there were not always Spanish-speaking counselors available for callers to speak with. This has been remedied and there are now both English and Spanish speaking counselors available 24/7. Furthermore, the Texas Quitline launched a Spanish version of their website in December 2012, in order to reach more of the population. This enables Spanish-speaking Latinos to get help with smoking cessation online as well as by phone. All calls to the 1-855-DEJELO-YA calls from Texas will be reaching Spanish speaking counselors at the TX Quitline.

The effectiveness of any Cessation program including the Quitline must begin to address the needs of diverse populations and their linguistic needs by providing:

- The integration of a “Promotora” style model as a way to culturally and linguistically connect to Spanish Speaking callers. (O’Hegarty et al, 2010). Given that for some callers, the impersonal nature of the Quitline process turns them off, Promotoras can be engaged in advising smokers to quit and by doing follow-up with callers to improve quit rates. They can also assist with outreach and referral to ‘community alternative’ programs that help reduce and quit smoking such as exercise classes, and other stress reducing and peer-to-peer support programs.
- Engagement of community based organizations and/or local community health clinics are essential for success. Latinos have expressed concern about giving personal information to the Quitline counselors since it seems to be a government agency, but if local well known Latino organizations are engaged in promoting the Quitlines, Latinos would more likely share their information and receive effective culturally and linguistically appropriate advice to quit.
- Target television media Quitline marketing at Spanish Speakers. In March – June of 2012 there was an up-surge of callers to the Quitline, vastly generated by a national CDC funded TV media campaign Tips From Former Smokers (TIPS). Evidence suggests that comparable pursuits in the Spanish market would have similar effects, thus allowing more Latinos to begin the process of smoking cessation. CDC is making extra efforts to reach communities in Amarillo, El Paso, the Lower Valley and Tyler/Longview.
- More funding for the TX Quitline for targeted outreach efforts and resources to better serve a diverse Texas population. One major barrier to the continued success of Quitlines is funding. According to the CDC’s most recent data, in 2007, Texas budgeted only 2.3% of the recommended level of funding for tobacco control services. This ranked the state at 47th among all the states for funding tobacco control initiatives.

Latinos and the Texas Quitline (con't)

- Free and/or reduced Nicotine Replacement Therapy, medications and increased number of counseling sessions help people quit and stay quit. All Medicaid and Medicare patients need to receive these services for free. All pregnant women and those with young children need to be given advice to quit and referred to the Quitline.
- Institutionalization of cessation in community health centers, including direct Fax Referral forms to the Quitlines would promote cessation in every visit to the health care providers. Equally important is for all health care providers to ASK about use, ADVISE to QUIT and REFER to the QUITLINE. Once referred, the health centers need to link back to the Quitlines and follow up with their patients. Smoking cessation is one of the most cost effective services that will reduce health care costs, will save lives, limit disabilities and improve the “bienestar” of our communities.

This publication was supported by CDC Cooperative Agreement Number U58/DP001515. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.