



Internal Talking Points

RAISING OUR VOICES FOR HEALTH JUSTICE

California Communities Against the Commercial Tobacco Industry

Health justice means bringing communities to the table, so everyone's voices are heard and people from all walks of life achieve the health and wellness they deserve.

Use these talking points to guide your legislative meetings during I&E Virtual Day of Action. The talking points are designed for you to tailor your message to the work you are doing in your community.

- Tobacco use remains the leading cause of premature death and disease in California; an estimated 40,000 adults die each year due to smoking.ⁱ
- The tobacco industry targets California's African American, Latino, Asian American Native Hawaiian and Pacific Islander, LGBTQ+, Tribal and rural communities, resulting in higher rates of commercial tobacco product use and tobacco-related disease.ⁱⁱ
- The tobacco industry blocked the law (Senate Bill 793) that would have ended the sale of flavored and menthol tobacco products in California. Instead, communities continue to be targeted by an industry intent on profiting off addiction and the death and disease they create.
- The tobacco industry has continued to aggressively market its dangerous products to California's diverse communities – especially during the COVID-19 pandemic- on social media, in print, and at the retail counter.
- The death rate from COVID-19 for Latino and African American/Black population is 21% and 7% higher respectively than the statewide average. The COVID-19 case rate for low-income communities and the Pacific Islander population is 38% and 31% higher respectively than the statewide average.ⁱⁱⁱ
- In California, 20.7% of African American adults smoke cigarettes compared to 12.4% of California adults overall. (California Department of Public Health, California Tobacco Control Program.^{iv}
- Communities with a greater proportion of African Americans have a greater density of tobacco retailers and see more tobacco advertising than other neighborhoods.^v
- American Indians and Alaska Natives (AI/AN) have the highest current cigarette smoking rates of all other racial/ethnic groups (Whites, African Americans, Hispanics, Asians, and multiracial) in the United States (U.S.). In 2014, 29.2 percent of AI/AN adults in the U.S. smoked cigarettes, compared with 16.8 percent of all U.S. adults.^{vi}

- For years the tobacco industry has strategically targeted AI/ANs and suggested a link between traditional and commercial tobacco, by funding cultural events like powwows and rodeos, and by using the imagery of traditional American Indians to promote brands like Natural American Spirit, Seneca, Cheyenne, and Smokin Joes.^{vii}
- Tobacco companies were among the first to “support” LGBTQ communities—but they were never allies. They sought to demonstrate their allegiance by advertising in LGBTQ publications and sponsoring community and pride events. They exploit any feelings of isolation and despair this community experiences by promoting smoking as a way to bond with one another and relieve stress.^{viii}
- The *overall* tobacco use rate for LGBTQ populations is still high at 24%.^{ix}
- In certain Asian American populations, cigarette smoking prevalence is much higher than the rest of California. For example, the smoking rate of Korean males is 26.6% and 23.7% for Vietnamese males, compared to the smoking rate of California males overall at 16.2%.^x
- Tobacco use within Native Hawaiian and Pacific Islander adults continues to be high, with 5.5% of adults using smokeless tobacco, 2.0% smoking cigars, and 18.3% smoking cigarettes.^{xi} Though Native Hawaiians and Pacific Islanders are each distinct ethnic groups, they are often grouped with Asian Americans in surveys, which makes it hard to capture accurate data specific to those communities.
- Billboards and stores in predominantly urban Asian American communities have been found to have more tobacco advertising compared with other urban neighborhoods, and to be less likely to have health warnings compared with predominantly white neighborhoods.^{xii} More than one in three nonsmokers who live in rental housing are exposed to secondhand smoke and two in five children (including seven in ten African American children) are exposed to secondhand smoke.^{xiii}
- Hispanic/Latinos are at a higher risk of secondhand and thirdhand smoke exposure in multi-unit housing as nearly half (41.9%) of California’s multi-unit housing residents are Hispanic/Latino.^{xiv}
- A disproportionately high number of Hispanics/Latinos have jobs in small-service occupations with only a few employees where California’s smoke-free workplace laws do not apply.^{xv}
- Cancer, heart disease, and stroke—all of which can be caused by cigarette smoking—are among the five leading causes of death among Hispanics.^{xvi}
- The tobacco and vaping industry use flavors such as horchata, tres leches, and churros to attract Hispanic/Latino teens to vaping.^{xvii}
- In a survey of rural and small-town Californians, over 85% felt that secondhand smoke was harmful and 70% were in favor of policies prohibiting smoking at outdoor events such as rodeos and fairs. Local smoke free outdoor air laws can protect rural Californians from the secondhand smoke they want to avoid.^{xviii}



Information and Education Virtual Day of Action 2021



**CALIFORNIA TOBACCO
ENDGAME CENTER FOR
ORGANIZING AND ENGAGEMENT**
A project of the American Heart Association.

- Big Tobacco aggressively markets cigarettes and smokeless tobacco products, like chew, in rural areas, taking advantage of weaker tobacco retail licensing laws in rural communities.^{xix}
- Rural adults' use of any tobacco product is significantly higher (25.6%) than the California general population (14.6%) and rural residents start smoking at an earlier age.^{xx}

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ⁱ Extinguishing the Tobacco Epidemic in California." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 21 Apr. 2020, www.cdc.gov/tobacco/about/osh/state-fact-sheets/california/index.html.

ⁱⁱ "A Story of Inequity." *Tobacco Free CA*, 26 Mar. 2021, tobaccofreeca.com/story-of-inequity/.

ⁱⁱⁱ *California, State of. "Tracking COVID-19 in California." Coronavirus COVID-19 Response*, covid19.ca.gov/state-dashboard/.

^{iv} California Tobacco Facts & Figures 2018.

www.cdph.ca.gov/Programs/CCDCPHP/DCDIC/CTCB/CDPH%20Document%20Library/ResearchandEvaluation/FactsandFigures/CATobaccoFactsFigures2018.pdf.

^v "African Americans and Tobacco Use." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 16 Nov. 2020, www.cdc.gov/tobacco/disparities/african-americans/index.htm.

^{vi} Jamal, Ahmed, et al. "Current Cigarette Smoking Among Adults — United States, 2005–2014." *MMWR. Morbidity and Mortality Weekly Report*, vol. 64, no. 44, 2015, pp. 1233–1240., doi:10.15585/mmwr.mm6444a2.

^{vii} Courtney, Ryan. "The Health Consequences of Smoking-50 Years of Progress: A Report of the Surgeon General, 2014 Us Department of Health and Human Services Atlanta, GA: Department of Health and Human Services, Centers for Disease Control and Prevention, National Center For." *Drug and Alcohol Review*, vol. 34, no. 6, 2015, pp. 694–695., doi:10.1111/dar.12309.

^{viii} "LGBTQ." *Tobacco Free CA*, 17 Feb. 2021, tobaccofreeca.com/story-of-inequity/lgbtq/.

^{ix} "LGBTQ." *Tobacco Free CA*, 17 Feb. 2021, tobaccofreeca.com/story-of-inequity/lgbtq/.

^x California Tobacco Facts & Figures 2018.

www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CTCB/CDPH%20Document%20Library/ResearchandEvaluation/FactsandFigures/CATobaccoFactsFigures2018.pdf.

^{xi} “Asian Americans, Native Hawaiians, or Pacific Islanders and Tobacco Use.” *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 25 Nov. 2019, www.cdc.gov/tobacco/disparities/asian-americans/index.htm.

^{xii} “Tobacco Use in the Asian American Community.” *Truth Initiative*, truthinitiative.org/research-resources/targeted-communities/tobacco-use-asian-american-community.

^{xiii} “Secondhand Smoke: An Unequal Danger.” *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 2015. <https://www.cdc.gov/vitalsigns/pdf/2015-02-vitalsigns.pdf>.

^{xiv} Bureau, US Census. “American Community Survey Data.” *The United States Census Bureau*, 30 Mar. 2020, www.census.gov/programs-surveys/acs/data.html.

^{xv} Baezconde-Garbanati, Lourdes A., et al. “Secondhand Smoke Exposure among Hispanics/Latinos Living in Multiunit Housing: Exploring Barriers to New Policies.” *American Journal of Health Promotion*, vol. 25, no. 5_suppl, 2011, doi:10.4278/ajhp.100628-qual-219.

Jamal, Ahmed, et al. “Current Cigarette Smoking Among Adults — United States, 2005–2014.” *MMWR. Morbidity and Mortality Weekly Report*, vol. 64, no. 44, 2015, pp. 1233–1240., doi:10.15585/mmwr.mm6444a2.

^{xvi} Centers for Disease Control and Prevention. “Vital Signs: Leading Causes of Death, Prevalence of Diseases and Risk Factors, and Use of Health Services Among Hispanics in the United States—2009–2013.” *MMWR. Morbidity and Mortality Weekly Report* 2015, vol. 64, no.17, pp.469–78.

^{xvii} “Hispanic Latino Coordinating Center (HLCC).” *Hispanic Latino Coordinating Center HLCC*, healthcollaborative.org/hlcc/.

^{xviii} Christopher Kinabrew, MPH. “Advancing Tobacco Prevention and Control in Rural America.” *NNPHI*, 18 Feb. 2021, nnphi.org/resource/ruraltobacco/.

^{xix} “Rural Communities.” *Tobacco Free CA*, 17 Feb. 2021, tobaccofreeca.com/story-of-inequity/rural/.

^{xx} “Rural Communities.” *Tobacco Free CA*, 17 Feb. 2021, tobaccofreeca.com/story-of-inequity/rural/.

