

African American Smokers in California More Likely to Use Telephone Quitline

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A new study examining 18 years of data from the California state tobacco quitline found that African American smokers used the counseling service at significantly higher rates than Caucasian smokers. The finding is reported in the most recent issue of the *American Journal of Health Promotion*.

"African Americans suffer disproportionately from tobacco-related diseases such as lung cancer, stroke, and heart disease," said lead author, Shu-Hong Zhu, PhD, professor of family and preventive medicine at the University of California, San Diego School of Medicine. "Making service programs accessible and attractive for African-American smokers can help reduce health disparities associated with tobacco use."

Quitlines offer telephone counseling to help smokers quit. The services are convenient and free, paid for with state tobacco tax money. Telephone counseling also provides a degree of anonymity that can encourage utilization among those who would not normally seek help. California was the first state to set up such a telephone-based service in 1992, after clinical research found that counseling was effective in helping smokers quit.

This study examined data from the California quitline from 1992 to 2009, which included 61,096 African American and 279,042 Caucasian smokers. The authors computed the annual quitline utilization rate for each ethnic group by dividing the number of callers in a given year by the total number of smokers in the ethnic group obtained from the ongoing California Tobacco Surveys. In comparing these rates, researchers found that African American smokers were more likely to call the quitline than Caucasian smokers; 44 percent to 140 percent more likely. In only one period of comparison did African American smokers have a lower utilization rate - 10 percent lower than Caucasian smokers.

"The finding of higher utilization rates for African American smokers is somewhat unexpected but very encouraging," said Valerie Yerger, ND, LM, assistant professor in the department of social and behavioral sciences at the University of California, San Francisco and a founding member of the African American Tobacco Control Leadership Council of California. The higher rate is unexpected because most public health literature reports that African American smokers are less likely to use evidence-based treatment for smoking cessation. "It would be important to further understand which aspect of the quitline encourages their active participation," said Yerger, who is not associated with the study.

"Our analysis suggests that one reason African American smokers are more apt to use the quitline service is that they appear to be more responsive to the ongoing state media campaign that prompts calls to the service," said co-author, Phil Gardiner, PhD, from the University of California Office of the President. The study recommends that states combine a strong media message - urging smokers to quit - with the offer of convenient and free help, such as the quitline.

Timothy A. McAfee, MD, MPH, Director, Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, called the study finding "very

significant." He pointed out that quitlines are now available in every state, and when combined with media campaigns they can overcome the barriers that smokers face getting help quitting smoking. "Unfortunately, many states are cutting back on their tobacco control funding while simultaneously raising tobacco taxes. Studies like this suggest that we need to continue with a strong anti-tobacco media campaign along with offering accessible cessation services. This comprehensive approach can increase quitting activity among smokers in general while helping reduce disparities such as those African Americans face in getting help quitting."

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