

## **American Heart Association Tobacco Regulation and Addiction Center (A-TRAC)**

Perception of Tobacco Use in Vulnerable Populations (Project 3)

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### Abstract:

Extensive data demonstrates a strong relationship between tobacco smoking and, to a lesser degree, smokeless tobacco use and adverse health outcomes, yet a high percentage of the population continues to use tobacco. No single age, race, ethnicity, gender, or other sub-group of the population is immune to smoking addiction; however several segments of society are more vulnerable to tobacco use. The overarching goal of Project 3 is to assess tobacco use patterns, perceptions, attitudes, beliefs and communications channel use in multiple ethnicities and vulnerable populations to determine strategies likely to be effective in communicating information on risks associated with tobacco product use and on FDA CTP's regulatory authority. This will inform the development and testing of a communications campaign.

The specific aims for Project 3 are:

**Aim 1:** To evaluate communication channel use (CU), knowledge, risk perception, and intention for tobacco use. To accomplish this goal, we will conduct focus groups among blacks and Hispanics to examine channel use frequency (i.e., what are the most frequent channels for seeking tobacco-related communication and what are the most frequent channels for communicating with others about tobacco) and the influence of several factors that modify these choices, including age (i.e. youth 11-14.4 and 14.5-18 years), gender, knowledge about tobacco, and family and peer tobacco use. Since CU can vary by group and be influenced by other factors, available data from the Jackson Heart Study (JHS) and the HCHs/ Study of Latinos will be examined to identify key knowledge-based, attitude, behavioral and psychosocial factors that are associated with/modify tobacco use. Focus groups will be used to further assess CU and its correlations with knowledge, attitudes and beliefs, peer influence and environmental conditions (availability of tobacco/cigarettes, non-combustible products and specific brands, cost, influence of industry and social support system). These factors will be examined by gender, age, education, racial/ethnic origins, including place of birth and language use as well as the influence of culture and family and peer tobacco use.

**Aim 2:** To implement a communication intervention to aid tobacco use quit attempts and cessation. To accomplish this aim, AHA's marketing and communications team will determine the impact of specifically designed health communications on smoking and on quit attempts and cessation among vulnerable smokers, and identify how such communication channels can be used to communicate effectively about tobacco and health. These will be designed specifically for different ethnic and socioeconomic groups and tested in appropriate communities. Pre-and post-intervention quantitative research will be conducted measuring awareness of the message and recognition of communications, using tracking surveys and questionnaires in the target audiences.