Tobacco-Related Health Disparities

What are Health Disparities?
Health disparities are the preventable differences in the incidence, prevalence, mortality, and burden of disease and other adverse health conditions that exist between specific population groups.

Minnesota Tobacco-Related Health Disparities
In Minnesota, tobacco use is highest in American Indian populations. A recent report released by the American Indian Community Tobacco Projects found that 59 percent of American Indians in Minnesota smoke, an increase from previous years. Tobacco use among racial and ethnic groups is shown below for Minnesota adults.

Similar disparities among racial and ethnic groups can also be seen in Minnesota’s adolescent populations. The charts to the right represent the use of cigarettes, and other tobacco products, within the past 30 days for Minnesota adolescents in grades 9 and 12.
Additionally, recent survey findings indicate that 30.8 percent of the Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) communities in Minnesota are current smokers.2

**US Tobacco-Related Health Disparities**

Health disparities are prominent in tobacco use and exposure throughout the US:
- American Indians/Alaska Natives have the highest rate of smoking in the US.3
- Hispanic smokers born in the US smoke at a higher rate than those born elsewhere.4
- 25 percent of adults who identified themselves as multiracial or other race are current smokers, higher than any other racial/ethnic category.5

**Addressing Tobacco-Related Health Disparities**

There is no single factor that determines patterns of tobacco use among racial and ethnic groups. These patterns are the result of complex interactions between several factors, such as socioeconomic status, cultural characteristics, targeted advertising, price of tobacco products, and the varying capacities of communities to implement effective tobacco control initiatives.6

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2 VOICES OF HEALTH: A SURVEY OF LGBTQ HEALTH IN MINNESOTA, Rainbow Health Initiative, 2013