

LETTERS

MARKETING LITTLE CIGARS AND CIGARILLOS IN AFRICAN AMERICAN COMMUNITIES

The recent article by Cantrell et al.¹ reported that neighborhoods with a higher proportion of African Americans are more likely to sell little cigars and cigarillos (LCC), have exterior storefront LCC advertising, and have lower prices per cigarillo compared with neighborhoods with a lower proportion of African Americans.¹ In the article, the authors did not address two important points: (1) the correlation between racial segregation and neighborhood-level socioeconomic status (SES) and (2) the structural-level factors contributing to the risk of initiation, addiction, and lack of cessation in such neighborhoods.

First, the results may be confounded by neighborhood-level SES (poverty, unemployment, and educational attainment). Racially segregated communities, particularly those with a high density of African Americans, are disproportionately exposed to poverty² and unemployment.³ Tobacco marketing efforts have shifted overtime to target communities with low SES.⁴ Not surprisingly, the rate of cigarette smoking is highest among those who are below the US federal poverty level (2005–2007), have

less than a high school diploma, and are unemployed.⁵ Given previous research that links tobacco advertising to communities with low SES,⁴ Cantrell et al. may have overestimated the association between LCC availability, storefront advertising and pricing, and neighborhood racial density by not controlling for neighborhood-level SES. Neighborhood SES could also be interacting with neighborhood racial segregation as a moderator. A potentially heightened susceptibility to LCC may be found in communities with both a high proportion of African Americans and low SES.

Second, the discussion of implications failed to highlight neighborhood-level structural factors impacting the risk of LCC initiation, addiction and lack of cessation in African American segregated communities. Tobacco prevention programs are less available in neighborhoods with low SES,⁶ potentially increasing the risk of LCC initiation. Racially segregated African American areas are characterized by low access and utilization of health care services^{7,8} possibly affecting LCC cessation. The discussion and implications of the current study findings must consider an expanded view of neighborhood characteristics. Hence, LCC prevention and control policy recommendations for neighborhoods with a high density of African Americans should involve a comprehensive look at the cultural, demographic, and structural characteristics of the community. ■

Diana M. Sheehan, MPH

About the Author

Diana M. Sheehan is with the Department of Epidemiology and C-SALUD Center for Substance Use and AIDS Research on Latinos in the United States, Robert Stempel College of Public Health and Social Work, Florida International University, Miami.

Correspondence should be sent to Diana M. Sheehan, Robert Stempel College of Public Health and Social Work, Florida International University, 11200 SW 8th St, PCA 362C, Miami, Florida 33199 (e-mail: dsheehan@fiu.edu). Reprints can be ordered at <http://www.ajph.org> by clicking the "Reprints" link.

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CANTRELL ET AL. RESPOND

We thank Sheehan for her comments. We are aware of the known correlation between racial segregation and neighborhood-level socioeconomic status (SES). However, the high correlation between these two measures can make it challenging to implement the analyses strategies recommended. A strong relationship between the two potential predictors can make their independent effects unidentifiable in regression analyses that include both.¹ The ability to detect moderation effects is also limited because sparse data are often found in cross-tabulated categories (i.e., high African American and high SES). These issues are not

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always adequately addressed in published neighborhood studies. The 2010 American Community Survey census data demonstrated significant correlations between measures of block group-level SES (income, unemployment, education) and percentage of African Americans in the Washington, DC communities where outlets are based. Correlations ranged from 0.6 to 0.9, making it nearly impossible to separately evaluate whether point-of-sale (POS) tobacco marketing strategies were targeted based on SES status or the racial/ethnic composition of communities. Further, Short Form 1 census data, which were the data available for this study, did not include measures of SES at the block group.² Finally, growing evidence suggests that cigar use is high among African American youths^{3,4} and adults.⁵ Accordingly, we focused our analysis on block group racial/ethnic demographic characteristics and did not include highly correlated SES measures. The previous literature on POS marketing has found both neighborhood-level minority composition and low SES to be associated with tobacco advertising.^{6–9} Yet again, many of these analyses were unable to unpack the separate influence of the two factors. This is a limitation of our study and similar studies in areas where community race/ethnicity and SES are highly correlated. Nonetheless, these patterns clearly indicate higher availability and advertising of little cigars and cigarillos (LCCs) in areas with high concentrations of African Americans, which also tend to be low SES communities.

We appreciate Sheehan's discussion of additional community structural characteristics. As she correctly notes, the lower availability of prevention programs and services found in African American communities may influence tobacco use. However, we obtained data and conducted analyses only on POS tobacco marketing and census demographics; thus, we refrained from making policy recommendations based on data that were not part of the study. We agree that neighborhood-level structural factors are likely critical in understanding LCC initiation, addiction, and cessation.¹⁰ We encourage researchers and policymakers to consider these factors when developing interventions and policies related to LCC use. ■

Jennifer Cantrell, DrPH, MPA

Jennifer Kreslake, MPH

Ollie Ganz, MSPH

Jennifer L. Pearson, PhD, MPH

Donna M. Vallone, PhD, MPH

Andrew Anesetti-Rothermel, MPH

Haijun Xiao, MS

Thomas R. Kirchner, PhD

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About the Authors

Jennifer Cantrell, Jennifer Kreslake, Ollie Ganz, Donna M. Vallone, and Haijun Xiao are with the Research and Evaluation Department, Legacy Foundation, Washington, DC. Jennifer L. Pearson, Andrew Anesetti-Rothermel, and Thomas R. Kirchner are with the Schroeder Institute for Tobacco Research and Policy Studies, Legacy Foundation.

Correspondence should be sent to Jennifer Cantrell, DrPH, MPA, 1724 Massachusetts Avenue, Washington, DC 20036 (e-mail: jcantrell@legacyforhealth.org). Reprints can be ordered at <http://www.ajph.org> by clicking the "Reprints" link.

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Contributors

J. Cantrell wrote the response, and J. Kreslake, O. Ganz, J. L. Pearson, A. Anesetti-Rothermel, H. Xiao, D. M. Vallone, and T. R. Kirchner contributed to revisions.

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