Limited Resources, Education Level, Cultural Acceptance and their Effects on Smoking Prevalence in Low Socioeconomic Populations

Tobacco use is often prevalent in populations with access to fewer resources and contributes to loss of income caused by tobacco-related illnesses and death. Tobacco use and poverty are crucial risk factors that hinder optimal health of populations residing in rural and metropolitan communities.

Not only do these low-resourced populations face loss of income challenges, they also incur additional healthcare needs creating more costs.

Key internal and extrinsic factors persist among lower socioeconomic groups including inadequate social support, stronger addiction to tobacco, increased likelihood of not completing courses of pharmacotherapy or behavior support sessions, psychological differences, and a high presence of tobacco industry marketing.

In addition, certain socio-contextual and system-level factors that are common in disparity populations, such as reduced or lack of access to quality-oriented healthcare, may increase vulnerability of health conditions attributed to tobacco use.

The definition of poverty includes episodic poverty* and chronic or long-term poverty.**

* episodic poverty refers to two or more consecutive months in poverty
**chronic or long-term poverty refers to those living in poverty months at a time for years

Compared to the general population, certain disparity groups may reside in communities with greater cultural acceptance of smoking or tobacco use, less tobacco prevention programming, and more chronic social stress, each of which may increase tobacco use vulnerability.

Despite reductions in cigarette smoking overall, smoking disparities still exist among certain demographics.

<table>
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<tr>
<th>Cigarette Smoking Prevalence By Poverty</th>
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<tbody>
<tr>
<td>Percentage</td>
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<tr>
<td>30</td>
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<td>25</td>
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<td>20</td>
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<td>15</td>
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<tr>
<td>10</td>
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<tr>
<td>Smokers</td>
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<tr>
<td>16.8%</td>
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<tr>
<td>Smokers living in poverty</td>
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<td>26.3%</td>
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</table>
Smoking, Quitting & Poverty Connection

Tobacco use tends to be consumed by populations with fewer resources. In turn, tobacco use contributes to poverty through loss of income, onset of chronic disease and death. Tobacco-related illnesses and death can deprive individuals and their families of vital income and impose additional healthcare costs thereby further contributing to an ongoing cycle and entrenchment of poverty.

Although quit attempts among cigarette smokers vary by state, overall results indicate that quit attempts in the past year remain higher among those with higher than a high school diploma compared to adults with less education.

What Can Be Done?

Achieving success among regular smokers may require rigorous implementation of known, effective strategies, as well as exploring new and innovative approaches that build on existing evidence-based tools and strategies used to assist populations with tobacco cessation.

References

2-CDC, Current Cigarette Smoking Among Adults in the United States, www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking
3-CDC, Current Cigarette Smoking Among Adults: United States- 2005-2011, www.cdc.gov/mmwr/preview/mmwrhtml/mm6444a2.htm
6-CDC, Trends in Quit Attempts Among Adult Cigarette Smokers, United States, 2001-2012, www.cdc.gov/mmwr/preview/mmwrhtml/mm6440a1.htm

Additional Resources

- CDC, Community Health Improvement Navigator, www.cdc.gov/chinav
- Smokefree.gov, Tools & Tips, smokefree.gov/tools-and-tips
- American College of Radiology, Accredited Facility Search, acraccreditation.org/accredited-facility-search

Contact us to learn more and find out how you can become involved in reducing tobacco and cancer-related disparities among vulnerable, underserved and low-resourced populations with low SES characteristics. Supported by DP13-1314 National Networks to Reduce Cancer and Tobacco Related Disparities

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