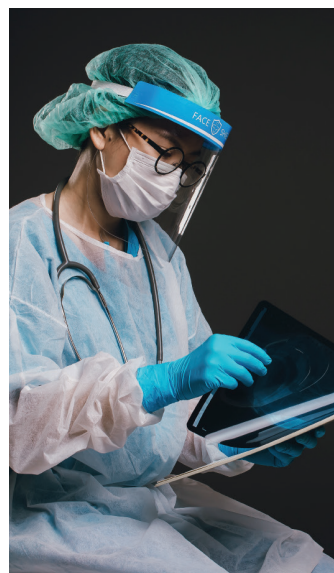




"The SARS-CoV-2 epidemic has illustrated to us the life and death consequences of unequal access to healthcare and the racial disparities in treatment outcomes in the United States."^[1]



SMHN Coronavirus Series

Tobacco Cessation: Lung Cancer and Chronic Obstructive Pulmonary Disease

Emerging Issues in Preparedness

Low-income and minority populations, as well as low-resourced communities, are at greater risk of being exposed to poorer air quality and pollution. As a result, they face higher risks for more harmful health outcomes.^[2] Common factors for severe COVID-19 disease are the same as some medical conditions that become exacerbated by chronic exposure to air pollution, such as diabetes, heart diseases, and chronic airway diseases (asthma, lung cancer, and chronic obstructive pulmonary disease [COPD]). These conditions are subsequently worsened in the presence of low socioeconomic characteristics.^[3]

As the United States prepares to address a range of emerging issues related to preparedness, communities can also become affected in several ways.

As reflected in the Healthy People 2020 national objectives, stakeholders can:^[4]

- Plan for the increased prevalence of emerging and re-emerging infectious diseases
- Incorporate Disaster Risk Reduction as an approach to preparedness
- Focus on health disparities and variations in preparedness across geographies, communities, and demographics
- Analyze how demographic trends are changing the vulnerability of populations during public health emergencies
- Increase opportunities for public-private partnerships
- Protect against threats to Electronic Health Record systems
- Identify how to take advantage of trends in technological innovation
- Increase transparency and flexibility in supply chain management

Background Information (Populations with Low Socioeconomic Status Characteristics)

Healthcare Access & Affordability

Awareness and utilization of comprehensive tobacco cessation coverage to reduce the prevalence of late or advanced stage tobacco-related cancers and other medical conditions among populations are critical, especially during pandemics, natural disasters, and other periods of crisis. In the United States, some of the most vulnerable patient populations, including uninsured and Medicaid enrollees, are often diagnosed with lung cancer at a late or advanced disease stage and may have less access to treatment options, leading to unfavorable or adverse outcomes, including mortality.

In addition, as healthcare delivery evolves from face-to-face interactions to telemedicine, a focus on populations that may be left behind is critical to reducing health disparities. Without multi-sectorial actions to address the digital divide, existing health and healthcare disparities (including tobacco-related cancers, tobacco cessation) will be worsened for the nation's most vulnerable individuals and communities. As a result, the adverse consequences of the digital divide significantly affect vulnerable populations, including those with lower socioeconomic characteristics such as low income, rural or geographically isolated, disabled, or elderly.^[6]

"Whether it is dealing with the daily effects of a chronic lung disease or the impact of a pandemic virus that targets the lungs, ensuring that patients and their families have the information they need to make crucial decisions about their health must be a priority for all health care providers."^[5]

Healthcare Insurance Status/Employment Status

In the United States, the coronavirus pandemic has worsened the financial situations of many, especially adults and families experiencing challenges associated with affordability of medical care. This contributing factor of health disparities is further amplified among populations with expensive health plan deductibles, co-pays, out-of-pocket expenses, or recent loss of healthcare coverage due to pandemic-related unemployment. Moreover, studies reveal that approximately 1 in 3 Americans have reported not receiving medical care due to cost. This estimate is even higher among vulnerable populations including those who are financially insecure, chronically ill, or have low annual household incomes.^[7]

Sociodemographic factors, such as type of healthcare insurance, level of education, geographic residence, the presence of comorbidities or other medical conditions at the time of hospitalization, or the provision of medical services (including lung cancer screening) all contribute to higher out-of-pocket costs. As a result, populations with lower annual household incomes are predisposed to experiencing greater financial burden related to healthcare.^[8]

Underlying Medical Conditions

The presence of underlying medical conditions or risk factors places populations at increased risk for hospitalizations associated with COVID-19. For example, the percentage of COVID-19 patients with at least one underlying health condition or risk factor is higher among those requiring intensive care unit (ICU) admission and among patients requiring hospitalization without ICU admission compared to populations who were not hospitalized. The most commonly reported medical conditions are diabetes mellitus, chronic lung disease (including COPD), and cardiovascular disease.^[9]

Strategic efforts should include minimizing exposure as well as reducing transmission and progression of Coronavirus symptoms among the general population, and especially among vulnerable populations.^[10] And efforts should also involve navigating all populations of tobacco/nicotine product use (including e-cigarettes) to free, confidential and comprehensive tobacco cessation services provided by state cessation quitlines.

Where Low SES Populations-Live, Work, Play and Learn

Assessing and continuing to monitor populations' exposures to environmental hazards, the extent of disparities in exposures, and the health risks from environmental hazards will inform comprehensive strategic planning. Identifying how to reduce exposures, especially among vulnerable populations (including low-income workers), will also play a role in planning. This approach should be applied before, during, and after natural disasters or pandemics, while accounting for all aspects of a community (including worksites) that might be affected, including populations most susceptible to health risks and severe illness, as well as those that may be more affected economically, psychologically or both.^[2]

RESOURCES

- American Lung Association. Lung cancer screening insurance coverage and other resources. <https://www.lung.org/lung-health-diseases/lung-disease-lookup/lung-cancer/saved-by-the-scan/resources>
- American Lung Association. State cessation coverage. <https://www.lung.org/policy-advocacy/tobacco/cessation/state-cessation-coverage>
- American Lung Association. Expanding smoke free communities: community success stories <https://www.lung.org/policy-advocacy/tobacco/smokefree-environments/expanding-smokefree-communities>
- American Thoracic Society, American College of Chest Physicians. For my lung health. <https://formylunghealth.com/>
- Association of Community Cancer Centers. Improving care coordination: Improving Lung Cancer Care. <https://www.accc-cancer.org/projects/improving-care-coordination/overview>
- CDC. COVID-19 Resources: Social vulnerability index, community mitigation framework and strategies, PPE burn rate calculator, cloth face coverings. <https://www.cdc.gov/coronavirus/2019-ncov/>
- CDC. Tips From Former Smokers Campaign Resources. <https://www.cdc.gov/tobacco/campaign/tips/index.html>
- CDC. Smokefree Policy Fact Sheets: Centers for Disease Control and Prevention (CDC) https://www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/protection/reduce_smoking/index.htm
- Centers for Medicare and Medicaid Services. Marketplace coverage and coronavirus. <https://www.healthcare.gov/coronavirus/> and <https://www.healthcare.gov/get-coverage/>
- Community Health Advisor (HealthPartners Institute and National Commission on Prevention Priorities). <http://www.communityhealthadvisor.org/cha3/>
- Emory University's COVID-19 Health Equity Interactive Dashboard <https://covid19.emory.edu/>
- Kaiser Family Foundation. State data and policy actions to address coronavirus - maps and data. <https://www.kff.org/coronavirus-covid-19/>
- National Cancer Institute. Coronavirus: What people with cancer should know. <https://www.cancer.gov/contact/emergency-preparedness/coronavirus>
- National Cancer Institute. Organizations that offer free cancer support services. <https://www.cancer.gov/about-cancer/coping/adjusting-to-cancer/support-groups>
- United States Department of Agriculture. COVID-19 federal rural resource guide. <https://www.rd.usda.gov/coronavirus>

REFERENCES

- Association of Community Cancer Centers: [Eating the elephant](#).
- National Prevention Council. [National prevention strategy](#). Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General, 2011.
- Brandt EB, Beck AF, Mersha TB. Air pollution, racial disparities, and COVID-19 mortality. *J Allergy Clin Immunol*. 2020;146(1):61-63.
- Healthy People 2020. [Preparedness](#).
- American College of Chest Physicians. [For My Lung Health Campaign promotes lung health education in underserved Black and Latino Communities](#).
- Gray DM, Joseph JJ, Olayiwola JM. [Strategies for digital care of vulnerable patients in a COVID-19 world—keeping in touch](#). *JAMA Health Forum*, 2020.
- Fendrick AM, Shrosbree B. [Expanding coverage for essential care during COVID-19](#). *Am J Manag Care*. 2020;26(5):195-196
- Zafar SY, Abernethy AP. [Financial toxicity, part I: a new name for a growing problem](#). *Oncology* 2013;27(2):80-149.
- CDC. [Preliminary estimates of the prevalence of selected underlying health conditions among patients with coronavirus disease 2019 — United States, February 12–March 28, 2020](#). *MMWR* 2020;69:382–386.
- Pan A, Liu L, Wang C, et al. [Association of Public Health Interventions with the epidemiology of the COVID-19 outbreak in Wuhan, China](#). *JAMA*. Published online April 10, 2020.

Supported by: CDC-RFA-DP18-1808:
“Networking2Save”- CDC’s National Network
Approach to Preventing and Controlling
Tobacco-related Cancers in Special Populations