



# FAST FACTS - SMOKING IMPACTS ILLNESS

## Late Diagnosis, Higher Mortality Rates and Smoking Remains Disproportionately High Among Low-Resourced Demographics

Although overall smoking rates have declined, certain populations are still adversely affected by tobacco use and tobacco-related illness.<sup>2</sup>

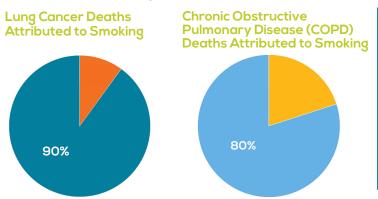
Cigarette smoking is associated with higher rates of disease onset, illness and mortality, particularly from some cancers and other leading chronic diseases.

- More than 16 million adults are living with a smoking-related disease.
- Smoking-related illness among adults in the United States costs the system more than \$300 billion a year, including nearly \$170 billion in direct medical care.<sup>1</sup>

Studies reveal that a late-stage cancer diagnosis is associated with lower socioeconomic status (SES).<sup>4</sup>

### **Smoking Prevalence and Risk Factors**

Higher cigarette smoking prevalence exists among adults uninsured or with Medicaid insurance compared to adults insured by private health insurance or Medicare only.<sup>3</sup> Studies have shown that uninsured and Medicaid patients with breast, cervical, colorectal, lung, prostate, head and neck, or uterine cancer experience higher mortality rates compared to patients with private insurance or Medicare.<sup>5</sup>



# Socioeconomic factors including:

- Household income
- Employment status
- Financial access
- Educational levels
- Health insurance status
- Other SES factors

# Other factors including:

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- Cultural beliefs
- Stage at diagnosis
- Multiple diagnoses & Comorbidities
- Behavioral risk factors
- Treatment Received

significantly impact cancer incidence and survival rates.

## Financial Stability and Delay of Care Have an Impact

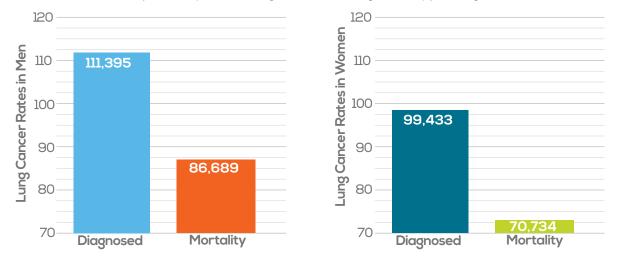
✓ Individuals from medically underserved populations are more likely to be diagnosed with late-stage cancers that might have been treated more effectively or cured if diagnosed earlier.

✓ Multiple studies show that patients living in regions with high levels of poverty delay medical care.

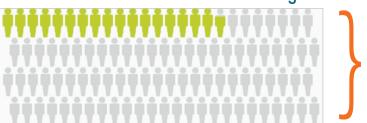
✓ From diagnosis to survivorship to end-of-life care, the direct and indirect costs of cancer care can cause significant hardship for families and loved ones with inadequate or limited financial resources to absorb the additional expenses.<sup>6</sup>

#### New Lung Cancer Diagnosis and Mortality Rates in Men and Women<sup>1</sup>

Mortality bar(s) reflect total lung cancer deaths regardless of year diagnosed.



#### Five-Year Lung and Bronchus Survival Rates<sup>8</sup>



Green figures represent those who surpassed the five-year mark from point of diagnosis. Gray figures represent those who have died from lung and bronchus cancer.

#### What Can Be Done?

There are research-based methods that have been shown to improve health and lower cancer risk for those within underserved populations.

- Assuring the availability of state quitline support
- Providing comprehensive tobacco cessation coverage in all public and commercial health plans for those that are insured
- Increasing access to cancer screening and early detection services for both the uninsured and those that have limited insurance
- Ensuring all persons enrolled in Medicaid or state insurance Marketplaces are provided with evidence-based tobacco cessation counseling services and FDA-approved cessation medications<sup>7</sup>

#### References

- 1-CDC, Cigarette Smoking in the United States, www.cdc.gov/tobacco/campaign/tips/resources/data/ cigarette-smoking-in-united-states.html
- 2-CDC, Health Effects of Smoking, www.cdc.gov/tobacco/ data\_statistics/fact\_sheets/health\_ effects/effects\_ cig\_smoking/#cancer
- 3-Jamal A., Homa D., O'Connor E., Babb S., Caraballo R., Singh T., et al, (2015), Current cigarette smoking among adults – United States, 2005–2014, MMWR Morb Mortal Wkly Report, 64(44), pp 1233–40. www.cdc.gov/mmwr/preview/mmwrhtml/mm6444a2.htm
- 4-Clegg L., Reichman M., Miller B., et al. (2009), Impact of socioeconomic status on cancer incidence and stage at diagnosis: selected findings from the surveillance, epidemiology, and end results: National Longitudinal Mortality Study, Cancer Causes Control, 20 pp 417-435.
- S-Niu X., Roche L., Pawlish K., & Henry K. (2013), Cancer survival disparities by health insurance status, Cancer Medicine. 2:403-411. www.ncbinlm.nih.gov/pmc/articles/ PMC3699851/pdf/cam40002-0403.pdf
- 6-Lathan C., Cronin A., Tucker-Seeley R., Yousuf Zafar S., Ayanian J., & Schrag D. (2016), Association of Financial Strain With Symptom Burden and Quality of Life for Patients With Lung or Colorectal Cancer, Journal of Clinical Oncology JC0632232. jcc. ascopubs.org/content/early/2016/02/24/ JC0.2015.63.2232.full.pdf+html
- 7-CDC, Best Practices for Comprehensive Tobacco Control Programs, www.cdc.gov/tobacco/stateandcommunity/ best\_practices
- 8-NCI, 2006-2012 SEER Fact Sheets: Lung and Bronchus Cancer, seer.cancer.gov/statfacts/htmllungb.html

#### Additional Resources

- ✓ AHRO, Lung Cancer Screening Tools for Patients and Clinicians, www.effectivehealthcare.ahrq.gov/tools-andresources/patient-decision-aids/lung-cancer-screening
- ← CDC, Cancer Survivorship: Support Programs and Services, www.cdc.gov/cancer/survivorship/links.htm
- ← CDC, Tips From Former Smokers: Campaign Resources, www.cdc.gov/tobacco/campaign/tips/index.html



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.