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. 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.

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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. 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.

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.

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.
New Lung Cancer Diagnosis and Mortality Rates in Men and Women

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

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.

References

2. CDC, Health Effects of Smoking, www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.htm

Additional Resources


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

Five-Year Lung and Bronchus Survival Rates

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.

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