



FAST FACTS – SMOKING & WORKING ADULTS

Secondhand Smoke, Smoking Prevalence and Cancer Screening Patterns Among Working Adults

Socioeconomic factors are complex and can be interrelated, thereby potentially affecting health at different times throughout a lifespan and operating at different levels including individual, household and environmental.¹

In the United States, although secondhand smoke exposure among nonsmokers has declined, progress has not been the same for all members of society.

- Higher rates of secondhand exposure continue to exist among vulnerable and low-resourced populations by age, race and socioeconomic status (SES) including children and African-Americans, as well as various populations living below the poverty level and those who rent housing.²

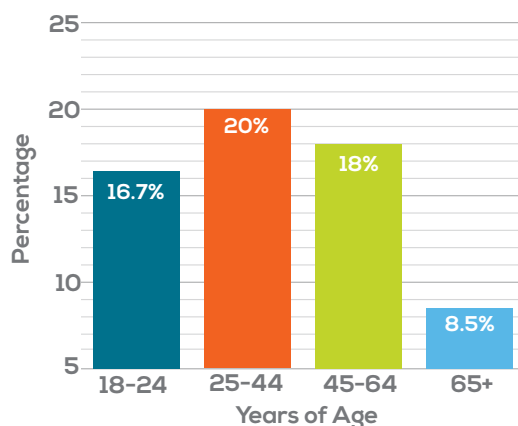


Secondhand smoke is the result of “sidestream” smoke – the smoke given off by a burning tobacco product, and “mainstream” smoke – the smoke exhaled by a smoker.³

Smoking Statistics

Most current data reveals that cigarette smoking rates are higher than the national average (16.8%) among some age and industry groups.

Cigarette Smoking Prevalence By Age⁴



Cigarette smoking prevalence is higher among workers in blue-collar and food service industries.⁵



In addition, secondhand smoke exposure is higher among populations with low SES characteristics such as populations with a lower annual income, thereby posing additional health risks.

- Approximately 43.2% or more than 2 out of every 5 nonsmokers who live below the poverty level are exposed to secondhand smoke.²
- Nonsmokers who are exposed to secondhand smoke at home or at work increase their risk of developing lung cancer by 20–30%.⁶

Maximize Cessation and Screening Services

The integration of smoking cessation intervention within a lung cancer screening program provides an opportunity for increasing the rates of successful smoking cessation since individuals are demonstrating an interest in better health by seeking screening services.⁷

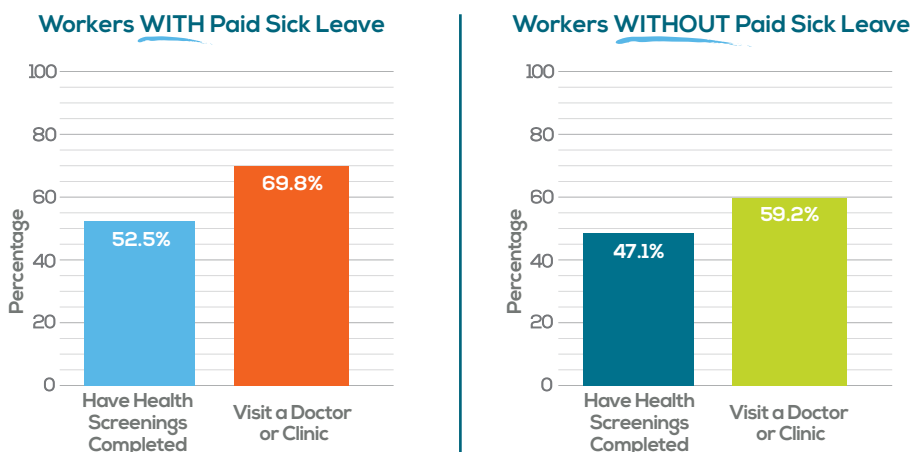
Some of the most fundamental causes of health disparities are socioeconomic factors.⁸ Socioeconomic status is also related to a variety

of factors that influence cancer experience, including smoking patterns and distribution; quality and use of health resources; as well as knowledge, attitudes and practices. While addressing distribution, quality and use of health resources, establishing work site-to-healthcare links is also important. These are intended to facilitate use of preventive health services such as early screening and detection of tobacco-related cancers among employees (including low-income workers).

Lack of Paid Sick Leave

More than 48 million workers (38% of the working population) lack paid sick leave from their main employer or job.⁹ Lack of paid sick leave can be considered a financial barrier since it lies within the category of out-of-pocket costs for medical care.

Race and ethnicity, level of education, age, household income, marital status, usual source of medical care and healthcare coverage are factors that have been associated with colorectal, breast and cervical screening as well as efforts to seek routine medical care.



The percentage of workers with access to paid sick leave is lowest among service workers, workers in construction, maintenance, and transportation fields and part-time employees.

References

- 1- Braveman P., Cubbin C., Egerter S. et al. (2005). Socioeconomic status in health research: one size does not fit all. *JAMA*;294: 2879-2888.
- 2- CDC, Secondhand Smoke Facts, www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/general_facts
- 3- NCI, Secondhand Smoke and Cancer, www.cancer.gov/about-cancer/causes-prevention/risk/tobacco/second-hand-smoke-fact-sheet
- 4- CDC, Current Cigarette Smoking Among Adults in the United States, www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking
- 5- CDC, Current Cigarette Smoking Prevalence Among Working Adults- 2004-2010, www.cdc.gov/mmwr/preview/mmwrhtml/mm6038a2.htm

- 6- CDC, Health Effects of Secondhand Smoke, www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/health_effects/index.htm
- 7- Deppen S., Grogan E., Aldrich M., & Massion P. (2014), Lung Cancer Screening and Smoking Cessation: A Teachable Moment?, *Journal of National Cancer Institute*. 106 (6).
- 8- Adler N. & Newman K. (2002). Socioeconomic Disparities in Health: Pathways and Policies, *Health Affairs*, 21, pp 60-76.
- 9- Peipins L., Soman A., Berkowitz Z., & White M., (2012) The lack of paid sick leave as a barrier to cancer screening and medical care-seeking: results from the National Health Interview Survey, *BMC Public Health*. 12 (1), p 520.

Additional Resources

- ✓ Americans for Non-Smokers Rights, Summary: Costs of Secondhand Smoke Exposure Studies, www.no-smoke.org/getthefacts.php?id=707
- ✓ CDC, Vital Signs-Secondhand Smoke Recommendations, www.cdc.gov/vitalsigns/tobacco
- ✓ National Colorectal Cancer Roundtable, 80% by 2018: Tools and Resources, nccr.org/tools/80-percent-by-2018
- ✓ ALA, Lung Cancer Screening Health Insurance Coverage and Access Resources, www.lung.org/lung-health-and-diseases/lung-disease-lookup/lung-cancer/patient-resources-and-videos
- ✓ 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.

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