CPEHN
California Pan-Ethnic Health Network

Health Disparities and Tobacco Use
Fact Sheet

Key Takeaways

- The tobacco industry has spent considerable resources targeting communities of color.
- Smoking rates are inversely tied to income, with the number of smokers dropping dramatically as income rises. [i]
- Almost all smokers start before age 26 and the vast majority (~80%) start before 18. [ii] Younger populations are more impacted by price increases resulting in a decrease in smoking.
- Smokers with a lower economic status are more likely to smoke less, quit, or never start in response to a tax increase. [iii]
- Tobacco control policies have been effective over the last 15 years as smoking rates have decreased throughout all populations. However, the drop in smoking rates among men was much higher for Whites (33.5%) than among African Americans and Latinos (12.5% and 18.4% respectively). [iv]
- Low-income Native Americans have the highest smoking rate 38.8%. [v]

Health Complications [vi]

- Smokers are two to four times more likely than nonsmokers to develop coronary heart disease. Even low levels of tobacco exposure, including occasional smoking or secondhand smoke, increase the risk of poor cardiac health.
- Male smokers are 23 times more likely, and female smokers are 13 times more likely, than nonsmokers to develop lung cancer. Smoking causes 80-90 percent of deaths from lung cancer.
- Smoking doubles the risk of stroke.

Effectiveness of Tobacco Tax [vii]

- An examination of more than 100 international studies reflects the following empirical consensus: "Significant increases in tobacco taxes are a highly effective tobacco control strategy and lead to significant improvements in public health."
- Because low-income people are more sensitive to changes in tobacco prices, they will be more likely than high-income people to smoke less, quit, or never start in response to a tax increase. Thus the health benefits of a tax increase are progressive. One forthcoming study concludes that people below the poverty line paid 11.9

percent of the tobacco tax increase enacted in 2009 but will receive 46.3 percent of the resulting health benefits, as measured by reduced deaths.

- 4 in 5 adult smokers started before they were 18 and only 1 in 100 after they were 26. Young people are particularly sensitive to price increases.
- The Congressional Budget Office (CBO) summarizes the existing research and concludes that a 10 percent increase in cigarette prices will lead people under age 18 to reduce their smoking by 5-15 percent. Among adults over 18, CBO concludes, the decline would be 3-7 percent
- The numerous health risks of smoking impact smokers as well as non-smokers (through secondhand exposure) and increase overall U.S. health care spending.
- Evidence suggests that people do not fully account for the health risks of smoking and that many smokers would like to quit.

Health Disparities in Tobacco Use

- **African Americans**
  - The tobacco industry sponsors cultural, educational and entertainment events, as well as intense marketing in the African American community and ethnic media.[viii]
  - African Americans have the highest lung cancer incidence and mortality rates in California.[ix]
  - The rate is 18% higher than non-Hispanic Whites and almost 2 x the rate among Asian/Pacific Islanders and Hispanic/Latino men.[x]
  - African Americans smoke more than other race/ethnic groups, with few differences between men and women (18.9% of men, 15.2% of women).[xi]
  - Decline in smoking rate among white men (33.5%) much higher than decline among African Americans (12.5%) and Latinos (18.4%).[xii]
  - Low-income African Americans (less than or equal to 185% FPL) are much more likely to be smokers (29%).[xiii]

- **Asians and Pacific Islanders**
  - Tobacco industry documents reveal 15+ years of targeted marketing to Asian/Pacific Islander (API) communities.[xiv]
  - Gender differences in smoking rates are substantial within the Asian/Pacific Islander and Latino populations in California, with men (13.1%) smoking more than women (4.5%).
  - Vietnamese (27%) and Korean (23.3%) men have particularly high smoking rates, which can be lost when looking at overall population numbers.[xv]

- **Latinos**
  - The tobacco industry has financially supported primary and secondary schools, funded universities and colleges, and supported scholarship programs targeting Hispanics and Latinos.[xvi]
  - In 2008, Hispanic high school students in California had the second highest smoking prevalence among all high school students.[xvii]
  - Lung cancer is the leading cause of cancer deaths among Hispanics.[xviii]
  - Deaths from lung cancer are 2.1 times higher for Hispanic men as they are for Hispanic women in California.[xix]
  - Latino men (15.5%) much more likely to smoke than women (5.7%).[xx]

- **Native Americans**
  - 38% of low-income Native Americans are smokers.[xxi]

- **LGBT**
  - Tobacco industry advertising has openly targeted gays and lesbians since 1992, when Philip Morris began running ads in Genre magazine.[xxii]
  - Little accurate data on disparities in health outcomes because data gathered rarely includes sexual orientation.
  - The American Cancer Society estimates that tobacco kills at least 33,000 gays and lesbians each year in the United States.[xxiii]

- **Low Income and Uninsured**[xxiv]
  - Smoking rates decrease dramatically as income increases. 0-99 FPL have 18.2% rate while 300+ FPL has 10.4% rate.
  - Smoking rates are highest in Central Valley (up through Sacramento) and Inland Empire
  - Roughly 1 in 4 smokers (26.5%) is uninsured.

Contact:
Cary Sanders, Director of Policy Analysis, csanders@cpehn.org, (510) 832-1160
Kimberly Chen, Policy Advocate, kchen@cpehn.org, (916) 447-1299

---

[i] California Department of Public Health, Report on 25 years of Tobacco Control, 2015. http://www.cdph.ca.gov/programs/tobacco/Documents/Resources/Fact%20Sheets/2015FactsFigures-web2.pdf
[ii] Center on Budget and Policy Priorities, Higher Tobacco Tax Can Raise Revenue and Improve Health, March 2014. http://www.cbpp.org/research/higher-tobacco-taxes-can-improve-health-and-raise-revenue
[iii] Ibid.
[iv] CDPH Report on 25 years of Tobacco Control, 2015.
[v] Ibid.
[vi] All data from this section is taken from: CBPP, March 2014.
[vii] Ibid.

[viii] Dennis D and Jenett J. "Tobacco-Related Health Disparities in Contra Costa." Tobacco Prevention Coalition. March 28, 2011. http://cchealth.org/tobacco/pdf/health_disparities_presentation.pdf.
[ix] Shervington D. "Attitudes and Practices of African-American Women Regarding Cigarette Smoking: Implications for Interventions." *Journal of the National Medical Association.* May 1994. *http*://www.ncbi.nlm.nih.gov/pmc/articles/PMC2607667/ and Royce JM, Hynowitz N, Corbett K, Hartwell TD, and Orlandi MA. "Smoking Cessation Factors Among African Americans and Whites." *American Journal of Public Health*. February 1993. Accessed at: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1694582/
[x]Ibid.
[xi] CDPH Report on 25 years of Tobacco Control, 2015.
[xii] Ibid.
[xiii] Ibid.
[xiv] Muggli ME, Pollay RW, Lew R, Joseph AM. Targeting of Asian Americans and Pacific Islanders by the Tobacco Industry: Results from the Minnesota Tobacco Document Depository. Tob Control 2002 Sept; 11(3): 201-9. Available at: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1759011/pdf/v011p00201.pdf
[xv] CDPH Report on 25 years of Tobacco Control, 2015.
[xvi] Dennis D and Jenett J. March 28, 2011.
[xvii] CDPH Report on 25 years of Tobacco Control, 2015.
[xviii] Shervington D. and Royce JM, Hynowitz N, Corbett K, Hartwell TD, and Orlandi MA. February 1993.
[xix] Ibid.
[xx] CDPH Report on 25 years of Tobacco Control, 2015.
[xxi] Ibid
[xxii] Dennis D and Jenett J. Tobacco Prevention Coalition. March 28, 2011
[xxiii] The Center for Tobacco Policy and Organizing. "Tobacco Use Among California's Diverse Populations." American Lung Association in California. https://www.nphic.org/Content/Conferences/2010/Awards/Print/BROC-OS-Bronze-TobaccoUseAmongDiversePopulations2010.pdf.
[xxiv] CDPH Report on 25 years of Tobacco Control, 2015.