

TOBACCO CONTROL POLICIES

Do They Make a Difference for

Low Socioeconomic Status

Women and Girls?



A SUMMARY REPORT BY THE LOW SOCIOECONOMIC STATUS
WOMEN AND GIRLS PROJECT

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Summary Report

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National Cancer Institute
National Institutes of Health
U.S. Department of Health and Human Services

American Legacy Foundation

The Low Socioeconomic Status Women and Girls Project is an Initiative
of the Tobacco Research Network on Disparities (TReND)

Smoking is one of the most studied human behaviors and thousands of studies have documented its health consequences, yet certain questions and data needs exist with respect to women and smoking.

— Surgeon General's Report, 2001

While tobacco control policies—such as increases in cigarette prices and excise taxes, worksite smoking bans, and focused youth media campaigns—show promise for reducing smoking among the general population, their effectiveness in reducing smoking is less clear among women who are poor, have less than a high school diploma, and work in blue collar and service positions.

— Nancy J. Kaufman, R.N., M.S., and
Deborah L. McLellan, M.H.S., Meeting Co-Chairs

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LETTER FROM THE CO-CHAIRS

We are pleased to submit this Summary Report of the activities of the Low Socioeconomic Status Women and Girls Project, most notably its inaugural meeting, *Tobacco Control Policies: Do They Make a Difference for Low Socioeconomic Status Women and Girls?* Although overall tobacco use has declined dramatically since 1965 in the United States, this decline has not been distributed equally across populations. Notably, the decline in smoking among women has not been as striking as that seen in men. Lung cancer surpassed breast cancer in 1987 as the leading cause of cancer deaths in women, and lung cancer rates among women continue to rise. In response to this health crisis, tobacco control experts have used comprehensive tobacco control policies and programs to stem tobacco's deadly march.

While tobacco control policies—such as increases in cigarette prices and excise taxes, worksite smoking bans, and focused youth media campaigns—show promise for reducing smoking among the general population, their effectiveness is less clear among women who are poor, do not have a high school diploma, and work in blue-collar and service positions. We know that racial/ethnic disparities in cigarette smoking and exposure to tobacco smoke exist in the United States. Also known is that women of lower socioeconomic status have higher rates of tobacco use and suffer disproportionately from tobacco's burden. The question then arises: Are tobacco control policies effective in reducing the harm caused by tobacco in these heterogeneous groups of low socioeconomic status women?

To advance the science on this critical issue, the Tobacco Research Network on Disparities (TReND)—a national network developed through a National Cancer Institute/American Legacy Foundation partnership—launched an initiative in 2004: the Low Socioeconomic Status Women and Girls Project. This initiative evolved from more than a decade of work on women and tobacco, including the findings from the 2001 U.S. Surgeon General's report, *Women and Smoking*, which detailed the costs of tobacco use to women's health and well-being. Additional important work includes the 2004 National Cancer Institute report, *Women, Tobacco, and Cancer: An Agenda for the 21st Century*, which outlined strategies to reduce smoking among women and girls.

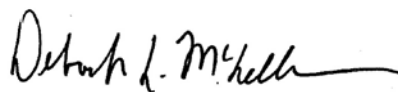
Building on these efforts, the Low Socioeconomic Status Women and Girls Project convened a small expert meeting in September 2005. Participants reviewed evidence on the effects of tobacco control policies on low socioeconomic status women and girls, identified research gaps, and developed transdisciplinary research ideas to catalyze continued dialogue and translation of research into practical interventions. Significantly, this meeting served to confirm our belief that we *can* reduce the harm tobacco causes among low socioeconomic status women and girls. However, it will take concerted efforts by researchers, policymakers, practitioners, and advocates.

If together we examine the impact of tobacco policies on women, conduct research to establish an evidence base, and ensure that evidence-based approaches are disseminated and used at the community level, we may well close gender and socioeconomic gaps. This requires that we collaborate with traditional and new partners. Please join us on this important journey. The future of women and girls depends on it.

Sincerely,



Nancy J. Kaufman, R.N., M.S.
Aurora Health Care
Meeting Co-Chair



Deborah L. McLellan, M.H.S.
Dana-Farber Cancer Institute
Meeting Co-Chair

EXECUTIVE SUMMARY

The 1980 U.S. Surgeon General's report, *The Health Consequences of Smoking for Women*, concluded that "The first signs of an epidemic of smoking-related disease among women are now appearing."¹ In 1987, lung cancer death rates in women surpassed those from breast cancer, triggering a new disease epidemic among women. Since 1987, lung cancer has been the leading cause of cancer deaths among women in the United States, including women of low socioeconomic status.

Low socioeconomic status women and girls are heterogeneous groups characterized by one or more social conditions that increase their risk for tobacco use and exposure. These women and girls live in poverty or near poverty, often have not received a high school diploma but may have earned a General Educational Development (GED) diploma, and are unemployed or work in blue-collar or service positions. Over the past 10 years, low socioeconomic status women consistently have had higher rates of cigarette smoking, lower rates of quitting, and increased risk for tobacco-related diseases than women of higher socioeconomic status.

Poverty rates have increased in the United States since 2001, and women and women-headed families are more likely than men to live in poverty.² Although women of low socioeconomic status span all races and ethnicities, African American, American Indian, Alaska Native, and Hispanic women are significantly more likely than non-Hispanic White women to be poor or near-poor and to have lower quality preventive primary health care and inadequate access to care.³

Working women have higher poverty rates than working men, and women-headed families are twice as likely as their male counterparts to be among the working poor.⁴ With equivalent levels

of education, women earn on average substantially less income than men,⁵ placing them at greater risk for poverty.

Research also suggests that women without a college education are more likely than college-educated women to work in blue-collar and service positions. Women working in such positions are often doubly jeopardized, as their jobs may expose them to the interactive and synergistic effects of workplace chemicals and tobacco smoke, thereby increasing their risk for lung diseases. Women in blue-collar and service positions may work in environments, such as bars or restaurants, where smoke-free policies do not exist or are not enforced.

Poverty, educational attainment, and occupational class work independently or together to create cumulative effects on women and girls throughout their lives. Moreover, these socioeconomic factors limit women's ability to access quality health care, which in turn reduces their access to tobacco prevention and cessation services and treatment for tobacco-related diseases.

Except for initiatives aimed at pregnant smokers, few interventions and known evidence-based tobacco control interventions have targeted low socioeconomic status women. Tobacco control policies—tobacco sales restrictions, price and taxation strategies, and designation of smoke-free environments, among other efforts—are low-cost, effective strategies that help reduce or eliminate tobacco access, use, and exposure. Such policies also can increase access to services that help people quit smoking. Since the early 1990s, countries, states, and municipalities across the world have implemented tobacco control policies to reduce tobacco use and exposure among all populations. However, it is unclear whether these policies have decreased tobacco use and exposure among

low socioeconomic status women and girls. To address this issue, the Tobacco Research Network on Disparities (TReND)—a national network developed through a National Cancer Institute/American Legacy Foundation partnership—launched the Low Socioeconomic Women and Girls Project in 2004.

Goals of the Low SES Women and Girls Project

The Low Socioeconomic Status Women and Girls Project strategically examines the effects of tobacco control policies on diverse populations of low socioeconomic status women and girls. By reviewing existing research and stimulating new research, the project aims to inform the development and implementation of policies and programs by practitioners that may reduce tobacco use among low socioeconomic status women and girls.

Recommendations from the following major reports helped form this project's mission and activities:

Women and Smoking: A Report of the Surgeon General (2001)⁶ stated the need for a better understanding of the effects of tobacco control policies on women.

Women, Tobacco, and Cancer: An Agenda for the 21st Century (2004)⁷ recommended research to explore and strengthen the health benefits of public and private tobacco control policies on women and girls, especially in populations at greatest risk.

Eliminating Tobacco-Related Health Disparities: Summary Report (2005)⁸ called for more research to assess the impact of policy interventions on under-studied populations, such as low-income groups and blue-collar workers.



At project inception, members of the project's planning committee targeted four near-term activities:

- Review the literature in 2004 on the effects of tobacco control policies on low socioeconomic status women and girls.
- Plan and convene a meeting in 2005 to address such policies, inviting researchers, practitioners, and tobacco control advocates.
- Sponsor a special supplement issue in the *Journal of Epidemiology and Community Health* in 2006 to promote interdisciplinary empirical exploration of policy data.
- Develop a summary report to describe the
 - background driving the need for this project
 - results of the literature review on tobacco policies
 - purpose of and recommendations from the 2005 meeting—*Tobacco Control Policies: Do They Make a Difference for Low Socioeconomic Status Women and Girls?*
 - key findings from papers published in the *Journal of Epidemiology and Community*.

With the creation of this report, each of these activities has been completed. This Executive Summary concludes with recommendations developed at the 2005 *Tobacco Control Policies* meeting.

Recommendations from Tobacco Control Policies Meeting

Researchers, practitioners, and tobacco control advocates attending the 2005 meeting of the Low Socioeconomic Status Women and Girls Project crafted recommendations that have guided additional projects since this inaugural meeting. The suggestions comprise methodological and measurement recommendations and other research actions to increase our knowledge of how to reduce tobacco use among low socioeconomic status women and girls.

Methodological and Measurement Recommendations

- Improve the analysis and reporting of tobacco-related disparities and enhance existing data sets, techniques, and measures of socioeconomic status and policy.

Research Recommendations

- Increase understanding of the lives and social context of low socioeconomic status women and girls over the life course and how tobacco control and other policies affect their tobacco use trajectories.
- Examine how smoke-free environments in the home, community, and workplace work individually, interactively, and synergistically to help women and girls quit smoking.
- Develop an understanding of how gender-specific power dynamics at home, work, and in public venues affect the implementation and enforcement of policies.



- Determine how tobacco control policies interact with acculturation and diverse communities' level of integration into mainstream society to affect smoking among low socioeconomic status women and girls.
- Engage women, girls, women's organizations, and organizations that support women and girls in developing effective ways to translate and disseminate research findings to help inform tobacco control policies.
- Monitor tobacco industry strategies that target low socioeconomic status women and girls and examine the effects of those strategies on this population's initial and continued use of tobacco.
- Examine how the attitudes, perceptions, and actions of the tobacco control community and policymakers toward low socioeconomic status women and girls and smokers affect research and policymaking.

INTRODUCTION

Smoking Among Women and Girls

Very few women smoked in the early 1900s, as smoking was considered unacceptable for women and was even prohibited in public. Not until World War II did smoking among women increase dramatically,⁶ marking changes in social customs and laying the groundwork for an emerging smoking epidemic. Although the 1964 U.S. Surgeon General's report, *Smoking and Health: Report of the Advisory Committee to the Surgeon General of the Public Health Service*, was the first major report to establish causal relationships between smoking and cancer, respiratory disease, and heart disease, the impending epidemic of smoking-related diseases among women was not acknowledged until 1980. That year, the U.S. Surgeon General's report, *The Health Consequences of Smoking for Women*, stated that "The first signs of an epidemic of smoking-related diseases among women are now appearing."¹ The report refuted the notion that women were immune from the damaging effects of smoking.

In 2001, a second Surgeon General's report focused on smoking among women, further advancing our understanding of women and tobacco. The report highlighted trends in women's smoking; the devastating effects of tobacco use and secondhand smoke—also known as environmental tobacco smoke; and the unique role the tobacco industry plays in marketing tobacco products to women. It also brought attention to gender-specific health outcomes and concluded that women who stop smoking greatly reduce their risk of premature death at any age, while noting, however, that women have greater difficulty quitting smoking than men. In addition, the report showcased successful interventions and

organizational activities, offering hope to address the smoking epidemic among women.

Much progress has been made since the social revolution of the early 1940s made cigarette smoking more socially acceptable among women. Smoking rates among women have declined from nearly 34 percent in 1965 to about 19 percent in 2004.⁶ High school girls have smoking rates similar to those of boys (23 percent)⁹; although adolescent smoking began to decline in 1998, rates have now stabilized.¹⁰ While significant progress has been made to reduce smoking overall among women and girls, many gaps in knowledge remain. As the National Cancer Institute's report *Women, Tobacco, and Cancer: An Agenda for the 21st Century*⁷ indicates, we still do not fully understand the gender differences associated with tobacco use and tobacco-caused cancer morbidity and mortality.

Today, lung cancer is the leading cause of cancer deaths among women. As had been predicted in the 1980 U.S. Surgeon General's report, lung cancer surpassed breast cancer death rates by 1987. While smoking rates and lung cancer incidence and death rates among men decreased from 1975 to 2002, the incidence of lung cancer has remained relatively stable among women, with death rates increasing by 0.3 percent per year from 1995 to 2002.¹¹

Any declines that have been achieved in smoking and tobacco-related disease outcomes have not been distributed equally across all populations of women. Smoking rates among women vary by race/ethnicity (Figure 1), income, education, and occupation.

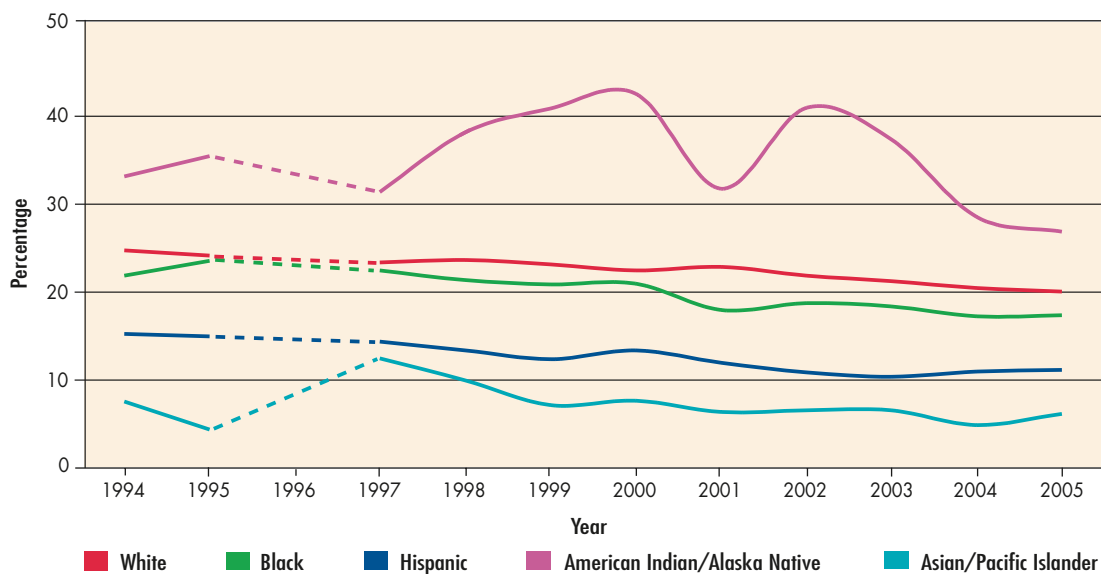
Role of Poverty, Education, and Occupation

Interest has grown in the United States in reducing tobacco-related disparities between and among populations.³ This interest has prompted a more critical investigation of socioeconomic status, which has been associated with lifelong disparities in health. Low socioeconomic status women have higher rates of smoking and lower rates of quitting than women of higher socioeconomic status.¹²⁻¹⁸ Single mothers who receive welfare—one of the most underprivileged female populations—have nearly twice the rate of smoking, lower rates of quitting, and worse health than other women of the same age and race.¹⁹ Socioeconomic factors, combined with the social, physical, and cultural context in which women and girls live, may increase their risk for tobacco-related diseases and conditions.

Legacy of Poverty

Although smoking rates have declined overall in women, a significant and substantial disparity remains in smoking, quitting, and lung cancer rates based on poverty status. Twenty-seven percent of women below the poverty threshold, compared with nearly 18 percent of those at or above the poverty threshold, reported current smoking in 2004 (Figure 2).²⁰ On average, current smoking rates in 1998 were 2.5 times higher among pregnant women on Medicaid than among pregnant women without Medicaid,²¹ and pregnant women below the poverty threshold were less likely to attempt quitting than were pregnant women at or above the poverty threshold.²² Further, the incidence of lung cancer

Figure 1. Percentage of women aged ≥ 18 years who were current cigarette smokers,* by race and ethnicity, 1994–2005



Source: Figure adapted from National Health Interview Survey (NHIS) data, as reported in *Morbidity and Mortality Weekly Report* between 1996 and 2007 (see References).

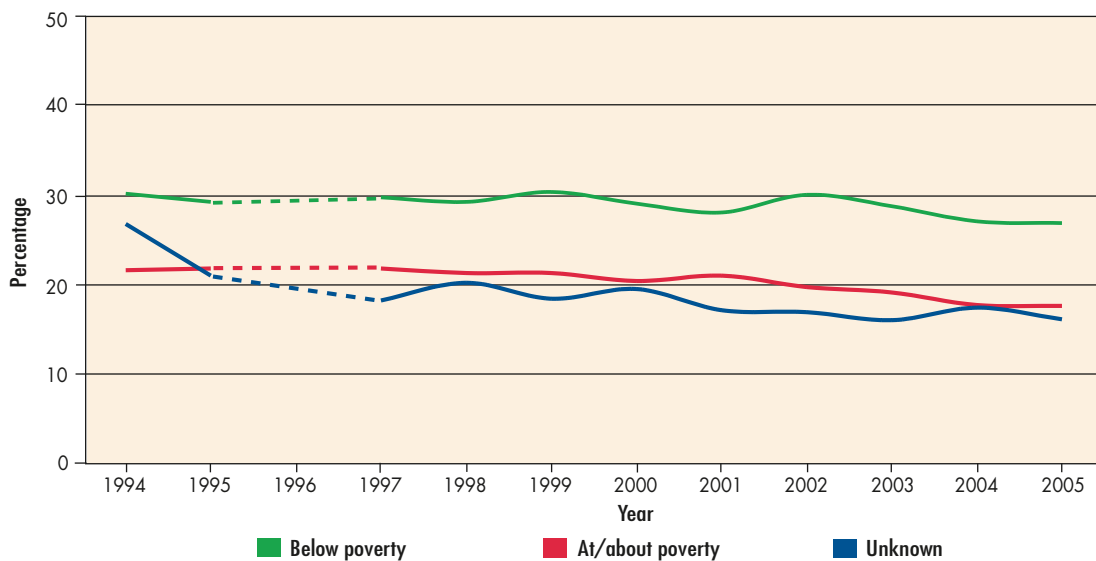
Notes: *Current smoker: has smoked 100 or more cigarettes in lifetime and currently smokes cigarettes “every day” or “some days.” Data were not collected in 1996. The survey was redesigned in 1997; trend analysis and comparison with data years before 1997 should be done with caution.

from 1975 to 1999 among women in counties with poverty levels of 20 percent or higher was 11 percent greater than that for women in counties with poverty levels between 10 and 19 percent.²³

These outcomes may be partly explained by access to and quality of health care. Poor and near-poor women are more likely than higher income women to lack health insurance, be dissatisfied with their health plans when insured, lack a usual source of care,³ have worse health, and die prematurely.³ Poverty rates are increasing in the United States,²³ and cumulative adverse health effects result from living in poverty.²⁵ Among women of low socioeconomic status, tobacco use among the poor, the near-poor, and those with low incomes may be considered a 21st century epidemic.

Women in general earn on average about \$10,000 less per year than men, and women-headed households earn less than other family households.²⁴

Figure 2. Percentage of women aged ≥ 18 years who were current cigarette smokers,* by poverty status, 1994–2005



Source: Figure adapted from National Health Interview Survey (NHIS) data, as reported in *Morbidity and Mortality Weekly Report* between 1996 and 2007 (see References).

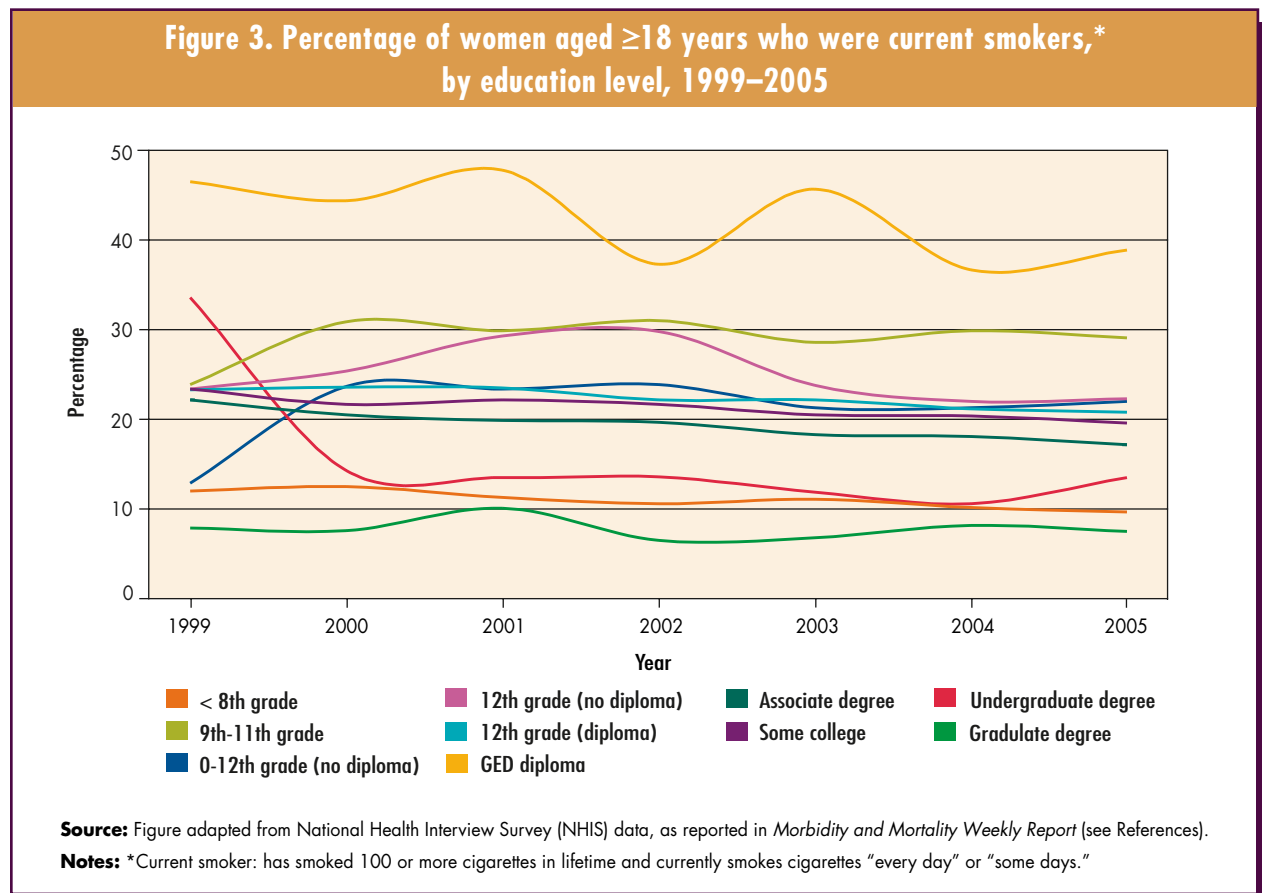
Notes: *Current smoker: has smoked 100 or more cigarettes in lifetime and currently smokes cigarettes “every day” or “some days.” Data were not collected in 1996. The survey was redesigned in 1997; trend analysis and comparison with data years before 1997 should be done with caution.

Role of Educational Attainment

Educational attainment is associated with current smoking and health outcomes. Although some women with low education levels have higher-than-average rates of tobacco use, a direct linear relationship does not exist between smoking and educational attainment (Figure 3). For example, nearly 37 percent of women with a GED reported current smoking in 2004, whereas only about 11 percent of women with fewer than 8 years of education reported current smoking. However, high education levels generally are associated with a lower risk of ill health and death from tobacco-related cancer and cardiovascular disease across multiple cultures²⁶ and women's lifespan.²⁷ Few studies report quit rates among women and girls with low educational attainment.

Impact of Occupational Class

As with poverty and education, occupation is associated with tobacco use and exposure, smoking cessation, and health outcomes. Studies of men and women have reported that about 35 percent of blue-collar workers smoke, as compared with 20 percent of white-collar workers.¹⁸ Notably, no significant difference in quit attempts has been reported by occupation level among men and women, although white-collar workers (20 percent) are more likely to be former smokers than are blue-collar (18 percent) or service workers (14 percent).¹⁸



Few studies report data by gender, but one study that combined National Health Interview Survey data from 1987 to 1994 reported the following smoking rates among women by occupation:

- 25 percent in executive, administrative, and managerial occupations
- 33 percent in service occupations
- 36 percent in transportation and material moving occupations²⁸

Women in blue-collar and service positions may be doubly jeopardized if they work in positions or environments where the interactive and synergistic effects of workplace chemicals and tobacco smoke increase their risk for lung disease.²⁹

The workplace can be a major source of exposure to tobacco smoke.³⁰ Smoke exposure among adults is inversely associated with occupational class.³¹ Blue-collar and service workers are significantly less likely to be protected by smoke-free policies than are white-collar workers.³² Bartenders and food servers are less likely to be covered by a smoke-free policy in the workplace and are more likely to be exposed to smoke even when covered by a smoke-free policy.³² Migrant, seasonal, and other workers who are exposed to tobacco leaves may suffer from green tobacco sickness, an occupational illness resulting from transdermal nicotine exposure.³³

The workplace also may contribute to smoking initiation. One-third of adolescent smokers reported that they first started smoking regularly at work.³⁴ Although studies have not examined the effects of gender and tobacco among working adolescents, these data suggest that additional analyses may be important to understanding possible intervention points to prevent or stop smoking among low socioeconomic status adolescents and their families.

Hispanic and African American women were more likely than White or Asian women to work in service occupations in 2004.³⁵

Poverty, education level, and occupational class—individually or together—cumulatively affect the health of women and girls throughout their lives and may differentially affect women of different races or ethnicities. The social, cultural, and environmental context may be extremely complex, with multiple layers of disparities.

For example, one study among a U.S. sample found that 28 percent of women with less than a college education smoke; if these women also worked in blue-collar positions, their smoking rate jumped to 32 percent. Moreover, if these women fell below 200 percent of the poverty threshold, their rate increased to 34 percent.¹⁸ This pattern also has been observed in the United Kingdom⁴⁴ and underscores the importance of research on reducing smoking among low socioeconomic status women. Socioeconomic factors impact women's ability to access quality—or any—health care,^{3,34} thereby reducing their access to tobacco prevention and cessation services and treatment for tobacco-related diseases.

Evidence-Based Tobacco Control Practices for Low Socioeconomic Status Women and Girls

Few known evidence-based tobacco control interventions have targeted low socioeconomic status women and girls. A study conducted by the Agency for Healthcare Research and Quality concluded that

*Very few systematic reviews have specifically evaluated the effectiveness of behavioral interventions that promote the uptake of cancer control behaviors in minority or socioeconomically disadvantaged populations.*³⁶

Similarly, few studies have examined the effects of policy-level cancer control interventions, although tobacco control advocates have provided leadership in implementing policies that aim to reduce or prevent tobacco access, use, and exposure. Tobacco control policies—tobacco sales restrictions, price and taxation strategies, and designation of smoke-free environments, among other efforts—are low-cost, effective intervention strategies. While helping to reduce or eliminate tobacco access, use, and exposure, these policies also can increase access to services that help people quit smoking. For example, studies indicate that smoke-free laws help smokers by providing an environment that facilitates quitting, while benefiting nonsmokers by eliminating exposure to secondhand smoke. Most of these strategies are population-based and have been used successfully by tobacco control advocates to reduce tobacco use and exposure to secondhand smoke.⁸

Since the early 1990s, countries, states, and municipalities around the world have implemented policies to reduce tobacco use and exposure among all populations. However, it is not clear that these policies decrease tobacco use and exposure among low socioeconomic status women and girls, and critical questions remain. A more thorough analysis of evidence-based practices in addressing tobacco-related disparities among women of low socioeconomic status is needed to identify differences and plan appropriate policies and programs to ameliorate these disparities.



THE LOW SOCIOECONOMIC STATUS WOMEN AND GIRLS PROJECT

Project Purpose and Activities

Against the backdrop detailed in the Introduction, the Tobacco Research Network on Disparities (TReND)—a national network developed through a National Cancer Institute/American Legacy Foundation partnership—launched the Low Socioeconomic Status Women and Girls Project in 2004. The project’s purpose is to strategically examine the effects of tobacco control policies on diverse populations of low socioeconomic status women and girls. This is to be achieved by reviewing existing research, stimulating new research, and informing the development and implementation of policies and programs to help reduce tobacco use among low socioeconomic status women and girls.

At project inception, members of the project’s planning committee targeted four near-term activities:

- Review the literature in 2004 on the effects of tobacco control policies on low socioeconomic status women and girls.
- Plan and convene a meeting in 2005 to address such policies, inviting researchers, practitioners, and tobacco control advocates.
- Sponsor a special supplement issue in the *Journal of Epidemiology and Community Health* in 2006 to promote interdisciplinary empirical exploration of policy data.
- Develop a summary report to describe the
 - background driving the need for this project

- results of the literature review on tobacco policies
- purpose of and recommendations from the 2005 meeting—*Tobacco Control Policies: Do They Make a Difference for Low Socioeconomic Status Women and Girls?*
- key findings from papers published in the *Journal of Epidemiology and Community*.

With the creation of this Summary Report, each of these activities has been completed. Each is described in the next section.

Literature Review Results

The planning committee used PubMed to conduct a thorough literature review in Fall 2004. Only four published articles reported the effects of tobacco control policies on low socioeconomic status women and girls.³⁷⁻⁴⁰ Although gender and socioeconomic status characteristics of smokers are often collected in surveys and may be analyzed or reported separately, the lack of analysis and reporting of the effects of tobacco control policies on women of different levels of education, income, or by occupational class is notable.

A rigorous literature review conducted by Greaves et al.⁴¹ echoed the committee’s findings. Both literature reviews helped confirm the critical need for a meeting to address the dearth of literature on tobacco control policies and low socioeconomic status women and girls.

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