National Cancer Institute

TOBACCO CONTROL POLICIES

Do They Make a Difference for Low Socioeconomic Status Women and Girls?

U.S DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

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

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." In 1987, lung cancer death rates surpassed those from breast cancer, giving rise to a new disease epidemic among women. Since 1987, lung cancer has been the leading cause of cancer deaths among women in the United States and among low socioeconomic status (SES) women.

Low SES women and girls are poor or near-poor, have not received a high school diploma, have a General Educational Development (GED) certificate, are unemployed, and/or work in blue-collar or service positions. Over the past 10 years, low SES women have consistently had higher rates of cigarette smoking, lower rates of quitting, and increased risk for tobacco-related diseases than their more advantaged counterparts. 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.[1] Although women of low SES 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 often experience poorer access to care and lower quality preventive primary health care.[2]

Poverty rates also are higher among working women compared to men.[3] Women who work in blue-collar and service positions face double jeopardy because they may work in environments or positions where there may be interactive or synergistic effects of workplace chemicals with tobacco smoke, therefore increasing their risk for lung diseases. Women in blue-collar and service positions, such as bartending, may work in environments where smoke-free policies do not exist or are not enforced.

Women lag behind men in attaining a bachelor's degree. Even with equivalent levels of education, women earn on average substantially less income than men,[4] placing them at greater risk for poverty. Furthermore, women without a college education may be more likely to work in service and blue-collar positions than women with a college education.

These factors—poverty, income, educational attainment, and occupational class—independently or together have cumulative effects over the life course on the health of women and girls. These socioeconomic factors have a negative impact on women's ability to access quality health care and, as a result, reduce their access to tobacco prevention and cessation treatment services and treatment for tobacco-related diseases.

Few interventions and known evidence-based tobacco control interventions have specifically targeted low SES women other than pregnant women and girls. Tobacco control policies (e.g., smoke-free workplaces and homes, youth access, media campaigns, sales restrictions, pricing policies, and systematic policies in clinical or other settings) are low-cost and effective intervention strategies that reduce or eliminate exposure to tobacco, tobacco use, and access to tobacco. Policies can also increase access to services needed to help people quit smoking. Since the early 1990s, states, municipalities, and countries across the world have implemented various 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 SES women and girls.

[1] U.S. Census Bureau. (2003). Women and men in the United States: March 2002, population characteristics (Current Reports P20-544).

[2] Agency for Healthcare Research and Quality. (2005). 2005 National healthcare disparities report (Publication 06-0017).

[3] U.S. Department of Labor, Bureau of Labor Statistics. (2001). A profile of the working poor, 1999 (Report 947).

[4] U.S. Census Bureau. (2004). Educational attainment in the United States: 2003, population characteristics (Current Reports P20-550).

Goals of the Low SES Women and Girls Project

The Low SES Women and Girls Project, an initiative launched in 2004 by the Tobacco Research Network on Disparities (TReND), strategically addresses and examines the effects of multiple tobacco control policies on diverse populations of low SES women and girls. The Project aims to stimulate new research, review existing research, and, as a result of its findings, inform the development and implementation of policies and programs by practitioners that may reduce tobacco use among low SES women and girls. This project was prompted by recommendations from three major reports:

- *Women and Smoking: A Report of the Surgeon General* (2001) called for a better understanding of the effects of tobacco control policies on women.
- *Women, Tobacco, and Cancer: An Agenda for the 21st Century* (2004) recommended conducting research to explore and strengthen the positive health impacts 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) called for more research to assess the impact of policy interventions on under-studied populations, such as low-income groups and blue-collar workers.

The Low SES Women and Girls Project has four major initial activities:

- Conduct a review of the literature on the effects of tobacco policies on low SES women and girls
- Plan and convene a meeting, *Tobacco Control Policies: Do They Make a Difference for Low SES Women and Girls?* (held September 22–23, 2005, in Bethesda, Maryland), to examine new data on the effects of policies on low SES women and girls
- Develop a report that describes the meeting process and outcomes
- Sponsor a special issue in the *Journal of Epidemiology and Community Health*, published in September 2006 to promote interdisciplinary empirical exploration of policy data

This Executive Summary highlights recommendations detailed in the report, *Tobacco Control Policies: Do They Make a Difference for Low SES Women and Girls?* The recommendations were developed by researchers, practitioners, and advocates who attended the 2005 meeting and consist of overarching

methodological and measurement recommendations and other research actions that will increase our knowledge of how to reduce tobacco use among low SES women and girls.

Methodological and Measurement Recommendations

Improve analysis and reporting of tobacco-related disparities and enhance existing data sets, techniques, and measures of SES and policy

Many studies collect sociodemographic data but do not report policy findings by race/ethnicity, age, educational attainment, poverty level, employment status, sexual orientation, or gender. Analyses of existing secondary data sets are important first steps in disseminating these findings, but additional cross-sectional and longitudinal studies are needed.

Because researchers use different ways to measure SES and policy, standard measures need to be developed. Furthermore, to contextualize quantitative research findings, there is a need for the tobacco control field to integrate qualitative and quantitative methodologies, neighborhood-level analyses, and expertise and methodologies from other fields, such as anthropology and law.

Research-Specific Recommendations

Increase understanding of the lives and social context of low SES women and girls over the life course and how tobacco control and other policies affect their tobacco use trajectories

In order to implement effective policies, we need to better understand the lives of women and girls. It is also important to investigate how tobacco control policies—alone and in conjunction with other social policies (e.g., housing, welfare, education, domestic violence, child health, health care, and transportation)—differentially affect the lifetime smoking habits of low SES women. Few studies have investigated specific links between social policies and tobacco use, but those that have suggest that social policies can influence smoking.[5,6]

Examine how smoke-free environments (home, community, and workplace) work individually, interactively, and synergistically to help women and girls quit smoking

There is a need to investigate the directional or bidirectional nature of quitting behavior among women; examine the implementation of smoke-free home policies; explore interactions of smoke-free home restrictions with other smoke-free environmental policies; examine the

[5]Kaplan, G. A., et al. (2005). The health of poor women under welfare reform. American Journal of Public Health, 95(7), 1252-1258.
[6]Graham, H. (1998). Promoting health against inequality: using research to identify targets for interventions—a case study of women and smoking. Health Education Journal, 57, 292-302.

most ethical way to increase the number of smoke-free homes among low SES women; and determine other programmatic interventions needed to complement smoke-free policies. Furthermore, it is important to assess how public and private enforcement of smoke-free policies may affect low SES women differently.

Develop an understanding of how gender-specific power dynamics at work, home, and in public venues affect the implementation and enforcement of policies

Women who have less social and economic power at work or at home than male partners/spouses, supervisors, colleagues, or patrons who smoke may have difficulty implementing and enforcing a smoke-free policy even if formal or informal legislation exists. There is a need to investigate how gender power in the home or workplace determines whether a smoke-free policy exists or is followed. Furthermore, gender and culture may affect the ability of youth to access and purchase cigarette products. Studies are needed to examine how gender power influences purchasing power.

Determine the associations among acculturation, the level of integration into mainstream society, and tobacco control policies and how these factors affect smoking among low SES women and girls

Some populations of low SES women and girls may not be integrated into mainstream society and, hence, not be as affected by mainstream legislation and regulation. For instance, smoke-free legislation and excise tax policies that exist in a state or locality may not have to be implemented within sovereign nations. Although Native American women and girls have high rates of smoking, they may not benefit from tobacco control policies that are outside the jurisdiction of their tribes. Homeless women and girls who are not in school may also be outside of mainstream society and not protected by tobacco control policies. Women who are uninsured, on Medicaid, or do not have a phone may have problems accessing evidence-based smoking cessation treatments. Studies also have identified differences in smoking by level of acculturation, but little is known about how tobacco control policies intersect with level of acculturation to curb smoking. Research is needed to determine how culture and access to resources influence policy reach.

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 policies

It is important to learn more about media usage and channels of

communication among low SES women to determine whose voices are trusted and credible and how to frame appropriate messages for low SES women. Furthermore, it is critical to translate and disseminate research findings and do a better job of engaging women advocates in this process.

Monitor strategies used by the tobacco industry to target low SES women and girls and examine how they affect uptake and use of tobacco

There is an ongoing need to monitor how the tobacco industry continues to find innovative ways to make its products attractive to heterogeneous populations of low SES women and girls. It is also important to monitor how the industry continues to build collaborations with organizations and individuals to further its political agenda and undermine efforts to prevent and reduce tobacco use. Analyses are needed to determine which industry marketing techniques encourage initiation and use among low SES women and girls.

Examine how the tobacco control community's and policymakers' attitudes, perceptions, and actions toward low SES women and girls and smokers affect research and policymaking

Smoking is epidemic among those of low SES. There is a need for researchers and policymakers to understand how some policies unintentionally contribute to greater disparities and the degree to which some policies discriminate against low SES women and girls. For instance, pregnant smokers are incarcerated for child abuse against the fetus. Sometimes white-collar office buildings are smoke-free, while blue-collar workers are exposed to tobacco smoke on the manufacturing floor. Excise taxes on tobacco products reduce overall consumption, but such taxes have been called regressive, potentially hurting those who have the least money and smoke the most. Furthermore, although smokers are not a protected class under civil rights legislation in the United States, some employers choose to hire and retain only nonsmokers. Spirited debate exists within the tobacco control community as to the appropriateness of such actions, and it may be helpful to understand and address underlying attitudes and perceptions toward low SES women that affect the development and implementation of such policies.

Conclusions

The 1980 U.S. Surgeon General's report, *The Health Consequences of Smoking for Women,* was the first to draw attention to the impending epidemic of smoking-related diseases among women and to link smoking to disease outcomes in women. The 2001 Surgeon General's report, *Women and Smoking,* took an important next step and stated that, regardless of the SES indicator (poverty, education, or occupation), women of low socioeconomic status have higher rates of smoking and lower rates of quitting, factors that increase their risk for tobacco-related diseases and deaths. In the early 1900s, tobacco use was a problem among high socioeconomic status groups. Today, tobacco use is epidemic among low socioeconomic status groups.

The goal of *Healthy People 2010* to reduce tobacco use to 12 percent can be achieved only if tobacco control researchers, practitioners, and advocates examine the effects of policies on populations of women with high smoking rates. Furthermore, to reduce the death toll from tobacco among poor, low-educated, and blue-collar and service working women, we must evaluate how evidence-based policies impact tobacco exposure, initiation, current smoking, frequency of smoking, quitting, relapse, and disease outcomes among women and girls.

Implementation of the recommendations in this Executive Summary will increase our capacity to reduce smoking and, ultimately, the burden of tobacco-related cancers among women and girls of low socioeconomic status. Researchers have a wealth of existing data to examine the effects of tobacco control policies on low SES women and girls. Together with practitioners and advocates, they have an opportunity to learn more about the lives of low SES women and girls and how industry targets them, as well as generate new, integrated quantitative and qualitative data to assess the problem and develop strategies to address it. To spur these efforts and implement recommendations, it is important to build new and sustainable collaborations within and outside the field of tobacco control. Efforts to bridge tobacco control policy to broader social policies necessitate collaborations with allies with whom the tobacco control movement has not traditionally worked. Furthermore, expanding collaborations with community organizational representatives who work with low SES women may help advance the scope of policy research and the intended reach of policy effects.

Sponsors

The Low SES Women and Girls Project is an initiative of the Tobacco Research Network on Disparities (TReND), funded by the National Cancer Institute and the American Legacy Foundation. We thank the following sponsors for supporting the Low SES Women and Girls Project:

- National Cancer Institute Division of Cancer Control and Population Sciences
- National Cancer Institute Office of Women's Health
- The U.S. Department of Health and Human Services Office on Women's Health
- The American Legacy Foundation

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