

# Low Socioeconomic Status (SES) and Tobacco

## FACT SHEET



### Low Socioeconomic Status

Social and economic factors influence a broad array of opportunities, exposures, decisions and behaviors that promote or threaten health. Although there are many factors contributing to predicted tobacco use, socioeconomic status is the single greatest predictor. Characteristics that describe low-socioeconomic-status populations include low income, less than 12 years of education, medically under-served, unemployed and working poor.<sup>1</sup> They can also be prisoners, gays and lesbians, blue-collar workers and the mentally ill. Low-income people smoke more, suffer more, spend more, and die more from tobacco use.

### National Facts and Trends

#### UNITED STATES MEDIAN SMOKING RATES, BY EDUCATION AND INCOME<sup>2</sup>

With Disability		Without Disability	
Less than High School	32%	Less than \$15,000	32%
High School or GED	26%	\$15,000-24,999	28%
Some post High School	21%	\$25,000-34,999	24%
College Graduate	10%	\$35,000-49,999	22%
		\$50,000+	15%

### Maine Facts and Trends

- The Maine adult smoking rate is 20.9% compared to the U.S. rate of 20.1% (2006).<sup>3</sup>
- Among adults with less than \$25,000 in household income, 30% smoke compared to 15% with incomes over \$50,000.<sup>3</sup>
- Of those with a high school or GED education, 31% smoke compared to 10% with a college degree.<sup>3</sup>
- Of those with less than a high school education, 35% smoke.<sup>4</sup> In Maine, people who work in manufacturing, construction, or transportation are the most likely to be exposed to secondhand smoke at work.<sup>4</sup>
- People who have rules that no smoking is allowed anywhere inside the home:<sup>4</sup>
  - o Less than high school = 54%
  - o High school or GED = 65%
  - o College graduate = 84%
  - o Income greater than \$50,000 = 80%
  - o 36% smokers vs. 81% non-smokers have no-smoking rules

- Smoking rates in Maine by employment status for those less than age 65 (estimates are based on small numbers so have a wide confidence interval):<sup>4</sup>
  - o Unemployed less than one year 52% (CI +/-11.37)
  - o Unemployed more than one year 37% (CI +/-16.06)
  - o Unable to work 30% (CI +/-6.36)
- Employment status among people surveyed:<sup>4</sup>
  - o 51.9% employed; 12.2% self-employed; 1.3% out of work more than 1 year; 2.6% out of work less than 1 year; 5.8% homemaker; 0.4% student; 19.0% retired; 4.5% unable to work.
- Of MaineCare recipients, 43% smoke.<sup>4</sup>
- Of women enrolled in MaineCare/Medicaid, 33% smoke while pregnant.<sup>5</sup>
- Of pregnant women enrolled in WIC, 30% smoke compared to 17.5% of pregnant women overall who smoke.<sup>4</sup>

## **The Story Behind the Facts: Why Is this Information Important**

---

- Tobacco and poverty create a vicious circle. Tobacco increases poverty, and tobacco products tend to be more widely used among the poor.<sup>5</sup> Tobacco smoking not only impoverishes the person who smokes but also the rest of the family.<sup>6</sup>
- Although there are many contributing factors to predicted tobacco use, socioeconomic status is the single greatest predictor. Americans below the poverty line are 40% more likely to smoke than those at or above the poverty line.
- Possible reasons that rates of smoking are high for low SES populations include: tobacco education materials may not be culturally or linguistically appropriate for low SES populations; low SES populations often live in communities where tobacco advertising is more prominent.
- Whereas the highest-income Americans once smoked at greater levels than the poorest, they now smoke at barely half the rate of those of lowest income.
- Lower-income people are more likely to suffer the harmful consequences of exposure to secondhand smoke. People employed in blue-collar and service occupations are more likely to be exposed to secondhand smoke on the job than their white-collar counterparts.
- In general, lower-income smokers are not only more likely to start smoking, but also less likely to quit than higher-income smokers. For example, the percentage of smokers who have quit is highest for those with college degrees and lowest among those with less than a high school education.<sup>1</sup>
- Results of focus groups with low SES smokers (in Maine and West Virginia) show:
  - o Smoking meets a need for each participant that cannot be replaced with anything else.
  - o Smoking is considered the norm in the social and family groups of participants. They assume that smoking prevalence is higher than it really is.
  - o Most participants had tried to quit, but relapsed due to stress, environmental triggers, and the influence of those around them.
  - o Participants do not see care providers as being helpful in quitting.
  - o Most would like to quit but do not believe in their own ability to overcome addiction; they believe they need willpower to quit.
  - o Most believe that secondhand smoke is more dangerous than smoking.

## References:

- <sup>1</sup> National Network on Tobacco Prevention & Poverty, Smoking Habits and Prevention Strategies in Low Socio-economic Status Populations, 2004.
- <sup>2</sup> Behavioral Risk Factor Surveillance System (BRFSS), 2005.
- <sup>3</sup> BRFSS, 2006.
- <sup>4</sup> Maine Adult Tobacco Survey, 2004.
- <sup>5</sup> U.N. Ad Hoc Inter-Agency Task Force on Tobacco Control. <http://www.who.int/tobacco/media/en/unreportII.pdf>.
- <sup>6</sup> Quote by Judy Wilkenfeld of the Washington-based Campaign for Tobacco-Free Kids. <http://medicolegal.tripod.com/homelessness.htm>.



### Appropriation #014-10A-9922-022

The Department of Health and Human Services (DHHS) does not discriminate on the basis of disability, race, color, creed, gender, age, sexual orientation, or national origin, in admission to, access to or operation of its programs, services, activities or its hiring or employment practices. This notice is provided as required by Title II of the Americans with Disabilities Act of 1990 and in accordance with the Civil Rights Acts of 1964 as amended, Section 504 of the Rehabilitation Act of 1973 as amended, the Age Discrimination Act of 1975, Title IX of the Education Amendments of 1972 and the Maine Human Rights Act. Questions, concerns, complaints, or requests for additional information regarding civil rights may be forwarded to the DHHS' ADA Compliance/EEO Coordinator, State House Station #11, Augusta, Maine 04333, 207-287-4289(V) or 207-287-3488(V), TTY: 800-606-0215. Individuals who need auxiliary aids for effective communication in programs and services of DHHS are invited to make their needs and preferences known to the ADA Compliance/EEO Coordinator. This notice is available in alternate formats, upon request