

TOBACCO-RELATED DISPARITIES

STAT SHOT

This document identifies a non-exhaustive list of populations that have a tobacco-related disparity. Most disparate communities are also disproportionately targeted by the tobacco industry and/or have limited access to treatment and health care. It is because of this that these populations need to be a priority in tobacco prevention and control work.

Income

1 in 8 people that make less than \$50,000/year smoke, compared to approximately 2 in 5 people that make less than \$15,000.



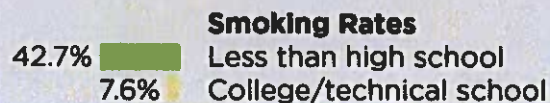
Mental Health

People that experience frequent* poor mental health days have smoking rates that are nearly double (36.6%) the smoking rates of people who infrequently experience poor mental health days (19.3%).

**14 days or more a month*

Education

Non graduates of high school smoke at significantly higher rates than those that graduated from college or technical school.



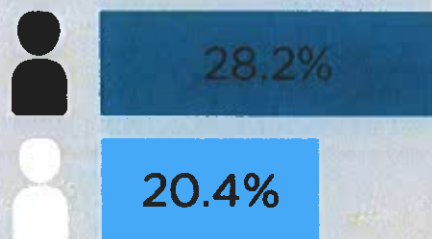
Substance Abuse

Binge drinkers smoke cigarettes (35.7%) at almost double the rate of non-binge drinkers (18.2%).



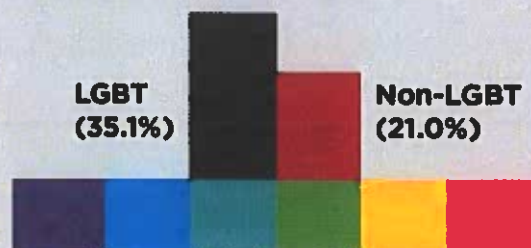
Race

Black, non-Hispanic people have significantly higher smoking rates than white, non-Hispanic people.



LGBT

LGBT Ohioans have a significantly higher smoking prevalence than Ohioans that do not identify as a member of the LGBT community.



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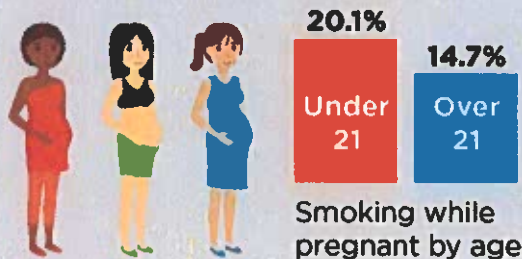
Disability

The percentage of adults who smoke cigarettes is significantly higher among people with disabilities (28.1%) than people without disabilities (19.7%)



Pregnant Women

15.2% of women in Ohio smoke at some point during their pregnancy.



SHS Exposure

40.5% of Ohio adults are exposed to secondhand smoke.



Disparate Populations' SHS Exposure:

Living with Disability: **45.6%**

Did not Graduate High School: **52.9%**

Binge Drinkers: **58.0%**

14+ Mental Health Days/Month: **58.9%**

What is Health Equity in tobacco Prevention and Control?

Health equity in tobacco prevention and control is the opportunity for all people to live a healthy, tobacco-free life, regardless of their race, level of education, gender identity, sexual orientation, the job they have, the neighborhood they live in, or whether or not they have a disability. Tobacco control partners can work toward health equity by focusing efforts on decreasing the prevalence of tobacco use and secondhand smoke exposure and improving access to tobacco control resources among populations experiencing greater tobacco-related health and economic burdens.

What are Tobacco-Related Disparities?

Differences that exist among population groups with regard to key tobacco-related indicators, including patterns, prevention, and treatment of tobacco use; the risk, incidence, morbidity, mortality, and burden of tobacco-related illness; and capacity, infrastructure, and access to resources; and secondhand smoke exposure.

Equity and Disparity (directly above) Source:

Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs—2014*. Atlanta, GA: US Dept of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2014.

Pregnancy Infographic Source:

Vital Statistics, Ohio Department of Health, 2015. Ohio birth certificates, mother smoking status before and during pregnancy by county.

All Other Infographics' Source:

Ohio Behavioral Risk Factor Surveillance System, 2015.