

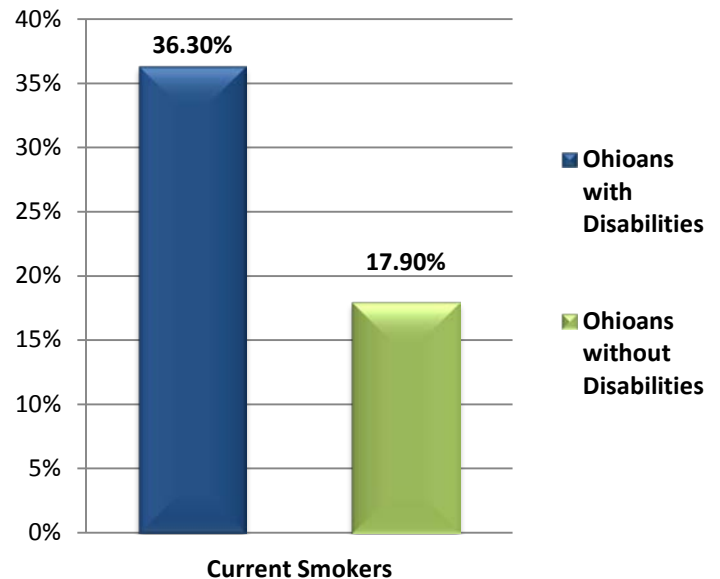
# Smoking Among Ohioans with Disabilities

Authors: David Ellsworth, MPH, CHES, Priyanka Ram, Susan M. Havercamp, PhD, FAAIDD, Ann Robinson, BS, Wesley R. Barnhart, BA; Ohio Disability & Health Program

## Overview

Smoking accounts for half a million deaths every year and is of particular concern among people with disabilities (PWD). PWD have unmet healthcare needs and disparities in overall health, chronic health conditions, and health risk behaviors. People with disabilities are especially at risk for smoking and smoking-related illness. According to 2014 data, approximately 662,107 people with disabilities in the United States were current smokers, half of whom reported trying to quit within the past year. Ohio has one of the highest smoking rate disparities (18.5%) in the United States for people with disabilities compared to people without disabilities. These findings suggest a need for effective and targeted smoking cessation programs that are accessible and culturally appropriate for people with disabilities.

## Ohio Smoking Prevalence by Disability Status



Source: 2014 DHDS

## Barriers Limiting Inclusion of PWD in Smoking Cessation Programs

- Inaccessible health messages lead to low health literacy among PWD
- PWD may not appreciate the health risk of smoking nor the benefits of quitting tobacco use
- PWD are rarely referred to health promotion programs, including smoking cessation programs
- Lack of accessible and affordable transportation
- Programs may not be appropriate for PWD due to physical, attitudinal, and cultural barriers

## Smoking Impact on Health

- Smoking increases the risk for a multitude of health conditions including heart disease, stroke, lung cancer and other types of cancer.
- Smoking may reduce the effectiveness of prescription medications.
- For PWD, smoking increases the risk of chronic conditions that may adversely impact their primary disabling condition.

**Smoking cessation efforts must be inclusive of people with disabilities.**

# Health Benefits of Quitting Smoking

Time Since Quitting	Health Benefits
Within 20 Minutes	Heart rate and blood pressure drops.
12 Hours	The carbon monoxide level in the blood drops to normal.
2-12 Weeks	Circulation improves and lung function increases.
1-9 Months	Coughing and shortness of breath decreases.
1 Year	Risk of Coronary heart disease is about half that of a smoker.
5 Years	Stroke risk is reduced to that of a nonsmoker 5 to 15 years after quitting
10 Years	Risk of lung cancer falls to about half that of a smoker and risk of cancer of the mouth, throat, esophagus, bladder, cervix, and pancreas decreases.
15 Years	The risk of coronary heart disease is that of a nonsmoker's.

## What can be done to reduce smoking among PWD in Ohio

- Health surveillance is needed to understand tobacco use and cessation activities of PWD.
- ODHP and the Tobacco Use Prevention and Cessation Program at the Ohio Department of Health added a disability identifier to the Ohio Tobacco Quit Line intake survey allowing us to monitor the Quit Line utilization data by disability status.
- ODHP worked with the Tobacco Use Prevention and Cessation Program to develop promotional materials for the Ohio Tobacco Quit Line, where users receive over-the-phone support to quit smoking, for people with disabilities.
- ODHP offers training on the Living Independent from Tobacco (LIFT) smoking cessation program that was developed for people with disabilities.
  - The LIFT program is a multisession, behavioral counseling program that was adapted to meet the needs of the people with disabilities.

## About the Ohio Disability and Health Program

This factsheet is a product of the **Ohio Disability and Health Program (ODHP)** as an effort to raise awareness regarding smoking disparities faced by Ohioans with disabilities. The Ohio Disability and Health Program is one of 18 Centers for Disease Control and Prevention (CDC) funded state programs that aim to improve the health and well-being of people with disabilities. This document is supported by the CDC Cooperative Agreement Number 5U59DD000931-02. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.

### References:

1. The Behavioral Risk Factor Surveillance System (BRFSS). Centers for Disease Control and Prevention. <http://dhds.cdc.gov/profiles/profile?profileId=8&geoTypeId=1&geoIds=39>.
2. Disability and Health: Cigarette smoking among adults with disabilities. Centers for Disease Control and Prevention. <http://www.cdc.gov/ncbddd/disabilityandhealth/smoking-in-adults.html>. Updated March 4, 2013. Accessed January 20, 2018
3. Smoking and Tobacco Use: Quitting Smoking. Centers for Disease Control and Prevention. [http://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/cessation/quitting/](http://www.cdc.gov/tobacco/data_statistics/fact_sheets/cessation/quitting/). Updated February 7, 2014. Accessed January 20, 2018.
4. Smeltzer SC. 2010. Improving Health and Wellness of People with Disabilities. In: JH Stone, M Blouin, editors. *International Encyclopedia of Rehabilitation*. Available online: <http://cirrie.buffalo.edu/encyclopedia/en/article/300/>
5. Fact sheet about health benefits of smoking cessation. World Health Organization (WHO). [http://www.who.int/tobacco/quitting/en\\_tfi\\_quitting\\_fact\\_sheet.pdf](http://www.who.int/tobacco/quitting/en_tfi_quitting_fact_sheet.pdf). Accessed February 25, 2014

