

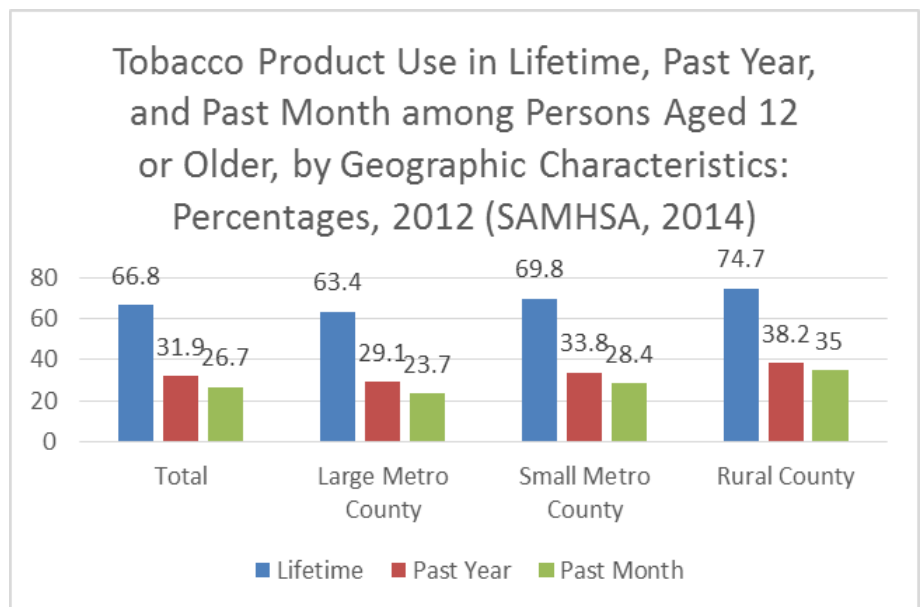


Smoking and Tobacco Use in Rural Populations

Rural communities account for about 90% of the land area in the United States and about 19.3% of the total population ([U.S. Census Bureau, 2010](#)). Compared to their urban counterparts, rural communities have higher rates of preventable diseases, such as obesity, diabetes, and cancer, and higher rates of risky health behaviors, such as smoking, physical inactivity, poor diet, and inadequate use of seatbelts ([Eberhardt & Pamuk, 2004](#); [Hartley, 2004](#)). America's rural population is more likely to use tobacco especially smokeless tobacco and is more heavily impacted by tobacco use. Rural Americans are also more likely to be exposed to secondhand smoke and less likely to have access to programs that help them quit smoking ([American Lung Association, 2012](#)).

Smoking/Tobacco Use Prevalence

- Rural county communities have higher rates of lifetime, past year and past month tobacco use than large and small metro county areas ([SAMHSA, 2014 – Table 2.47B](#)).
- Patients living in rural areas have higher rates of smokeless tobacco use, particularly rural residents aged 26-49 ([American Lung Association, 2012](#)).
- Rural residents are more likely to be exposed to secondhand smoke both at work and at home ([Vander Weg, Cunningham, Howren, & Cai, 2011](#)).



Health Consequences of Smoking

- Smoking increases risk for numerous health complications, such as chronic obstructive pulmonary disorder (COPD), lung cancer, hip fracture, and heart disease, and these conditions may be exacerbated in rural areas because of limited access to healthcare providers ([Eberhardt, Ingram, Makuc et al., 2001](#)).
- Heart disease and stroke are leading causes of death in rural populations ([Eberhardt, Ingram, Makuc et al., 2001](#)).
- Secondhand smoke (SHS) is a leading cause of childhood illness and premature death, especially in rural areas ([Vander Weg, Cunningham, Howren, & Cai, 2011](#)).

Risk Factors for Smoking

- Teenagers living in rural regions smoke more and at earlier ages than their urban peers. ([Epstein, Botvin & Spoth, 2003](#)).
- Pregnant women who reside in rural areas are more likely to smoke than their urban counterparts ([Bailey & Cole, 2009](#); [Bullock, Mears, Woodcock, & Record, 2001](#); [Stevens, Colwell, & Hutchinson, 2010](#)).
- Unemployed rural residents are more likely to smoke ([American Lung Association, 2012](#)).
- The tobacco industry has aggressively marketed to rural populations for decades and has more than doubled its expenditures on marketing of smokeless tobacco products between 2005 and 2008 ([U.S. Department of Health and Human Services, 2012](#)).
- Geographical location, low socioeconomic status, and lack of health insurance often bar access to preventative healthcare for rural Americans ([Casey, Call, & Klingner, 2001](#)).

Treatment

- Rural populations are more likely to be uninsured, have limited access to care, have fewer available health care providers, and have limited transportation options which pose barriers for rural residents to see their health provider on a regular basis ([Eberhardt & Pamuk, 2004](#)).
- The use of remote monitoring and reinforcement of smoking abstinence may enhance the accessibility and acceptability of cigarette smoking abstinence reinforcement programs, particularly in rural areas where transportation can be unreliable and treatment providers are distant. (Stoops WW, Dallery J, Fields NM, Nuzzo PA, et al, 2003)
- Among rural medically underserved worksite participants, educational interventions can increase knowledge regarding the dangers of tobacco use and secondhand smoke exposure. Among current tobacco users, these interventions also increase family rules regarding secondhand smoke exposure in their homes and vehicles. ([Scott, Las Sala, Lyndaker, Neil-Urban, 2016](#))
- For rural providers, consistent, strong curricula education at all health provider levels and continuing education for new and more effective strategies is essential to empower health care providers to address smoking cessation interventions consistently and effectively. (Scott, Las Sala, Lyndaker, Neil-Urban, 2013)
- Rural, low-income women attempting to stop smoking benefit from social support systems that exist within the smoker's social networks in lieu of social support interventions that offer support through more distant resources (telephone, internet, professional visits, etc.) (Mitchell, Kneipp, & Giscombe, 2015).
- Smoking in rural low-income women carries social stigma, which increases their social isolation. Social isolation connected to the stigma of smoking may decrease their opportunity to engage with community members and resources that facilitate the desire and ability to stop smoking (Mitchell, 2016).

Acknowledgments: This fact sheet has been made available through funding from the Agency for Healthcare Research and Quality (AHRQ).

Resources

[American Lung Association](#) – resources, tools and information on how to quit smoking.

[Centers for Disease Control and Prevention \(CDC\), Office on Smoking and Health](#)-- lead federal agency for comprehensive tobacco prevention and control featuring latest research, tools and resources.

[Media Campaign Resource Center \(MCRC\)](#) - provides access to many CDC-licensed advertisements developed by more than 25 state health departments, nonprofit health organizations, and federal agencies

[Pathways to Freedom: Leading the Way to a Smoke Free Community®](#), from NAAPTPN (National African American Tobacco Prevention Network)

[Smoking Cessation Leadership Center \(SCLC\)](#) –works with health professional organizations and institutions to increase their motivation and capability to assist smokers in quitting.

Smoking in Rural Populations – a webinar exploring smoking rates and smoking cessations effort in rural populations. American Psychological Association, Health Disparities Program, 2016.

References

- American Lung Association (2012). *Cutting tobacco's rural roots: Tobacco use in rural communities*. Chicago, IL: Author. Retrieved from <http://www.lung.org/our-initiatives/research/lung-health-disparities/tobacco-in-rural-communities.html>
- Bailey, B. A., & Cole, L. K. J. (2009). Rurality and birth outcomes: findings from Southern Appalachia and the potential role of pregnancy smoking. *The Journal of Rural Health*, 25(2), 141-149. doi: 10.1111/j.1748-0361.2009.00210.x
- Bullock, L. F., Mears, J. L., Woodcock, C., & Record, R. (2001). Retrospective study of the association of stress and smoking during pregnancy in rural women. *Addictive Behaviors*, 26(3), 405-413. doi: [10.1016/S0306-4603\(00\)00118-0](https://doi.org/10.1016/S0306-4603(00)00118-0)
- Casey, M. M., Call, K. T., & Klingner, J. M. (2001). Are rural residents less likely to obtain recommended preventive healthcare services? *American Journal of Preventive Medicine*, 21(3), 182-188. doi: 10.1016/S0749-3797(01)00349-X
- Centers for Disease Control and Prevention. [Vital Signs: Disparities in Nonsmokers' Exposure to Secondhand Smoke—United States, 1999–2012](#). *Morbidity and Mortality Weekly Report* 2015;64(04):103–8 [accessed 2016 Mar 29].
- 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.
- Centers for Disease Control and Prevention. *A Practitioner's Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease*. Atlanta, GA: US Dept of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Community Health; 2013.
- Centers for Disease Control and Prevention. CDC health disparities and inequalities report — United States, 2013. *MMWR Morbidity and Mortality Weekly Report*. 2013;62(suppl 3):1-187.
- Eberhardt, M., Ingram, D., Makuc, D., et al. (2001). Urban and Rural Health Chartbook. *Health United States, 2001*. Hyattsville, MD. National Center for Health Statistics.
- Eberhardt, M. S., & Pamuk, E. R. (2004). The importance of place of residence: examining health in rural and nonrural areas. *American Journal of Public Health*, 94(10), 1682.
- Mitchell, S.A. (2016). An inside view: Using photovoice to study smoking in rural low-income women (Unpublished doctoral dissertation). The University of North Carolina at Chapel Hill, Chapel Hill, NC.

- Mitchell, S. A., Kneipp, S. M., & Giscombe, C. W. (2015). Social Factors Related to Smoking among Rural, Low-Income Women: Findings from a Systematic Review. *Public Health Nursing*. Article first published online: 25 SEP 2015, DOI: 10.1111/phn.12233
- Scott, Linda D, Las Sala, Kathleen B., Lyndaker, Carolyn Z., Neil-Urban, Sherry, **Smoking Cessation Practices of Rural and Urban Health Care Providers**, Online Journal of Rural Nursing and Health Care, vol. 3, no. 2, Fall 2013
- Scott, Linda D, Las Sala, Kathleen B., Lyndaker, Carolyn Z., Neil-Urban, Sherry, **Smoking Cessation Practices of Rural and Urban Health Care Providers**, www.sciencedirect.com/science/article/pii/S209379111630001, 2016
- Stevens, S., Colwell, B., & Hutchison, L. (2010). Tobacco use in rural areas: a literature review. *Rural Healthy People*, 237-249.
- Stoops WW¹, Dallery J, Fields NM, Nuzzo PA, Schoenberg NE, Martin CA, Casey B, Wong CJ. An internet-based abstinence reinforcement smoking cessation intervention in rural smokers. **Drug Alcohol Depend**. 2009 Nov 1;105(1-2):56-62. doi: 10.1016/j.drugalcdep.2009.06.010. Epub 2009 Jul 16.
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2013). *Results from the 2012 national survey on drug use and health: Summary of national findings*, NSDUH Series H-46, HHS Publication No. (SMA) 13-4795. Rockville, MD: Author.
- Substance Abuse and Mental Health Services Administration. (2014). *Results from the 2013 national survey on drug use and health: Summary of national findings*, NSDUH Series H-48, HHS Publication No. (SMA) 14-4863. Rockville, MD: Author.
- U.S. Census Bureau. (2010). *Metropolitan and micropolitan*. Washington, DC: Author. Retrieved from <http://www.census.gov/population/metro/>
- U.S. Department of Health and Human Services. (2012). *Preventing tobacco use among youth and young adults: A report of the surgeon general*. Rockville, MD: Office of the Surgeon General. Retrieved from: <http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/>
- Vander Weg, M. W., Cunningham, C. L., Howren, M. B., & Cai, X. (2011). Tobacco use and exposure in rural areas: Findings from the Behavioral Risk Factor Surveillance System. *Addictive Behaviors*, 36(3), 231-236. doi: 10.1016/j.addbeh.2010.11.005

For additional information, please contact.

Health Disparities Initiative

American Psychological Association
Public Interest Directorate
750 First Street, NE
Washington, D.C. 20002-4242
Phone: (202) 336-6036
