

Tobacco Use Disparities in Medicare Fee-For-Service Beneficiaries



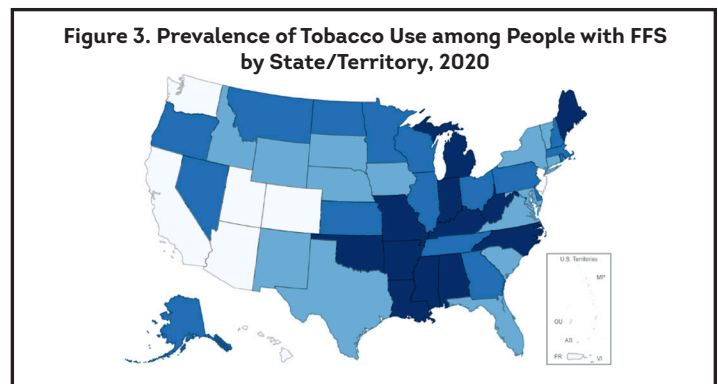
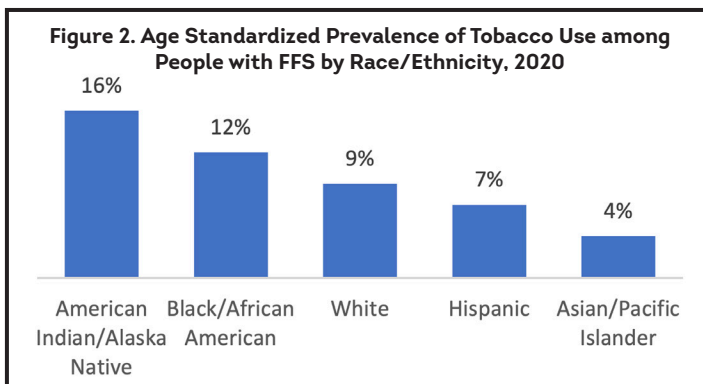
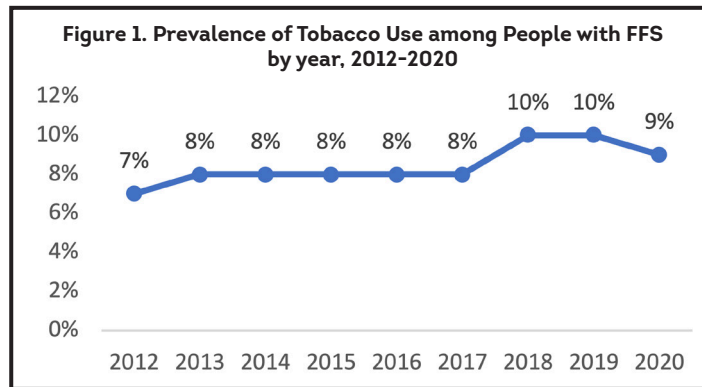
Tobacco use is the leading cause of preventable disease, disability, and death in the United States. Smoking causes cancer, heart disease, stroke, lung diseases, diabetes, and chronic obstructive pulmonary disease (COPD), and also increases risk for tuberculosis, certain eye diseases, and problems of the immune system, including rheumatoid arthritis. It harms nearly every organ of the body. According to the Centers for Disease Control and Prevention (CDC), smoking causes more than 480,000 deaths each year.¹ In 2020, an estimated 47.1 million U.S. adults (19.0%) reported currently using any commercial tobacco product.²

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The **Mapping Medicare Disparities Tool** developed by the Centers for Medicare & Medicaid Services (CMS) illustrates the prevalence of tobacco use among people with Medicare FFS varied by year, age, sex, race and ethnicity, eligibility for Medicare and Medicaid, and geographic areas.⁴

Figure 1 shows the trend of tobacco use prevalence among FFS beneficiaries during 2012-2020; it increased to 10% in 2018 and 2019 from 7% in 2012.



The age standardized prevalence of tobacco use was higher among FFS beneficiaries who are American Indian/Alaska Native (16%) and Black/African American (12%) than their White (9%), Hispanic (7%), and Asian/Pacific Islander (4%) counterparts in 2020 as shown in Figure 2.

The rate of FFS enrollees with tobacco use also varied by geographic areas as shown in Figure 3. West Virginia (15%) and Kentucky (14%) had a higher prevalence rate and Puerto Rico (2%), Hawaii (5%) and Utah (5%) had a lower rate.

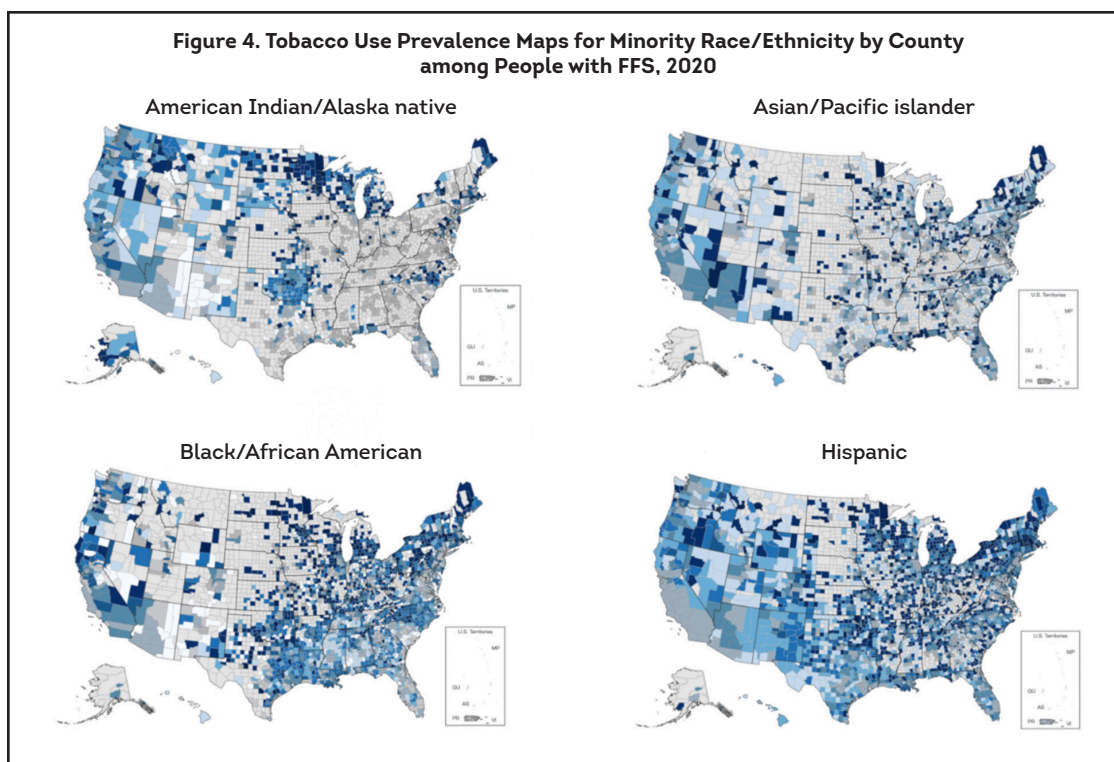


Figure 4 shows geographic differences in tobacco use prevalence among minority racial and ethnic groups with FFS.

Medicare covers annual wellness visit and other **Preventive & Screening Services** that help people with Medicare stay healthy, and covers up to 8 smoking and tobacco-use cessation counseling sessions in a 12-month period. In 2020, 33% of the people with Medicare FFS had annual “Wellness” visit, and only 1% had counseling to prevent tobacco use.⁴ CDC’s Office on Smoking and Health (OSH) created the National and State Tobacco Control Program (NTCP) to reduce tobacco-related diseases and deaths through community and mass-media interventions.⁵

Beneficiary Resources

- [Centers for Disease Control and Prevention: How to Quit?](#)
- [Tobacco Treatment Guide: For Patients and Their Families](#)
- [AAFP: Quit Smoking Guide](#)
- [Your Medicare Coverage: Counseling to prevent tobacco use & tobacco-caused disease](#)

- Medicare & You: It's Always Time To Quit Tobacco (video)
- Medicare & You: Lung Cancer Awareness Month (video)
- Centers for Disease Control and Prevention: Tips from Former Smokers | For Specific Groups
- Indian Health Service: Tobacco Prevention

Provider Resources

- CMS-Medicare Learning Network: Medicare Preventive Services
- Helping Smokers Quit - A Guide for Clinicians
- AHRQ: Treating Tobacco Use and Dependence
- Tobacco Smoking Cessation in Adults, Including Pregnant Persons: Interventions
- AAFP: Help Your Patients Quit Tobacco Now
- Tobacco Education Resource Library

References/Sources

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2. Cornelius ME, Loretan CG, Wang TW, et al. Tobacco Product Use Among Adults — United States, 2020. MMWR Morb Mortal Wkly Rep 2022;71:397-405.
<https://www.cdc.gov/mmwr/volumes/71/wr/pdfs/mm7111a1-H.pdf>
3. Chronic Conditions Data Warehouse.
<https://www2.ccwdata.org/web/guest/medicare-tables-reports>
4. Centers for Medicare & Medicaid Services. Mapping Medicare Disparities Tool.
<https://data.cms.gov/tools/mapping-medicare-disparities-by-population>
5. Centers for Disease Control and Prevention, Tobacco Control Programs.
<https://www.cdc.gov/tobacco/stateandcommunity/tobacco-control/index.htm>

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If you have any questions or feedback, please contact HealthEquityTA@cms.hhs.gov.