

US EPA ARCHIVE DOCUMENT

Impact of State Tobacco Control Policies on Malignant Neoplasm of the Bronchus and Lung, Unspecified



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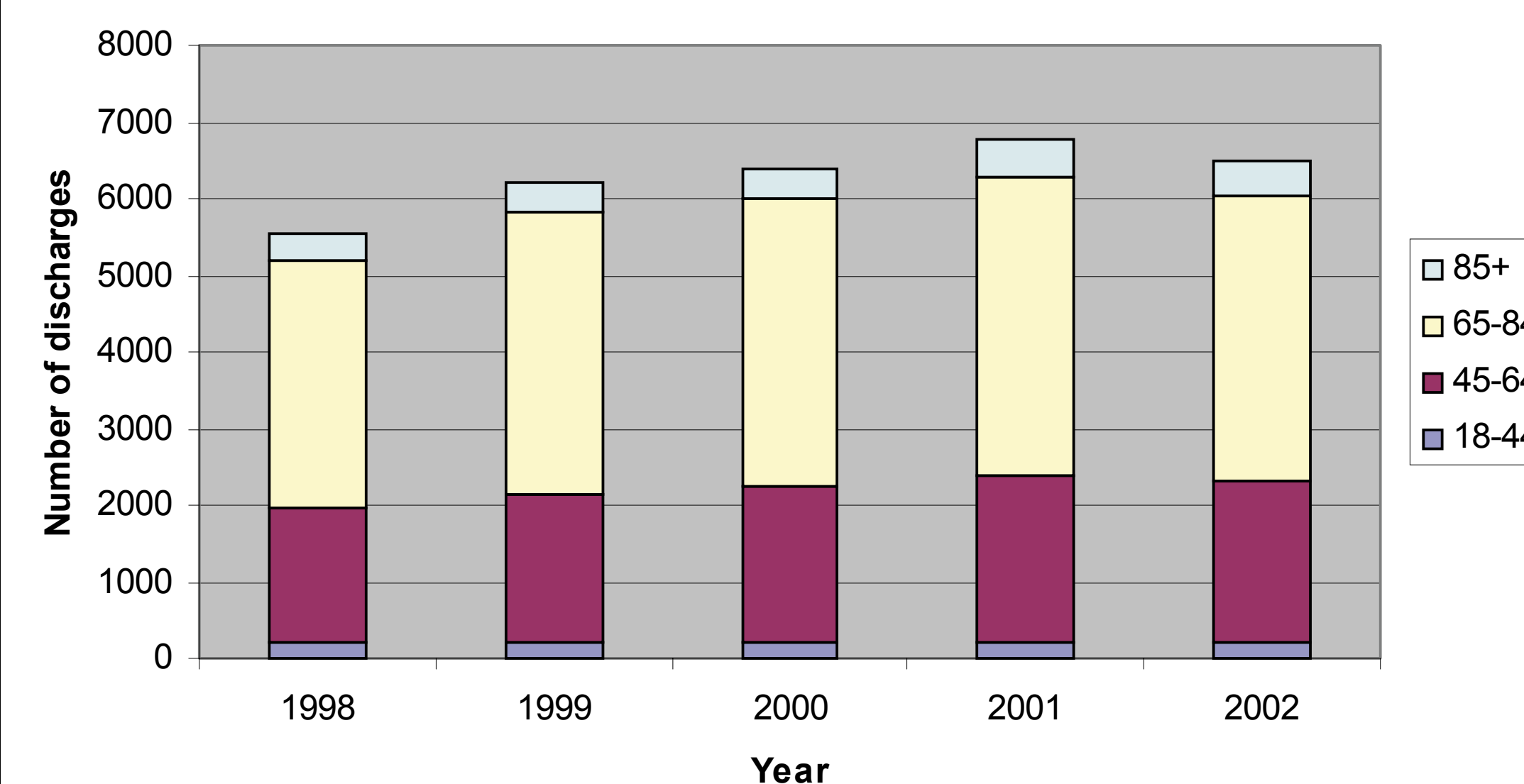
Overview

More than forty years ago, an initial report from the Surgeon General's office made an unqualified announcement of tobacco's harm. Since the release of the first Surgeon General's report on tobacco in 1964, scientific knowledge about the health consequences of tobacco use has increased substantially. Although individually focused strategies to prevent and reduce tobacco use remain important, social change and population-based environmental interventions have become the overriding focus of tobacco-control initiatives. The purpose of this study is to review the healthcare costs and utilizations after implementation of tobacco control laws in California, Florida, Iowa, and New York from 1998-2002.

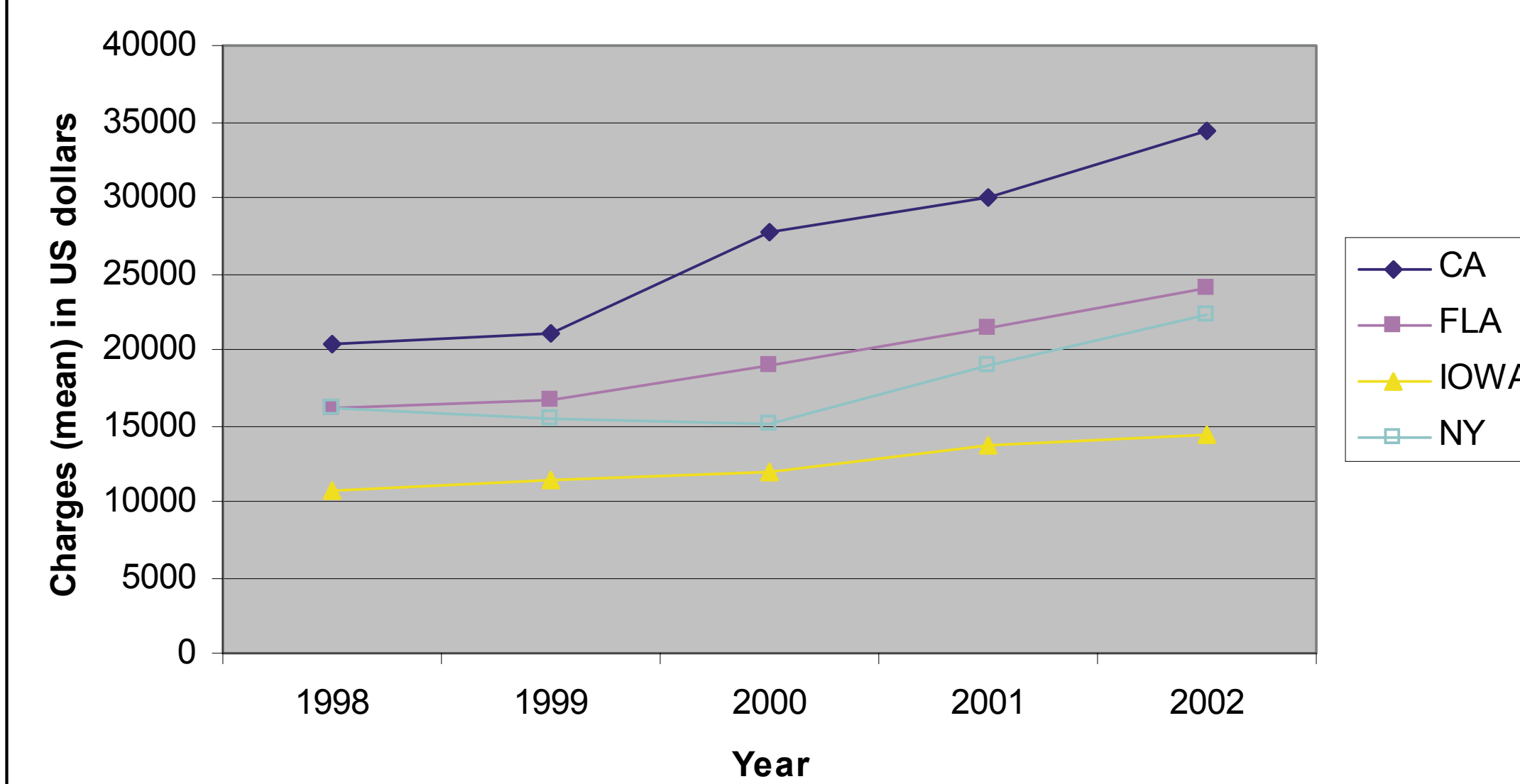
Methods

Hospital discharge data from 1998-2002, related to malignant neoplasm of the bronchus and lung, unspecified (ICD-9-CM, 162.9) was reviewed from the Healthcare Cost and Utilization Project (HCUP) for the states of California, Florida, Iowa, and New York. HCUP is the largest collection of longitudinal Hospital care data in the United States encompassing the Nationwide Inpatient Sample (NIS), the Kids' Inpatient Database (KIDS), and the State Inpatient Database (SID).

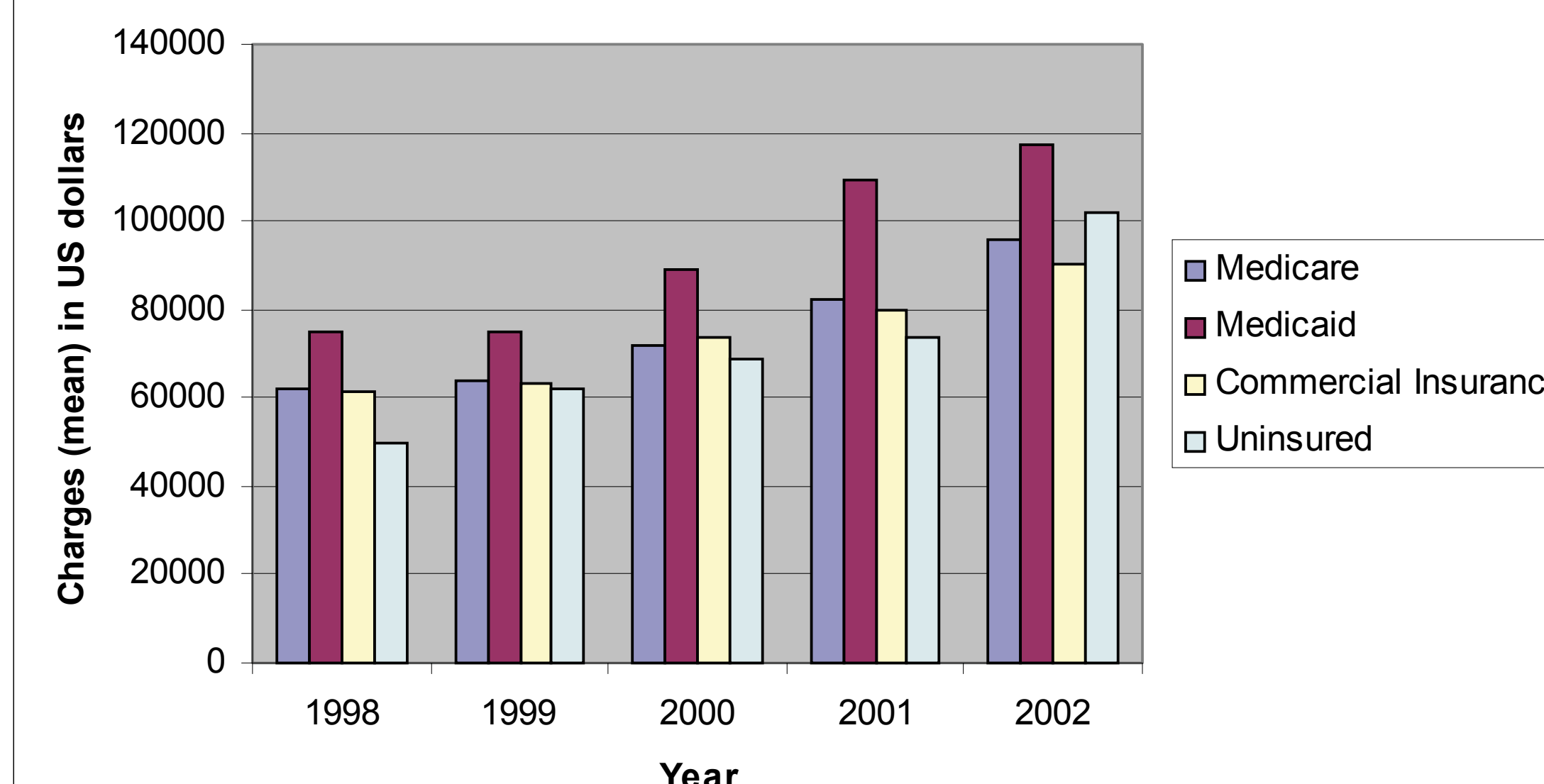
Age distribution for all discharges of malignant neoplasm of bronchus and lung, unspecified



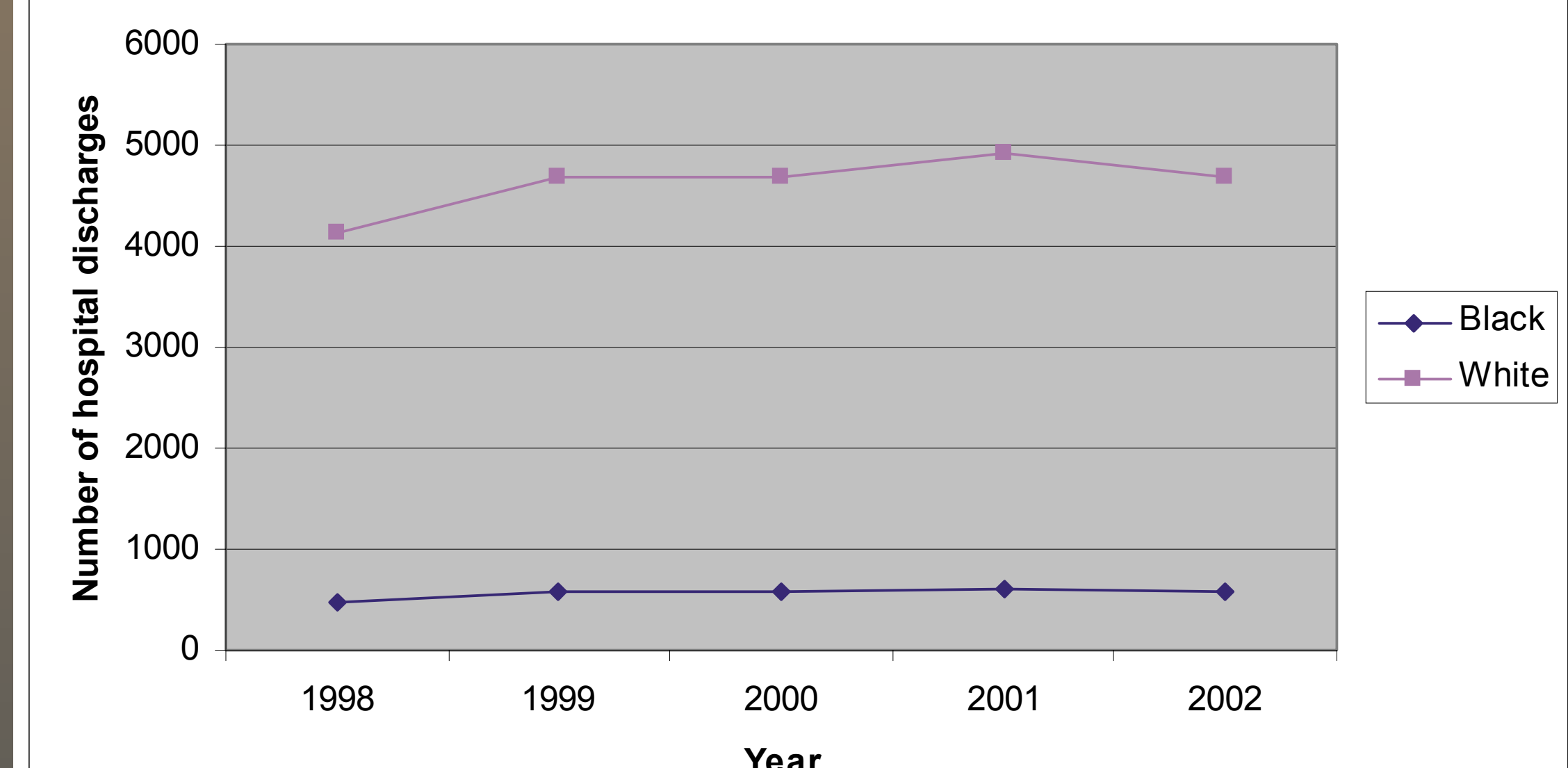
Charges (mean) for all discharges of malignant neoplasm of bronchus and lung, unspecified



Charges (mean), by payer, for malignant neoplasm of bronchus and lung, unspecified



Discharges, by race/ethnicity, for malignant neoplasm of bronchus and lung, unspecified



Findings

- The 65-84 year old age distribution comprised the largest percentage of hospital discharges for malignant neoplasm of the bronchus and lung, unspecified, followed by ages 44-64, 85+, and 18-44 years.
- Despite tobacco control laws on smoke-free indoor air that prohibited smoking or limited it to separately ventilated areas in public places and worksites, the hospital charges (mean) for malignant neoplasm of the bronchus and lung, unspecified, increased in the selected states from 1998-2002.
- The hospital charges (mean) for malignant neoplasm of the bronchus and lung, unspecified, increased in the selected states from 1998-2002, irrespective of insurance provider.
- From 1998-2002, the number of discharges for malignant neoplasm of the bronchus and lung, unspecified, was nine times more likely among Caucasians than African-Americans.

Conclusions

Despite social change and population-based environmental interventions having become the overriding focus of tobacco-control initiatives, the four states (California, Florida, Iowa, and New York) did not demonstrate decreases in healthcare cost and utilizations during the 1998-2002 period. This does not indicate that legislation to limit tobacco use and exposure to environmental tobacco smoke is ineffective or not economically sound, but that the available approaches to reducing tobacco use- educational, clinical, regulatory, economic, and comprehensive- may differ substantially in their techniques and in the metric by which success can be measured.