

Eliminating Tobacco-Related Disease and Death: Addressing Disparities—A Report of the Surgeon General

The Surgeon General's 35th report, [Eliminating Tobacco Related Disease and Death: Addressing Disparities](#), focuses on addressing commercial tobacco-related health disparities in the United States. The Surgeon General concluded “despite strong progress in reducing tobacco use at the population level, significant disparities in use persist by race and ethnicity, level of income, level of education, sexual orientation, gender identity, type of occupation, geography, and behavioral health status” (page 8).

Quitlines are an effective intervention that can reduce disparities and improve health equity. The report highlighted that quitlines “can increase access to cessation treatments among population groups affected by tobacco-related disparities, particularly when quitline promotion and services are developed, delivered, and evaluated with attention to their reach and relevance to these groups” (page 14).

Notable findings by the Surgeon General include (pages 611-612):

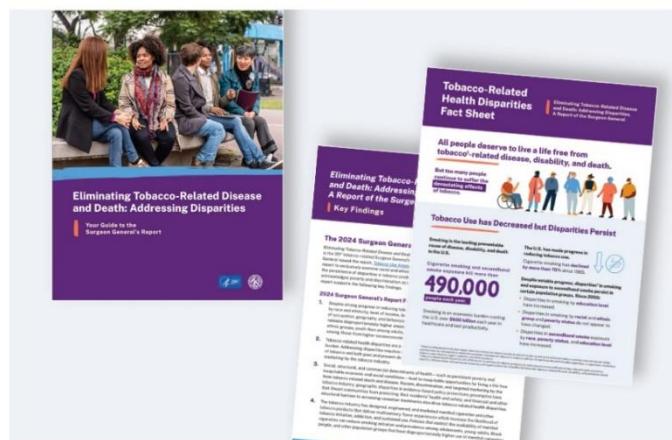
- **Quitlines reduce disparities in access to cessation services.** Reach and effectiveness of quitline services can be as good, or better, for groups experiencing disparities. Some populations may be adversely impacted by restrictions related to funding and more research is needed to understand how to maximize services for reach, engagement, and cessation across population groups.
- **Quitlines offer phone and digital services that benefit populations with commercial tobacco-related health disparities.** Increasing reach “may be the most important current health equity task” for quitlines. Additional research on culturally-specific protocols advance quitline services.

The report highlighted the impact of quitline programs for specific populations.

- **Populations with mental health conditions:** State quitline data show a high percentage of callers report having a mental health condition. Many quitlines offer tailored programs and an evaluation of programs offered by the two largest quitline providers found that callers with mental health conditions benefit from both standard and tailored programs, with higher engagement in tailored services (page 608).
- **American Indian/Alaska Native (AI/AN):** Evidence suggests quitline callers from the AI/AN community are more likely to engage in counseling and make quit attempts at higher rates than White callers, with comparable long-term cessation outcomes. Quitline use aligns with their commercial smoking prevalence (page 608).
- **Lower socioeconomic status:** Quitline programs offer free services including both telephone counseling and medications sent by mail to reduce access barriers. Some states prioritize lower SES populations for additional services and financial incentives (page 608).
- **Menthol:** Quitlines may have proportional reach for populations using mentholated products. In 2022, 35% of quitlines offered a menthol-specific protocol and some states offer incentives for engaging in coaching calls. Incentives increased the number of participants who completed at least three calls (page 609).
- **Spanish-language services (1-855-DEJALO-YA):** Spanish language media campaigns have been shown to increase quitline reach among Spanish speakers (page 610 –611).
- **Underserved Health Care Populations:** Promising results shows integrating quitline referrals into healthcare systems significantly increased enrollment and referral rates, particularly among underserved groups (page 611).

The report recommended important areas of focus (page 612):

- **Quitlines should identify the optimal ways to design, evaluate, and deliver services and promotion to reduce commercial tobacco-related disparities.** Quitlines often collect and can analyze data for disparity population groups.
- **Quitlines should identify how reach, engagement, and cessation are affected by type of service (e.g., phone, web, text), protocols, and amount of service provided for priority populations.** Evaluation of quitlines should include data collection and analysis by race and ethnicity and SES, as well as other disparity population group characteristics of importance such as age, sexual orientation, gender identity, mental health condition status, and rural residence.
- **Policy interventions could increase quitline reach.** Policies that prompt healthcare systems to deliver treatment for commercial tobacco use could increase referrals to quitlines. Improving insurance coverage of quitline services may decrease reliance on public health funds to deliver services. Increasing promotion using technology-based platforms as well as the intensity of media campaigns could increase reach.



Success in eliminating commercial tobacco-related disparities requires sustained commitment to evidence-based strategies, including equitable access to cessation resources. Dr. Murthy stated, “The time is now to accelerate a whole-of-society effort to reach the tobacco endgame: a world in which zero lives are harmed by or lost to tobacco use. By driving down the appeal, availability, and addictiveness of tobacco products, we can make this more than just a possibility. We can make it a reality.”

Explore the [CDC companion resources](#) including an overview, consumer guide, fact sheets, partner presentation materials, a link to the full report, Spanish language resources, and more.