**SOME TOPICS: [ Health, Education, Economic Dev]**

"Examining the Impact of Smoking Bans on Mortality Rates: A Difference-in-Differences Analysis Across Two U.S. Cities"

The impact of smoking bans on mortality rates has been a subject of interest, particularly in relation to cardiovascular and respiratory mortality. conducted an interrupted time-series analysis and found that the national Irish smoking ban was associated with immediate reductions in early mortality, primarily due to reductions in passive smoking (Stallings-Smith et al., 2013). Similarly, evaluated the impact of Massachusetts’ smoke-free workplace laws on acute myocardial infarction deaths, indicating a potential relationship between smoking bans and mortality rates (Dove et al., 2010). Furthermore, conducted a population-based retrospective analysis, suggesting that smoking bans in prisons may have indirect effects on mortality rates by influencing smoking behavior and exposure to secondhand smoke (Binswanger et al., 2014). Additionally, studied the impact of partial smoke-free legislation on myocardial infarction incidence, mortality, and case-fatality, providing further insights into the potential effects of smoking bans on mortality rates (Agüero et al., 2013). also found declines in acute myocardial infarction after the implementation of smoke-free laws, indicating a potential reduction in mortality rates attributable to secondhand smoke exposure (Lightwood & Glantz, 2009). Moreover, assessed the relationship between smoking bans and the incidence of acute myocardial infarction, further contributing to the understanding of the impact of smoking bans on mortality rates (Gasparrini et al., 2009).

These studies collectively suggest that smoking bans may have a significant impact on mortality rates, particularly in relation to cardiovascular and respiratory mortality. The findings underscore the potential public health benefits of implementing smoking bans to reduce the adverse health effects associated with smoking and secondhand smoke exposure.

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**Reference #1**

“…Cutler and McClellan [**(15)**](https://scite.ai/reports/10.1377/hlthaff.20.5.11) argue that even though "technological change has accounted for the bulk of medical care cost increases over time," the medical advances have proved to be worth far more than their costs.…”

See full context

**Section**: Are the Increased Costs Of New Technology Justified?

### [High and Rising Health Care Costs. Part 2: Technologic Innovation](https://scite.ai/reports/high-and-rising-health-care-Nejz9z)

[Thomas Bodenheimer](https://scite.ai/authors/thomas-bodenheimer-zRkGl8)1

2005

[Ann Intern Med](https://scite.ai/journals/0003-4819)

Bodenheimer, T. (2005). High and rising health care costs. part 2: technologic innovation. Annals of Internal Medicine, 142(11), 932. <https://doi.org/10.7326/0003-4819-142-11-200506070-00012>

**Reference #2**

“…Regarding whether chronic care model interventions can reduce costs, 18 of 27 studies concerned with 3 examples of chronic conditions (congestive heart failure, asthma, and diabetes) demonstrated reduced health care costs or lower use of health care services.…”

See full context

**Section**: Abstract

### [Improving Primary Care for Patients With Chronic Illness](https://scite.ai/reports/improving-primary-care-for-patients-6L5L9g)

[Thomas Bodenheimer](https://scite.ai/authors/thomas-bodenheimer-zRkGl8)1,

[Edward H. Wagner](https://scite.ai/authors/edward-h-wagner-lZLn8m)2,

[Kevin Grumbach](https://scite.ai/authors/kevin-grumbach-W8XXeQ)3

2002

[JAMA](https://scite.ai/journals/0098-7484)

**Reference #3**

“…Rapid growth of medical technology has led to the increase in costs of health care, increased access to these technologies and improvement of health care that is permanently encouraging the further development of technology.…”

See full context

**Section**: Abstract

### [How to Use Rationally Information Diagnostic Technologies in the Family and General Medicine Practice](https://scite.ai/reports/how-to-use-rationally-information-yDVwkp)

[Suad Sivic](https://scite.ai/authors/suad-sivic-WxxJ4J)1,

[Izet Masic](https://scite.ai/authors/izet-masic-0GJRPL)2,

[Darko Petkovic](https://scite.ai/authors/darko-petkovic-w34rZl)3

et al. 2009

[Mater Sociomed](https://scite.ai/journals/1512-7680)

**Reference #4**

“…Advances in technology such as telemedicine (TM) have made access to cost-effective, quality health care feasible for remote patients.…”

See full context

**Section**: Abstract

### [Use of telehealth in the delivery of comprehensive care for patients with haemophilia and other inherited bleeding disorders](https://scite.ai/reports/use-of-telehealth-in-the-aX1Py4x)

[Roshni Kulkarni](https://scite.ai/authors/roshni-kulkarni-5Glppp)1

2017

[Haemophilia](https://scite.ai/journals/1351-8216)

**Reference #5**

“…Against the historical backdrop of costly advances in medical technology driving up aggregate health care cost increases across high-income countries, this paper raises a fundamental question: can the high costs of medical innovations be justified when evaluated against the public health benefits of the innovations?…”

See full context

**Section**: Abstract

### [Cost Estimation and Health Benefits Determinants of Medical Innovations Across Canadian Provinces](https://scite.ai/reports/cost-estimation-and-health-benefits-jM3kLg55)

[Joseph R. Findlay](https://scite.ai/authors/joseph-r-findlay-A3dxx3)1,

[Caleb Piche-Larocque](https://scite.ai/authors/caleb-piche-larocque-VdpAxz)2,

[Akhter Faroque](https://scite.ai/authors/akhter-faroque-b8dQmZ)3

2022

[IJEF](https://scite.ai/journals/1916-9728)

**Reference #6**

“…Mortality decreases were primarily due to reductions in passive smoking.ConclusionsThe national Irish smoking ban was associated with immediate reductions in early mortality.…”

See full context

**Section**: Abstract

### [Reductions in Cardiovascular, Cerebrovascular, and Respiratory Mortality following the National Irish Smoking Ban: Interrupted Time-Series Analysis](https://scite.ai/reports/reductions-in-cardiovascular-cerebrovascular-and-v1n042)

[Sericea Stallings-Smith](https://scite.ai/authors/sericea-stallings-smith-5YZbbG)1,

[Ariana Zeka](https://scite.ai/authors/ariana-zeka-kegdzE)2,

[Patrick Goodman](https://scite.ai/authors/patrick-goodman-YZALgE)3

et al. 2013

[PLoS ONE](https://scite.ai/journals/1932-6203)

**Reference #7**

“…To evaluate the timing of the state and local smoking bans on AMI mortality rates, we calculated the cumulative sum[**18**](https://scite.ai/reports/10.1136/bmj.304.6838.1359) of observed AMI mortality rates minus expected monthly age- and gender-standardized rates.…”

See full context

**Section**: Methods

### [The Impact of Massachusetts’ Smoke-Free Workplace Laws on Acute Myocardial Infarction Deaths](https://scite.ai/reports/the-impact-of-massachusetts-smoke-free-LrD03Q)

[Melanie S. Dove](https://scite.ai/authors/melanie-s-dove-ePzKjZ)1,

[Douglas W. Dockery](https://scite.ai/authors/douglas-w-dockery-y38bW)2,

[Murray A. Mittleman](https://scite.ai/authors/murray-a-mittleman-lZLKOr)3

et al. 2010

[Am J Public Health](https://scite.ai/journals/0090-0036)

**Reference #8**

“…Smoking bans do not directly reduce mortality but act through effects on smoking and exposure to secondhand smoke.…”

See full context

**Section**: Discussion

### [Prison tobacco control policies and deaths from smoking in United States prisons: population based retrospective analysis](https://scite.ai/reports/prison-tobacco-control-policies-and-brL63v)

[Ingrid A. Binswanger](https://scite.ai/authors/ingrid-a-binswanger-vJvQlL)1,

[E. Ann Carson](https://scite.ai/authors/e-ann-carson-6Mxypg)2,

[Patrick M. Krueger](https://scite.ai/authors/patrick-m-krueger-RVX5MN)3

et al. 2014

[BMJ](https://scite.ai/journals/1756-1833)

**Reference #9**

“…Our aim was to determine the impact of the Spanish 2006 partial smoke-free legislation on acute myocardial infarction (AMI) incidence, hospitalization and mortality rates, and 28-day case-fatality in Girona, Spain.MethodsUsing a population-based registry (the REGICOR Study), we compared population incidence, hospitalization, and mortality rates, and 28-day case-fatality in the pre- and post-ban periods (2002–2005 and 2006–2008, respectively) by binomial regression analysis adjusted for confounding factors.…”

See full context

**Section**: Abstract

### [Impact of a Partial Smoke-Free Legislation on Myocardial Infarction Incidence, Mortality and Case-Fatality in a Population-Based Registry: The REGICOR Study](https://scite.ai/reports/impact-of-a-partial-smoke-free-bGedmv)

[Fernando Agüero](https://scite.ai/authors/fernando-aguero-LeLr1P)1,

[Irene R. Dégano](https://scite.ai/authors/irene-r-degano-aXdEzv)2,

[Isaac Subirana](https://scite.ai/authors/isaac-subirana-vJ0veL)3

et al. 2013

[PLoS ONE](https://scite.ai/journals/1932-6203)

**Reference #10**

“…Background-The estimated effects of recent pubic and workplace smoking restriction laws suggest that they produce significant declines in community rates of heart attack.…”

See full context

**Section**: Abstract

### [Declines in Acute Myocardial Infarction After Smoke-Free Laws and Individual Risk Attributable to Secondhand Smoke](https://scite.ai/reports/declines-in-acute-myocardial-infarction-aGR1Jj)

[James Lightwood](https://scite.ai/authors/james-lightwood-A3rJxE)1,

[Stanton A. Glantz](https://scite.ai/authors/stanton-a-glantz-EWYRZG)2

2009

[Circulation](https://scite.ai/journals/0009-7322)

**Reference #11**

“…The effect of the smoking ban was assessed by a Poisson regression analysis of the time series, aggregating the AMI cases for each month and including the person-years (population) as an offset, in order to model the rates of AMI directly [26, [**27]**](https://scite.ai/reports/10.1201/9781420057683).…”

See full context

**Section**: Results

### [On the relationship between smoking bans and incidence of acute myocardial infarction](https://scite.ai/reports/on-the-relationship-between-smoking-YJ8V4z)

[Antonio Gasparrini](https://scite.ai/authors/antonio-gasparrini-gZp4wn)1,

[Giuseppe Gorini](https://scite.ai/authors/giuseppe-gorini-aXNV99)2,

[Alessandro Barchielli](https://scite.ai/authors/alessandro-barchielli-dvyrl1)3

2009

[Eur J Epidemiol](https://scite.ai/journals/0393-2990)