# BRFSS 2014 – TOBACCO USE



Reducing the prevalence of tobacco use is a health priority in Vermont. Decreasing adult use of cigarettes and increasing the proportion of cigarette smokers who attempt cessation are Healthy Vermonters 2020 Objectives (HV2020). This data brief includes results from the 2014 Behavioral Risk Factor Surveillance Survey (BRFSS) for selected indicators and demographic subgroups related to the Healthy Vermonters goals.

In 2014, 18% of adults reported smoking cigarettes regularly and 3% of Vermont adults said they used smokeless tobacco products. Examples of smokeless tobacco products include chewing tobacco, snuff, and snus. Adult smoking prevalence has remained statistically unchanged since 2011. Similarly, quit attempts among cigarette users (59%) is not statistically different than the past year rate (56%).

2014 Adult Prevalence & Quit Attempts							
	%	Estimated Vermonters**					
Cigarette Use*	18.1	79,000					
Smokeless Tobacco Use	3.4	16,000					
Quit Attempts among cigarette users*	59.1	47,000					

\* Percents age-adjusted to standard U.S. 2000 population according to Healthy People 2020 guidelines.

\*\* Estimated counts are rounded to the nearest thousand Vermonters and not age-adjusted.

## Smoking Prevalence Among Vermont Adults VT BRFSS 1999 - 2014

20%	20%	20%	18%	18%	17%	18%	16%	20%	17%	18%	18%
2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014

\*Comparisons between BRFSS data from 2011 and forward and earlier years should be made with caution. Statistical differences between data from 2011 and forward may be due to methodological changes, rather than changes in opinion or behavior.

### DEMOGRAPHICS

There continue to be statistically significant differences in smoking prevalence by age, raceethnicity, education level, health insurance coverage, and Federal Poverty Level. Younger Vermonters (25-34 years: 26% and 35-44 years: 25%), racial/ethnic minorities (27%), and those with Medicare (31%) or Medicaid (32%) have higher rates of smoking than Vermonters who are older, White, or those with private insurance, respectively. Most striking are the differences based on common indicators of socio-economic status (SES). Those with less than a high school education are over 6.5 times more likely than those with a college education or higher to be current smokers, and those living at less than 250% of the Federal Poverty Level (FPL) are three times more likely to report smoking compared to those living at greater than 250% of the FPL. Quit attempts are significantly different when comparing Vermonters based on their primary health insurance coverage; those with health insurance purchased by an employer have a lower rate of quit attempts (53%) compared to those covered by Medicare (72%).

		Smoking Preval	ence		S	
	%*	Estimated Vermonters**	Statistical Difference within Groups***	%*	Estimated Vermonters**	Statistical Difference within Groups***
Overall	18.1	79,000		59.1	47,000	
Age Group			Yes			No
18-24 years	17.8	11,000		68.7	8,000	
25-34 years	26.4	17,000		62.4	11,000	
35-44 years	24.8	17,000		57.8	10,000	
45-54 years	16.2	14,000		54.7	8,000	
55-64 years	14.4	13,000		57.7	8,000	
65+ years	5.8	6,000		55.2	3,000	
Gender			No			No
Female	16.6	37,000		58.6	22,000	
Male	19.6	42,000		59.5	25,000	
Race-Ethnicity			Yes			No
White, non-Hispanic	17.8	71,000		60.4	43,000	
Racial/Ethnic Minority	26.8	7,000		46.3	3,000	
Education			Yes			No
Less than high school	45.8	15,000		55.0	9,000	
High school	25.4	33,000		58.4	19,000	
Some college	17.6	22,000		59.4	13,000	
College or higher	6.9	9,000		63.3	6,000	
Primary Health Insurance			Yes			Yes
Purchased via employer	10.4	24,000		52.7	13,000	
Purchased on own	15.7	6,000		60.9	3,000	
Medicaid	32.3	20,000		62.1	12,000	
Military/CHAMPUS/VA	20.3	3,000				
Indian Health Service						
Medicare	30.5	11,000		72.1	7,000	
Other	20.2	2,000				
None						
Federal Poverty Level			Yes			No
<250% of FPL	28.8	45,000		61.9	28,000	
≥250% of FPL	9.7	23,000		56.0	13,000	

## 2014 Adult Smoking Prevalence and Quit Attempts By Select Demographic Characteristics

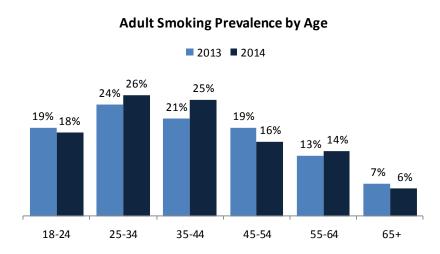
\* All percents with the exception of age group categories are age-adjusted to standard U.S. 2000 population according to Healthy People 2020 guidelines.

\*\* Estimated counts are rounded to the nearest thousand Vermonters and not age-adjusted.

\*\*\* Specific statistically significant differences within groups are highlighted in the text.

#### SMOKING IN EARLY ADULTHOOD

Those in early adulthood (25 - 44 years) report higher rates of smoking than Vermonters who are 45 years or older. This is different than in the previous year, where those in early <u>and</u> middle adulthood (25 - 54 years) were significantly different than adults 55 years or older. The gap in smoking rates between adults 35 - 44and those 45 - 54 is larger in 2014 (25% vs. 16\%) than in 2013 (21% vs. 19%).



Among younger adults (those 18 to 34 years), 25 to 29 year olds report the highest smoking rates (33%) as shown in the table below. Most demographic differences in prevalence mirror those found among adults of all ages; those with less education and lower incomes have the highest rates of smoking within every age group. The only exception is Vermonters age 25 - 29, where there is no statistically significant difference in smoking prevalence based on income.

	Age 18-24	Age 25-29	Age 30-34	Age 25-34		
Number of Vermonters**	64,873	35,441	34,181	69,622		
Estimated Smokers	11,000	10,000	7,000	17,000		
	Prev %*	Prev %*	Prev %*	Prev %*	Quit Attempts %*	
Overall Prevalence	17.8	32.8	21.0	26.4	62.4	
Gender						
Female	15.2	32.9	14.5	23.0	58.4	
Male	20.3	32.6	27.4	29.8	65.5	
Race/Ethnicity						
White, non-Hispanic	18.2	33.7	19.9	26.3	65.3	
Racial/Ethnic Minority						
Education						
Less than high school						
High school	25.8	45.7	24.1	35.2	46.2	
Some college	10.5	26.6	25.3	25.9		
College or higher	11.8	11.5	6.1	8.2		
Federal Poverty Level						
<250% of FPL	24.2	39.6	31.4	35.9	62.3	
≥250% of FPL	4.3	20.8	12.2	15.3		

#### Young Adult Smoking Prevalence and Quit Attempts by Select Demographic Characteristics, 2014

Estimates that are statistically significant are highlighted in bold text.

\* Percents are not age-adjusted due of the small age ranges. This differs slightly from analyses of all adults.

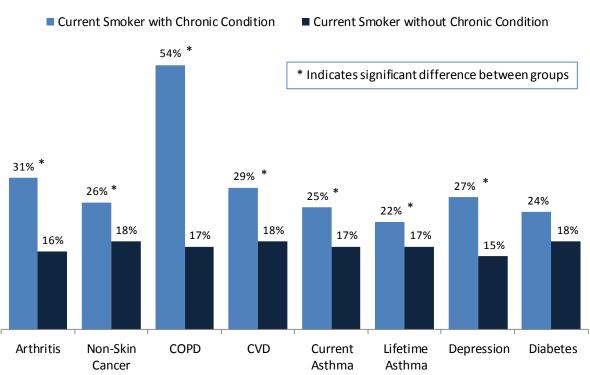
\*\* 2010 Census.

-- Suppressed due to small numbers.

Within the smaller age categories, only a handful of statistically stable point estimates for quit attempts are available. No statistically significant differences in quit attempts were found among 25 - 34 year olds based on demographic characteristics. The prevalence of smokeless tobacco use is 7.4% in 18 – 24 year olds, 4.8% in 25 – 29 year olds, and 3.9% in 30 – 34 year olds and was not significantly different between age groups (data not shown in table).

### **CHRONIC DISEASE**

Adult smoking prevalence is significantly higher among those with some common chronic conditions. Most striking is the prevalence among those ever diagnosed with COPD; adults with COPD are three times more likely to report current smoking compared to those without COPD (54% vs. 17%). Similarly, those with arthritis or depression are nearly twice as likely as those without arthritis or depression to report current smoking (31% vs. 16% for arthritis and 27% vs. 15% for depression, respectively). There are also significant differences in smoking prevalence for those with non-skin cancers (26%), cardiovascular disease (CVD) (29%), and current and lifetime asthma (25% and 22%, respectively), when compared to adults without one of these four diagnoses (all close to 18%). There are no significant differences in smoking based on a diabetes diagnosis.



Adult Smoking Prevalence by Chronic Condition, 2014

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