

BRFSS 2013 - 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 2013 results for selected indicators and demographic subgroups related to these goals.

Adult Prevalence & Quit Attempts % Estimated Vermonters**

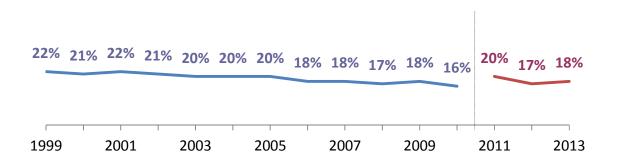
	/0	Estimated vermonters	
Cigarette Use*	17.7	81,000	
Smokeless Tobacco Use	2.8	14,000	
Quit Attempts among cigarette users*	56.2	46,000	

* 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.

Comparisons between BRFSS data before and after 2011 should be made with caution. In 2011, the Centers for Disease Control and Prevention implemented changes to the BRFSS weighting methodology in order to more accurately represent the adult population. While these adjustments make the calculations more representative of the population, the changes in methodology limit the ability to compare data from 2011 and forward to previous years. Statistical differences between data from 2011 and forward may be due to methodological changes, rather than changes in opinion or behavior.

Vermont adult smoking prevalence, VT BRFSS 1999 - 2013



DEMOGRAPHICS

There continue to be differences in smoking prevalence and quit attempts by age, raceethnicity, education level, and Federal Poverty Level (FPL). These differences are similar to those noted in prior years of BRFSS data. Younger adults (25 – 34 years old: 24%), Vermonters of racial or ethnic minorities (26%), those with less education (less than high school: 42%), those with Medicaid (36%) or no insurance (31%), and those living at less than 250% of FPL (29%) are more likely to be current smokers than other Vermonters. There are also some differences in the proportion of smokers with quit attempts, with differences in quit attempts by education and health insurance reaching statistical significance. Vermonters with a college education (66%) or with Medicaid (65%) are more likely to make a quit attempt.

		Smoking Prevalence		Quit Attempts			
	%	Estimated Vermonters**	Statistical Difference	%	Estimated Vermonters**	Statistical Difference	
Overall	17.7	81,000		56.2	46,000		
Age Group*			Yes			No	
18-24 years	18.8	12,000		72.0	9,000		
25-34 years	24.4	16,000		53.3	9,000		
35-44 years	21.3	15,000		61.7	9,000		
45-54 years	19.2	18,000		49.3	9,000		
55-64 years	13.3	12,000		51.8	6,000		
65+ years	7.5	6,000		50.6	7,000		
Gender			No			No	
Female	16.2	39,000		58.4	23,000		
Male	19.2	42,000		54.4	23,000		
Race-Ethnicity			Yes			No	
White, non-Hispanic	17.2	73,000		56.4	42,000		
Racial/Ethnic Minority	26.4	6,000		56.1	4,000		
Education			Yes			Yes	
Less than high school	42.3	15,000		51.3	8,000		
High school	24.9	35,000		51.5	19,000		
Some college	17.1	22,000		62.7	14,000		
College or higher	5.9	9,000		66.3	5,000		
Health Insurance			Yes			Yes	
Purchased via employer	10.7	25,000		57.0	14,000		
Purchased on own	14.3	5,000		53.2	3,000		
Medicaid	35.8	17,000		65.2	12,000		
Military/CHAMPUS/VA	19.0	3,000		46.3	2,000		
Indian Health Service							
Multiple types	15.6	2,000		49.1	9,000		
Other	18.6	5,000		41.9	3,000		
None	31.3	7,000		55.2	4,000		
Federal Poverty Level			Yes			No	
<250% of FPL	28.7	47,000		59.9	29,000		
≥250% of FPL	9.4	23,000		61.4	13,000		

Adult smoking prevalence and quit attempts by selected demographic characteristics:

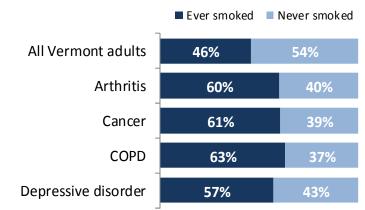
* All percents with the exception of age group categories are age-adjusted to standard U.S. 2000 population according to Healthy People 2020 guidelines.

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

*** Estimated Vermonters for Federal Poverty Level cannot be calculated due to survey methodology.

CHRONIC DISEASE

Among adults who have arthritis, cancer, COPD, and a history of depression, a statistically higher proportion has smoked at some point in their lives. There are no significant differences in lifetime smoke status for diabetes, cardiovascular disease, current or lifetime asthma, or a report of no exercise in the past 30 days (not shown).



YOUNG ADULTS

Among young adults, those 25 to 29 have the highest smoking prevalence (29%). Most demographic differences in prevalence mirror those of all adults. Among young adults age 25 – 29, those without a college education or those with an income <250% FPL are statistically more likely to smoke than those with a college education or a higher income, respectively. Young adults aged 30 - 34 who are male, have a high school education or an income <250% FPL are statistically more statistically more likely to smoke. Within the smaller age categories, statistically stable point estimates for quit attempts are only available for white, non-Hispanic Vermonters who are 25 – 29 (58%) or 30 - 34 (50%). The prevalence of smokeless tobacco use is 5% in 18-24 year olds, 4% in 25-29 year olds, and 2% in 30-34 year olds (data not shown).

	Age 18-24*	Age 25-29* 35,441	Age 30-34*	Age 25-34*		
Vermonters**	64,873		34,181		69,622	
Estimated Smokers	12,000	9,000	8,000	16,000		
	Prev %	Prev %	Prev %	Prev %	Quit Attempts %	
Overall Prevalence		28.8	20.8	24.4	<u> </u>	
Gender						
Female	21.2	32.0	11.2	20.8	56.1	
Male	16.4	25.5	30.0	28.0	51.2	
Race/Ethnicity						
White, non-Hispanic	19.4	29.3	20.9	24.6	54.5	
Racial/Ethnic Minority						
Education						
Less than high school						
High school	22.8	43.6	31.6	37.6	49.0	
Some college	13.3	32.8	16.9	23.6		
College or higher		5.6	7.4	6.6		
Federal Poverty Level						
<250% of FPL	24.9	41.3	35.2	38.1	55.9	
≥250% of FPL		15.0	6.0	9.7		

Adults 18-34 years old: prevalence by selected demographic characteristics:

* 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.