



# Tobacco Data Pages

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Established in 2001, the Vermont Tobacco Control Program (VTCP) is a comprehensive statewide program administered by the Vermont Department of Health (VDH) with funding from the Master Settlement Agreement and the Centers for Disease Control and Prevention (CDC). The VTCP implements policy, systems, and environmental level state and community interventions, mass-reach health communication interventions, and cessation interventions while conducting ongoing surveillance of tobacco use in Vermont and evaluation of program efforts to make progress in achieving VTCP goals:

- Promote quitting among adults and youth.
- Eliminate exposure to secondhand smoke.
- Prevent initiation of tobacco use among youth and young adults.
- Identify and eliminate tobacco-related disparities among population groups.

The Tobacco Data Pages are designed as a quick reference for the most current and pertinent data on tobacco use among adults and youth in Vermont. This document combines several Vermont health surveillance data sources, including:

- 2015 Behavioral Risk Factor Surveillance System (BRFSS)
- 2015 Youth Risk Behavior Survey (YRBS)
- 2014 Adult Tobacco Survey (ATS)
- 2015 College Health Survey (CHS)

Information about data sources and notes can be found at the end of this document.

## **Tobacco Use Among Adults & Youth**

From 2011 to 2015, Vermont has seen a significant decrease in smoking prevalence among adults (from 20% to 17%) and youth (15% to 11%). 2015 prevalence in Vermont is similar to the national average. Still, disparities remain among adults based on age, income, and education. Those who are 65 years or older or have higher incomes or education are less likely to smoke when compared to those who are younger or have lower education or income. Smoking prevalence has significantly decreased from 2011 to 2015 among 25-34 year olds and racial/ethnic minority adults. Consequently, white, non-Hispanic adults and racial/ethnic minorities reported statistically similar smoking rates in 2015.

## **Tobacco Use Initiation**

Overall, 6% of high school students reported smoking a whole cigarette before age 13. There has been a steady and statistically significant decrease since 2005, when the rate of youth initiation was 14%. The rate of tobacco use before age 13 among Vermont youth was statistically similar to the national average in 2015 (7%). Disparities in initiation are similar to youth smoking overall: significantly more male and racial/ethnic minority youth used a cigarette before age 13 compared to female and white non-Hispanic students. While non-smokers were more likely than smokers to favor cigarette advertisement and sales restrictions, smokers most support extending advertisement bans to print and electronic media, banning ads outside of stores, requiring warning labels, and banning sales near schools.

Among youth, males and racial/ethnic minorities have significantly higher smoking rates than high school females and white, non-Hispanic youth. The use of other tobacco products (OTP) continue to be of increasing concern, particularly among cigarette smokers and youth. Twenty-five percent of high school youth reported using any tobacco product in 2015 (including cigarettes, smokeless tobacco, cigar products, and e-vapor products).

## **Cessation**

The percentage of current smokers who made a quit attempt in 2015 remained statistically similar to past years (57% among adults and 42% among youth). There were few demographic differences in quit attempts. A variety of cessation methods were reported; the highest percentage were those who tried to quit on their own (66%) and those who talked with a health care professional (45%). About a quarter of adult smokers reported using e-cigarettes to help them quit smoking (26%). Among high school youth, there was a significant decrease in quit attempts for female smokers from 2011 to 2015. Therefore, female youth smokers had a statistically similar rate of quit attempts compared to male youth smokers in 2015, unlike previous years where females had a significantly higher rate.

## **Secondhand Smoke**

Secondhand smoke exposure has remained statistically similar over time for smokers. Non-smokers experienced a significant decrease from 2008 to 2012. However, a significant increase from

2012 to 2014 resulted in a statistically similar proportion of adult non-smokers reporting secondhand smoke exposure in 2014 (48%) as in 2008 (50%). Since 2009, secondhand smoke exposure among youth has significantly declined overall, as well as specifically among smokers and non-smokers. Non-smokers were more likely to support public smoking bans when compared to smokers. When comparing support for several types of public smoking bans (entryways, outdoor areas, and multi-unit housing), the type with the greatest support among smokers and non-smokers was banning smoking in public entryways.

## **Tobacco Control Program Priorities**

To further reduce tobacco use and burden in the state, the VTCP tailors strategies to reach priority populations that experience the greatest disparities in tobacco use. One priority population is adults who are Medicaid-insured. Through collaborative efforts with the Department of Vermont Health Access (DVHA), which administers Medicaid in Vermont, the state has seen an increase in cessation treatment and support provided by health care professionals serving Medicaid-insured patients from 2014 to 2015. The VTCP similarly works towards reducing the disparate burden felt by those with mental health and substance abuse conditions. Among adults with one of these conditions, smoking prevalence is one and half to two times higher and, among youth, seven to nine times higher than those without a mental health or substance abuse condition.

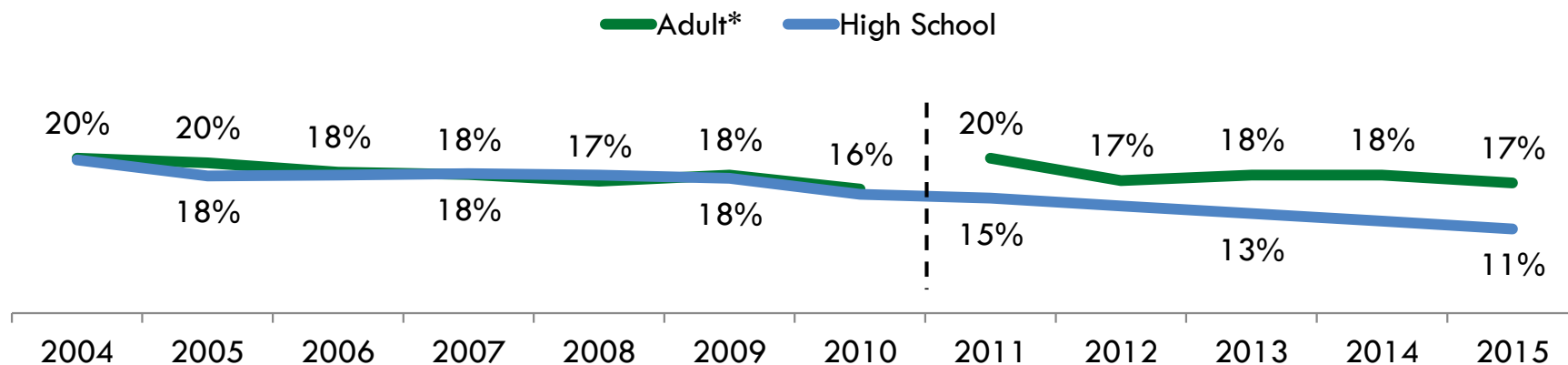
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# Tobacco Use Among Adults & Youth

# Adult and Youth Cigarette Smoking Prevalence

- In 2015, 17% of adults and 11% of high school students were current smokers. Cigarette smoking among students has decreased significantly in the past decade. Smoking prevalence among adults was similar to the previous year, but has decreased significantly since 2011.
- This represents 78,000 adults and 2,800 youth smokers in 2015 compared to 95,000 adult and 4,500 youth smokers in 2011.

Adult & Youth Cigarette Smoking Prevalence



Source: VT BRFSS 2004 – 2015 & YRBS 2005 - 2015

\*Adult data on this page are age adjusted to the U.S. 2000 population. Estimated counts rounded to the nearest thousand and not age-adjusted.

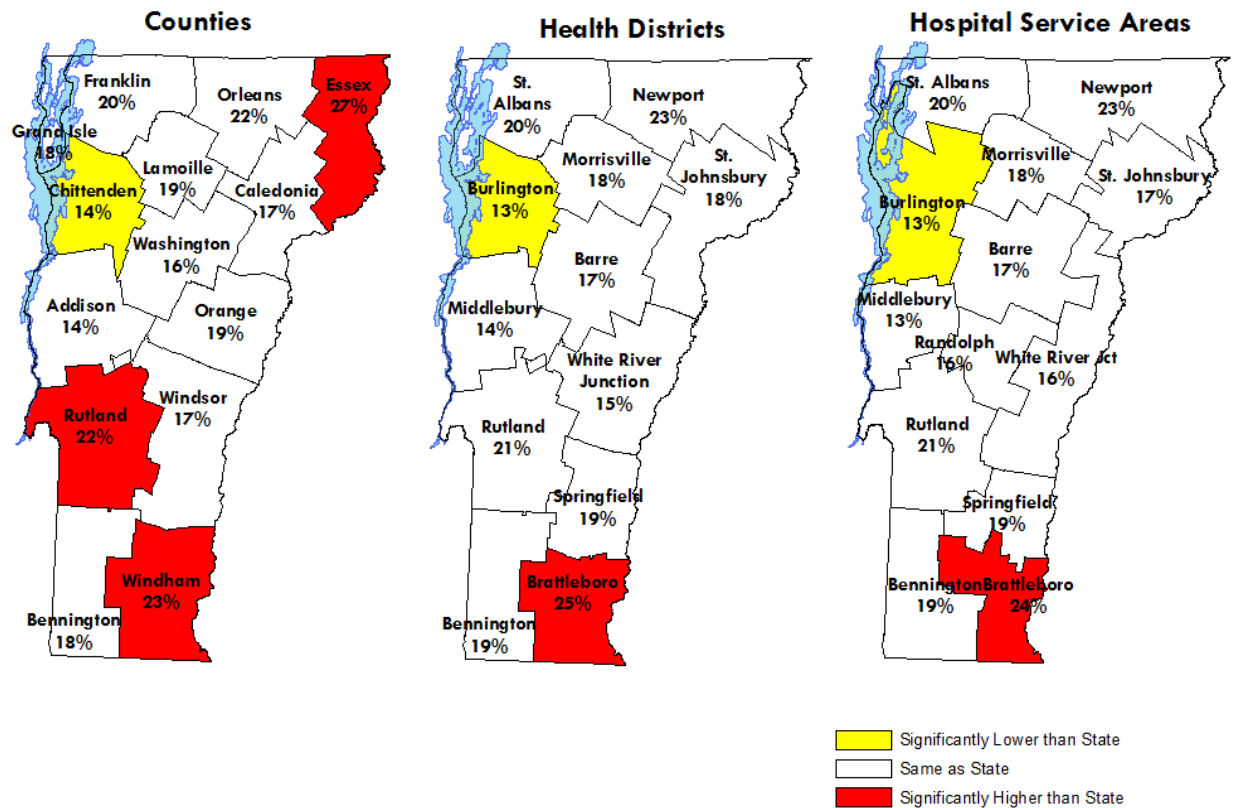
--- Comparisons between adult (BRFSS) data collected in 2011 and later and that from earlier years should be made with caution due to changes in survey methodology



# Smoking Prevalence by Sub-Geography: Adults

- Across VT counties, the smoking prevalence ranged from 14 to 27% among adults. The smoking rate in Chittenden county was lower than the statewide average of 17%, while Essex, Rutland, and Windham were higher.
- The smoking rate in the Burlington Health District and Hospital Service Area was significantly lower than the statewide average, while Brattleboro Health District and Hospital Service Area was higher.

Adult Cigarette Smoking Prevalence\*



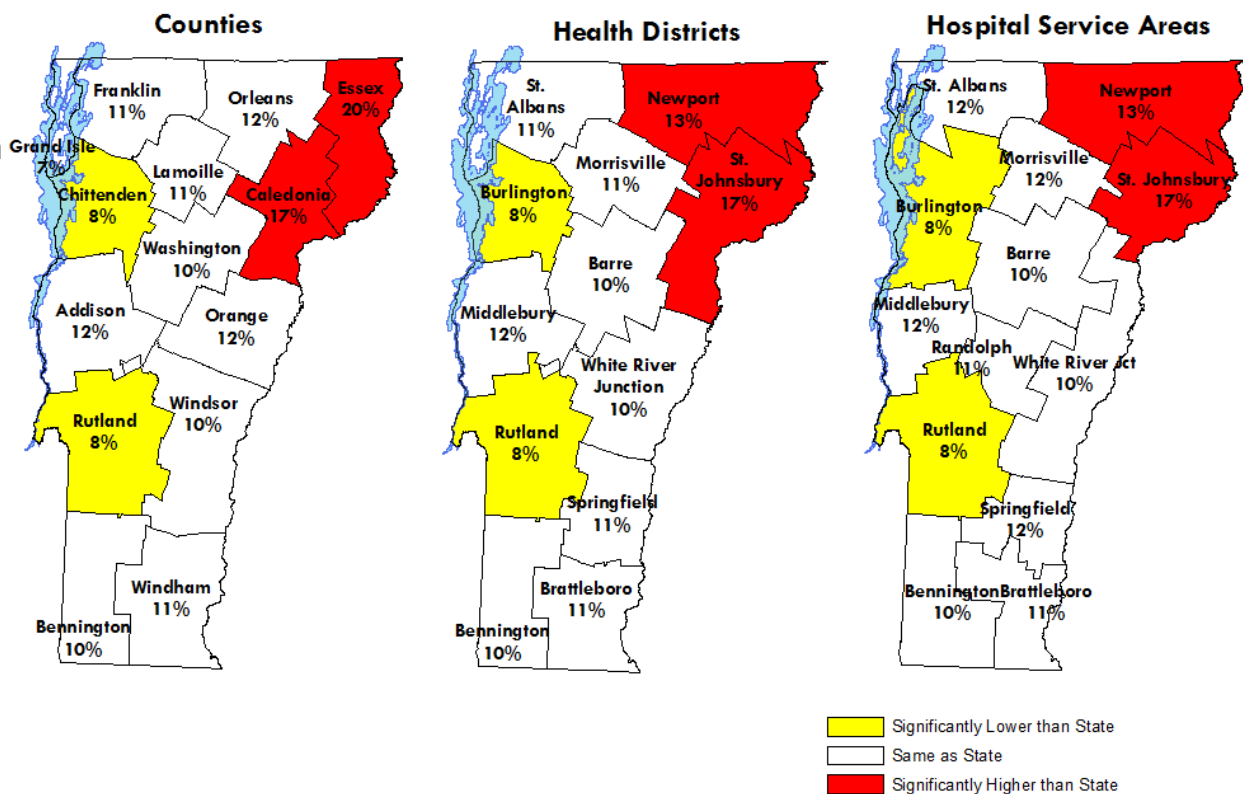
Source: BRFSS 2014-2015

\*Adult data on this page are age adjusted to the U.S. 2000 population

# Smoking Prevalence by Sub-Geography: High School Youth

- Across VT counties, the smoking prevalence ranged from 7% to 20% among high school students. The smoking rates in Chittenden and Rutland were lower than the state average of 11%, while Essex and Caledonia were higher.
- The smoking rates in the Burlington and Rutland Health Districts and Hospital Service Areas were significantly lower than the statewide average, while Newport and St. Johnsbury Health Districts and Hospital Service Areas were higher.

High School Youth Cigarette Smoking Prevalence

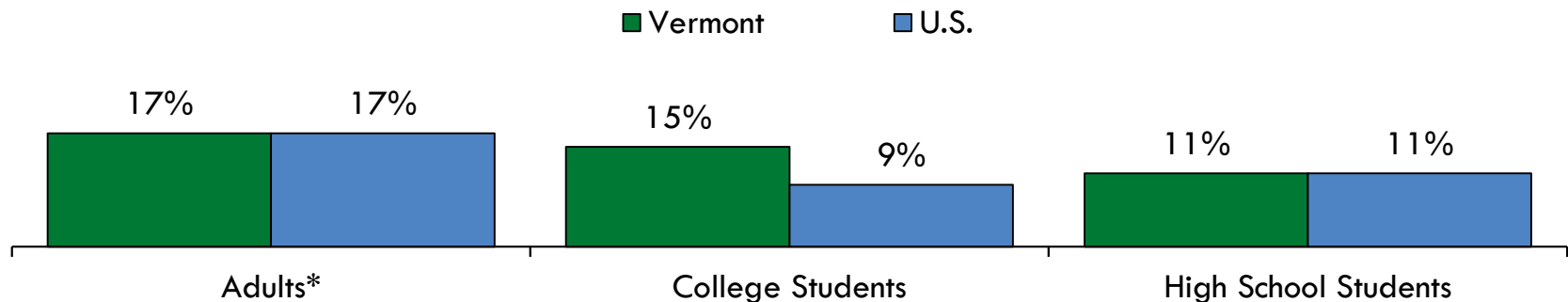


Source: YRBS 2015

# Vermont and U.S. Smoking Prevalence

- Among adults and high school students, the smoking prevalence of Vermonters was not significantly different than the U.S. averages.
- Vermont is ranked 18<sup>th</sup> lowest in adult smoking prevalence among all states (Campaign for Tobacco-Free Kids, 2016).
- The smoking prevalence among Vermont college students (15%) was significantly higher than for college students nationwide (9%).

Vermont and U.S. Smoking Prevalence  
Among Adults, College Students & High School Students



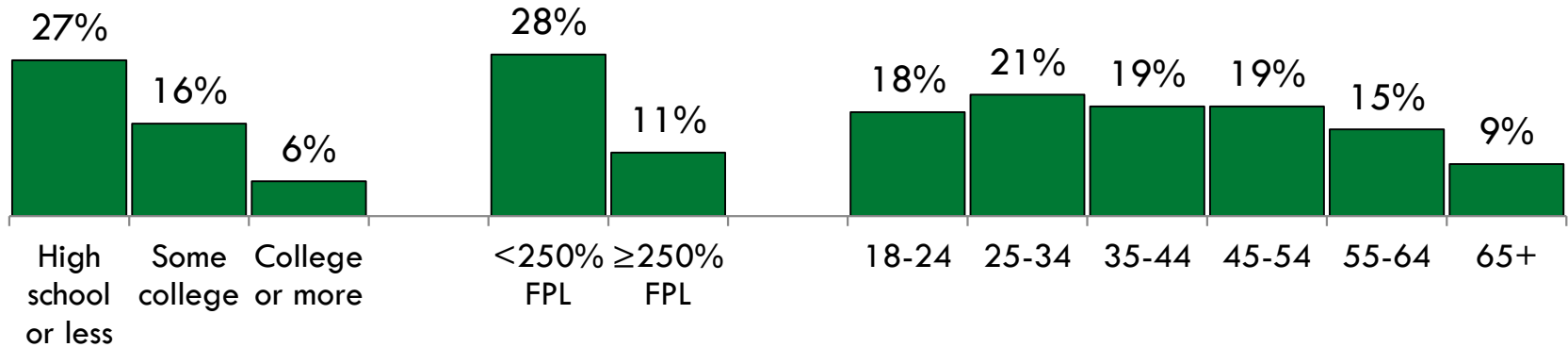
Source: VT & US BRFSS 2015, VT & US ACHA-NCHA-II 2016, YRBS 2015

\*Adult data on this page are age adjusted to the U.S. 2000 population

# Adult Smoking by Demographic Characteristics

- In 2015, smoking prevalence was significantly higher for those with lower levels of education and those living at less than 250% of the federal poverty level.
- Adults 65 and older were significantly less likely to smoke compared to those in younger age groups.

Adult Smoking Prevalence by Demographic Characteristics



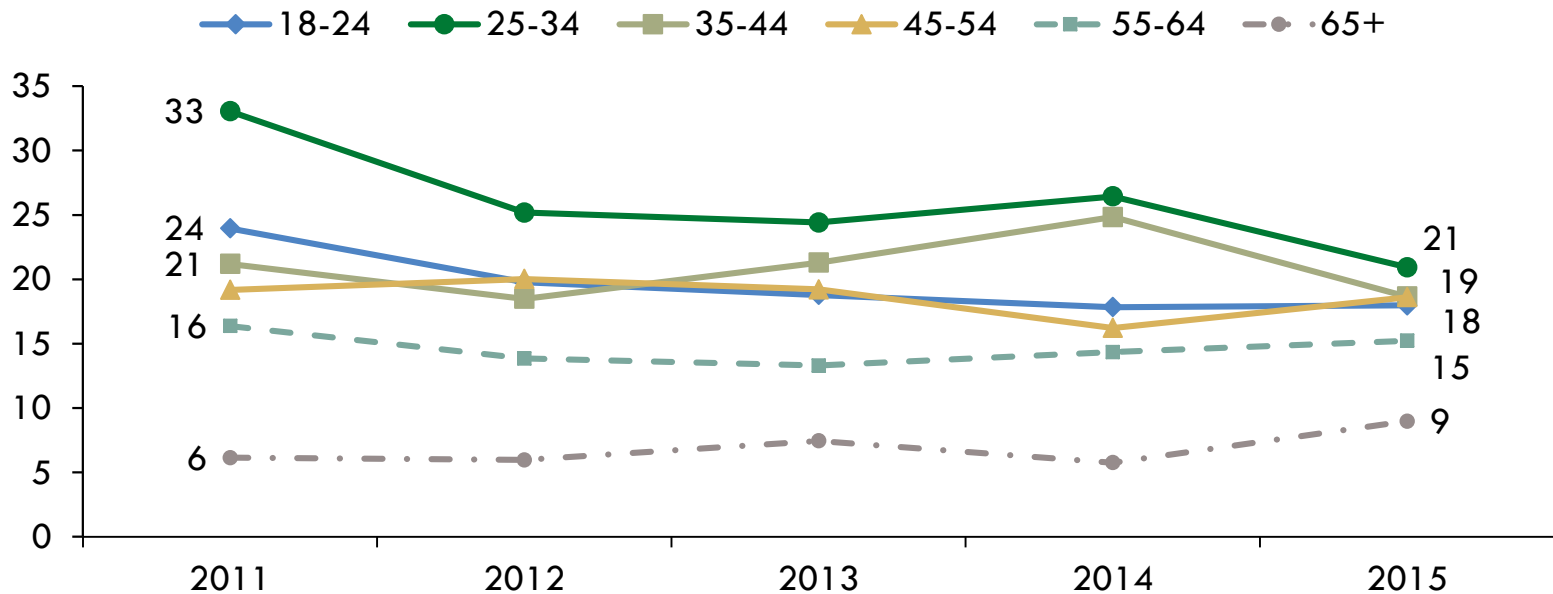
Source: VT BRFSS 2015

\*All data on this page are age adjusted to the U.S. 2000 population, except that broken down by age

# Trend in Cigarette Smoking by Age

- Between 2011 and 2015, there was a significant decrease in smoking rates for adults 25-34 (33% to 21%) and a significant increase for those 65 years and older (6% to 9%). There were no other significant differences based on age group.
- There were no significant differences in cigarette smoking over time by education level or federal poverty level (data not shown).

Cigarette Smoking Prevalence (%) by Age Group from 2011 to 2015



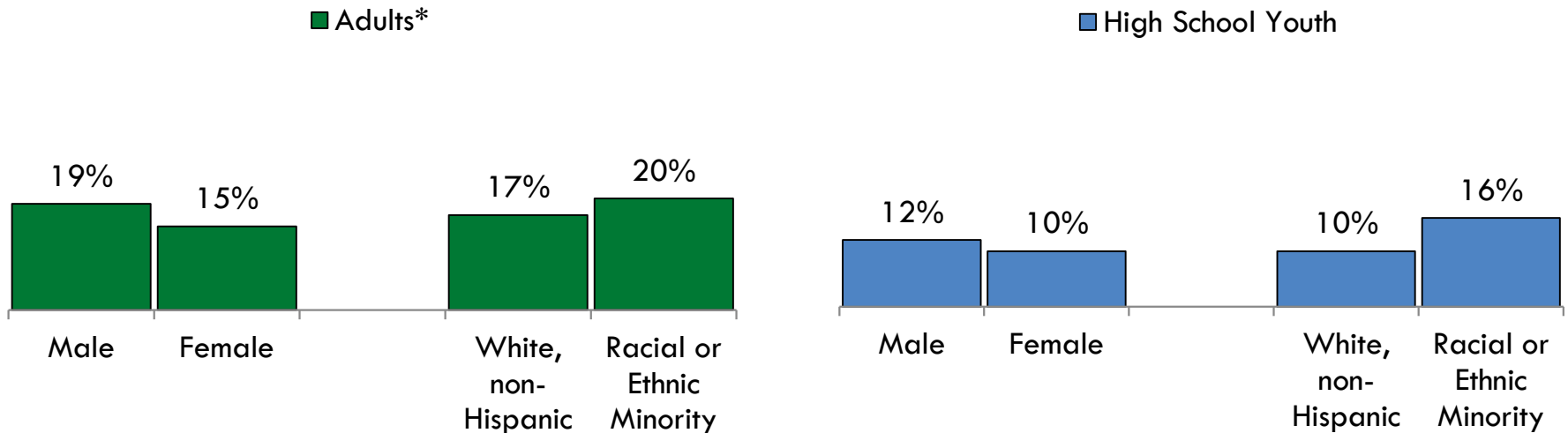
Source: VT BRFSS 2011 - 2015

# Smoking by Demographic Characteristics: Adult & Youth

14

- In Vermont, adult men and women reported smoking at statistically similar rates, while male high school students were significantly more likely to smoke compared to female students.
- Among adults, the prevalence of cigarette use was not statistically different based on race. Among high school students, the prevalence of cigarette use was statistically higher among racial or ethnic minorities compared to white, non-Hispanics.

Adult and Youth Cigarette Smoking by Gender and Race/Ethnicity



Source: VT BRFSS 2015 & YRBS 2015

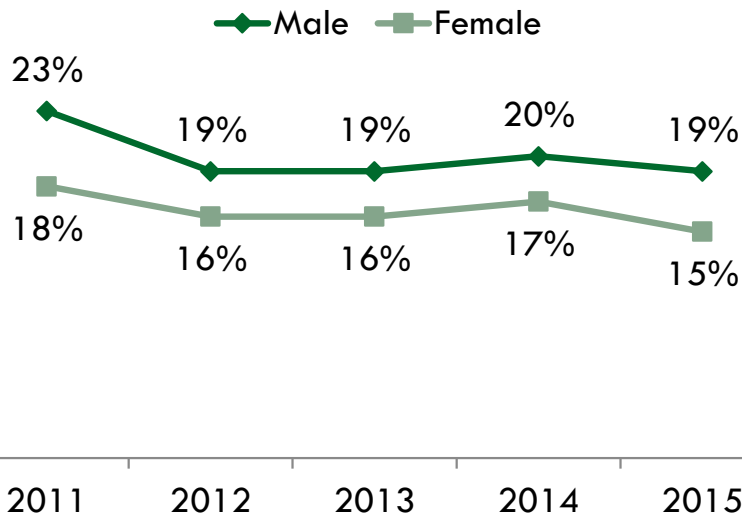
\*Adult data on this page are age adjusted to the U.S. 2000 population.

# Trend in Cigarette Smoking by Gender

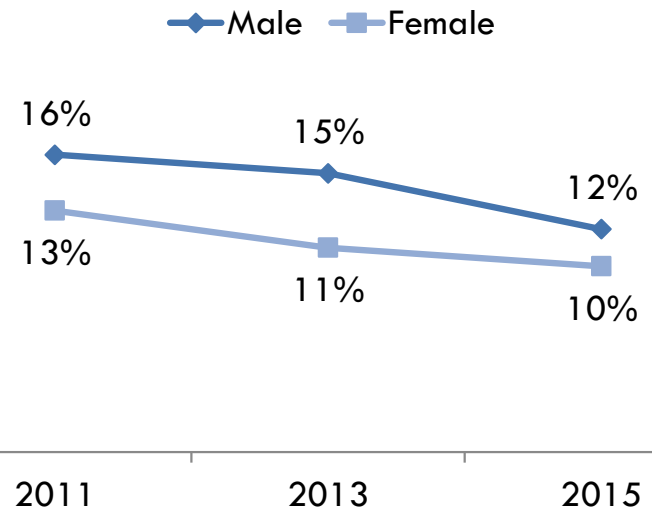
15

- Among adults there were no significant differences in smoking prevalence for males or females from 2011 to 2015.
- Among high school youth, there was a significant decrease in cigarette smoking for both males and females from 2013 to 2015 and 2011 to 2015.

### Cigarette Smoking Prevalence Among Adults\*



### Cigarette Smoking Prevalence Among High School Youth



Source: VT BRFSS 2011-2015 & YRBS 2011-2015

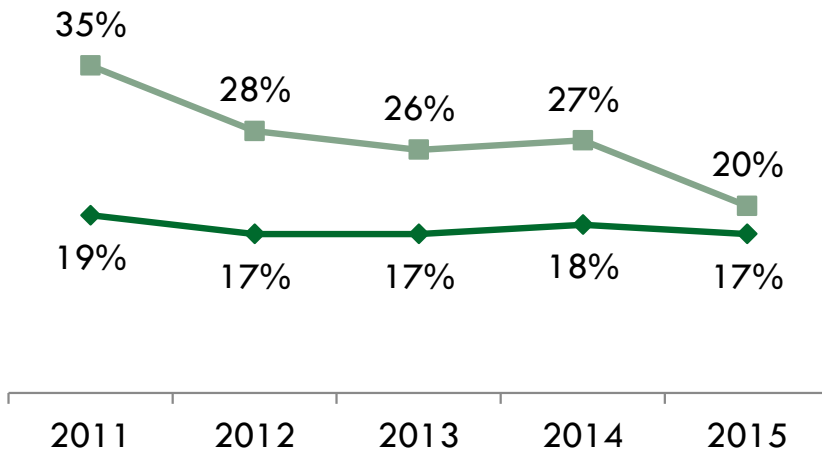
\*Adult data on this page are age adjusted to the U.S. 2000 population.

# Trend in Cigarette Smoking by Race/Ethnicity

- Among adults, there was a significant decrease in cigarette smoking from 2011 to 2015 for racial/ethnic minorities only.
- Among high school youth, there was a significant decrease in cigarette smoking from 2011 to 2015 for white, non-Hispanic youth and racial/ethnic minorities.

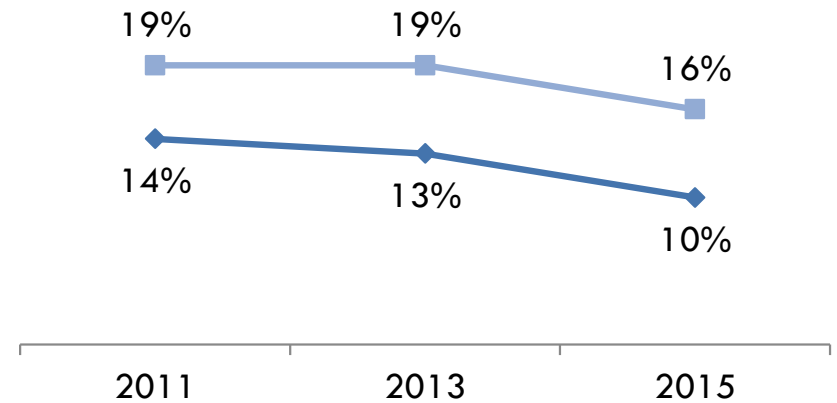
### Cigarette Smoking Prevalence Among Adults \*

◆ White Non-Hispanic    ■ Racial/Ethnic Minority



### Cigarette Smoking Prevalence Among High School Youth

◆ White Non-Hispanic    ■ Racial/Ethnic Minority



Source: VT BRFSS 2011-2015 & YRBS 2011-2015

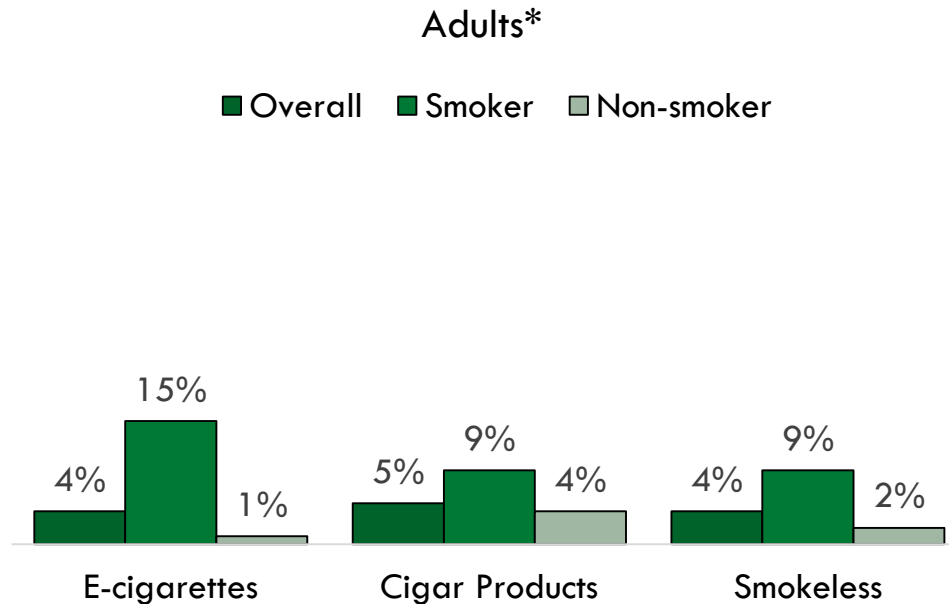
\*Adult data on this page are age adjusted to the U.S. 2000 population.



# Other Tobacco Product Use: Adults

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- In 2014, there were 18,000 adults in Vermont who used e-cigarettes (4%), 24,000 who used cigar products (5%), and 18,000 who used smokeless tobacco (4%).
- Adult smokers were significantly more likely to use other tobacco products (OTP) compared to non-smokers. This difference was particularly notable for adults who used e-cigarettes.
- Prevalence of adult smokeless tobacco use was statistically similar in VT and the U.S. (data not shown).

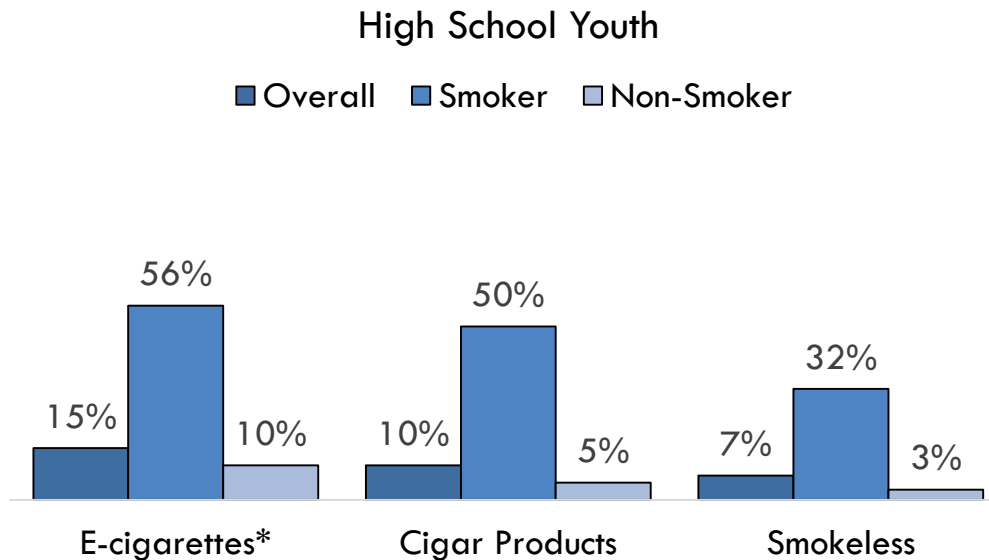


Source: VT ATS 2014

\*Adult OTP use defined as current use everyday or some days. Adult data on this page are age adjusted to the U.S. 2000 population. Estimated counts are rounded to the nearest thousand and not age-adjusted.

# Other Tobacco Product Use: Youth

- In 2015, there were 4,100 high school youth in Vermont who used e-cigarettes (15%), 2,800 who used cigar products (10%), and 1,800 who used smokeless tobacco (7%).
- High school youth smokers were significantly more likely to use other tobacco products (OTP) compared to non-smokers.
- VT youth reported a significantly lower rate of e-cigarette use compared to the U.S. (15% versus 24%). Prevalence of youth smokeless and cigar product use was similar in VT and the U.S. (data not shown).



Source: VT YRBS 2015

NOTE: Estimated counts are rounded to the nearest hundred. Youth OTP use defined as use in the past 30 days.

\*See data notes at end of document for more information about the definition of e-cigarette use among youth.

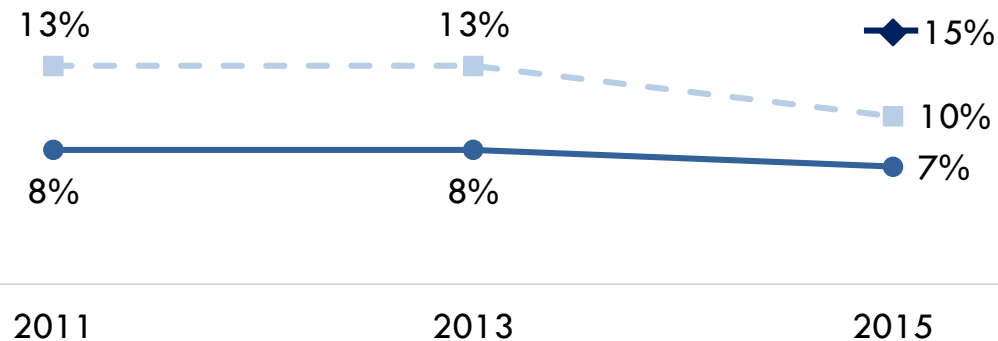
# Trend in Other Tobacco Product Use Among Youth

19

- There was a significant decrease in the use of cigar products and smokeless tobacco among high school youth from 2011 to 2015.
- The use of e-cigarettes\* was a new question in 2015. Fifteen percent of high school youth reported current use of e-cigarettes.

Other Tobacco Product Use Among High School Youth,  
2011 - 2015

—■— Cigar Products    —●— Smokeless    —◆— E-cigarettes



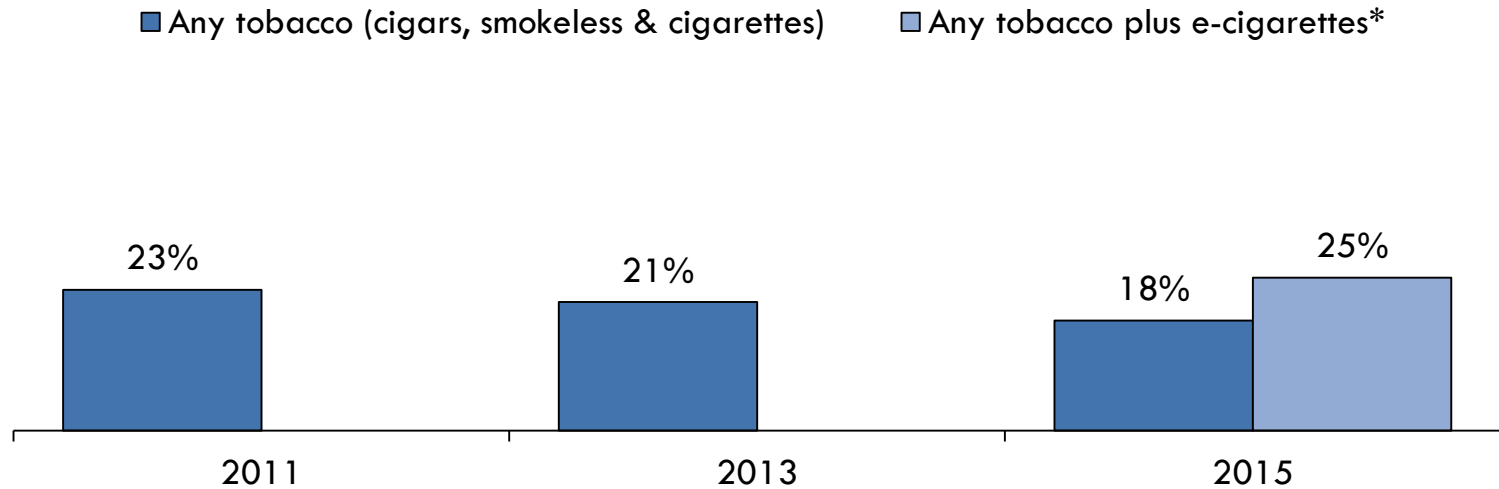
Source: YRBS, 2011, 2013, 2015

\*See data notes at end of document for more information about the definition of e-cigarette use among youth.

# Youth Any Tobacco Product Use

- There was a significant decrease in any tobacco product use (cigarettes, cigar products, and smokeless tobacco) among high school youth from 2011 to 2015. However, in 2015 when use of e-cigarettes was included in the definition of any tobacco product, the rate increased to 25%.
- In 2015, the rate of any tobacco product use in Vermont (25%) was statistically lower than the national rate (31%).

Any Tobacco Product Use Among High School Youth, Past 30 Day



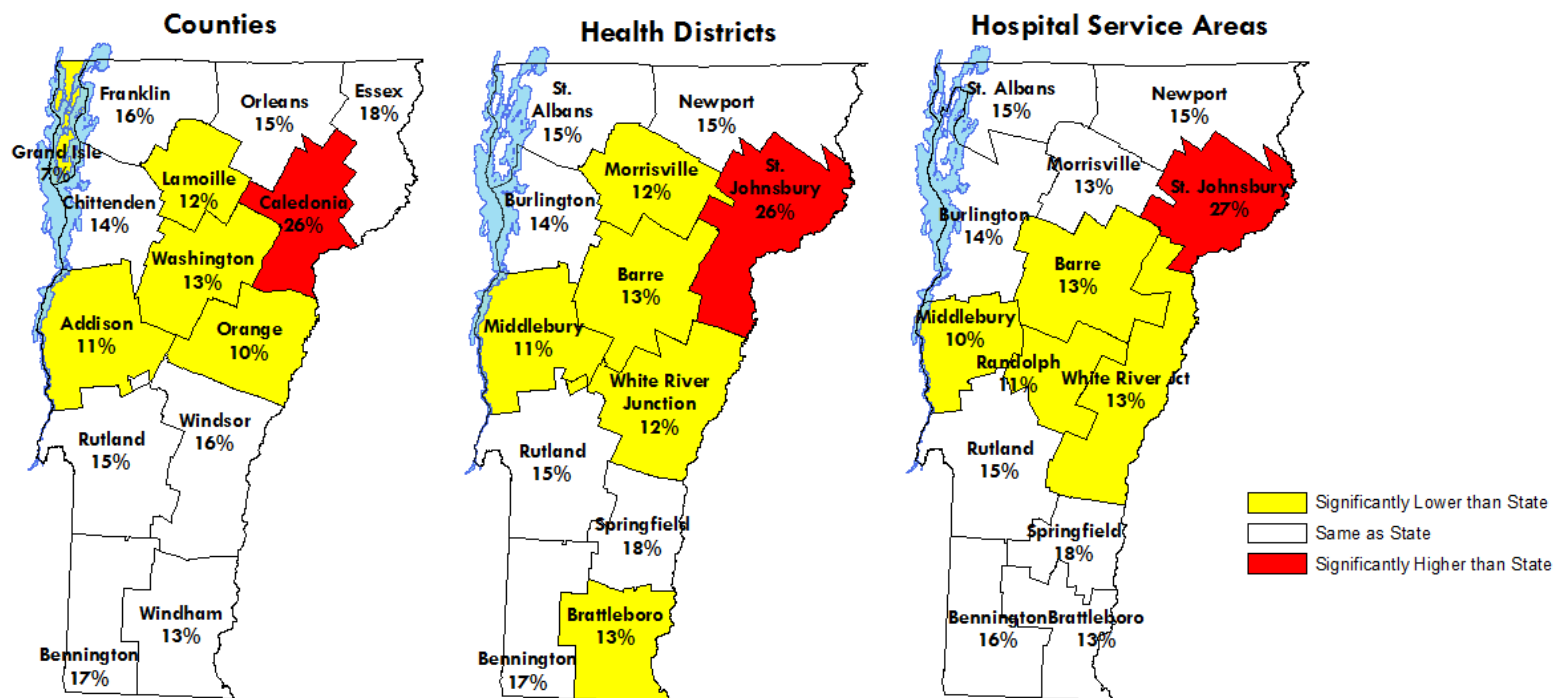
Source: YRBS, 2011, 2013, 2015

\*E-cigarette use was a new question in 2015. See data notes at end of document for more information

# Youth E-Cigarette Prevalence: Sub-Geographies

- Across VT counties, health districts, and hospital service areas, the prevalence of e-cigarette use varied. Central Vermont and Brattleboro Health District had significantly lower rates than the state average (15%), while the St. Johnsbury/Caledonia area had a significantly higher rate.

High School Youth E-Cigarette Prevalence



Source: YRBS, 2015

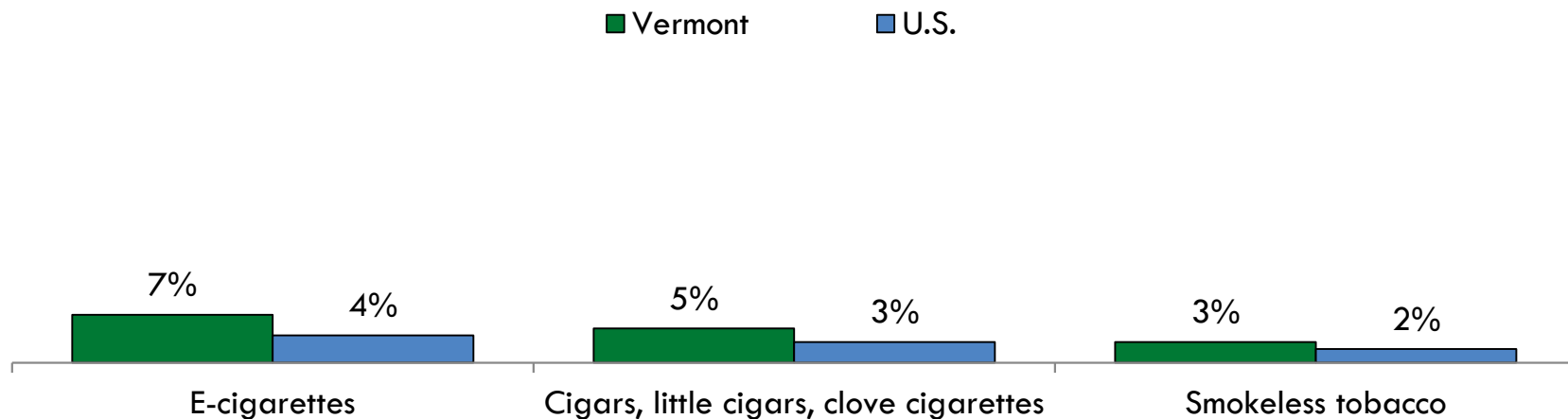
\*E-cigarette use was a new question in 2015. See data notes at end of document for more information

# Vermont and U.S. Other Tobacco Product Use: College Students

22

- College students in Vermont were significantly more likely to use e-cigarettes, cigar products, and smokeless tobacco compared to their counterparts in the U.S.

Vermont and U.S. Other Tobacco Product Use



Source: VT & US ACHA-NCHA-II 2016

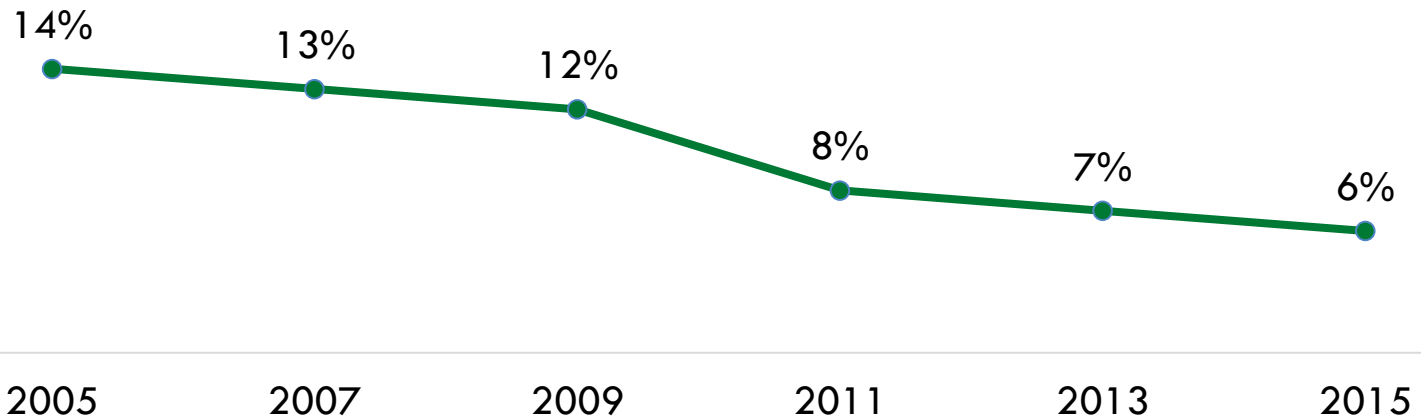
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# Tobacco Use Initiation

# Cigarette Use Before Age 13

- Overall, 6% of high school students reported smoking a whole cigarette before age 13. Vermont prevalence was statistically similar to the national average of 7% in 2015. Smoking before age 13 decreased significantly in the past year and continuously from 2005 to 2015.
- Significantly more male and racial/ethnic minority high school students used a cigarette before age 13 compared to female and white non-Hispanic students, respectively:
  - ▣ 7% of males vs. 5% of females
  - ▣ 12% of racial/ethnic minorities vs. 5% of white non-Hispanics

Cigarette Use Among High School Students Before Age 13



Source: YRBS 2005 – 2015, US YRBS 2015

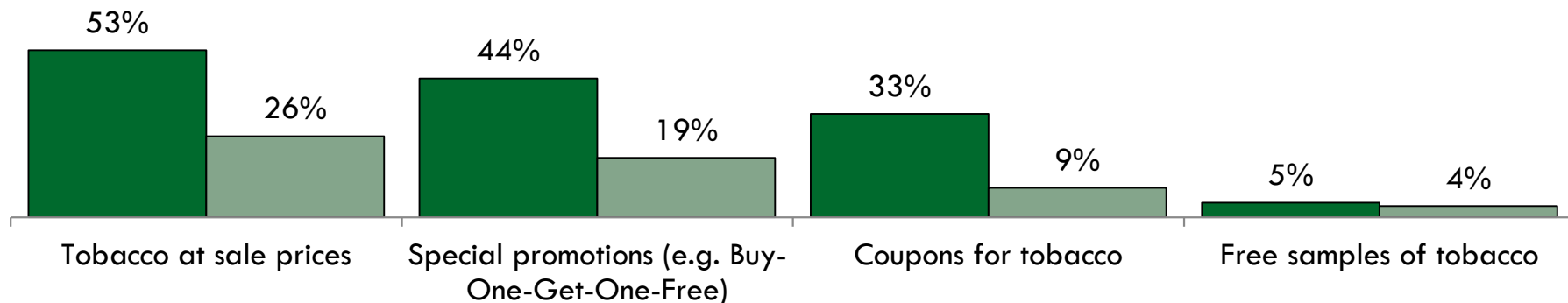


# Exposure to Tobacco Promotions

- Adult smokers were significantly more likely to notice tobacco at sales prices, special promotions, and coupons for tobacco as compared to non-smokers.
- Over half of high school students (52%) reported seeing an ad for cigarettes or other tobacco products every time or most of the time they go to a convenience store, supermarket, or gas station (data not shown).

Adult Exposure to Tobacco Promotions

■ Adult Smokers ■ Adult Non-smokers

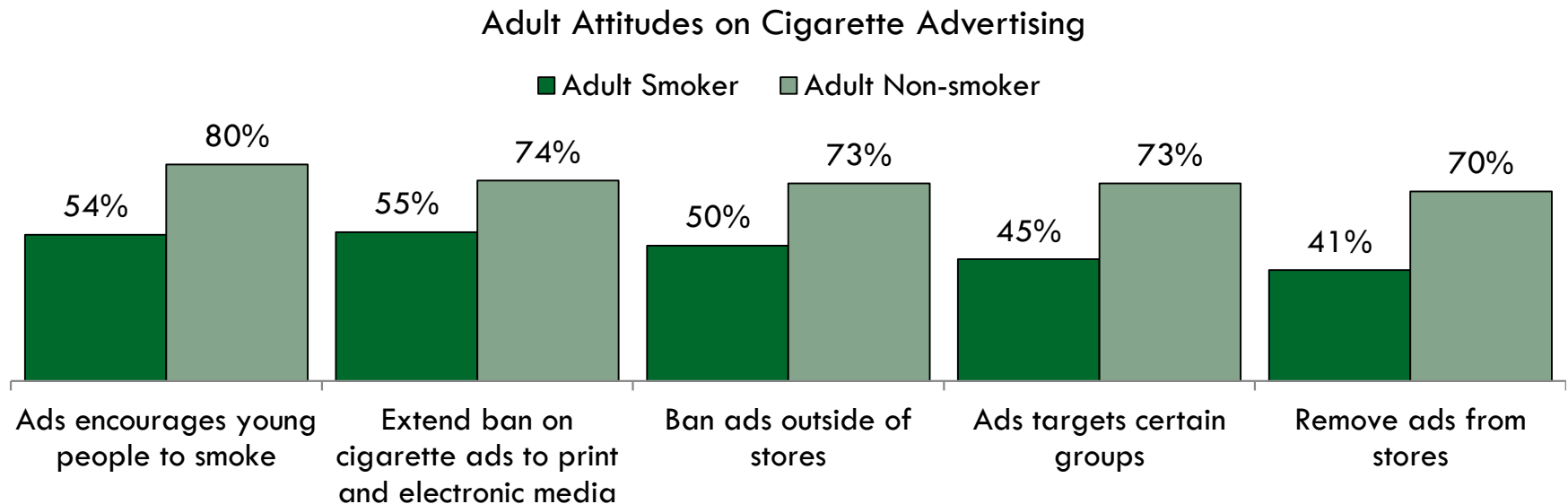


Source: VT ATS 2014

# Adult Attitudes on Cigarette Advertising

26

- In comparison to adult smokers, adult non-smokers were significantly more likely to believe that tobacco advertising encourages young people to smoke and targets certain groups such as young adults, low income groups and specific ethnic groups. Non-smokers are also more likely to agree that cigarette ads should be banned from all print and electronic media, banned outside of stores, and removed from inside stores.
- A majority of smokers believe that tobacco advertising encourages young people to smoke and agree that cigarette ads should be banned from all print and electronic media.

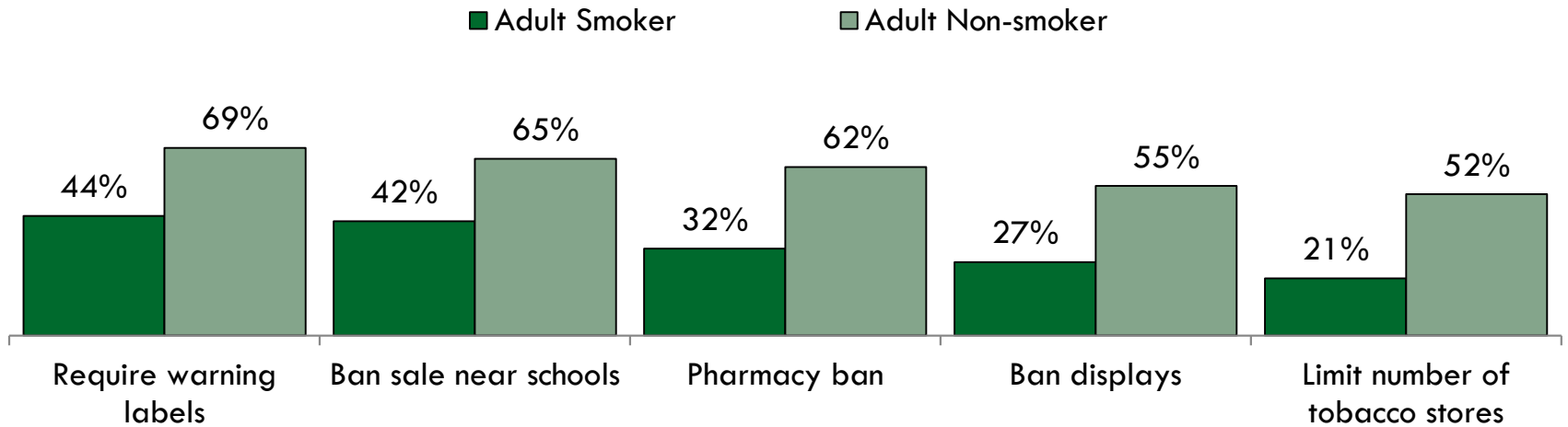


Source: VT ATS 2014

# Adult Attitudes on Sale Restriction Policies

- Among adults, non-smokers were significantly more likely to be in favor of requiring warning labels on cigarette packs, banning tobacco sales near schools, banning tobacco sales from pharmacies, banning tobacco product displays, and limiting the number of stores that sell tobacco.
- Smokers most support requiring warning labels and banning tobacco sales near schools.

Adult Attitudes on Sales Restriction Policies



Source: VT ATS 2014

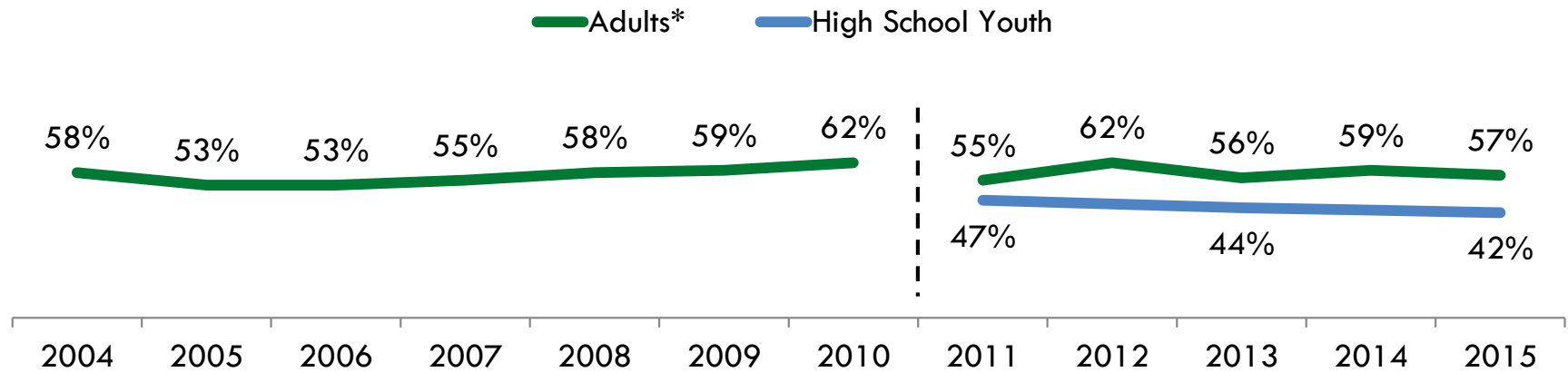
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# Cessation

# Adult and Youth Quit Attempts

- Among adults smokers, 57% said they made a quit attempt in the past 12 months. While the proportion of smokers making a quit attempt decreased from 2014 to 2015, the change is not statistically significant. This also remains similar to the 2011 rate.
- Fewer than half of high school smokers reported attempting to stop during the previous year. Rate of quit attempts among students was similar to the previous year, but has decreased significantly since 2011.
- The proportion of adult and student smokers with a quit attempt was statistically similar between Vermont and the U.S. (data not shown).

Prevalence of Quit Attempts Among Adult and Youth Smokers



Source: VT & US BRFSS 2004 – 2015 & YRBS 2011 – 2015

\*Adult data on this page are age adjusted to the U.S. 2000 population.

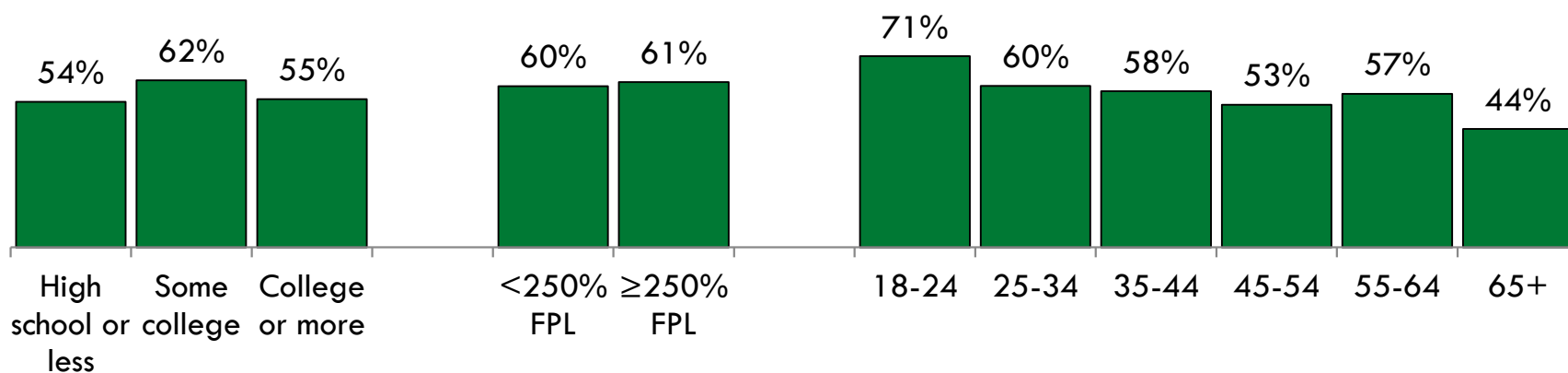
- - - Comparisons between adult (BRFSS) data collected in 2011 and later and that from earlier years should be made with caution due to changes in survey methodology. Historical youth data (YRBS) is not available due to question changes.

# Quit Attempts by Demographic Characteristics

30

- There were no statistically significant differences in quit attempts by education or federal poverty level.
- Current smokers age 65 and older were significantly less likely to report a quit attempt in the last year compared to 18-24 year olds.
- When exploring the trend from 2011 to 2015, there were no significant differences in quit attempts among current smokers by education, federal poverty level, or age group (data not shown).

Adult Quit Attempts by Select Demographic Characteristics



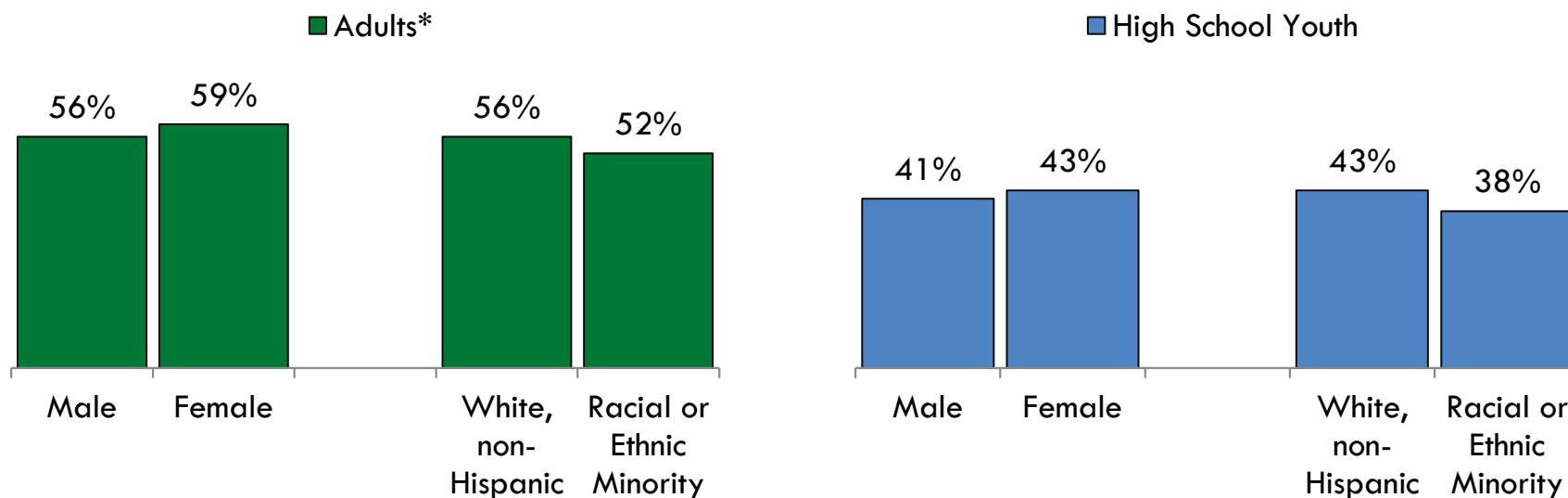
Source: VT BRFSS 2015

\*All data on this page are age adjusted to the U.S. 2000 population, except that broken down by age

# Quit Attempts by Demographic Characteristics

- There were no statistical differences in rate of quit attempts by gender or race among adult or high school smokers.

Adult & Youth Quit Attempts by Gender & Race/Ethnicity



Source: VT BRFSS 2015 & YRBS 2015

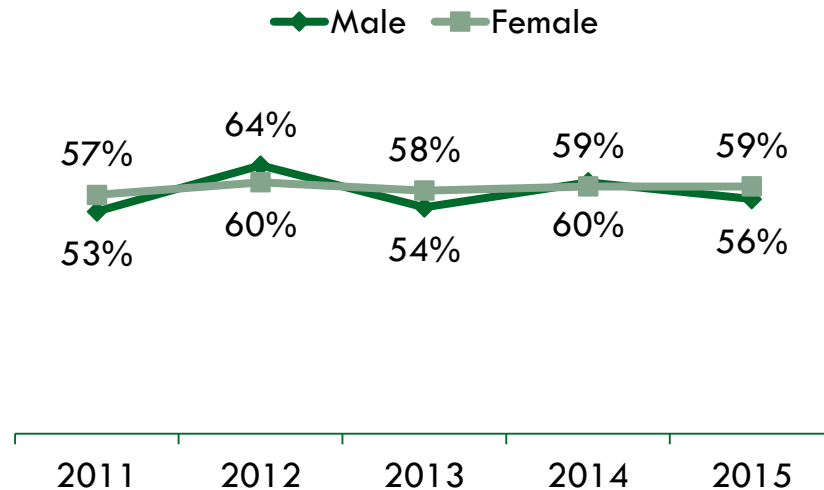
\*Adult data on this page are age adjusted to the U.S. 2000 population.

# Trend in Quit Attempts by Gender

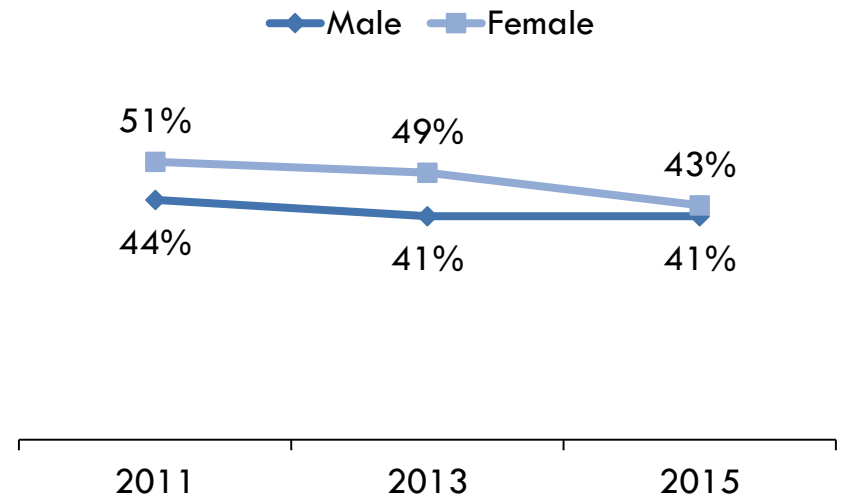
32

- Among adults there was no significant difference in quit attempts for male or female smokers over time.
- Among high school youth, there was a significant decrease in quit attempts for female smokers from 2013 to 2015 and 2011 to 2015. Therefore, female youth smokers had a statistically similar rate of quit attempts compared to male youth smokers in 2015, unlike previous years where females had a significantly higher rate.

Quit Attempts Among Adult Smokers\*



Quit Attempts Among High School Smokers



Source: VT BRFSS 2011-2015 & YRBS 2011-2015

\*Adult data on this page are age adjusted to the U.S. 2000 population.

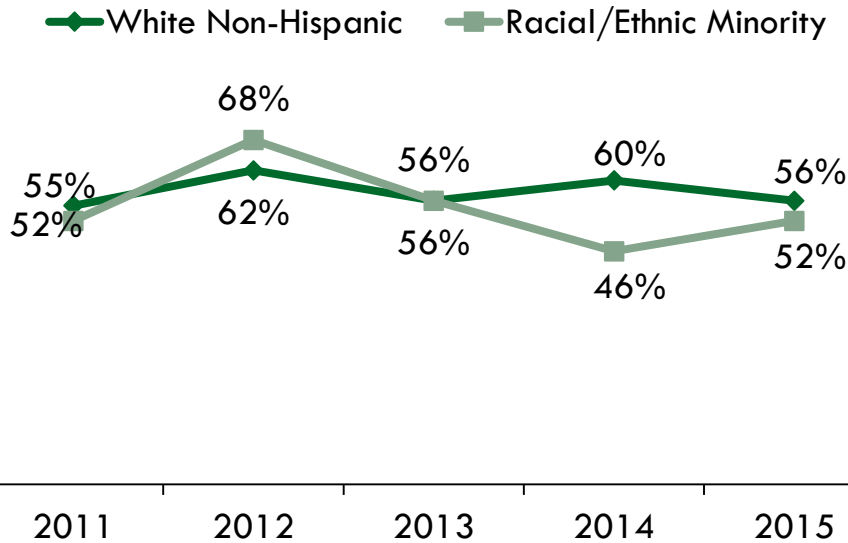


# Trend in Quit Attempts by Race/Ethnicity

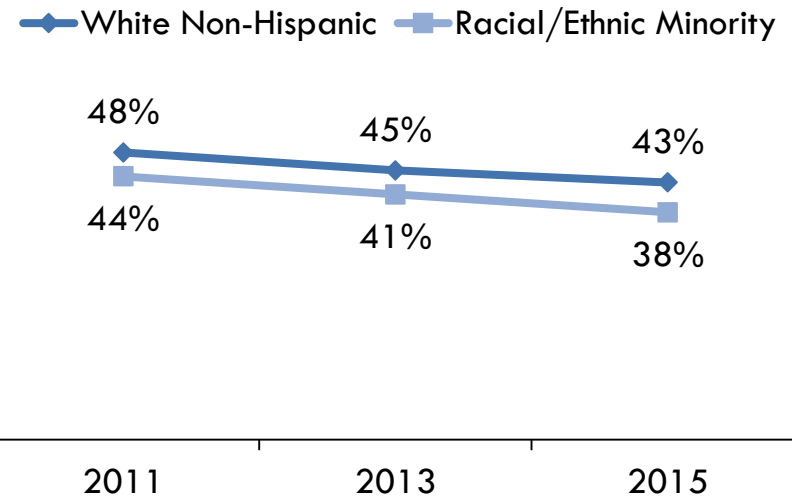
33

- Among adults there was no significant difference in quit attempts for white, non-Hispanic or racial/ethnic minority smokers over time.
- Among high school youth, there was a significant decrease in quit attempts for white, non-Hispanic smokers from 2011 to 2015. Still, quit attempts between white, non-Hispanic and racial/ethnic minority smokers were statistically similar each year.

Quit Attempts Among Adult Smokers\*



Quit Attempts Among High School Smokers



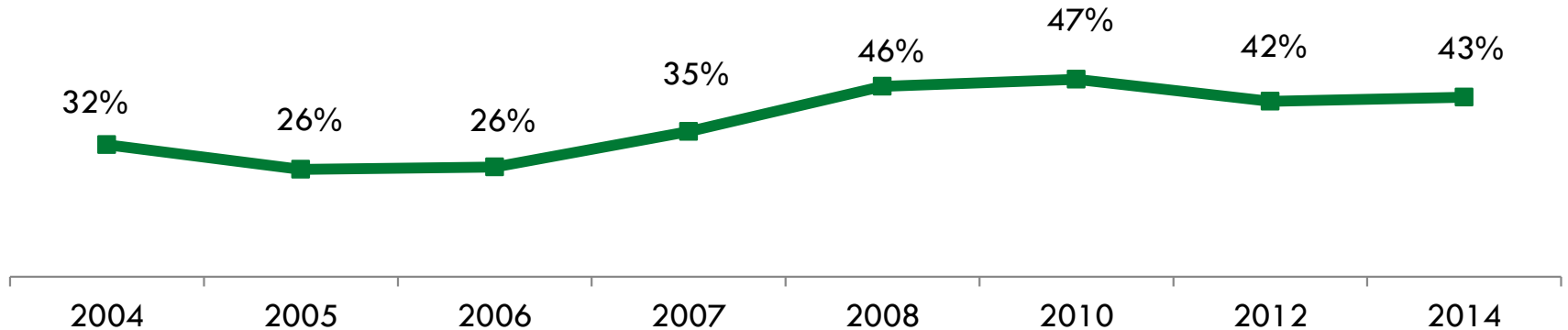
Source: VT BRFSS 2011-2015 & YRBS 2011-2015

\*Adult data on this page are age adjusted to the U.S. 2000 population.

# Anticipated Quit Attempts

- In 2014, over two in five of Vermont's current adult smokers were seriously thinking of quitting in the next 30 days.
- The proportion of current smokers who anticipate quitting has risen significantly since 2004 but has remained relatively unchanged since 2008.

Anticipated Quit Attempts Among Current Adult Smokers

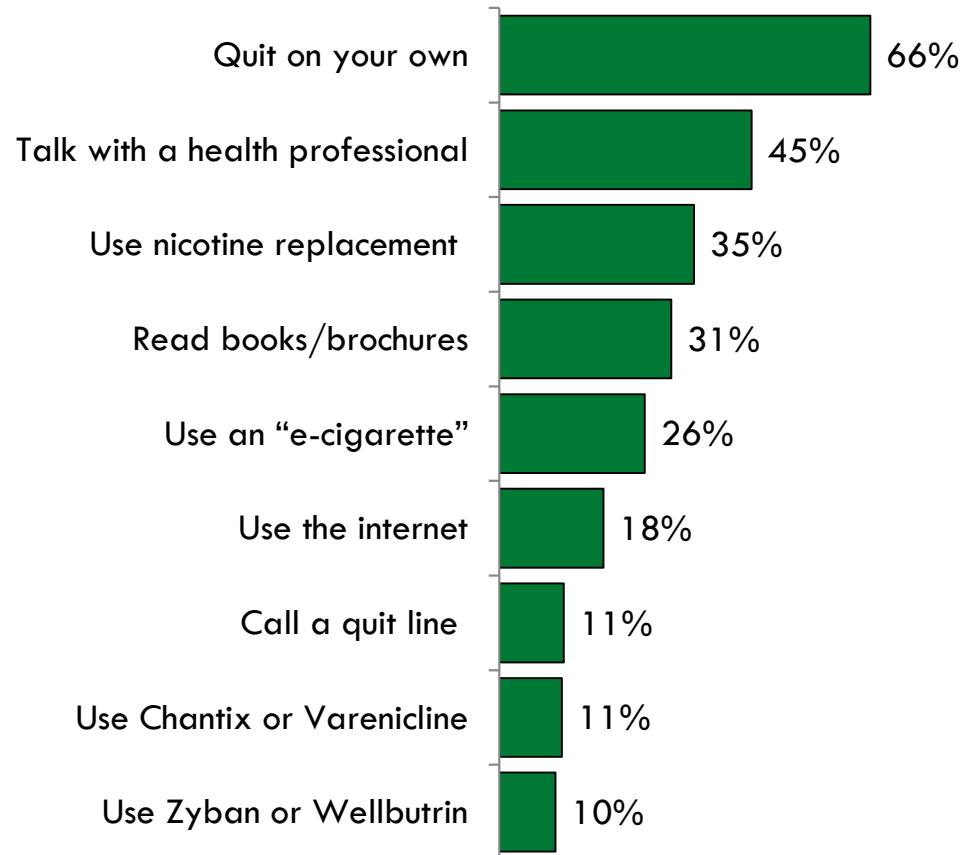


Source: VT ATS 2004 – 2014

# Cessation Methods Used by Current Smokers

35

- During their most recent quit attempt, 66% of current adult smokers tried to quit without help. This proportion has remained consistent since 2006 (data not shown). Over two in five current smokers reported they talked with a health professional (45%). Over one in three current smokers used nicotine replacement therapy (35%) and about one in ten used the TCP Quit by Phone (Quitline) service, Zyban or Chantix.
- The proportion of current smokers who reported use of an e-cigarette as a cessation method increased from 19% in 2012 to 26% in 2014, though this was not a statistically significant difference.



Source: VT ATS 2014

\*Multiple response options allowed

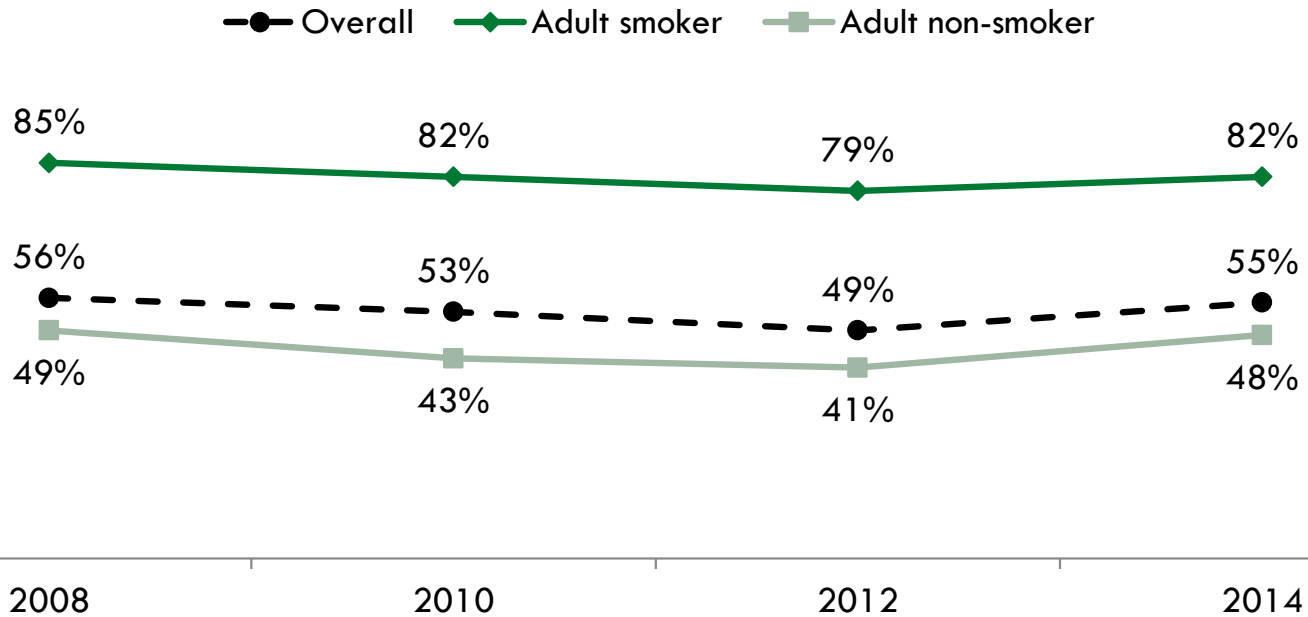
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# Secondhand Smoke

# Adult Secondhand Smoke Exposure

- Adult secondhand smoke exposure has not significantly changed since 2008 for smokers.
- For non-smokers, there was a significant decrease in secondhand smoke exposure from 2008 to 2012 but a significant increase from 2012 to 2014. Therefore, secondhand smoke exposure among adult non-smokers in 2014 was statistically similar to that reported in 2008.

Secondhand Smoke Exposure Among Adults, Stratified by Smoking Status

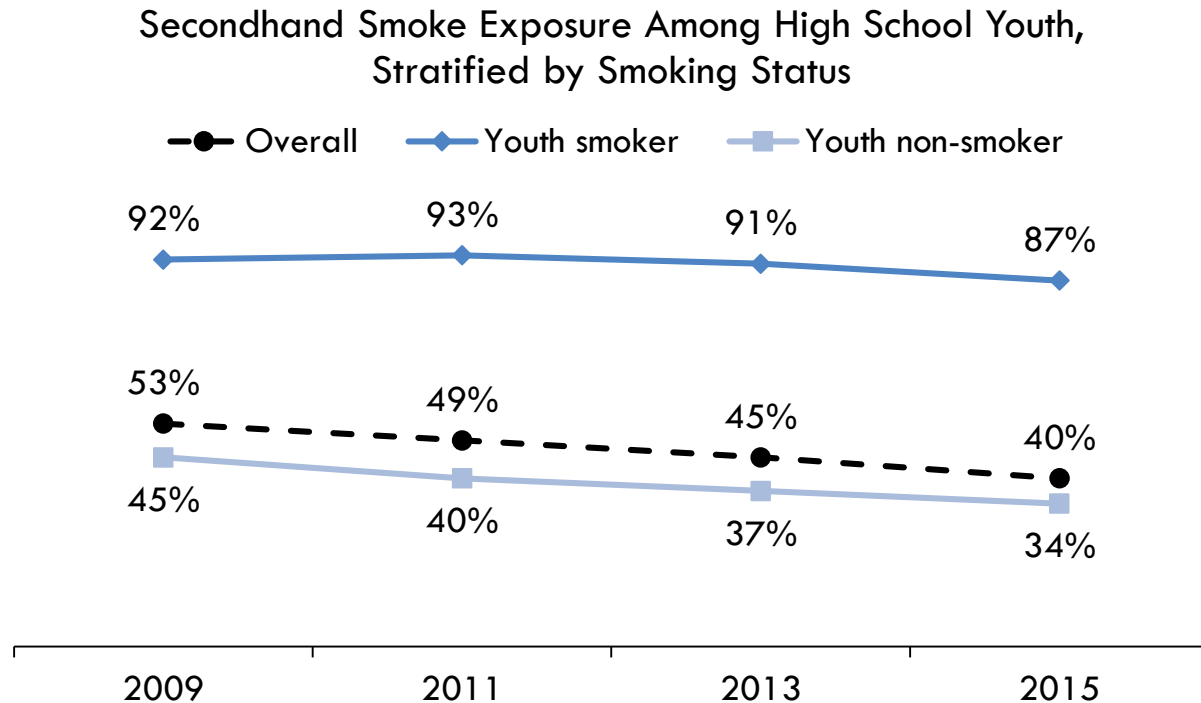


Source: VT ATS 2008 - 2014

\*Data on this page are age adjusted to the U.S. 2000 population.

# Youth Secondhand Smoke Exposure

- Since 2009, youth secondhand smoke exposure has significantly declined overall, as well among both smoking and non-smoking high school students.
- Youth smokers consistently report significantly higher rates of secondhand smoke exposure than non-smokers.

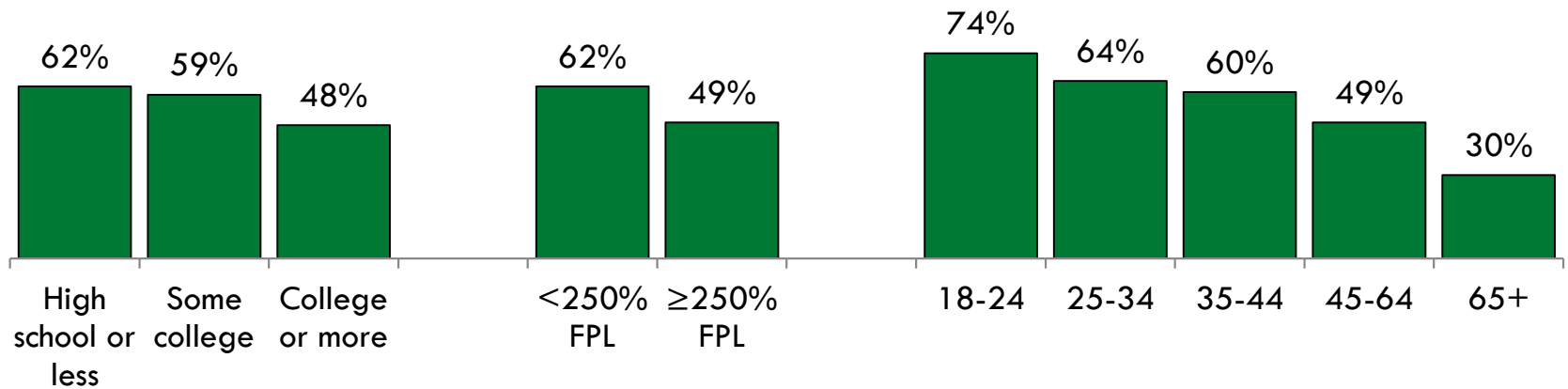


Source: YRBS 2009 - 2015

# Secondhand Smoke Exposure by Demographic Characteristics

- Adult Vermonters with a college education or more were significantly less likely to report exposure to smoke compared to those with less education.
- Those who were at or above 250% of the federal poverty level were significantly less likely to report smoke exposure than those who were below 250% of the federal poverty level.
- Vermont adults age 18-34 were significantly more likely to report secondhand smoke exposure than those age 45 and older. Those 65 and older were significantly less likely to report secondhand smoke exposure than all younger age groups.

Adult Secondhand Smoke Exposure by Select Demographic Characteristics



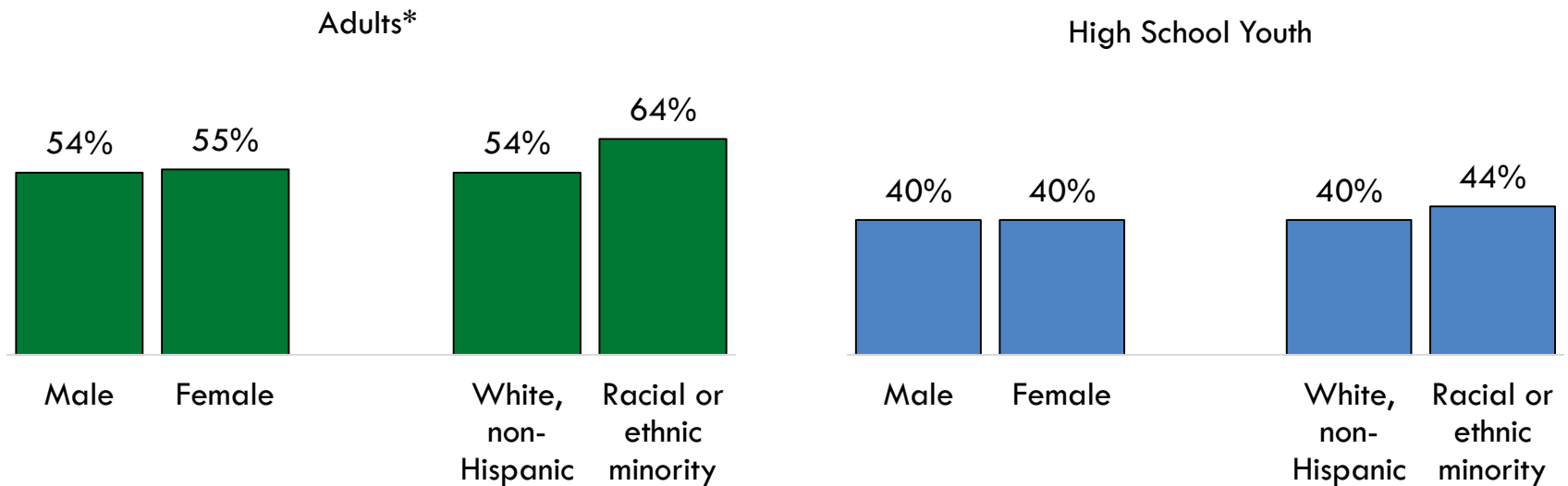
Source: VT ATS 2014

\*Data on this page are age adjusted to the U.S. 2000 population, with the exception of age.

# Secondhand Smoke Exposure by Demographic Characteristics

- Among adults, there were no significant differences in secondhand smoke exposure based on gender or race/ethnicity.
- Among youth, racial/ethnic minorities were significantly more likely to report secondhand smoke exposure compared to white, non-Hispanic Vermonters. There were no significant differences based on gender.

Adult and Youth Secondhand Smoke Exposure, by Gender and Race/Ethnicity



Source: VT ATS 2014 & VT YRBS 2015

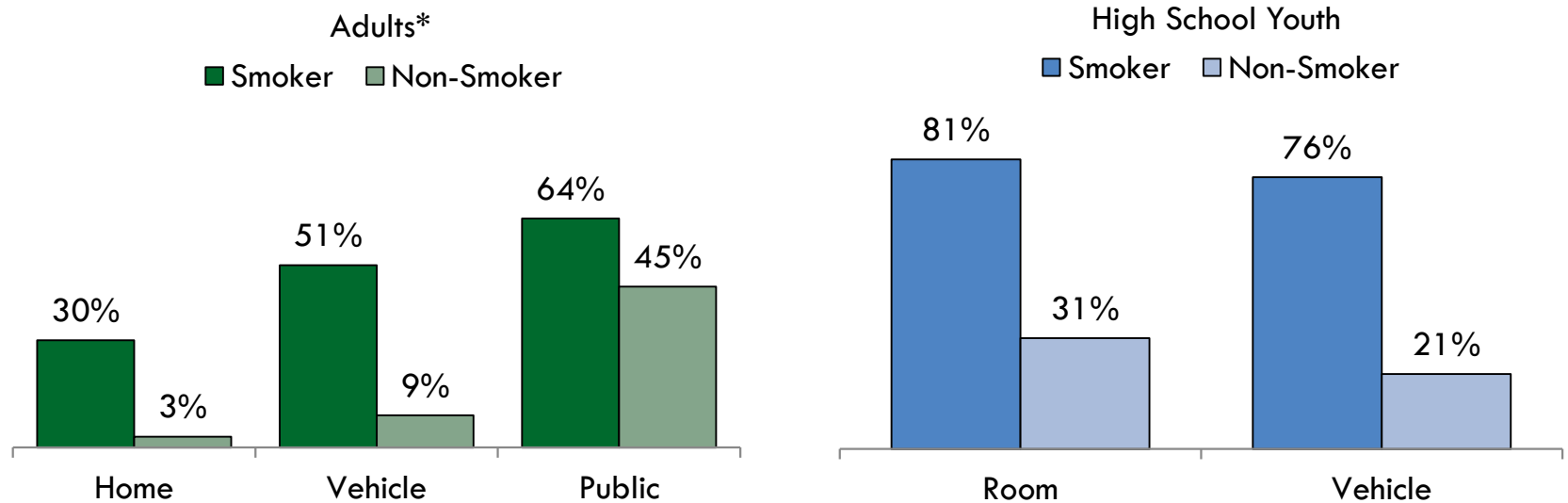
\*Adult data on this page are age adjusted to the U.S. 2000 population.



# Secondhand Smoke Exposure by Location

- Secondhand smoke exposure was more likely among smokers than non-smokers, regardless of location.
- Among adults, secondhand smoke exposure was most likely in a public place. High school students were most likely exposed to secondhand smoke in a room, although more than 75% of youth smokers were also exposed to secondhand smoke in a vehicle.

Location of Secondhand Smoke Exposure Among Adults and High School Youth, by Smoking Status



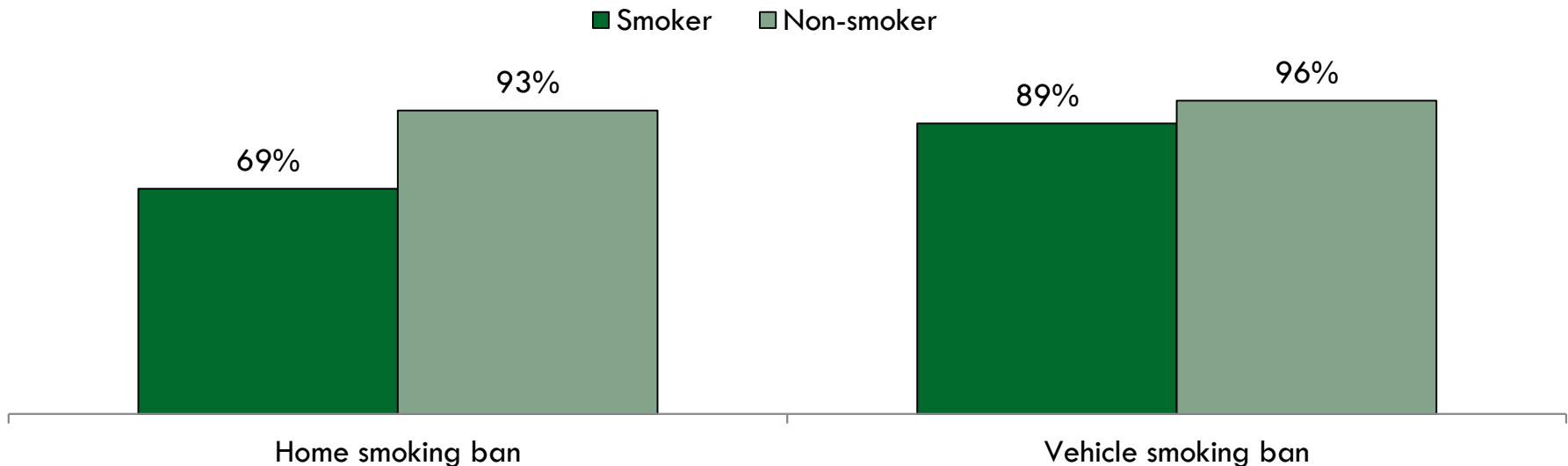
Source: VT ATS 2014, VT YRBS 2015

\*Adult data on this page are age adjusted to the U.S. 2000 population.

# Home and Vehicle Smoking Bans

- The presence of a home smoking ban was reported for two-thirds of adult smokers (69%) and nearly all adult non-smokers (93%).
- The presence of a vehicle smoking ban was reported for a high proportion of adult smokers (89%) and nearly all adult non-smokers (96%).

Vermont Adults who Report Personal Smoking Bans

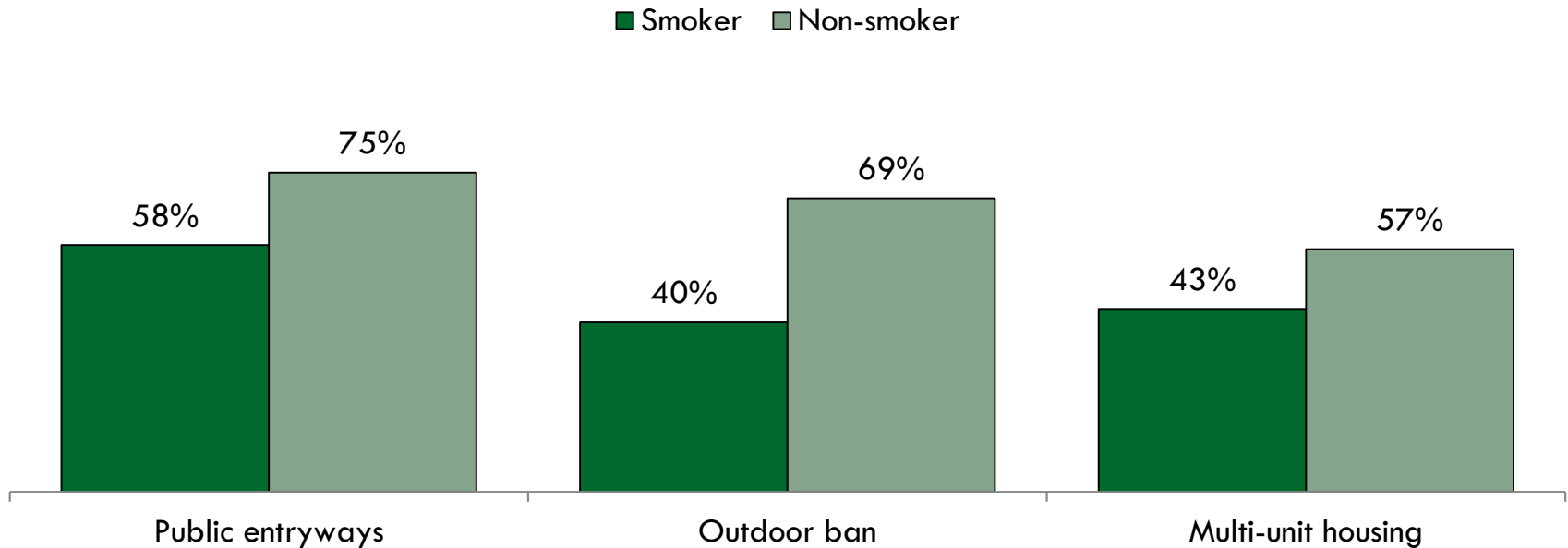


Source: VT ATS 2014

# Attitudes on Public Smoking Bans

- A large proportion of non-smokers were in favor of banning smoking in public entryways (75%) or outdoor public places (69%).
- More than half of smokers were in favor of banning smoking in public entryways.

Vermont Adults in Favor of Public Smoking Bans



Source: VT ATS 2014



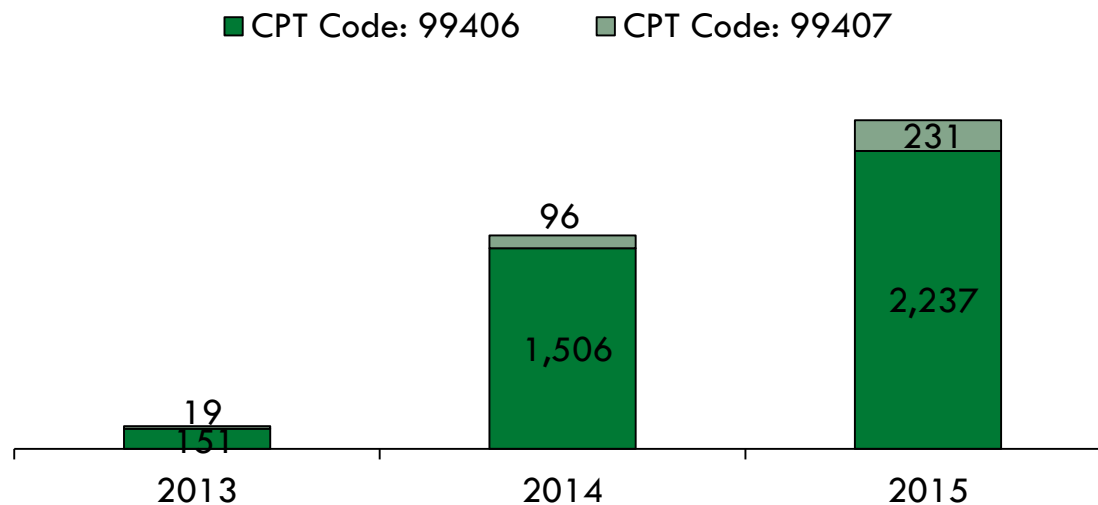
# Tobacco Control Program Priorities

# Medicaid-Insured: Health Care Provider Cessation Counseling

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- CPT codes for reimbursement of cessation counseling for Medicaid-insured patients were turned on in January 2014. CPT codes included 99406 (cessation counseling 3 – 10 minutes) and 99407 (cessation counseling greater than 10 minutes).
- There was a 54% increase in provider utilization of these CPT codes when comparing 2015 (n= 2,468) to 2014 (n=1,602).

Number of Paid Claims for Cessation Counseling for  
Medicaid-Insured Patients



Source: Department of Vermont Health Access, 2016.

\*Code utilization is estimated by claims dates of service (last updated 12/2016)

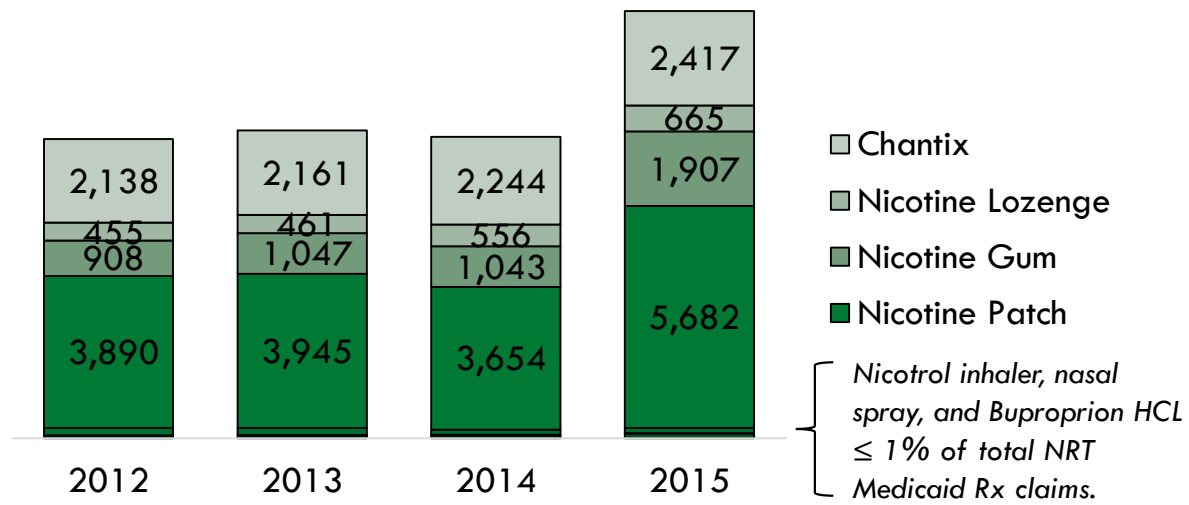
# Medicaid-Insured:

## Nicotine Replacement Therapy (NRT)

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- There was an increase in Nicotine Replacement Therapy (NRT) Medicaid prescription claims from 2014 to 2015. The NRT categories that consistently have the highest claims are the Nicotine Patch, Chantix, Nicotine Gum, and Nicotine Lozenge. There was an increase from 2014 to 2015 in the percentage of NRT Rx Claims for the Nicotine Patch and Gum (47% to 52% and 14% to 17%, respectively), and a decrease in percentage of NRT prescription claims for Chantix (29% to 22%).

Number of NRT Paid Claims for Medicaid Patients

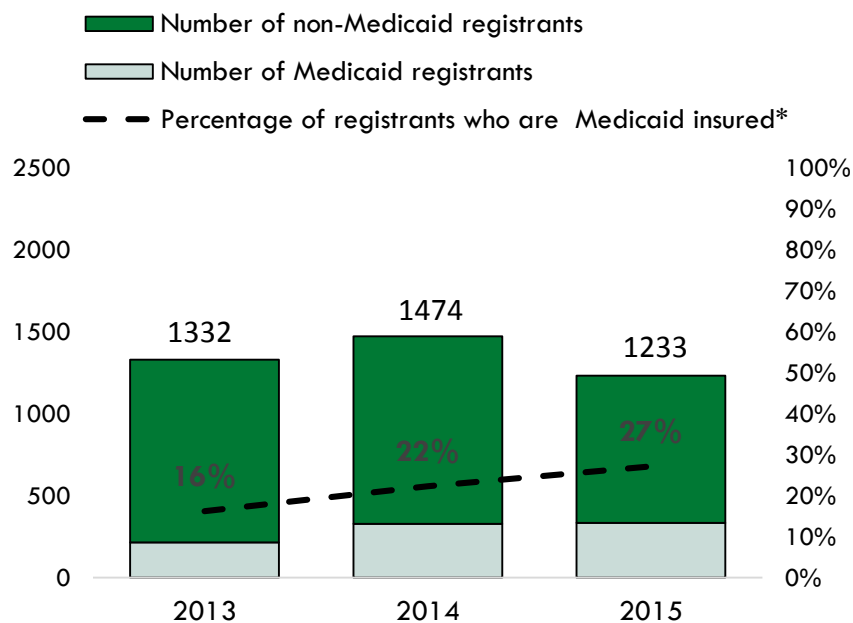


Source: Department of Vermont Health Access. (2016). NRT/Smoking Cessation Product Utilization. Waterbury, VT.

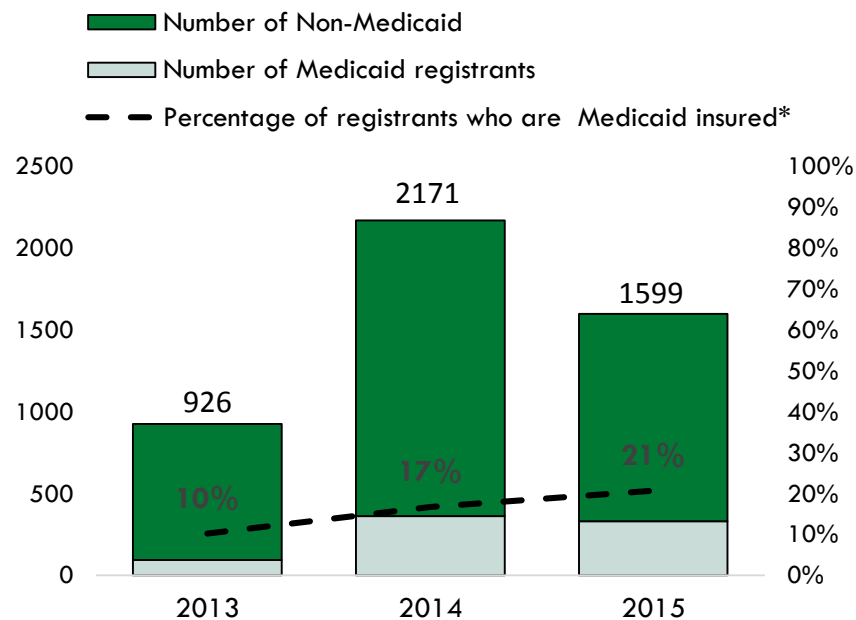
# Medicaid-Insured: VT Quitline & Quit Online

- The number of registrants to Vermont Department of Health Quitline and Quit Online has decreased from 2014 to 2015. The number of Medicaid registrants has remained fairly stable in the same time period. This explains the statistically significant increase in proportion of Medicaid registrants from 2014 to 2015.

### Quitline Registrants



### Quit Online Registrants



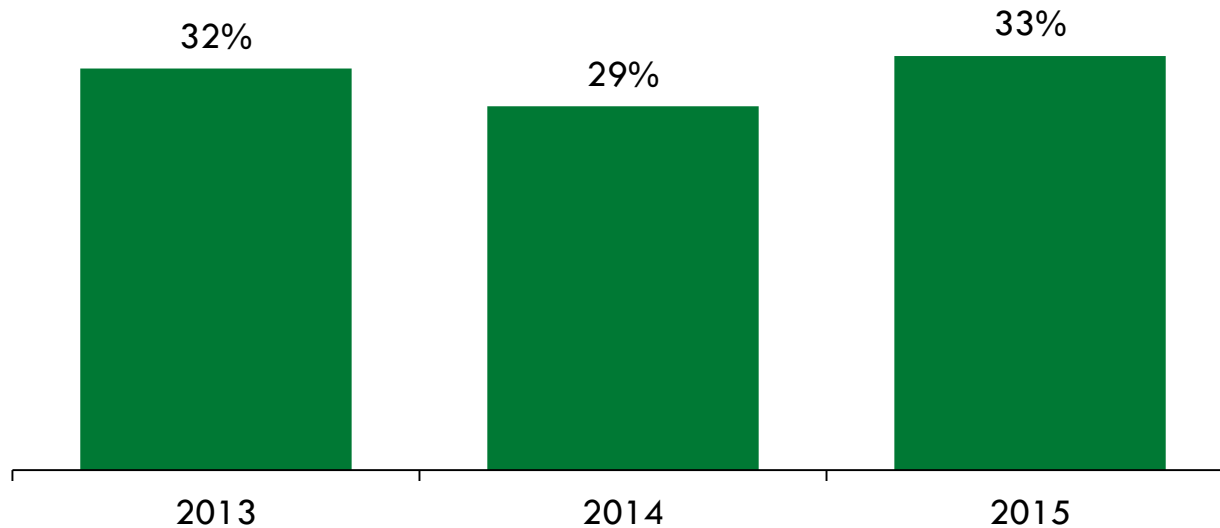
Source: National Jewish Health, Vermont Quitline and Quit Online Intake Data, 2013-2015

\* The number of Medicaid insured excludes registrants that are insured by both Medicaid and Medicare

# Medicaid-Insured: Vermont Quitline

- In 2015, 33% of Medicaid registrants heard about Vermont Quitline services from a medical provider. This rate was not statistically different from previous years.

Percent of Medicaid Registrants Who Heard About Vermont Quitline Services from a Medical Provider



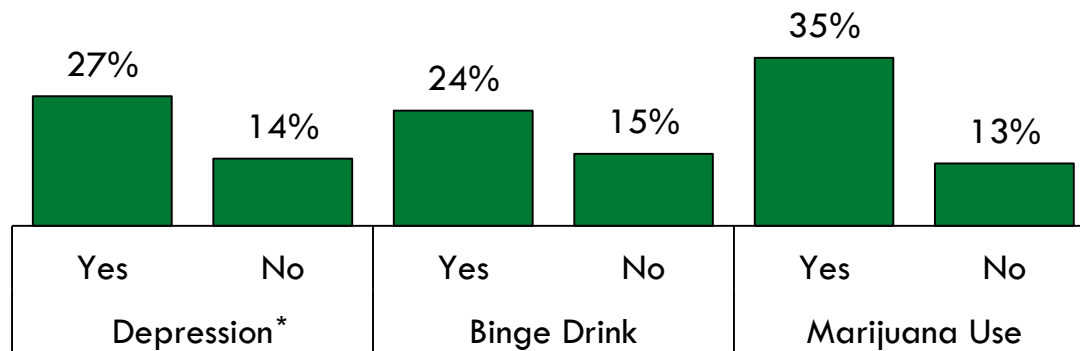
Source: National Jewish Health, Vermont Quitline Intake Data, 2013-2015



# Mental Health & Substance Abuse: Adults

- Adult smoking prevalence is significantly higher among those with mental health and substance abuse conditions compared to those without these conditions. Those with depression and those who binge drink were 1.5 to 2 times as likely to smoke cigarettes as those who did not have these conditions. Adults who use marijuana were 2.5 times more likely to smoke cigarettes compared to those who did not use marijuana.

Smoking Prevalence Among Adult Mental Health and Substance Abuse Populations



Source: VT BRFSS 2015

NOTE: Adult data on this page are age adjusted to the U.S. 2000 population.

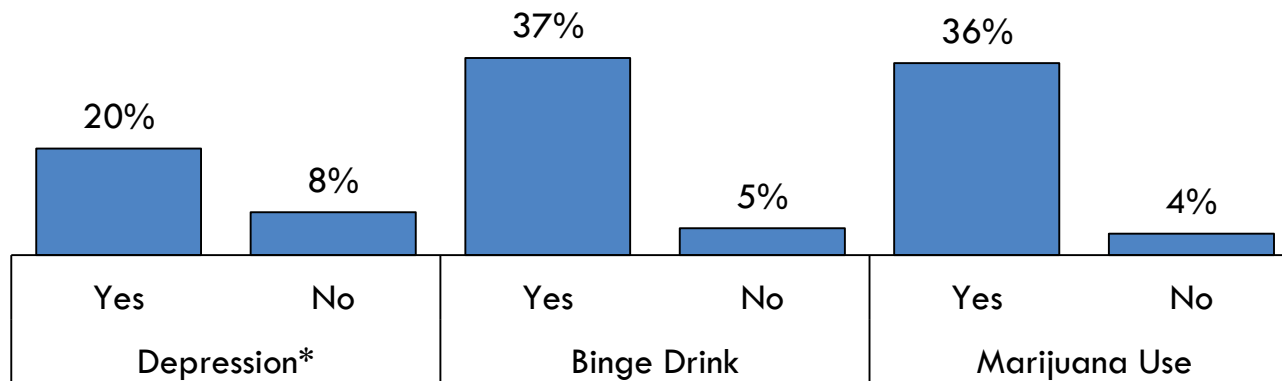
\*Depression defined as diagnosis of depressive disorder, including depression, major depression, dysthymia, or minor depression.

# Mental Health & Substance Abuse: Youth

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- High school youth with depression were 2.5 times more likely to smoke cigarettes compared to those without depression. Those who binge drink were seven times more likely to smoke cigarettes compared to those who do not binge drink. High school youth who use marijuana were nine times more likely to smoke cigarettes compared to those who do not use marijuana.

Smoking Prevalence Among High School Youth Mental Health and Substance Abuse Populations



Source: VT YRBS 2015

\*Depression defined as a youth who felt so sad or hopeless almost every day for two weeks or more in a row that stopped them from doing usual activities in the past 12 months.

# Definitions

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	Adult	Smoked at least 100 cigarettes in life and now smokes every or some days
<b>Current smoker</b>	High school/ college	Smoked at least one cigarette during the past 30 days
<b>Smoker</b>	Adult	Current smoker or smoked at least 100 cigarettes in life and quit within the past 12 months
<b>Other tobacco product/tobacco substitute user (OTP)</b>	Adult	Uses OTP/tobacco substitute everyday or some days
	High school/ college	Used OTP/tobacco substitute during the past 30 days
<b>Quit attempt</b>	Adult/ high school	Made at least one quit attempt in the last 12 months
<b>Secondhand smoke exposure</b>	Adult	Someone other than yourself smoked tobacco in your home or you were in a car with someone smoking tobacco or you breathed the smoke from someone who was smoking tobacco in an indoor or out door public space during the past seven days
	High school	In the same room or car as someone who was smoking during the past seven days
<b>Home or vehicle smoking ban</b>	Adult	Don't allow any smoking anywhere in their home (considered to allow smoking if smoking was permitted in some places or at some times in their home or if there were no rules about smoking in their home). Don't allow any smoking when children are in the vehicle (considered to allow smoking if smoking was permitted sometimes or anytime when children are in the vehicle or if there were no rules about smoking when children are in the vehicle).

- **Behavioral Risk Factor Surveillance System (BRFSS):** Telephone survey that tracks health risk behaviors of Vermont non-institutionalized adults. The results are used to plan, support, and evaluate health promotion and disease prevention programs. Since 1990, Vermont, along with the 49 other states and three territories, has participated in the BRFSS with the Centers for Disease Control and Prevention (CDC). An adult (18 or older) in the household is asked a uniform set of questions. The results are weighted to represent the adult population of the state.
- **Youth Risk Behavior Survey (YRBS):** Every two years since 1993, the Department of Health's Division of Alcohol and Drug Abuse Programs, and the Department of Education's Coordinated School Health Programs have sponsored the YRBS. The YRBS measures the prevalence of behaviors that contribute to the leading causes of death, disease, and injury among youth. The YRBS is part of a larger effort to help communities increase the “resiliency” of young people by reducing high risk behaviors and promoting healthy behaviors.
- **Vermont Adult Tobacco Survey (VTATS):** The VTATS is a population-based telephone survey used to help evaluate the effectiveness of the Vermont Tobacco Control Program's (VTCP) efforts to reduce smoking and increase awareness and knowledge of smoking-related issues among Vermont adults. This evaluation tool is not part of a national survey and data should not be directly compared to that from other states. The results are weighted to represent the adult population of the state.
- **College Health Survey (CHS):** The CHS is an online survey completed during the Spring semester of even years beginning in 2014 among college-age students enrolled in a Vermont Institute of Higher Learning. VDH contracts with the American College Health Association (ACHA) to administer the National College Health Assessment (NCHA). This is a comprehensive survey that measures demographic factors, as well as prevalence of behaviors that contribute to the leading causes of death, disease, and injury among young adults. VDH has access to statewide data only.

**Confidence Intervals used for statistical comparisons:** A confidence interval represents the range in which a parameter estimate could fall, which is calculated based on the observed data. For this analysis, we used a 95% confidence interval, meaning that we are 95% confident that the true value of the parameter being examined falls within the specified confidence interval. Statistical significance is assessed by comparing the confidence intervals of different groups. If the confidence intervals from two groups, such as that for the state and a specific county, do not overlap we consider the estimates to be significantly different from one another.

**Age Adjustment:** Measures from BRFSS are adjusted for age only if they are Healthy Vermonters 2020 goals. Age adjustment groupings come from those determined by Healthy People 2020.

**Federal poverty level (FPL)** is a federal measure calculated from both annual household income and family size. FPL is used to determine eligibility for government assistance programs. People living below 250% FPL, for example, are still considered low income, often lacking sufficient income to meet basic needs.

**Youth e-cigarette use:** In 2015, questions about using electronic vapor products were added to the YRBS. These products were described to include e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens such as blue, NJOY, or Starbuzz. The term “e-cigarettes” is used in this document to simplify and aid in understanding.

# For Additional Information

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Vermont Tobacco Control Program:

<http://www.healthvermont.gov/prevent/tobacco/index.aspx>

Vermont Tobacco Surveillance:

<http://www.healthvermont.gov/prevent/tobacco/surveillance.aspx>

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