

Tobacco Use in Vermont

2015 Behavioral Risk Factor Surveillance Survey

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 to quit are Healthy Vermonters 2020 Objectives (HV2020). This data brief includes results from the 2015 Behavioral Risk Factor Surveillance Survey (BRFSS) for selected indicators and demographic subgroups related to the Healthy Vermonters goals.

In 2015, 17% of adults reported smoking cigarettes regularly and 57% of current smokers reported a quit attempt in the last year. Four percent of Vermont adults said they used smokeless tobacco products in 2015. Examples of smokeless tobacco products include chewing tobacco, snuff, and snus. The 2015 smoking rate among Vermont adults was similar to 2014 values, but has decreased significantly since 2011 (20% vs. 17%). Smokeless tobacco use and quit attempts in 2015 were not statistically different than the previous year's rate.

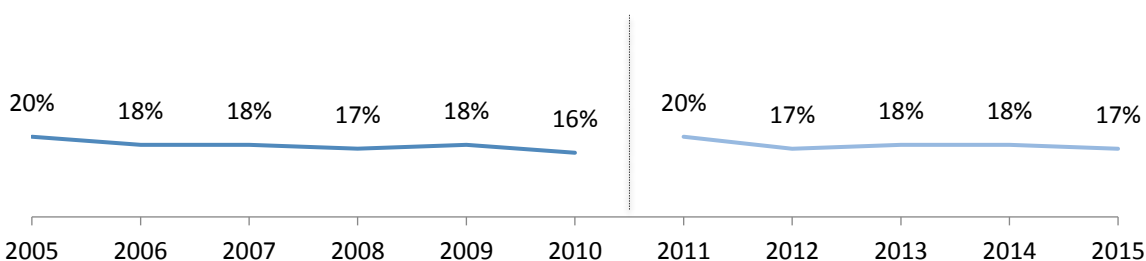
2015 Adult Prevalence & Quit Attempts, BRFSS

	%	Estimated Vermonters [‡]
Cigarette Use*	16.8	78,000
Smokeless Tobacco Use	3.7	18,000
Quit Attempts among cigarette users*	56.9	45,000

* 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 2005 - 2015



* Statistical differences between data from 2011 and forward versus 2010 and earlier may be due to methodological changes, rather than changes in opinion or behavior. Comparisons between BRFSS data from 2011 and forward and earlier years should be made with caution.

DEMOGRAPHICS

There continue to be statistically significant differences in smoking prevalence by age, education level, and federal poverty level (FPL). Those living at less than 138% FPL are reported as a proxy for Medicaid eligibility. Older Vermonters (65 years or older) were significantly less likely to smoke than all other age groups. As education increased, smoking rates significantly decreased. For example, those with less than a high school education were over six times more likely than those with a college education or higher to be current smokers. Similarly, adults living below 250% and 138% FPL were significantly more likely to smoke

compared to those with higher incomes. There were no significant differences in smoking prevalence by gender or race/ethnicity. Quit attempts were only significantly different when comparing Vermonters based on age; current smokers 65 years and older were significantly less likely to report a quit attempt in the last year compared to those who were 18-24 years old (44% versus 71%).

2015 Adult Smoking Prevalence and Quit Attempts by Demographic Characteristics, BRFSS

	Smoking Prevalence			Quit Attempts		
	%*	Estimated Vermonters‡	Statistical Difference within Groups	%*	Estimated Vermonters‡	Statistical Difference within Groups^
Overall	16.8	78,000	--	56.9	45,000	--
Age Group			Yes			Yes
18-24 years	18.0 ^A	12,000		70.7 ^A	8,000	
25-34 years	20.9 ^A	14,000		60.2 ^{AB}	9,000	
35-44 years	18.7 ^A	13,000		58.3 ^{AB}	7,000	
45-54 years	18.6 ^A	16,000		53.0 ^{AB}	8,000	
55-64 years	15.2 ^A	14,000		57.2 ^{AB}	8,000	
65+ years	9.0 ^B	10,000		44.4 ^B	4,000	
Gender			No			No
Female	15.1 ^A	35,000		58.8 ^A	21,000	
Male	18.5 ^A	43,000		55.8 ^A	24,000	
Race-Ethnicity			No			No
White, non-Hispanic	16.6 ^A	72,000		55.9 ^A	41,000	
Racial/Ethnic Minority	19.6 ^A	5,000		51.6 ^A	3,000	
Education			Yes			No
Less than high school	39.5 ^A	14,000		62.9 ^A	9,000	
High school	24.0 ^B	32,000		50.1 ^A	17,000	
Some college	16.2 ^C	22,000		61.7 ^A	14,000	
College or higher	6.3 ^D	10,000		54.8 ^A	6,000	
Federal Poverty Level			Yes			No
<250% of FPL	28.0 ^A	41,000		57.8 ^A	24,000	
≥250% of FPL	10.5 ^A	25,000		58.8 ^A	15,000	
<138% of FPL	33.9 ^A	23,000	Yes	60.8 ^A	14,000	No
≥138% of FPL	13.8 ^A	43,000		57.7 ^A	25,000	

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

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

^{A,B,C,D} Groups within demographic categories that share a common letter are statistically similar to each other. Groups not sharing a common letter are statistically different from one another.

SMOKING IN YOUNG ADULTHOOD

Among younger adults (those 18 to 34 years), 30 – 34 year olds reported the highest smoking rates (23%). The only demographic differences in smoking prevalence among young adult subgroups were those based on education and income. Among 18 – 24 year olds, those living at less than 250% of the FPL were significantly more likely to smoke compared to those with a higher income (29% versus 10%). Similarly, 30 – 34 year olds living below 250% and 138% FPL

and those with a high school education were significantly more likely to smoke compared to those with higher incomes and with a college education or higher. These same statistical differences were found for young adults age 25 – 34. Only a handful of measures for quit attempts among 25-34 year olds had enough respondents to report a meaningful estimate.

Young Adult Smoking Prevalence and Quit Attempts by Select Demographic Characteristics, 2015

	Age 18-24	Age 25-29	Age 30-34	Age 25-34	
Estimated Smokers [‡]	12,000	6,000	8,000	14,000	
	Prev %*	Prev %*	Prev %*	Prev %*	Quit Attempts %*
Overall Prevalence	18.0	18.7	22.8	20.9	60.2
Gender[^]					
Female	14.1 ^A	19.1 ^A	22.6 ^A	21.0 ^A	54.6 ^A
Male	21.7 ^A	18.2 ^A	23.1 ^A	20.9 ^A	65.5 ^A
Race/Ethnicity[^]					
White, non-Hispanic	19.5	17.7	21.2	19.6 ^A	55.3
Racial/Ethnic Minority	--	--	--	33.7 ^A	--
Education[^]					
Less than high school ^a	--	--	--	--	--
High school ^b	21.9 ^A	26.9 ^A	32.8 ^A	30.4 ^A	42.1
Some college ^c	15.4 ^A	21.1 ^A	18.4 ^{AB}	19.8 ^{AB}	--
College or higher ^d	--	10.7 ^A	9.2 ^B	9.9 ^B	--
Federal Poverty Level[^]					
<250% of FPL	29.4 ^A	24.7 ^A	38.1 ^A	31.6 ^A	52.4
≥250% of FPL	10.0 ^B	12.5 ^A	15.0 ^B	13.9 ^B	--
<138% of FPL	27.9 ^A	23.7 ^A	50.5 ^A	38.3 ^A	--
≥138% of FPL	18.4 ^A	16.4 ^A	17.1 ^B	16.8 ^B	68.2

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

[‡] Estimated counts are rounded to the nearest thousand Vermonters and not age-adjusted.

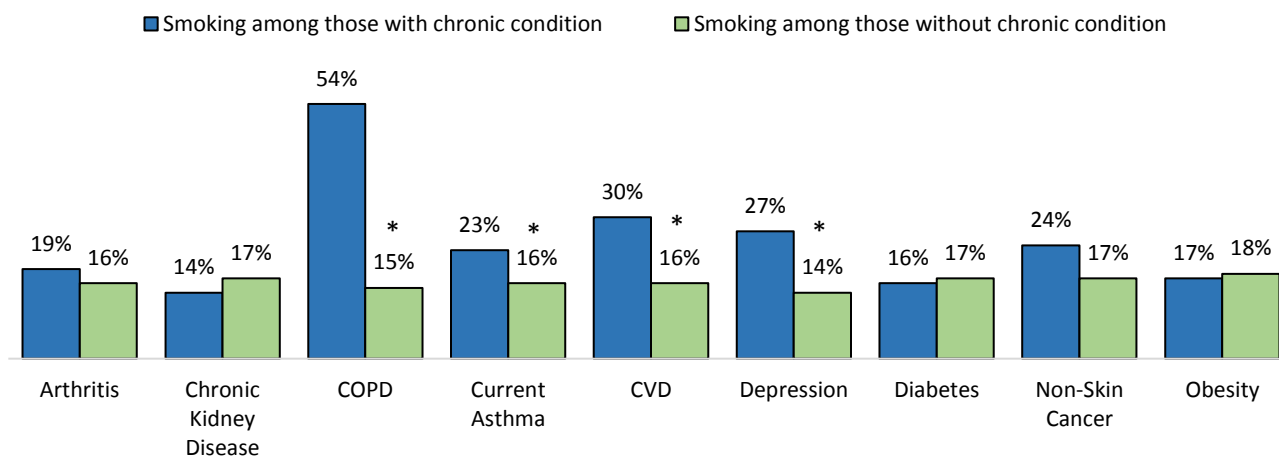
^{A,B} Groups within demographic categories that share a common letter are statistically similar to each other. Groups not sharing a common letter are statistically different from one another.

-- Suppressed due to small numbers.

CHRONIC DISEASE

Adult smoking prevalence was significantly higher among those with some common chronic conditions. Most striking is the prevalence among those ever diagnosed with COPD; adults with COPD were about 3.5 times more likely to report current smoking compared to those without COPD (54% vs. 15%). Similarly, those with CVD or depression were nearly twice as likely as those without CVD or depression to report current smoking (30% vs. 16% for CVD and 27% vs. 14% for depression). There were also significant differences in smoking prevalence for those with current asthma (23%) compared to adults without asthma (16%). There were no significant differences in smoking based on diagnosis of arthritis, chronic kidney disease, diabetes, non-skin cancer, or obesity. In 2014 there was a significant difference in smoking between those with arthritis and non-skin cancer compared to those without these chronic conditions. There was a significant decrease in smoking among those with arthritis from 2014 (31%) to 2015 (19%). There was also a slight, but non-significant decrease in smoking among those with non-skin cancer from 2014 (26%) to 2015 (24%).

Adult Smoking Prevalence by Chronic Condition, 2015 BRFSS



* Indicates significant difference between those with and without the chronic condition.

NOTE: Prevalence is age-adjusted to standard U.S. 2000 population according to Healthy People 2020 guidelines.

SMOKING BY HOSPITAL SERVICE AREA (HSA)

Adult smoking prevalence varied across Vermont. As illustrated in the map, Brattleboro had a significantly higher prevalence (24%) than the state average (17%) and Burlington had a significantly lower prevalence (13%) than the state average.

FOR MORE INFORMATION

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