

August 2009

# Who's Smoking in Florida

## Data Brief Report 1

Prepared for

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Prepared by

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3040 Cornwallis Road  
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## EXECUTIVE SUMMARY

Over the past decade, the prevalence of cigarette smoking in Florida has decreased from 22.0% in 1998 to 17.5% in 2008 (Behavioral Risk Factor Surveillance System, 1998 and 2008). Despite this statewide decline, the prevalence of cigarette smoking remains high among certain population groups within the state. In this report, we explore these differences in cigarette smoking. Specifically, we identify population groups in Florida with disproportionately high rates of smoking relative to other populations in the state. We also highlight population groups with the greatest percentage of smokers who bear the greatest health burden associated with cigarette smoking.

Specific findings include the following:

- Smoking prevalence and daily cigarette consumption all differ markedly by gender, age, race/ethnicity, and socioeconomic characteristics.
- The greatest disparity in smoking prevalence is found between low and high socioeconomic groups; specifically, smoking prevalence is highest among adults living outside of urban centers, low-income and undereducated individuals, and adults without medical insurance.
- Smoking prevalence among these populations is 20.1% among adults living outside of urban centers; 24.5% among adults with annual family incomes of less than \$25,000; 29.2% among adults with less than a high school education; and 32.0% among adults without medical insurance.

# 1. INTRODUCTION

Smoking accounts for an estimated 443,000 deaths and \$193 billion in direct health care–related expenditures and productivity losses each year in the United States (CDC, 2008). The Centers for Disease Control and Prevention (CDC) estimates it to be the primary causal factor for at least 30% of all cancer deaths and almost 80% of deaths from chronic obstructive pulmonary disease and early cardiovascular disease (CDC, 2004). Smoking prevalence has fallen at a decreasing rate over the past four decades, with the 2008 estimate of adult smoking at 20.5% (Heyman, Barnes, and Schiller, 2009). Rates of smoking differ across the United States, ranging from 9.8% in Utah to 28.6% in Kentucky (2006 estimates) (CDC, 2006).

In Florida, CDC estimates that more than 28,000 deaths per year are due to smoking-related causes, with smoking-attributable productivity losses of up to \$6.875 billion per year (CDC, 2007). Statewide estimates of tobacco use mask considerable variation in smoking prevalence and the associated health burden across many population groups within the state. The goal of this report is to evaluate smoking prevalence and behavior of smokers in Florida and to identify differences between population groups to inform targeting of tobacco prevention and control programs. Population groups are broken down into three categories:

1. demographic characteristics, including gender, age, race/ethnicity, and geographic location;
2. socioeconomic characteristics, including income, education, and medical insurance; and
3. individual characteristics, such as general health, disability status, and sexual orientation.

One of the Florida Bureau of Tobacco Prevention Program's (BTTPP's) main goals is to reduce tobacco-related health disparities that significantly impact tobacco use, disease burden, and access to tobacco prevention and cessation resources. Priority populations include African Americans, Hispanics, low-income populations, young adults aged 18 to 24, and rural populations (Florida Department of Health, 2008). In this report, we present statewide estimates for all Floridians and highlight estimates of cigarette smoking and smoking-related outcomes for these high-risk populations. We also examine differences in smoking prevalence (cigarettes only), cigarette consumption, and smoking cessation across these populations.

Estimates presented are based on data from the 2003–2008 Florida Adult Tobacco Survey and the 2008 National Health Interview Survey. Data in Florida are pooled across survey years and weighted to the statewide population.

## **2. BACKGROUND**

### **2.1 Research on Demographic Characteristics**

Demographic characteristics, such as gender, age, and race/ethnicity, all have strong differential effects on smoking prevalence in the United States. Differences in values, norms, expectations, and attitudes among members of different demographic groups may influence smoking prevalence and its associated risk factors (USDHHS, 1998; Marín et al., 1990; Vander Martin, Cummings, and Coates, 1990).

#### **2.1.1 Gender**

Historically, low social approval of women smoking has resulted in disparities between male and female smoking prevalence. Throughout the twentieth century, however, as social disapproval of women smoking waned, smoking prevalence among women increased (Waldron, 1991). Women have also been differentially targeted by tobacco advertising (Pierce et al., 1991; Boyd, Boyd, and Greenlee, 2003), resulting in significant increases in the number of young women smokers (Berman and Gritz, 1991; French and Perry, 1996). Smoking rates among men have decreased consistently since the 1950s, whereas smoking rates among women did not begin to decline until the mid-1970s (CDC, 1999). Smoking prevalence has fallen since the 1970s, from 40% to 23% among men and from 30% to 18% among women (CDC, 1999; Heyman, Barnes, and Schiller, 2009).

Smoking behavior also differs by gender. Many women initiate smoking to reduce stress, whereas many men initiate smoking to feel more energetic and alert (Pogun, 2001). According to the 2001 Surgeon General's report, *Women and Smoking* (USDHHS, 2001), there are no consistent gender-specific differences regarding cessation interventions; however, more women stop smoking during pregnancy than at any other time during their life, and cessation interventions targeting women during pregnancy have proven to be effective.

Smoking also impacts individual health differentially by gender. For example, women have been found to be more susceptible than men to smoking-related cardiovascular diseases and diabetes (Bolego, Poli, and Paoletti, 2002; Njolstad, Arnesen, and Lund-Larsen, 1996; Will et al., 2001).

#### **2.1.2 Age**

Smoking patterns differ by age. Prevalence is highest among adults aged 45 to 54 with a rate of 25% in 2008 (USDHHS, 2009). The rate of smoking decreases over the life course, with adults aged 65 and older being the least likely to smoke (9.3%) (USDHHS, 2009). This is also due in part to the fact that smokers are less likely to live to older ages (USDHHS, 1989, 1990). Several studies have also found that older individuals are more motivated to

stay quit once they have succeeded in smoking cessation (Giovino, 2002; Hatziaandreu et al., 1990).

Smoking behavior also varies between age groups. Quit attempt data from the National Health Interview Survey (NHIS) show that the rate of quit attempts decreases with increasing age. In 2008, the percentage of everyday smokers who made a quit attempt in the past 12 months was 53% among adults aged 18 to 24, 48% among adults aged 25 to 34, 44% among adults aged 35 to 44, and 38% among adults aged 65 and older (USDHHS, 2008). The 65+ age group experienced a significant decrease in smoking prevalence from 2006 (10.2%) to 2007 (8.3%) (CDC, 2008). However, in 2007, adults aged 18 to 44 were more likely to have never smoked than adults aged 44+, revealing a cohort effect (Pleis and Lucas, 2009).

### **2.1.3 Race/Ethnicity**

Disparities in smoking prevalence exist between racial and ethnic populations in the United States and between non-Hispanic white and racial/ethnic minority smokers. According to the 2008 NHIS, smoking prevalence is lower among non-Hispanic whites (22.0%) than among American Indians/Alaska Natives (36.4%) but higher among whites than among Hispanics (15.8%) and Asians (9.6%). The 1998 Surgeon General's report, *Tobacco Use Among U.S. Racial/Ethnic Minority Groups* (USDHHS, 1998), concludes that cigarette smoking is a major cause of disease and death among all groups studied: African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics.

Quit attempts and cessation rates also vary by race/ethnicity. African Americans were the only ethnic group with a significant decrease in smoking prevalence from 2006 (23.0%) to 2007 (19.8%) (CDC, 2008). Evidence also suggests that Hispanic smokers are more likely than white non-Hispanic smokers to attempt to quit smoking. However, Hispanic smokers are less likely to receive cessation advice from physicians than their African American and Caucasian counterparts (Lopez-Quintero, 2006) and less likely to use cessation medications and nicotine replacement therapy. As a result, they are also less successful in their quit attempts than their non-Hispanic white counterparts (Levinson et al., 2004).

## **2.2 Research on Socioeconomic Characteristics**

Income and education are important determinants of an individual's smoking status that impact other race- and gender-related smoking disparities (USDHHS, 1989). Income- and education-related disparities in smoking prevalence have increased since the 1970s because of large declines in high-income and well-educated populations and small declines in poor and less-educated populations (Kanjilal, 2006). Smoking status is also shown to cluster with social-contextual factors, such as unemployment, lack of social support, living in unsafe neighborhoods, and having unmet needs for food and medical care (Sorensen et al., 2004). Currently, smoking prevalence among men and women is lower at higher income levels.

Likewise, smoking prevalence among adults with less than a high school education (27.3%) is more than three times higher than smoking prevalence among adults with at least a college education (8.9%) (USDHHS, 2008).

Differences between income and education levels extend beyond smoking prevalence. Lower income and less educated smokers who attempt to quit smoking have higher rates of relapse and shorter periods of abstinence than do higher income, more educated persons (USDHHS, 1982). In addition, input of greater socioeconomic resources is significantly related to success in self-initiated efforts to stop smoking (USDHHS, 1982; Blair et al., 1980). Several recent studies have examined the impact of socioeconomic characteristics, particularly education, on smoking cessation and found substantial differences in cessation between low and high education smokers (Wetter et al., 2005; Giovino, 2002). Attempts to encourage smoking cessation in low socioeconomic groups may also be thwarted by lack of awareness. For example, Murphy et al. (2005) found that most Medicaid patients surveyed were unaware of programs providing free cessation aids, and very few Medicaid smokers reported using pharmacotherapies to aid in cessation. Furthermore, although financial stress is shown to create increased desire to quit, individuals under financial stress are less likely to attempt quitting and those that do attempt to quit are less likely to succeed (Siahpush, 2009).

## **2.3 Research on Personal Characteristics**

### ***2.3.1 General Health and Disability***

Smoking has profound effects on health both directly through smoking cigarettes and indirectly through exposure to secondhand smoke (USDHHS, 2004, 2006). Smoking causes disease in nearly every organ of the body, which may result in lifelong disability status. Specifically, the Surgeon General's report, *The Health Consequences of Smoking*, concludes that smoking reduces the overall health of smokers by contributing to conditions such as hip fractures, complications from diabetes, increased wound infections following surgery, and an array of reproductive complications. Many smokers who do not die prematurely from these or other complications live with a serious smoking-related illness or disability (USDHHS, 2004).

Tobacco use is a major contributor to the most common causes of disability (Institute of Medicine, 2006) and a significant predictor of disability (Vita et al., 1998). Furthermore, individuals who do not smoke (e.g., have better health habits) have longer life expectancy and postponed disability (Vita et al., 1998).

### ***2.3.2 Sexual Orientation***

Empirical research provides evidence of sexual orientation–related tobacco use disparities (Lee, Griffin, and Melvin, 2009). Specifically, tobacco use among lesbian, gay, and bisexual

(LGB) adults exceeds tobacco use among heterosexual adults (Greenwood et al., 2005; Gruskin et al., 2001, 2007; Ryan et al., 2001). Although survey results vary, most find higher prevalence rates among LGB populations than among the general population. The Gay Men's Tobacco Study estimated smoking prevalence among gay and bisexual men at 31% (Greenwood et al., 2005). A large health maintenance organization survey found smoking prevalence among lesbian and bisexual women to be approximately 25% (Gruskin et al., 2001). More recently, two surveys in California found higher smoking prevalence among lesbian (22.2%) and bisexual (22.6%) women than among women in the general population (9.1%) (Gruskin et al., 2007).

Several hypotheses have been proposed to explain higher tobacco use among LGBs. Elevated depressive symptoms, stress, and lower self-esteem stemming from anti-gay stigma—in addition to harassment; social isolation; and rejection from family, friends, and peers—all may contribute to a higher susceptibility to tobacco use among LGBs (Austin et al., 2004). Additionally, surveys evaluating lesbian, gay, bisexual, and transgender (LGBT) populations most likely exclude a large population of closeted LGBTs, resulting in study samples comprising mostly white, well-educated lesbians and gay men. Little is known about lesbians and gay men of other races and ethnicities and low socioeconomic backgrounds, and even less is known about bisexual and transgender populations (Hughes and Eliason, 2002).

## **2.4 Research Summary**

Tobacco use patterns are the result of complex interactions of multiple factors, such as socioeconomic status, cultural characteristics, acculturation, stress, biological elements, targeted advertising, the price of tobacco products, and varying capacities of communities to mount effective tobacco control initiatives (USDHHS, 1998). Although demographic, socioeconomic, and personal characteristics are all associated with tobacco use, no single factor can completely determine the pattern of tobacco use among individuals. However, examining differences between and among adult priority populations provides valuable insight into the smoking habits and behaviors of smokers and may inform tobacco prevention and control targeting strategies.

Results presented in this report will complement future evaluation activities that RTI will undertake to understand smoking behaviors among LGBT populations. For example, RTI will conduct focus groups and an online LGBT survey that will be informed by estimates presented here. Information from these additional activities will allow for a more holistic evaluation of priority populations' perceptions of existing and previous tobacco control efforts and inform methods for tailoring BTPP activities to reduce tobacco-related health disparities.

### 3. RESULTS

In this section, we compare smoking prevalence and behavior in Florida to national smoking prevalence and behavior. As shown in Table 3-1, Florida’s population is fairly similar to the national population with the following differences: Floridians on average are older, their household income is slightly less, and Hispanics make up a larger percentage of the population. Education levels are comparable.

**Table 3-1. Florida and U.S. Demographics**

	Florida	United States
Population, aged 18+ (2008)	14,259,449	229,565,092
Median household income (2005–2007)	\$47,602	\$50,007
Median age in years (2008)	40.2	36.8
Race/Ethnicity (2005–2007)		
White, non-Hispanic (%)	76.3	74.1
Black, non-Hispanic (%)	15.3	12.4
Hispanic (%)	20.1	14.7
Education, 25+ (2005–2007)		
Less than high school (%)	15.5	16.0
High school (%)	31.1	30.0
Some college (%)	28.1	27.0
College+ (%)	25.2	27.0

Source: U.S. Census Bureau: American Community Survey (2005–2007) and 2008 Population Estimates.

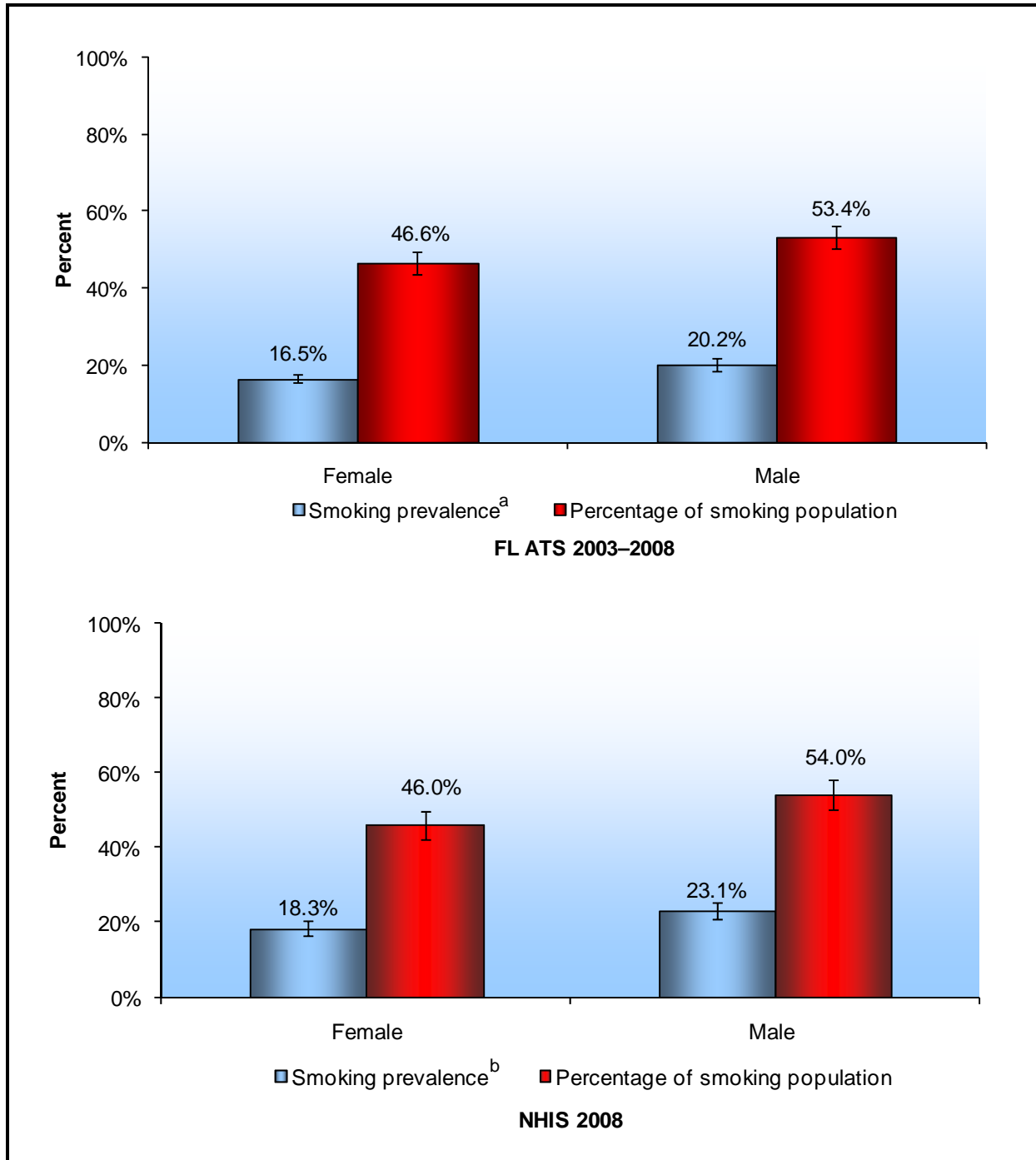
#### 3.1 Results by Demographic Characteristics

##### 3.1.1 Gender

In Florida, men are significantly more likely to smoke than women. Smoking prevalence is 20.2% for men and 16.5% for women. Men also make up a larger percentage of the smoking population (53.4% versus 46.7%). These estimates are comparable to national smoking rates. In 2008, 22.3% of all men and 17.4% of all women nationwide smoked (Figure 3-1).

Figure 3-2 presents estimates of cigarette consumption for everyday and some-day smokers. These estimates measure cigarette consumption on days smoked (e.g., for some-day smokers, the number of cigarettes represents cigarettes consumed only on days that they smoked). Cigarette consumption estimates should be interpreted keeping in mind that smokers typically underreport cigarette consumption (Todd, 1978).

**Figure 3-1. Smoking Prevalence among Adults in Florida and Nationally by Gender, FL ATS 2003–2008 (top) and NHIS 2008 (bottom)**



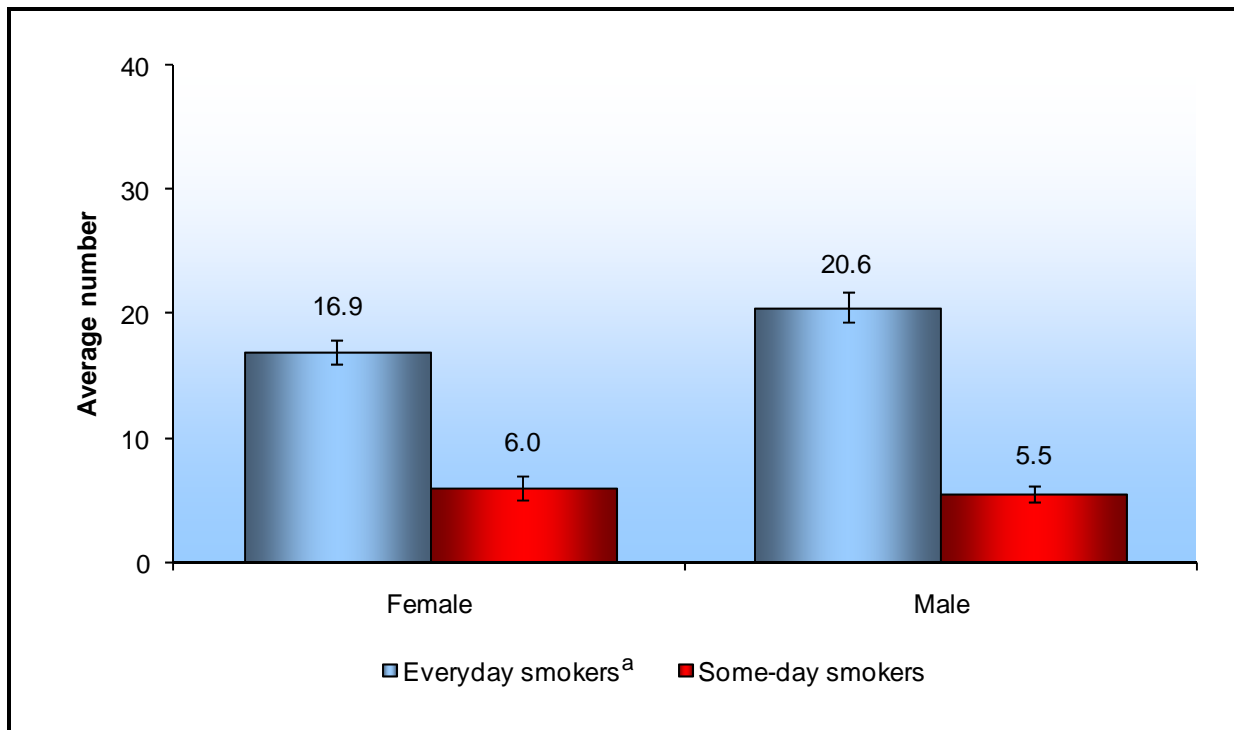
<sup>a</sup>Difference between Florida males and females is statistically significant at the 5% level.

<sup>b</sup>Difference between Florida and U.S. males and Florida and U.S. females is statistically significant at the 5% level.

Everyday smokers in Florida smoke about 1 pack of cigarettes per day (i.e., 20 cigarettes). Female everyday smokers average 16.9 cigarettes per day, which is significantly less than

male everyday smokers who average 20.6 cigarettes per day. Some-day smokers smoke far fewer cigarettes per day than do everyday smokers (see Figure 3-2).

**Figure 3-2. Average Number of Cigarettes Smoked Per Day among Florida Adult Everyday and Some-Day Smokers by Gender, FL ATS 2003–2008**



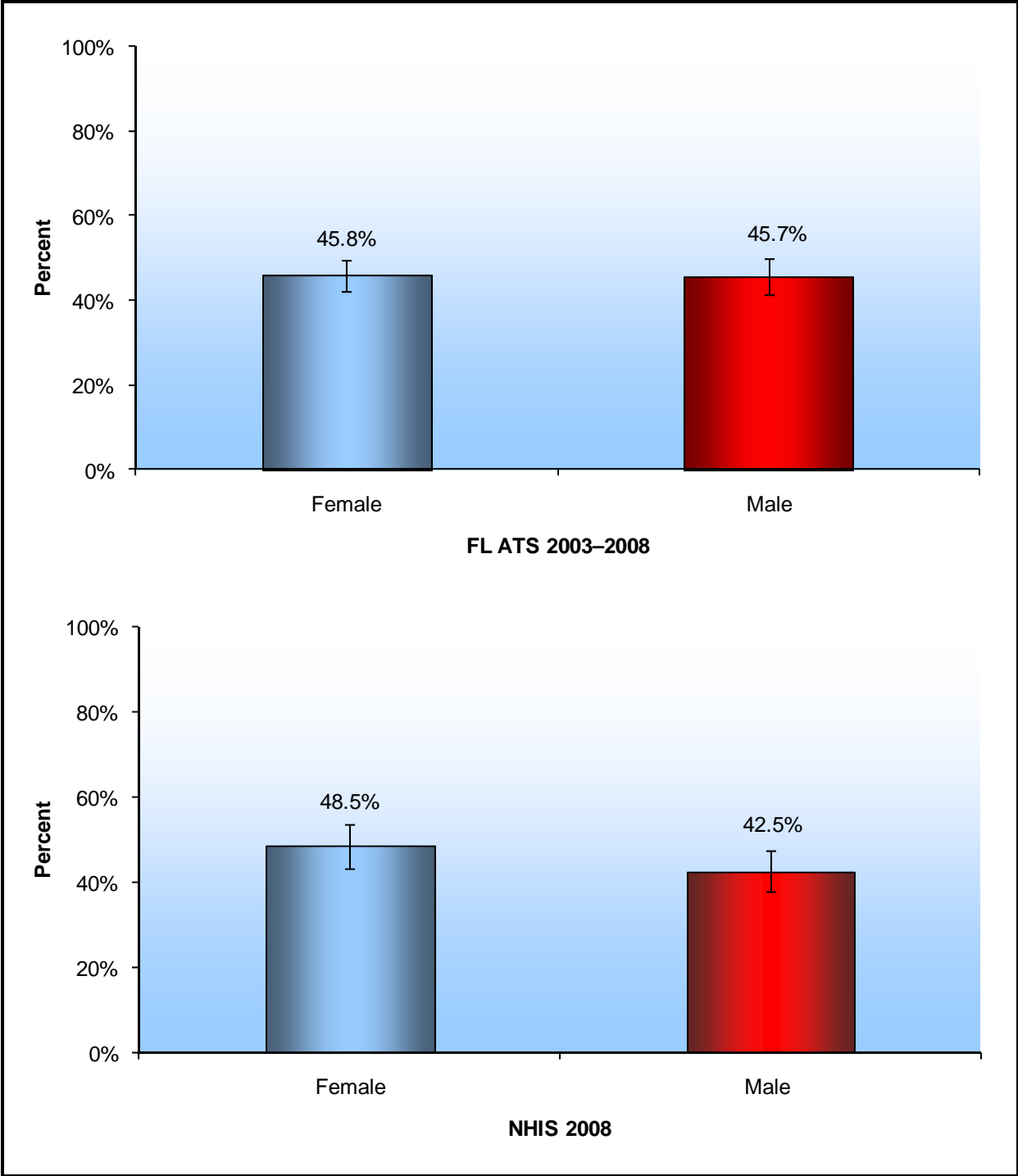
<sup>a</sup>Difference between males and females is significant at the 5% level.

Almost half of all smokers in Florida tried to quit smoking in the past year. Despite disparities in smoking prevalence among men and women, both men and women attempted to quit at similar rates (45%). Quit attempt rates are similar at the national level (Figure 3-3).

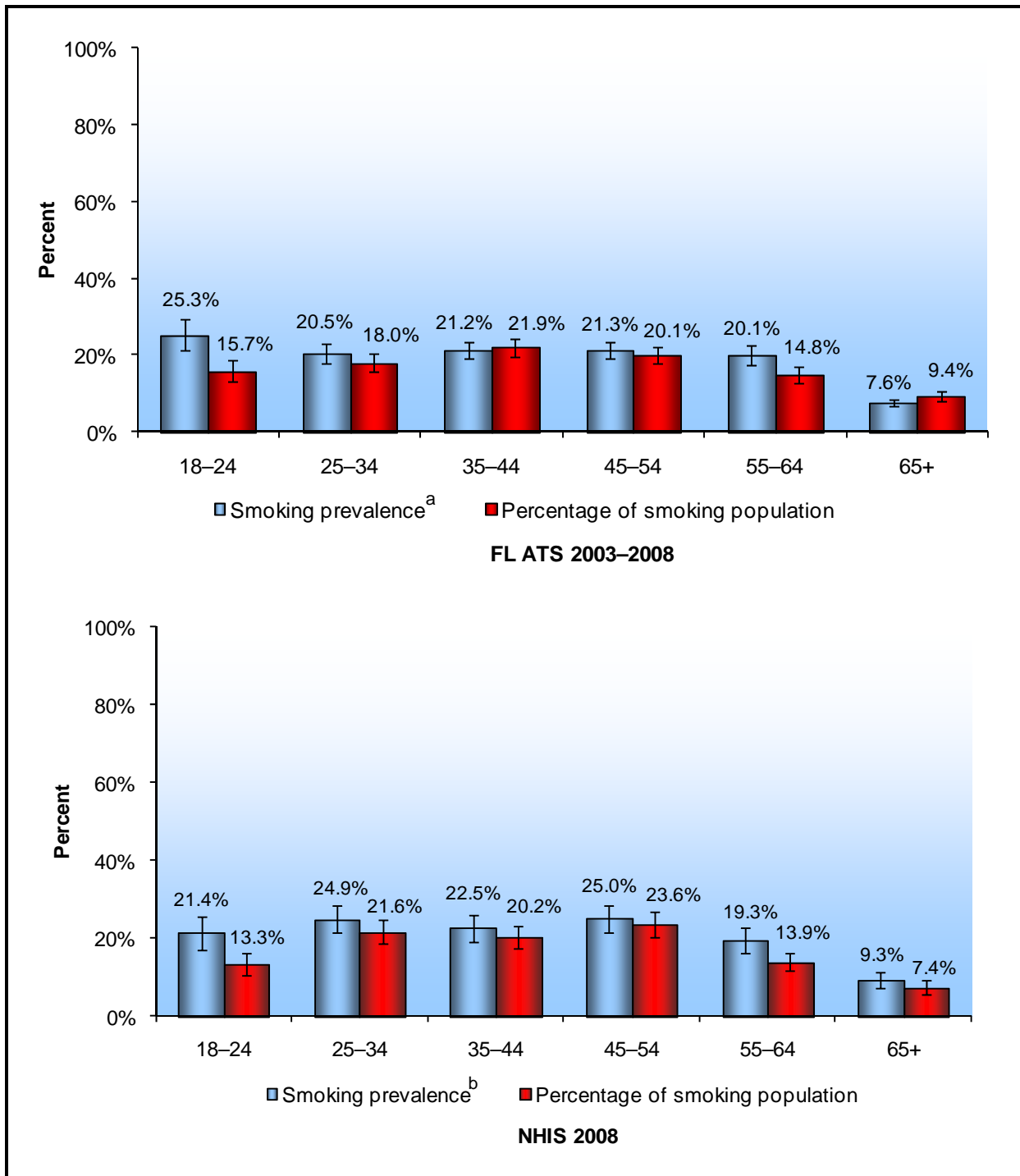
### 3.1.2 Age

Smoking prevalence varies by age group in Florida. The youngest age group (18 to 24) has the highest percentage of smokers. Adults aged 18 to 24 smoke at significantly higher rates than adults aged 55 to 64 and 65+. The 65+ age group has the smallest percentage of smokers (7.6%). Although the percentage of smokers in each age group is spread fairly even across ages 25 to 54 (between 18.0% and 21.9%), it is smaller in the youngest and oldest populations (Figure 3-4).

**Figure 3-3. Quit Attempt in Past 12 Months among Adult Smokers in Florida and Nationally by Gender, FL ATS 2003–2008 (top) and NHIS 2008 (bottom)**



**Figure 3-4. Smoking Prevalence among Adults in Florida and Nationally by Age Group, FL ATS 2003–2008 (top) and NHIS 2008 (bottom)**



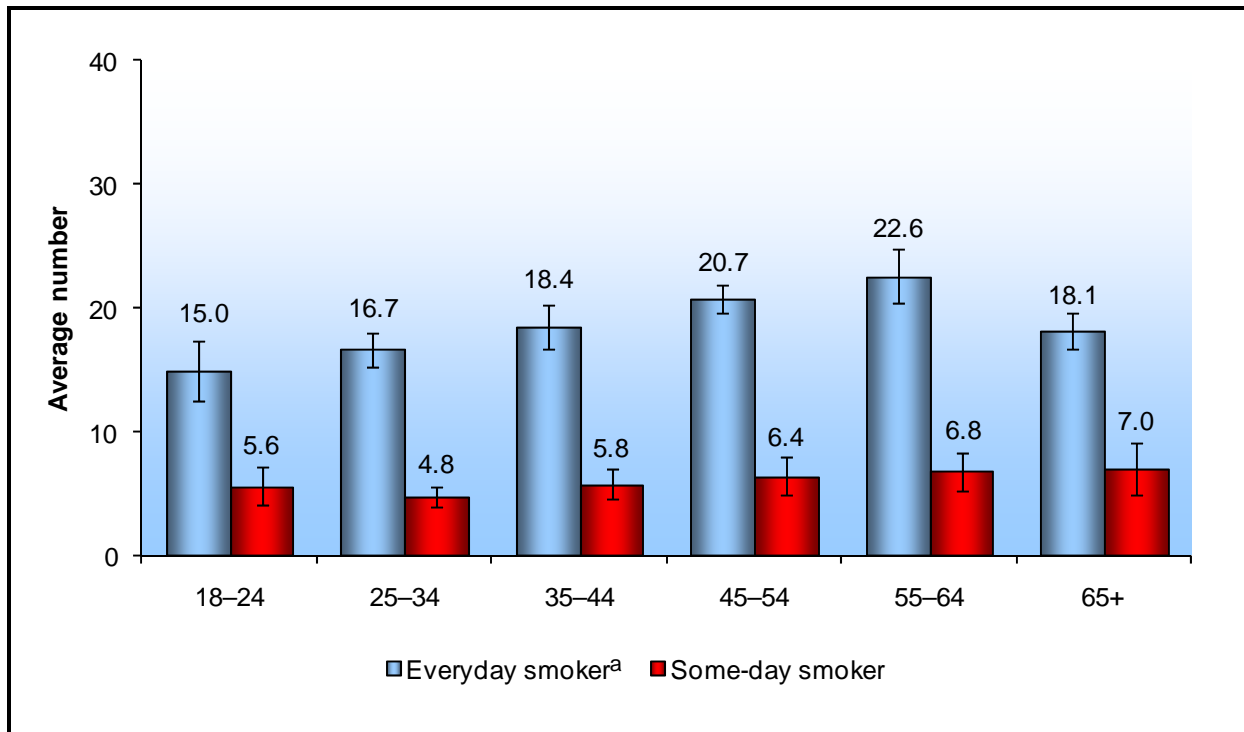
<sup>a</sup>Differences between 18–24 and 55–64 and between 18–24 and 65+ age groups are significant at the 5% level.

<sup>b</sup>Differences in Florida and national prevalence rates between 25–34, 45–54, and 65+ age groups are significant at the 5% level.

A slightly higher percentage of smokers in Florida are between the ages of 18 to 24 (15.7%) than the percentage of smokers in the U.S. population (14.5%). In addition, a higher percentage of 18- to 24-year-olds smoke in Florida (25.3%) than nationally (22.2%) (see Figure 3-4).

In Florida, everyday smokers in older age groups (35 to 64) smoke significantly more cigarettes per day than do 18- to 24-year-olds. Also, everyday smokers aged 65 and older smoke significantly fewer cigarettes per day than adults aged 55 to 64. Some-day smokers consume fewer cigarettes per day than do everyday smokers, ranging from 4.8 to 7.0 cigarettes per day across all age groups (Figure 3-5).

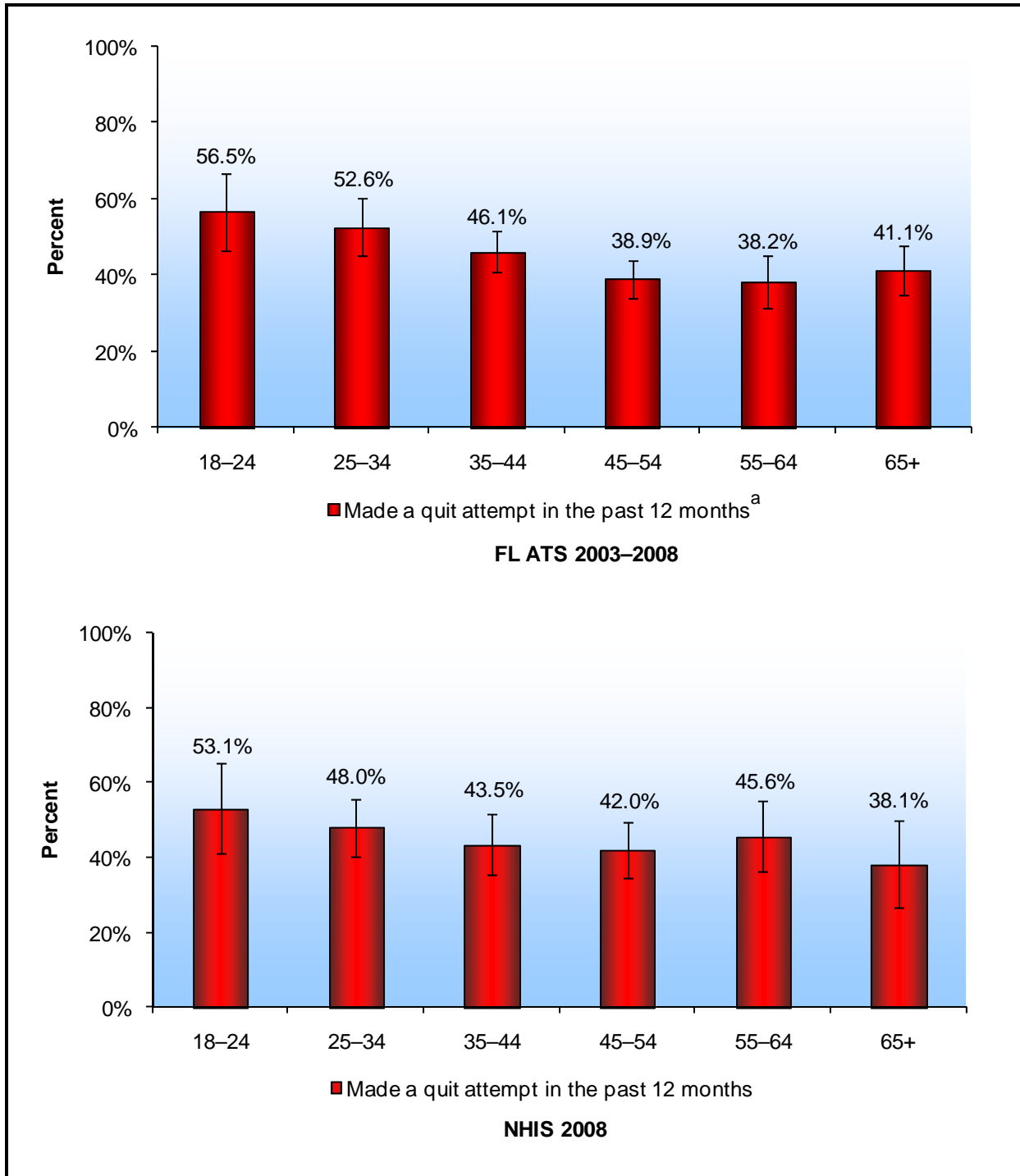
**Figure 3-5. Average Number of Cigarettes Smoked Per Day among Florida Adult Everyday and Some-Day Smokers by Age Group, FL ATS 2003–2008**



<sup>a</sup>Differences between 18–24 everyday smokers and 35–44, 45–54, 55–64, and 65+ age groups are significant at the 5% level.

A larger percentage of young adult smokers attempted to quit smoking over the past year than did adults in later life. Almost 57% of adults aged 18 to 24 reported a quit attempt compared with 48% of adults aged 45 to 64. The rate of quit attempts declines with each older age group with the exception of adults aged 65 and older. Quit attempts are slightly higher in Florida than nationally except for adults aged 45 to 64, who attempt to quit less frequently in Florida (Figure 3-6).

**Figure 3-6. Quit Attempt in Past 12 Months among Adult Smokers in Florida and Nationally by Age Group, FL ATS 2003–2008 (top) and NHIS 2008 (bottom)**



<sup>a</sup>Differences between 18–24 and 45–54, 55–64, and 65+ age groups are significant at the 5% level.

### **3.1.3 Race/Ethnicity**

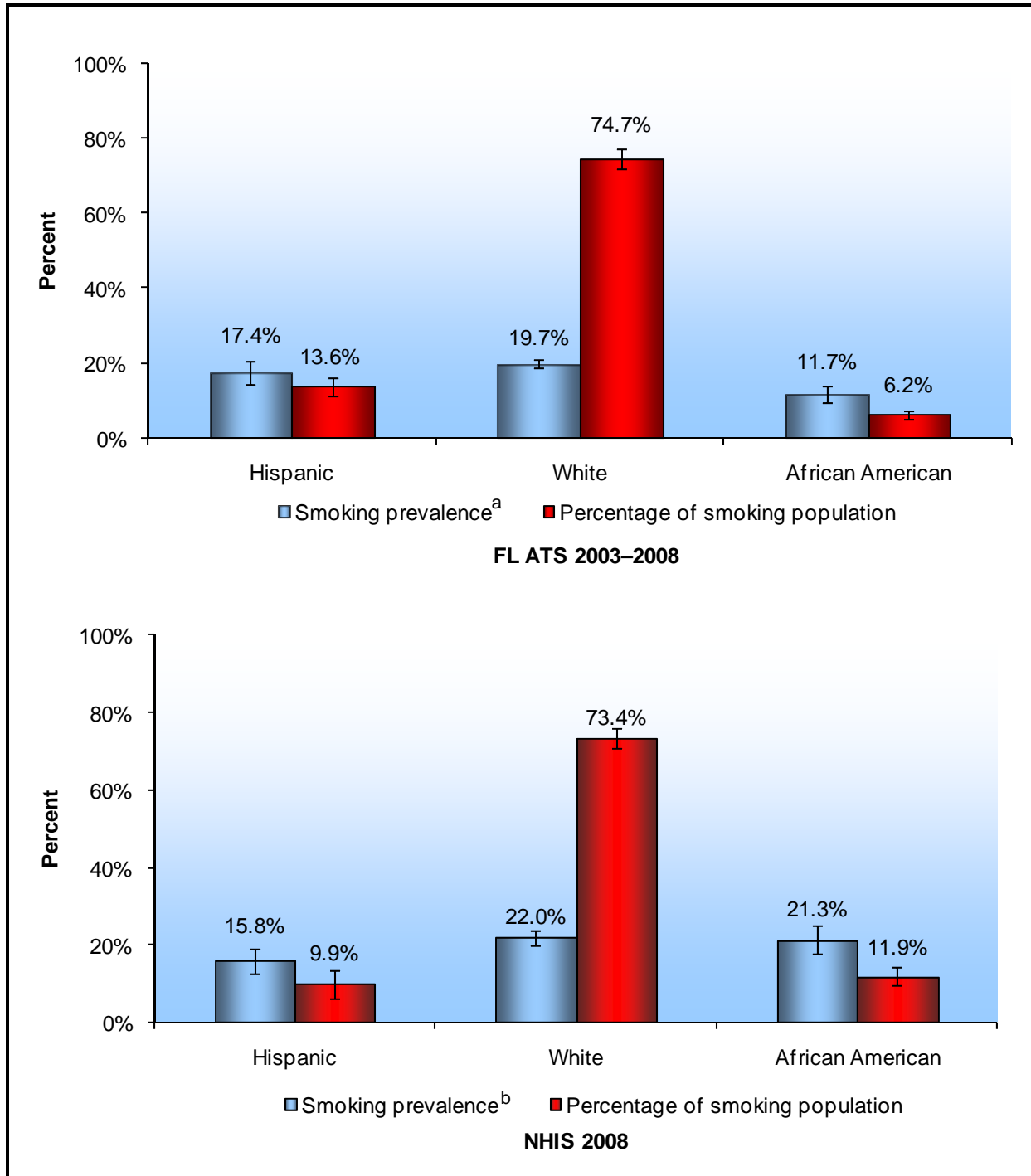
In Florida, smoking prevalence is highest among white adults (19.7%), followed by Hispanics (17%) and African Americans (11.7%) (a significantly lower percentage of African Americans than Hispanics or whites) (see Figure 3-7). Most smokers in Florida are white (74.7%). Hispanics make up the second largest ethnic smoking group (13.6%) in Florida followed by African Americans (6.2%).

Compared with national rates, a smaller percentage of African Americans smoke in Florida (11.7%) than in the United States (21.3%). Conversely, a larger percentage of Hispanics (17.4%) smoke in Florida than in the United States (15.8%) (see Figure 3-7).

White everyday smokers consume more cigarettes per day on average than everyday smokers in minority groups. Except for everyday Hispanic smokers, smokers of all races/ethnicities consume about 1 pack of cigarettes per day. Hispanic some-day smokers consume significantly fewer cigarettes per day than do white some-day smokers. White and African American some-day smokers report similar cigarette consumption (Figure 3-8).

Smokers' quit attempt rates in Florida also differ by race/ethnicity. Quit attempts were significantly higher among African Americans (60.5%) and Hispanics (56.4%) than among whites (42.4%) in Florida. Quit attempt rates among minority groups are higher in Florida than in the United States (Figure 3-9).

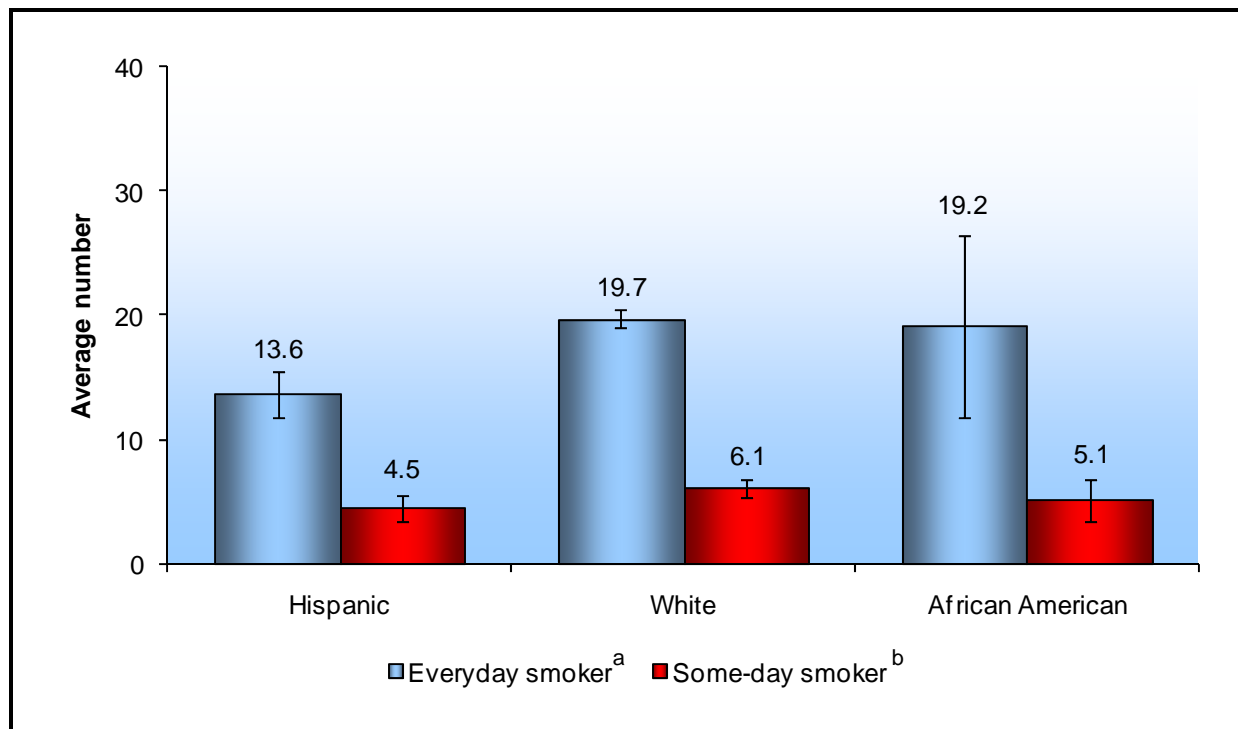
**Figure 3-7. Smoking Prevalence and Percentage of the Smoking Population among Adults in Florida and Nationally by Race/Ethnicity, FL ATS 2003–2008 (top) and NHIS 2008 (bottom)**



<sup>a</sup>Differences between African Americans and whites and between African Americans and Hispanics are significant at the 5% level.

<sup>b</sup>Differences in Florida and national prevalence rates between whites and African Americans are significant at the 5% level.

**Figure 3-8. Average Number of Cigarettes Smoked Per Day among Florida Adult Everyday and Some-Day Smokers by Race/Ethnicity, FL ATS 2003–2008**



<sup>a</sup>Difference between white and Hispanic everyday smokers is significant at the 5% level.

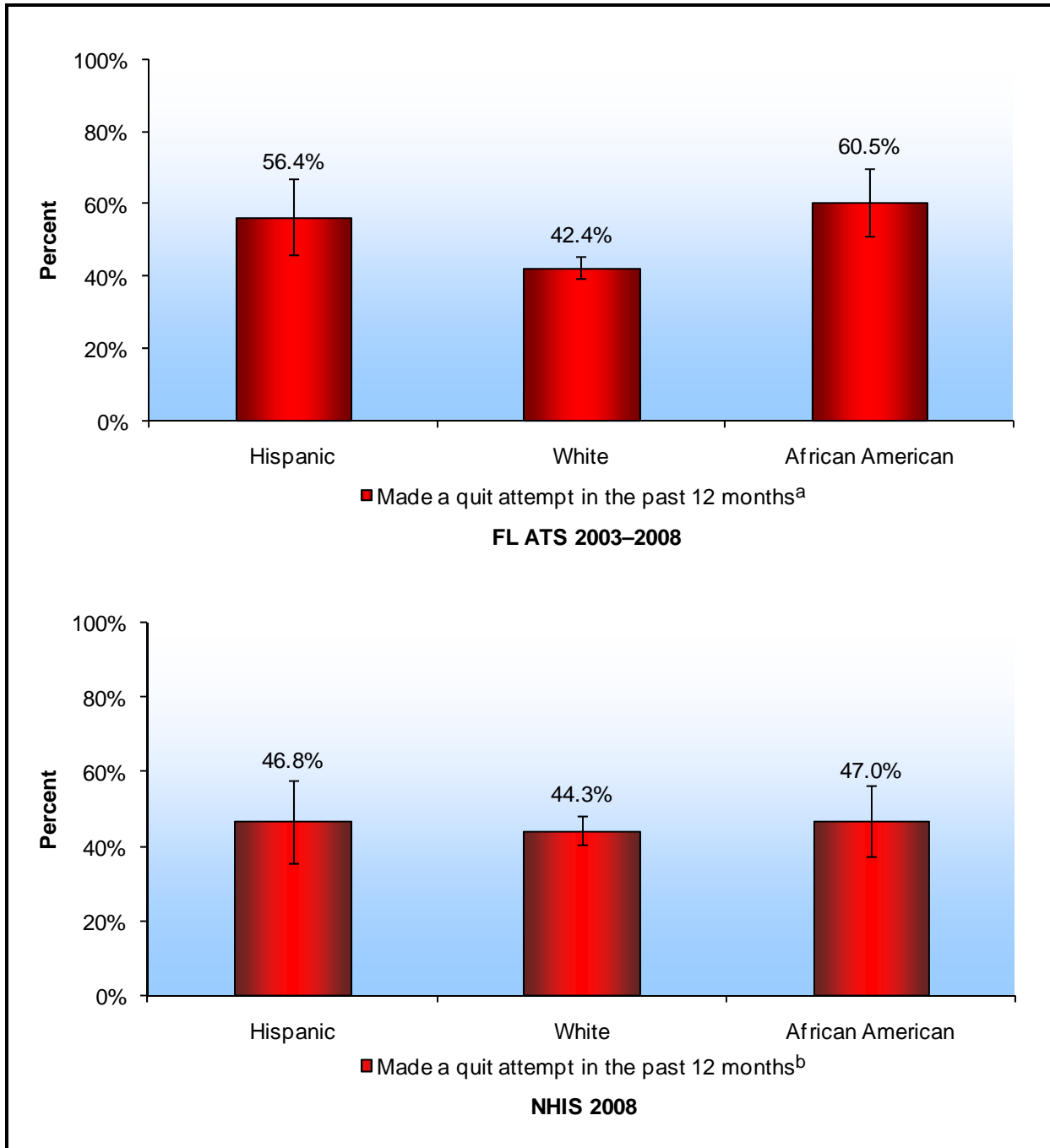
<sup>b</sup>Difference between white and Hispanic some-day smokers is significant at the 5% level.

### 3.1.4 Geographic Location

Although the vast majority of Floridians (90.2%) and Florida smokers (88.5%) live in urban settings, smoking prevalence is significantly higher among rural populations; 20.1% of individuals living outside of a metropolitan statistical area (MSA) and 16.8% of individuals living within an MSA in Florida smoke. Comparatively, 23.4% of rural populations (not in an MSA) in the United States smoke (Figure 3-10).

Rural and urban smokers in Florida have similar consumption patterns. Urban everyday and some-day smokers report smoking about the same number of cigarettes as their rural counterparts (18.1 to 19.0 for everyday smokers and 5.3 to 6.4 for some-day smokers) (Figure 3-11). Urban and rural current smokers also attempt to quit smoking at comparable rates (48% among rural smokers and 46% among urban smokers) (Figure 3-12).

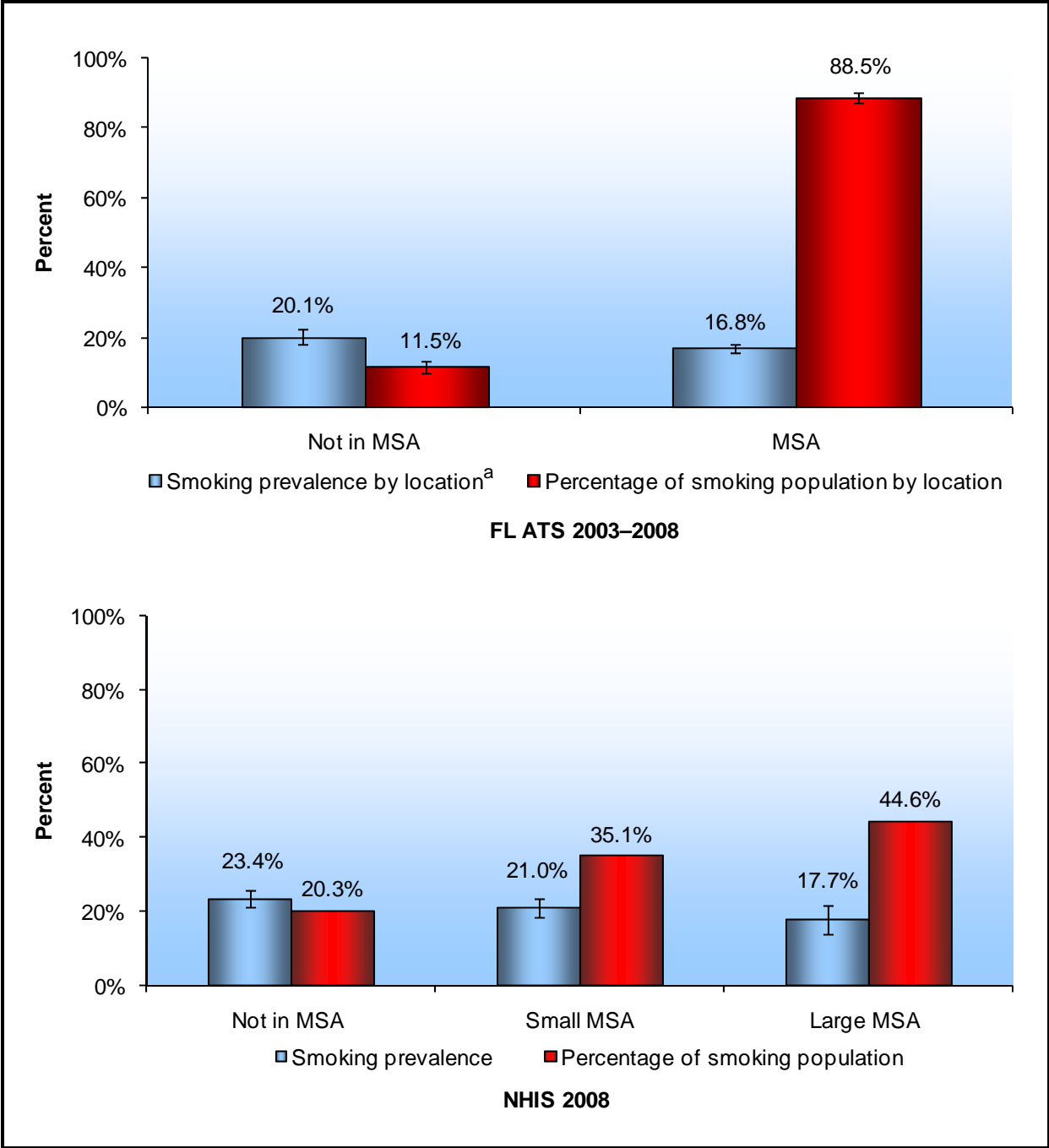
**Figure 3-9. Quit Attempt in Past 12 Months among Adult Smokers in Florida and Nationally by Race/Ethnicity, FL ATS 2003–2008 (top) and NHIS 2008 (bottom)**



<sup>a</sup>Differences between white and Hispanic smokers and between white and African American smokers are significant at the 5% level.

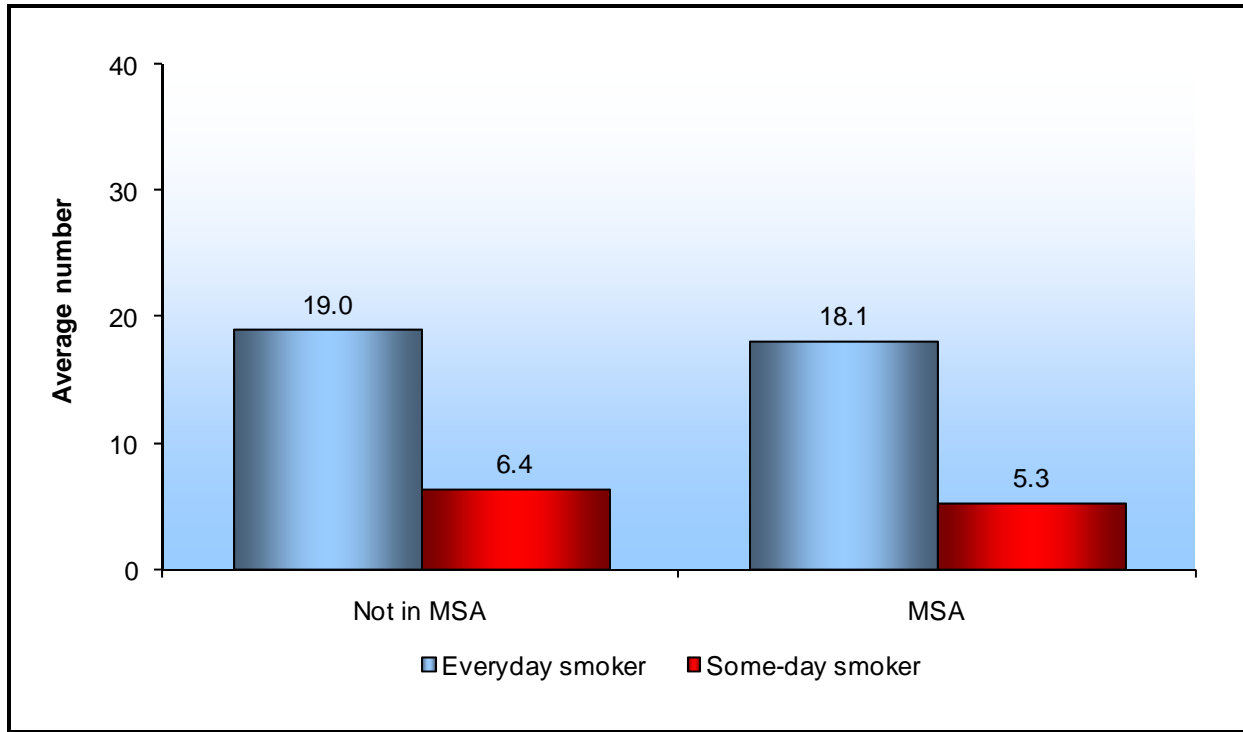
<sup>b</sup>Difference between Florida and national African American smokers is significant at the 5% level.

**Figure 3-10. Smoking Prevalence and Percentage of the Smoking Population among Adults in Florida and Nationally by Location, FL ATS 2003–2008 (top) and NHIS 2008 (bottom)**

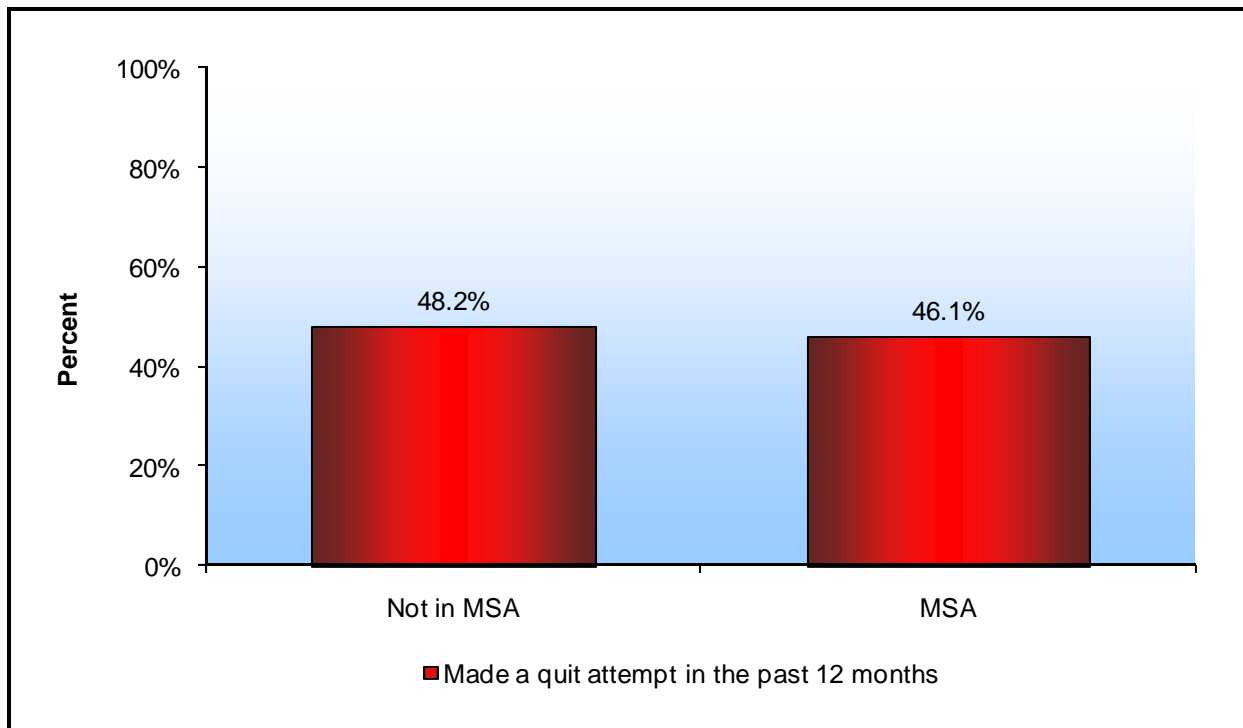


<sup>a</sup>Difference between MSA and non-MSA is significant at the 5% level.  
 Source: Summary Health Statistics for U.S. Adults: National Health Interview Survey, 2007.

**Figure 3-11. Average Number of Cigarettes Smoked Per Day among Florida Adult Everyday and Some-Day Smokers by MSA Status, FL ATS 2006–2008**



**Figure 3-12. Quit Attempt in Past 12 Months among Florida Smokers by MSA Status, FL ATS 2006–2008**



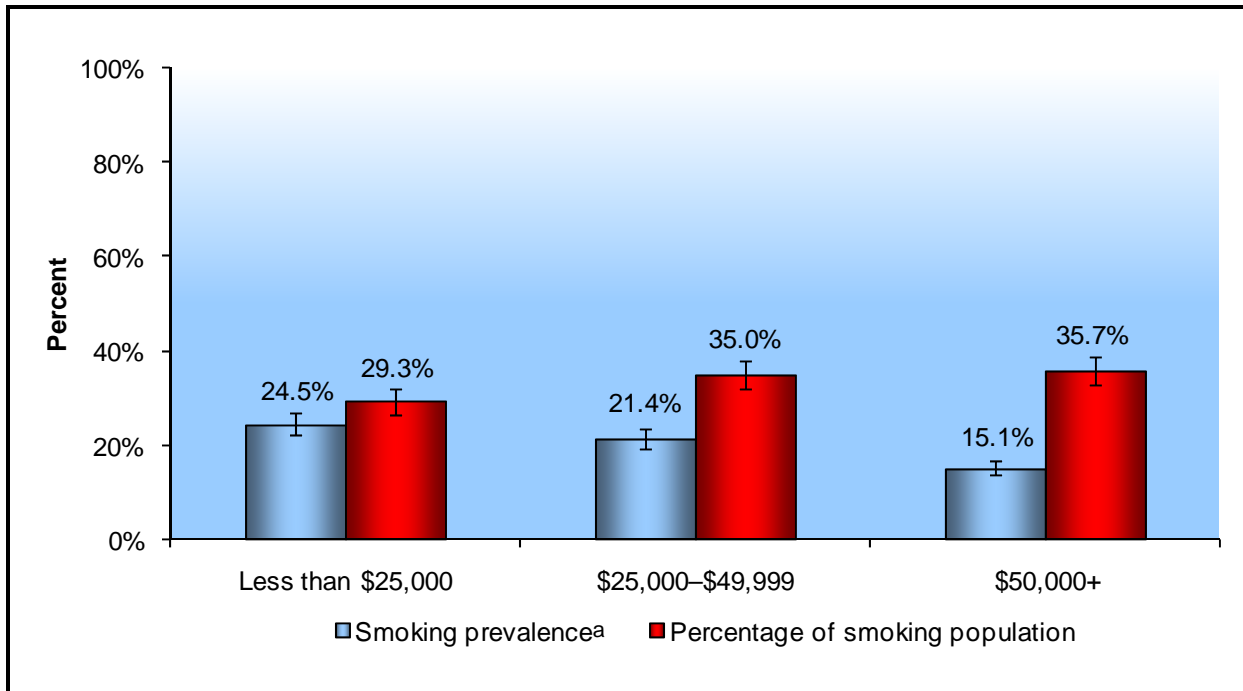


## 4. RESULTS BY SOCIOECONOMIC CHARACTERISTICS

### 4.1 Income

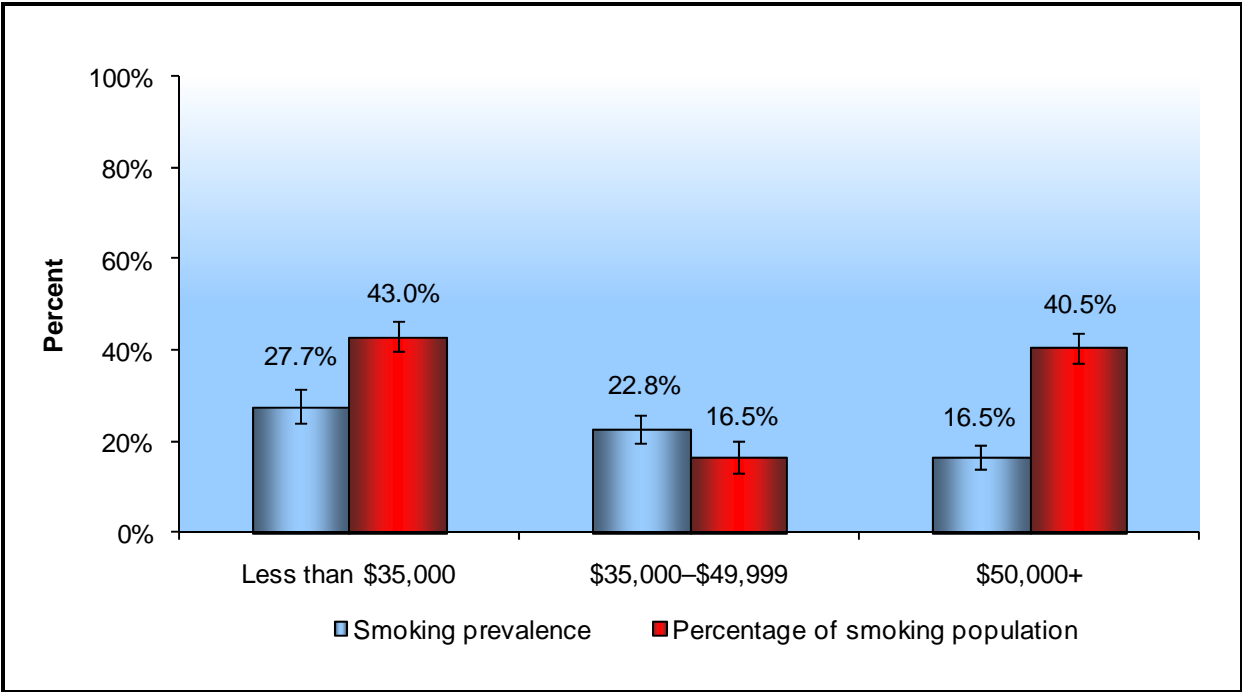
Smoking prevalence in Florida is significantly greater among individuals who earn less than \$25,000 per year than among adults in higher income groups. Specifically, 24.5% of adults in households making less than \$25,000 smoke compared with 21.4% of adults in households making between \$25,000–\$49,999 and 15.1% of adults in households making more than \$50,000 per year (Figure 4-1). This trend is similar to smoking prevalence by income group in the U.S. population, although smoking prevalence rates are slightly higher nationally than in Florida (Figure 4-2). Smoking prevalence rates for smokers in Florida in the \$50,000+ income group are similar to national rates (15.1% in Florida versus 16.5% nationally).

**Figure 4-1. Smoking Prevalence and Percentage of the Smoking Population among Adults in Florida by Income Level, FL ATS 2003–2008**



<sup>a</sup>Differences between less than \$25,000 and \$25,000–\$49,999 and less than \$25,000 and \$50,000+ are significant at the 5% level.

**Figure 4-2. Smoking Prevalence and Percentage of the Smoking Population among Adults Nationally by Income Level, NHIS 2008**

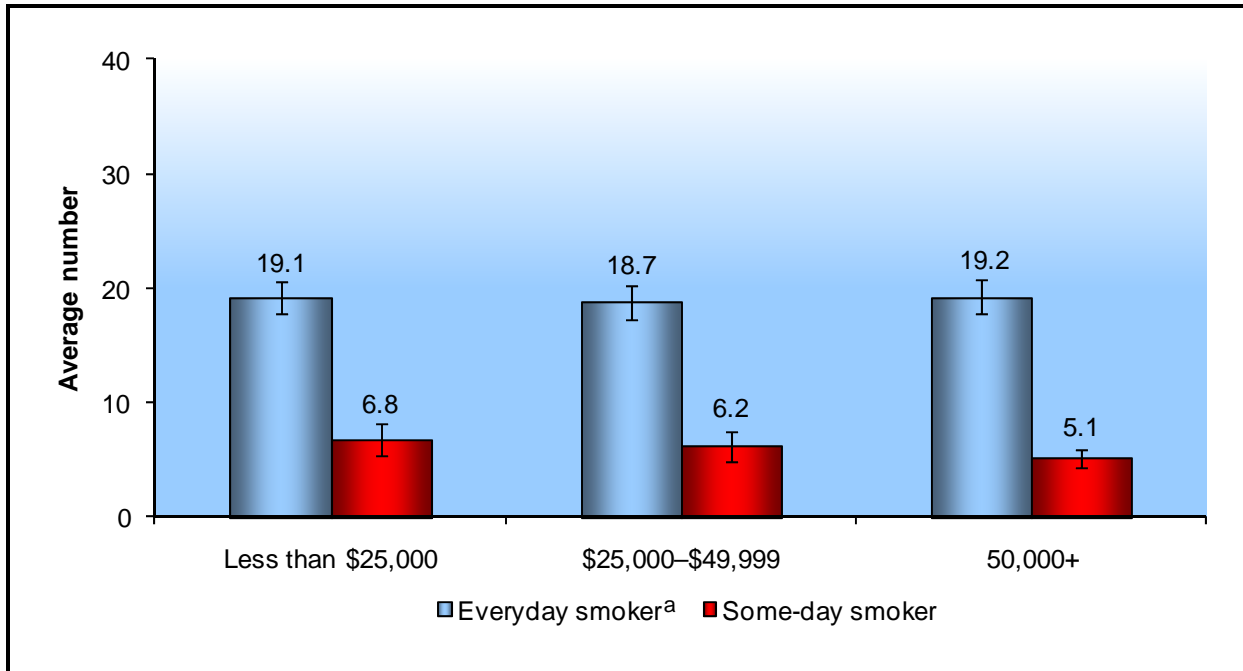


Within the smoking population, individuals in the lowest income group make up the smallest percentage of smokers in Florida (29.3%). This composition differs from national-level rates where individuals in the lowest income group make up the largest percentage of smokers (43.0%) (see Figure 4-2).

However, everyday smokers in Florida smoke a similar number of cigarettes per day across income groups, ranging from 18.7 to 19.2. Some-day smokers also smoke about the same number of cigarettes per day, although some-day smokers in the lowest income group smoke significantly more cigarettes per day (6.8 cigarettes) than some-day smokers in the highest income group (5.1 cigarettes) (Figure 4-3).

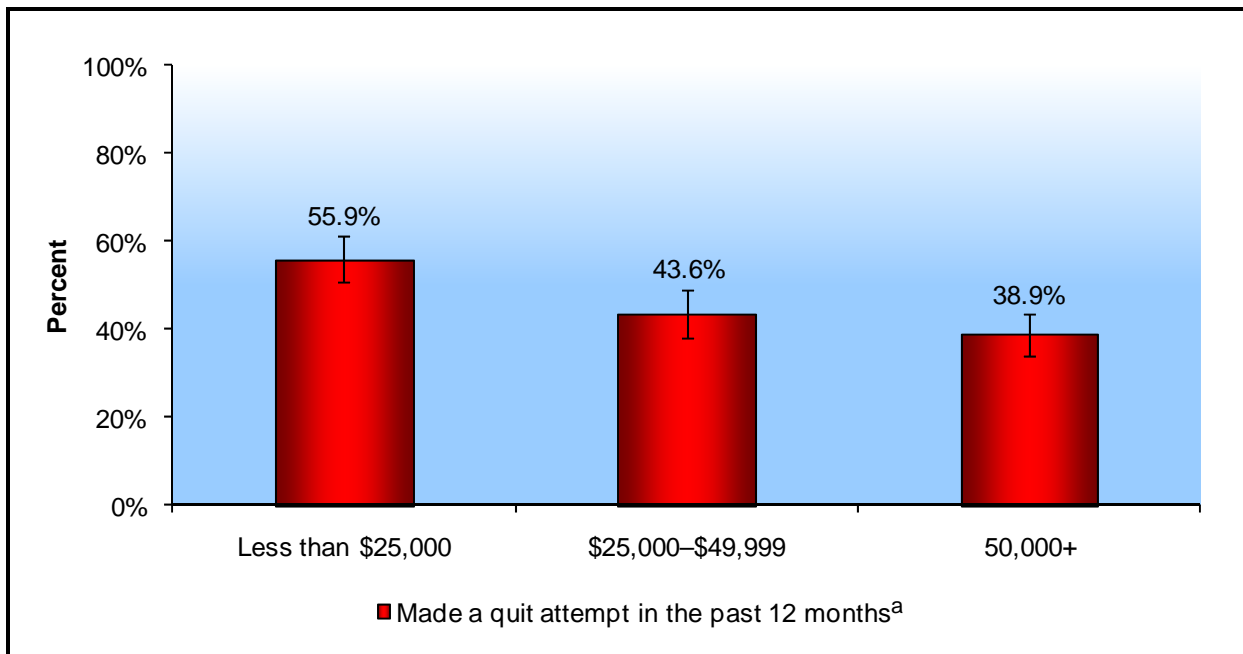
Less affluent Florida smokers are more likely to try to quit smoking (Figure 4-4). A significantly greater percentage of smokers in households earning less than \$25,000 per year made a quit attempt in the past year (55.9%) than did smokers living in households in the middle (43.6%) and high income groups (38.9%). Although a direct comparison to national rates for low-income smokers is not possible, Figure 4-5 shows that a smaller percentage of smokers in the \$50,000+ income group attempt to quit in Florida than nationally.

**Figure 4-3. Average Number of Cigarettes Smoked Per Day among Florida Adult Everyday and Some-Day Smokers by Income Level, FL ATS 2003–2008**



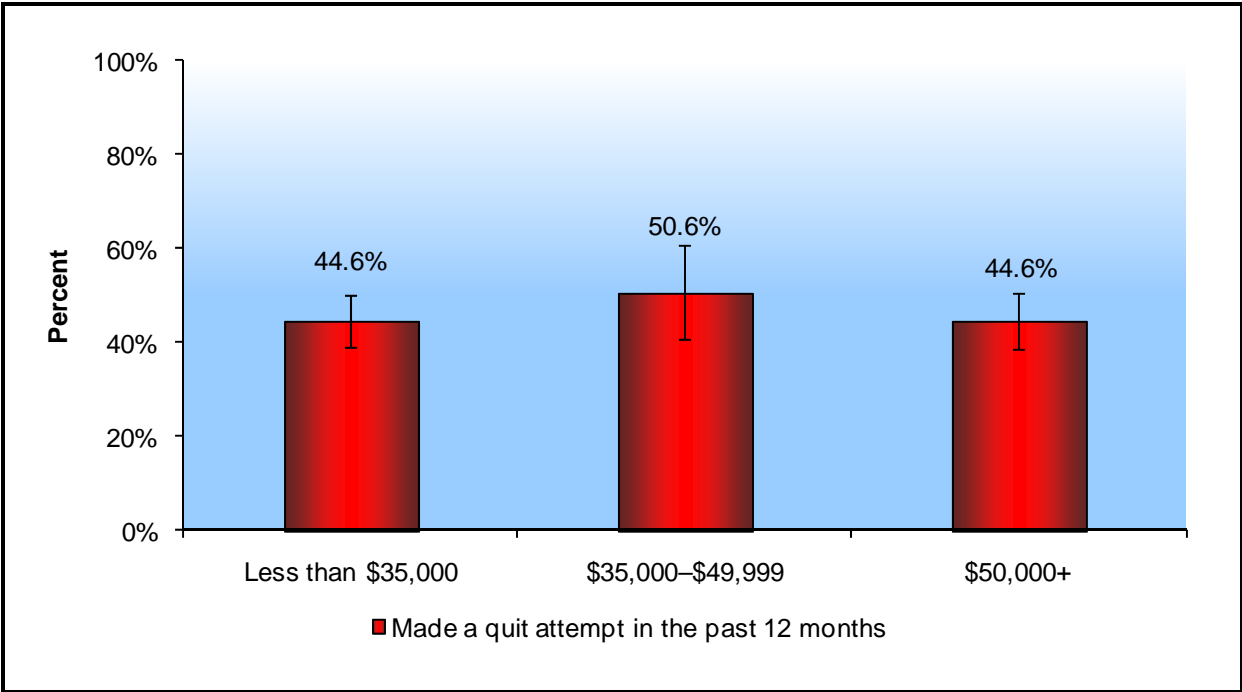
<sup>a</sup>Differences between less than \$25,000, \$25,000–\$49,000, and \$50,000+ incomes are significant at the 5% level.

**Figure 4-4. Quit Attempt in Past 12 Months among Florida Smokers by Income Level, FL ATS 2003–2008**



<sup>a</sup>Differences between less than \$25,000, \$25,000–\$49,000, and \$50,000+ incomes are significant at the 5% level.

**Figure 4-5. Quit Attempt in Past 12 Months among U.S. Smokers by Income Level, NHIS 2008**



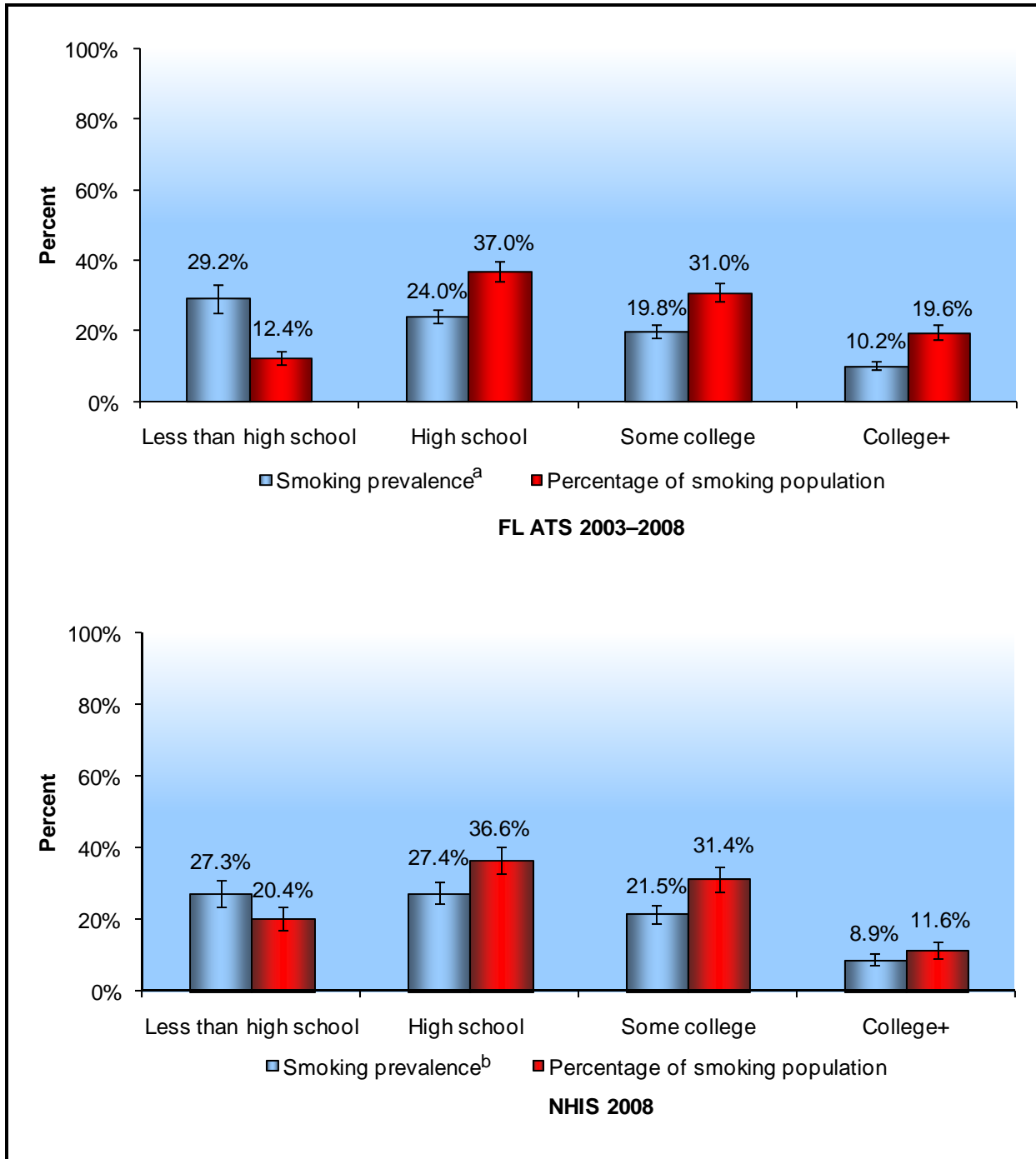
**4.2 Education**

In Florida, smoking prevalence is significantly greater among individuals with less than a high school education than among individuals with higher levels of education (29.2%). Only 10.2% of Floridians with a college degree or more smoke (Figure 4-6).

Among all smokers in Florida, the greatest percentage are high school educated (37.0%), followed by smokers who have completed at least some college (31.0%). Individuals who did not graduate from high school, although more likely to smoke, make up the smallest percentage of all smokers in Florida (12.4%) (see Figure 4-6).

The composition of the smoking population in Florida differs from the U.S. adult smoking population (see Figure 4-6); a smaller percentage of smokers in Florida have less than a high school education (12.4% in Florida vs. 20.4% among U.S. adult smokers) and a larger percentage of Florida adult smokers are college educated (or higher) (19.6%) compared with the percentage of U.S. adult smokers with the same education (11.6%).

**Figure 4-6. Smoking Prevalence and Percentage of the Smoking Population among Adults in Florida and Nationally by Education Level, FL ATS 2003–2008 (top) and NHIS 2008 (bottom)**

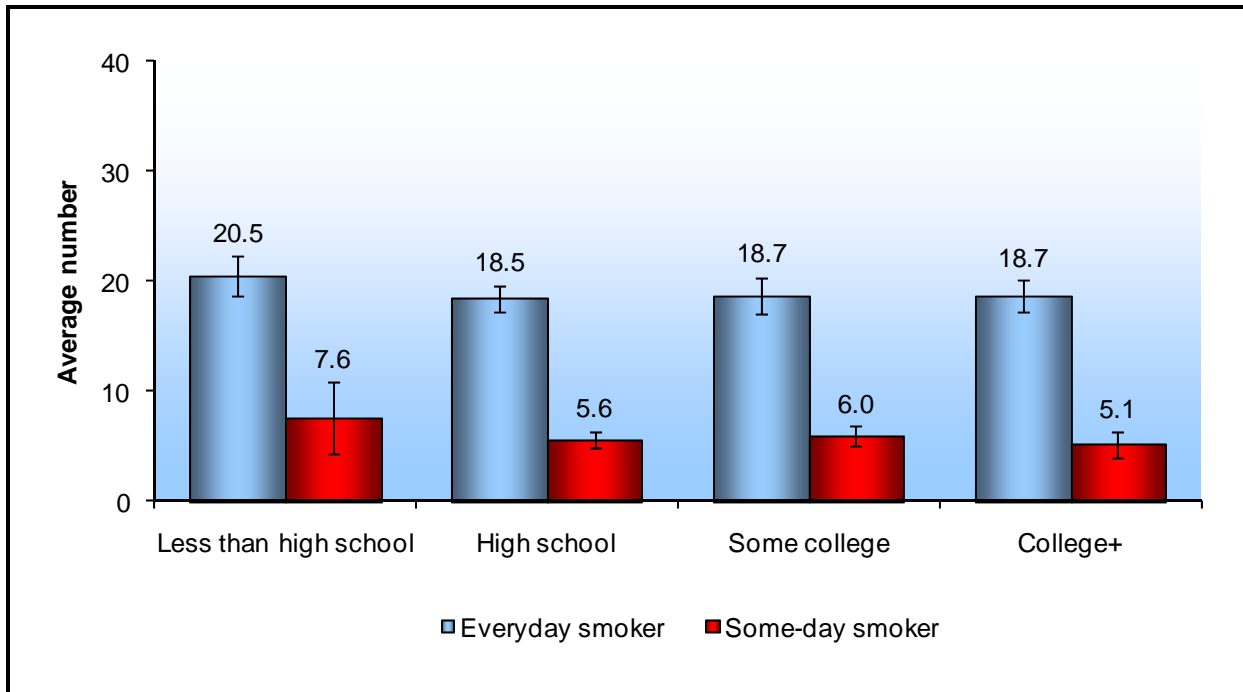


<sup>a</sup>Differences between less than high school and high school, some college, and college+ are significant at the 5% level; differences between high school and some college and high school and college+ are significant at the 5% level.

<sup>b</sup>Difference between Florida and national high school–educated population is significant at the 5% level.

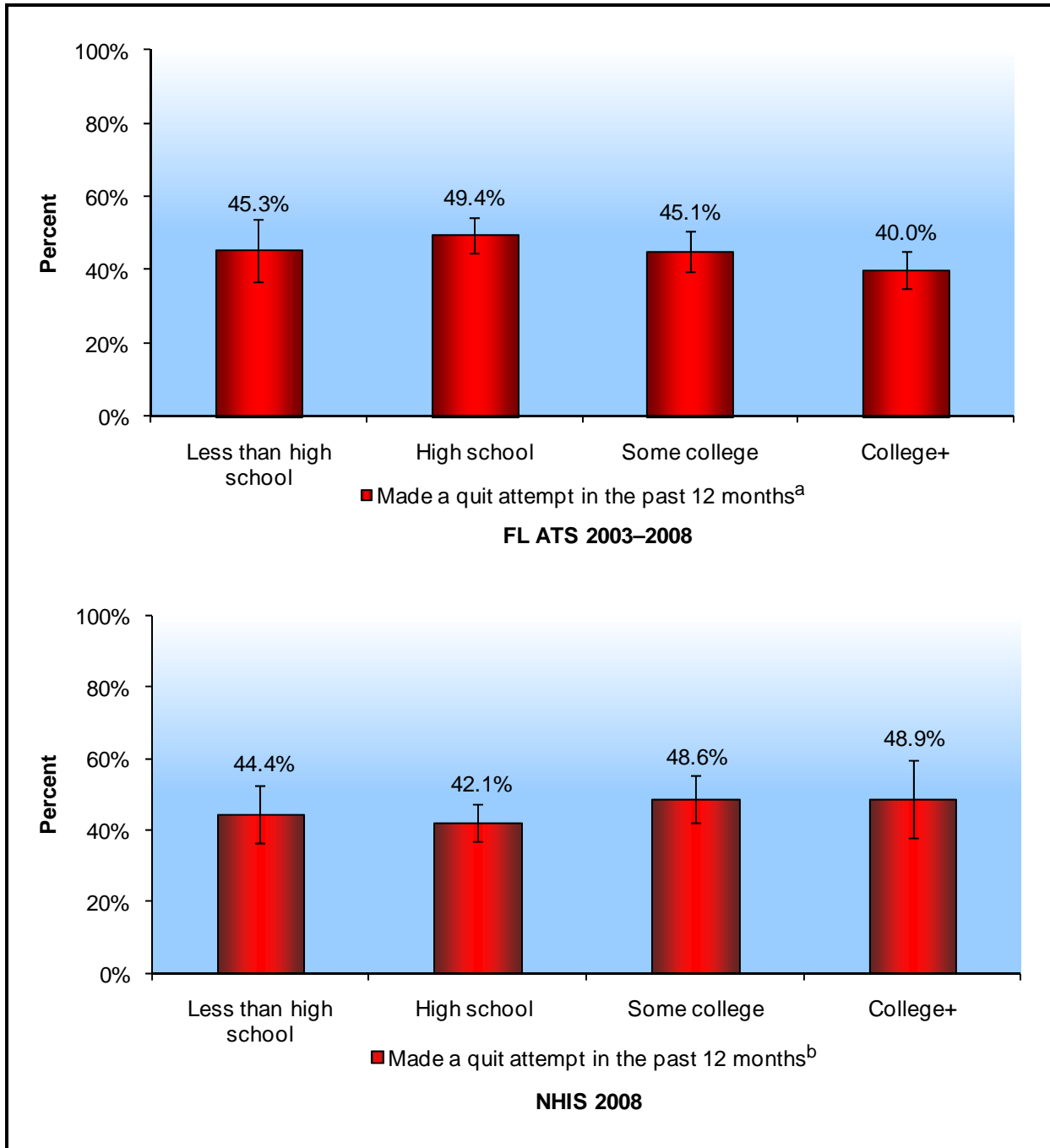
Across education groups, everyday and some-day smokers in Florida consume a similar number of cigarettes per day. Everyday smokers consume about 1 pack of cigarettes per day (ranging from 18.5 to 20.5), whereas some-day smokers smoke between 5.1 and 7.6 cigarettes per day (Figure 4-7).

**Figure 4-7. Average Number of Cigarettes Smoked Per Day among Florida Adult Everyday and Some-Day Smokers by Education Level, FL ATS 2003–2008**



Smokers without a high school education quit at similar rates as smokers in other education groups in Florida (Figure 4-8). Compared with national-level quit attempts, a smaller percentage of college-educated smokers attempt to quit and a larger percentage of high school-educated smokers attempt to quit in Florida than in the U.S. smoking population (Figure 4-8).

**Figure 4-8. Quit Attempt in Past 12 Months among Adult Smokers in Florida and Nationally by Education Level, FL ATS 2003–2008 (top) and NHIS 2008 (bottom)**



<sup>a</sup>Difference between high school and college+ is significant at the 5% level.

<sup>b</sup>Difference between Florida and national college-educated individuals is significant at the 5% level.

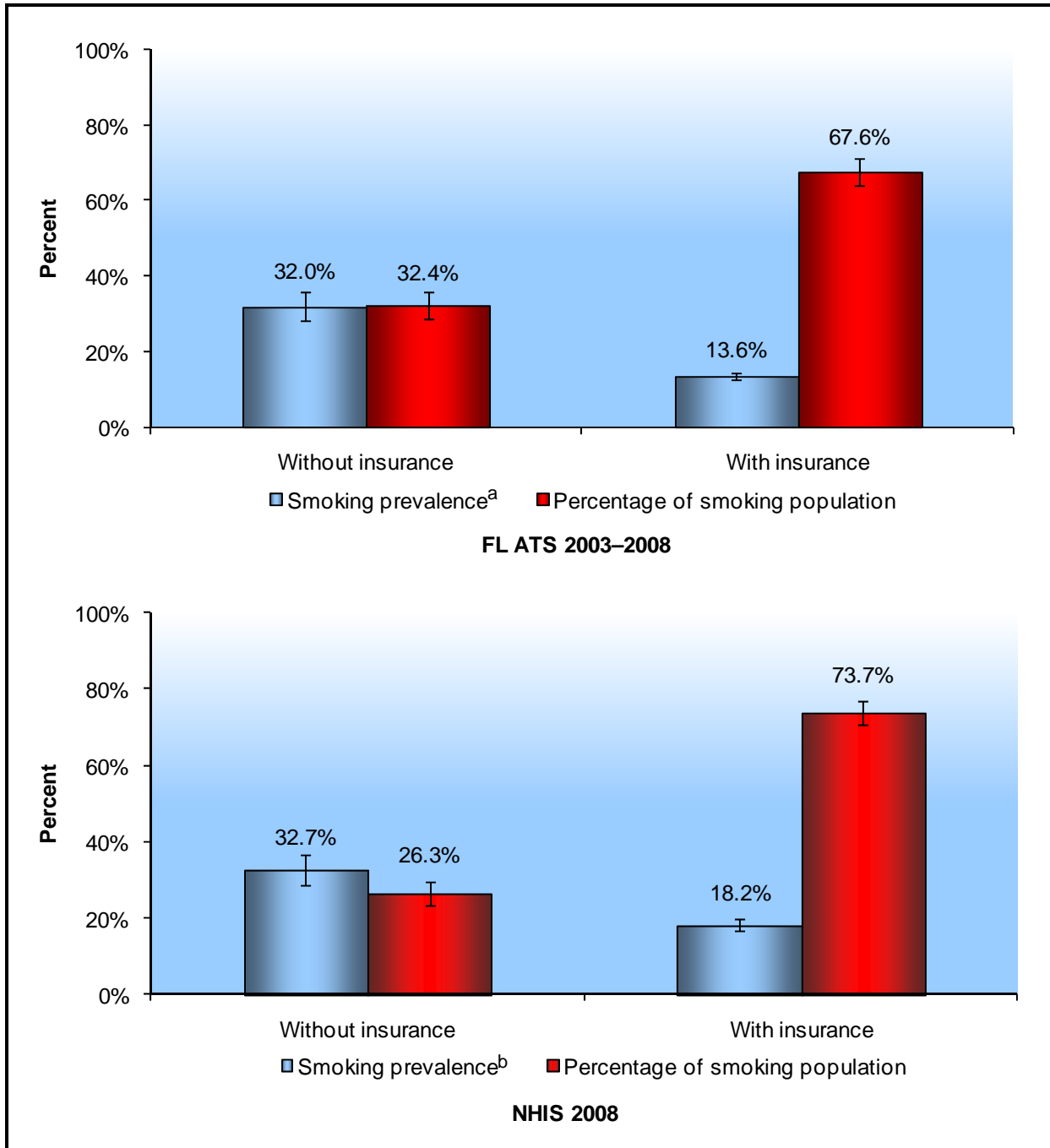
### **4.3 Medical Insurance**

Health insurance status, like income and education levels, is indicative of an individual's overall socioeconomic well-being. In Florida, a significantly higher percentage of the uninsured population smokes (32.0%) compared with the insured population (13.6%). However, because the majority of Floridians have insurance, there are twice as many insured smokers (67.6%) as uninsured smokers (32.5%) in 2007 and 2008 (Figure 4-9).

A smaller percentage of insured individuals smoke in Florida (13.6%) than nationally (18.2%). However, a larger percentage of smokers are uninsured in Florida (32.4%) than nationally (26.3%) (see Figure 4-9).

In Florida, everyday smokers without insurance smoke a comparable number of cigarettes per day than everyday smokers with insurance. In contrast, some-day smokers with insurance smoke significantly more cigarettes (6.8 per day) than those without insurance (4.2 per day) (Figure 4-10). At the same time, significantly more uninsured Florida smokers attempted to quit in the past year (54.6%) than did insured smokers (44.6%) (Figure 4-11). The rate of quit attempts by uninsured smokers is higher in Florida than the national average (43.6%) (see Figure 4-11).

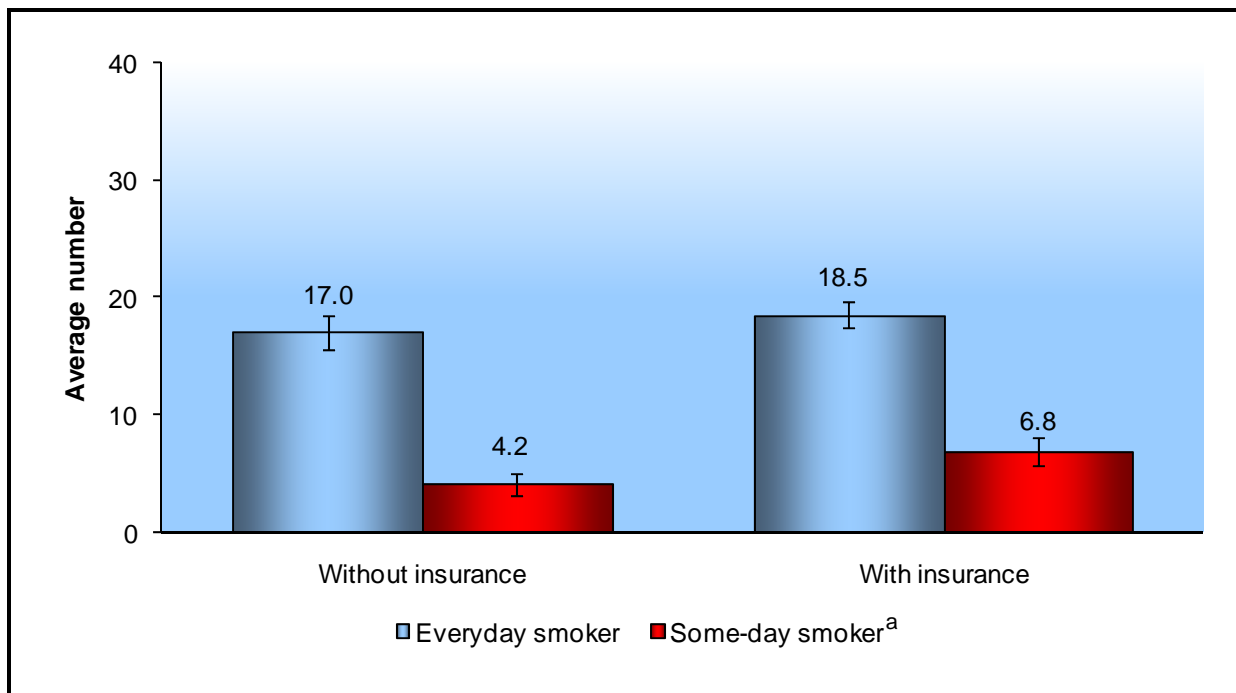
**Figure 4-9. Smoking Prevalence and Percentage of the Smoking Population among Adults in Florida and Nationally by Insurance Status, FL ATS 2003–2008 (top) and NHIS 2008 (bottom)**



<sup>a</sup>Difference between smokers without insurance and with insurance is significant at the 5% level.

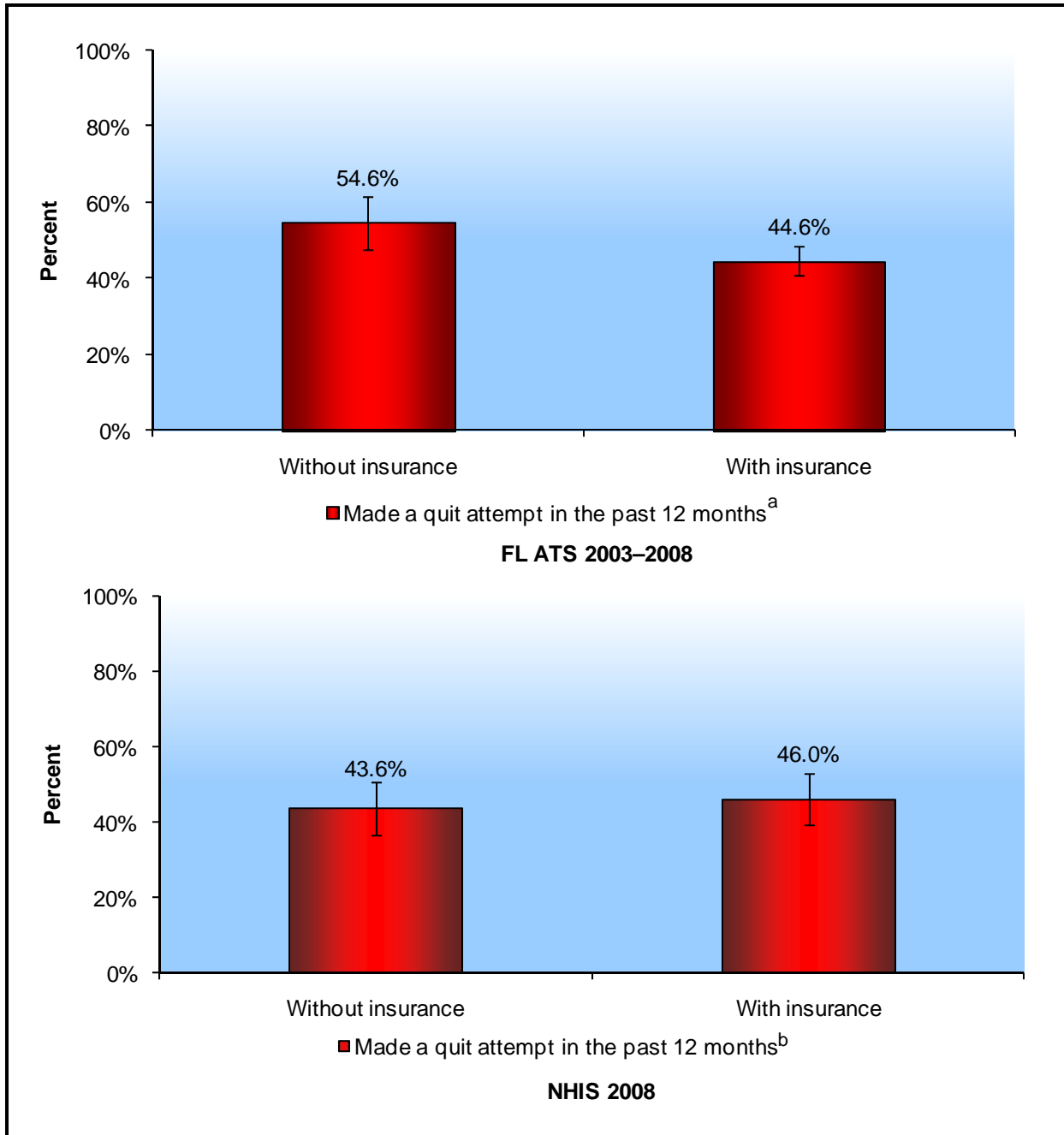
<sup>b</sup>Difference between Florida and national insured population is significant at the 5% level.

**Figure 4-10. Average Number of Cigarettes Smoked Per Day among Florida Adult Everyday and Some-Day Smokers by Insurance Status, FL ATS 2007–2008**



<sup>a</sup>Difference between some-day smokers without insurance and with insurance is significant at the 5% level.

**Figure 4-11. Quit Attempt in Past 12 Months among Adult Smokers in Florida and Nationally by Insurance Status, FL ATS 2003–2008 (top) and NHIS 2008 (bottom)**



<sup>a</sup>Difference between smokers without insurance and with insurance is significant at the 5% level.

<sup>b</sup>Difference between Florida and national insured smoking population is significant at the 5% level.

## **5. RESULTS BY PERSONAL CHARACTERISTICS**

### **5.1 General Health**

A significantly higher percentage of individuals in poor and fair health in Florida smoke compared with individuals in good, very good, or excellent health. Almost 29% of Floridians in poor health smoke, and 25.2% of Floridians in fair health smoke. Of all smokers in Florida, 34.9% report being in good health, 29.9% report being in very good health, and 14.4% report being in excellent health. Smoking trends in Florida stratified by health status are similar to national-level estimates (Figure 5-1).

Across health status groups, everyday smokers report smoking from 17.8 to 21.5 cigarettes per day. Everyday smokers in poor health consume significantly more cigarettes per day on average than individuals in good, very good, or excellent health. Some-day smokers consume a similar number of cigarettes per day regardless of health status, ranging from 5.2 to 8.2 (Figure 5-2).

The percentage of smokers who attempt to quit is significantly higher among adult smokers in poor or fair health than among individuals in very good or excellent health. Forty percent of smokers in excellent health attempted to quit; this is 16% lower than the percentage of smokers in poor health who tried to quit and 12.3% lower than the percentage of smokers in fair health who tried to quit. A higher percentage of smokers in poor and fair health in Florida report quit attempts than in the 2008 U.S. population (Figure 5-3).

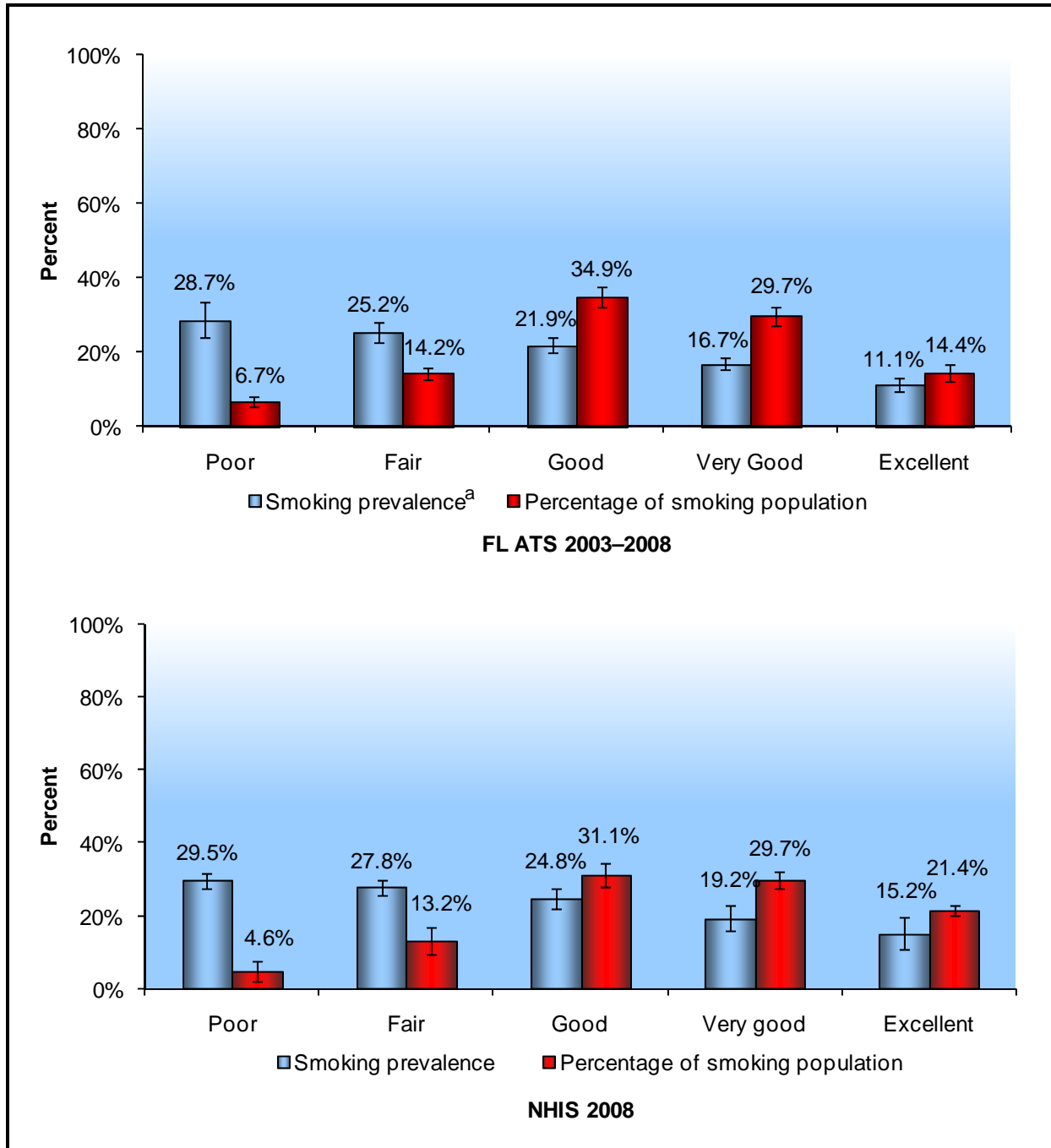
### **5.2 Disability Status**

In the Florida Adult Tobacco Survey, individuals are considered to be disabled if they are limited in any way in their activities because of physical, mental, or emotional problems. Using this definition, smoking prevalence of disabled individuals in Florida between 2006 and 2008 is 21.8%. Smoking prevalence among non-disabled individuals is significantly lower (16.0%). However, the majority of smokers in Florida are non-disabled individuals (80.5%) (Figure 5-4).

Smoking consumption differs by disability status in Florida. Disabled, everyday smokers report consuming significantly more cigarettes per day than non-disabled smokers (21.5 versus 17.6 cigarettes). However, cigarette consumption by some-day smokers in Florida does not differ significantly by disability status (Figure 5-5).

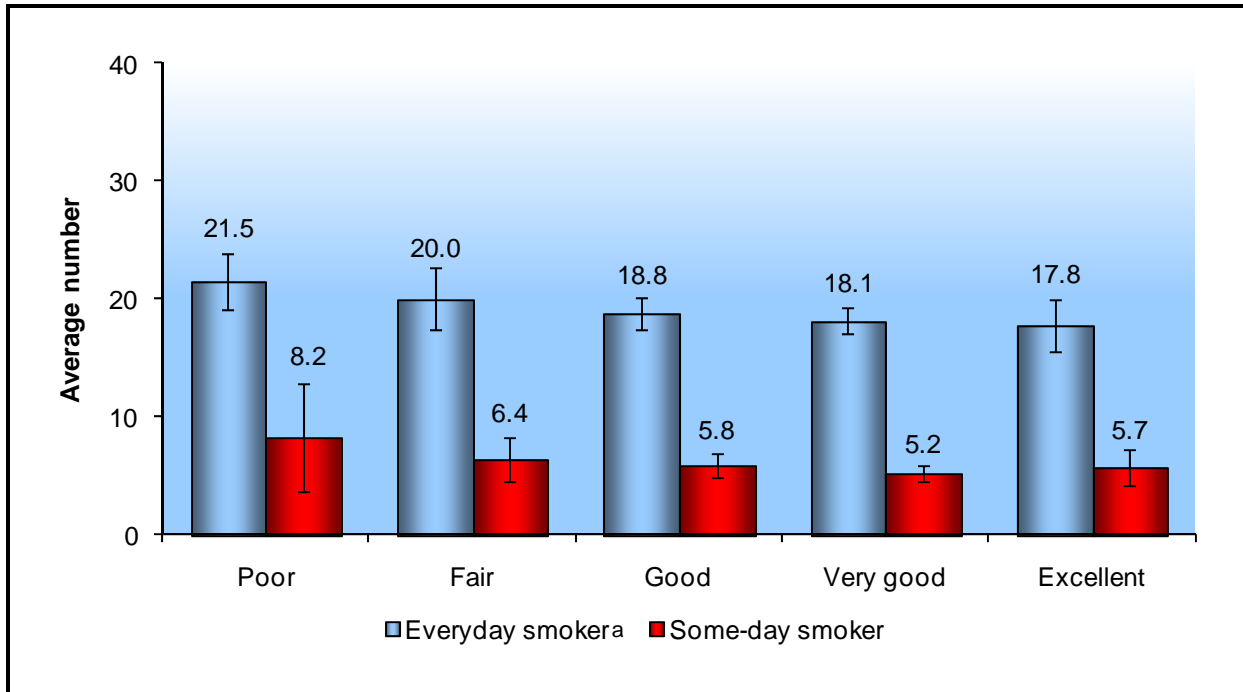
The rate of quit attempts also does not vary by disability status among Florida adult smokers (Figure 5-6). A national-level comparison based on this definition of disability is not available.

**Figure 5-1. Smoking Prevalence and Percentage of the Smoking Population among Adults in Florida and Nationally by Health Status, FL ATS 2003–2008 (top) and NHIS 2008 (bottom)**



<sup>a</sup>Differences between poor health and good, very good, and excellent health are significant at the 5% level; differences between fair health and good, very good, and excellent health are significant at the 5% level.

**Figure 5-2. Average Number of Cigarettes Smoked Per Day among Florida Adult Everyday and Some-Day Smokers by Health Status, FL ATS 2003–2008**



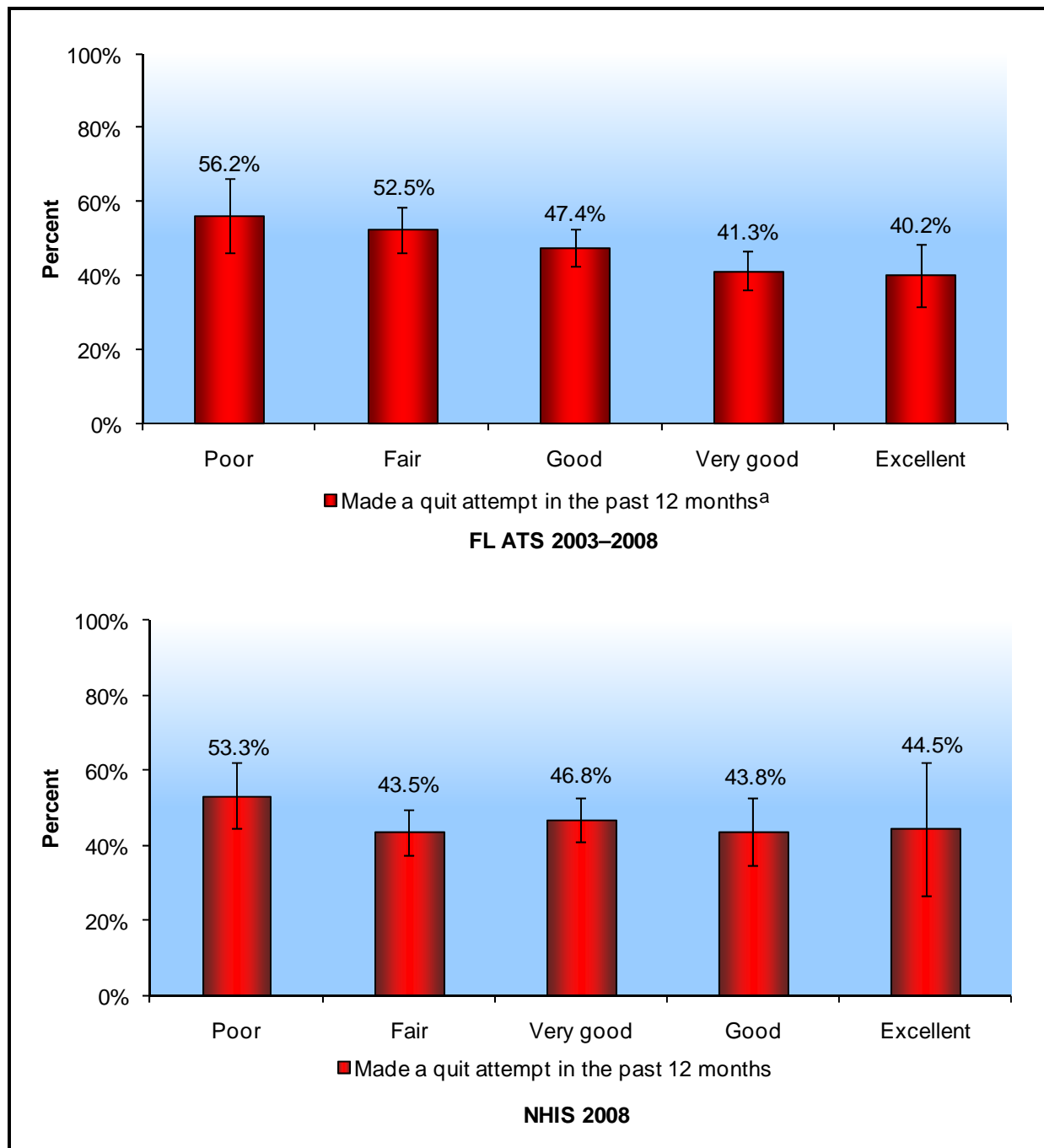
<sup>a</sup>Differences between poor and good, very good, and excellent health among everyday smokers are significant at the 5% level.

### 5.3 Sexual Orientation

Smoking prevalence varies considerably by sexual orientation. In Florida, smoking prevalence was higher among gay males (25.5%) than among heterosexual males (19.4%) and significantly higher among lesbians (45.5%) than among heterosexual females (14.2%). Bisexual men and women smoke at a higher rate (25%) than heterosexual men and women, although the difference is not statistically significant (Figure 5-7). Of note, only 2.2% of Floridians identified themselves as gay, lesbian, or bisexual. Although these figures likely result from underreporting, only about 2% of smokers identify themselves as gay and only 1% identify themselves as lesbian or bisexual. Limited reliable data exist, and national prevalence of LGBT in the United States may be anywhere from 2% to 10%, with Florida having one of the highest prevalence rates of same-sex unmarried partner households in the country (Smith and Gates, 2001).

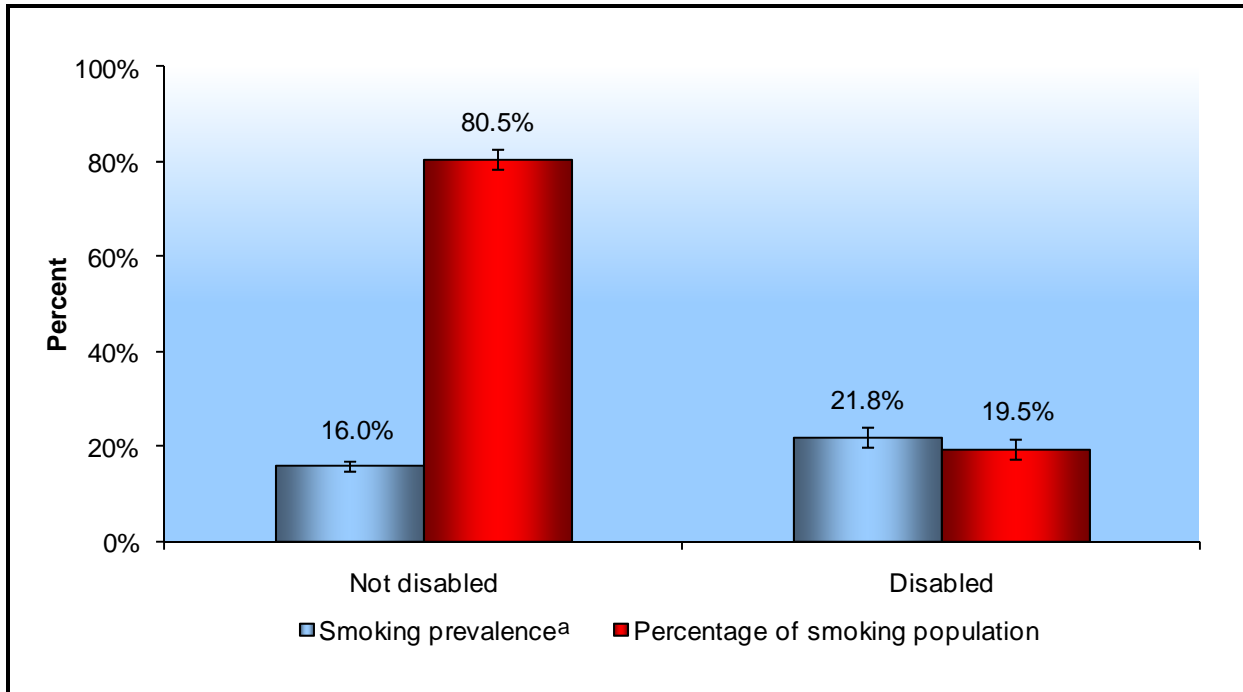
Although LGB individuals make up less than 5% of the smoking population in Florida, they smoke at higher rates than do heterosexual individuals (see Figure 5-7). National-level comparisons are not available by sexual orientation.

**Figure 5-3. Quit Attempt in Past 12 Months among Adult Smokers in Florida and Nationally by Health Status, FL ATS 2003–2008 (top) and NHIS 2008 (bottom)**



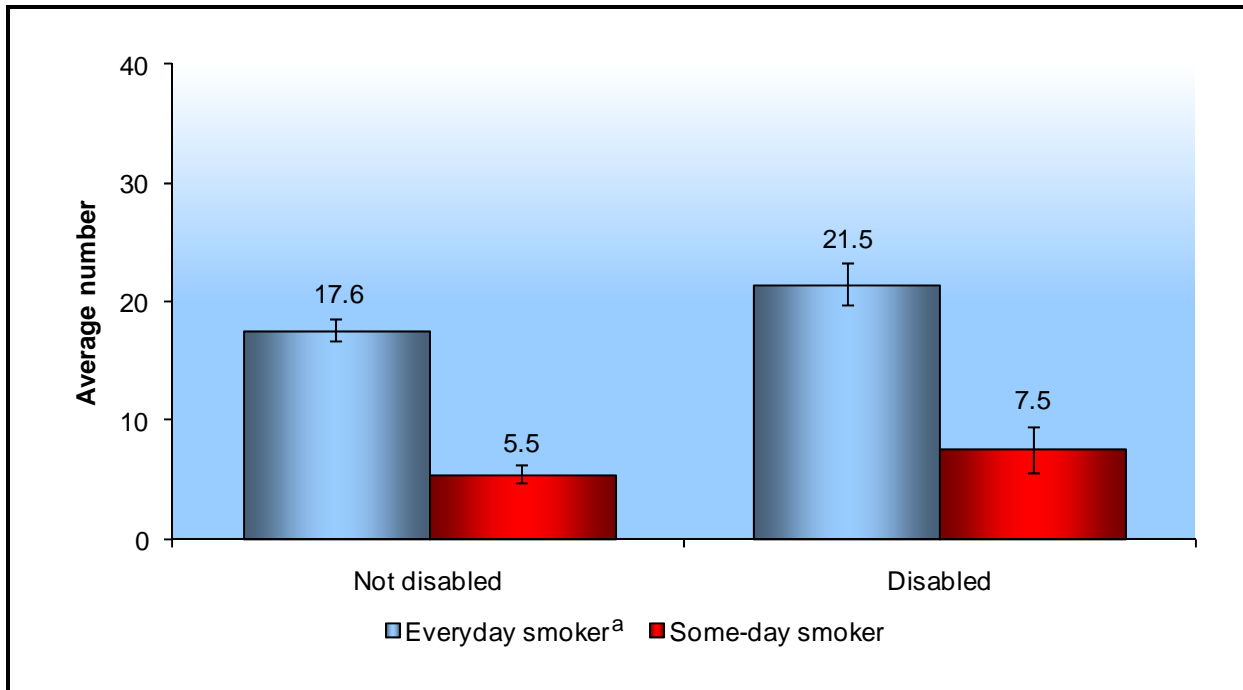
<sup>a</sup>Differences between poor health and very good and excellent health are significant at the 5% level; differences between fair health and very good and excellent health are significant at the 5% level.

**Figure 5-4. Smoking Prevalence among Florida Adults by Disability Status, FL ATS 2006–2008**



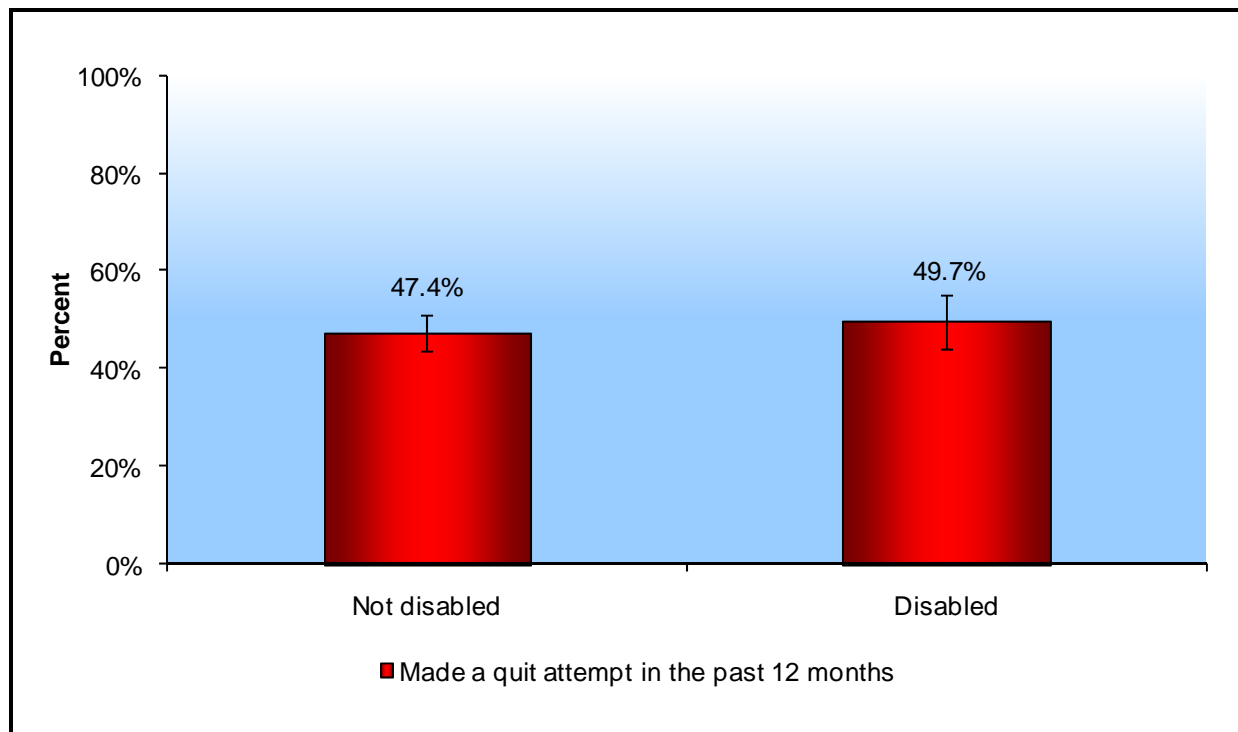
<sup>a</sup>Difference between disabled and not disabled is significant at the 5% level.

**Figure 5-5. Average Number of Cigarettes Smoked Per Day among Florida Adult Everyday and Some-Day Smokers by Disability Status, FL ATS 2006–2008**

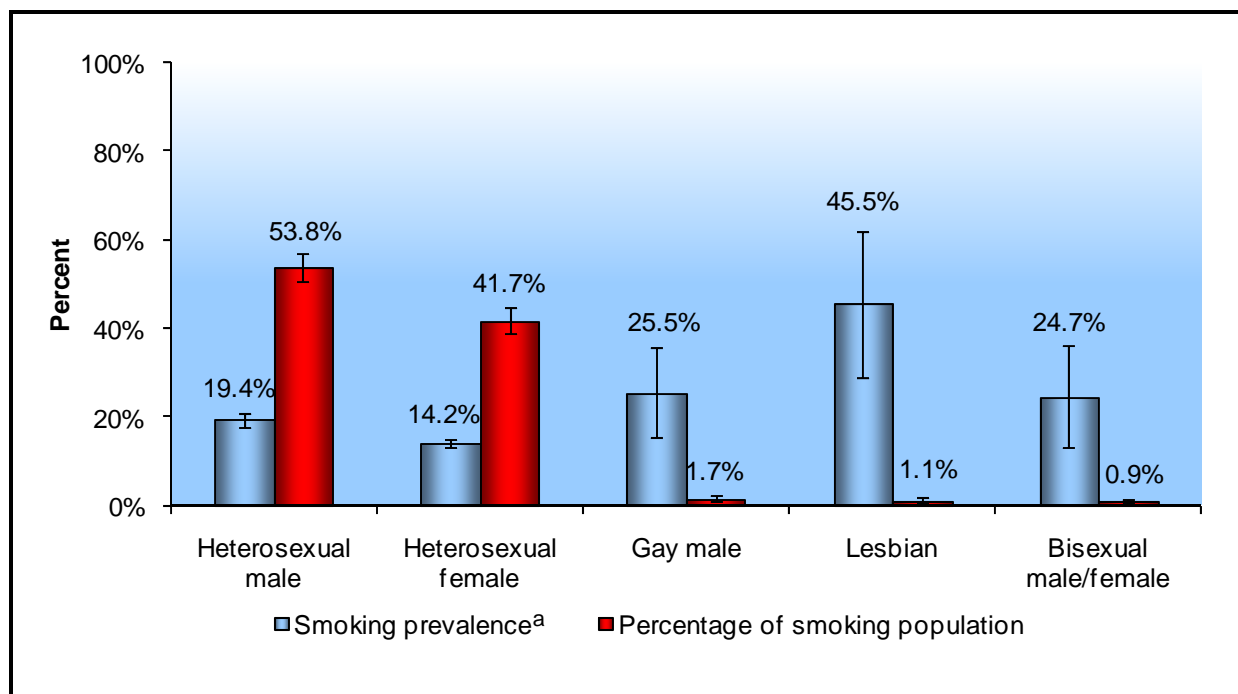


<sup>a</sup>Difference between disabled and not disabled everyday smokers is significant at the 5% level.

**Figure 5-6. Quit Attempt in Past 12 Months among Florida Smokers by Disability Status, FL ATS 2006–2008**



**Figure 5-7. Smoking Prevalence among Florida Adults by Sexual Orientation, FL ATS 2006–2008**

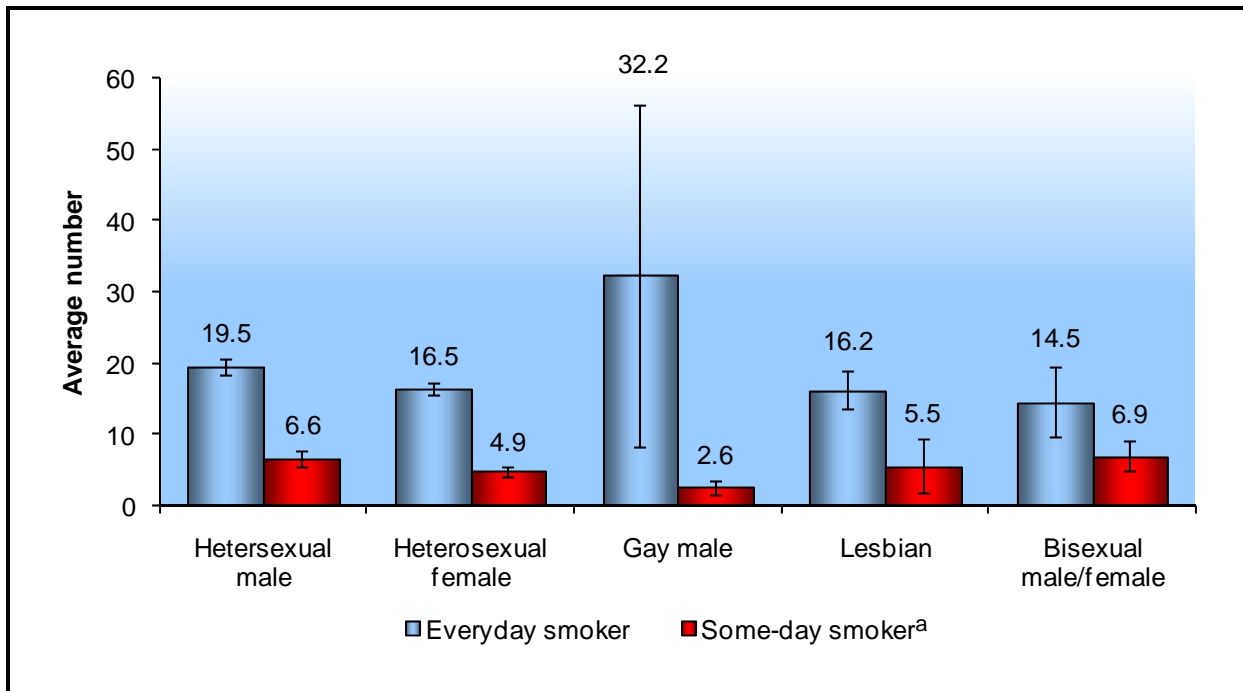


<sup>a</sup>Difference between heterosexual females and lesbians is significant at the 5% level.

Gay men smoke many more cigarettes per day on average (32.2) than individuals of other sexual orientations, who smoke between 15 and 22 cigarettes per day. Some-day gay male smokers report the lowest daily cigarette consumption (2.6), and bisexual male or female smokers report the highest daily cigarette consumption (6.9).

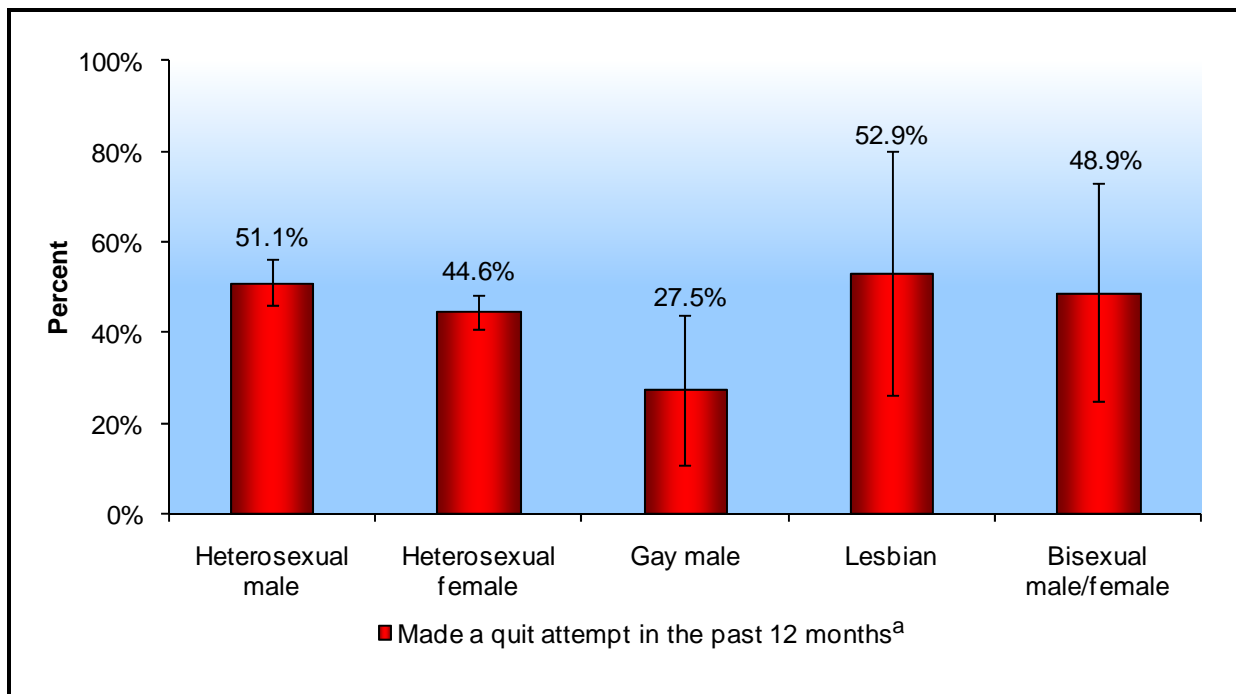
Although gay men report consuming the most cigarettes per day (Figure 5-8), they have the lowest rate of quit attempts of all sexual orientation groups in Florida (27.5%), followed by heterosexual females (44.6%). Lesbians report the highest rate of quit attempts; 52.9% report having tried to quit smoking in the past year (Figure 5-9).

**Figure 5-8. Average Number of Cigarettes Smoked Per Day among Florida Adult Everyday and Some-Day Smokers by Sexual Orientation, FL ATS 2006–2008**



<sup>a</sup>Difference between heterosexual male and gay male some-day smokers is significant at the 5% level.

**Figure 5-9. Quit Attempt in Past 12 Months among Florida Smokers by Sexual Orientation, FL ATS 2006–2008**



<sup>a</sup>Difference between heterosexual males and gay males is significant at the 5% level.

## 6. SUMMARY

The results presented in this report demonstrate considerable variation between population groups in smoking prevalence rates. Specifically, estimates of smoking prevalence and daily cigarette consumption differ markedly between and within different demographic, socioeconomic, and personal characteristic groups.

In Florida, despite similar numbers of male and female smokers, smoking prevalence and daily cigarette consumption are significantly higher among men than among women. Furthermore, although smoking prevalence among individuals aged 18 to 24 is higher than among any other age group, the largest percentage of smokers are middle-aged (aged 35 to 54), which suggests that targeting this age group may also be effective. Lower rates of quit attempts in older age groups may also suggest a need to renew enthusiasm and adopt new strategies targeting older smokers to quit.

Differences in tobacco use also exist by race and ethnicity. Non-Hispanic whites, on average, have the highest smoking prevalence, although Hispanic and African Americans also have high rates of smoking. Florida smoking prevalence also differs from national rates by race and ethnicity. Specifically, smoking prevalence rates are lower among African Americans in Florida than nationally, whereas smoking prevalence rates are higher among Hispanics in Florida than nationally. Further examination of cultural and behavioral factors influencing this trend could help inform BTPP programming.

Differences exist between the rural and urban populations within the state. Overall, although a greater percentage of smokers live in urban areas, more adults living outside of metropolitan areas smoke. Rural and urban smokers' cigarette consumption and quit attempt behavior are comparable.

Although interventions targeting, for example, younger smokers, rural smokers, or specific minorities are necessary, these individuals make up only fractions of the smoking population within the state. These results underscore the need for continued education and interventions targeting traditional smokers (i.e., non-Hispanic white, urban, middle-aged) who make up the majority of the smoking population. Florida should strive to achieve a balance between having a broad population impact and addressing the needs of priority populations.

As noted throughout this report, differences in tobacco use between population groups are also driven by underlying socioeconomic differences. Specifically, significant differences are associated with individuals' income and education levels and the prevalence of smoking. Smokers with higher incomes and more years of education smoked fewer cigarettes than their counterparts, although less affluent smokers were more likely to have attempted to quit smoking. Disparities associated with socioeconomic status are also evident when examining individuals' medical insurance status. Significantly more people without health

insurance smoke, compared with people who have health insurance. Targeting this group of potentially low-income individuals may be complicated because interventions provided through Medicaid or Medicare would not reach them. Creative means of addressing this issue are necessary.

Individuals in poor or fair health also represent a significant population of smokers. Not only do these individuals smoke with high prevalence, but they also smoke considerably more cigarettes per day and attempt to quit at higher rates than their healthier counterparts. However, this population makes up only a small percentage of all smokers in Florida. Similarly, a significantly greater percentage of the disabled population in Florida smokes and consumes more cigarettes per day on average.

Finally, significantly more lesbians smoke than their heterosexual counterparts. However, although smoking rates are elevated among LGBs, they also represent a small target population. In all, less than 4% of the smoking population identified themselves as gay, lesbian, or bisexual.

BTPP's strategic plan includes specific goals to address tobacco-related health disparities. This report furthers these goals by providing in-depth information to help increase awareness of tobacco-related issues in these populations, helping BTPP to further identify high-risk populations and to target prevention strategies and interventions for identified priority populations.

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## **APPENDIX A: DATA AND METHODS**

In this report, we used two data sources: the Florida Adult Tobacco Survey (ATS) and the National Health Interview Survey (NHIS). Estimates presented in the report using the Florida ATS are from 2003 through 2008, except where noted otherwise. The Florida ATS surveys adults aged 18 years or older living in residential housing units in the state. Each adult interview includes questions about participants' demographic characteristics and their smoking behaviors. We pooled data across 6 years to enable reliable comparisons for population groups of interest.

Estimates presented using the NHIS are drawn exclusively from the 2008 survey. NHIS is a household, multistage probability sample survey conducted annually by interviewers of the U.S. Census Bureau for the Centers for Disease Control and Prevention's (CDC's) National Center for Health Statistics. In 2008, adult core questionnaire interviews—from which we generated smoking-related statistics—were completed with 21,781 people, reflecting a response rate for the adult survey component of 62.6% (CDC, June 2009).

### **A.1 Measures**

#### ***A.1.1 Current Smokers***

A current smoker is defined as an individual who has smoked more than 100 cigarettes in their lifetime and reports currently smoking everyday or some days.

#### ***A.1.2 Percentage of Smoking Population***

To quantify the percentage of smokers within each population group, we calculated the total number of smokers in the state of Florida and in the United States using smoking prevalence estimates (from the Florida ATS and NHIS, respectively). The percentage of smoking population is then estimated by dividing the total number of smokers by the total population for each population group and then weighting to the total population.

#### ***A.1.3 Cigarettes Per Day***

Estimates of cigarettes per day are provided for both everyday and some-day smokers. For everyday smokers, the number of cigarettes smoked per day is obtained from the survey question, "On average, about how many cigarettes a day do you now smoke?" For some-day smokers, the number of cigarettes smoked per day is estimated using respondents' answer to, "On average, on days when you smoked during the past 30 days, about how many cigarettes did you smoke a day?" Although these questions differ, the estimates provided in this report inform the number of cigarettes smoked per day by both everyday and some-day smokers on the days that they smoke.

#### ***A.1.4 Quit Attempts***

Quit attempt estimates provide information based on the percentage of current smokers (both everyday and some-day smokers) who have made a quit attempt over the past year. This is defined as an affirmative response to the question, "During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?"

#### ***A.1.5 Geographic Indicators***

For the purposes of this report, a metropolitan statistical area (MSA) is defined as an area that has at least one urbanized area of 50,000 or more inhabitants. Florida is split up by MSA and non-MSA to compare urban (in an MSA) and rural (not in an MSA) populations.

In NHIS, large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. "Not in MSA" consists of persons not living in a metropolitan statistical area. MSA estimates for this report are based on most recently available data (2007). Because MSA information is not available in public-use data sets, estimates for this report are drawn from NHIS where available.

## APPENDIX B: DETAILED TABLES

**Table B-1. Detailed Results of Smoking Outcomes among Florida Adults, FL ATS 2003–2008**

Characteristic (N)	Smoking Prevalence [95% CI]	Percentage of Smoking Population [95% CI]	Average Number of Cigarettes Consumed Per Day Everyday Smokers [95% CI]	Average Number of Cigarettes Consumed Per Day Some-Day Smokers [95% CI]	Made a Quit Attempt in the Past Year [95% CI]
Gender					
Male (N=9,658)	16.5% [15.4, 17.6]	53.4% [50.5, 56.2]	20.6 [19.3, 21.8]	6.0 [5.1, 7.0]	45.7% [41.4, 50.0]
Female (N=15,667)	20.2% [18.7, 21.7]	46.6% [43.8, 49.5]	16.9 [16.0, 17.8]	5.5 [4.9, 6.1]	45.8% [42.1, 49.6]
Age					
18–24 (N=1,116)	25.3% [21.1, 29.5]	15.7% [13.0, 18.5]	15.0 [12.6, 17.4]	5.6 [4.1, 7.1]	56.5% [46.4, 66.6]
25–34 (N=2,325)	20.5% [17.8, 23.1]	18.0% [15.7, 20.4]	16.7 [15.3, 18.1]	4.8 [4.0, 5.6]	52.6% [45.2, 59.9]
35–44 (N=3,702)	21.2% [19.1, 23.3]	21.9% [19.7, 24.2]	18.4 [16.7, 20.2]	5.8 [4.6, 7.0]	46.1% [40.6, 51.7]
45–54 (N=4,658)	21.3% [19.3, 23.3]	20.1% [18.1, 22.2]	20.7 [19.7, 21.8]	6.4 [4.9, 7.9]	38.9% [33.8, 43.9]
55–64 (N=4,783)	20.1% [17.6, 22.6]	14.8% [12.8, 16.9]	22.6 [20.4, 24.7]	6.8 [5.2, 8.3]	38.2% [31.3, 45.2]
65+ (N=8,175)	7.6% [6.7, 8.6]	9.4% [8.1, 10.6]	18.1 [16.7, 19.6]	7.0 [4.9, 9.1]	41.1% [34.8, 47.5]
Age by Gender (Male)					
18–24 (N=481)	28.8% [22.0, 35.6]	17.3% [12.9, 21.7]	15.6 [11.6, 19.7]	5.6 [3.4, 7.8]	59.5% [44.5, 74.5]
25–34 (N=903)	22.1% [18.1, 26.1]	18.6% [15.1, 22.0]	17.8 [15.8, 19.8]	4.9 [3.6, 6.3]	48.9% [38.6, 59.3]
35–44 (N=1,379)	22.6% [19.3, 25.9]	21.9% [18.5, 25.2]	21.1 [18.0, 24.2]	6.1 [4.4, 7.8]	47.9% [39.6, 56.3]
45–54 (N=1,797)	23.6% [20.3, 26.9]	20.7% [17.5, 23.8]	23.2 [21.5, 24.8]	6.8 [4.7, 8.9]	38.5% [30.6, 46.5]
55–64 (N=1,843)	20.3% [17.0, 23.7]	13.4% [10.9, 15.9]	23.5 [20.5, 26.5]	7.0 [4.2, 9.9]	34.5% [25.7, 43.2]
65+ (N=3,116)	8.2% [6.6, 9.7]	8.2% [6.6, 9.8]	20.8 [18.0, 23.6]	8.0 [3.7, 12.3]	41.2% [31.8, 50.6]

(continued)

**Table B-1. Detailed Results of Smoking Outcomes among Florida Adults, FL ATS 2003–2008 (continued)**

Characteristic (N)	Smoking Prevalence [95% CI]	Percentage of Smoking Population [95% CI]	Average Number of Cigarettes Consumed Per Day Everyday Smokers [95% CI]	Average Number of Cigarettes Consumed Per Day Some-Day Smokers [95% CI]	Made a Quit Attempt in the Past Year [95% CI]
Age by Gender (Female)					
18–24 (N=635)	21.6% [17.0, 26.2]	14.0% [10.9, 17.0]	14.2 [12.0, 16.4]	5.7 [4.1, 7.3]	52.2% [40.2, 64.3]
25–34 (N=1,422)	18.8% [15.4, 22.1]	17.4% [14.3, 20.5]	15.2 [13.3, 17.0]	4.6 [3.6, 5.7]	57.0% [47.4, 66.6]
35–44 (N=2,323)	19.8% [17.3, 22.3]	22.0% [19.1, 24.9]	15.6 [14.3, 16.9]	5.4 [3.6, 7.2]	44.1% [37.0, 51.1]
45–54 (N=2,861)	19.1% [17.0, 21.2]	19.5% [17.2, 21.9]	18.0 [16.8, 19.3]	5.7 [4.2, 7.2]	39.3% [33.6, 45.1]
55–64 (N=2,940)	19.9% [16.1, 23.7]	16.4% [13.1, 19.7]	21.7 [18.4, 24.9]	6.6 [5.0, 8.2]	41.7% [31.0, 52.4]
65+ (N=5,059)	7.2% [6.0, 8.5]	10.7% [8.8, 12.5]	15.8 [14.4, 17.2]	6.1 [5.1, 7.1]	41.1% [32.5, 49.7]
Race/Ethnicity					
White (non-Hispanic) (N=19,722)	19.7% [18.7, 20.8]	74.7% [71.9, 77.4]	19.7 [19.0, 20.5]	6.1 [5.4, 6.8]	42.4% [39.2, 45.5]
Black (non-Hispanic) (N=1,975)	11.7% [9.5, 13.9]	6.2% [5.0, 7.4]	19.2 [11.9, 26.5]	5.1 [3.5, 6.8]	60.5% [51.1, 69.9]
Hispanic (N=2,210)	17.4% [14.2, 20.5]	13.6% [11.1, 16.2]	13.6 [11.8, 15.5]	4.5 [3.4, 5.6]	56.4% [45.8, 67.0]
Geographic Location <sup>a</sup>					
MSA (N=9,138)	16.8% [15.7, 17.9]	88.5% [87.0, 90.0]	18.1 [17.2, 19.0]	5.3 [4.5, 6.1]	46.1% [42.3, 49.9]
Non-MSA (N=2,933)	20.1% [17.8, 22.5]	11.5% [10.0, 13.0]	19.0 [17.4, 20.5]	6.4 [4.3, 8.5]	48.2% [41.5, 54.9]
Income					
Less than \$25,000 (N=5,713)	24.5% [22.2, 26.8]	29.3% [26.5, 32.1]	19.1 [17.7, 20.5]	6.8 [5.4, 8.2]	55.9% [50.6, 61.1]
\$25,000–\$49,000 (N=6,687)	21.4% [19.4, 23.4]	35.0% [31.9, 38.0]	18.7 [17.3, 20.2]	6.2 [4.9, 7.5]	43.6% [38.2, 49.1]
\$50,000+ (N=8,402)	15.1% [13.7, 16.5]	35.7% [32.8, 38.7]	19.2 [17.7, 20.7]	5.1 [4.4, 5.9]	38.9% [34.1, 43.6]

(continued)

**Table B-1. Detailed Results of Smoking Outcomes among Florida Adults, FL ATS 2003–2008 (continued)**

Characteristic (N)	Smoking Prevalence [95% CI]	Percentage of Smoking Population [95% CI]	Average Number of Cigarettes Consumed Per Day Everyday Smokers [95% CI]	Average Number of Cigarettes Consumed Per Day Some-Day Smokers [95% CI]	Made a Quit Attempt in the Past Year [95% CI]
Education					
Less than high school (N=2,119)	29.2% [25.2, 33.2]	12.4% [10.4, 14.4]	20.5 [18.8, 22.3]	7.6 [4.4, 10.9]	45.3% [36.8, 53.8]
High school (N=7,208)	24.0% [22.1, 26.0]	37.0% [34.2, 39.9]	18.5 [17.3, 19.7]	5.6 [4.9, 6.3]	49.4% [44.6, 54.3]
Some college (N=7,305)	19.8% [17.9, 21.7]	31.0% [28.2, 33.7]	18.7 [17.0, 20.3]	6.0 [5.1, 6.8]	45.1% [39.7, 50.5]
College+ (N=8,395)	10.2% [9.2, 11.3]	19.6% [17.6, 21.6]	18.7 [17.3, 20.1]	5.1 [3.9, 6.4]	40.0% [34.8, 45.2]
Medical Insurance <sup>b</sup>					
Without Insurance (N=1,684)	32.0% [28.3, 35.7]	32.4% [28.8, 36.1]	17.0 [15.6, 18.5]	4.2 [3.2, 5.1]	54.6% [47.5, 61.7]
With Insurance (N=10,875)	13.6% [12.6, 14.6]	67.6% [63.9, 71.2]	18.5 [17.4, 19.6]	6.8 [5.6, 8.0]	44.6% [40.7, 48.5]
General Health					
Excellent (N=5,227)	11.1% [9.3, 12.9]	14.4% [12.1, 16.7]	17.8 [15.6, 19.9]	5.7 [4.2, 7.2]	40.2% [31.7, 48.7]
Very Good (N=7,717)	16.7% [15.2, 18.3]	29.7% [27.1, 32.3]	18.1 [17.0, 19.2]	5.2 [4.5, 5.8]	41.3% [36.1, 46.5]
Good (N=7,433)	21.9% [20.0, 23.8]	34.9% [32.1, 37.7]	18.8 [17.5, 20.1]	5.8 [4.8, 6.8]	47.4% [42.5, 52.4]
Fair (N=3,172)	25.2% [22.5, 27.9]	14.2% [12.5, 15.9]	20.0 [17.4, 22.6]	6.4 [4.5, 8.3]	52.5% [46.4, 58.7]
Poor (N=1,497)	28.7% [24.0, 33.4]	6.7% [5.3, 8.0]	21.5 [19.2, 23.8]	8.2 [3.7, 12.7]	56.2% [46.4, 66.1]
Disability					
Without Disability (N=13,210)	16.0% [15.0, 17.1]	80.5% [78.4, 82.6]	17.6 [16.7, 18.5]	5.5 [4.7, 6.2]	47.4% [43.7, 51.0]
With Disability (N=3,374)	21.8% [19.7, 24.0]	19.5% [17.4, 21.6]	21.5 [19.7, 23.3]	7.5 [5.5, 9.5]	49.7% [44.1, 55.2]

(continued)

**Table B-1. Detailed Results of Smoking Outcomes among Florida Adults, FL ATS 2003–2008 (continued)**

Characteristic (N)	Smoking Prevalence [95% CI]	Percentage of Smoking Population [95% CI]	Average Number of Cigarettes Consumed Per Day Everyday Smokers [95% CI]	Average Number of Cigarettes Consumed Per Day Some-Day Smokers [95% CI]	Made a Quit Attempt in the Past Year [95% CI]
Sexual Orientation <sup>c</sup>					
Heterosexual Male (N=5,957)	19.4% [17.7, 21.1]	53.8% [50.7, 56.9]	19.5 [18.3, 20.6]	6.6 [5.4, 7.8]	51.1% [46.1, 56.1]
Heterosexual Female (N=9,568)	14.2% [13.2, 15.2]	41.7% [38.8, 44.7]	16.5 [15.7, 17.4]	4.9 [4.2, 5.5]	44.6% [40.7, 48.4]
Gay (N=117)	25.5% [15.5, 35.6]	1.7% [0.9, 2.4]	32.2 [8.3, 56.2]	2.6 [1.6, 3.6]	27.5% [10.9, 44.0]
Lesbian (N=62)	45.5% [29.0, 62.0]	1.1% [0.5, 1.8]	16.2 [13.5, 18.8]	5.5 [1.7, 9.3]	52.9% [26.0, 79.9]
Bisexual (N=71)	24.7% [13.0, 36.3]	0.9% [0.5, 1.4]	14.5 [9.6, 19.5]	6.9 [4.8, 9.1]	48.9% [24.8, 73.0]

<sup>a</sup>Estimates available in 2006–2008 survey years only.

<sup>b</sup>Estimates available in 2007–2008 survey years only.

<sup>c</sup>Sexual orientation category "other" not reported.

Source: Florida Adult Tobacco Survey, 2003–2008.

**Table B-2. Detailed Results of Smoking Outcomes among U.S. Adults, NHIS 2008**

Characteristic (N)	Smoking Prevalence [95% CI]	Percentage of Smoking Population [95% CI]	Quit Attempt [95% CI]
<b>Gender</b>			
Male (N=9,514)	23.1% [22.0, 24.2]	54.0% [52.1, 56.0]	42.5% [40.1, 44.9]
Female (N=12,267)	18.3% [17.3, 19.3]	46.0% [44.0, 47.9]	48.5% [45.9, 51.1]
<b>Age</b>			
18–24 (N=2,130)	21.4% [19.2, 23.5]	13.3% [11.9, 14.7]	53.1% [47.1, 59.0]
25–34 (N=3,944)	24.9% [23.1, 26.7]	21.6% [20.1, 23.2]	48.0% [44.2, 51.8]
35–44 (N=3,947)	22.5% [20.9, 24.2]	20.2% [18.8, 21.6]	43.5% [39.4, 47.5]
45–54 (N=3,970)	25.0% [23.3, 26.7]	23.6% [22.0, 25.2]	42.0% [38.3, 45.7]
55–64 (N=3,346)	19.3% [17.7, 21.0]	13.9% [12.7, 15.1]	45.6% [40.9, 50.3]
65+ (N=4,444)	9.3% [8.2, 10.4]	7.4% [6.5, 8.3]	38.1% [32.3, 43.9]
<b>Race/Ethnicity</b>			
White (non-Hispanic) (N=13,174)	22.0% [21.1, 23.0]	73.4% [71.6, 75.1]	44.3% [42.3, 46.3]
Black (non-Hispanic) (N=3,329)	21.3% [19.4, 23.1]	11.9% [10.6, 13.2]	47.0% [42.3, 51.8]
Hispanic (N=3,477)	15.8% [14.2, 17.5]	9.9% [8.7, 11.1]	46.8% [41.2, 52.3]
<b>Geographic Location<sup>a</sup></b>			
Large MSA (N=111,359)	17.7% [16.6, 18.8]	44.6% NA	NA NA
Small MSA (N=73,818)	21.0% [19.7, 22.3]	35.1% NA	NA NA
Non-MSA (N=38,004)	23.4% [21.4, 25.4]	20.3% NA	NA NA
<b>Income</b>			
Less than \$35,000 (N=8,357)	27.7% [26.3, 29.0]	43.0% [41.0, 45.0]	44.6% [41.9, 47.3]
\$35,000–\$49,999 (N=3,067)	22.8% [20.9, 24.7]	16.5% [15.1, 17.9]	50.6% [45.6, 55.6]
\$50,000+ (N=8,481)	16.5% [15.6, 17.5]	40.5% [38.5, 42.6]	44.6% [41.6, 47.5]

(continued)

**Table B-2. Detailed Results of Smoking Outcomes among U.S. Adults, NHIS 2008 (continued)**

Characteristic (N)	Smoking Prevalence [95% CI]	Percentage of Smoking Population [95% CI]	Quit Attempt [95% CI]
Education			
Less than high school (N=3,749)	27.3% [25.5, 29.2]	20.4% [18.8, 22.1]	44.4% [40.4, 48.4]
High school (N=5,853)	27.4% [25.9, 28.9]	36.6% [34.8, 38.4]	42.1% [39.4, 44.8]
Some college (N=6,399)	21.5% [20.2, 22.8]	31.4% [29.7, 33.1]	48.6% [45.3, 51.8]
College+ (N=5,631)	8.9% [8.1, 9.8]	11.6% [10.4, 12.8]	48.9% [43.4, 54.3]
Medical Insurance			
Without Insurance (N=3,601)	32.7% [30.8, 34.7]	26.3% [24.7, 27.8]	43.6% [40.1, 47.1]
With Insurance (N=18,122)	18.2% [17.5, 19.0]	73.7% [72.2, 75.3]	46.0% [43.9, 48.1]
General Health			
Excellent (N=5,809)	15.2% [14.1, 16.3]	21.4% [19.9, 22.8]	44.5% [40.2, 48.8]
Very Good (N=6,798)	19.2% [17.9, 20.5]	29.7% [27.8, 31.5]	43.8% [40.7, 46.8]
Good (N=5,907)	24.8% [23.3, 26.2]	31.1% [29.4, 32.8]	46.8% [43.9, 49.8]
Fair (N=2,418)	27.8% [25.6, 29.9]	13.2% [12.1, 14.3]	43.5% [38.9, 48.0]
Poor (N=835)	29.5% [25.5, 33.6]	4.6% [3.9, 5.4]	53.3% [44.4, 62.1]

<sup>a</sup>Estimates by geographic location are obtained from the 2007 NHIS where available.

Source: National Health Interview Survey, 2008.