

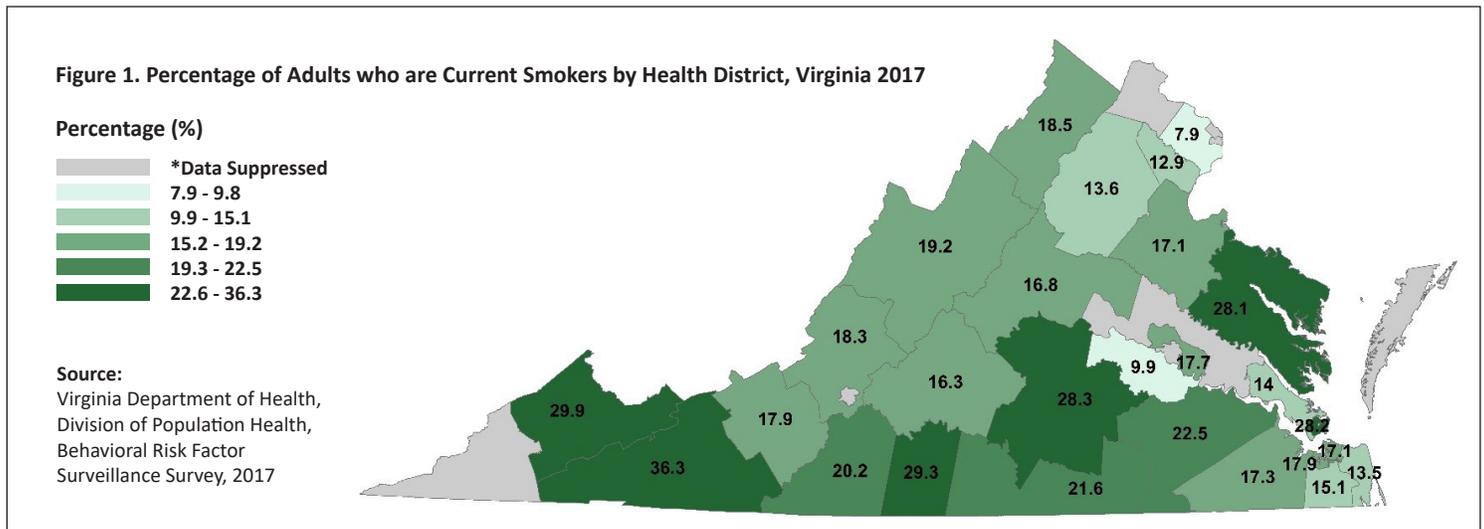
TOBACCO DISPARITIES IN VIRGINIA

INTRODUCTION

Nationally, members of racial and ethnic minority groups and individuals of low socioeconomic status remain at high risk for tobacco use and suffer disproportionately from tobacco-related illness and death.ⁱ Virginia participates in the Behavioral Risk Factor Surveillance System (BRFSS), a telephone survey that collects data about Virginia residents regarding their health-related risk behaviors and chronic health conditions. Using data from the 2017 Virginia BRFSS, similar patterns appear in Virginia.

Regional Rates:

- Specific health districts in southwest and central Virginia have higher smoking rates compared to other districts (Figure 1).ⁱⁱ Smoking prevalence rates range from 7.9% in Fairfax to 36.3% in Mount Rogers. Cumberland Plateau (29.9%) and Pittsylvania/Danville (29.3%) health districts also are among those with the highest rates of adults who are current smokers.



Smoking Rates by Subgroups: Smoking rates in Virginia vary by subgroup. According to Virginia BRFSS 2017, which indicated a state smoking rate of 16.4%, the following groups had higher smoking rates:

- Male (18.4%)
- Non-Hispanic Black (19.7%)
- Without a high school diploma (30.7%)
- 25-34 years old (20.8%)
- Income less than \$15,000 (28.4%)
- Unemployed (26.5%)
- Medically Uninsured (29.7%)
- Mental Illness (30.3%)
- Unable to work (36.8%)

At this time, there is little or no state specific data to estimate smoking prevalence among certain populations (e.g. homeless) in Virginia. Findings from national surveys and other epidemiological studies indicate several groups have higher smoking prevalence rates.

The smoking rate was 68% higher among LGBTQ+ adults than the general population.ⁱⁱⁱ

Approximately 75% of adults who are homeless are cigarette smokers, a prevalence that is 4 times the U.S. adult population, and 2.5 times that among impoverished Americans in general.^{iv}

Nearly 1 in 4 (24.0%) active duty military personnel smoked in comparison with the 19% of the non-military population; 38% of current smokers in the military began smoking after joining the military.^v

The estimates of smoking prevalence among the prison population range from 50 to 83%.^{vi}

CONCLUSION

In Virginia, racial and ethnic minority groups, individuals of low socioeconomic status, and other groups remain at high risk for tobacco use. For more information about tobacco control and cessation, contact the Virginia Department of Health's Tobacco Control Program at (804) 864-7749, or access information on our website: www.vdhlive.com/tobacco

SOURCES

ⁱ Centers for Disease Control and Prevention (1985). The health consequences of smoking: Cancer and chronic lung disease in the workplace. Retrieved from https://profiles.nlm.nih.gov/spotlight/nn/catalog?utf8=%E2%9C%93&exhibit_id=nn&search_field=all_fields&q=The+Health+Consequences+of+Smoking%3A+Cancer+%26+Chronic+Lung+Disease+in+the+Workplace.

ⁱⁱ Behavioral Risk Factor Surveillance System (2017). Division of Population Health Data, Virginia Department of Health.

ⁱⁱⁱ King, B., Dube, S. & Tynan, M. (2012). Current tobacco use among adults in the United States: Findings from the National Adult Tobacco Survey. *American Journal of Public Health*, 102(11), e93-e100.

^{iv} Baggett, T. & Rigotti, N. (2010). Cigarette smoking and advice to quit in a national sample of homeless adults. *American Journal of Preventive Medicine*, 39(2), 164-172.

^v Truth Initiative (2018). Tobacco use in the military. Retrieved from <https://truthinitiative.org/research-resources/targeted-communities/tobacco-use-military>.

^{vi} Sabol W., Steiner J., Mueller S., Carson A., & Binswanger I. (2014) Prison tobacco control policies and deaths from smoking in the United States prisons: Population based retrospective analysis. *British Medical Journal*, 349, 45-49.

* Estimates when the unweighted sample size for the denominator was <20 or the Confidence Intervals half width was >10 for any cell are suppressed.