

2015

CIGARETTE SMOKING

Among Iowa Adults



OVERVIEW

While fewer adults lowans are smoking, cigarette smoking continues to be a leading cause of death and disability in Iowa.



Smoking declined from more than 23 of every 100 adults (23.2 percent) in 2000 to 18 of every 100 adults (18.1 percent) in 2015.¹



In 2015, an estimated 419,000 Iowa adults smoked cigarettes.¹



Cigarette smoking is the leading cause of death and disability in Iowa, accounting for more than 5,100 deaths every year, or one of every six deaths.²



For every person who dies from smoking, at least 30 more are suffering from serious smoking-caused disease and disability.^{3,4}

GENDER¹

Men are more likely to smoke than women.

19.5 percent

More than 19 of every 100 adult men smoke.

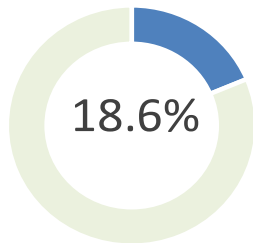


16.7 percent

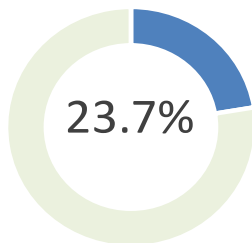
Nearly 17 of every 100 adult women smoke.

AGE¹

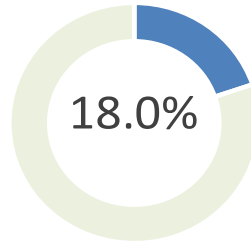
Younger Iowa adults are more likely to smoke than older Iowa adults. More than half (55 percent) of Iowa smokers are 44 years of age or younger.



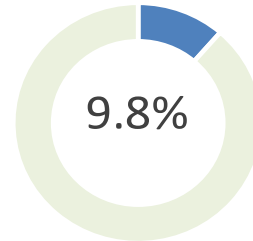
More than 18 of every 100 adults aged 18-24 years smokes.



Nearly 24 of every 100 adults aged 25-44 years smokes.



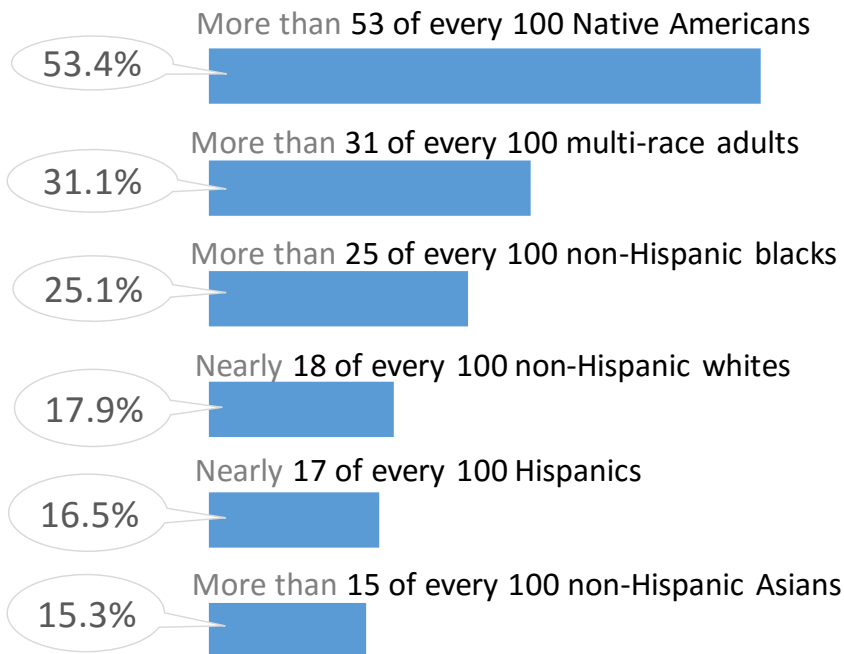
18 of every 100 adults aged 45-64 years smokes.



Nearly 10 of every 100 adults aged 65 years and older smokes.

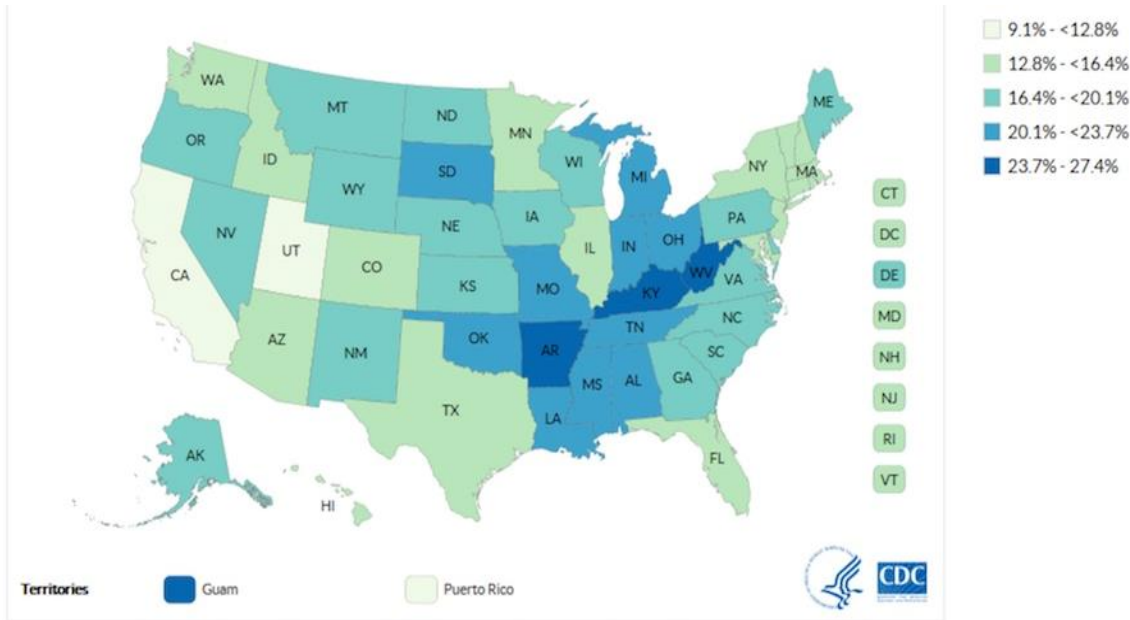
RACE/ETHNICITY¹

Native Americans, multi-race, and black adult Iowans are most likely to smoke cigarettes and non-Hispanic Asians are least likely to do so.



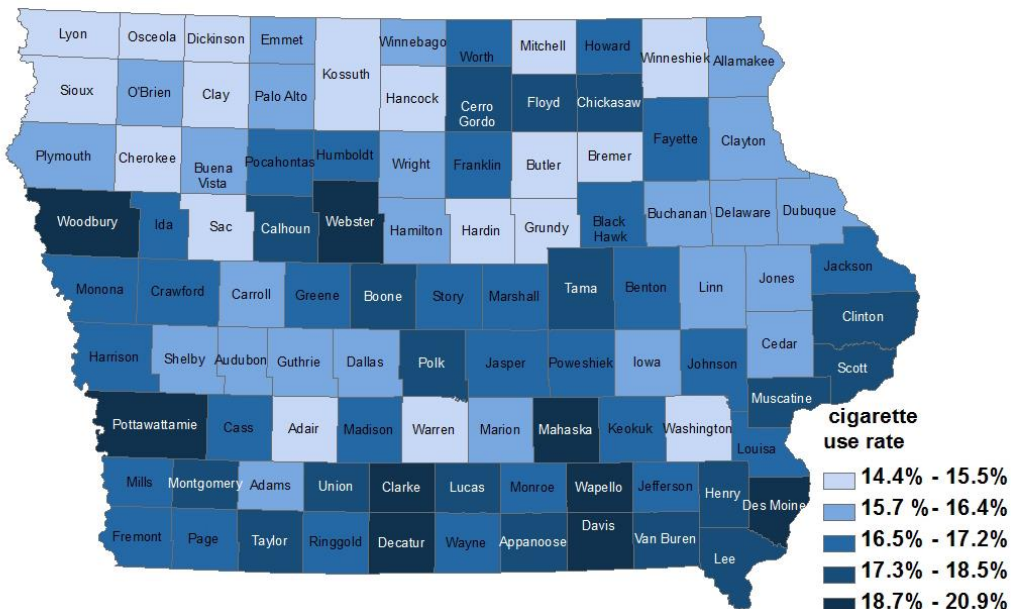
THE NATION⁵

Among the 50 states, Utah has the lowest (9.1 percent) and Kentucky the highest (26.0 percent) smoking rate. The national median rate is 20.0 percent. Iowa's smoking rate is 18.1 percent, the 22nd highest in the nation.



IOWA COUNTIES⁶

Iowa's 10 counties with the highest populations accounted for more than half of all adult cigarette users: Polk, Linn, Scott, Johnson, Black Hawk, Woodbury, Pottawattamie, Story, Dubuque and Dallas. Counties with the highest estimated rates were Clarke, Davis, Decatur, Des Moines, Mahaska, Pottawattamie, Wapello, Webster and Woodbury.



EDUCATION¹

Iowans with more education are less likely to smoke than those with less education. Two-thirds of all smokers (66.3 percent) had no more than a high school education.

More than 30 of every 100 (30.4 percent) adults with less than a high school education smoke.



Nearly 22 of every 100 (21.8 percent) adults with a high school education smoke.



More than 6 of every 100 (6.3 percent) adults with a college degree smoke.

Nearly 20 of every 100 (19.7 percent) adults with some college smoke.

INCOME¹

Iowans with higher incomes are less likely to smoke than those with lower incomes.



29.9 percent

About 30 of every 100 adults with incomes below \$20,000 smoke.



8.6 percent

About nine of every 100 adults with incomes above \$75,000 smoke.

VETERAN¹

Veterans are more likely to smoke than nonveterans.



27.1 percent

About 27 of every 100 veterans younger than 65 years smoke.



19.8 percent

About 20 of every 100 nonveterans younger than 65 years smoke.

DISABILITY¹

Iowans with a disability are more likely to smoke than those without a disability/activity limitation.



SEXUAL ORIENTATION¹

Lesbian, gay, bisexual or transgender (LGBT) Iowans are more likely to smoke than heterosexual Iowans.

28.9 percent

Nearly 29 of every 100 adults who are LGBT smoke.



17.7 percent

Nearly 18 of every 100 adults who are straight smoke.

SOCIAL DETERMINANTS OF TOBACCO USE⁷

Low levels of education, income and employment (low socio-economic status (SES)) are recognized as the predominant drivers for disparities in tobacco use in the general population.

Low SES interacts with many other factors, including ethnicity/race, cultural characteristics, acculturation, social marginalization, stress, adverse childhood experiences, disempowerment, substance abuse, mental illness, tobacco industry influence and tobacco control policies and interventions to determine the differences in cigarette use rates seen in this infographic.⁷

REFERENCES

1. Iowa Department of Public Health, Division of Tobacco Use Prevention and Control, unpublished data from the 2014 and 2015 Iowa Behavioral Risk Factor Surveillance System (BRFSS).
2. Centers for Disease Control and Prevention, *Best Practices for Comprehensive Tobacco Control Programs*, 2014.
3. Centers for Disease Control and Prevention, *Smoking and Tobacco Use, Diseases and Death*, http://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm, accessed November 2016.
4. U.S. Department of Health and Human Services. *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*. (http://www.cdc.gov/tobacco/data_statistics/sgr/50th-anniversary/index.htm) Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014
5. Centers for Disease Control and Prevention, *Current Cigarette Smoking Among Adults in the United States*, https://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/, accessed November 2016 (2015 BRFSS).
6. Robert Wood Johnson Foundation and University of Wisconsin, Population Health Institute, *2016 County Health Rankings and Roadmaps*, <http://www.countyhealthrankings.org/rankings/data>, accessed November 2016. (2014 BRFSS).
7. Garrett, Bridgette et al., *Addressing the Social Determinants of Health to Reduce Tobacco-Related Disparities, Nicotine and Tobacco Research*. 2015 Aug; 17(8): 892–897.

(Note: Iowa adult smoking rates for race/ethnicity and LGBT status are 2014-15 annual average rates. County rates are for 2014. All other rates are for calendar year 2015.)

