2016 Georgia Adult Disparities in Tobacco Use Report

Georgia Tobacco Use Prevention Program
dph.ga.gov/tobacco
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Cigarettes

Tobacco use is the leading cause of preventable illness and deaths in tobacco users and non-users in Georgia. About 10.1% of deaths among Georgia adults are linked to smoking\textsuperscript{1}. There are approximately 600 ingredients in cigarettes, when burned, they create more than 7,000 chemicals. At least 69 of these chemicals are known to cause cancer, and many are poisonous.

Most first use of cigarettes occurs by age 18 (87%), with nearly all first use by 26 years of age (98%)\textsuperscript{2}. Although cigarette smoking has declined significantly since 1964, a very large disparities in tobacco use remain across groups defined by race, ethnicity, educational level, and socioeconomic status and across regions of the country\textsuperscript{2}. To ultimately eliminate tobacco-related disparities, equity in tobacco prevention and control must be achieved by removing avoidable structural and social barriers and equally implementing tobacco control programs and policies\textsuperscript{2}.

Sex and Age Group

\textit{In 2014, 17.4\% (1.24 million) of adult Georgians smoked cigarettes}\textsuperscript{3}.

- Smoking prevalence among adult males (21.4%; 740,000) is significantly higher than among females (13.6%; 510,000) (Figure 1).

- The overall smoking prevalence in Georgia is highest among adults’ ages 25-34 years (23.5%; 292,000) (Figure 2).

- More males ages 25-34 years (29.4%; 184,000) and 35-44 years (23.6%; 147,000) smoke than males of any other age groups (Figure 3).

- Females’ ages 25-34 years (17.5%; 109,000) and 55-64 years (16.7%; 93,500) are more likely to smoke than any other age groups (Figure 3).

Source: 2014 Georgia Behavior Risk Factor Surveillance System (BRFSS)
Race and Ethnicity

- In Georgia, smoking prevalence is highest among non-Hispanic (NH) white (19.3%; 785,000) followed by Hispanics (15.6%; 92,000) and NH blacks (14.6%; 301,000) (Figure 4).

- Among NH whites, young adults’ ages 25-34 years (29.5%; 182,000) have the highest smoking prevalence than any other age groups (Figure 5).

- Among NH blacks, smoking prevalence is highest ages 55-64 years (20.3%; 70,300) (Figure 5).

Annual Household Income

- As annual household income increases, for both males and females, smoking prevalence decreases (Figure 6).

- Georgia adults with an annual household income of less than $15K have the highest smoking prevalence at 33.5% (275,000); households with income $75K or more have significantly lower smoking prevalence (8.2%; 139,000) (Figure 6).

- Males with annual household incomes of less than $15K (42.5%; 142,000) are more likely to smoke than males in other income groups (Figure 6).

- NH white smokers (42.8%; 118,000) and NH black smokers (33.1%; 130,000) with annual household incomes of less than $15K have significantly highest smoking prevalence than any other income groups (Figure 7).

Source: 2014 Georgia Behavior Risk Factor Surveillance System (BRFSS)
Educational Attainment

- Cigarette smoking is six times more common among adults without high school education (31.8%; 365,000) than among adults with college education (5.6%; 100,000).

- Adult males (40.7%; 250,000) with less than a high school education are significantly more likely to smoke compared to any other groups (Figure 8).

- A significantly lower percentage of males (5.8%; 48,500) and females (5.4%; 52,000) with a college degree smoke than those without a college degree (Figure 8).

- NH white smokers (42.0%; 194,000) and NH black smokers (31.7%; 113,000) with less than high school have significantly higher smoking prevalence than any other groups (Figure 9).

Health Coverage Status

- One-fourth (25.0%) of Georgia adults did not have any form of health coverage.

- Smoking prevalence is about twice as high among adults without health coverage (31.4%; 455,000) than adults with health coverage (15.4%; 682,000) (Figure 10).

- Former smokers are more likely to have health coverage (20%). (Figure 10).

Source: 2014 Georgia Behavior Risk Factor Surveillance System (BRFSS)
• Male (18.0%; 381,500) and female (13.0%; 300,000) smokers are less likely to have health coverage than male (38.3%; 299,000) and female (23.4%; 156,000) nonsmokers (Figure 11).

• Approximately 45.1% (231,000) of NH white smokers and 29.8% (139,000) of NH black smokers do not have any form of health coverages (Figure 12).

Employment Status

• Unemployed adults are more likely to smoke (22.9%; 415,000) than adults who are either employed (17.1%; 720,000) or retired (9.7%; 109,000) (Figure 13).

• Unemployed females are more likely to smoke (42.4%; 215,000) than unemployed males (27.1%; 200,000) (Figure 14).

• Unemployed NH blacks (43.6%; 132,000) have a higher smoking prevalence than NH whites (30.5%; 240,000) and Hispanics (21.4%; 20,000) (Figure 15).

Source: 2014 Georgia Behavior Risk Factor Surveillance System (BRFSS)
Occupational Status

• Georgia added industry and occupation questions to the Behavioral Risk Factor Surveillance System (BRFSS) in 2012, 2013, and 2014. Responses were coded using the NIOSH Industry and Occupation Computerized Coding System (NIOCCS). Three years of data were combined to provide smoking prevalence by 22 major occupation groups.

• Overall, 18.8% (803,000) of employed adults were cigarette smokers during 2012-2014.

• Cigarette smoking is significantly higher among adults employed in construction and extraction occupation (32.2%); installation, maintenance, and repair occupations (32.0%); food preparation and serving related occupations (31.4%); and transportation and material moving occupations (27.8%) compared to employed adults overall (Table 1).

Table 1. Smoking Prevalence by 22 Major Occupation Groups 2012-2014

<table>
<thead>
<tr>
<th>Occupation*</th>
<th>Smoking Prevalence (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Construction and Extraction</td>
<td>32.2</td>
</tr>
<tr>
<td>Installation, Repair, and Maintenance</td>
<td>32.0</td>
</tr>
<tr>
<td>Food Preparation and Serving Related Occupations</td>
<td>31.4</td>
</tr>
<tr>
<td>Transportation and Material Moving</td>
<td>27.8</td>
</tr>
<tr>
<td>Production Occupations</td>
<td>24.8</td>
</tr>
<tr>
<td>Building and Grounds Cleaning and Maintenance</td>
<td>21.9</td>
</tr>
<tr>
<td>Personal Care and Service Occupations</td>
<td>18.5</td>
</tr>
<tr>
<td>Computer and Mathematical Occupations</td>
<td>17.2</td>
</tr>
<tr>
<td>Sales and Related Occupations</td>
<td>16.9</td>
</tr>
<tr>
<td>Management</td>
<td>16.3</td>
</tr>
<tr>
<td>Office and Administrative Support</td>
<td>15.8</td>
</tr>
<tr>
<td>Arts, Design, Entertainment, Sports, and Media</td>
<td>14.6</td>
</tr>
<tr>
<td>Healthcare Support Occupations</td>
<td>13.8</td>
</tr>
<tr>
<td>Protective Services Occupations</td>
<td>13.4</td>
</tr>
<tr>
<td>Architecture and Engineering</td>
<td>12.5</td>
</tr>
<tr>
<td>Business and Financial Operations</td>
<td>12.1</td>
</tr>
<tr>
<td>Healthcare Practitioners and Technical Occupations</td>
<td>11.0</td>
</tr>
<tr>
<td>Community and Social Services</td>
<td>5.8</td>
</tr>
<tr>
<td>Legal Occupations</td>
<td>4.7</td>
</tr>
<tr>
<td>Life, Physical, and Social Sciences</td>
<td>4.5</td>
</tr>
<tr>
<td>Education, Training, and Library Occupations</td>
<td>3.9</td>
</tr>
<tr>
<td>Farming, Forestry, and Fishing</td>
<td>~</td>
</tr>
</tbody>
</table>

Source: 2012-2014 Georgia Behavior Risk Factor Surveillance System (BRFSS)
*2002 Bureau of Census 22 Major Occupation Groups
~Prevalence not shown due to denominator less than 50
Occupation Status by Age Group

• Employed adults aged 18-44 year current smoking prevalence is 21.0% while, 15.9% of employed adults aged 45 years and older are current smokers (Figure 16).

• Employed adults in installation, repair, and maintenance fields have a significantly higher smoking prevalence (40.6%) among 18-44 age groups when compared to 45 years and older (Figure 16).

• Employed adults in construction and extraction fields have a significantly lower smoking prevalence (28.9%) among age 45 years and older age groups (Figure 16).

Occupation Status by Annual Household Income

• About 25.3% of employed adults with an annual household income of $50K or less smoke cigarettes as compared to 12.1% of employed adults with an annual household income greater than $50K (Figure 17).

• Employed adults in construction and extraction fields with an annual household income of $50K or less have a significantly higher smoking prevalence (35.4%) than those who earn greater than $50K (21.5%). (Figure 17).

Occupation Status by Educational Attainment

• About 24.7% of employed adults with a high school level education or less smoke cigarettes when compared to employed adults with greater than a high school level education (15.2%).

• Employed adults in construction and extraction fields with greater than a high school level education have a significantly higher smoking prevalence (38.0%) than those with a high school level education or less (27.8%).

Source: 2014 Behavioral Risk Factor Surveillance System (BRFSS)
Occupation Status by Health Coverage Status

- One third (33.0%) of employed adults who do not have health coverage smoke cigarettes, while 14.6% of employed adults who have health coverage smoke cigarettes (Figure 19).

- Employed adults in transportation and material moving fields who have no health coverage have a significantly higher smoking prevalence (40.5%) when compared to those with health coverage (22.1%) (Figure 19).

Chronic Disease Condition

*Smoking is associated with deaths related to cancer, respiratory diseases, and cardiovascular disease*

- Smoking cessation reduces the risk of cardiovascular disease; the risk of heart attack and stroke falls considerably after quitting smoking entirely. Almost 21% (48,500) of stroke patients are current smokers.

- Among patients who had a heart attack, 22.0% were current smokers. Males (24.2%; 45,000) who had a heart attack are more likely to be current smokers than females (18.0%; 22,500) (Figure 20).

- NH white smokers are more likely to have suffered from heart attack (21.6%; 41,500) than NH black smokers (18.5%; 16,500) (Figure 21).

- NH black smokers (28.6%; 17,500) have a significantly higher prevalence angina/ coronary/ heart disease (CHD) than NH white smokers (16.8%; 35,500) (Figure 21).

- Despite the fact that smoking may trigger asthma attacks, Georgia adults with asthma continue to smoke. One-fourth (25.0%; 151,500) of adults who have asthma are current Smokers (Figure 22).

- NH white smokers are more likely to have suffered from asthma (24.1%; 80,500) than NH black smokers (19.2%; 38,100) (Figure 22).

Source: 2014 Behavioral Risk Factor Surveillance System (BRFSS)

(~Prevalence not shown due to denominator less than 50)
Lung cancer is the second most common cancer diagnosed among both males and females in Georgia and accounts for 14% of all cancer diagnoses.

- The age-adjusted lung cancer incidence and mortality rates among adults 35 years and older are significantly lower among Georgia females than males (Figure 23 and 24).

- The age-adjusted incidence rate of lung cancer among 35 years and older NH black males in Georgia is 87.3 per 100,000 (3,930 cases), similar to that of NH white males in Georgia (89.9 per 100,000; 13,414 cases) (Figure 23).

- Age-adjusted lung cancer incidence rate among 35 years and older NH black females is 42.0 per 100,000 (2,809 cases), which is significantly lower than the incidence rate for NH white females in Georgia (59.4 per 100,000; 10,805 cases) (Figure 23).

- The age-adjusted lung cancer mortality rate among NH white males 35 years and older in Georgia is 65.7 per 100,000 (9,818 cases), is similar to that of NH black males in Georgia (66.7 per 100,000; 2,898 cases) (Figure 24).

- The age-adjusted lung cancer incidence rate among 35 years and older NH white females is 39.0 per 100,000 (7,313 cases), which is significantly higher than the incidence rate for NH black females in Georgia (28.3 per 100,000; 1,836 cases) (Figure 24).

- During 2008-2013, about 87% of lung cancer deaths among men in Georgia were due to smoking while 68% of lung cancer deaths among females were due to smoking (Table 2).

- Among tobacco related cancers, the major cause of death was trachea, lung, and bronchial cancer (Table 2).

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**Table 2. Percent of Cancers due to Smoking by Sex, Georgia, 2008-2013**

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>% Attributable to Smoking, Total</th>
<th>% Attributable to Smoking, Female</th>
<th>% Attributable to Smoking, Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trachea, Lung, Bronchus</td>
<td>79%</td>
<td>68%</td>
<td>87%</td>
</tr>
<tr>
<td>Larynx</td>
<td>79%</td>
<td>71%</td>
<td>81%</td>
</tr>
<tr>
<td>Lip, Oral cavity, Pharynx</td>
<td>63%</td>
<td>43%</td>
<td>71%</td>
</tr>
<tr>
<td>Esophagus</td>
<td>66%</td>
<td>54%</td>
<td>69%</td>
</tr>
</tbody>
</table>

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- In Georgia, during 2008-2013, smoking caused an estimated average of 10,350 deaths annually among adults ages 35 years and older.
- An estimated 17% of all deaths among adults ages 35 years and older in Georgia were the result of cigarette smoking. Of these deaths, smoking caused 44% of all cancer deaths, 30% of all respiratory deaths, and 26% of all cardiovascular death.

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Source: 2014 Behavioral Risk Factor Surveillance System (BRFSS)
Public Health District

• The North (2-0 Gainesville, 23.9%; 88,000), West Central (7-0 Columbus, 22.8%; 63,000), and Northwest (1-1 Rome, 22.3%; 97,000) Public Health Districts have significantly higher smoking prevalence than the overall state average rate (17.4%; 1.24 million) (Map 1; Table 3).

Map 1. Percentage of Current Adult Smokers, by Public Health District, Georgia, 2014

Table 3. Smoking Prevalence among Adults, by Public Health District, Georgia, 2014

<table>
<thead>
<tr>
<th>Public Health District</th>
<th>Smoking Prevalence (%)</th>
<th>Estimated Number of Adult Smokers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-1 Northwest (Rome)*</td>
<td>22.3</td>
<td>97,000</td>
</tr>
<tr>
<td>1-2 North Georgia (Dalton)</td>
<td>13.8</td>
<td>39,100</td>
</tr>
<tr>
<td>2-0 North (Gainesville)*</td>
<td>23.9</td>
<td>88,000</td>
</tr>
<tr>
<td>3-1 Cobb/Douglas</td>
<td>13.4</td>
<td>76,000</td>
</tr>
<tr>
<td>3-2 Fulton</td>
<td>13.0</td>
<td>72,000</td>
</tr>
<tr>
<td>3-3 Clayton County (Jonesboro)</td>
<td>19.4</td>
<td>31,000</td>
</tr>
<tr>
<td>3-4 East Metro (Lawrenceville)</td>
<td>14.2</td>
<td>88,000</td>
</tr>
<tr>
<td>3-5 DeKalb</td>
<td>10.3</td>
<td>39,000</td>
</tr>
<tr>
<td>4-0 LaGrange</td>
<td>18.1</td>
<td>89,000</td>
</tr>
<tr>
<td>5-1 South Central (Dublin)</td>
<td>16.2</td>
<td>22,000</td>
</tr>
<tr>
<td>5-2 North Central (Macon)</td>
<td>16.8</td>
<td>54,000</td>
</tr>
<tr>
<td>6-0 East Central (Augusta)*</td>
<td>21.3</td>
<td>74,000</td>
</tr>
<tr>
<td>7-0 West Central (Columbus)*</td>
<td>22.8</td>
<td>63,000</td>
</tr>
<tr>
<td>8-1 South (Valdosta)</td>
<td>16.7</td>
<td>32,000</td>
</tr>
<tr>
<td>8-2 Southwest (Albany)*</td>
<td>20.6</td>
<td>57,000</td>
</tr>
<tr>
<td>9-1 Coastal (Savannah)*</td>
<td>22.1</td>
<td>93,000</td>
</tr>
<tr>
<td>9-2 Southeast (Waycross)*</td>
<td>21.6</td>
<td>63,000</td>
</tr>
</tbody>
</table>

Source: 2014 Behavior Risk Factor Surveillance System (BRFSS)
*Significantly higher than the state average
Smokeless Tobacco

Smokeless tobacco is known to cause cancer of the oral cavity and pancreas, and should not be considered a safe substitute for smoking cigarettes.  

- Smokeless tobacco products contain tobacco that is chewed, and/or sucked on or sniffed.
- The body absorbs 3-4 times the amount of nicotine from smokeless tobacco products compared to normal cigarettes.
- The two main types of smokeless tobacco sold in the United States are chewing tobacco and snuff.

Sex and Age Group

Based on the BRFSS, 4.7% (340,000) of Georgia adults reported using smokeless tobacco.

- Males (8.3%; 286,000) are significantly more likely to use smokeless tobacco when compared to adult females (1.5%; 54,000) in Georgia (Figure 25).
- Smokeless tobacco prevalence is highest among young adults’ ages 25-34 years (5.7%; 70,500) in Georgia, when compared to other age groups (Figure 26).

Race and Ethnicity

- The prevalence of smokeless tobacco use among NH white adults (5.8%; 237,000) are more likely to use smokeless tobacco than NH black (3.6%; 74,000) and Hispanic (2.6%; 15,000) (Figure 27).

Source: 2014 Behavioral Risk Factor Surveillance System (BRFSS)
Annual Household Income

• Georgia adults with an annual household income of less than $15K have the highest smokeless tobacco prevalence at 6.9% (55,500); households with income $75K or more have significantly lower smokeless tobacco prevalence (3.0%; 50,500) (Figure 28).

Educational Attainment

• Smokeless tobacco use is about four times more common among adults without high school education (8.8%; 100,000) than among adults with college education (2.1%; 37,000) (Figure 29).

Health Coverage Status

• Adults without health insurance coverage (5.8%; 83,000) have similar prevalence of smokeless tobacco use as those with health coverage (4.8%; 215,000) (Figure 30).

Employment Status

• Unemployed adults are more likely to use smokeless tobacco (6.1%; 110,000) than adults who are either employed (4.7%; 198,000) or retired (2.9%; 33,000) (Figure 31).

Source: 2014 Behavioral Risk Factor Surveillance System (BRFSS)
Public Health District

• The Northeast (10-0 Athens, 9.2%; 28,000), Southeast (9-2 Waycross, 8.1%; 24,000), South (8-1 Valdosta, 7.6%; 14,500), and Coastal (9-1 Savannah, 7.6%; 31,500) Public Health Districts have significantly higher smokeless use prevalence than the overall state average rate (4.7%; 340,000) (Map 2; Table 4).

Map 2. Percentage of Adults who Use Smokeless Tobacco, by Public Health District, Georgia, 2014

Table 4. Smokeless Tobacco Prevalence among Adults, by Public Health District, Georgia, 2014

<table>
<thead>
<tr>
<th>Public Health District</th>
<th>Smokeless Tobacco Prevalence (%)</th>
<th>Estimated Number of Adult Smokers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-1 Northwest (Rome)*</td>
<td>7.0</td>
<td>31,000</td>
</tr>
<tr>
<td>1-2 North Georgia (Dalton)</td>
<td>3.8</td>
<td>11,000</td>
</tr>
<tr>
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<td>4.0</td>
<td>15,000</td>
</tr>
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<td>2.5</td>
<td>15,000</td>
</tr>
<tr>
<td>3-2 Fulton</td>
<td>2.4</td>
<td>14,000</td>
</tr>
<tr>
<td>3-3 Clayton County (Jonesboro)</td>
<td>0.8</td>
<td>1,500</td>
</tr>
<tr>
<td>3-4 East Metro (Lawrenceville)</td>
<td>2.7</td>
<td>17,000</td>
</tr>
<tr>
<td>3-5 DeKalb</td>
<td>1.9</td>
<td>7,000</td>
</tr>
<tr>
<td>4-0 LaGrange</td>
<td>5.0</td>
<td>25,000</td>
</tr>
<tr>
<td>5-1 South Central (Dublin)</td>
<td>2.5</td>
<td>4,000</td>
</tr>
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<td>5-2 North Central (Macon)</td>
<td>5.8</td>
<td>19,000</td>
</tr>
<tr>
<td>6-0 East Central (Augusta)</td>
<td>4.6</td>
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<td>7-0 West Central (Columbus)*</td>
<td>6.4</td>
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<td>15,000</td>
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<td>8-2 Southwest (Albany)*</td>
<td>6.3</td>
<td>17,000</td>
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<tr>
<td>9-1 Coastal (Savannah)*</td>
<td>7.6</td>
<td>32,000</td>
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<tr>
<td>9-2 Southeast (Waycross)*</td>
<td>8.1</td>
<td>24,000</td>
</tr>
<tr>
<td>10-0 Northeast (Athens)*</td>
<td>9.2</td>
<td>28,000</td>
</tr>
</tbody>
</table>

Source: 2014 Behavior Risk Factor Surveillance System (BRFSS)

*Significantly higher than the state average
References:


