

# **Adult Smoking Rates in Washington: A Report on Current Disparities**



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# **Adult Smoking Rates in Washington: A Report on Current Disparities**

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## Addressing Disparities in Tobacco Use

Identifying and eliminating tobacco-related disparities is one of the four central goals of *A Tobacco Prevention and Control Plan for Washington State* (1999). To accomplish this goal, the Washington State Department of Health Tobacco Prevention and Control Program (Tobacco Program) is implementing its *Strategic Plan for Identifying and Eliminating Tobacco-Related Health Disparities in Washington State* (2004).

The plan outlines six strategic goals:

- Build and sustain the state Tobacco Program's commitment to identify and eliminate tobacco-related health disparities (funding, data gathering, community input and engagement, etc.).
- Build and sustain community and systems capacity to improve access and outreach to underserved communities.
- Make tobacco use a higher priority issue in underserved communities.
- Develop and provide culturally and linguistically appropriate approaches and materials.
- Identify and use culturally sensitive policies and practices.
- Reduce tobacco industry influence.

The plan describes a comprehensive and integrated approach to achieving each of these goals, including strategies that create policy and health systems change, and those that educate and engage members of affected communities.

To ensure its efforts are effective and culturally appropriate, the Tobacco Program convenes its Tobacco Disparities Advisory Committee, a committee of experts in health disparities and cultural competency. The committee guides ongoing implementation of the state's plan to address tobacco-related health disparities.

This report is a step to fulfilling the goal of better identifying tobacco-related disparities in Washington State.

The data are intended to help the tobacco prevention community and stakeholders better understand the differences in adult smoking rates in Washington, and develop more effective strategies to reduce disparities in cigarette use – particularly among those from culturally diverse and underserved populations.

## Identifying Disparities in Smoking Rates of Adults



The adult smoking rate in Washington is among the nation's lowest. Yet when smoking rates are looked at by gender, race and ethnicity, sexual orientation, and other factors it is apparent that the burden of smoking is not evenly distributed throughout our population.

The Washington State Department of Health is committed to better understanding the differences – or disparities – in smoking rates among specific population groups. Learning where these disparities exist will enable the department and its partners to develop programs to improve the health of those at greatest risk for cigarette use.

There are many factors that lead to higher rates of tobacco use in some groups. An example is tobacco industry marketing that targets populations vulnerable to tobacco use – groups that have yet to recognize the dangers of tobacco use because of the many other pressing health and safety issues they face daily.

Given the complexity of the challenges, further reducing smoking-related death and disease in Washington requires a comprehensive approach that includes:

- Sufficient and sustainable funding to mobilize communities and systems to eliminate these disparities.
- Research and evaluation to develop proven practices and data-gathering methods that will work for these groups.
- Designing strategies, programs, and materials that are appropriate for the target audiences in their own language.

I hope the information in this report creates a better understanding of the differences in adult smoking rates in Washington. It is important to find ways to eliminate the disproportionate impact of smoking on culturally diverse and underserved adult populations.

A handwritten signature in blue ink that reads "Maxine Hayes, MD, MPH". The signature is written in a cursive style with a flourish at the end.

Maxine Hayes, MD, MPH  
Washington State Health Officer

# Adult Smoking Rates in Washington: A Report on Current Disparities

## Overview

Cigarette smoking is the single most preventable cause of disease and death in the nation and in Washington State. Smoking also is a risk factor for heart disease, stroke, lung cancer, and chronic lung diseases – 8,000 people die from smoking-related causes in Washington each year. In addition, tobacco-related disease costs an estimated \$1.53 billion in total health care costs in the state annually.

Some population groups have higher rates of smoking than others. This report provides data that quantifies the differences or disparities in adult smoking rates among specific population groups in Washington State. It will help the department and its community and statewide partners design programs and activities to improve the health of those at greatest risk for cigarette use.

## Methodology

The Washington State Department of Health gathers data on health-risk behaviors annually through the state Behavioral Risk Factor Surveillance System (BRFSS). Typically, tobacco use data describe differences in smoking rates (adult and youth), exposure to secondhand smoke, and quitting and relapse rates. The Washington Tobacco Prevention and Control Program has compiled statewide data on these indicators, but the most extensive adult data available relates to *smoking rates* – the indicator used in this report. Subsequent reports will examine the other indicators as they relate to other tobacco-use disparities.

There are many overlapping individual and environmental influences that contribute to differences in smoking rates. This report considers smoking rates by the populations or factors identified in the U.S. Department of Health and Human Services *Healthy People 2010* report:

### Gender

Defined in this report as people who are men or women.

### Race and ethnicity

Defined in this report as people who are white/non-Hispanic, black or African America/non-Hispanic, Asian/non-Hispanic, Hawaiian or Pacific Islander/non-Hispanic, American Indian or Alaska Native/non-Hispanic, or Hispanic/Latino.

### Education

Defined in this report as people with a high school degree or less, some college education, or a college degree or more.

### Disability

Defined in this report as people who are limited in activities because of physical, mental, or emotional problems and/or need special equipment because of a health problem.

### Geographic location

Defined in this report as people who live in urban areas (belonging to urban or suburban core areas like Yakima or Seattle) or rural areas (belonging to large town, small town, and isolated rural areas like Forks or Ephrata).

### Sexual orientation

Defined in this report as people who are heterosexual, lesbian/bisexual women, or gay/bisexual men.

### Age (addressed within each category above)

Defined in this report as people who are ages 18 to 29, 30 to 44, 45 to 59, or 60 years or older.

In past Behavioral Risk Factor Surveillance System surveys, small population sizes and data-gathering resources made it difficult to accurately identify smoking rates among some groups. In recent years, steps have been taken to produce more accurate data regarding disparities in cigarette use. These steps include:

- Surveying an overall larger sample size with more extensive data gathering (over-sampling) among black/African American, American Indian/Alaska Native, Asian/Pacific Islander, Hispanic/Latino population groups.
- Adding a sexual orientation question to the survey.
- Conducting the survey in Spanish, if requested by respondent.

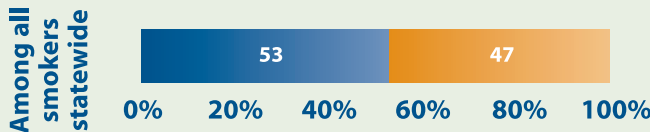
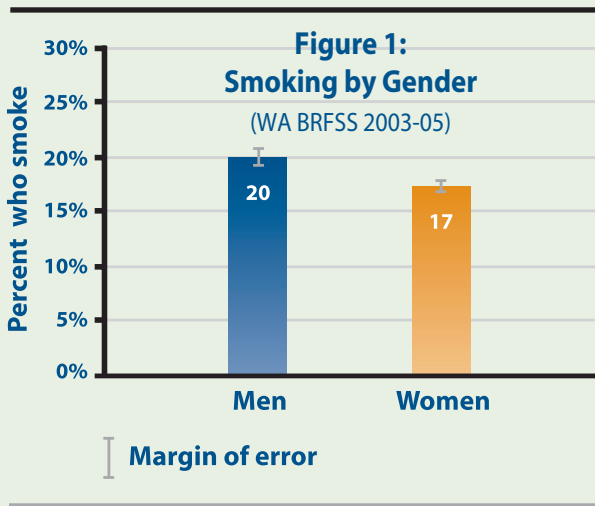
The data in this report do not reflect or fully describe smoking rates for some population groups due to limitations in how the data were collected. In some cases, the data are incomplete and/or simplify complex relationships. Published literature and national data should be used in conjunction with the findings of this report. Key limitations of data from the Behavioral Risk Factor Surveillance System are:

- This survey collects data from adults who live in private residences (homes, apartments, condominiums) with landline telephones. More specifically, the data on smoking rates do not reflect behaviors of adults who don't have telephone service or who rely on a cellular telephone only. Furthermore, behaviors of adults who live in dormitories, nursing homes, hospitals, prisons and jails, group homes, visiting treatment facilities, or homeless shelters are not reflected in this survey.
- This survey only collects data from people who speak either English or Spanish and therefore provides limited information about smoking rates in certain populations.
- The data provided in this report describes cigarette use among broad population groups. These rates may not reflect the percentage of smokers within the diverse ethnic or other communities within a population group. For example, while the overall Asian smoking rate is 12 percent, smoking in non-English speaking Korean and Vietnamese men has been shown to be consistently greater than 30 percent.<sup>1</sup>

## Notes on this Report

- All data in this report were compiled from Behavioral Risk Factor Surveillance System for the years 2003-2005, the most current data available.
- In some charts and discussion, comparisons are made to the statewide rate of smoking as a way to further illustrate differences in smoking rates. "Statewide" refers to the "entire adult population of the state age 18 years and older."
- To preserve the clarity of the section discussion, a few charts contain repetitive data from one section to the next.
- The term "statistical significance" is rarely used. Any reference to differences between groups implies that the differences in smoking rates were statistically significant unless otherwise specified.
- Income was not explored as a factor due to the high number of unreported data and limitations in defining relative income based on where people live. Education was determined to be an adequate proxy measure for income and of socio-economic status in a very general sense.
- In the education section, the analysis was not restricted to people older than 24 years. When data were analyzed by education, there were no significant differences between smoking rate tabulations when including or excluding younger adults. Therefore, all adults were included in the education analysis.
- Smoking rates used in the charts are rounded to the nearest whole number. More precise figures are available by contacting the Washington Department of Health Tobacco Prevention and Control Program or accessing the report appendix at [www.doh.wa.gov/tobacco](http://www.doh.wa.gov/tobacco) under the "Reports" heading.

# Gender and Smoking



NOTE: All estimates are rounded to the nearest whole number.

## Introduction

In Washington, smoking rates were higher among men as compared to women in 2003-2005 (Figure 1, top). This pattern was also seen in data compiled at the national level.<sup>2</sup> Of all smokers in Washington, a little more than half were men and a little less than half were women (Figure 1, bottom).

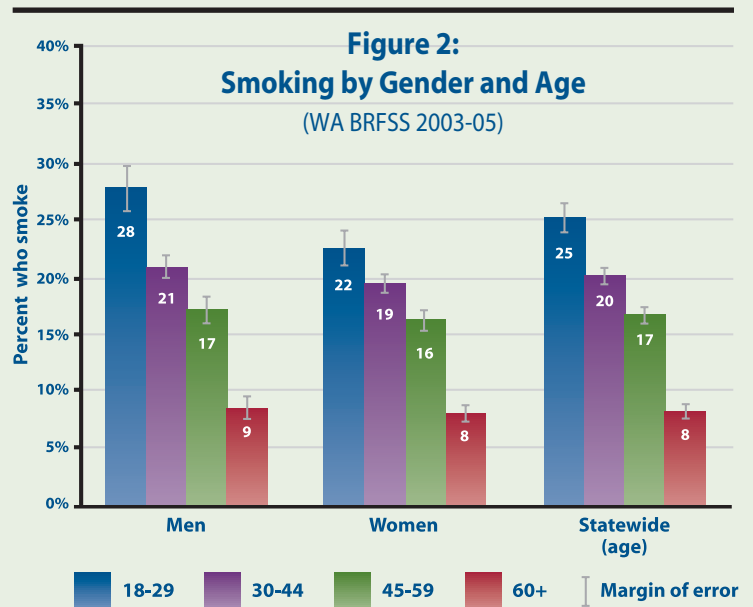
## Statewide Trend

Smoking rates among the entire population of the state have declined substantially in the past six years among both men and women.

## Smoking by Gender and Age

Among the entire statewide population, smoking rates decreased as age increased. When gender was considered, a similar age-specific pattern emerged (Figure 2).

Among both men and women, smoking rates were highest among the youngest adults and decreased significantly among older adults. Smoking rates for men were significantly higher than women only among people younger than age 45.



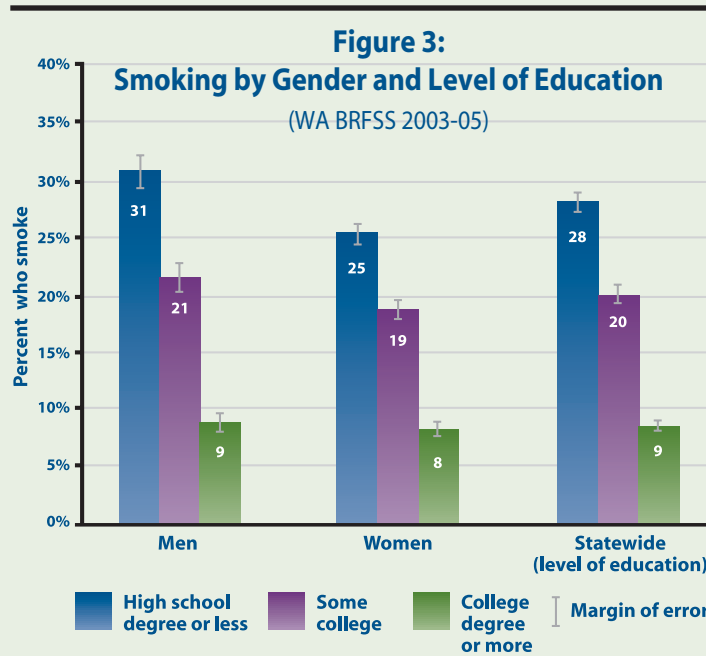
NOTE: All estimates are rounded to the nearest whole number.



## Smoking by Gender and Level of Education

Among the entire statewide population, smoking rates decreased as level of education increased. When gender was considered, a similar education-specific pattern emerged (Figure 3).

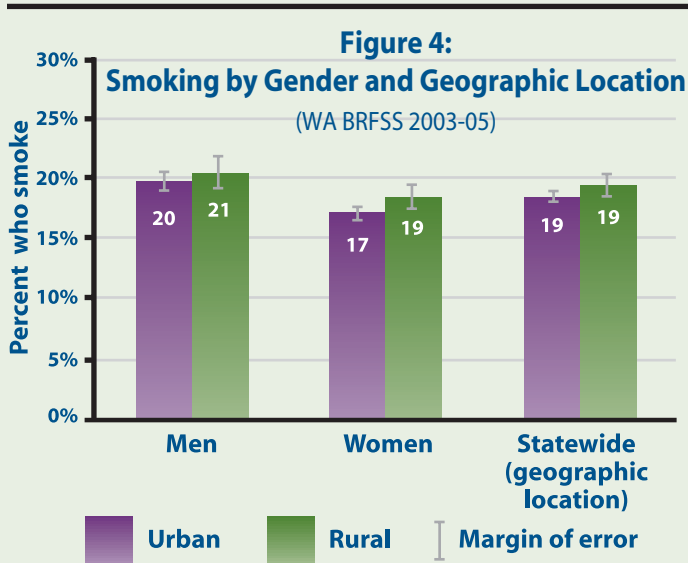
Among both men and women, smoking rates were highest among people with a high school degree or less. Smoking rates decreased as education increased, and were the lowest among people with a college degree or more.



NOTE: All estimates are rounded to the nearest whole number.

## Smoking by Gender and Geographic Location

Among the entire statewide population, smoking rates were similar between people in urban and rural areas. When gender was considered, differences in patterns of geographic location-specific smoking rates emerged (Figure 4). Among women, smoking rates were significantly higher in rural locations than in urban locations. Among men, however, there was no difference in smoking rates by location.



NOTE: All estimates are rounded to the nearest whole number.

### Smoking by Gender and Sexual Orientation

See page 19

### Smoking by Gender and Race and Ethnicity

See page 8

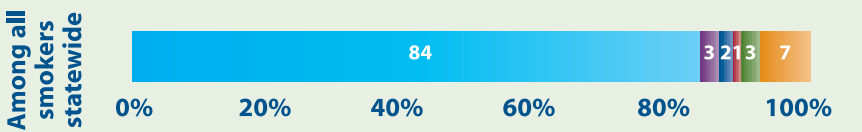
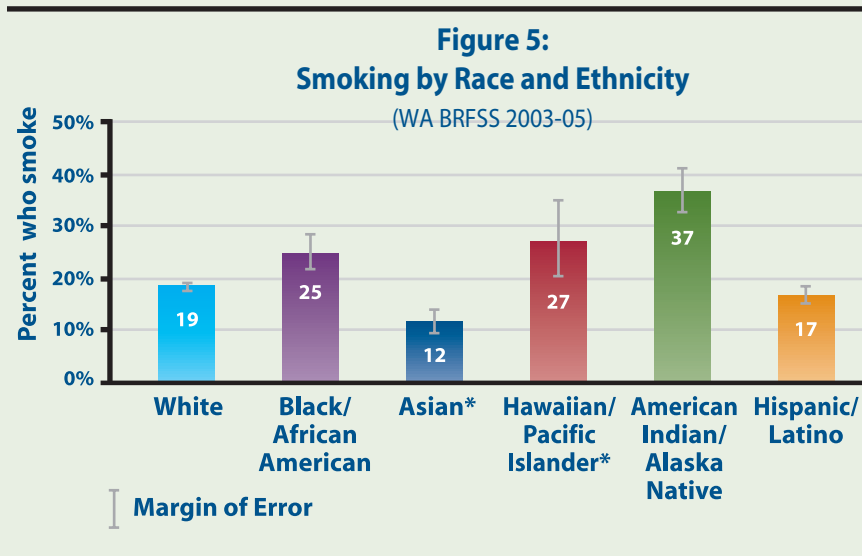
### Smoking by Gender and Disability

See page 13

# Race and Ethnicity and Smoking

## Introduction

In Washington, smoking rates varied significantly by race and ethnicity in 2003-2005. Smoking was higher among American Indian/Alaska Natives, Hawaiian/Pacific Islanders, and black/African Americans, compared to Hispanic/Latino, white, and Asian American people (Figure 5, top). This pattern was similar to data at the national level.<sup>2</sup> Smoking has also been shown to be high among specific non-English speaking populations in the Asian community.<sup>1</sup>

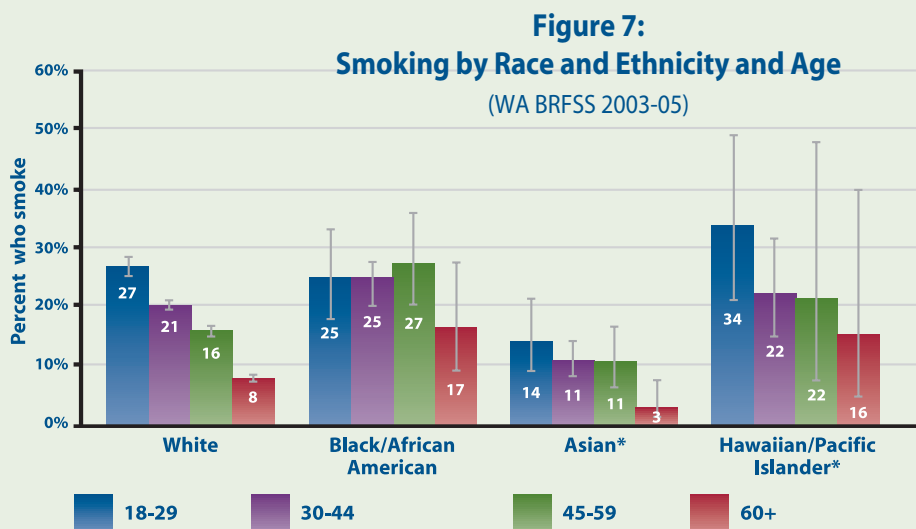


\* Among English-speaking people only  
NOTE: All estimates are rounded to the nearest whole number.

speaking populations in the Asian community.<sup>1</sup> Of all smokers in Washington, about 16 percent were from a racial or ethnic minority background (Figure 5, bottom).

### Statewide Trend

Smoking rates among the entire population of the state have declined substantially in the past six years, but the extent of decline varied significantly by race and ethnicity. While smoking rates have decreased significantly among whites, smoking rates have remained relatively stable among all other racial and ethnic groups.



\* Among English-speaking people only  
NOTE: All estimates are rounded to the nearest whole number.



## Smoking by Race and Ethnicity and Gender

Among the entire statewide population, men smoked at a significantly higher rate than women. When race and ethnicity was considered, this pattern varied in magnitude (Figure 6).

Among whites, men smoked at a higher rate than women. Asian, Hawaiian/Pacific Islander, and Hispanic/Latino men smoked at substantially higher rates than women. Furthermore, studies have shown that smoking rates among Korean and Vietnamese men who were not fully integrated into American society were about 30 percent as compared to less than 5 percent among women.<sup>1,3,4,5</sup> American Indian/Alaska Native men and women in Washington smoked at equally high rates. Smoking among black/African American men appeared higher than women, but the difference was not statistically significant.

All women of racial or ethnic minorities, with the exception of American Indian/Alaskan Native women, smoked at a rate equal to or less than that of the entire statewide population. Among men, smoking rates for black/African American, Hawaiian/Pacific Islander, and American Indian/Alaska Natives were higher than that of the statewide population. Smoking rates among white, Asian, and Hispanic/Latino men were similar to the entire statewide population.

## Smoking by Race and Ethnicity and Age

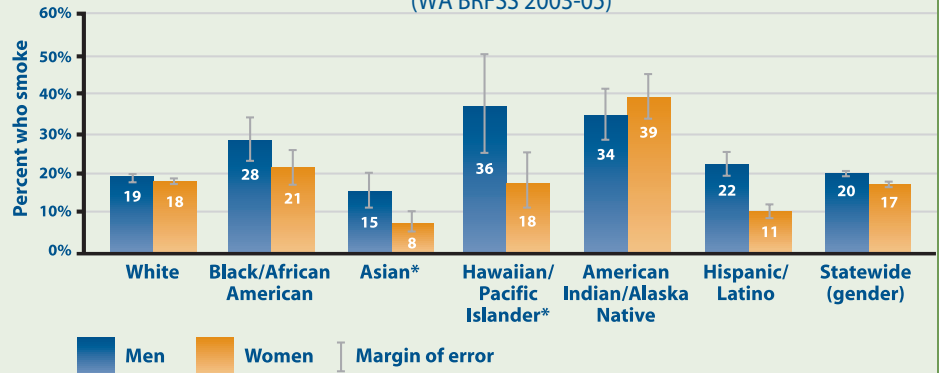
Among the entire statewide population, smoking rates decreased as age increased. When race and ethnicity was considered, differences in patterns of age-specific smoking rates emerged (Figure 7).

Among whites, smoking rates decreased as age increased. Among black/African American people, smoking rates were similar among all age groups. Among Hawaiian/Pacific Islanders and Hispanic/Latinos, smoking rates appeared to decrease with age, although there were no statistically significant differences from one age group to the subsequent age group.

Among Asian and American Indian/Alaska Native people, smoking rates remained relatively unchanged until age 60, when smoking rates decreased.

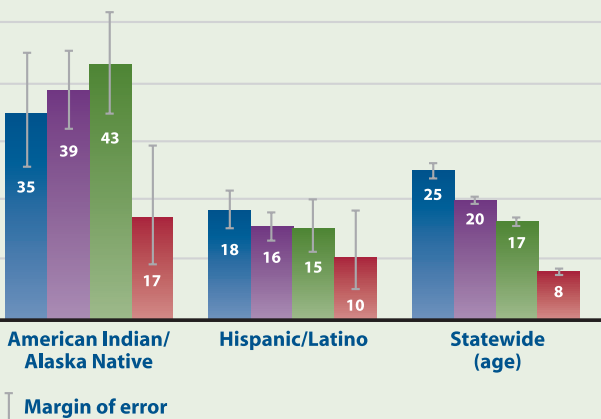
**Figure 6:**  
Smoking by Race and Ethnicity and Gender

(WA BRFSS 2003-05)



\* Among English-speaking people only

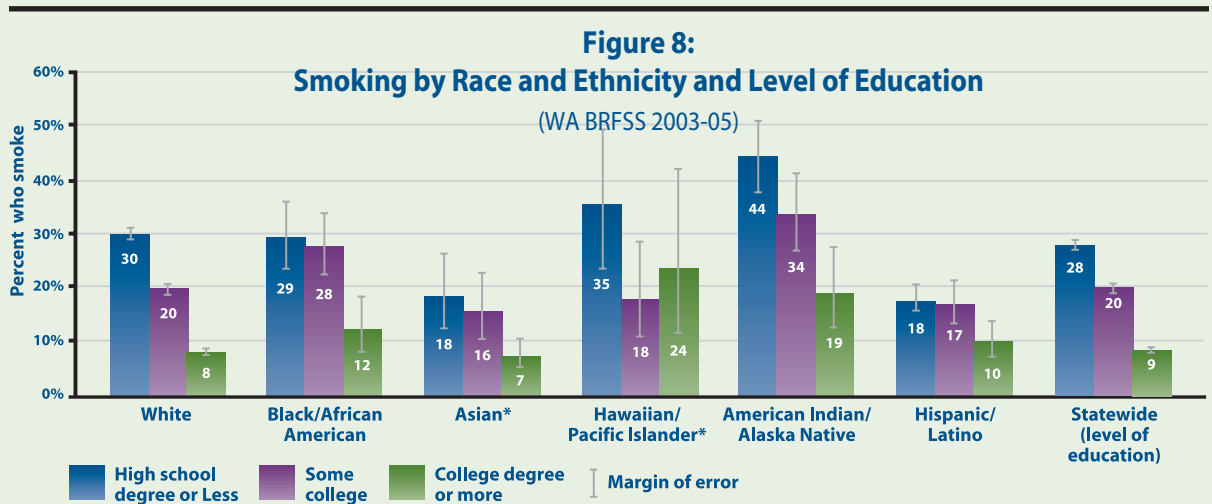
NOTE: All estimates are rounded to the nearest whole number.



## Smoking by Race and Ethnicity and Level of Education

Among the entire statewide population, smoking rates decreased as level of education increased. When race and ethnicity was considered, differences in patterns of education-specific smoking rates emerged (Figure 8).

Similar to the statewide population, smoking rates for white and American Indian/Alaska Native people decreased with increasing level of education. Smoking rates for black/African American, Asian, and Hispanic/Latino people were equally high among those with either a high school degree or less or some college education. Among these racial and ethnic groups, people with a college degree or more had the lowest smoking rates. Among Hawaiian/Pacific Islanders, smoking rates did not vary by level of education.



\* Among English-speaking people only

NOTE: All estimates are rounded to the nearest whole number.

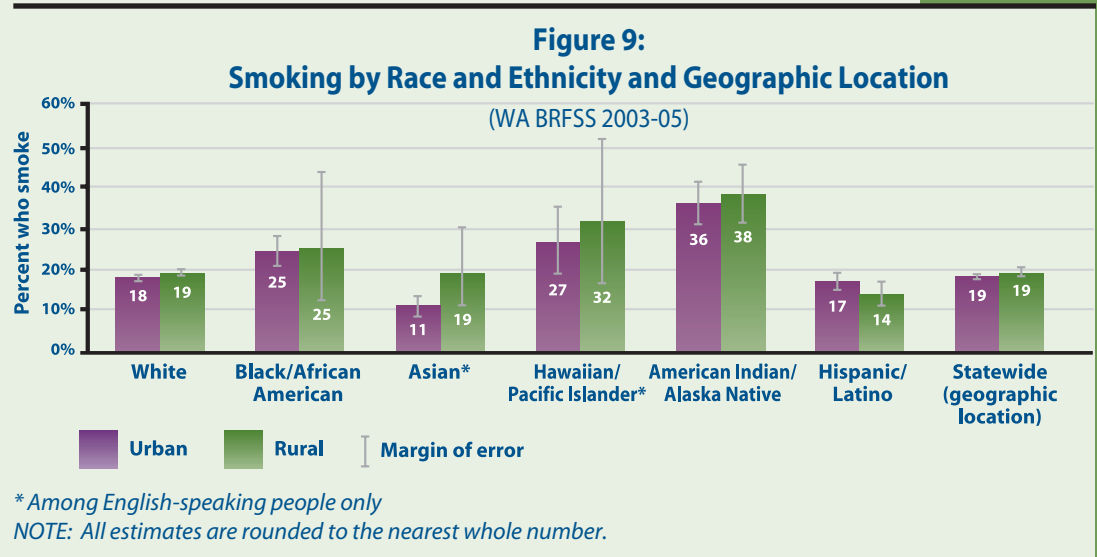
## Smoking by Race and Ethnicity and Sexual Orientation

There were not enough data to present the relationship of race and ethnicity and sexual orientation.

## Smoking by Race and Ethnicity and Geographic Location

Among the entire statewide population, people in urban and rural areas have similar rates of smoking. When race and ethnicity was considered, a similar location-specific pattern emerged (Figure 9).

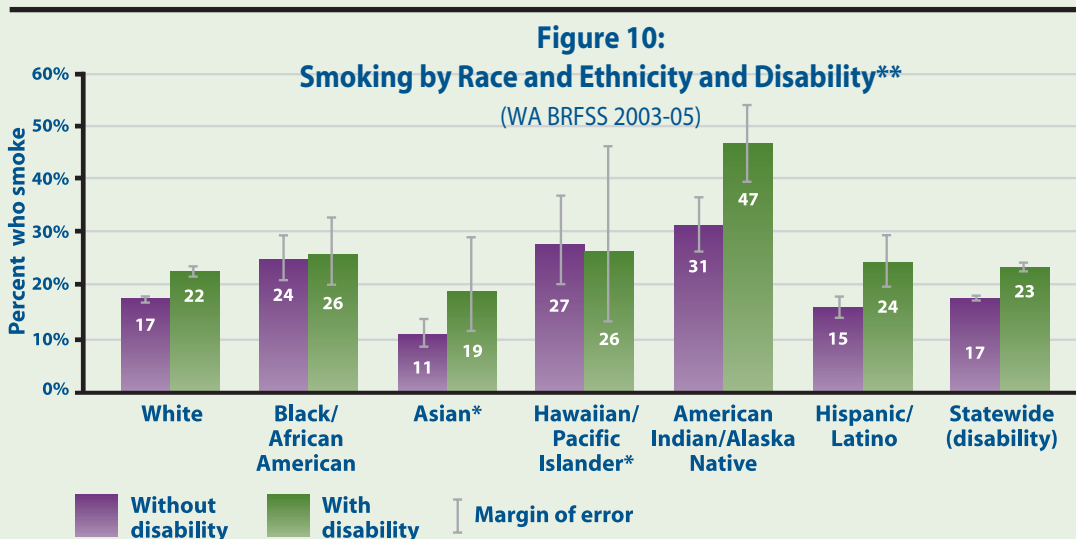
Among almost all racial and ethnic populations, except for Asian people, smoking rates were not significantly different in urban versus rural locations. Among Asian people, smoking rates were significantly higher among those who lived in rural locations as compared to urban locations.



## Smoking by Race and Ethnicity and Disability

Among the entire statewide population, people with disability had a higher smoking rate than those without disability. When race and ethnicity was considered, differences in patterns of disability-specific smoking rates emerged (Figure 10).

Among people who were white, Asian, American Indian/Alaska Native, and Hispanic/Latino, people with disability smoked at substantially higher rates as compared to people without disability. However, black/African American and Hawaiian/Pacific Islander people with disability smoked at rates similar to those without disability.



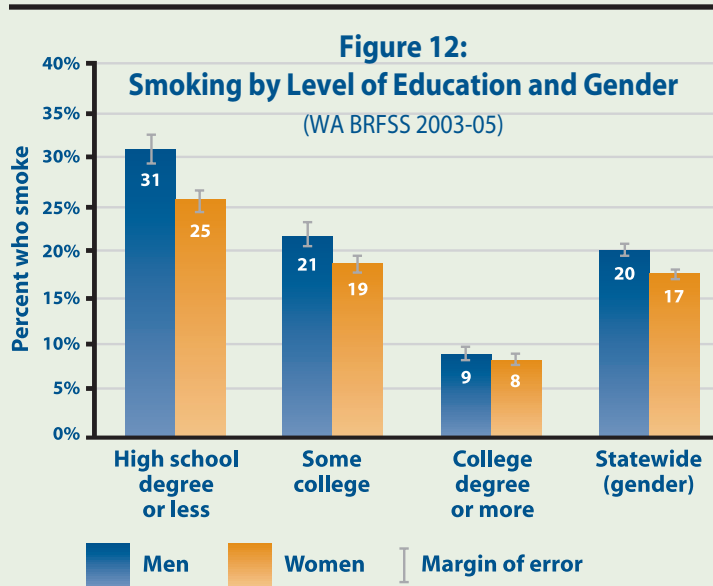
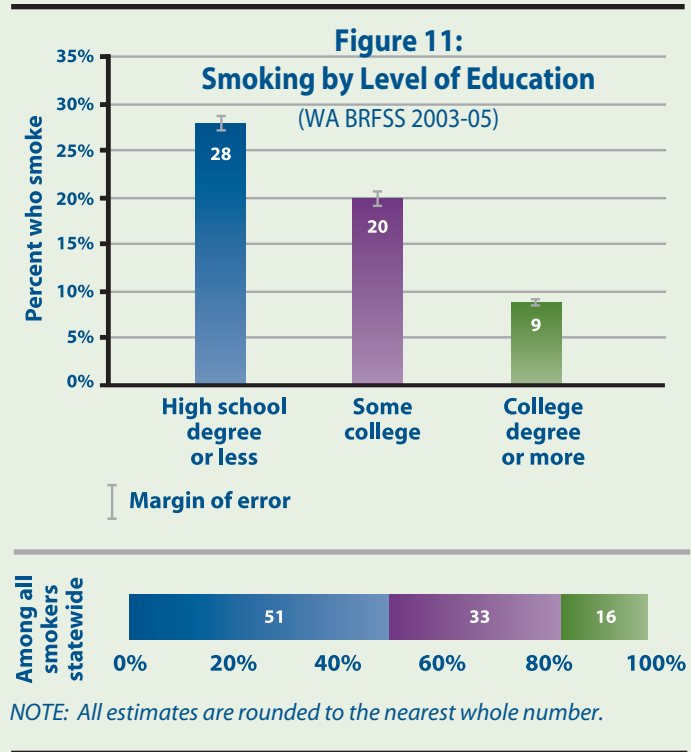
# Level of Education and Smoking

## Introduction

In Washington, smoking rates varied significantly by level of education in 2003-2005. The percent that smoked was highest among the least educated and decreased as education levels increased (Figure 11, top). This pattern was also seen in data compiled at the national level.<sup>2</sup> Of all smokers in Washington, about half of them had a high school degree or less (Figure 11, bottom).

## Statewide Trend

Smoking rates among the entire population of the state have declined substantially in the past six years, but the extent of decline varied by level of education. Smoking has remained relatively stable among the least educated, while rates have trended downward among the most educated.



## Smoking by Level of Education and Gender

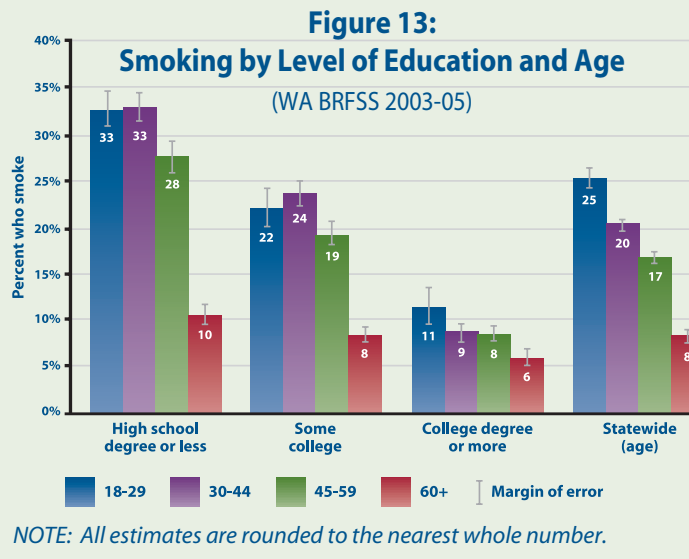
Among the entire statewide population, men smoked at a higher rate than women (Figure 12).

This pattern is consistent across education levels with the exception of those with a college degree or more, where the smoking rate of men and women was nearly equal.

## Smoking by Level of Education and Age

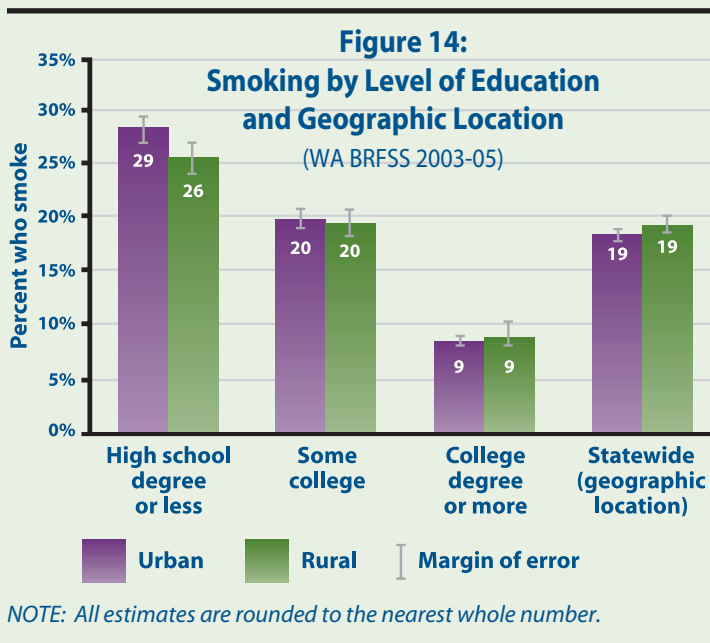
Among the entire statewide population, smoking rates decreased as age increased (Figure 13). When education level was considered, differences in patterns of age-specific smoking rates emerged.

Among people with a high school degree or less or some college education level, smoking rates remained at an equally high level until age 45 and then decreased with age. Among people with a college degree or more, smoking rates decreased as age increased, but were similar among people from ages 30 to 44 and 45 to 59.



## Smoking by Level of Education and Geographic Location

Among the entire statewide population, people in urban and rural areas of the state had similar rates of smoking (Figure 14). When education level was considered, differences in patterns of location-specific smoking rates emerged.



Among people with a high school degree or less education, smoking rates were significantly higher in urban than rural locations, but rates remained the same among people with some college education or a college degree or more.

### Smoking by Level of Education and Sexual Orientation

See page 21

### Smoking by Level of Education and Race and Ethnicity

See page 9

### Smoking by Level of Education and Disability

See page 15



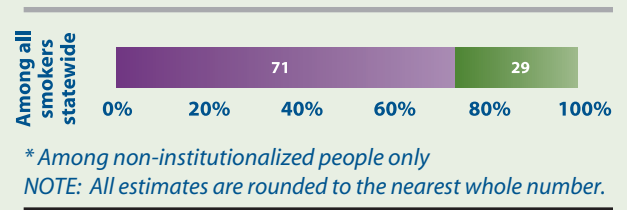
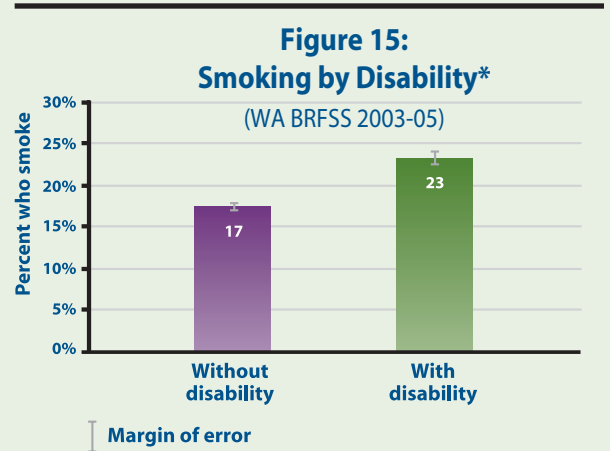
# Disability and Smoking

## Introduction

In Washington, smoking rates were significantly higher among people with disability as compared to people without disability in 2003-2005 (Figure 15, top). This pattern has also been observed in other studies published in the literature.<sup>6,7,8,9</sup> Furthermore, smoking rates among people in drug and alcohol treatment, a subset of people with disabilities, are upwards of nearly 70 percent in Washington.<sup>10</sup> Of all smokers in Washington, about 29 percent of them reported a disability (Figure 15, bottom).

## Statewide Trend

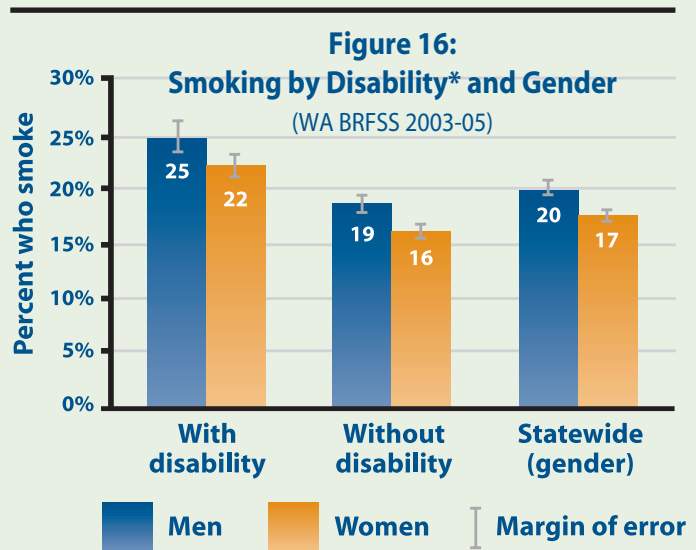
Smoking rates among the entire population of the state have declined substantially in the past six years, but the extent of decline among people with disability was unclear. Data on disability has been collected only since 2003; additional data are needed to reliably describe trends.



## Smoking by Disability and Gender

Among the entire statewide population, men smoked at a significantly higher rate than women. When disability was considered, a similar gender-specific pattern emerged (Figure 16).

Among people with or without disability, men smoked at higher rates compared to women. Smoking rates were significantly higher for both men and women with disability compared to those without disability.



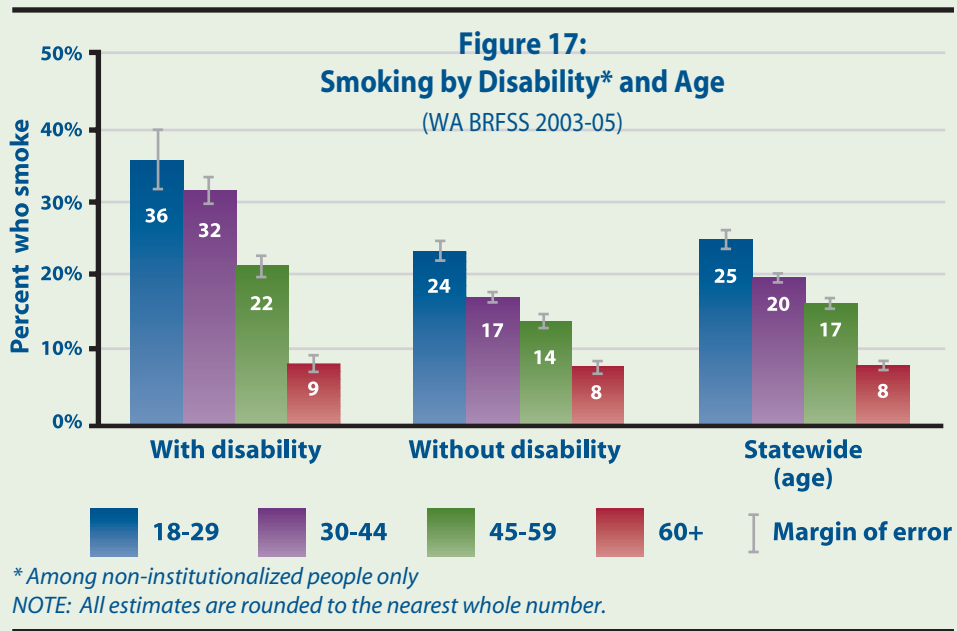
\* Among non-institutionalized people only  
NOTE: All estimates are rounded to the nearest whole number.



## Smoking by Disability and Age

Among the entire statewide population, smoking rates decreased as age increased. When disability was considered, a similar age-specific pattern emerged (Figure 17).

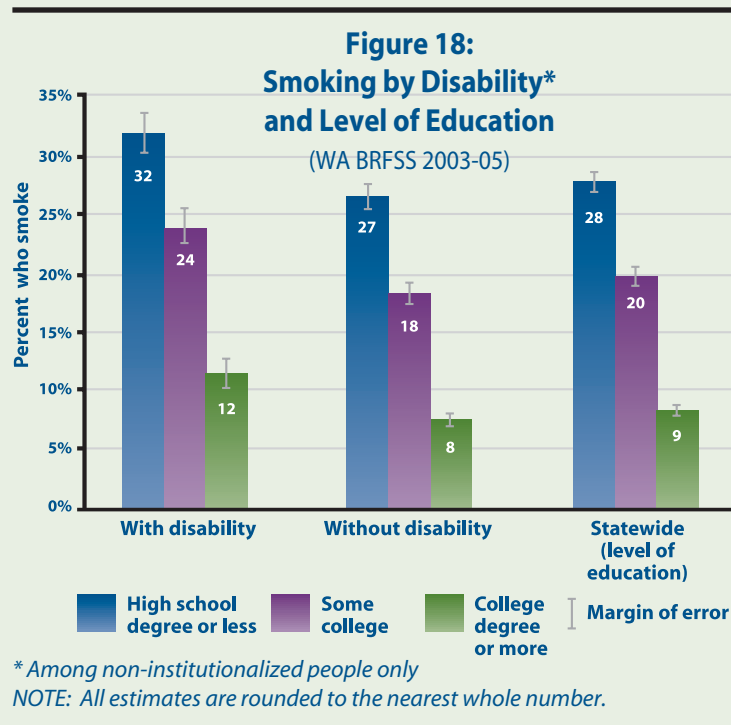
Among people without disability, smoking rates were highest among the youngest adults and decreased significantly with age. Among people with disability, smoking rates were similar until age 45 and then decreased significantly with age. People with disability smoked at higher rates than those without disability within each age group, except those 60 years and older.



## Smoking by Disability and Level of Education

Among the entire statewide population, smoking rates decreased as level of education increased. When disability was considered a similar education-specific pattern emerged (Figure 18).

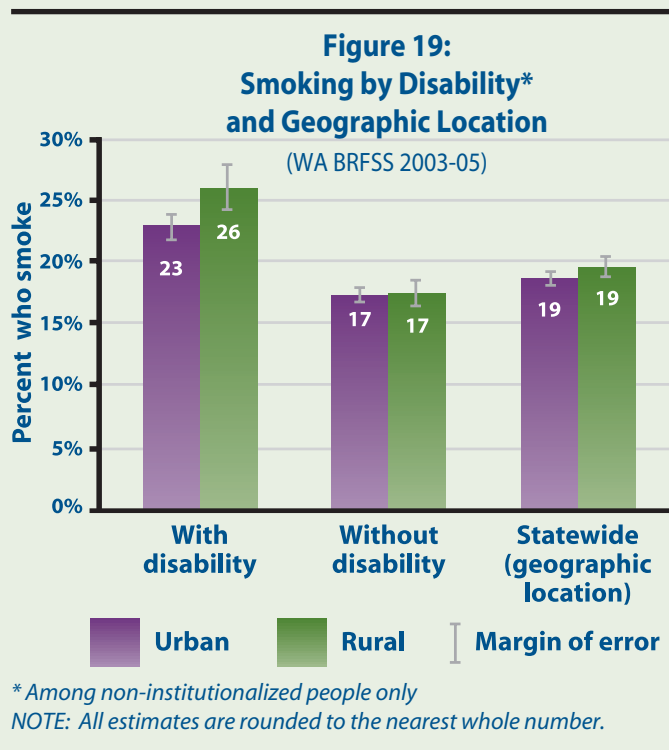
Among people with or without disability, smoking rates were highest among people with a high school degree or less education and decreased as level of education increased. Among all levels of education, people with disability had higher smoking rates than people without disability.



## Smoking by Disability and Geographic Location

Among the entire statewide population, people in urban and rural areas had similar rates of smoking. When disability was considered, differences in patterns of location-specific smoking rates emerged (Figure 19).

Among people with disability, smoking rates were significantly higher in rural locations than in urban locations. For people without disability, smoking rates were similar regardless of location. People with disability had higher smoking rates than people without disability regardless of location.



### Smoking by Disability and Sexual Orientation

See page 22

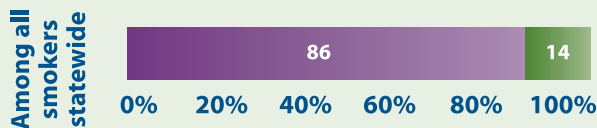
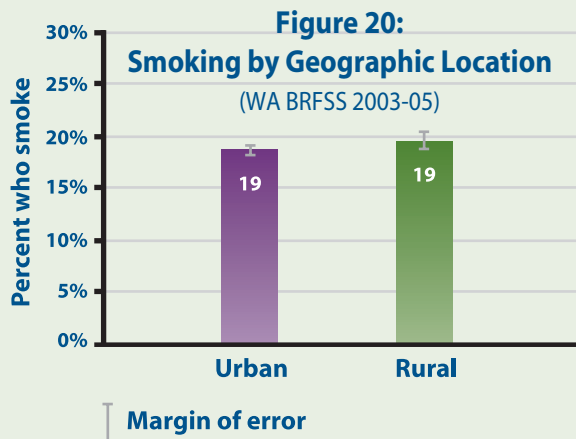
### Smoking by Disability and Race and Ethnicity

See page 10

# Geographic Location and Smoking

## Introduction

In Washington, smoking rates did not vary significantly by geographic location in 2003-2005. Smoking rates appeared slightly higher in rural areas than in urban areas, although the differences were not statistically significant (Figure 20, top). There were no current national data on geographic location and smoking available. Of all smokers in Washington, the majority – about 86 percent – lived in urban locations (Figure 20, bottom).



NOTE: All estimates are rounded to the nearest whole number.

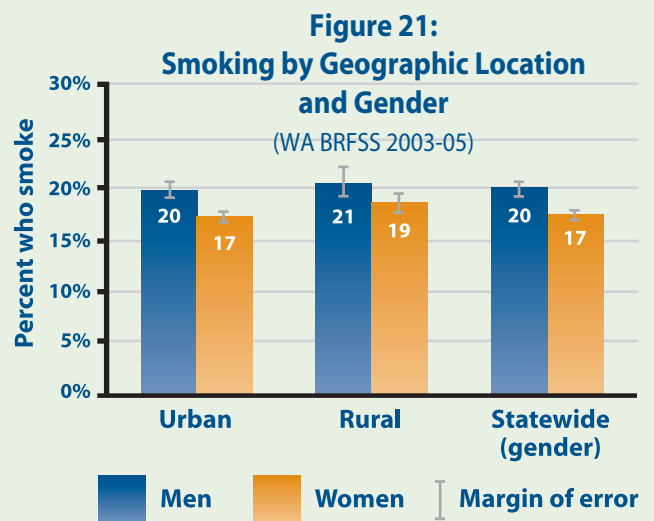
### Statewide Trend

Smoking rates among the entire adult population of the state have declined substantially in the past six years among people in both urban and rural areas.

## Smoking by Geographic Location and Gender

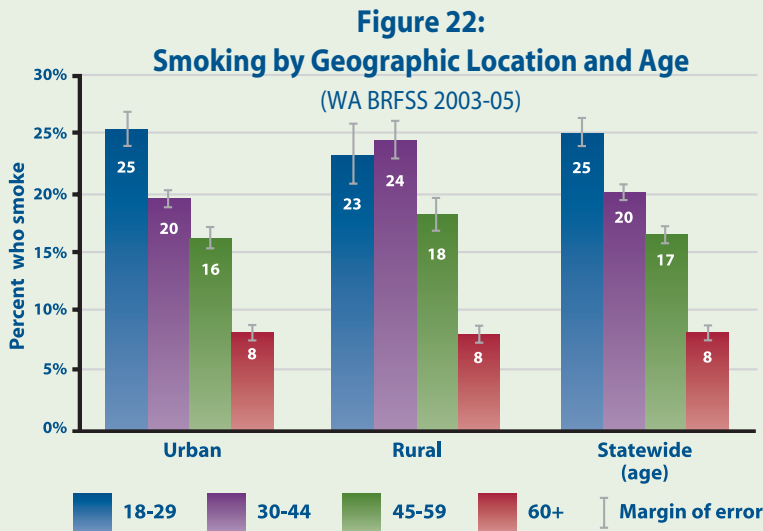
Among the entire statewide population, men smoked at a significantly higher rate than women. When geographic location was considered, differences in patterns of smoking rates by gender emerged (Figure 21).

Among people in urban locations, men smoked at higher rates as compared to women. However, among people in rural locations, men seemed to smoke at a slightly higher rate compared to women, but the difference was not statistically significant.



NOTE: All estimates are rounded to the nearest whole number.

## Smoking by Geographic Location and Age



Among the entire statewide population, smoking rates decreased as age increased. When geographic location was considered, differences in patterns of age-specific smoking rates emerged (Figure 22).

Among people in urban locations, smoking rates decreased as age increased. However, among people in rural locations, smoking rates remained at a similarly higher level than subsequent age groups until age 45, and then decreased as age increased.

NOTE: All estimates are rounded to the nearest whole number.

## Smoking by Geographic Location and Level of Education

Among the entire statewide population, smoking rates decreased as level of education increased. When geographic location was considered, a similar education-specific pattern emerged (Figure 23).

Among people in both urban and rural locations, smoking rates were highest among the people with a high school degree or less and lowest among people with a college degree or more.

### Smoking by Geographic Location and Sexual Orientation

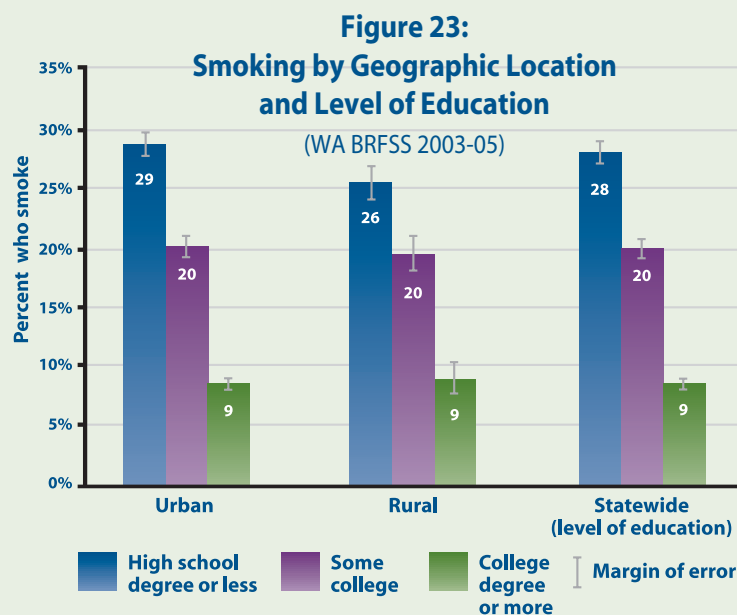
See page 22

### Smoking by Geographic Location and Race and Ethnicity

See page 10

### Smoking by Geographic Location and Disability

See page 16



NOTE: All estimates are rounded to the nearest whole number.

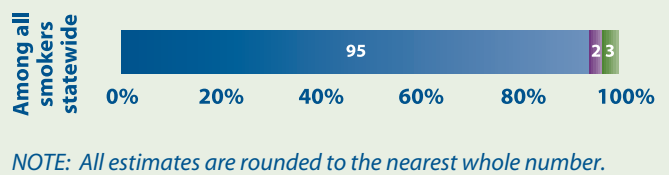
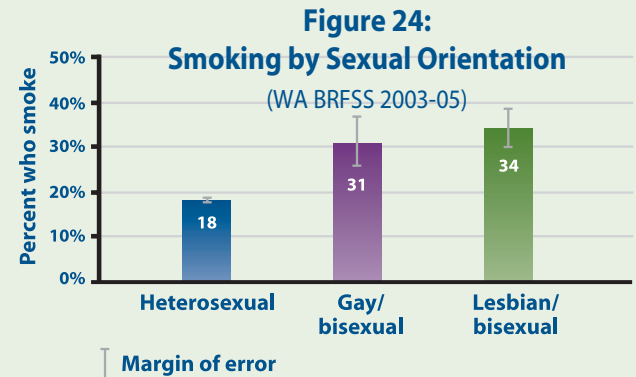
# Sexual Orientation and Smoking

## Introduction

In Washington, smoking rates were higher among lesbian, gay, or bisexual people as compared to heterosexual people in 2003-2005 (Figure 24, top). This pattern has also been observed in other published studies.<sup>11,12,13</sup> Of all smokers in Washington, about 5 percent identified as lesbian, gay, or bisexual (Figure 24, bottom).

## Statewide Trend

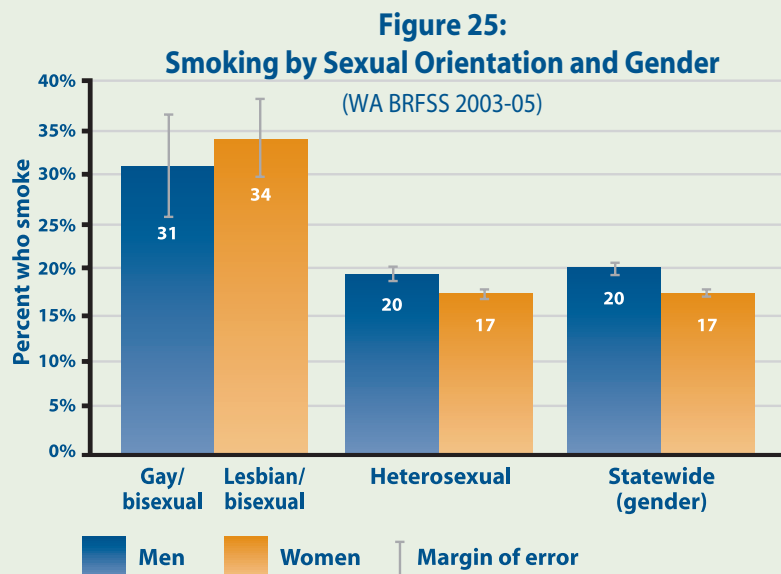
Smoking rates among the entire population of the state have declined substantially in the past six years, but the extent of decline among sexual minorities was unclear. Data on sexual orientation has been collected only since 2003; additional data are needed to reliably describe trends.



## Smoking by Sexual Orientation and Gender

Among the entire statewide population, smoking rates were significantly higher among men as compared to women. When sexual orientation was considered, differences in patterns of gender-specific smoking rates emerged (Figure 25).

Gay or bisexual men smoked at rates similar to lesbian or bisexual women. Among heterosexual people, smoking rates were significantly higher among men as compared to women. Gay/bisexual men and lesbian/bisexual women had significantly higher smoking rates compared to the entire statewide population of men and women, respectively. Smoking rates among both heterosexual men and women were similar to the entire statewide population of men and women, respectively.

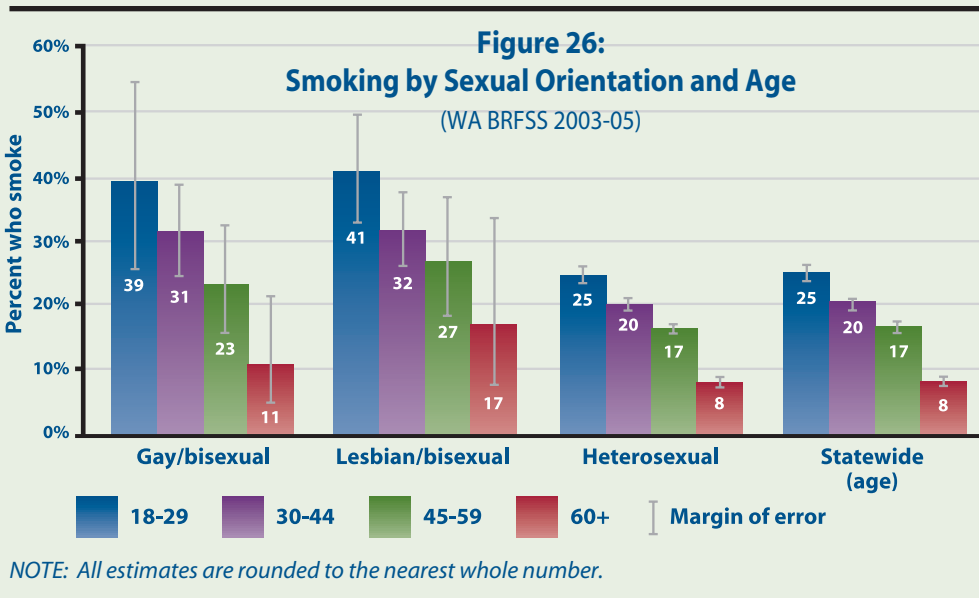


NOTE: All estimates are rounded to the nearest whole number.

## Smoking by Sexual Orientation and Age

Among the entire statewide population, smoking rates decreased as age increased. When sexual orientation was considered, a similar – though less pronounced – age-specific pattern emerged (Figure 26).

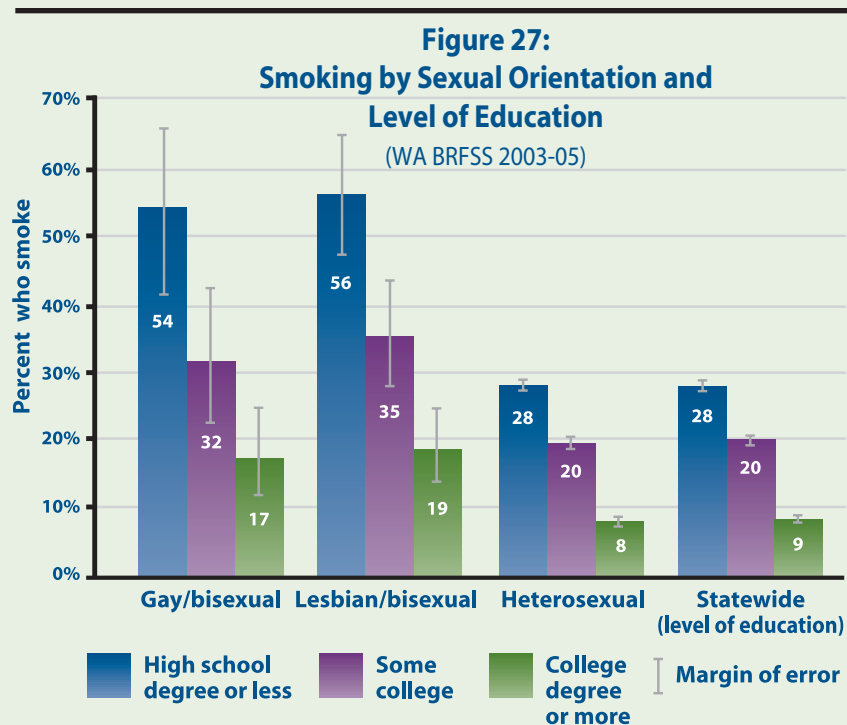
Among both gay/bisexual men and lesbian/bisexual women, smoking rates appeared to decrease as age increased, although differences from age group to subsequent age group were not statistically significant. In comparison to the entire statewide population, smoking rates were significantly higher among gay/bisexual men for all age groups younger than 45. In comparison to the entire statewide population, smoking rates were significantly higher among lesbian/bisexual women for all age groups except those 60 and older.



## Smoking by Sexual Orientation and Level of Education

Among the entire statewide population, smoking rates decreased as level of education increased. When sexual orientation was considered, a similar education-specific pattern emerged (Figure 27).

Among both gay/bisexual men and lesbian/bisexual women, smoking rates were highest among those with a high school degree or less education. Among all education categories, smoking rates were significantly higher among gay, lesbian, or bisexual people as compared to the entire statewide population. Smoking rates among heterosexual people of all education levels were similar to the entire statewide population.



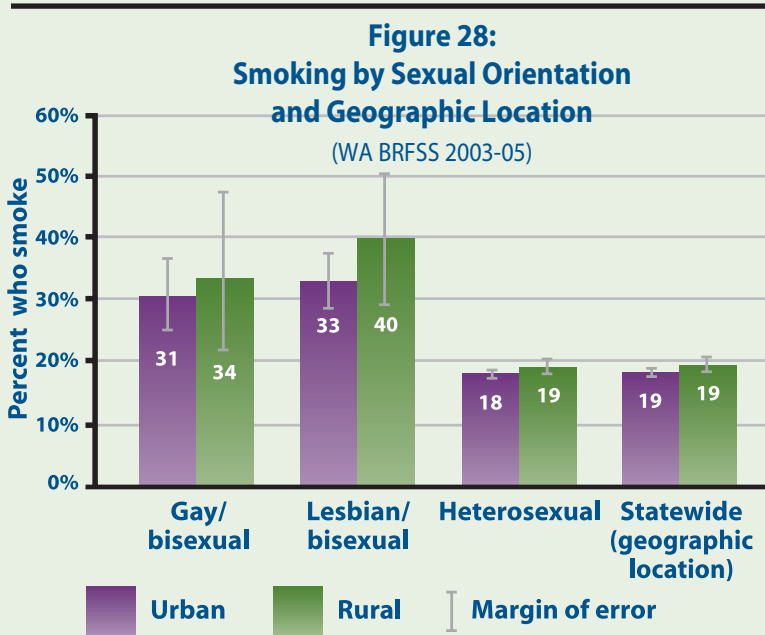
NOTE: All estimates are rounded to the nearest whole number.

## Smoking by Sexual Orientation and Race and Ethnicity

There were not enough data to present the smoking rates by sexual orientation and race and ethnicity.

## Smoking by Sexual Orientation and Geographic Location

Among the entire statewide population, smoking rates were similar between people in urban and rural areas. When sexual orientation was considered, a similar location-specific pattern emerged (Figure 28).



Among both gay/bisexual men and lesbian/bisexual women, smoking rates were not significantly different in urban or rural locations. Regardless of location, smoking rates were higher among gay, lesbian, or bisexual people as compared to the entire statewide population. Smoking rates among heterosexual urban and rural people were similar to the entire statewide population of urban and rural people.

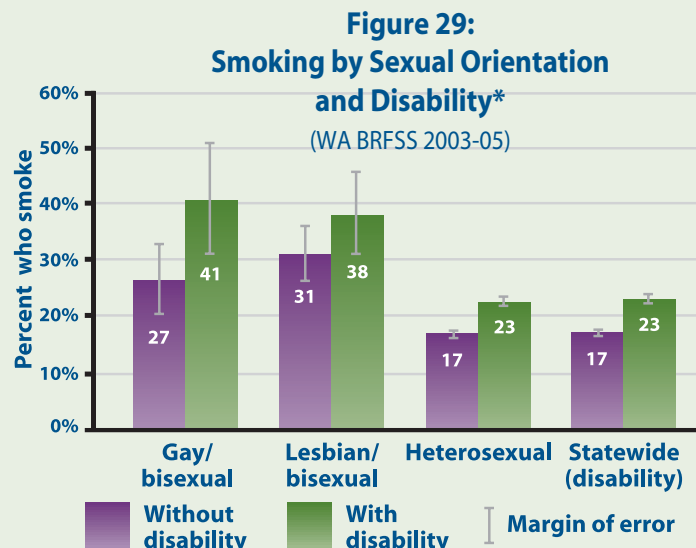
NOTE: All estimates are rounded to the nearest whole number.

## Smoking by Sexual Orientation and Disability

Among the entire statewide population, people with disability had a higher smoking rate than those without disability. When sexual orientation was considered, a similar disability-specific pattern emerged (Figure 29).

Among gay/bisexual men, smoking rates were higher among people with disability compared to those without disability. Among lesbian/bisexual women, smoking rates appeared higher among people with disability as compared to those without, but the difference was not statistically significant.

Smoking rates for gay, lesbian, and bisexual people were higher than rates for heterosexual people and the entire statewide population regardless of disability status.



\* Among non-institutionalized people only

NOTE: All estimates are rounded to the nearest whole number.

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## Future Directions

The data in this report are intended to provide a better understanding of the differences in adult smoking rates among specific population groups in Washington State, and to help the department and its community and statewide partners design programs and activities to improve the health of those at high risk for cigarette use.

The department is committed to continuously improving and expanding its data gathering and analysis capabilities to ensure that populations at greatest risk of tobacco use are identified.

Future Tobacco Prevention and Control Program reports will examine topics such as disparities in youth smoking rates, exposure to secondhand smoke, and quitting and relapse rates.



### **For More Information**

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