

Tobacco Surveillance Data Brief: *Social Disparities in Adult Cigarette Smoking*

A joint effort between the Comprehensive Tobacco Control Program (CTCP) and the UMDNJ-School of Public Health, Center for Tobacco Surveillance and Evaluation Research (CTSER). CTCP is administratively located in the Public Health Services Branch, Division of Family Health Services

July 2009

Volume 3, Issue 2

Current Cigarette Smoking Prevalence

According to the 2008 NJBRFSS, 14.8% ($\pm 1.0\%$) of adults in New Jersey identified themselves as current cigarette smokers and of those, 72.4% ($\pm 3.3\%$) reportedly smoked everyday. As shown in Table 1, smoking prevalence was higher among men (17.4 \pm 1.8%) compared to women (12.3 \pm 1%) and among Black/Non-Hispanics (17.0 \pm 3%) compared to whites (15.7 \pm 1.3%). Concurrently, smoking rates were lowest among those who are married or partnered (12.5 \pm 1.2%) compared to those never married, divorced, widowed or separated (18.9 \pm 2.0%) and among those aged 65 and older (7.5 \pm 1.1%) compared to those aged 18 to 64 (16.4 \pm 1.2%).

Smoking prevalence rates also vary according to several socioeconomic factors, including income, employment status, education level, and region (i.e. North, Central, South).

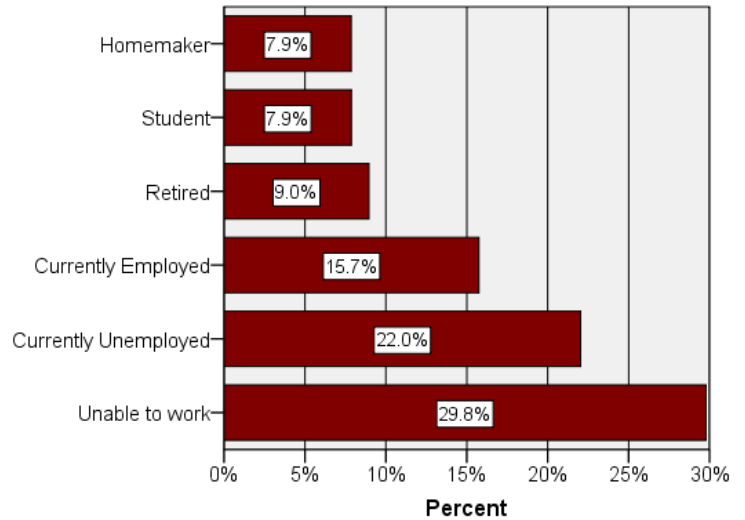
Table 1: Smoking Prevalence by Age, Sex, Marital Status and Race/Ethnicity - NJBRFSS, 2008

| Demographic Characteristics | Smoking Rate | (CI Half) |
|------------------------------|--------------|-----------------|
| Age (Years) | | |
| Age 18 to 24 | 16.2% | ($\pm 5.1\%$) |
| Age 25 to 34 | 18.2% | ($\pm 3.2\%$) |
| Age 35 to 44 | 14.8% | ($\pm 2.1\%$) |
| Age 45 to 54 | 17.2% | ($\pm 1.9\%$) |
| Age 55 to 64 | 15.1% | ($\pm 2.0\%$) |
| Age 65 or older | 7.5% | ($\pm 1.1\%$) |
| Gender | | |
| Male | 17.4% | ($\pm 1.8\%$) |
| Female | 12.3% | ($\pm 1.0\%$) |
| Marital Status | | |
| Married, Coupled | 12.4% | ($\pm 1.2\%$) |
| Divorced, Widowed, Separated | 19.7% | ($\pm 2.0\%$) |
| Never Married | 18.1% | ($\pm 3.2\%$) |
| Race/Ethnicity | | |
| White, Non-Hispanic | 15.7% | ($\pm 1.3\%$) |
| Black, Non-Hispanic | 17.0% | ($\pm 3.0\%$) |
| Hispanic | 12.3% | ($\pm 2.7\%$) |
| Other | 10.9% | ($\pm 3.2\%$) |

Employment Status

Significantly higher smoking prevalence rates were observed among those who were unemployed (22.0±4.9%) and unable to work (29.8±5.6%) as compared to those who were employed (15.7±1.4%). Further, while smoking rates among homemakers (7.9±2.3%), retirees (9.0±1.3%) and students (7.9±6%) did not differ notably from one another, all three of these groups had smoking rates that were significantly lower than employed adults (15.7±1.4%). Figure 2 illustrates differences in smoking prevalence by employment status.

Figure 2: Smoking Prevalence by Employment Status – NJBRFSS, 2008



Education Level

As shown in Figure 2, smoking rates among those with a college degree (8.0 ±1.2%) were significantly lower than those with only some college or technical education (17.8 ±2.2%), those who completed high school (20.2 ±2.3%) and those who did not complete high school (20.9 ±4.1%).

Income Level

Similarly, smoking prevalence rates varied by income levels (see Figure 3). Persons with household incomes at or above \$75,000 per year (10.9±1.5%) had significantly lower smoking rates than those earning

Figure 2: Smoking Prevalence by Education Level NJ BRFSS, 2008

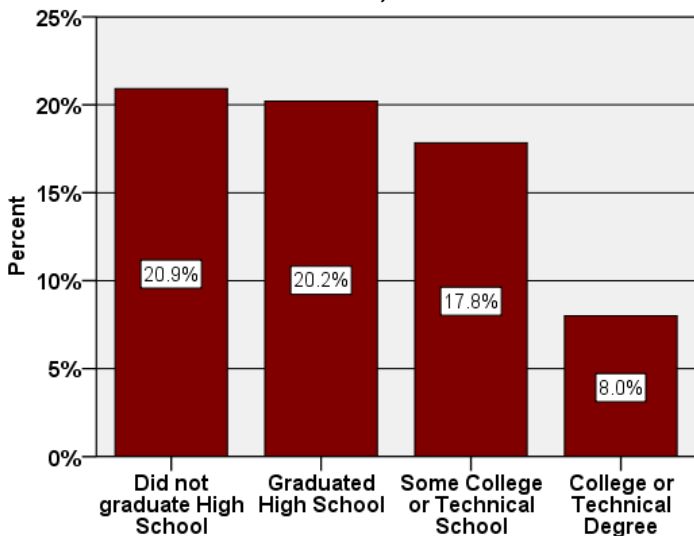
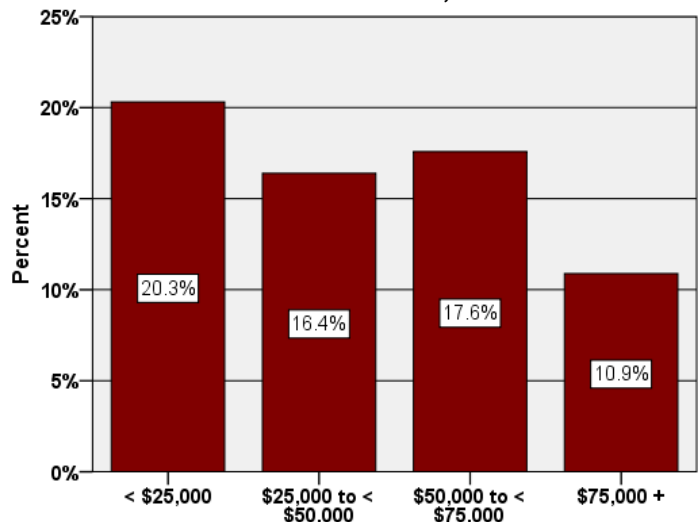


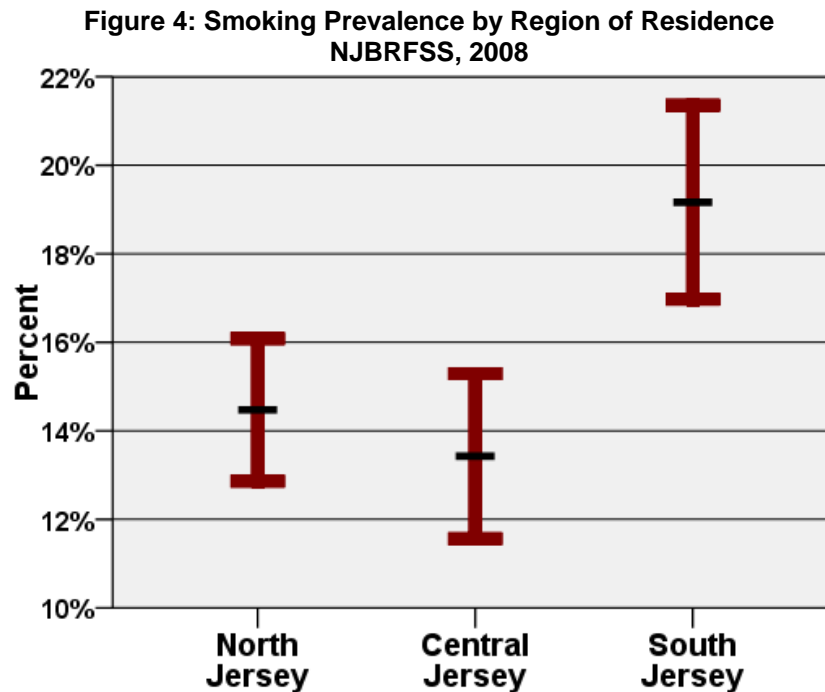
Figure 3: Smoking Prevalence by Annual Household Income – NJBRFSS, 2008



\$50,000 to less than \$75,000 per year ($17.6 \pm 2.9\%$). Additionally, adults with annual incomes below \$25,000 had significantly higher prevalence rates ($20.3 \pm 2.7\%$) than those earning between \$25,000 and less than \$50,000 ($16.4 \pm 2.5\%$). Although the highest and lowest categories presented here (Figure 3) had notably different smoking rates, the middle categories are not significantly different from each other.

State Region

As shown in Figure 4, smoking prevalence rates varied according to region of residence within New Jersey. Although prevalence rates in North Jersey ($14.5 \pm 1.6\%$) and Central Jersey ($13.4 \pm 1.9\%$) were similar, both were significantly lower than the prevalence rate in South Jersey ($19.2 \pm 2.2\%$). Further, this difference persisted after controlling for other socioeconomic indicators (e.g. education level, employment status, income).



Range bars represent 95% Confidence Intervals

Summary

Although adult cigarette smoking prevalence among New Jersey adults has been declining for several years (CDC, 2008), significant disparities in smoking rates still exist. The wide variation in smoking prevalence by education, income and employment suggest a need to target scarce tobacco control resources to socially and economically disadvantaged populations.

The variation in smoking rates among regions of the State also raises several questions, particularly about proximity to lower cigarette prices. For example, it is possible that residents in South Jersey are able to easily travel to other states (e.g., Delaware) where cigarettes are less expensive, whereas the nearest state for North Jersey residents (e.g., New York) has similar, if not higher, prices. For this reason, South Jersey residents may continue smoking despite socioeconomic disadvantages. Further examination of these differences by region is necessary to determine the implications for policy or program efforts.

References

Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2001-2008.

Methodology

The data in this brief are from the 2008 New Jersey Behavioral Risk Factor Surveillance Survey (NJBRFSS). The NJBRFSS is a state-wide cross-sectional survey designed to provide representative prevalence estimates of various diseases and risk factors among New Jersey adults; in 2008 the NJBRFSS was administered to 11,740 adults. The survey is administered on a monthly basis to provide annual estimates using a random digit dialing (RDD) sampling approach. The data are weighted to adjust for non-response and the varying probabilities of selection, including those from oversampling.

Current smoking is defined as having smoked 100 cigarettes in a lifetime and now smoking cigarettes every day or some days. Daily smoking is defined as having smoked 100 cigarettes in a lifetime and now smoking cigarettes every day.

Regional breakdown is as follows: North Jersey – Bergen, Essex, Hudson, Morris, Passaic, Sussex and Warren Counties; Central Jersey – Hunterdon, Mercer, Middlesex, Monmouth, Ocean, Somerset and Union Counties; South Jersey – Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester and Salem Counties.

For more information on the NJBRFSS, please contact the New Jersey Department of Health and Senior Services via their website at <http://www.state.nj.us/health/chs/brfss.htm>

For more information on the CTCP, please contact the New Jersey Department of Health and Senior Services via their website at <http://www.state.nj.us/health/as/ctcp/>

Suggested Citation: UMDNJ-School of Public Health (2009). Tobacco Surveillance Data Brief: Disparities in adult smoking prevalence from the 2008 Behavioral Risk Factor Surveillance Survey, Volume 3, Issue 2.