

A TOBACCO FREE FUTURE:

Advancing health justice
through policy change in
Greater Cincinnati



INTERACT
FOR HEALTH

Released
JULY 2024

Interact for Health works to ensure that people in our region have a just opportunity to live their healthiest lives, regardless of who they are or where they live. We advance health justice through grant making, collaboration, learning, convening, and engagement. Interact for Health is an independent foundation that works in 20 counties in Ohio, Kentucky, and Indiana. More information is available at www.interactforhealth.org.

Copyright © 2024 by Interact for Health. All rights reserved.

The Greater Cincinnati Adult Tobacco Survey is a project of Interact for Health. This report was produced in partnership with the Center for Public Health Systems Science at Washington University in St. Louis. The survey was conducted by the Institute for Policy Research at the University of Cincinnati.

To cite this work, please use this format: Interact for Health and Center for Public Health Systems Science. (2024). A tobacco-free future: Advancing health justice through policy change in Greater Cincinnati. Cincinnati, OH and St. Louis, MO.

Permission is granted to reproduce this publication provided that these reproductions are not used for a commercial purpose; that you do not collect any fees for the reproductions; that our materials are faithfully reproduced (without addition, alteration, or abbreviation); and that they include any copyright notice, attribution, or disclaimer appearing on the original. Free copies of our publications are available; please visit www.interactforhealth.org.

Table of Contents

Creating better health for all by reducing the impact of commercial tobacco.....	2
The state of tobacco use in Greater Cincinnati	5
Age matters	8
Race matters	9
Income matters	9
Identity matters	10
Place matters.....	11
How we can build a healthy, thriving community.....	12
Expanding smoke-free spaces	13
Reducing youth tobacco use	13
Reducing tobacco use across ages and backgrounds.....	15
Reducing the availability of tobacco products	16
Measuring community trends in tobacco use	17
Looking to the future	18
Appendix.....	19
About the survey	20
Endnotes	21

Creating better health for all by reducing the impact of commercial tobacco

Every person should have a full, fair, and just opportunity for good health. Yet in our region—the Greater Cincinnati area and surrounding counties (see the map on [page 20](#))—underlying problems present significant barriers to health and well-being. Inequities, such as economic injustice, systemic racism, and other forms of marginalization, shape the experiences of some groups, leading to wide disparities between different places and people. **Advancing health justice requires changing systems so that community conditions promote good health, and no group is exposed to environments that undermine health or well-being.**

Reducing the harm caused by commercial tobacco is a key part of achieving good health for everyone in our region. Although tobacco use affects every community in the United States, the Greater Cincinnati area has higher than average tobacco use. High rates of tobacco use in our community contribute to a culture where tobacco use is seen as normal and common. **Seventeen percent (17%) of Ohio adults, 17% of Kentucky adults, and 16% of Indiana adults use cigarettes compared to 14% of U.S. adults in 2022.**^{1*}

High rates of tobacco use, driven by tobacco industry marketing and advertising, impacts lives and contributes to a culture where young people and adults see tobacco use as common or normal—even as they acknowledge its negative health impacts.² **In the 2022 Greater Cincinnati Adult Tobacco Survey, 79% of adults reported that tobacco use is somewhat or very common in the community. Over half (54%) reported working in a place where smoking is allowed.** Tobacco use was also reported as a common behavior among their personal



Ohio, Kentucky, and Indiana are a part of the country known as **Tobacco Nation**. Adults and young adults living in Tobacco Nation have a 50% higher rate of smoking and smoke more cigarettes per person annually than people living in other states.³

* At the time of publication, state-level cigarette use data for 2022 were only available through the Behavioral Risk Surveillance System (BRFSS); BRFSS data are used here for states and the nation. For comparison of the Greater Cincinnati region to the nation in Figure 1, the 2022 National Health Interview Survey data show a slight difference; they are used due to availability for annual use across the years.

friends. Eighty-five percent (85%) of adults who use tobacco, and almost half (44%) of those who do not, shared that at least one of their closest friends use tobacco.

These findings show that tobacco use is a common and normal behavior for many of our friends, neighbors, and community members. A comprehensive approach is needed to address these challenges—one that both reduces tobacco use and changes the social norms around it.

Effective tobacco interventions must focus on the underlying causes of health injustice and the people and places that are unevenly and unfairly affected by poorer health that comes from tobacco use.

Expansive strategies and commitments to tackle tobacco use that reach all members of our community are critical to enable our region to reach its full potential for good health and well-being.

A comprehensive approach to reducing tobacco use in our community includes:

- Increasing the public spaces where people can work and play free from secondhand smoke.
- Lowering the number of youth who currently use tobacco.
- Preventing youth from starting to use tobacco products.
- Increasing access to effective and culturally relevant supports for people who want to stop using tobacco.
- Reducing access to tobacco products in the community, including reducing the influence of the tobacco industry in our communities and removing flavored tobacco products.

Top 10

Ohio, Kentucky, and Indiana are all in the top 10 states with the **HIGHEST PROPORTION OF CANCER DEATHS** from cigarette use in the United States.⁴



An electronic version of this report with hyperlinks to resources can be found at www.interactforhealth.org/about-tobacco-survey

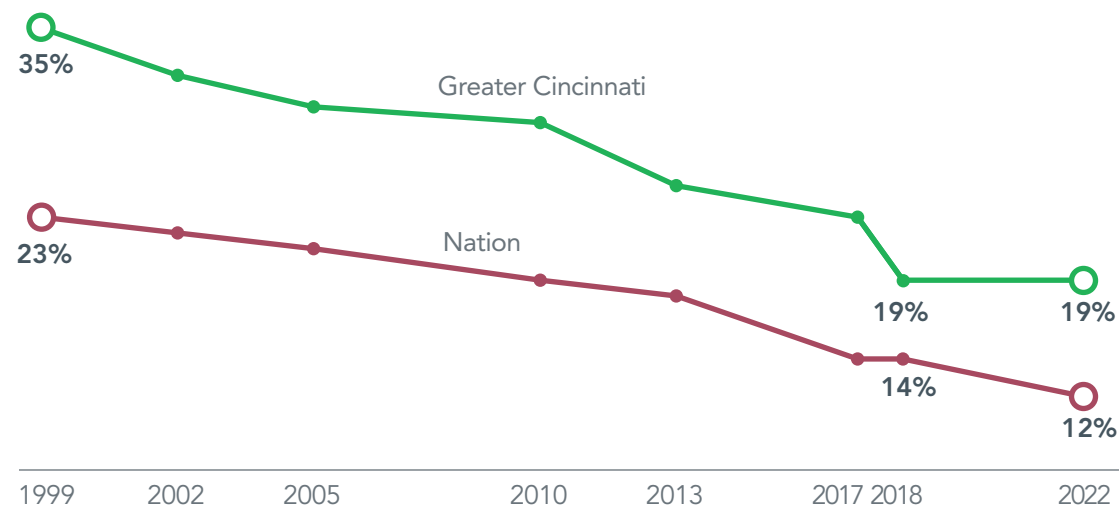


The state of tobacco use in Greater Cincinnati

Commercial tobacco use remains the single most preventable cause of disease, disability, and death in the U.S.⁵ Almost nine out of 10 cases of lung cancer are caused by smoking tobacco.⁶ While cigarette smoking rates have been declining both nationally and in the region, Greater Cincinnati adults continue to smoke cigarettes at a higher rate than the nation.

Figure 1. Greater Cincinnati adults continue to smoke at a higher rate than the nation

PERCENTAGE OF ADULTS WHO ARE CURRENT CIGARETTE SMOKERS



SOURCES: Greater Cincinnati data from the Community Health Status Survey and Greater Cincinnati Adult Tobacco Survey; national data from the National Health Interview Survey

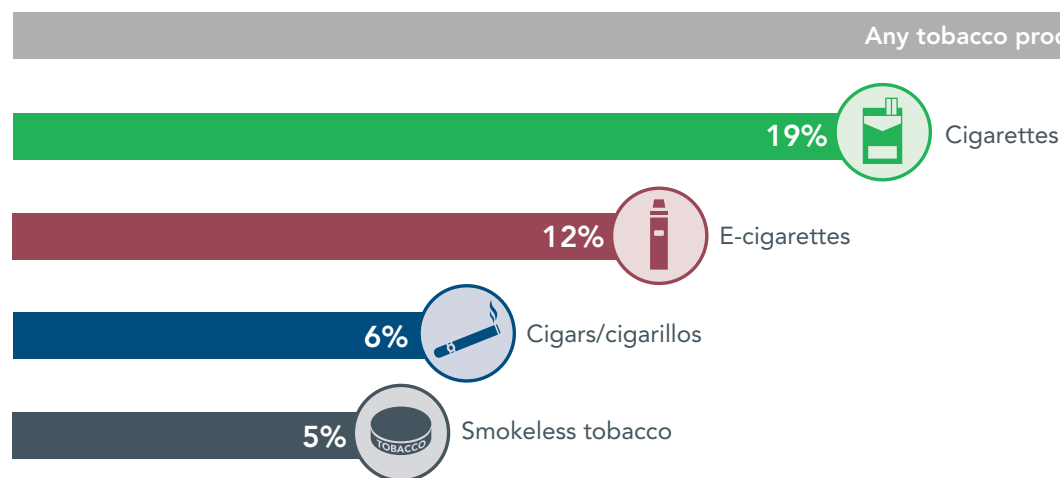


From 2018 to 2022, tobacco use in Greater Cincinnati remained largely the same. In 2022, almost 1 in 3 (30%) Greater Cincinnati adults uses one or more tobacco products, with cigarettes as the most popular tobacco product among adults, followed by e-cigarettes.

1 in 10
Greater Cincinnati
adults uses **TWO OR
MORE TOBACCO
PRODUCTS**

Figure 2. Almost 1 in 3 Greater Cincinnati adults uses at least one tobacco product

PERCENTAGE OF ADULTS WHO CURRENTLY USE A TOBACCO PRODUCT

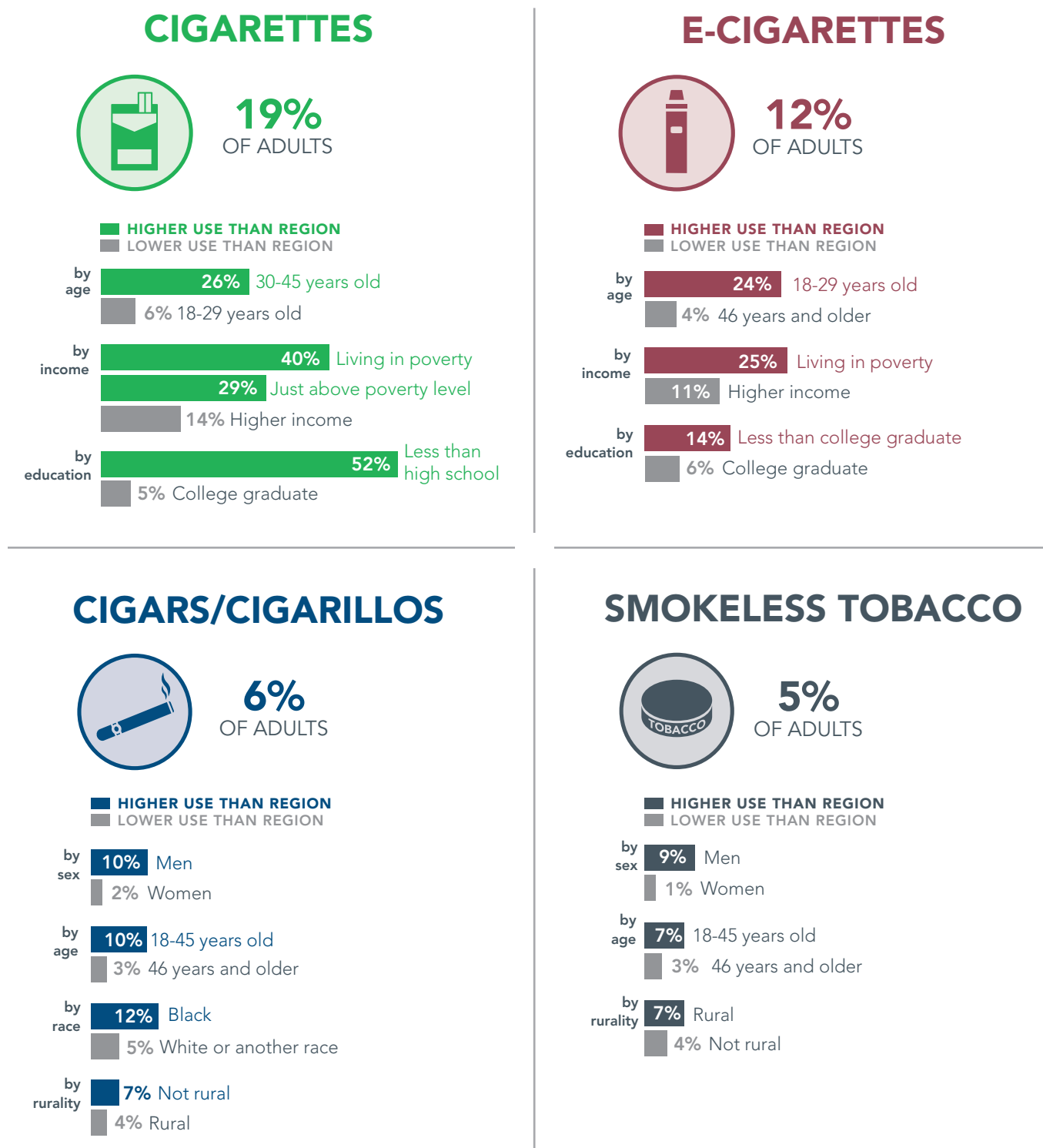


SOURCE: 2022 Greater Cincinnati Adult Tobacco Survey



Promoting health justice starts with understanding how tobacco use affects different people and places across our region. As seen in Figure 3, the characteristics of who is using varies by product type.

Figure 3. Tobacco products used in the Greater Cincinnati region varies widely across groups



SOURCE: 2022 Greater Cincinnati Adult Tobacco Survey

In the Greater Cincinnati region, rural counties in Ohio included: Adams, Brown, Clermont, Clinton, and Highland; in Kentucky: Bracken, Carroll, Gallitin, Grant, Owen, and Pendleton; and in Indiana: Dearborn, Franklin, Ohio, Ripley, and Switzerland. See the map of all counties on [page 20](#).

Everyone should have access to the specific resources they need for health and well-being.

Advancing health justice includes understanding the differences in tobacco use across our region.

Community conditions like economic inequality, institutionalized and systemic racism, and discriminatory policies and practices drive the differences we see here.

Living with these barriers is stressful for individuals and can lead to higher tobacco use rates in some communities and populations. Focusing on the connections between health, discrimination, and stress shines a light on the importance of addressing the underlying causes of health injustice.

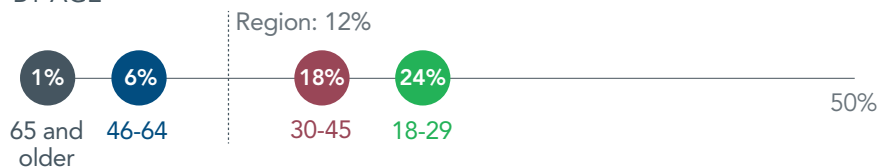


Age matters

Young adults are more likely to use e-cigarettes than adults of all other ages. Use of e-cigarettes among adults ages 30-45 almost doubled from 2018 (10%) to 2022 (18%).

Figure 4. Young adults' e-cigarette use remains high

PERCENTAGE OF ADULTS WHO ARE CURRENT E-CIGARETTE USERS, BY AGE



SOURCE: 2022 Greater Cincinnati Adult Tobacco Survey

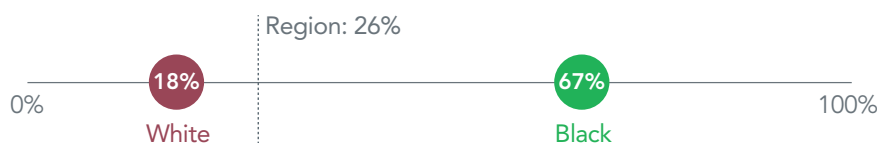
From 2018 to 2022,
**USE OF
E-CIGARETTES**
almost
DOUBLED
among adults
age 30-45

Race matters

Black adults in Greater Cincinnati are just as likely to use cigarettes as white adults (18% and 20%, respectively). However, **67% of Black adults who smoke use menthol cigarettes, while 18% of white adults who smoke use menthol.** Menthol cigarettes are more likely to be someone's first cigarette, and those who start with menthol cigarettes are more likely to continue smoking, and more likely to die from tobacco-related diseases.^{7,8}

Figure 5. Menthol cigarettes are used by majority of Black smokers

PERCENTAGE OF ADULT SMOKERS WHO ARE CURRENT MENTHOL CIGARETTE USERS, BY RACE



SOURCE: 2022 Greater Cincinnati Adult Tobacco Survey

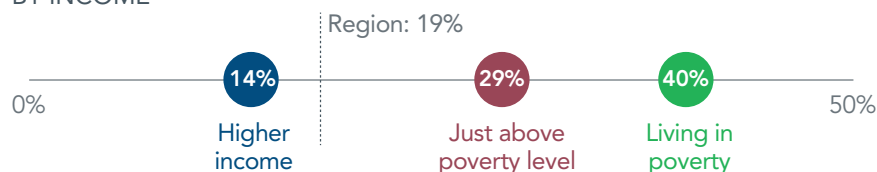
Income matters

Adults living in poverty are more likely to smoke or use any tobacco product than adults just above the poverty level or with higher incomes.* Adults living in poverty are more likely to:

- **Smoke cigarettes** (40%) than those with higher incomes (14%).
- **Use any tobacco product** (47%) than those with higher incomes (27%).
- **Use two or more tobacco products** (21%) than those with higher incomes (8%).

Figure 6. Smoking is concentrated among adults with lower incomes

PERCENTAGE OF ADULTS WHO ARE CURRENT CIGARETTE USERS, BY INCOME



SOURCE: 2022 Greater Cincinnati Adult Tobacco Survey

4x

Black adults who smoke are **FOUR TIMES MORE LIKELY** to use menthol than white adults who smoke

2x

Adults living in poverty are about **TWICE AS LIKELY** to use tobacco products as adults with higher incomes

* In 2022, a family of four living in poverty (the equivalent of 100% or less of the Federal Poverty Guidelines) had a household income of \$27,750 or less. A family of four living just above the poverty level (between 100% and 200% FPG) had a household income between \$27,751 and \$55,500. A family of four that had higher income (more than 200% FPG) had a household income greater than \$55,500.

Identity matters

In 2022, the Greater Cincinnati Adult Tobacco Survey asked about sexual identity for the first time. **Of Greater Cincinnati adults who identify as lesbian, gay, or bisexual, 36% use one or more tobacco products.**

Tobacco industry advertising intentionally targets the LGBTQ+ community, and nationwide tobacco use rates are higher among people who identify as LGBTQ+.⁹ National studies show that menthol use is higher among people who identify as LGBTQ+, which was also seen in Greater Cincinnati.¹⁰

Figure 7. More than one-third of lesbian, gay, or bisexual adults use a tobacco product

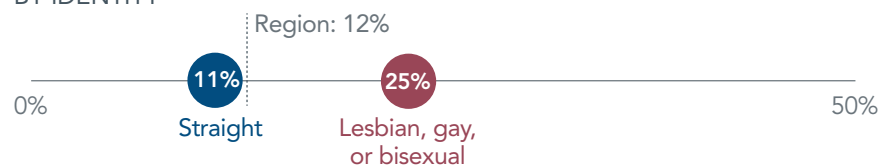
PERCENTAGE OF ADULTS WHO CURRENTLY USE ANY TOBACCO PRODUCT, BY IDENTITY



SOURCE: 2022 Greater Cincinnati Adult Tobacco Survey

Figure 8. One in four lesbian, gay, or bisexual adults uses e-cigarettes

PERCENTAGE OF ADULTS WHO ARE CURRENT E-CIGARETTE USERS, BY IDENTITY



SOURCE: 2022 Greater Cincinnati Adult Tobacco Survey

1 in 4
lesbian, gay, or
bisexual adults
USES E-CIGARETTES
vs. 1 in 10 straight
adults



Place matters

Across the region, tobacco use remained high from 2018 to 2022. However, tobacco use and its impact on health varies across places. This is closely connected to local policies. Some communities have strong tobacco-related policies—such as tobacco retail licensing and smokefree laws—as well as a culture where smoking is not the norm. Other communities remain unprotected, leading to higher rates of tobacco use and tobacco-related diseases.

Between 2018 and 2022, new tobacco retail licensing and/or Tobacco 21 policies were passed in several Ohio communities. In some communities, tobacco policy work was occurring alongside decreased tobacco use. For example, in the City of Cincinnati—where both of these policies were passed in 2018—the percentage of adults who smoke decreased by 42% from 2018 to 2022 (24%: 2018, 14%: 2022). In other communities, including Indiana, tobacco use increased from 2018 to 2022.

Tobacco use among adults in Indiana remains high

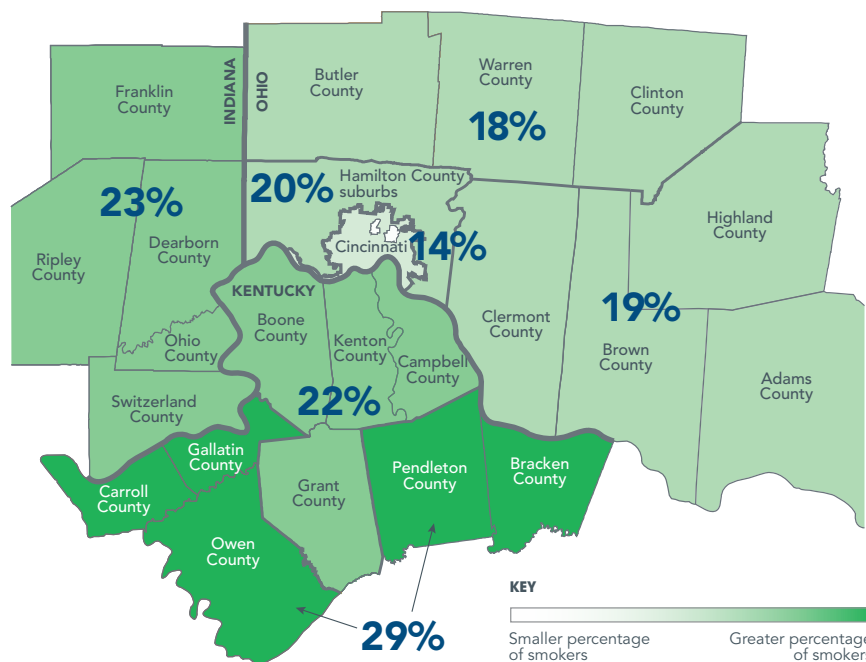
37%
use any tobacco product

23%
smoke cigarettes

13%
use two or more tobacco products

Figure 9. Cigarette use remains high across our region

PERCENTAGE OF ADULTS WHO ARE CURRENT CIGARETTE SMOKERS, BY LOCATION



SOURCE: 2022 Greater Cincinnati Adult Tobacco Survey

How we can build a healthy, thriving community

Our community can build the foundation for a healthier region through proven strategies for change. Currently in our region, promising policies are either not in place or are less substantial than in some other regions. Existing state and federal Tobacco 21 policies raised the minimal legal sales age of tobacco products, but did not include adequate enforcement. This allows some retailers to continue selling to young people in our communities. Other policies that are currently not strong enough include advertising, flavored product sales, pricing, retail licensing, and tax policies.

Tackling tobacco-related problems requires an integrated approach using multiple, enforceable policies that work together to protect and support our community.

There is a great deal of information and experience on steps that communities can take to reduce the impact of commercial tobacco and improve health for all people. In fact, several of our local communities have experience in developing and showing the effectiveness of strategies for reducing tobacco use among young people. By looking to the knowledge and experiences within our own communities as well as leaders and researchers around the U.S., we can move toward a community that allows all people to reach their potential for good health by creating environments that support well-being. Policies can make our systems and institutions better able to promote health and prevent disease—or they can undermine health and well-being. Achieving sustainable policy change will require careful selection of strategies that have the highest impact on populations experiencing systematic barriers to health.



Strong policy strategies to advance health justice in the Greater Cincinnati region include:

1) Expanding smoke-free spaces

Strategy ►

Bringing comprehensive smoke-free policies to the places where we live, work, and play can reduce tobacco use and exposure to secondhand and thirdhand smoke.*

Rationale ►

Well-designed policies can protect our neighbors from all backgrounds from the harms of secondhand and thirdhand smoke.*

Building momentum in Northern Kentucky

Breathe Easy Northern Kentucky has built a robust coalition of partners and worked with community members to elevate smoke-free workplace policies throughout Northern Kentucky. Through this work, they have engaged with elected officials resulting in three cities in Campbell County—Dayton, Bellevue, and Highland Heights—implementing comprehensive smoke-free workplace ordinances.



2) Reducing youth tobacco use

Strategy ►

Tobacco retail licensing and Tobacco 21 enforcement policies can support the existing Ohio state and federal Tobacco 21 policies by promoting strong implementation through regular compliance checks and signage requirements.

* While secondhand is secondhand smoke is smoke from burning tobacco products, thirdhand smoke is the residue left from smoking indoors that includes nicotine and formaldehyde for example. To learn more visit <https://www.mayoclinic.org/healthy-lifestyle/quit-smoking/expert-answers/third-hand-smoke/faq-20057791>.

Rationale ►

Preventing youth from ever using tobacco, reducing youth access to tobacco products, and lowering overall youth tobacco use can impact health in our community now and for generations to come. Currently, Ohio state and federal Tobacco 21 policies do not provide broad enforcement, so local experiences are varied. This policy difference means that in some areas, people are well-protected against illegal sales to youth, but not in other areas. This is not just uneven—it is unfair. Every child should be protected against early exposure and easy access to addictive tobacco products. Our efforts to prevent addiction in young people can protect developing brains and create a generation of future adults who are empowered to shift the perception and culture of tobacco use in our region.

Educating communities pays off

In 2018, Envision Partnerships recognized the need to address youth tobacco use throughout Butler County and brought together cross-sector partners from the community to begin developing plans. After years of community education and advocacy efforts, three cities—Hamilton, Middletown, and Oxford—in Butler County passed tobacco retail licensing policies. Read more in the [Years in Review 2018-2022](#) report.



Strategy ►

Passing policies that prohibit the sale of flavored tobacco products (including menthol) can reduce youth use because young people are more likely to use tobacco when it is flavored.

Rationale ►

We can stop the tobacco industry from addicting youth to tobacco as their next generation of customers and protect youth from tobacco-related disease.

3) Reducing tobacco use across ages and backgrounds

Strategy ►

Passing policies that prohibit the sale of flavored tobacco products (including menthol) protect adults, especially Black and LGBTQ+ adults who are targeted by tobacco industry advertising.

Rationale ►

Black smokers in Greater Cincinnati are more likely to use menthol cigarettes than white smokers, and menthol is more addictive, leading Black smokers to experience more tobacco-related disease.



Strategy ►

Providing accessible, comprehensive, and evidence-based resources for cessation can reduce tobacco use and improve the health of our community.

Rationale ►

Most Greater Cincinnati smokers in 2022 wanted to quit (65%). Supporting smokers who want to quit with effective and culturally-relevant cessation resources, can help us build a healthier community and reshape our culture of tobacco use. We must ensure these resources are available to our neighbors from all backgrounds.

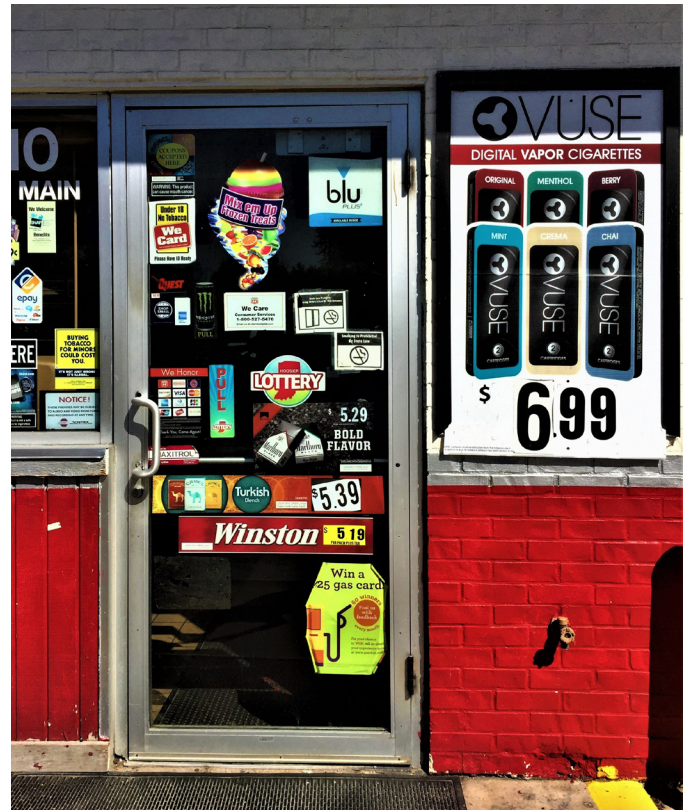
4) Reducing the availability of tobacco products

Strategy ►

Making commercial tobacco more difficult to purchase can decrease how many people use tobacco and how much they use. Communities nationwide have had success with policies that focus on reducing availability including: increasing the price of tobacco products, limiting how many tobacco retail locations can be in an area, restricting the places where tobacco retail locations can operate (for example, not around schools), and limiting advertising.

Rationale ►

These policies can create a community where the tobacco industry has less influence on people. They can affect our entire community but will have the strongest impact on our youngest neighbors and specific populations. For example, while there is no difference in the smoking rate between Black and white residents in the region, **Black residents are more likely to die from tobacco-related diseases**. This disparity reflects differences in living conditions that have been shaped by systemic racism and how systems and institutions fail to work for Black communities. Inadequate and inconsistent policies allow companies to flood Black communities with discounts and ads, keeping deadly tobacco products cheap and visible, while other communities have stronger protections. Reducing the availability of tobacco products with an eye on health justice looks like ensuring comprehensive policy coverage and adequate reach.



5) Measuring community trends in tobacco use

Strategy ►

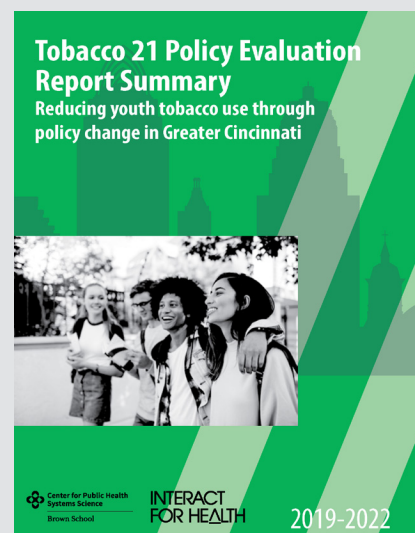
Meaningful measurement of tobacco use in our community requires that we focus on how tobacco impacts everyone, especially groups who experience the largest impacts from tobacco use.

Rationale ►

Data collection such as the Greater Cincinnati Adult Tobacco Survey plays an important role in understanding our community and informing the choices we make as we strive for a future with improved health for all. Using data to learn from community-led efforts to reduce tobacco use can also help us understand successes and challenges. Evidence like these can help us build on our successes and share them with other communities in our region. Communities working together to enact consistent policies helps to create strong policies that cover residents from many different backgrounds, promoting health and fairness across neighborhoods and our region.

Building evidence of policy efforts for future work

From 2019 to 2022, researchers at Washington University in St. Louis conducted an evaluation of the development, implementation, and enforcement of Tobacco 21 and tobacco retail licensing policies in the Greater Cincinnati area. Using data from surveys, interviews, license applications, and compliance checks they developed a comprehensive picture of the challenges and successes around tobacco policy during that time. This work continues to inform policy efforts and enforcement of existing policies in our region. Read more in the [Tobacco 21 Policy Evaluation Report Summary](#).



Looking to the future

Strong, comprehensive strategies can spread the positive impact of reduced tobacco use equitably throughout our community. As a result of advancing health justice, we could anticipate significant changes such as:





- Shifting our local culture around commercial tobacco and health.
- Modeling healthy behaviors for youth and young adults.
- Living longer, healthier lives with fewer tobacco-related diseases.
- Promoting economic prosperity by reducing medical costs and increasing residents' ability to support their families and contribute to our community.

We are encouraged by the efforts our community has already undertaken and look forward to celebrating the continued collective action that will bring us closer to achieving our potential as a healthy, thriving community.



Appendix

Demographic data for current tobacco product users

Subgroups	Current users of any tobacco		 Current cigarette users		 Current e-cigarette users		 Current cigar/cigarillo users		 Current smokeless tobacco users	
	Percentage	Sample size*	Percentage	Sample size*	Percentage	Sample size*	Percentage	Sample size*	Percentage	Sample size*
Greater Cincinnati residents	30%	2,271	19%	2,269	12%	2,271	6%	2,264	5%	2,269
GENDER										
Male	35%	1,099	21%	1,098	12%	1,099	10%	1,097	9%	1,097
Female	26%	1,172	18%	1,171	12%	1,172	2%	1,167	1%	1,172
AGE										
18-29	31%	465	6%	465	24%	465	8%	464	6%	465
30-45	38%	588	26%	588	18%	588	11%	582	7%	588
46-64	28%	769	22%	768	6%	769	3%	769	4%	768
65 and older	22%	421	20%	420	1%	421	1%	421	2%	421
RACE										
African American	31%	539	18%	539	13%	539	12%	533	4%	539
White	31%	1,900	20%	1,899	12%	1,900	5%	1,894	5%	1,899
IDENTITY										
Lesbian, gay, or bisexual	36%	133	16%	133	25%	133	4%	130	4%	133
Straight	31%	1,973	20%	1,971	11%	1,973	6%	1,969	5%	1,972
EDUCATION										
Less than high school	58%	231	52%	230	16%	231	8%	231	7%	231
High school graduate	36%	706	23%	706	15%	706	7%	705	8%	706
Some college	31%	660	18%	660	14%	660	6%	657	4%	660
College graduate	14%	639	5%	639	6%	639	4%	637	2%	639
INCOME										
100% FPG or less	47%	179	40%	179	25%	179	7%	179	5%	179
Between 100% and 200% FPG	39%	339	29%	339	16%	339	6%	336	8%	339
More than 200% FPG	27%	1,302	14%	1,300	11%	1,302	7%	1,298	5%	1,301

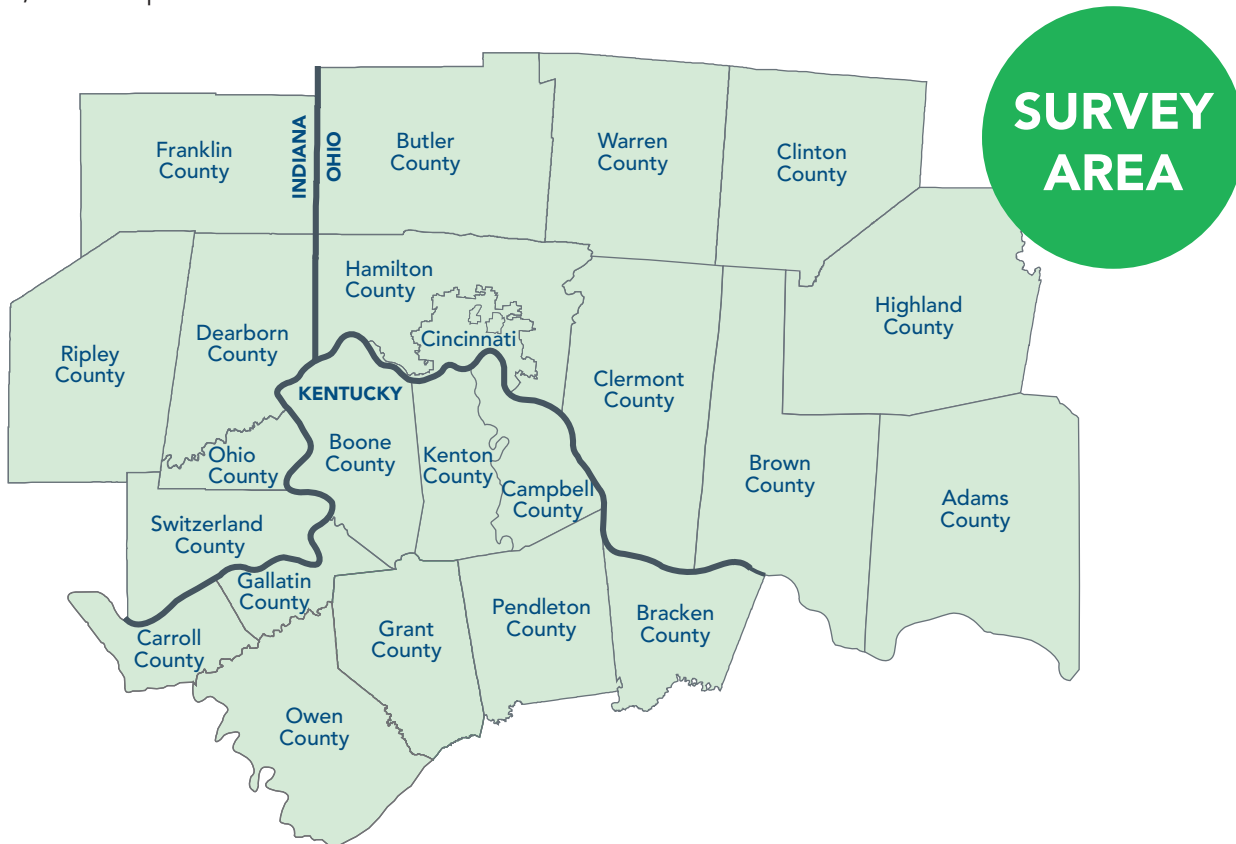
*For this calculated variable (see data definitions below for variable definition), "Sample Size" translates to the number of adult respondents who were assigned to this category based on their responses to certain questions. Therefore, sample sizes within demographic subgroups may vary.

Data definitions for tobacco product users

Tobacco product used	Definition
Any tobacco product	Current tobacco product users are respondents who currently use one or more of the tobacco products from the 2022 Greater Cincinnati Adult Tobacco Survey, including: cigarettes, cigars, cigarillos, little filtered cigars, smokeless tobacco and e-cigarettes.
Cigarettes	Current smokers are respondents who have smoked at least 100 cigarettes in their life, and now smoke every day or some days.
E-cigarettes	Current e-cigarette users are respondents who have used an e-cigarette at least once and now use e-cigarettes every day, some days or rarely.
Cigar, cigarillo or little filtered cigars	Current cigar/cigarillo users are respondents who have smoked a cigar, cigarillo or little filtered cigar at least 50 times in their life, and now smoke every day, some days or rarely.
Smokeless tobacco	Current smokeless tobacco users are respondents who have used smokeless tobacco at least 20 times in their life and who now use smokeless tobacco every day, some days or rarely.

About the survey

The Greater Cincinnati Adult Tobacco Survey is a project of Interact for Health and is conducted by the Institute for Policy Research at the University of Cincinnati. A total of 2,271 randomly selected adults residing in a 22-county area (see below) were interviewed by telephone between August 25, 2022, and October 23, 2022. This included 590 landline and 1,681 cell phone interviews.



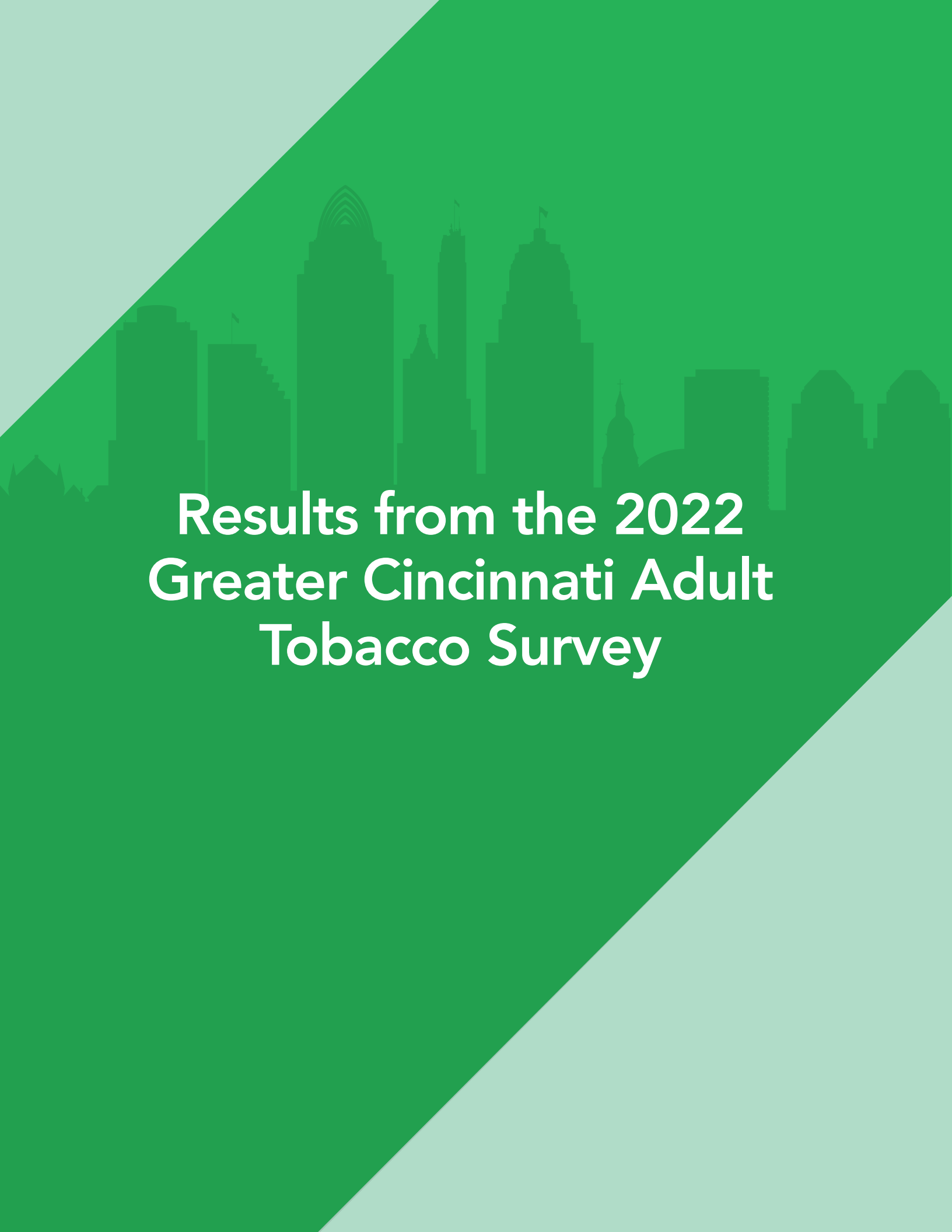
As with all surveys, statistical adjustments were made to correct any biases that exist because not all residents in the area were interviewed. The potential margin of error for the survey is $\pm 2.1\%$. Caution should be used when interpreting subgroup results because the margin of error for any subgroup is higher than that of the overall survey. Data have also been weighted to correct for potential sampling biases on age, race, sex, education and county of residence using data from the U.S. Census Bureau.

Oversamples were conducted to get a more accurate picture of tobacco use among specific groups. As part of the original survey and as part of the oversample, 556 current smokers (margin of error: $\pm 4.2\%$) and 539 African Americans ($\pm 4.2\%$) were interviewed.

Visit www.interactforhealth.org/about-tobacco-survey for additional information and other releases.

Endnotes

1. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. Accessed Jul 10, 2024. <https://www.cdc.gov/brfss/brfssprevalence/>
2. Strong DR, Messer K, White M, et al. Youth Perception of Harm and Addictiveness of Tobacco Products: Findings from the Population Assessment of Tobacco and Health Study (Wave 1). Addictive Behaviors. 2019;92:128-135. doi:10.1016/j.addbeh.2018.12.005
3. Truth Initiative. Tobacco Nation: A Call to Eliminate Geographic Smoking Disparities in the U.S. Truth Initiative. Published June 28, 2023. Accessed January 27, 2020. <https://truthinitiative.org/tobacconation>
4. Cancer Action Network. Smoking-Related Cancer Deaths by State, 2020. American Cancer Society. Published April 4, 2024. Accessed May 31, 2024. https://www.fightcancer.org/sites/default/files/state-specific_smoking-related_cancer_deaths_fact_sheet_final_4.04.24.pdf
5. Centers for Disease Control and Prevention. Smoking Cessation: A Report of the Surgeon General. Surgeon General's Reports. Published April 24, 2024. Accessed May 28, 2024. <https://www.cdc.gov/tobacco-surgeon-general-reports/reports/2020-smoking-cessation/index.html>
6. Centers for Disease Control and Prevention. Tobacco and Cancer. Centers for Disease Control and Prevention. Published April 17, 2024. Accessed June 2, 2024. <https://www.cdc.gov/cancer/risk-factors/tobacco.html>
7. Villanti AC, Johnson AL, Glasser AM, et al. Association of Flavored Tobacco Use With Tobacco Initiation and Subsequent Use Among US Youth and Adults, 2013-2015. JAMA Network Open. 2019;2(10):e1913804. doi:10.1001/jamanetworkopen.2019.13804
8. Villanti AC, Johnson AL, Halenar MJ, et al. Menthol and Mint Cigarettes and Cigars: Initiation and Progression in Youth, Young Adults and Adults in Waves 1-4 of the PATH Study, 2013-2017. Nicotine & Tobacco Research: Official Journal of the Society for Research on Nicotine and Tobacco. 2021;23(8):1318-1326. doi:10.1093/ntr/ntaa224
9. Cornelius ME, Loretan CG, Jamal A, et al. Tobacco Product Use Among Adults – United States, 2021. MMWR Morbidity and Mortality Weekly Report. 2023;72:475-483. doi:10.15585/mmwr.mm7218a1
10. Centers for Disease Control and Prevention. Unfair and Unjust Practices Harm LGBTQ+ People and Drive Health Disparities. Centers for Disease Control and Prevention. Published May 16, 2024. Accessed May 28, 2024. <https://www.cdc.gov/tobacco-health-equity/collection/lgbtq-unfair-and-unjust.html>

The background of the slide is a solid green color. A diagonal line runs from the top-left corner to the bottom-right corner, creating a light green triangular area in the top-left. Overlaid on the green background is a dark green silhouette of the Cincinnati skyline, featuring several prominent skyscrapers and domes. The text is centered in the lower half of the image.

Results from the 2022 Greater Cincinnati Adult Tobacco Survey