

TOBACCO USE IN NORTHERN KENTUCKY

INTERACT
FOR HEALTH

Your trusted source of health information

Results from
the 2018
Greater Cincinnati
Adult Tobacco Survey



Throughout this report the term Northern Kentucky refers to Boone, Bracken, Campbell, Carroll, Gallatin, Grant, Kenton, Owen and Pendleton counties. See map on page 10.

Interact for Health is improving the health of all people in our region. We serve as a catalyst by promoting health equity through grants, education, research, policy and engagement. To amplify the impact of our work, Interact for Health focuses on three strategic priorities: reducing tobacco use, addressing the opioid epidemic and ensuring that children have access to health care through school-based health centers. We are an independent foundation that serves 20 counties in Ohio, Kentucky and Indiana.

Interact for Health Board of Directors

Officers	Members
<ul style="list-style-type: none">• Chair: Woodrow Uible, Principal, Bartlett and Co.• Vice Chair: Rick Williams, President and CEO, The Home Ownership Center of Greater Cincinnati• Immediate Past Chair: Jeanne-Marie Tapke, Principal, Tapke Leadership Consultants• President and CEO: Dr. O'dell M. Owens, Interact for Health	<div><ul style="list-style-type: none">• Jeanette Altenau, Director of Community Relations, TriHealth• Jagdish Bhati, Founder and CEO, Serene Suites Premier Memory Care• Michael Chasnoff, CEO and Founder, Truepoint Wealth Counsel• Dr. Uma Kotagal, Senior Fellow, Cincinnati Children's Hospital, Professor, University of Cincinnati• Chris Makaroff, Professor and Dean, College of Arts and Science, Miami University• Denisha Porter, Director, All-In Cincinnati• Brewster Rhoads, Principal, Brewster Rhoads & Associates</div> <div><ul style="list-style-type: none">• Mary Ronan, Superintendent, Norwood City School District, and former Superintendent, Cincinnati Public Schools• Julie Geisen Scheper, retired, Catholic Charities of the Diocese of Covington and former Board Chair, Covington Independent Public Schools• Allison Tepper, retired, Branch Chief, Hazard Evaluation and Technical Assistance Branch, National Institute for Occupational Safety and Health• Kenneth Washington, clinical psychologist, former consultant to National Football League• Bryan Wright, Executive Director, Cincinnati Compass</div>

Copyright © 2020 by Interact for Health.

All rights reserved.

To cite this work, please use this format:
Interact for Health. (2020). *Tobacco Use in Northern Kentucky*. Retrieved from <https://bit.ly/2RWyMMc>.

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.

A problem we can no longer ignore

IN MORE THAN 50 YEARS, the smoking rate in the United States has dropped by half. Yet tobacco use remains the single most preventable cause of disease, disability and death in the U.S.—and Northern Kentucky. And it comes with a substantial economic burden due to health care costs and lost productivity.¹

For decades, Kentucky has had one of the highest percentages of adults who smoke in the nation.² This has contributed to higher numbers of tobacco-related health conditions—such as heart and lung diseases—and poorer overall health and well-being.³ In fact, Kentucky has the nation's highest lung cancer rate.⁴

Local action to reduce tobacco use

Most Northern Kentucky adults (66%) think that smoking is a problem in their community. Here are some local strategies that we know work:

- **Tobacco control policies** such as smoke-free workplace laws that protect all people from exposure to secondhand smoke.
- **Cessation efforts** that are tailored to and reach those most affected by tobacco use.
- Culturally appropriate **media and community relations campaigns** that address smoking as well as emerging tobacco products such as e-cigarettes.⁵

What is the state of tobacco use in Northern Kentucky?

Launched in 2018, the Greater Cincinnati Adult Tobacco Survey is the most comprehensive source of local data for understanding adult tobacco use behaviors, attitudes and public opinion in the region. This report provides data that the Northern Kentucky community can use to work together to reduce tobacco use and exposure to secondhand smoke.

TOBACCO USE

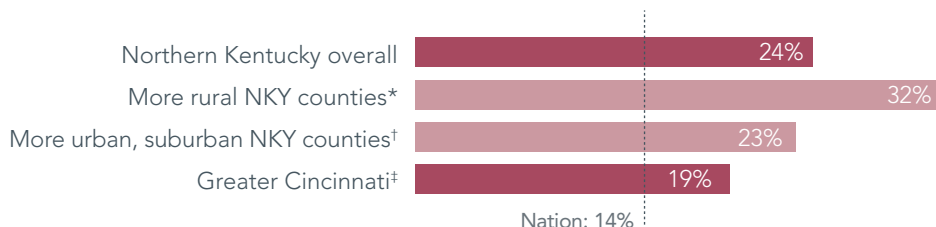
Despite progress, Northern Kentucky lags behind region, nation in smoking

While smoking has steadily declined here and across the nation over the past few decades, **the percentage of adults in Northern Kentucky who are current smokers (24%) continues to be higher than Greater Cincinnati (19%) and the nation (14%).⁶**

32%

of adults in rural Kentucky counties are current smokers, the highest rate in the region.

PERCENTAGE OF ADULTS WHO ARE CURRENT CIGARETTE SMOKERS



* Bracken, Carroll, Gallatin, Owen and Pendleton counties.

† Boone, Campbell, Grant, Kenton counties.

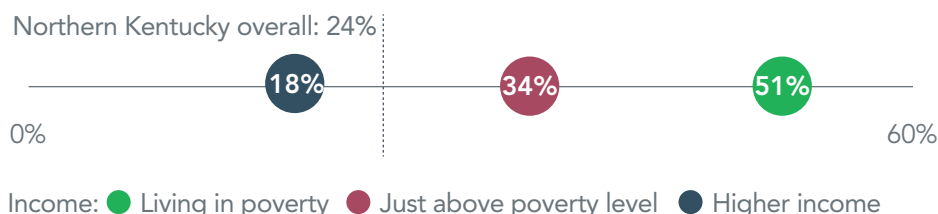
‡ See map on page 10 for counties included in Greater Cincinnati.

SOURCE: National data from the National Health Interview Survey (2018)

Smoking concentrated among adults with lower incomes

In Northern Kentucky, more than half of adults living in poverty (51%) and a third of those living just above the poverty level (34%) are current cigarette smokers. This is higher than those with higher incomes (18%).

PERCENTAGE OF NORTHERN KENTUCKY ADULTS WHO ARE CURRENT CIGARETTE USERS, BY INCOME*



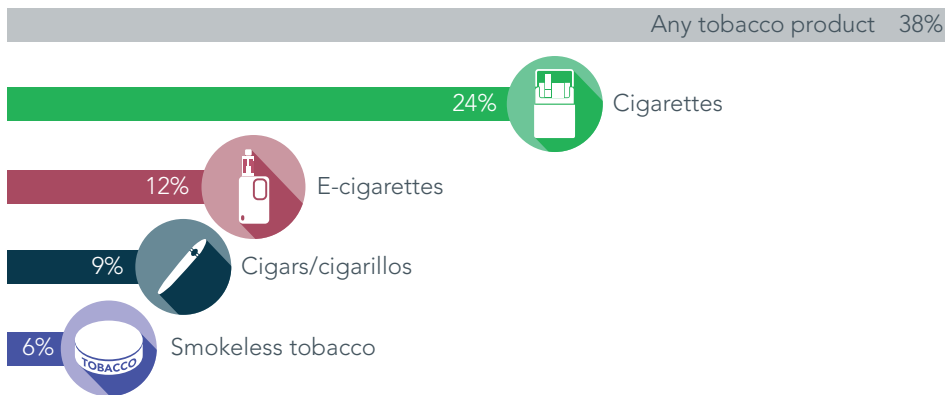
* In 2017, a family of four living in poverty (the equivalent of 100% or less of the Federal Poverty Guidelines) had a household income of \$24,600 or less. A family of four living just above the poverty level (between 100% and 200% FPG) had a household income between \$24,601 and \$49,200. A family of four that had higher income (more than 200% FPG) had a household income greater than \$49,200.

"Northern Kentucky residents are still using tobacco at a significantly higher rate than the rest of our region, with notable health disparities amongst our low income and rural populations," said Dr. Lynne M. Saddler, District Director of Health, Northern Kentucky Health Department. "NKY Health is continually working to provide resources and opportunities for Northern Kentuckians to quit smoking, especially in typically underserved areas."

Current use varies by tobacco product

Almost 4 in 10 Northern Kentucky adults (38%) use some type of tobacco product. Of those, 24% are current cigarette smokers, 12% are current e-cigarette users, 9% are current cigar or cigarillo users and 6% are current smokeless tobacco users.⁷

PERCENTAGE OF NORTHERN KENTUCKY ADULTS WHO CURRENTLY USE A TOBACCO PRODUCT



It is worth noting that e-cigarette use has increased dramatically among youth. In 2020, approximately 1 in 5 high school and 1 in 20 middle school students in the U.S. are current e-cigarette users.⁸ As the current generation ages, this changing product landscape presents new challenges and makes future progress uncertain.

While COVID-19 is a new disease and we continue to learn how it affects health, evidence has shown that being a current or former smoker may increase your risk of severe illness from COVID-19.⁹ Smoking weakens the immune system and increases the risk of respiratory infections.¹ Using e-cigarettes also harms lung health and can cause inflammation.¹⁰



"As we confront the coronavirus, it is more important than ever for people to take steps to protect their health, like hand washing, wearing a mask and practicing social distancing. We know that COVID-19 attacks the lungs, and so it's critical to also take action to improve lung health by quitting the use of all tobacco products. We can get through this pandemic together."

– Dr. O'dell Moreno Owens, President and CEO, Interact for Health

Note: Data in this report were collected before the COVID-19 pandemic began.

**COVID-19
AND
TOBACCO**

SECONDHAND SMOKE

SOME OF THE HEALTH IMPACT OF SECONDHAND SMOKE¹²

ON ADULTS WHO HAVE NEVER SMOKED



Heart disease



Lung cancer



Stroke

ON CHILDREN



Ear infections



Asthma



Respiratory symptoms and infections

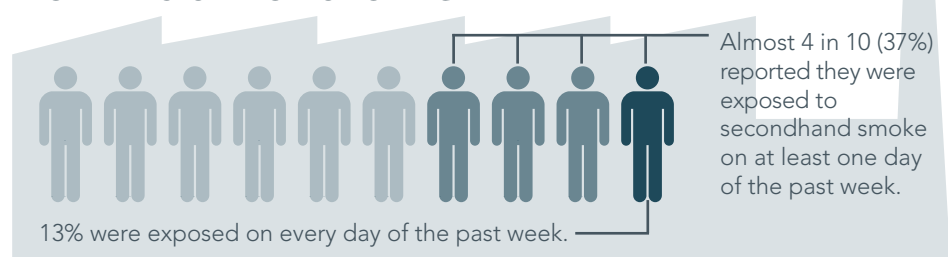
NKY thinks secondhand smoke harmful

Exposure to secondhand smoke – even brief exposure – is harmful to health.¹¹ **Almost 9 in 10 Northern Kentucky adults (89%) think that breathing the smoke from other people's cigarettes is harmful.**

Northern Kentuckians exposed to secondhand smoke at work, home

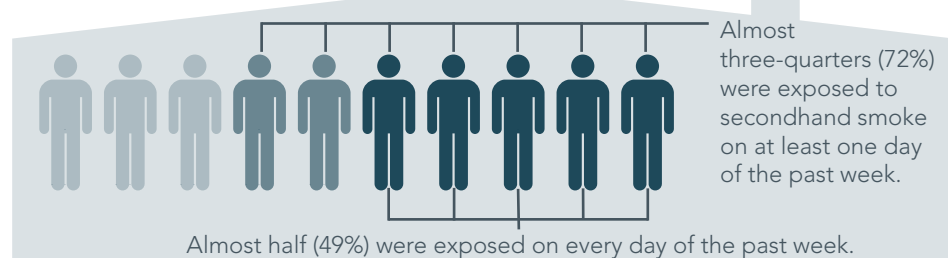
More than half of Northern Kentucky adults (54%) report that their workplaces allow smoking indoors, outdoors or both.

AMONG NORTHERN KENTUCKY ADULTS WHOSE WORKPLACES ALLOW SMOKING



More than 2 in 10 Northern Kentucky adults (23%) allow smoking inside their home. Adults living in rural Northern Kentucky counties are the most likely (36%) to allow smoking inside their home.

AMONG NORTHERN KENTUCKY ADULTS WHO ALLOW SMOKING INSIDE THEIR HOME



Research has shown that smoke-free laws can reduce the risk for heart disease and lung cancer among nonsmokers.¹ Ensuring that workplaces and public places are smoke-free is the only way to fully protect nonsmokers from exposure to secondhand smoke and its harmful effects.¹²

Majorities favor smoke-free workplace law

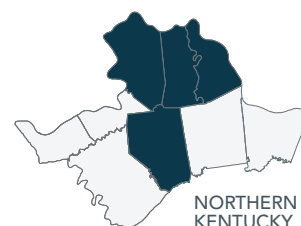
While some Northern Kentuckians are protected from secondhand smoke at their workplaces, **certain groups remain exposed, perpetuating tobacco-related disparities and poorer health outcomes, particularly among the Northern Kentucky workforce.**

People with lower incomes and less education as well as youth are more likely to be employed by workplaces that are not covered by smoke-free laws (i.e. restaurants, bars, manufacturers).^{13,14}

A majority of Northern Kentucky adults (67%) favor a smoke-free law. Support was consistent among registered voters (69%) and regardless of political party affiliation. Majorities of Democrats (68%), Republicans (66%) and Independents (65%) favored such a law. Adults who had never smoked (80%) or were former smokers (68%) were more likely to favor a smoke-free law than current smokers (47%).

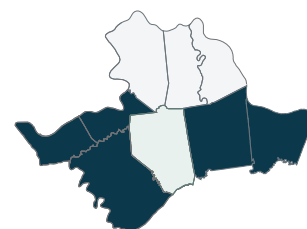
69%

of registered voters in Northern Kentucky support a smoke-free law.



75%

in more urban, suburban counties.



63%

in more rural counties.



76%

in Florence.

No state law, only one local law prohibits smoking in workplaces

Kentucky is one of 13 states without any type of statewide law that prohibits smoking in places such as restaurants, bars and workplaces.¹⁵

In 2018, the city of Williamstown became the first—and currently the only—jurisdiction in Northern Kentucky to enact a comprehensive smoke-free law.¹⁶

"We are committed to leading the Northern Kentucky region to become one of the healthiest communities in America. Unfortunately, Kentucky has the highest rates in the nation in both smoking and cancer deaths. We want to do everything possible to decrease these rates with programs, resources and support systems that will help reduce smoking and secondhand smoke in our communities."

– Garren Colvin, President & CEO, St. Elizabeth Healthcare

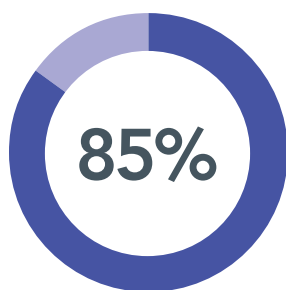


THE CULTURE OF TOBACCO

Tobacco use and the history of tobacco growing have been woven into Kentucky's culture for a long time—and it is stronger than in many other parts of Greater Cincinnati.¹⁷

Furthermore, the tobacco industry has traditionally targeted advertising to people living in rural areas and people with lower incomes.³

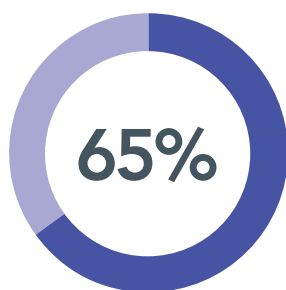
The cycle of tobacco use continues, and it affects us all. Ultimately, tobacco use is an addiction, one that is difficult to break when the culture and environment in communities make it harder to succeed.



of Northern Kentucky adults think **smoking is common** in their community.



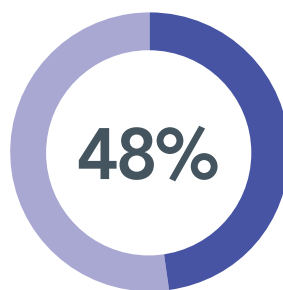
When people live, work and play where smoking is perceived to be common, it becomes an enduring community norm.



of Northern Kentucky adults have at least **one close friend** who currently uses tobacco.



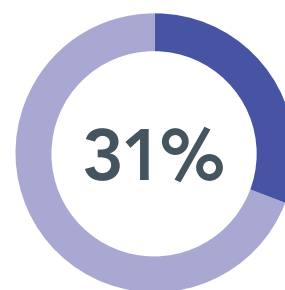
When people have close friends who smoke, they are also exposed to secondhand smoke, which is harmful to their health.



of current smokers in Northern Kentucky have **children living in the household**.



When children grow up in households where people smoke, it is modeled for them and smoking may continue into future generations.



of current smokers in Northern Kentucky report **high levels of stress**.



When high stress is part of people's everyday lives, changing their environment or finding healthy ways to cope becomes difficult.

CESSATION EFFORTS

The number one way smokers can prevent smoking-related illness and death is to quit smoking.¹⁸ However, some people, including those with lower incomes, African Americans and those who live in rural areas, are less likely to successfully quit and more likely not to have access to cessation services.⁵

Most current smokers want to quit

More than 7 in 10 adult smokers in Northern Kentucky (72%) said that they are thinking about quitting smoking for good. More than half (56%) have attempted to quit in the past year. A similar percentage (62%) have been advised to quit smoking by a health care provider in the past year.

CESSATION EFFORTS BY NORTHERN KENTUCKY ADULT SMOKERS



24%

of Northern Kentucky adults have successfully quit smoking.





Resources available to help smokers quit

Quitting smoking for good can be very difficult. In fact, most smokers make multiple attempts before they successfully quit.

- Call 1-800-QUIT-NOW for personalized, over-the-phone support. Visit www.quitnowkentucky.org.
- Talk to your health care provider or pharmacist for help.
- Set a quit date, and identify a friend who can encourage you along the way.

APPENDIX

Demographic data for adult tobacco users and smoke-free policy support

Subgroups	 Current cigarette users*		 Current e-cigarette users†		 Current cigar/cigarillo users†		 Current smokeless tobacco users†		Smoke-free policy support			
	Percentage	Sample size‡	Percentage	Sample size‡	Percentage	Sample size‡	Percentage	Sample size‡	All respondents	Sample size‡	Registered voters	Sample size‡
Northern Kentucky residents	24%	704	12%	702	9%	702	6%	702	67%	697	69%	578
Boone, Campbell, Grant, Kenton counties	23%	353	12%	353	9%	353	6%	353	73%	348	75%	274
Bracken, Carroll, Gallatin, Owen, Pendleton counties	32%	351	11%	349	11%	349	5%	349	61%	350	63%	304

* Respondents currently smoke every day or some days.

† Respondents currently use every day, some days or rarely. Complete tobacco product users definitions can be found on page 16 of "Tobacco Use in Greater Cincinnati." Retrieved from: https://www.interactforhealth.org/upl/media/gcats_2019_final_for_web_083019.pdf.

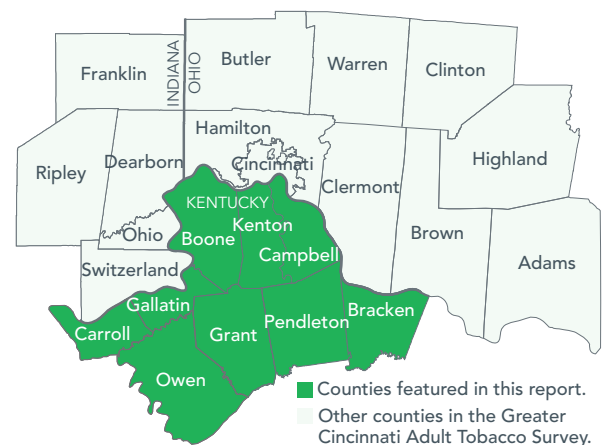
‡ For this calculated variable, "Sample Size" translates to the number of adult respondents who were assigned to this category based on their responses to certain questions. Therefore, sample sizes within demographic subgroups may vary.

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. This report is focused on results of interviews with a total of 705 randomly selected adults residing in a nine-county area in Northern Kentucky (see map) as part of the broader Greater Cincinnati Adult Tobacco Survey. Interviews were conducted by landline and cell phone between Aug. 11, 2018, and March 31, 2019.

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 questions asked of approximately 700 Kentucky residents is $\pm 3.7\%$. 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.

Visit www.interactforhealth.org/about-tobacco-survey for more about the survey's methodology and other reports.



ENDNOTES

1. U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General. (2014). The health consequences of smoking—50 years of progress: A report of the surgeon general, 2014. Retrieved from <https://bit.ly/2EAmd5L>.
2. The Truth Initiative. (2019). Tobacco Nation: An ongoing crisis. Retrieved from <https://bit.ly/2EDrCsM>.
3. Centers for Disease Control and Prevention. (2019). Tobacco use by geographic region. Retrieved from <https://bit.ly/3gGDeJ2>.
4. American Lung Association. (2019). Kentucky Lung Cancer Rates. Retrieved from <https://bit.ly/2Eqaw8y>.
5. Centers for Disease Control and Prevention. (2015). Best practices user guide: Health equity in tobacco prevention and control. Retrieved from <https://bit.ly/3hASGYm>.
6. While National Health Interview Survey (NHIS) is the standard for national tobacco surveillance, there are some methodological differences between NHIS (a cross-sectional household interview survey administered continuously throughout 2018) and the Greater Cincinnati Adult Tobacco Survey (a random digit-dial telephone survey administered between August 2018 and January 2019).
7. For a list of definitions of the current tobacco product users that appear here, please see page 16 of the following report: Interact for Health. (2019). Tobacco Use in Greater Cincinnati. Cincinnati, OH: Author. Retrieved from: <https://bit.ly/31yaxcB>.
8. Centers for Disease Control and Prevention. (2020). E-cigarette use among middle and high school students - United States, 2020. Morbidity and Mortality Weekly Report. September 9, 2020. Retrieved from: <https://bit.ly/3hnD9tO>.
9. Centers for Disease Control and Prevention. (2020). Coronavirus disease 2019 (COVID-19): People with certain medical conditions. Retrieved from <https://bit.ly/2ZwKcdH>.
10. Centers for Disease Control and Prevention. (2020) Smoking & tobacco use: about electronic cigarettes (e-cigarettes). Retrieved from <https://bit.ly/32A5dVL>.
11. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Office on Smoking and Health. (2006). The health consequences of involuntary exposure to tobacco smoke: A report of the surgeon general. Retrieved from <https://bit.ly/2EFUjS>.
12. Centers for Disease Control and Prevention. (2018). Secondhand smoke facts. Retrieved from <https://bit.ly/3aZGCgP>.
13. Ham, D.C., Przybeck, T., Strickland, J.R., Luke, D.A., Bierut, L.J., & Evanoff, B.A. (2011). Occupation and workplace policies predict smoking behaviors: analysis of national data from the current population survey. *Journal of Occupational and Environmental Medicine*. 53(11), 1337-1345.
14. Arheart, K.L., Lee, D.J., Dietz, N.A., Wilkinson, J.D., Clark III, J.D., LeBlanc, W.G., et al. (2008). Declining trends in serum cotinine levels in U.S. worker groups: the power of policy. *Journal of Occupational and Environmental Medicine*. 50(1), 57–63.
15. Centers for Disease Control and Prevention. (2020). State Tobacco Activities Tracking and Evaluation (STATE) System. Retrieved from <https://bit.ly/2EzYwKf>. States without a statewide law are Alabama, Alaska, Connecticut, Georgia, Kentucky, Mississippi, Missouri, Oklahoma, South Carolina, Texas, Virginia, West Virginia and Wyoming.
16. Tynan, M., Holmes, C.B., Promoff, G., Hallett, C., Hopkins, M. & Frick, B. State and local comprehensive smoke-free laws for worksites, restaurants, and bars. (2016). *Morbidity and Mortality Weekly Report*. 65(24), 623-626. A comprehensive smoke-free law is one that completely prohibits smoking in indoor areas of most public places, including workplaces, restaurants and bars.
17. Fallin, A., & Glantz, S.A. (2015). Tobacco-control policies in tobacco-growing states: Where tobacco was king. *The Milbank Quarterly*. 93(2), 319-358
18. U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General. (2020). Smoking cessation: A report of the surgeon general. Retrieved from <https://bit.ly/32vcZiF>.

For more information about the survey and additional reports on tobacco use in Greater Cincinnati, please visit: www.interactforhealth.org/about-tobacco-survey.

Envisioning a Tobacco-free Northern Kentucky

A report from Interact for Health, your trusted source of health information.

Interact for Health conducts state and regional surveys about health behaviors, outcomes and opinions. Past surveys have examined the health of African Americans, Appalachians and neighborhoods such as Price Hill, among others. To learn more about the surveys, visit

<https://www.interactforhealth.org/community-data/>.