



2014 West Virginia Adult Tobacco Survey

West Virginia Prevention Research Center



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Introduction and Methodology

The West Virginia Adult Tobacco Survey (WVATS) is designed to monitor tobacco-related behaviors, attitudes, and beliefs over time. The survey provides comprehensive information about the prevalence of smoking and smokeless tobacco use in West Virginia and other variables related to tobacco. WVATS data help assess progress toward reducing tobacco use among West Virginians and with planning and designing future tobacco prevention initiatives.

This report focuses on the telephone survey conducted in 2014. A total of 2,067 adults in West Virginia were interviewed and the results were weighted to reflect the entire adult population of the state. The WVATS commenced in January 2014 and concluded in April, 2014. Results shown in the following tables and charts include a 95% confidence interval half-width, a standard measure of statistical precision. Table 1 includes a *confidence interval* column. The bar charts include *error bars*, which reflect the confidence intervals. Readers should understand that there is 95% confidence that the data in this Report are accurate within the range of these confidence intervals. Hence the actual values being discussed could be higher or lower than those values. The disposition of calls and demographic characteristics of the sample are described in Appendices A-B. The American Association of Public Opinion Research (AAPOR) Response Rate 4 was 24.6%. The Cooperation Rate 1 was 85.6%.

In 2013, WVU solicited vendors to submit bids for the 2014 WVATS. The Wyoming Survey & Analysis Center (WYSAC) was awarded the WVATS contract. WVU acceded to WYSAC's October 2013 recommendation to allocate 30% of the survey to *cell phone only* households. Their estimate was consistent with the National Center for Health Statistics' (December 2013) estimate for WV *cell phone only* households: 30.2%.¹

Reported results may be notably different from previous WVATS results due to differences in response rates for cell phone and landline samples. Specifically, the proportion of cell phone respondents in younger age groups was much higher than in the landline sample. The opposite was true with adults in older age groups. The survey weights are used to generalize the WVATS results to the entire WV population and are functions of the cell phone and landline responses. According to the Centers for Disease Control and Prevention's Office on Smoking and Health (OSH), other states that conducted an ATS in recent years have had similar observations. OSH further noted that the survey weights they supplied corrected this issue.

The planning, implementation, and analysis phases of this project were conducted with consultation from OSH. Most of the questions used are OSH-recommended questions which were not asked previously, including questions about e-cigarettes and health insurance. Additionally, OSH provided the landline and cell phone samples to WYSAC as well as programming support.

Appendix C provides definitions of frequently used terms in this report.

Executive Summary

Many West Virginians continue to use tobacco products despite increased efforts to provide public education and cessation support. An average of 3,800 WV adults aged 35 and older die each year from diseases related to cigarette smoking and each WV smoker who dies prematurely loses an average of 14.6 years of his or her life.² For example, because 85% of lung cancer can be attributed to smoking, these are cancer cases that are preventable with smoking prevention and cessation efforts. The WV Bureau for Public Health found the incidence of cancer of the lung and bronchus to be 85.7 per 100,000, which is much higher than the national rate of 66.6 per 100,000.³

Tobacco also has a negative economic impact on smokers and communities. On average, cigarettes cost smokers \$4,700 annually and tobacco use costs the state of West Virginia almost 2 billion dollars each year in direct health care costs and lost productivity.² Reducing tobacco use is vital to alleviating the heavy burden of preventable deaths, illnesses, and excessive health care costs that result from using tobacco products.

The following are key findings from the 2014 WVATS.

In 2014, 73.0% of WV adults reported being non-tobacco users, 18.6% were exclusively smokers, 5.8% used smokeless tobacco (ST) only, and 2.6% were dual users.

Cigarettes

- 21.3% of WV adults were current smokers, 25.0% were former smokers, and 53.7% had never smoked.
- 25-34 year olds had the highest smoking rate, at 35.2%.
- Adults aged 65 and older had the lowest prevalence at 12.2%.
- 40.2% of adults with less than a high school diploma/GED smoked, which contrasted with the 5.3% smoking rate of college graduates.
- 30.9% of WV adults with a household income under \$30,000 were current smokers versus 11.4% of adults with a household income of \$100,000.
- 31.3% adults of low socioeconomic status in WV (high school diploma or GED or less education and a household income of \$30,000 or less) were smokers.
- 23.8% of those self-identifying as gay, lesbian, bisexual, or transgendered reported current smoking.

Smokeless Tobacco

- 29.0% of WV adult men aged 18-24 used smokeless tobacco (ST), whereas only 5.4% of adult men aged 65 or older used smokeless tobacco.
- 27.4% of men with less than a high school diploma/GED used smokeless tobacco, while 8.7% of college graduates used these products.

Dual Tobacco Use

- 2.6% of WV adults were dual tobacco users—consuming both cigarettes and smokeless tobacco on a regular basis.

Findings from the 2014 West Virginia Adult Tobacco Survey

- 12.0% of current smokers used ST.
- 30.5% of current ST users also smoked.

Electronic Cigarette Use

- 1 in 5 adults (20.6%) had tried electronic cigarettes.
 - 37.0% of adults 18 – 24 years old.
 - 35.9% of adults 25 – 34 years old.
 - 61.3% of current smokers.
 - 16.5% of former smokers.
 - 5.6% of adults who never smoked had used e-cigarettes.
 - 31.3% of smokers reported using e-cigarettes during a recent quit attempt.

Cigar Smoking

- 4.8% of adults were current cigar smokers.
- 58.2% of adults had never tried a cigar.

Cessation

- 52.9% of WV adult smokers tried to quit smoking within the last year.
- 70.3% of WV adult smokers would like to quit smoking for good.
- 11.9% of WV's former smokers had quit within the previous 12 months; 54.9% of former smokers had quit more than 15 years ago.

Provider Involvement

- 79.3% of current tobacco users and 91.9% of nonusers had seen a doctor, dentist, nurse, or other health professional in the past 12 months.
- 56.7% of current tobacco users had been advised by a health care provider to quit smoking or using smokeless tobacco in the past 12 months. 65.5% of women smokers were advised to quit, while only 50.4% of men were advised to quit.

Secondhand Smoke Exposure

- 96.4% of WV adults believed that breathing smoke from other people's cigarettes is either "somewhat" or "very" harmful.
- 76.0% of adults reported that smoking is never allowed anywhere inside their home.
- 38.4% of current smokers never allowed smoking in their homes, while 25.6% of adults with less than a HS education, and 25.8% of adults with a household income less than \$30,000 had no smoking restrictions.

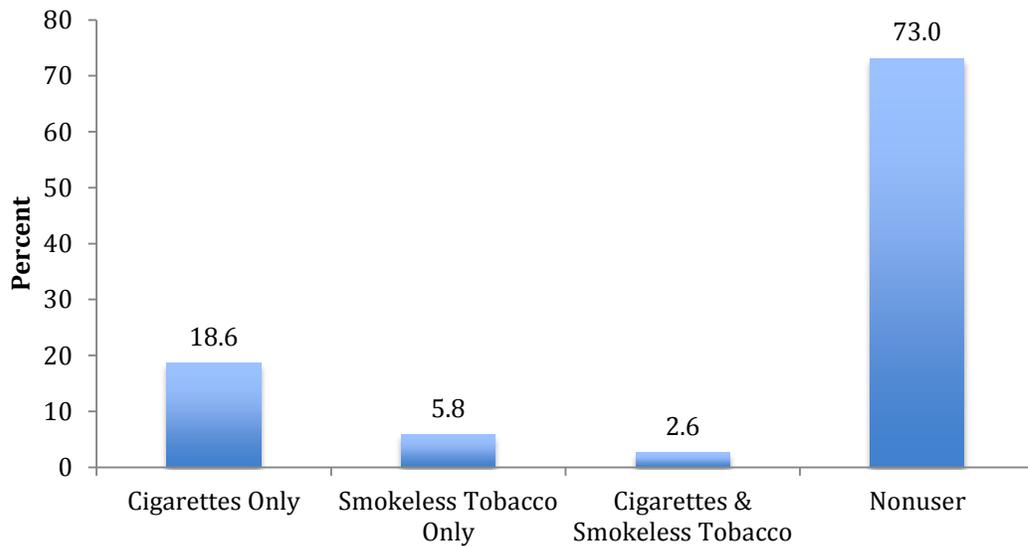
Health Status

- 27.3% of men who smoke and 47.7% of men who do not smoke felt they were in very good or excellent health.
- 34.8% of women who smoke and 47.0% of women who do not smoke felt they were in very good or excellent health.

Tobacco Use of West Virginia Adults

In 2014, the majority of West Virginia adults, 73.0%, used no tobacco products. The smoking rate was 21.2%, which includes 18.6% who smoke cigarettes only, and 2.6% who use both smokeless tobacco and cigarettes. Another 5.8%, almost entirely men, used smokeless tobacco only.

Figure 1. Tobacco use status of WV adults



Smoking Prevalence

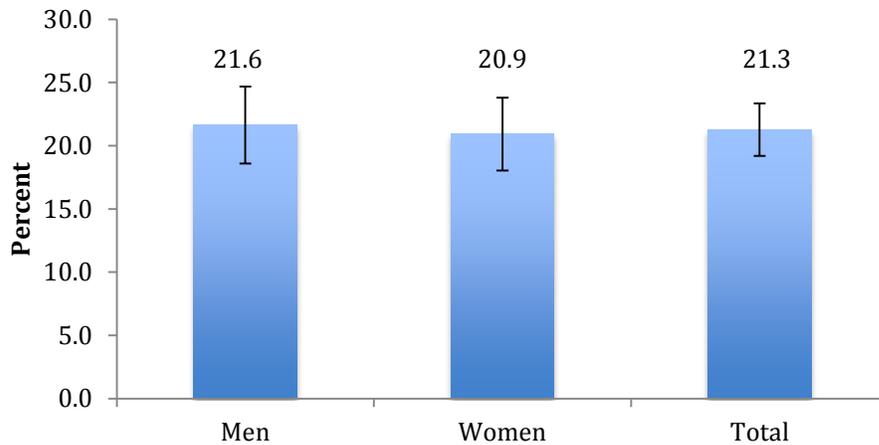
WV continues to have one of the highest smoking rates in the US. Smoking was most prevalent among adults with low education and income, and least prevalent among adults with a college education and high income. This pattern of use has been consistent since WV began collecting health behavior data in 1984. Table 1 shows smoking prevalence by various demographic characteristics.

Table 1: Smoking prevalence by demographic characteristics

Characteristic	Weighted population	Percentage	95% Confidence Interval
Total	312,573	21.3	19.2-23.4
Gender			
Men	155,000	21.6	18.6-24.7
Women	157,573	20.9	18.1-23.8
Age			
18-24	27,930	16.1	9.6-22.6
25-34	75,381	35.2	28.3-42.1
35-44	61,226	26.5	20.3-32.6
45-64	61,728	24.2	19.2-29.1
55-64	44,767	17.4	13.4-21.3
65+	39,049	12.2	9.4-15.1
Education			
Less than High School	64,603	40.2	32.8-47.7
High School or GED	123,625	24.3	20.5-28.1
Some Post High School	103,860	24.3	20.3-28.4
College Graduate	19,722	5.3	3.2-7.5
Income			
Less than \$30,000	107,005	30.9	26.6-35.1
\$30,000-\$49,999	79,125	24.3	19.7-28.8
\$50,000-\$99,999	70,723	16.6	12.9-20.3
\$100,000 or more	22,389	11.4	6.2-16.6
Socioeconomic Status			
Low SES	72,297	31.3	26.0-36.6
Other SES	312,573	19.4	17.1-21.7
Race			
White	253,548	19.8	17.6-22.0
Non-white	24,862	28.1	18.8-37.4
Sexual Orientation			
Heterosexual/Straight	283,758	21.1	18.9-23.2
LGBT	7,931	23.8	11.1-36.6
Unspecified	20,883	25.8	16.5-35.0

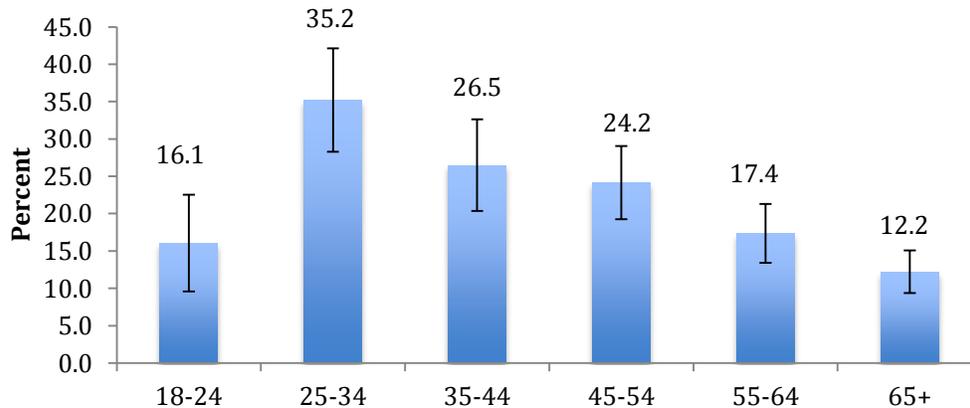
Very little difference was seen in smoking prevalence by gender. Historically, men have had higher smoking rates than women, but the gap has narrowed.

Figure 2. Prevalence of smoking among WV adults, by gender



Adults aged 25-34 had the highest rate of smoking (35.2%), with comparatively lower rates among senior citizens (12.2%). The rate of smoking among 18-24 year olds was relatively low at 16.1%.

Figure 3. Prevalence of smoking among WV adults, by age



Figures 4-6 confirm that smoking rates were highest among adults with less than 12 years education, and/or with household incomes below \$30,000. There was also a marked difference in smoking rates when comparing adults with low socioeconomic status to others (31.3% vs. 19.4%).

Figure 4. Prevalence of smoking among WV adults, by education

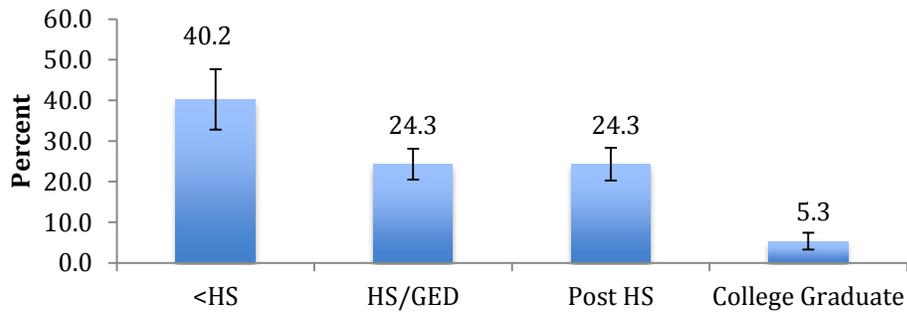


Figure 5. Prevalence of smoking among WV adults, by household income

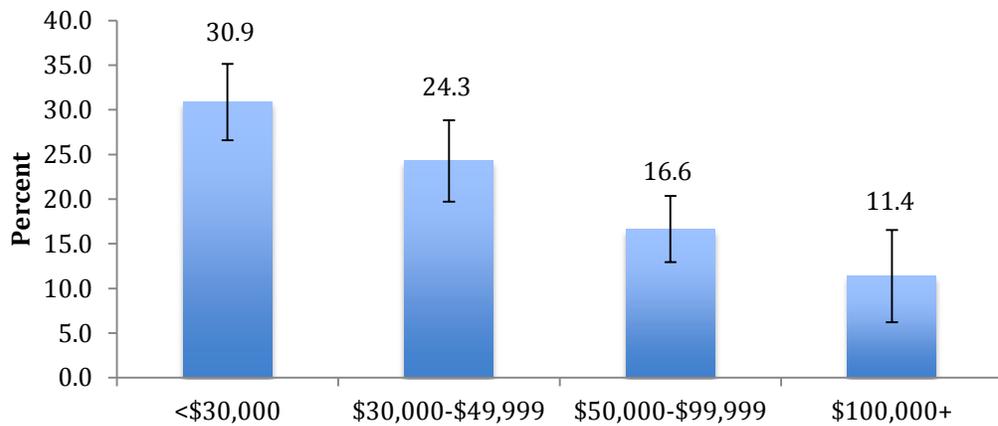
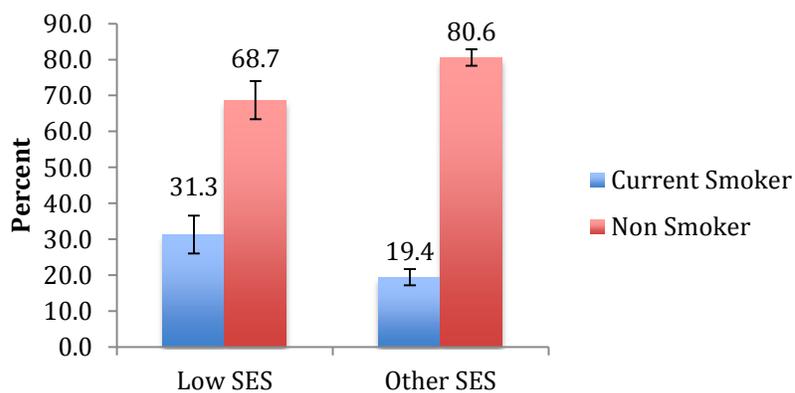
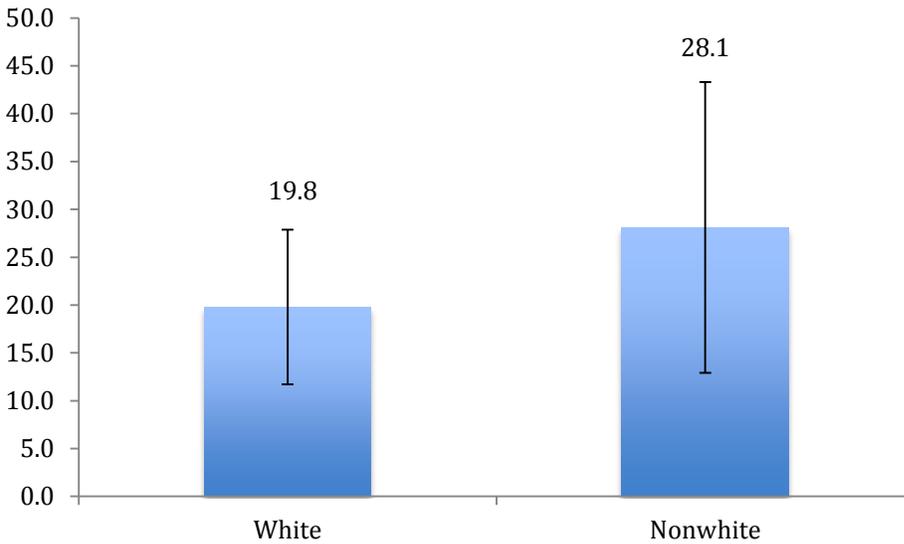


Figure 6. Prevalence of smoking among WV adults, by socioeconomic status



The nonwhite population in WV is a very small proportion of the population; hence all respondents who stated their race as other than white are combined in our analysis. Although nonwhites showed a higher smoking rate, the differences were not statistically significant.

Figure 7. Smoking prevalence, by race

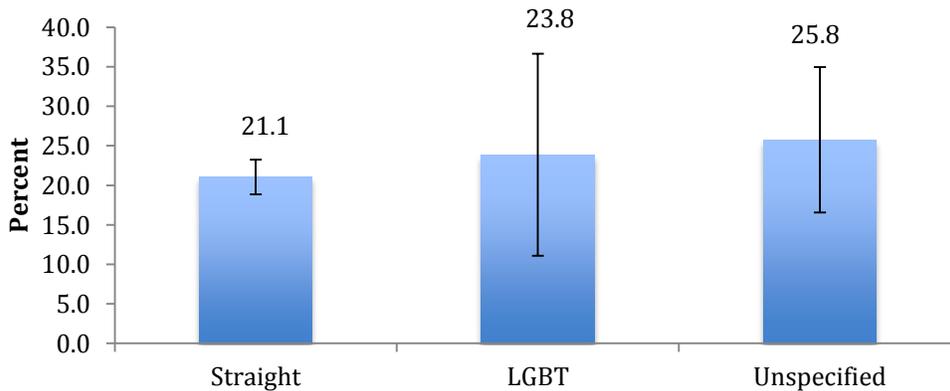


Smoking Prevalence, by Sexual Orientation

Adults were asked if they identified themselves as, “heterosexual, or straight; gay or lesbian; bisexual; transgendered; or other.” Those reporting as being gay/lesbian, bisexual, or transgendered are grouped here as *LGBT*. Respondents who did not affirm any of the above answers were grouped as *unspecified*.

The WVATS revealed that only 2.3% of the population identified as LGBT (data not shown), which should be taken into account when reviewing smoking prevalence data, given the wide confidence intervals for the LGBT smoking rate.

Figure 8. Current smokers by self-identified sexual orientation



Smokeless Tobacco

Smokeless tobacco (ST) encompasses tobacco products that are taken orally. The following charts focus on the most commonly used products—snuff and chewing tobacco. Because less than 1% of women were found to be current users, the data are limited to use by men, 17% of which were ST users (data not shown).

There were differences in prevalence rates between adults 55+ and the younger age groups, with the four younger age groups all showing rates in excess of 20%. In terms of education and household income (Figures 9-11), the pattern of higher use among men with the least education and income followed the same trend as smoking prevalence.

Figure 9. Prevalence of smokeless tobacco use among WV adult men, by age

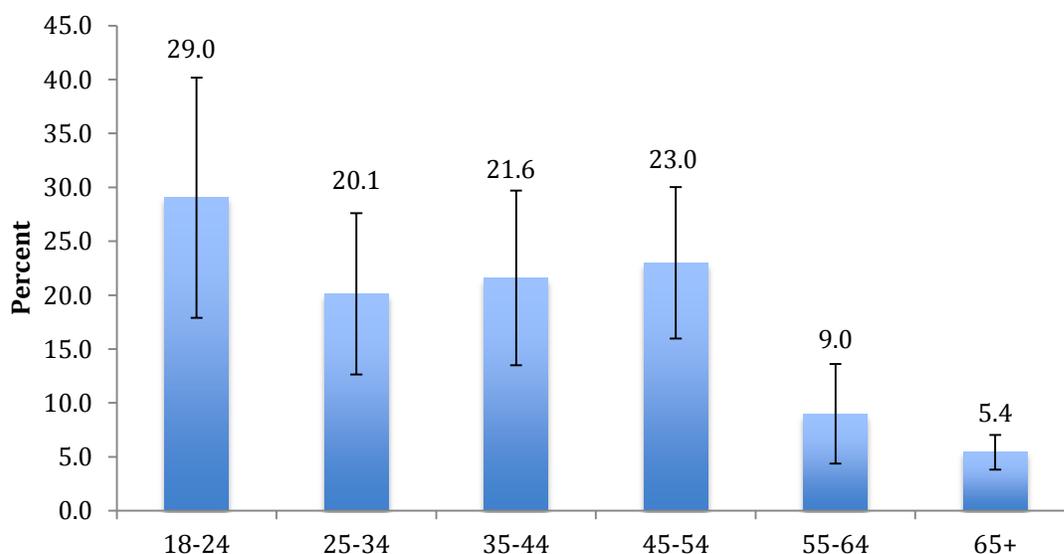


Figure 10. Prevalence of smokeless tobacco use among WV adult men, by education

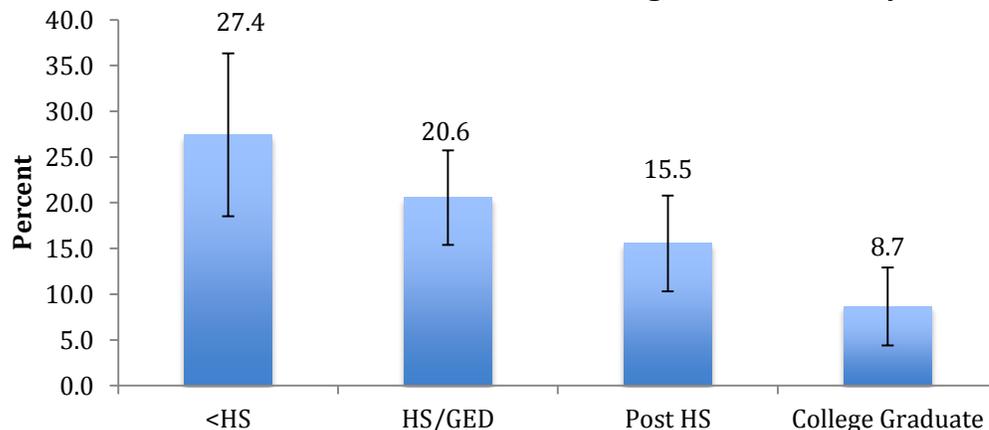
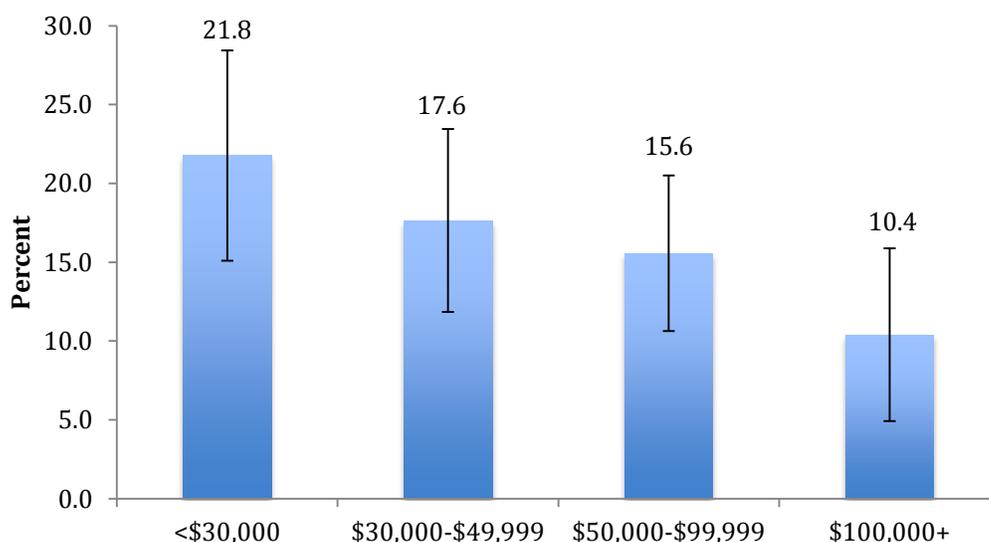


Figure 11. Prevalence of smokeless tobacco use among WV adult men, by household income



Dual Tobacco Use

Dual tobacco use is defined as adults who smoke **and** use smokeless tobacco on a regular basis, but not necessarily on a daily basis. Because less than 1% of women reported current smokeless tobacco use, the information presented only includes men. While 12% of current smokers also used smokeless tobacco, 30.5% of men who use smokeless tobacco also smoked (data not shown).

Snus

Snus is a relatively new form of smokeless tobacco. While similar to snuff products that are sold in “teabag-like” pouches, snus differs in several respects. The principal difference is that snus is designed in such a way that the user does not need to spit. Although these products are easily available throughout West Virginia, they are not commonly used in the state. Only 2.1% of men and no women reported snus consumption in the previous 30 days (data not shown).

Menthol Cigarettes

According to the Surgeon General, mentholated cigarettes increase youth initiation, increase disease risk and have been aggressively marketed to African Americans.⁴ Current smokers were asked if they usually smoked menthol cigarettes, to which 20.4% of respondents answered “yes.”

Electronic Cigarettes

Electronic cigarettes, commonly known as *e-cigarettes*, are emerging as a popular product in the marketplace. These products are, “battery-powered devices, often designed to resemble cigarettes, which deliver a nicotine containing aerosol, not just water vapor. E-cigarettes have many names, especially among youth and young adults, such as e-cigs, e-hookahs, hookah pens, vapes, vape pens, vape pipes, or mods.”⁵

E-cigarettes are not subject to any oversight or regulation by the FDA. Current science has not established that e-cigarettes are appropriate for smoking cessation. E-cigarette use is also a concern for the following reasons:

- the health effects on the consumers and of secondhand exposure to non-users is unknown
- smokers who supplement cigarette smoking with e-cigarettes may be less likely to quit smoking
- many cases of accidental poisonings of young children have been reported to Poison Control Centers, since the vials inserted into the device are not child-proof
- youth are finding that these devices are very convenient for inhaling illicit drugs

Because e-cigarette use has not been explored by previous Adult Tobacco Surveys, the 2014 WVATS will serve as baseline data. Respondents were asked if they had heard of these products. Those who knew about them were asked several questions about usage, and people who reported a recent attempt to quit smoking were asked if they used an e-cigarette as a cessation aid.

The rate of current use of e-cigarettes was 7.3%. Current use is defined as a respondent who stated s/he uses them every day, some days, or rarely. “Rarely” is included in this definition, since an e-cigarette smoker who uses the product rarely is at risk for becoming a more regular user.

Use of E-cigarettes

95.1% of respondents reported knowing about e-cigarettes.

About 1 in 5 adults (20.6%) reported having tried e-cigarettes with an insignificant difference between men and women. Slightly more than a third of adults aged 18-34 had tried them (37.0%), after which the rate declined sharply, with only 8.8% of senior citizens having tried an e-cigarette (Figures 12-13).

Figure 12. Prevalence of adults who have tried an e-cigarette, by gender

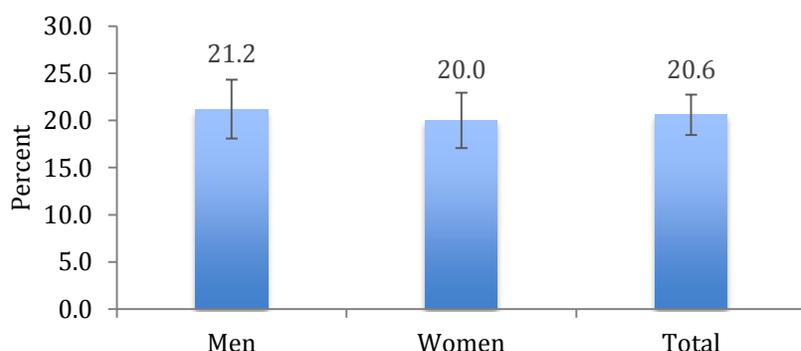
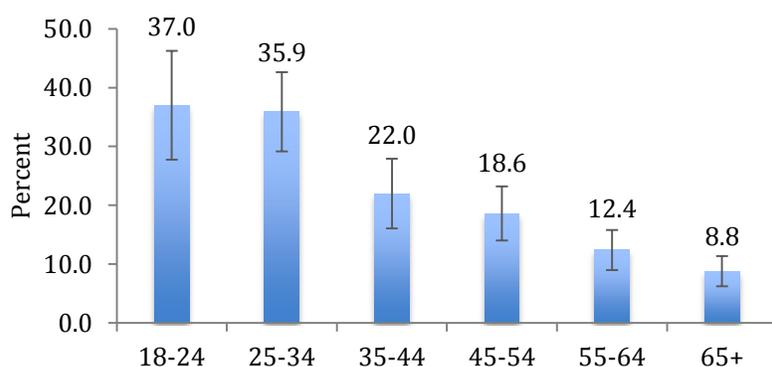


Figure 13. Prevalence of adults who have tried an e-cigarette, by age



Adults with the lowest smoking rate (i.e., adults with a college degree; adults with household incomes of \$100,000 or higher) reported the lowest rate of trying e-cigarettes—10.1% and 16.8%, respectively. Conversely, those with the least education and lowest incomes had the highest rates of trying e-cigarettes at 27.9% and 27.3% respectively (Figures 14-15).

Figure 14. Prevalence of adults who have tried an e-cigarette, by education

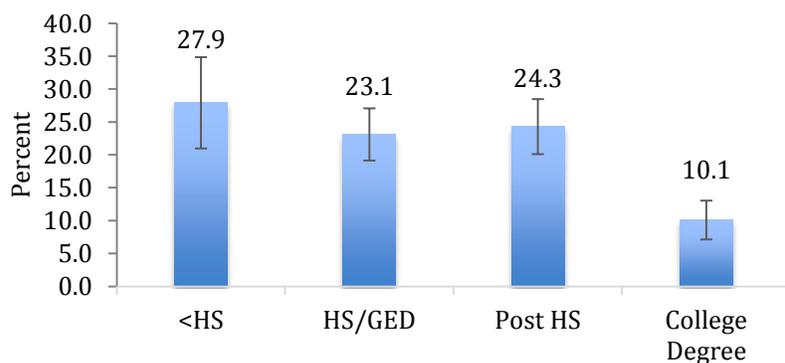
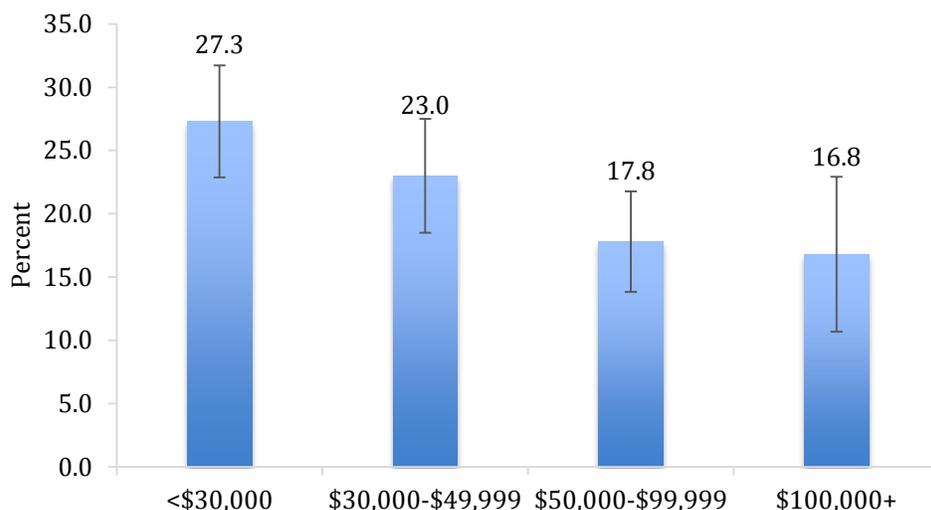
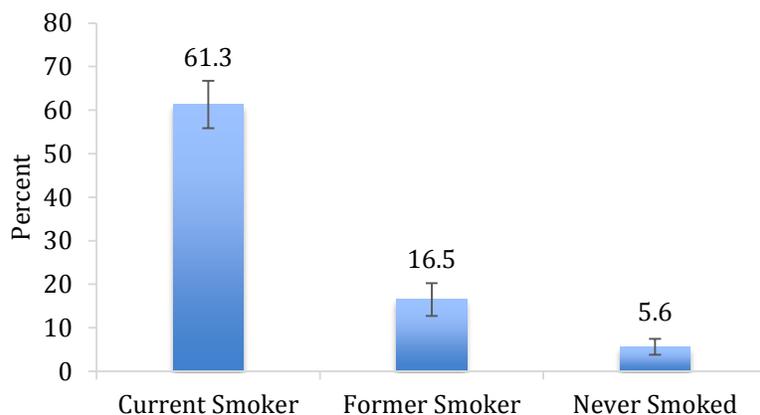


Figure 15. Prevalence of adults who have tried an e-cigarette, by household income



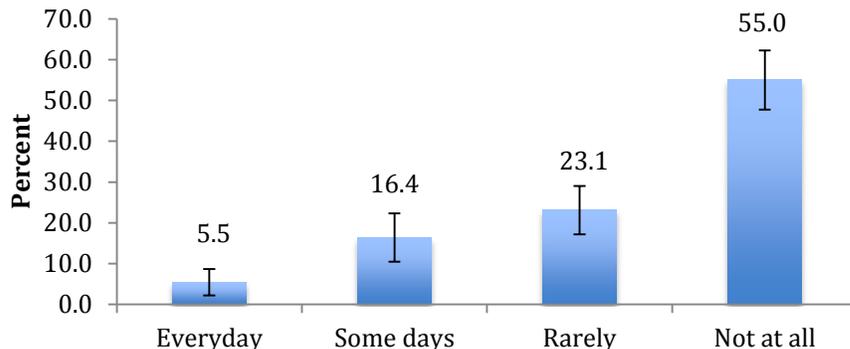
When comparing smokers with nonsmokers, 61.3% of smokers had tried e-cigarettes, which contrasted with 16.5% of former smokers, and 5.6% of never-smokers. While it is not surprising that current smokers may be interested in e-cigarettes, it is not clear why some former smokers and never smokers are using these products (Figure 16).

Figure 16. Prevalence of adults who have tried an e-cigarette, by smoking status



Of those who reported using e-cigarettes, most had used them 10 times or less (data not shown). Patterns were similar for both men and women. It is possible that many respondents tried an e-cigarette out of curiosity, and then discontinued use. Figure 17 shows that 55.0% of current smokers reported never using e-cigarettes.

Figure 17. E-cigarette use patterns among current smokers*

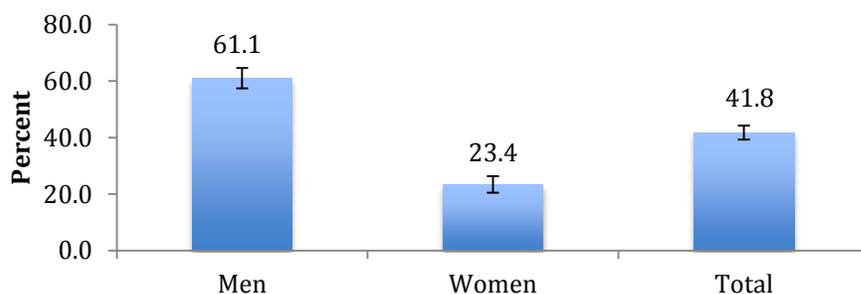


* Among those who had ever tried an e-cigarette

Cigar Smoking

Fewer than half of WV adults reported having tried smoking a cigar – 41.8%. There was a significant difference by gender, with 61.1% of men having tried a cigar versus only 23.4% of women (Figure 18).

Figure 18. Adults reporting having tried cigars in their lifetime



Men had a higher rate of current cigar use than women (7.3% vs. 2.1), which is defined as having smoked a cigar in the last 30 days (Figure 19). Figure 20 shows that about 1 in 8 smokers reported cigar use, whereas only 2.8% of nonsmokers smoked cigars. Among cigar users, the rate of use was often infrequent.

Figure 19. Current cigar smokers, by gender

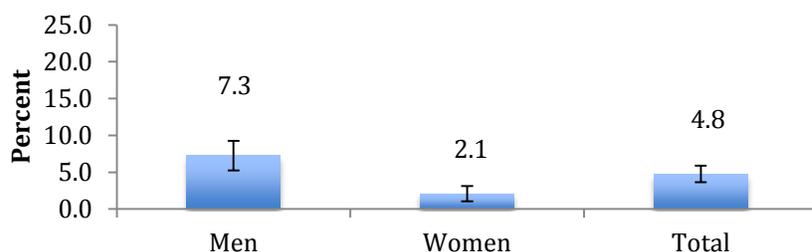
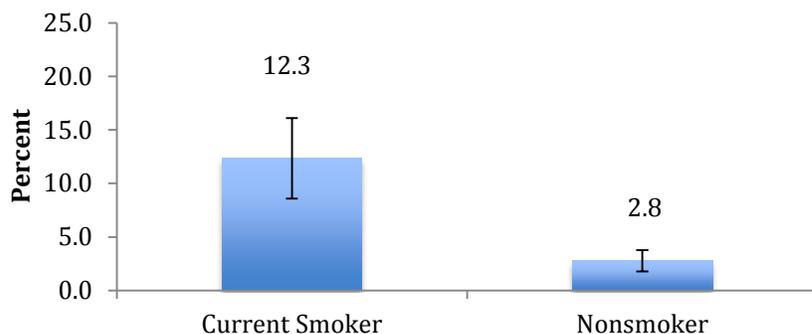


Figure 20. Current cigar use by cigarette smoking status



Smoking Cessation

Figure 21 shows that 70.3% of current smokers wanted to quit smoking, with essentially no difference between men and women. More than half had made at least one cessation attempt in the previous 12 months (Figure 22), with 12.4% having made 3 or more attempts. Figure 22 also shows that 49% of men and 45.4% of women made no attempts to quit.

Figure 21. Current smokers who would like to quit for good, by gender

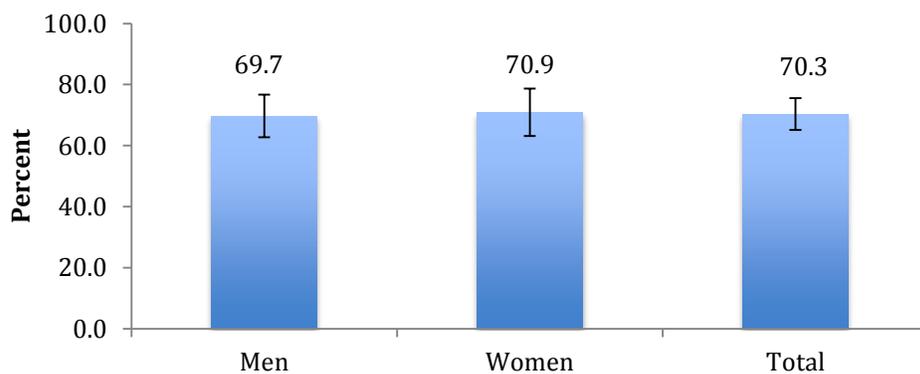
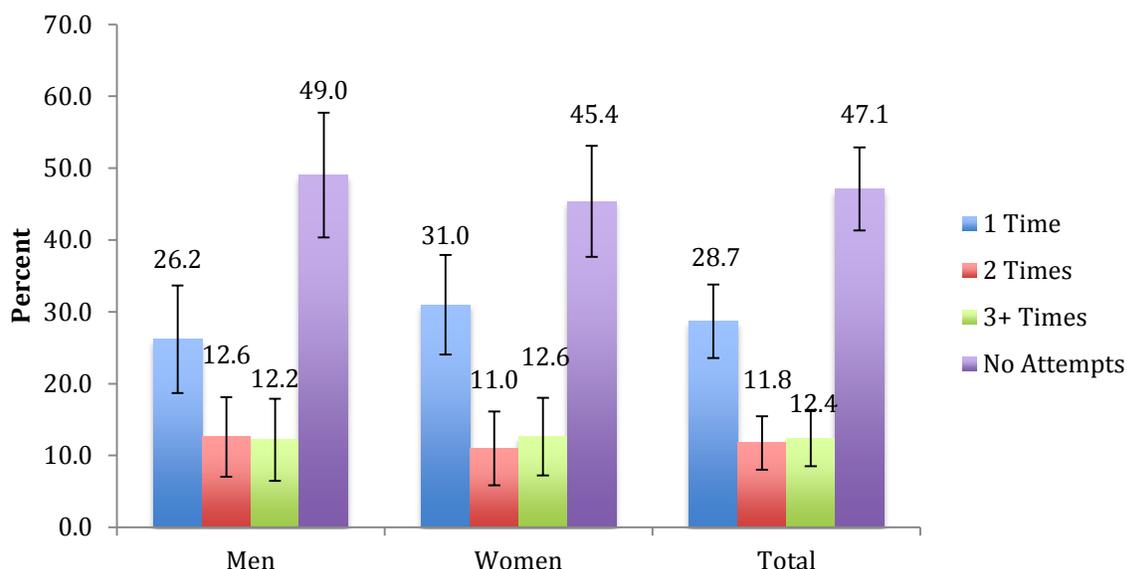
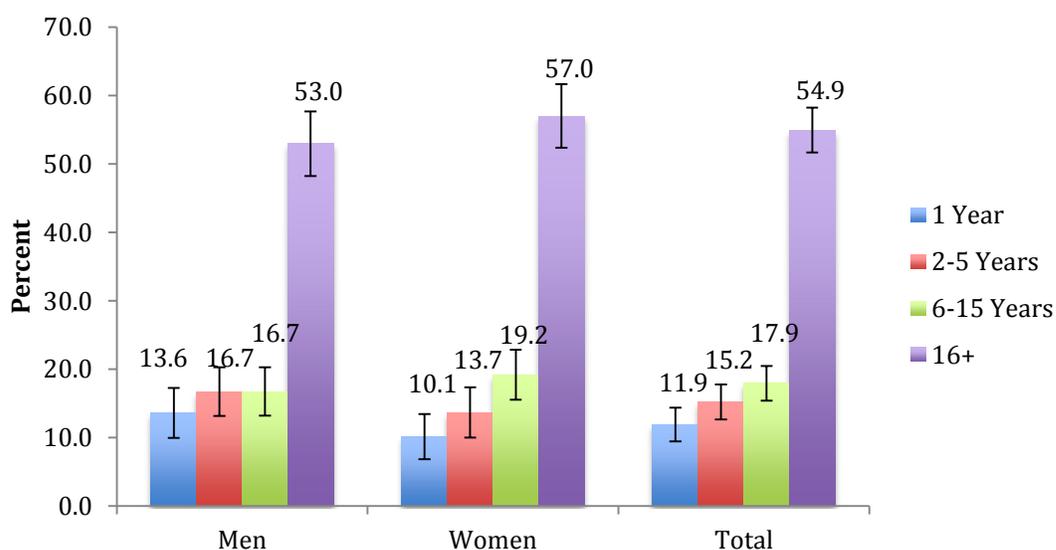


Figure 22. Current smokers who quit smoking for one day or longer in the last year because they were trying to quit, by gender



There were more former smokers than current smokers in WV. Most former smokers had quit more than 15 years ago (54.9%), and 11.9% had quit within the past year (Figure 23).

Figure 23. Years since former smokers quit, by gender



Cessation Methods

Adults who attempted to quit smoking in the last 12 months were asked if they used one-on-one counseling. Very few did so, only 6.5% of current smokers and 6.1% of former smokers (data not shown).

Regarding the use of medications as a cessation aid, recent quitters reported a higher use of those products than current smokers who had made a recent quit attempt, but the differences were not significant. Use of medications among women was slightly higher than among men (Figure 25).

Figure 24. Adults who attempted to quit smoking in the last 12 months who used medications, by smoking status

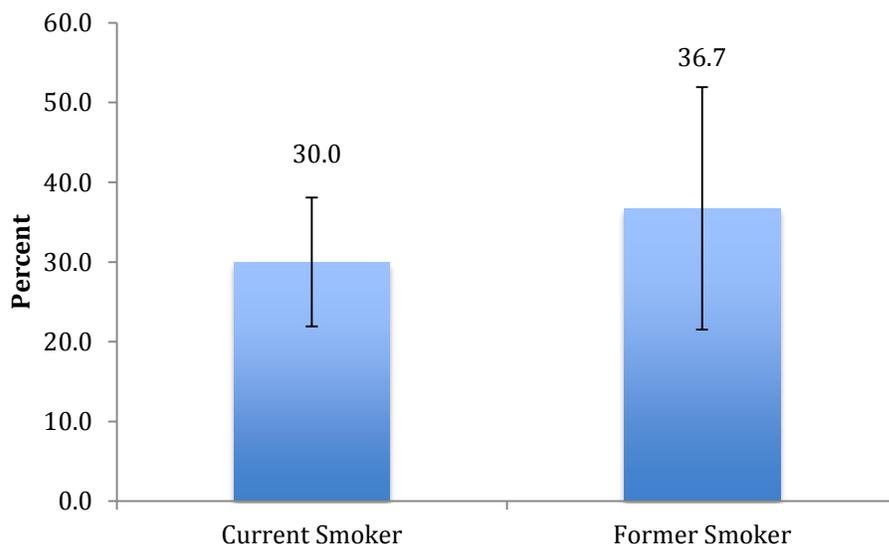
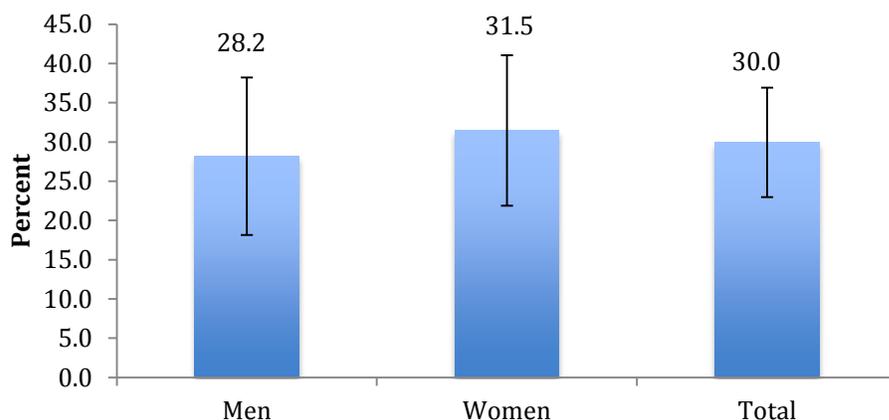


Figure 25. Adults who attempted to quit smoking in the last 12 months who used medications, by gender

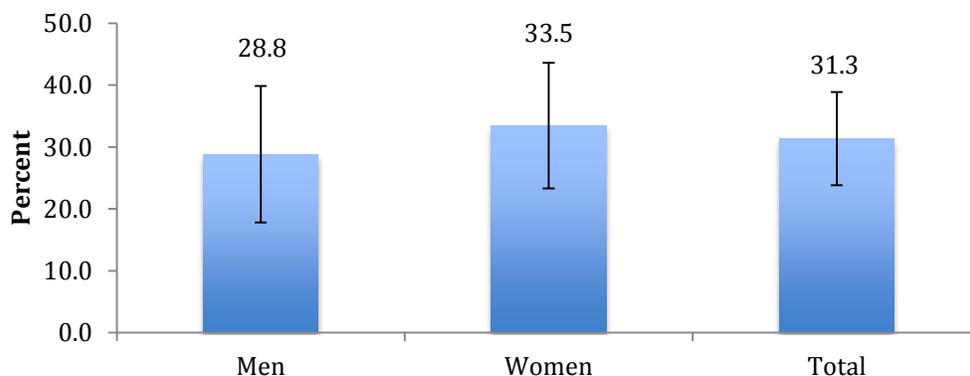


Electronic cigarettes are often promoted by manufacturers and retailers as a cessation aid. However there is no evidence that they are appropriate and efficacious as a smoking cessation device.

In the WVATS, current smokers and former smokers who had made a quit attempt in the previous 12 months were asked, *“The last time you tried to quit smoking did you use e-cigarettes to help you quit?”* In response, 31.3% of those reporting a recent quit attempt had used the devices (Figure 26).

Given that such a large proportion of recent quitters used an e-cigarette, the need to study this issue further is underscored.

Figure 26. Recent quitters who used e-cigarettes during last quit attempt, by gender

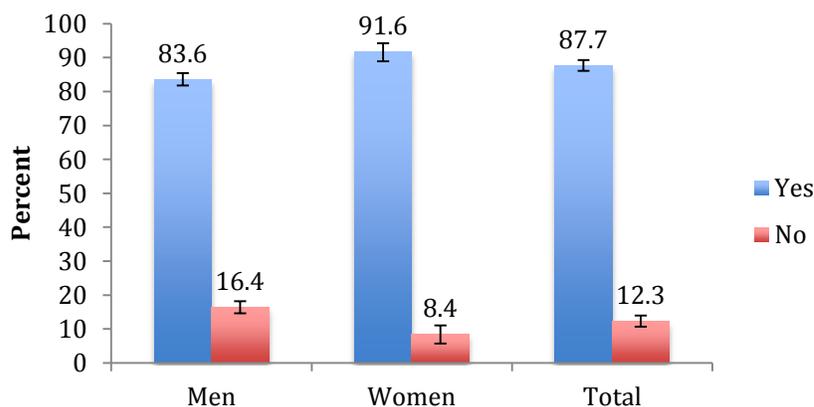


Interactions with Healthcare Providers

In a series of questions, respondents were asked if they had seen a health professional in the previous 12 months. Tobacco users answering yes were asked additional questions regarding discussions about tobacco use and cessation that may have occurred with their healthcare providers. Clinical guidelines stipulate that tobacco use is a *vital sign*, meaning that patients should be asked about tobacco use and that tobacco users should be offered assistance with tobacco cessation during office visits.⁶

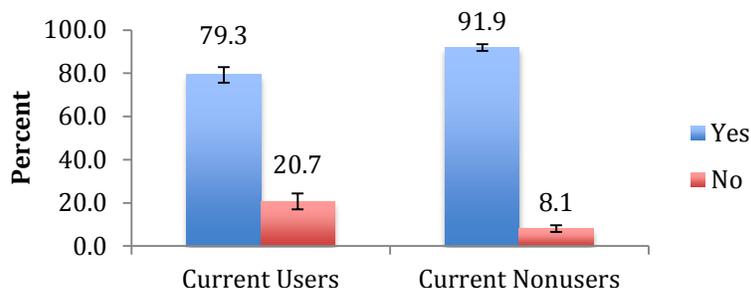
Figure 27 shows that a total of 87.7% of respondents had seen a health professional in the previous 12 months, with women more likely than men to have seen a healthcare provider (91.6% vs. 83.6%).

Figure 27. Adults who have seen a doctor, dentist, nurse, or other health professional in the last 12 months



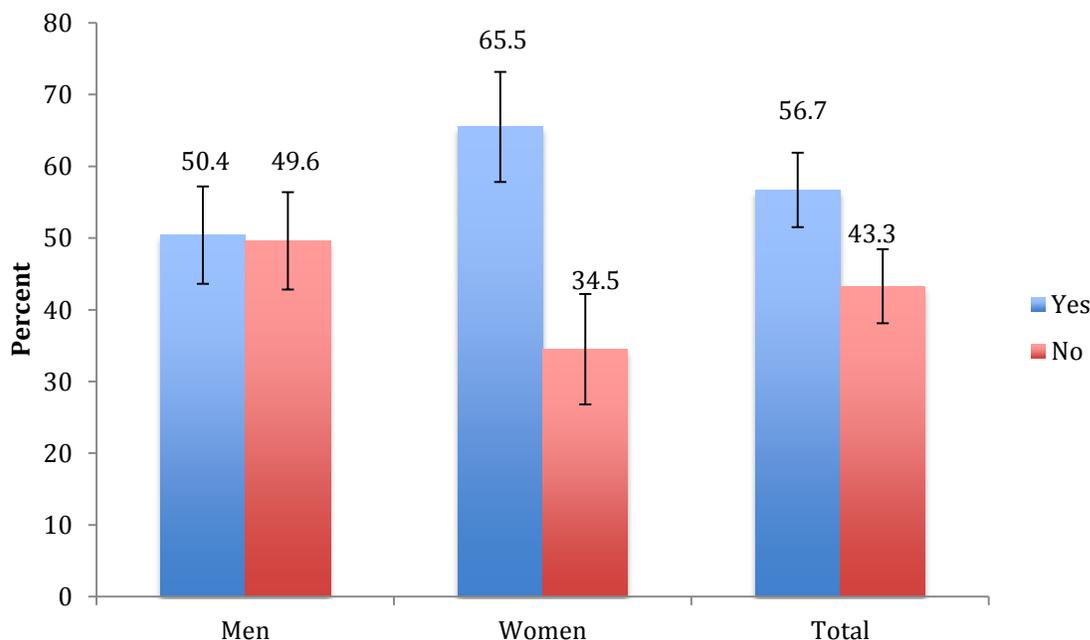
The differences in visits with health professionals by gender for tobacco users were not significant (data not shown). Figure 28 shows that non-tobacco users had a much higher rate of seeking care than tobacco users (91.9% vs. 79.3%).

Figure 28. Survey respondents who saw a health professional in the last 12 months, by tobacco use status



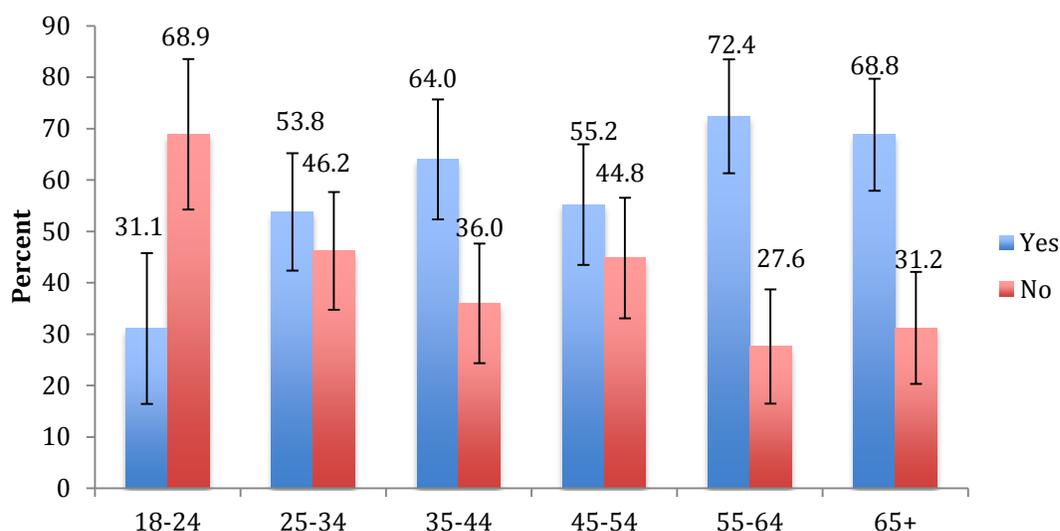
Only 56.7% of tobacco users visiting a health professional were advised to quit tobacco use. Women were more likely to be counseled to quit (Figure 29).

Figure 29. Current tobacco users who saw a doctor, dentist, nurse, or other health professional in the last 12 months, who were advised to quit smoking cigarettes or using any other tobacco products, by gender



Although over half of tobacco users overall were advised to quit, only 31.1% of adults 18-24 years of age were given this recommendation (Figure 30).

Figure 30. Advice to quit by age



Less than half of college graduates (45.4%) and adults with household incomes of \$100,000 or more (33.1%) were advised to quit. Conversely, more adults with less than a High School diploma (64.0%) and with a household income of less than \$30,000 (65%) were given that advice (data not shown).

When a health professional recommends that the patient quit tobacco use, clinical guidelines stipulate that the clinician should then ask if the patient wants to try to quit. However, only 64.6% of those who were advised to quit were asked this question, with women slightly more likely than men to have reported this (Figure 31). Figure 32 shows that more men than women said they wanted to try cessation (66.5% vs. 54.9%).

Figure 31. Current users asked if they wanted to quit tobacco, by gender

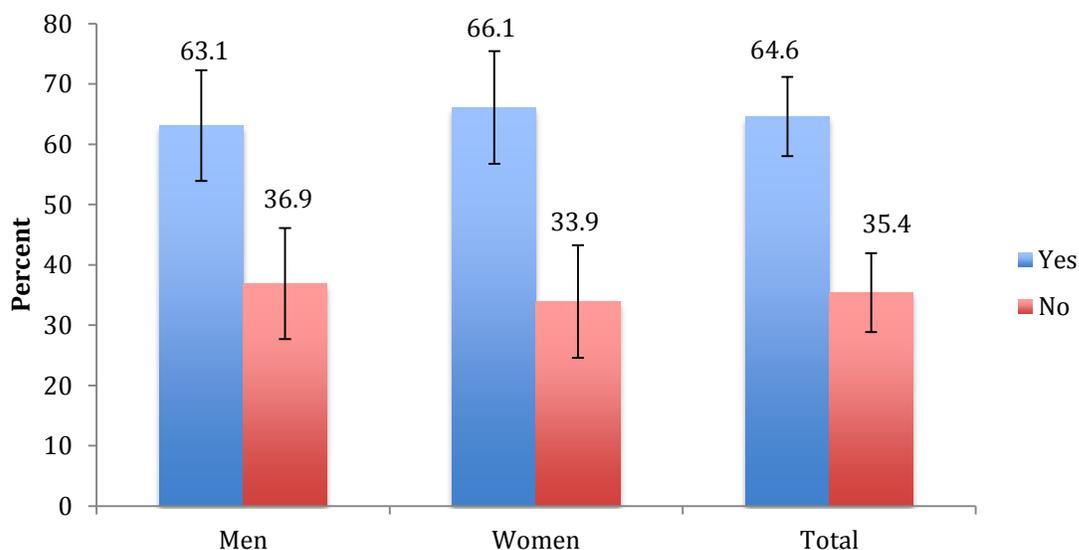
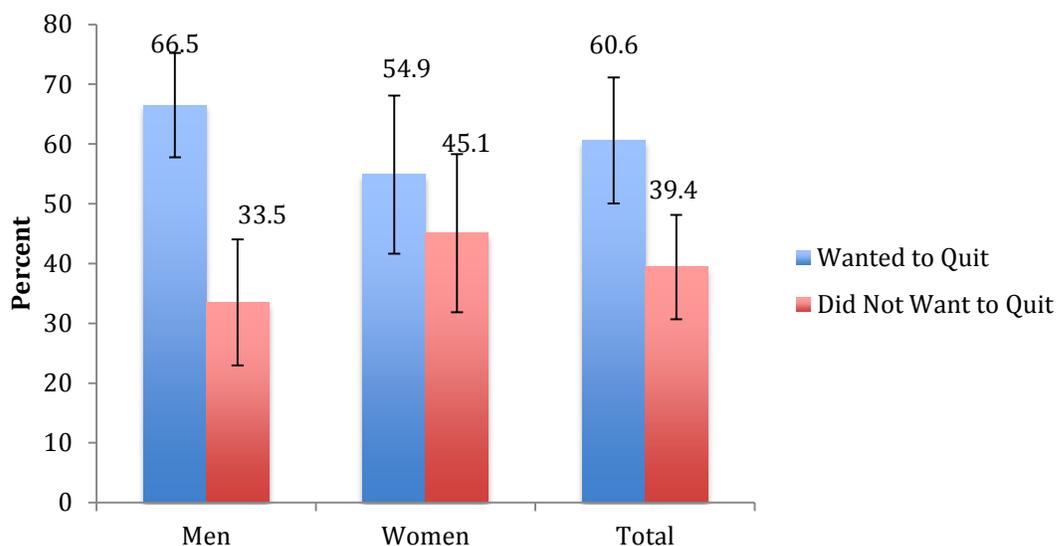


Figure 32. Current users' interest/noninterest in cessation, by gender



The data from the WVATS suggest that some professionals have not provided adequate support for cessation when patients indicated they wanted to quit.

- 56.5% of patients stating they wanted to quit tobacco were given further help from their health professional (Figure 33).
- 65.2% were given cessation information (Figure 34).
- 61.5% were referred to the WV Quitline or other counseling programs (Figure 35).
- 57.6% were recommended or prescribed medications to assist with cessation (Figure 36).
- 31.9% made a formal commitment to quit tobacco (Figure 37).

Figure 33. Current tobacco users whose provider advised to quit using tobacco, who were offered assistance, information, or additional advice, by gender

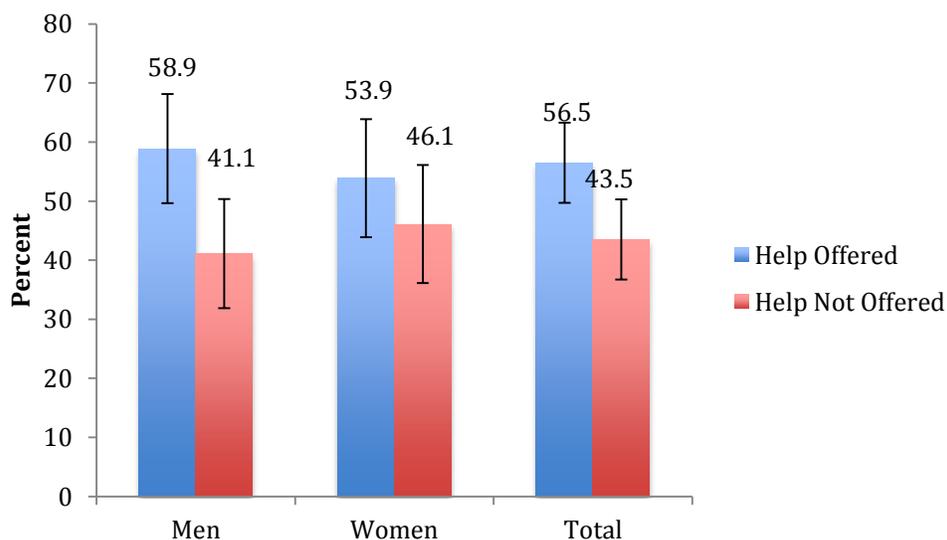


Figure 34. Current tobacco users whose provider advised to quit using tobacco, who were offered booklets, videos, websites, or other information, by gender

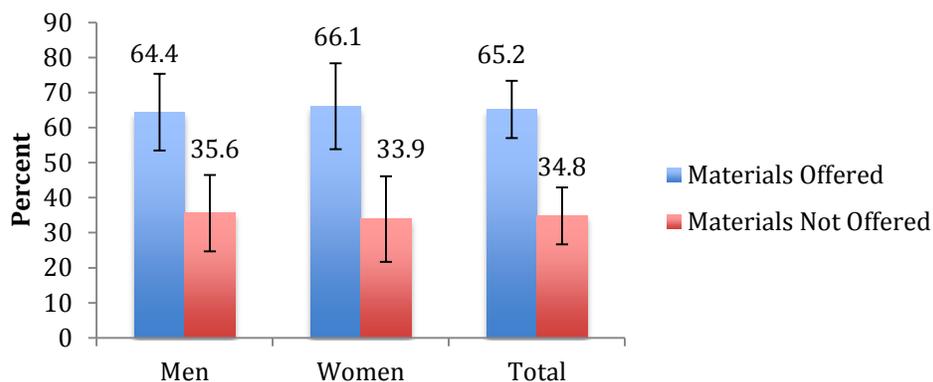


Figure 35. Current tobacco users advised to quit by a medical provider and were referred to a Quitline, class or program or one-on-one counseling programs

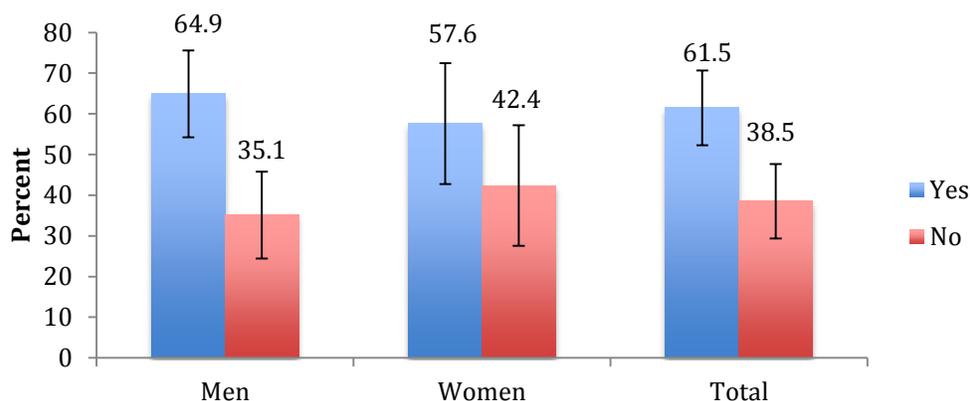


Figure 36. Current tobacco users advised to quit by a medical provider, and were offered medications

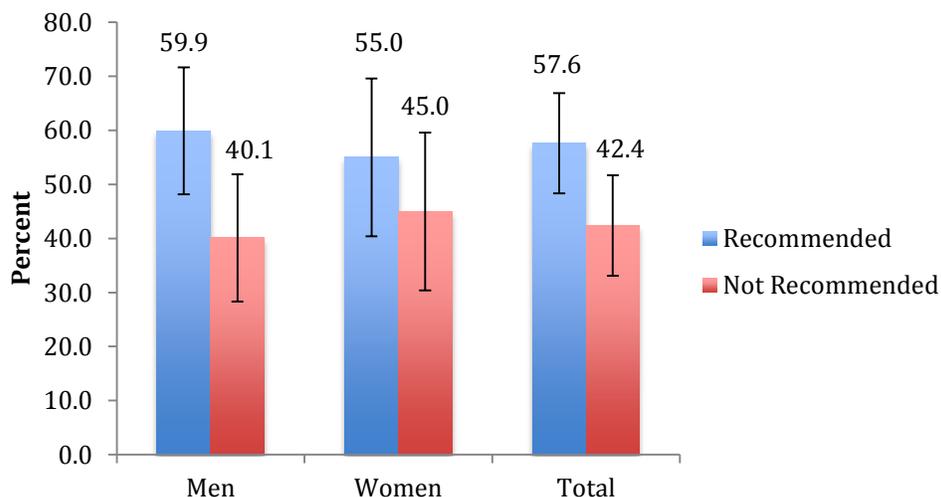
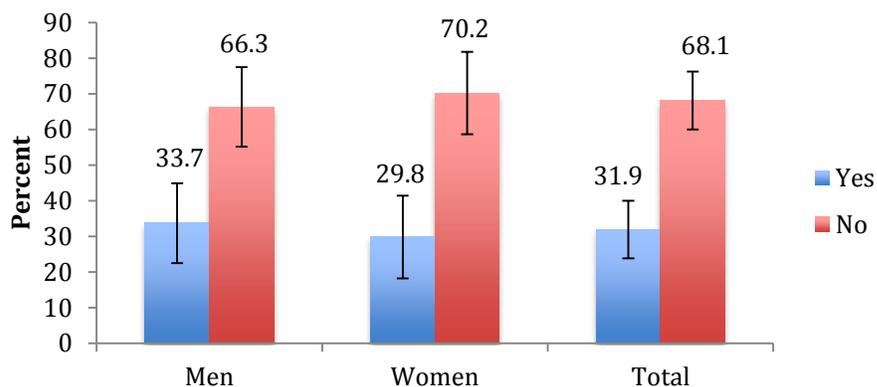
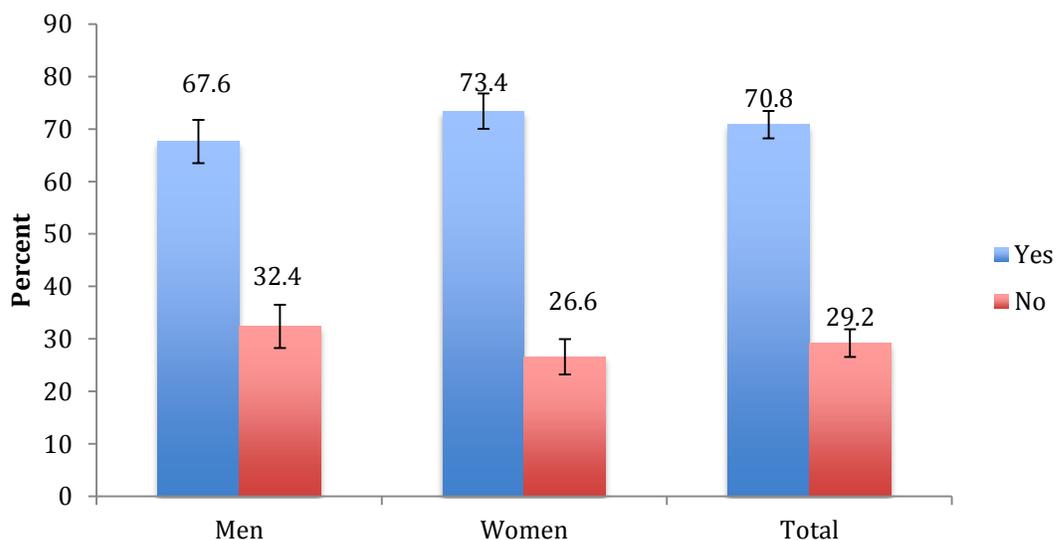


Figure 37. Current tobacco users advised to quit by a medical provider, and made a commitment to quit



Clinical guidelines do not exclude non-tobacco users from the protocol. Specifically, it is recommended that all patients, regardless of documented tobacco use status, be asked if they are tobacco users. Only by raising this issue with the patient can current tobacco use status be determined. For non-tobacco users 70.8% were asked (Figure 38), with women reporting this more than men (73.4% vs. 67.6%). Younger adults were more likely to be asked than older adults (data not shown). No pattern emerged in terms of education or household income (data not shown).

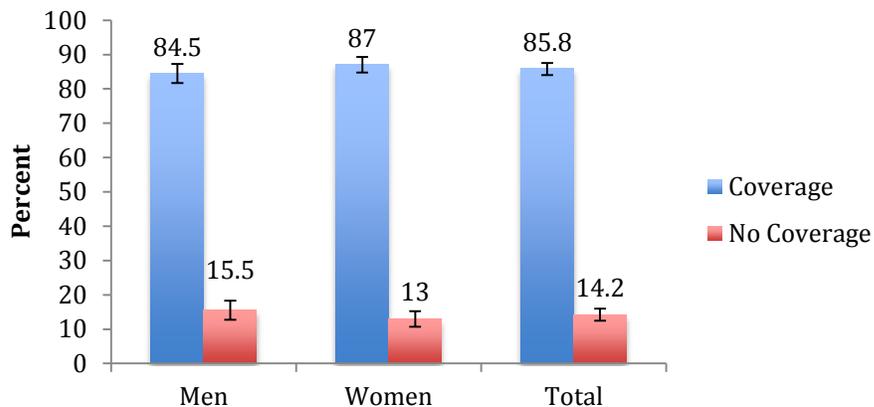
Figure 38. Nontobacco users reporting being asked about tobacco use by a health care professional in the previous 12 months, by gender



Health Insurance

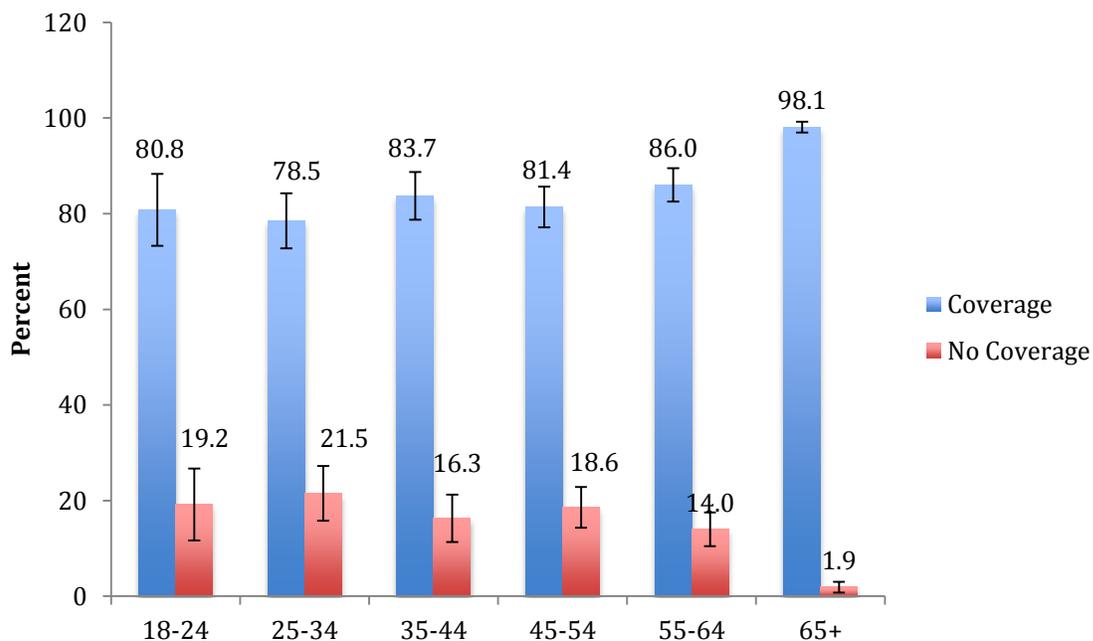
All respondents were asked if they were covered by health insurance. While no significant difference emerged by gender, 14.2% of respondents reported having no coverage (Figure 39).

Figure 39. Adults with health care coverage, by gender



Adults aged 18-34 were most likely to have no coverage (80.8%), while only 1.9% of senior citizens reported no coverage (Figure 40).

Figure 40. Adults with health care coverage, by age



Lack of coverage was also more common among adults with a High School diploma or less, and a household income under \$50,000 (Figures 41, 42).

Figure 41. Adults with health care coverage, by education

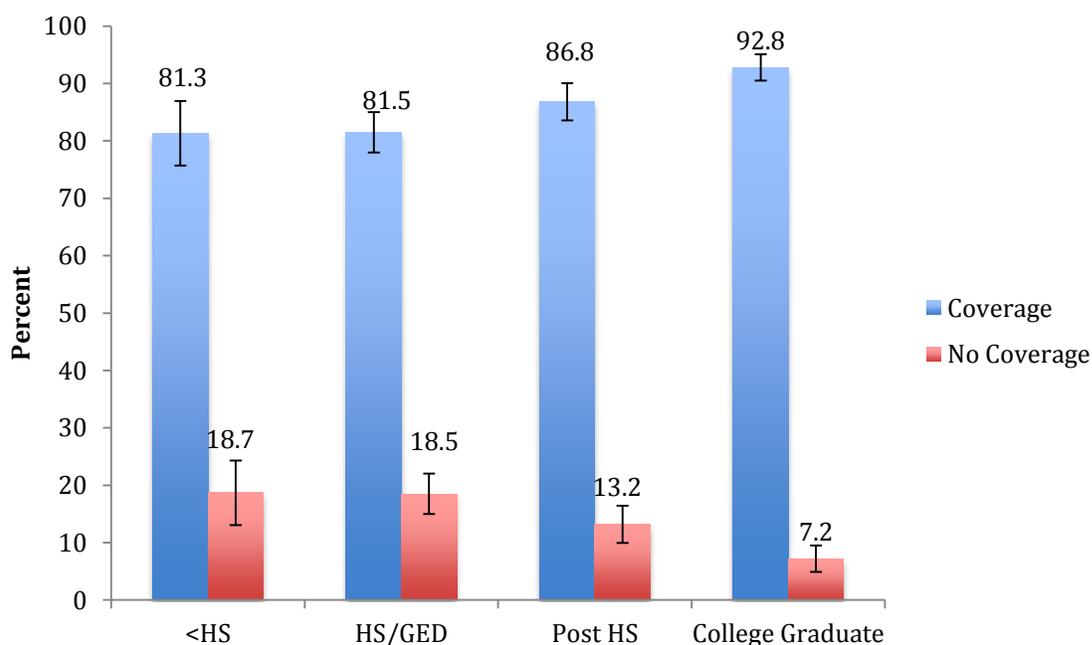
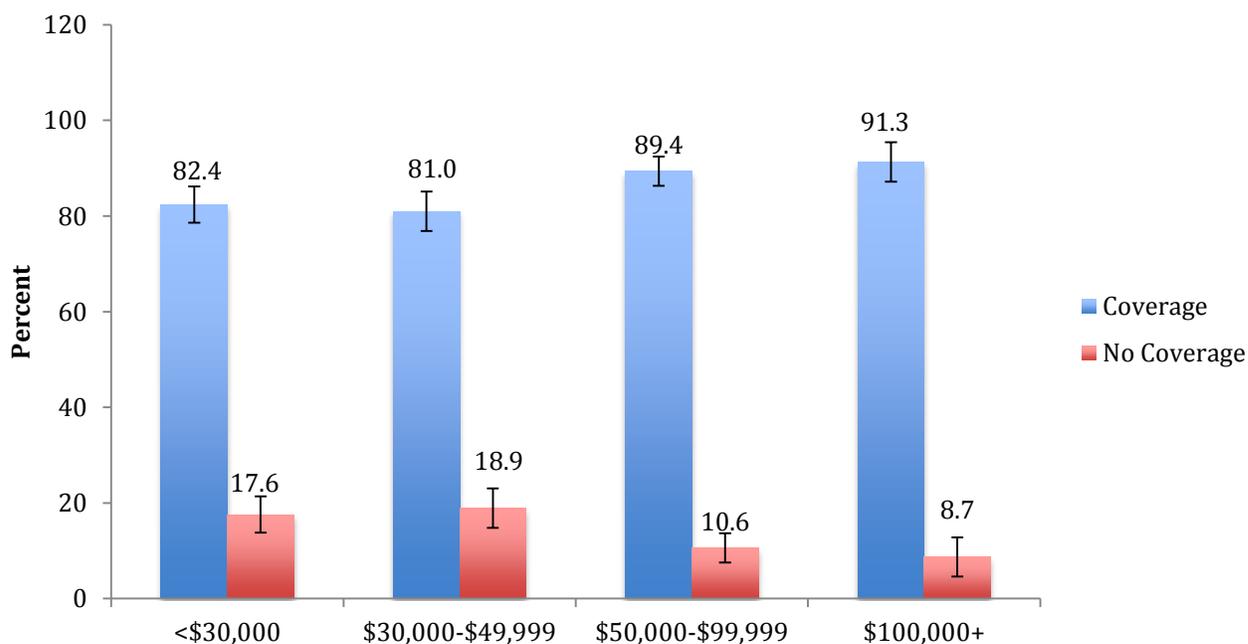
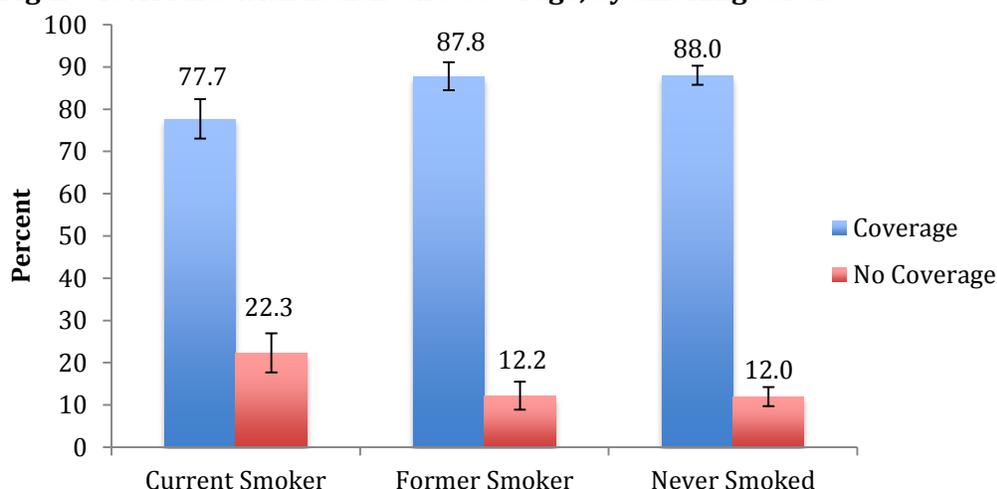


Figure 42. Adults with health care coverage, by household income



The difference in health insurance coverage was sharpest when accounting for smoking status, with 22.3% of smokers reporting no health insurance, vs. only 12% of nonsmokers (Figure 43).

Figure 43. Adults with health care coverage, by smoking status

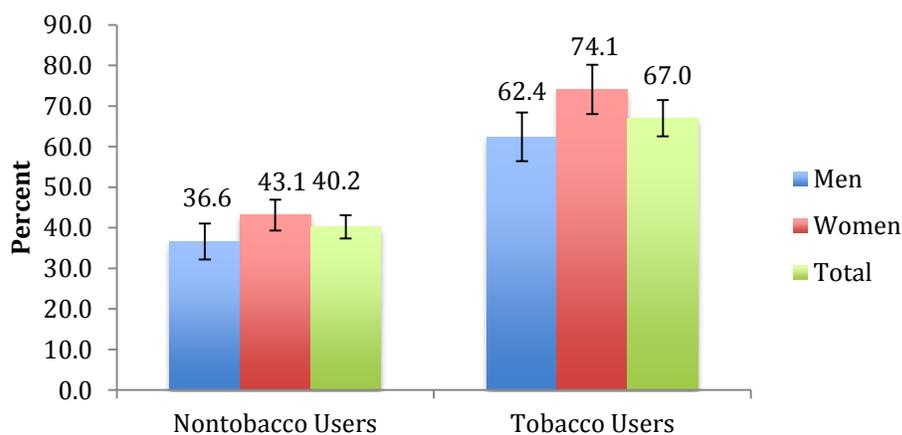


Most health insurance providers cover the cost of smoking cessation interventions. When smokers were asked if they knew if their plan offered this assistance, 46.1% answered that they did not know (data not shown). It is possible that those answering no were incorrect.

WV Tobacco Quitline

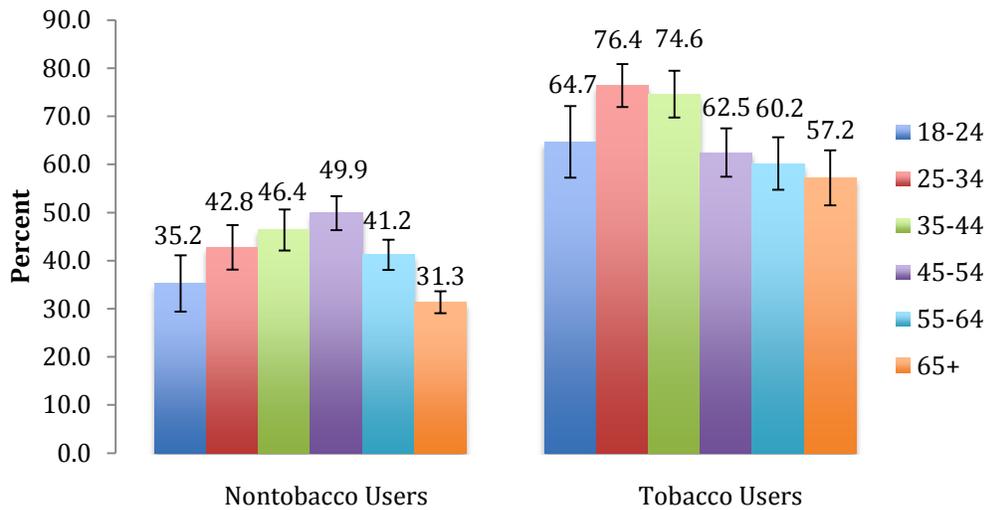
The WV Tobacco Quitline is available to WV residents who wish to quit any type of tobacco use. Respondents were asked if they had ever heard of the Quitline. Current tobacco users were more likely to express awareness of its existence, with women more likely to affirm this than men (Figure 44).

Figure 44. Awareness of WV Quitline, by tobacco use status and gender



Tobacco users were more likely than nonusers to be aware of the Quitline, regardless of age group (Figure 45).

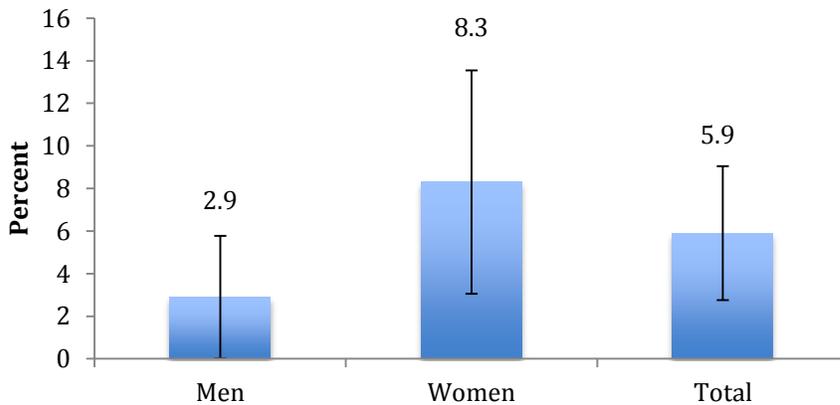
Figure 45. Awareness of WV Quitline, by Age and Tobacco Use Status



There was little difference among tobacco users knowing about the Quitline based on education or income (data not shown), but the percent affirming this was consistently in excess of 60%.

A small proportion of adults (5.9%) who attempted to quit smoking the previous 12 months used the Quitline when they last tried to quit (Figure 46).

Figure 46. Current smokers who called the Quitline the last time they tried to quit



Secondhand Smoke Awareness and Exposure

A majority of West Virginians reported believing that secondhand smoke is harmful, including 90% of smokers (reporting either somewhat or very harmful). Only 3.6% of adults reported that they believe secondhand smoke is not a health hazard (Figures 47, 48).

Figure 47. Beliefs on the effects on one's health of breathing smoke from other people's cigarettes, by gender

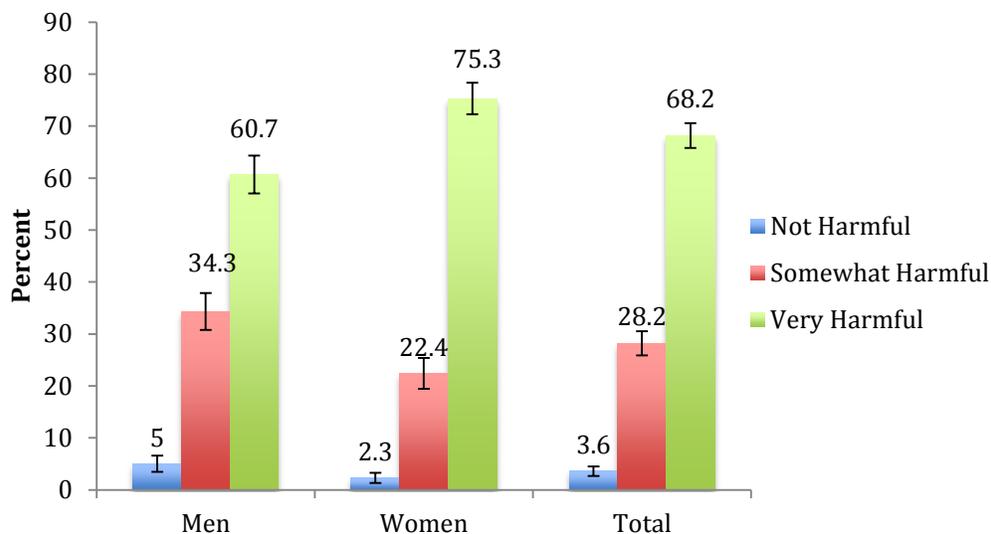
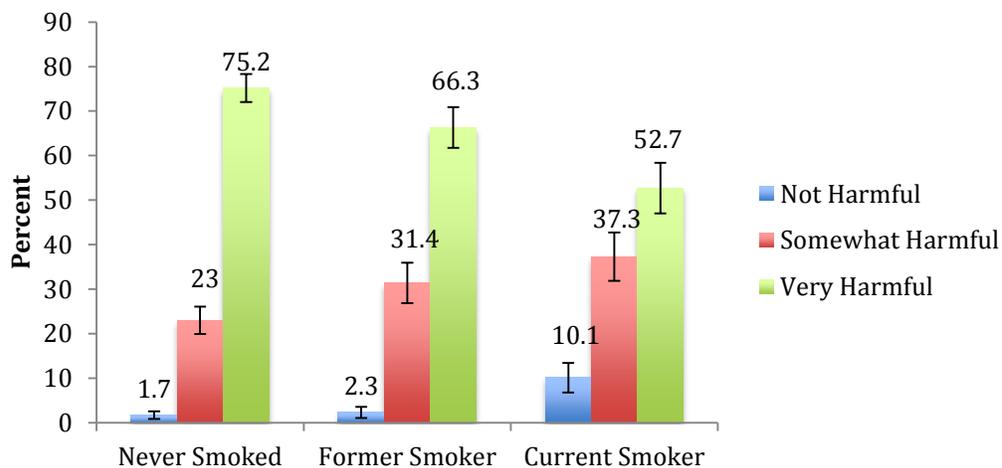


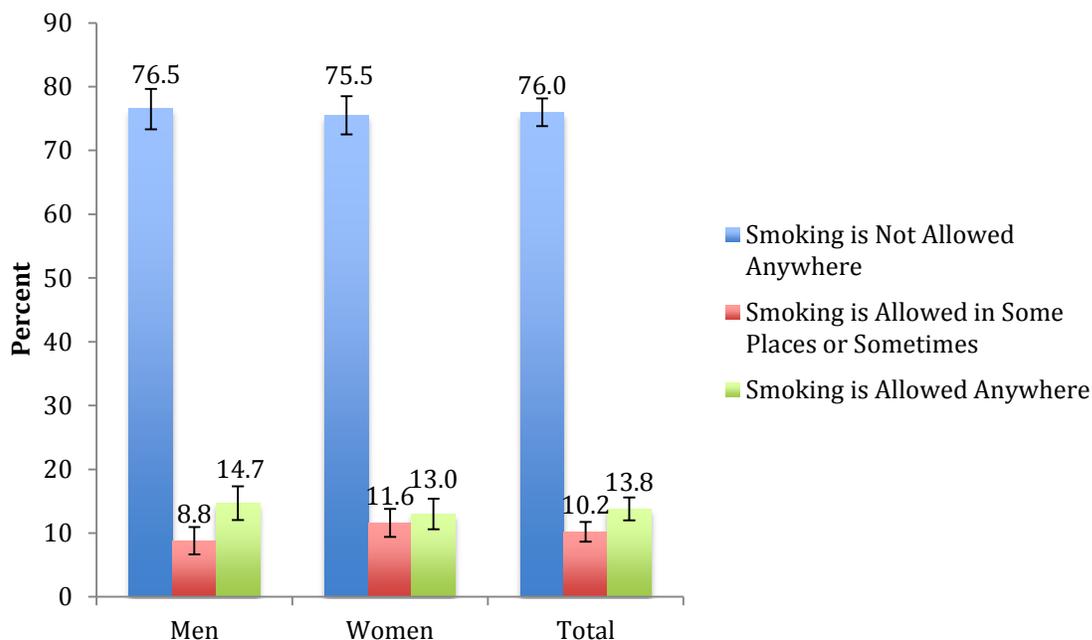
Figure 48. Beliefs on the effects on one's health of breathing smoke from other people's cigarettes, by smoking status



Smoking in the Home

Based on the data presented, West Virginians take the risks of secondhand smoke seriously. A large majority (76.0%) reported that they prohibit smoking inside their homes, and only 13.8% stated that smoking is allowed anywhere inside their homes (Figure 49).

Figure 49. Rules about smoking inside the home, by gender



Over 80% of nonsmokers and 38% of smokers reported that they prohibit indoor smoking (Figures 50-53).

Figure 50. Rules about smoking inside the home, by age

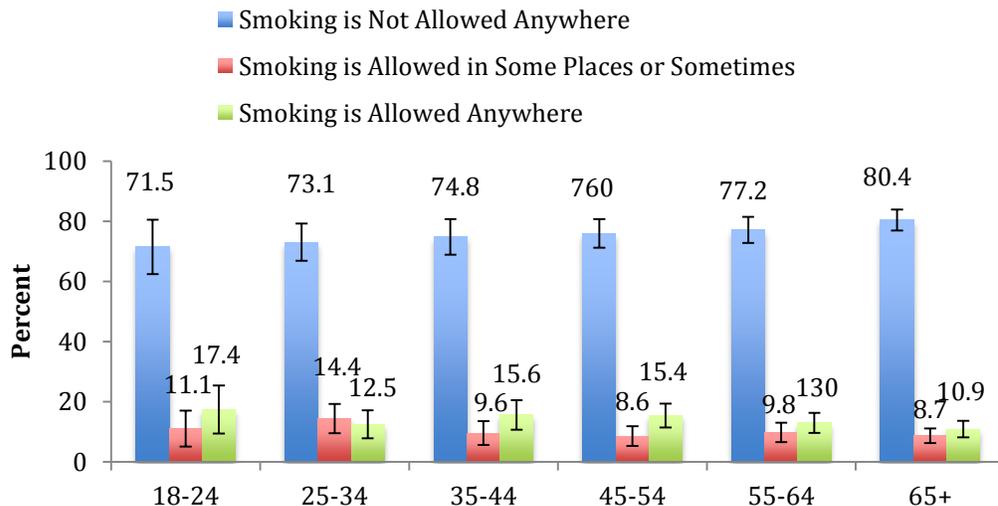


Figure 51. Rules about smoking inside the home, by education

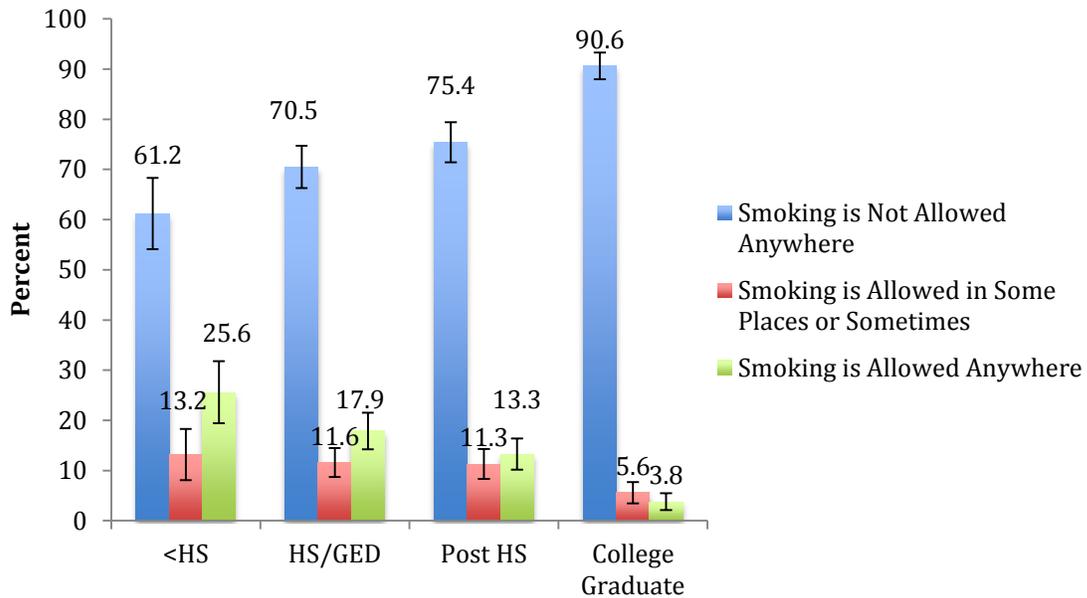


Figure 52. Rules about smoking inside the home, by household income

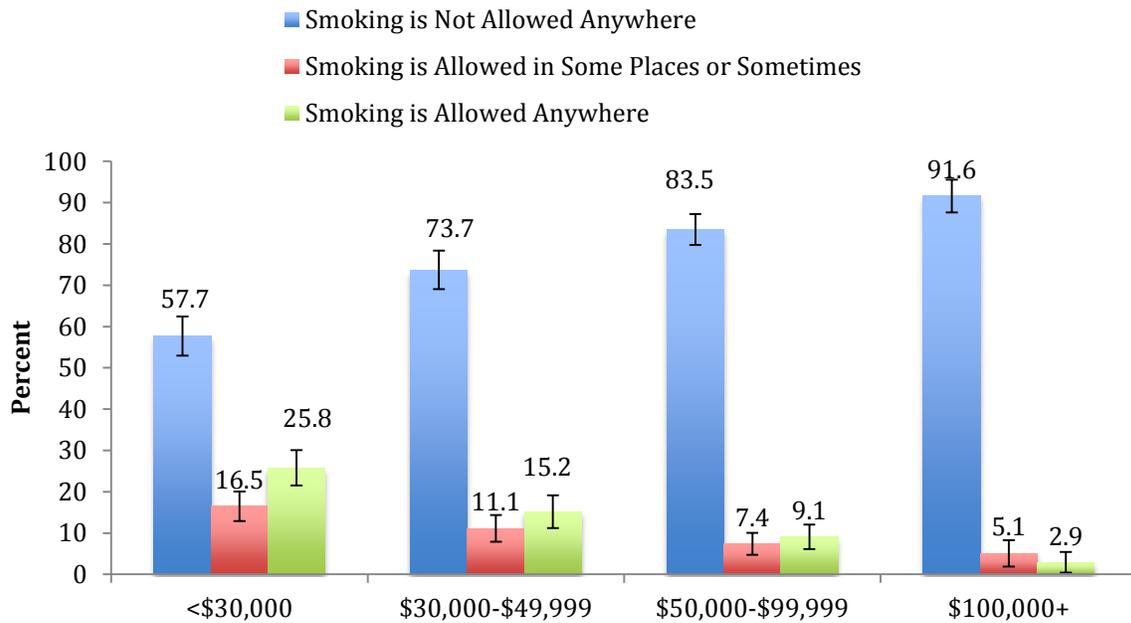
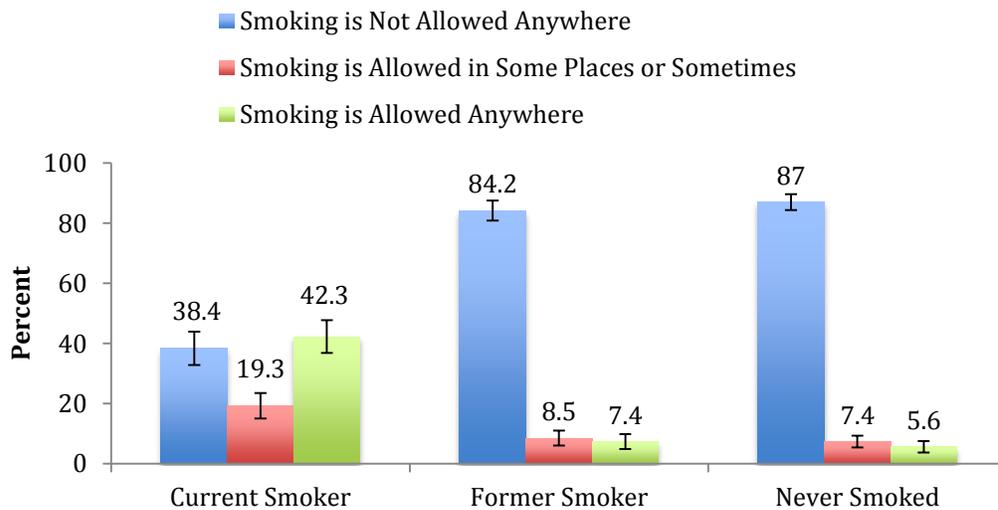


Figure 53. Rules about smoking in the home, by smoking status



While the majority of adults among all demographic categories reported that they prohibit smoking in their motor vehicles, this rule was sharply higher with increased age, education, and household income (Figures 54-57).

Figure 54. Rules about smoking in one's own vehicles, by gender

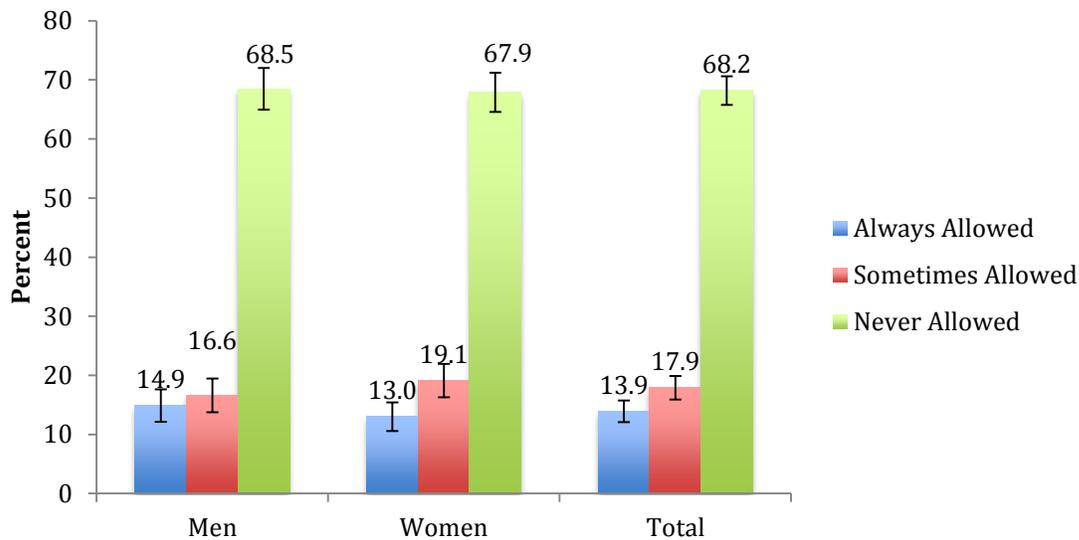


Figure 55. Rules about smoking in one's own vehicles, by age

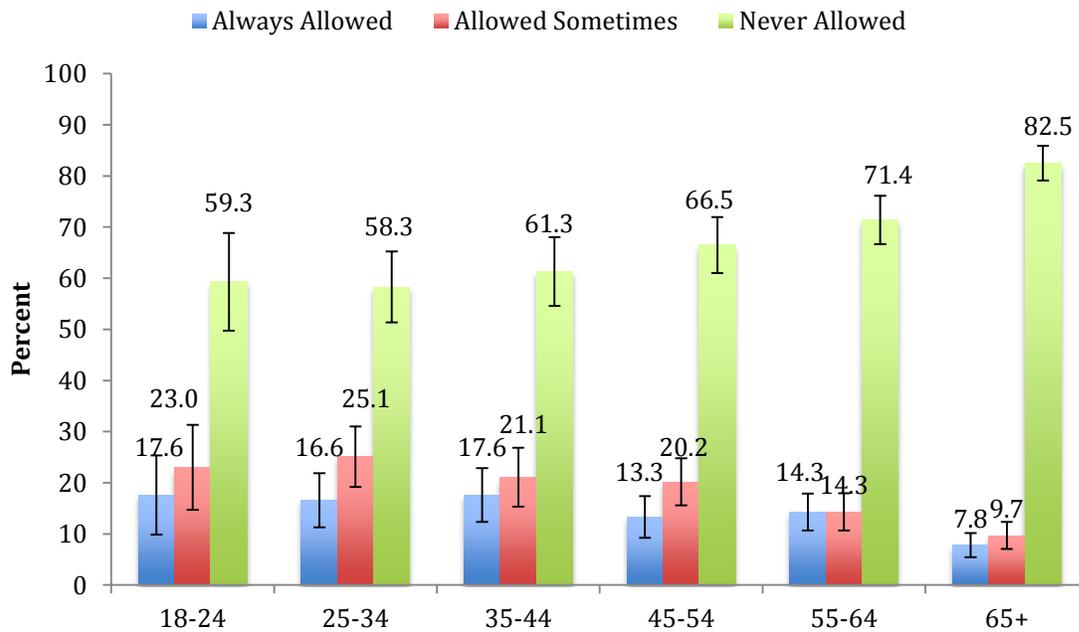


Figure 56. Rules about smoking in one's own vehicles, by education

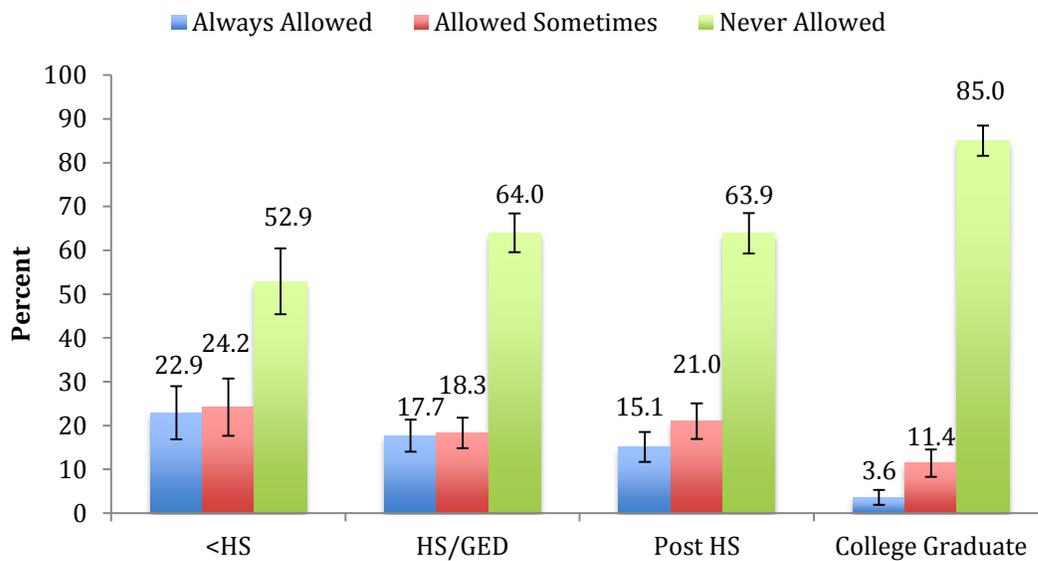
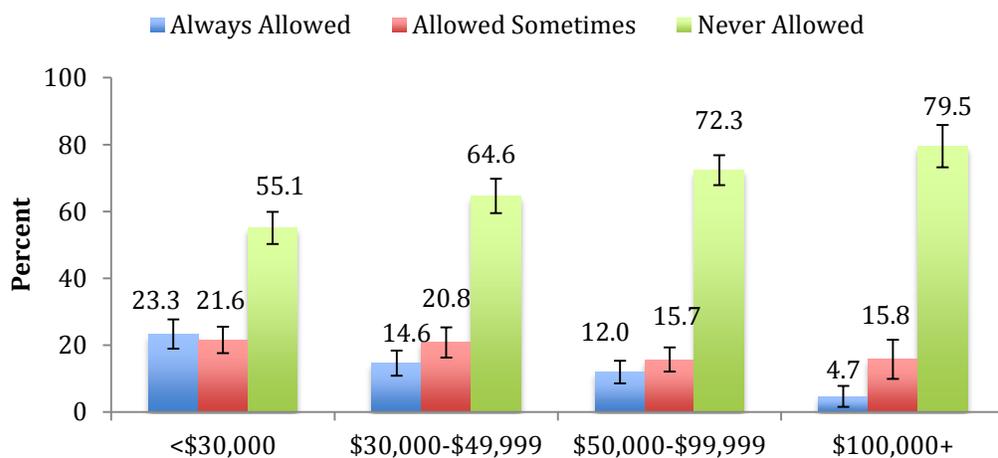


Figure 57. Rules about smoking in one’s own vehicles, by household income



Regarding smoking rules in homes with children, although smokers were more likely to have children living with them, they prohibited smoking in the home at nearly the same rate as nonsmokers. (Figures 58-59).

Figure 58. Presence of children in the home by smoking status

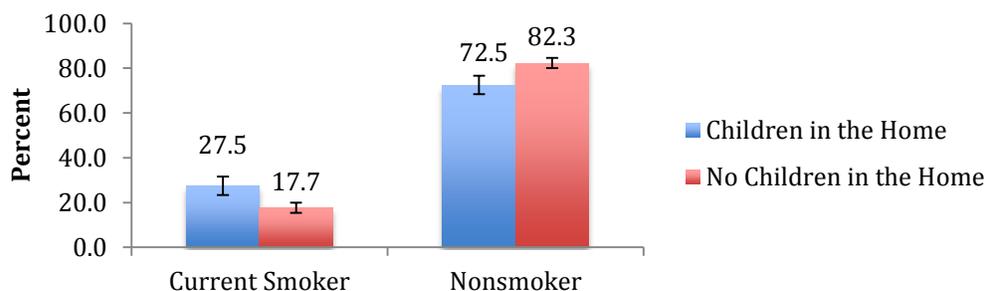
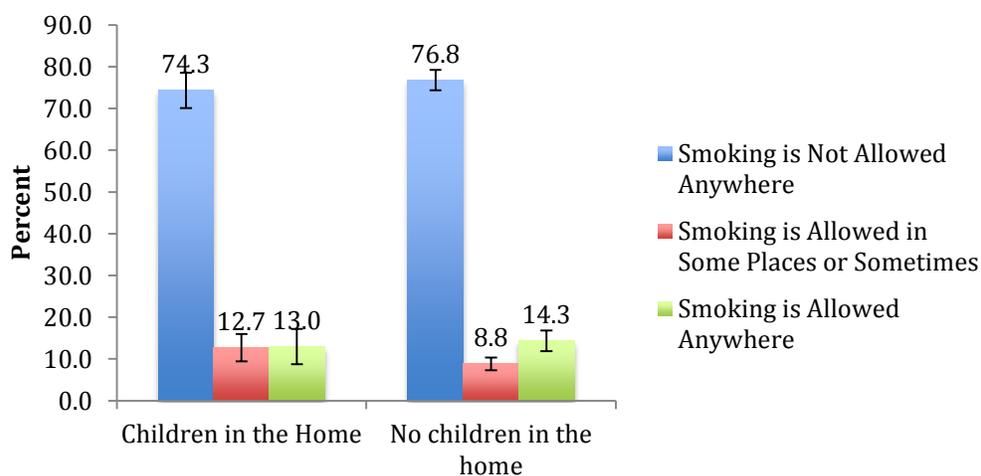


Figure 59. Rules about smoking in the home, by presence of children in the home



Workplace Tobacco Policies

Respondents reported that most of their workplaces prohibit indoor tobacco use, but the majority permit outdoor use on their properties. 89.9% of respondents stated that smoking is prohibited indoors, but only 52.6% reported that use of smokeless tobacco is prohibited. With regard to smoking outdoors, 28.7% reported that smoking is not permitted, and 38.6% reported restrictions about smoking outside. (Figures 60- 62).

Figure 60. Workplace smoking policies for indoor work areas

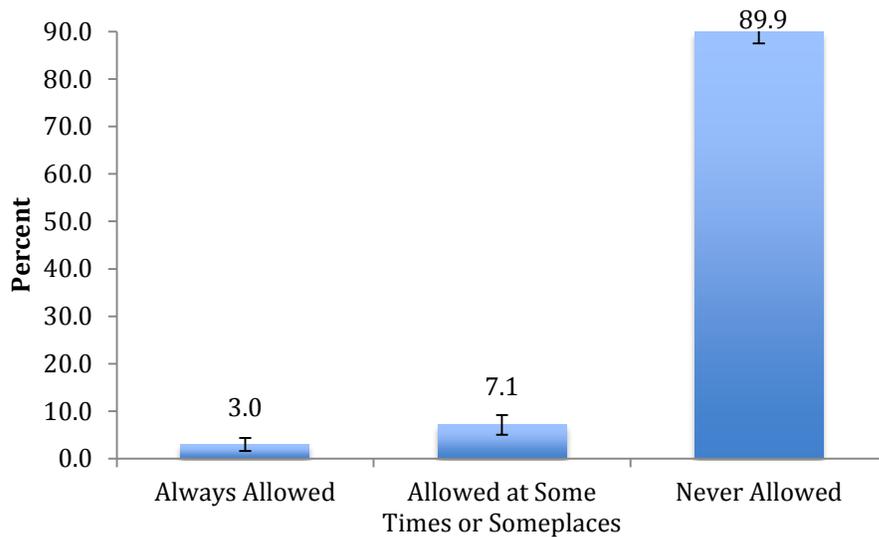


Figure 61. Workplace smoking policies for outdoor areas

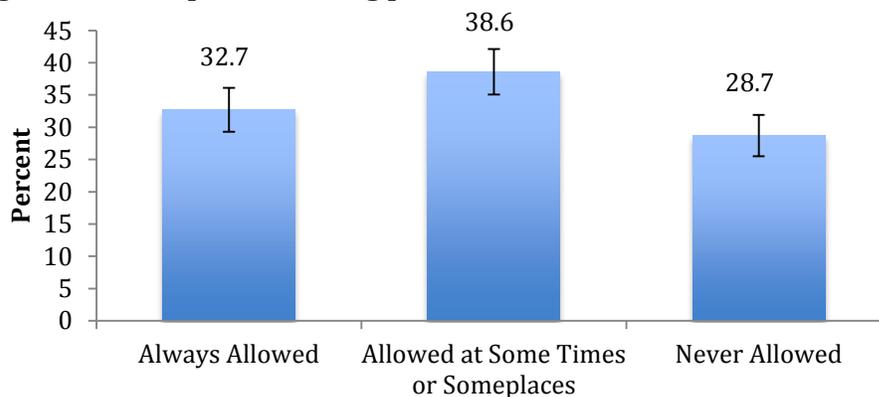
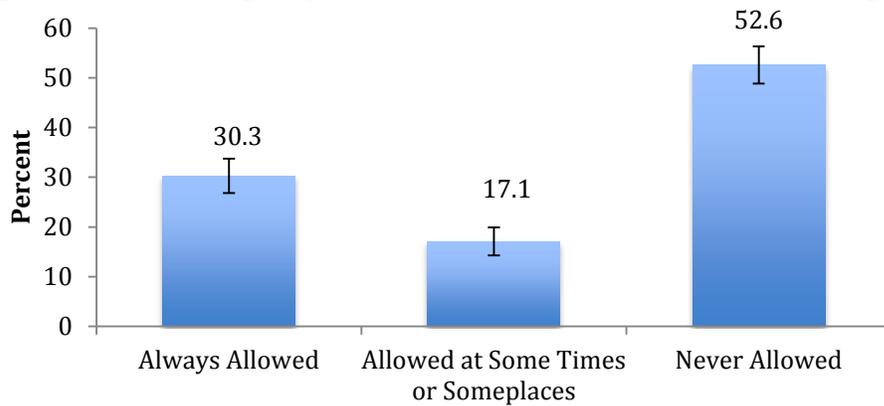


Figure 62. Worksite policy on use of smokeless tobacco at the workplace



Opinions on Tobacco Tax Increases

There appears to be strong support for increasing the tax on cigarettes and smokeless tobacco “if the money were used to improve the public’s health.”

More than two in three adults favored a cigarette tax increase, with women showing stronger support than men: 75.4% vs. 66.3% (Figure 63). With regard to age, education, and income levels, support exceeded 60% in all categories (Figures 64-66).

Figure 63. Support for a cigarette tax increase “if the money were used to improve the public’s health” by gender

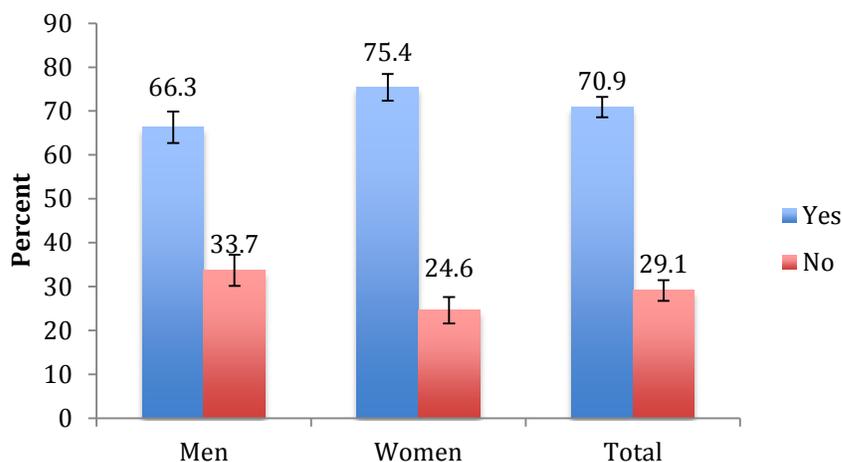


Figure 64. Support for a cigarette tax increase “if the money were used to improve the public’s health” by age group

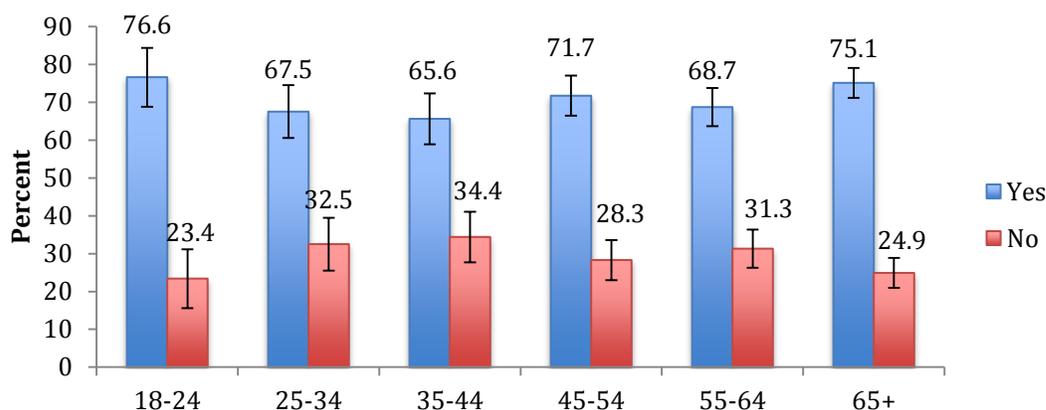


Figure 65. Support for a cigarette tax increase “if the money were used to improve the public’s health” by education

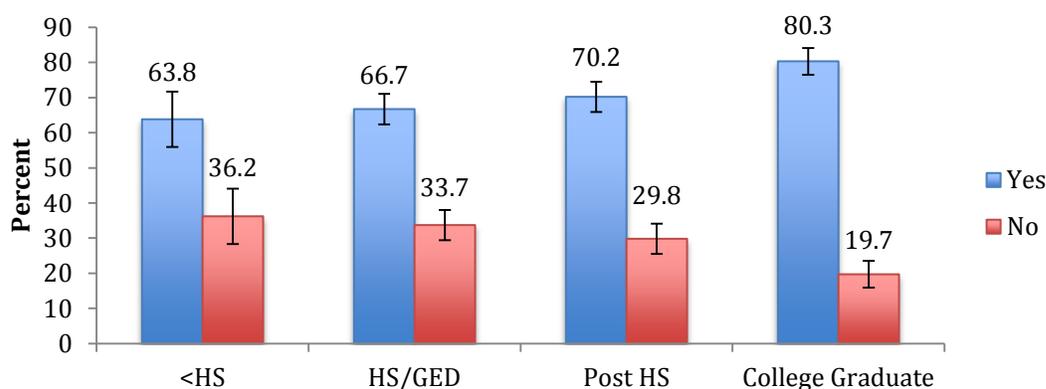
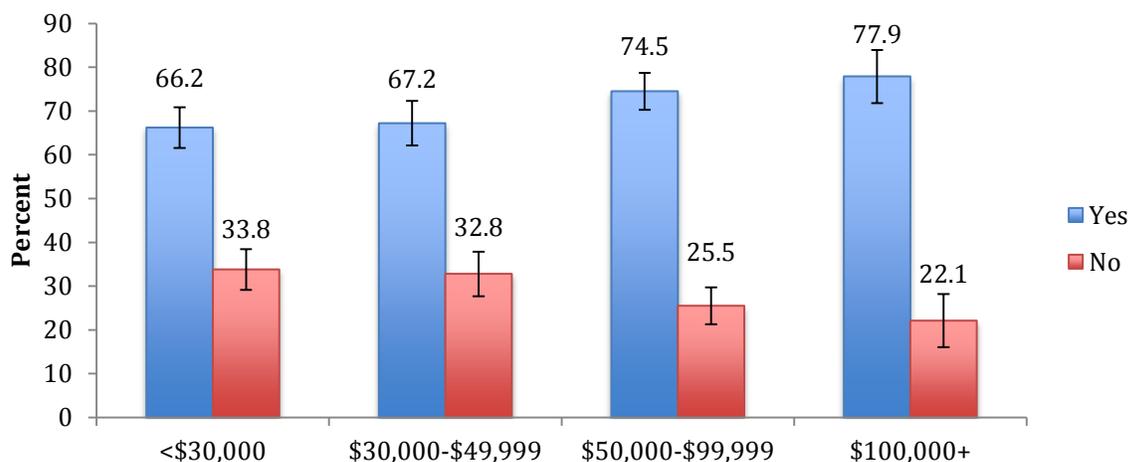
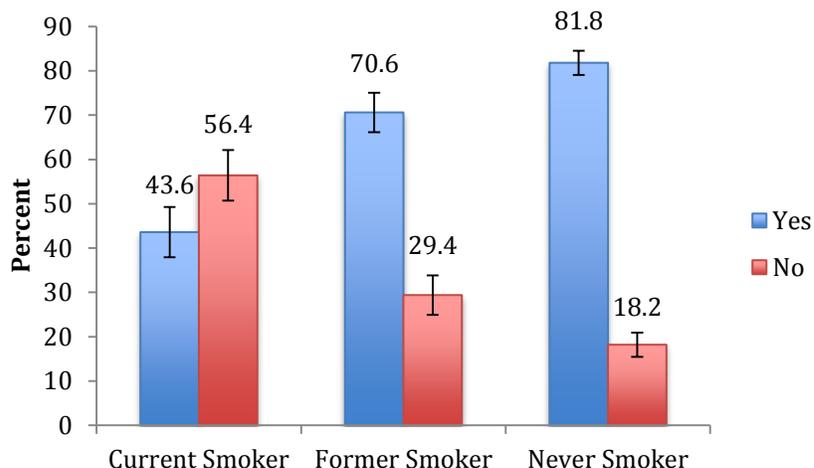


Figure 66. Support for a cigarette tax increase “if the money were used to improve the public’s health” by household income



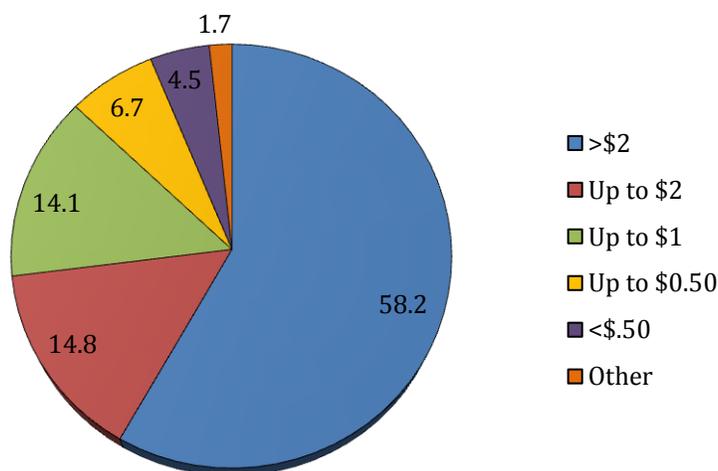
While nearly three quarters of nonsmokers supported a cigarette tax increase, so did 43.6% of current smokers (Figure 67).

Figure 67. Support for a cigarette tax increase “if the money were used to improve the public’s health” by smoking status



Respondents who favored a tax increase were then asked what level of an increase they would support (Figure 68). The most common answer was supporting an increase in excess of \$2/pack (58.2%).

Figure 68. Amount of tax increase per cigarette pack favored by those who support raising the cigarette tax



When respondents were asked their opinion of whether the tax on smokeless tobacco should be raised, strong support emerged (71.3%), with women favoring an increase more than men. 57.5% of nonusers and 42.5% of users supported an increase (Figures 69-70).

Figure 69. Support for a smokeless tobacco tax increase “if the money were used to improve the public’s health,” by gender

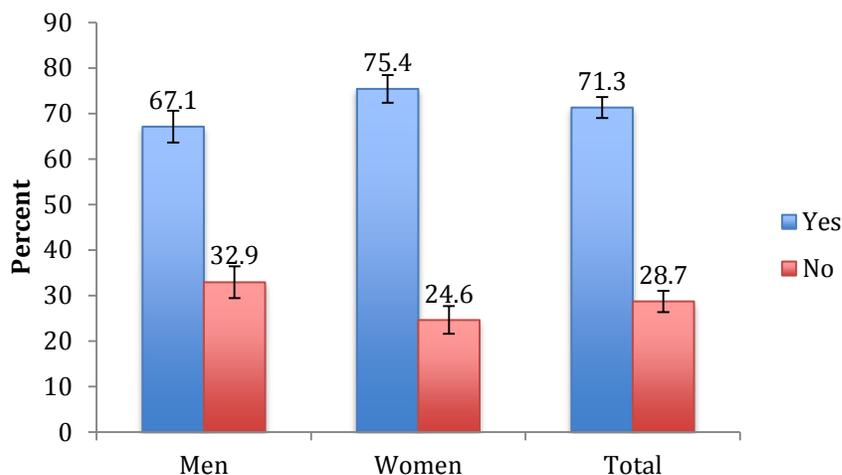
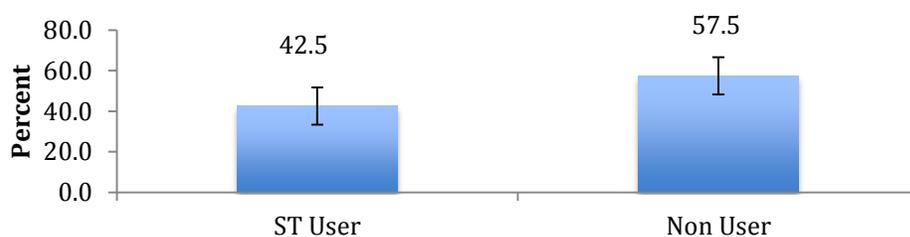


Figure 70. Support for a smokeless tobacco tax increase “if the money were used to improve the public’s health,” by smokeless tobacco users and nonusers



General Health

Figure 71 reveals that male nonsmokers were more likely to view themselves as being in very good or excellent health (47.7% total) versus male smokers (27.3% total). For women, the respective rates were 47.0% and 34.8%. The proportion of participants who self-reported being in poor health increased with age. There were marked differences in self-reports of health status by education and income level, with people having more education/income feeling healthier than adults with lower income/education (data not shown).

Figure 71. General health status, by smoking status, men

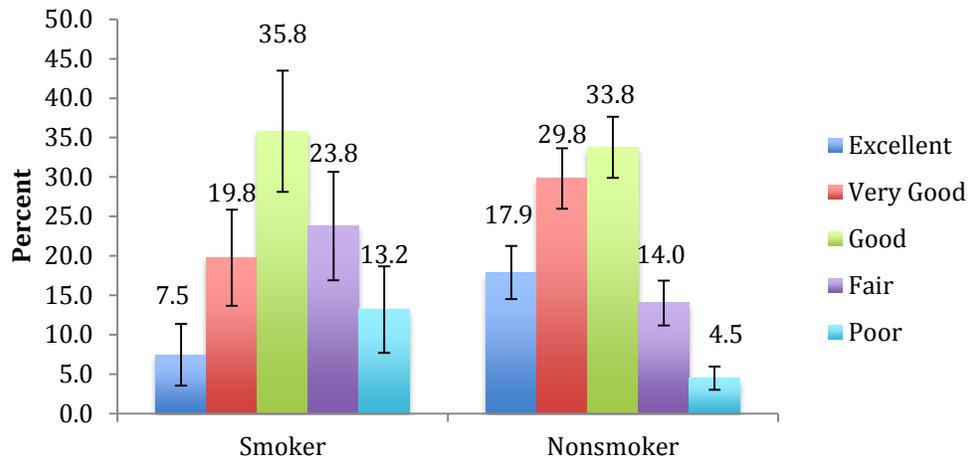
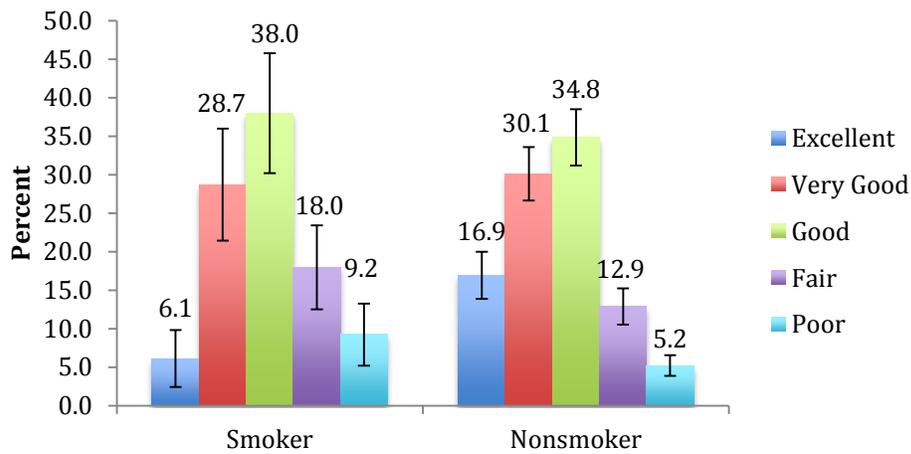


Figure 72. General health status, by smoking status, women



APPENDIX A

Distribution of respondents, by demographic group and by type of telephone sample, unweighted and weighted.

	Landline			Cell		
	Number of Interviews	% Sample (Unweighted)	% Weighted Sample	Number of Interviews	% Sample (Unweighted)	% Weighted Sample
Total	1441			626		
Gender						
Men	551	38.2	45.2	349	55.8	59.1
Women	890	61.8	54.8	277	44.3	40.9
Age Group						
18-24	34	2.4	7.1	109	17.4	25.4
25-34	95	6.6	10.7	141	22.5	25.6
35-44	152	10.6	15.2	106	16.9	17.2
45-54	251	17.4	18.3	118	18.9	14.6
55-64	335	23.3	20.3	84	13.4	10.1
65+	547	38.0	27.1	60	9.6	6.2
Unknown	27	1.9	1.3	8	1.3	0.9
Education						
<HS	168	11.7	10.3	82	13.1	13.2
HS/GED	493	34.2	35.7	197	31.5	31.5
Post HS	394	27.3	27.6	203	32.4	33.0
College Graduate	380	26.4	26.1	142	22.7	22.0
Unknown	6	0.4	0.3	2	0.3	0.3
Income						
<\$30,000	405	28.1	22.0	184	29.4	28.1
\$30,000-\$49,999	324	22.5	21.6	145	23.2	23.6
\$50,000-\$99,999	369	25.6	29.5	169	27.0	27.2
\$100,000+	162	11.2	14.4	62	9.9	10.4
Unknown	181	12.6	12.5	66	10.5	10.7

APPENDIX B

Disposition of Telephone Numbers in the WVATS 2014 Sample

Disposition Code	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Complete	2055	9.37	2055	9.37
Partial Complete	12	0.05	2067	9.42
Termination within questionnaire	145	0.66	2212	10.08
Refusal after respondent selection	1068	4.87	3280	14.95
Selected respondent never reached or was reached but did not begin interview during interviewing period	188	0.86	3468	15.81
Selected respondent away from residence during the entire interviewing period	24	0.11	3492	15.92
Language problem after respondent selection	1	0.00	3493	15.92
Selected respondent physically or mentally unable to complete an interview during the entire interviewing period	60	0.27	3553	16.20
Hang up or termination after number of adults recorded but before respondent selection (Landline only)	43	0.20	3596	16.39
Household contact after number of adults recorded but before respondent selection (Landline only)	1	0.00	3597	16.40
Household members away from residence during entire interviewing period (Landline only)	8	0.04	3605	16.43
Hang-up or termination, housing unit, unknown if eligible respondent (Landline only)	1415	6.45	5020	22.88
Household contact, eligibility undetermined (Landline only)	75	0.34	5095	23.23

APPENDIX B

Disposition of Telephone Numbers in the WVATS 2014 Sample

Disposition Code	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Cell Phone contact, eligibility undetermined (Cell phone only)	140	0.64	5235	23.86
Contact, eligibility undetermined (Cell phone only)	307	1.40	5542	25.26
Language problem before respondent selection (landline) or determination of eligibility (cell phone)	21	0.10	5563	25.36
Physical or mental impairment before respondent selection (landline) or determination of eligibility (cell phone)	27	0.12	5590	25.48
Hang-up or termination, unknown if private residence (Landline only)	4704	21.44	10294	46.93
Contact, unknown if private residence (Landline only)	28	0.13	10322	47.06
Telephone answering device, message confirms private residential status (Landline only)	2467	11.25	12789	58.30
Telecommunication technological barrier, message confirms private residential status (Landline only)	92	0.42	12881	58.72
Telephone answering device, not sure if private residence (Landline only)	3571	16.28	16452	75.00
Telecommunication technological barrier, not sure if private residence (Landline only)	108	0.49	16560	75.49
Telephone number has changed status from household or possible household to non-working during the interviewing period (Landline only)	450	2.05	17010	77.54
No answer	416	1.90	17426	79.44
Busy	35	0.16	17461	79.60

APPENDIX B

Disposition of Telephone Numbers in the WVATS 2014 Sample

Disposition Code	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Out-of-State	303	1.38	17764	80.98
Household, no eligible respondent (Landline only)	9	0.04	17773	81.02
Cell phone, not an adult (Cell phone only)	96	0.44	17869	81.46
Not a private residence (Landline only)	456	2.08	18325	83.54
Cell phone - business only (Cell phone only)	213	0.97	18538	84.51
Landline Telephone (Cell phone only)	569	2.59	19107	87.10
Dedicated fax/data/modem line with no human contact (Landline only)	304	1.39	19411	88.49
Cellular Telephone (Landline only)	18	0.08	19429	88.57
Cell Phone with landline in the household (Cell phone only)	84	0.38	19513	88.95
Fast busy	673	3.07	20186	92.02
Non-working/disconnected number	1709	7.79	21895	99.81
Wrong Number (Cell Phone only)	41	0.19	21936	100.00

APPENDIX C

Frequently Used Terms

Tobacco Use Status

Current Smoker:	Smoked at least 100 cigarettes in life and now smokes every day or some days
Former Smoker:	Smoked at least 100 cigarettes in life but now does not smoke at all
Nonsmoker:	Smoked less than 100 cigarettes in life and does not smoke at all
Dual User:	Current cigarette smoker who also used any form of smokeless tobacco in the past 30 days

Socioeconomic Status (SES)

Low SES:	Adults with a high school diploma, GED, or less education and a household income less than \$30,000 per year
Other SES:	Adults with more education than a high school diploma or GED and/or a household income of \$30,000 or more per year

ENDNOTES

1. Blumberg, S., et al., *Wireless Substitution: State-level Estimates From the National Health Interview Survey, 2012, 2013*, National Center for Health Statistics: Hyattsville, MD.
2. WV Division of Tobacco Prevention and Health Statistics Center, *Tobacco is Killing (and Costing) Us, 2006-2010, July 2013 Summary Report*. 2013, Charleston, WV.
3. WV Bureau for Public Health, *Tobacco-Related Cancers in West Virginia, 2013*: Charleston, WV.
4. U.S. Department of Health and Human Services, *The Health Consequences of Smoking—50 Years of Progress. A Report of the Surgeon General*. 2014, Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.
5. California Department of Health, *State Health Officer's Report on E-Cigarettes: A Community Health Threat*, ed. California Tobacco Control Program. 2015, Sacramento, CA.
6. Fiore, M.C., et al., *Treating tobacco use and dependence: 2008 Update*. 2008, Rockville, MD: U.S. Department of Health and Human Services. Public Health Service.