Making the Grade on Women's Health

Women and Smoking

A NATIONAL AND STATE-BY-STATE REPORT CARD

2003

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NATIONAL WOMEN'S LAW CENTER ■ OREGON HEALTH & SCIENCE UNIVERSITY

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The National Women's Law Center is a Washington, DC-based non-profit organization working to expand opportunities and eliminate barriers for women and their families, with a major emphasis on women's health, education and employment opportunities, and family economic security.

The mission of the Oregon Health & Science University (OHSU) is healing, teaching, discovery, and community service. The Center for Women's Health encompasses this mission with programs designed in clinical care, research, and education. The mission of the Department of Medical Informatics and Clinical Epidemiology is to provide an academic environment for teaching, research, and service in the areas of medical informatics and outcomes research.

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Making the Grade on Women's Health

By

National Women's Law Center

and

Oregon Health & Science University

2003

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Disclaimer

While text, citations, and data for the indicators are, to the best of the authors' knowledge, current as of the time the *Women and Smoking Report Card* was prepared, subsequent developments, including recent legislative actions, may alter the information provided herein. This report does not constitute legal advice; individuals and organizations considering legal action should consult with their own counsel before deciding on a course of action. In addition, this report does not constitute medical advice. Individuals with health problems, questions, or concerns should consult an appropriate health care provider.

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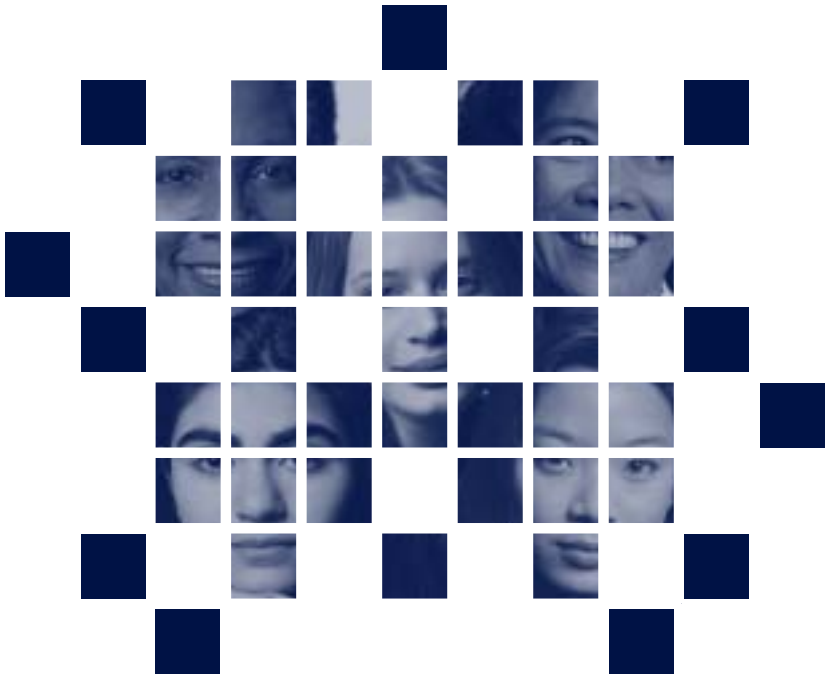


Chapter I

Executive Summary

Smoking is a critical women's health issue. The leading cause of preventable death in the United States, smoking kills over 178,000 women each year. In addition, smoking results in women losing more than 2 million years of life due to premature death every year. Smoking is the primary cause of lung cancer, the leading cancer killer of women, and is also a primary risk factor for cardiovascular disease, the leading overall killer of women.

Despite these deadly health consequences, smoking rates among women and girls are far too high, and many women and girls who do not smoke are exposed to second-hand smoke at work and at home. Adding insult to injury, the tobacco companies continue to target women and girls through advertising and promotions. Moreover, many women who want to quit smoking are hampered by a lack of access to smoking cessation treatment.

Women and Smoking: A National and State-by-State Report Card—A Wake-Up Call

Women and Smoking: A National and State-by-State Report Card demonstrates that much stronger action is needed at the federal and state levels to reduce tobacco use among women and girls across the United States. Specifically, the *Women and Smoking Report Card* provides and evaluates data, by state and for the nation as a whole, on selected health status and health policy indicators related to smoking, major smoking-related diseases, and access to cessation services among women and girls. The *Report Card* assesses the nation's progress or lack thereof, state by state, in reaching key benchmarks related to the status of women's health as it pertains to smoking. These benchmarks are drawn primarily from the ten-year national health objectives set by the U.S. Department of Health and Human Services' Healthy People 2010 prevention agenda, which identifies the most significant preventable threats to health and establishes national goals to reduce these threats. The *Report Card* also evaluates state policies and programs needed to meet those goals. Through its national and state-by-state evaluation of both smoking-related health status data and health policies, the *Women and Smoking Report Card* builds upon *Making the Grade on Women's Health: A National and State-by-State Report Card*, which addresses smoking as part of a comprehensive assessment of women's overall health.

Structure of the *Report Card*

Following this executive summary in Chapter I, Chapter II presents background information on women and smoking to set the context for the status and policy indicators in the national and state report cards. Chapter III contains the national and state report cards as well as the federal policy agenda. Chapter IV includes descriptions of the indicators evaluated, their data sources and methodology, and the data sources for the demographic information provided in each report card.

Overall State Rankings and Grades

Alphabetical Order

State	Rank*	Grade*
Alabama	36	F
Alaska	37	F
Arizona	11	U
Arkansas	48	F
California	7	U
Colorado	8	U
Connecticut	5	U
Delaware	31	F
District of Columbia	6	U
Florida	19	F
Georgia	28	F
Hawaii	2	S-
Idaho	12	U
Illinois	25	F
Indiana	46	F
Iowa	30	F
Kansas	17	F
Kentucky	50	F
Louisiana	38	F
Maine	33	F
Maryland	9	U
Massachusetts	3	U
Michigan	34	F
Minnesota	4	U
Mississippi	41	F
Missouri	43	F
Montana	35	F
Nebraska	15	F
Nevada	50	F
New Hampshire	29	F
New Jersey	10	U
New Mexico	18	F
New York	13	F
North Carolina	40	F
North Dakota	24	F
Ohio	44	F
Oklahoma	45	F
Oregon	20	F
Pennsylvania	32	F
Rhode Island	16	F
South Carolina	39	F
South Dakota	23	F
Tennessee	47	F
Texas	27	F
Utah	1	S-
Vermont	14	F
Virginia	20	F
Washington	26	F
West Virginia	49	F
Wisconsin	22	F
Wyoming	42	F

Rank Order

State	Rank*	Grade*
Utah	1	S-
Hawaii	2	S-
Massachusetts	3	U
Minnesota	4	U
Connecticut	5	U
District of Columbia	6	U
California	7	U
Colorado	8	U
Maryland	9	U
New Jersey	10	U
Arizona	11	U
Idaho	12	U
New York	13	F
Vermont	14	F
Nebraska	15	F
Rhode Island	16	F
Kansas	17	F
New Mexico	18	F
Florida	19	F
Oregon	20	F
Virginia	20	F
Wisconsin	22	F
South Dakota	23	F
North Dakota	24	F
Illinois	25	F
Washington	26	F
Texas	27	F
Georgia	28	F
New Hampshire	29	F
Iowa	30	F
Delaware	31	F
Pennsylvania	32	F
Maine	33	F
Michigan	34	F
Montana	35	F
Alabama	36	F
Alaska	37	F
Louisiana	38	F
South Carolina	39	F
North Carolina	40	F
Mississippi	41	F
Wyoming	42	F
Missouri	43	F
Ohio	44	F
Oklahoma	45	F
Indiana	46	F
Tennessee	47	F
Arkansas	48	F
West Virginia	49	F
Kentucky	50	F
Nevada	50	F

* Two indicators—Current Smoking, Grades 9-12 and Trying to Quit, Grades 9-12—are not factored into the grades and ranks because consistent data are not available for all states.

For the **status indicators**, the *Report Card* provides several types of information. Each state receives a grade and rank for the individual status indicators as well as an overall grade and rank. The *grades* indicate how close the state is to meeting the relevant benchmarks, while the *ranks* illustrate how the state fares relative to other states. The grades take into account that the states and the nation still have several years to achieve the 2010 benchmarks. Similar data is provided for the nation. (A chart listing the overall state ranks and grades is on page 2.)

To help states identify what they can do to move toward the smoking-related benchmarks, the *Report Card* also provides **policy indicators**, which are based on state statutes, regulations, policies, and programs that address the problems identified by the status indicators. The policies identified would help prevent and reduce smoking generally, and two policy indicators focus specifically on pregnant women given the special dangers smoking poses during pregnancy. In contrast to the status indicators (where basic data were available, although with serious gaps), the absence of consistently collected policy data precluded meaningful comparisons of the states and made grading problematic. The *Report Card* therefore evaluates the strength of the policies, but does not grade them, and policy indicators are not factored into states' overall grades and ranks. In addition, the *Report Card* provides a list of recommended federal tobacco control policies.

- The nation receives an overall grade of "Fail."
- No state receives an overall grade of "Satisfactory."
- Only two states (Hawaii and Utah) receive an overall grade of "Satisfactory Minus."
- Nine states (Arizona, Idaho, Massachusetts, Minnesota, California, Colorado, Connecticut, Maryland, New Jersey) and the District of Columbia receive an overall grade of "Unsatisfactory."
- The vast majority of states receive an overall grade of "Fail."
- Of the 11 graded status indicators' benchmarks, none were met by all of the states or the District of Columbia.
- No state receives a "Meets Policy" on all ten policy indicators.
- Maine leads the states in terms of strong policies, receiving a "Meets Policy" on seven of the ten policy indicators. California, Massachusetts, Minnesota, New York, and Rhode Island are not far behind, with each receiving a "Meets Policy" on five of the ten policy indicators.

Report Card Findings

Most states and the nation overall fall far short of the nation's goals for reducing smoking among women and girls. In addition, neither the states nor the federal government have adopted strong tobacco control policies to help them meet these goals.

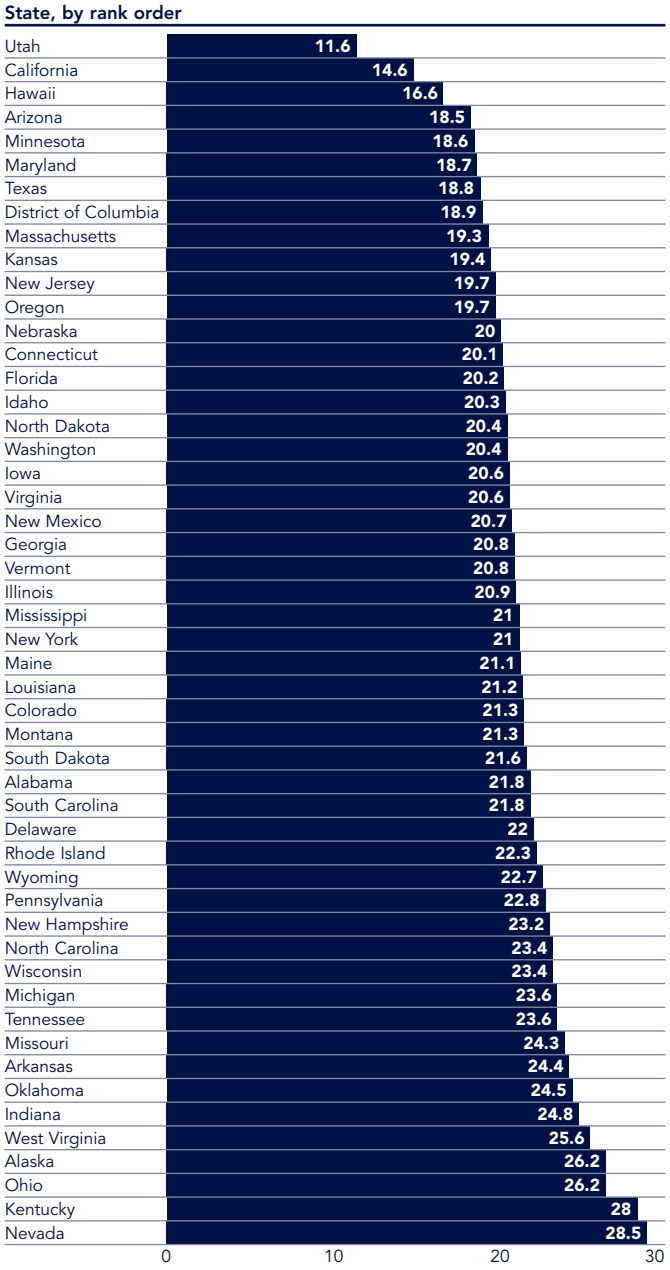
Smoking rates among women are far too high, with most states and the nation missing the national goal by a substantial margin.

- In the United States, 20.7 percent of adult women smoke, which is far short of the national goal to reduce smoking among adults to 12 percent. The nation receives a grade of "Fail" on this indicator.
- Only one state, top-ranked Utah (11.6 percent), meets the goal to reduce smoking among women to 12 percent and receives a grade of "Satisfactory." Two other states, California (14.6 percent) and Hawaii (16.6 percent), receive a grade of "Satisfactory Minus" because they come close to meeting this goal. In Nevada, the state ranked last, 28.5 percent of women smoke, and 35 other states join Nevada in receiving a failing grade.

Neither the nation nor any state meets the national goal for reducing smoking during pregnancy, despite the serious associated health risks.

- Nationwide, 12.2 percent of women smoke during pregnancy. Therefore, the nation does not meet the national goal to reduce smoking among this population to no more than one percent and receives a grade of "Unsatisfactory." Moreover, the percentage of pregnant women who smoke is probably even higher because these data come from birth certificates, which are known to produce underestimates of smoking rates. Estimates from survey data suggest that up to 22 percent of pregnant women smoke.
- While no state meets the national goal, the District of Columbia receives a grade of "Satisfactory Minus" because it comes close (2.6 percent), as do seven other states. West Virginia ranks last, with 26.3 percent of pregnant women smoking, and 22 other states join West Virginia in receiving a failing grade.

Percentage of Adult Women who Smoke



Neither the nation nor the states have met the challenge of increasing smoking cessation attempts among women and ensuring that women have access to cessation advice and treatment.

- Smoking cessation is critical to improving the overall health of women and girls, and research shows that achieving cessation often takes several attempts. Yet nationally, only 44.9 percent of women tried to quit for one day or longer during the past year, which is short of the national goal to increase adult smokers' cessation attempts of one day or longer during the past year to 75 percent. Therefore, the nation receives a grade of "Fail" on this indicator.

- No state meets this goal, and only Hawaii receives a grade of "Satisfactory Minus" because it comes close (65.2 percent). Nevada ranks last, with only 38.4 percent of women who smoke attempting cessation for one day or longer during the past year, and the overwhelming majority of states—46 and the District of Columbia—join Nevada in receiving a failing grade.

- Physicians' advice to women to quit smoking has been shown to increase cessation rates. The great majority of women who smoke see a physician each year, yet across the nation, only 61 percent of women who smoke report receiving smoking cessation advice by a physician in the last year, which is short of the goal to increase the percentage of smokers so reporting to 75 percent. The nation thus receives a grade of "Unsatisfactory" on this indicator.

- Only one state, top-ranked Rhode Island (75.7 percent), meets this goal and receives a grade of "Satisfactory." North Dakota ranks last (43.8 percent), and 18 other states join North Dakota in receiving a failing grade.

- Seventeen percent of women in the United States are uninsured and therefore may not have access to either physicians' advice to quit smoking or smoking cessation treatment. The nation thus is not meeting the national goal to reduce the percentage of people without health insurance to zero and receives a grade of "Fail."

- While no state meets this goal, Wisconsin receives a grade of "Satisfactory Minus" because it comes close (8 percent), as do two other states, Minnesota (8.6 percent) and Rhode Island (8.7 percent). New Mexico ranks last, with 29.5 percent of women uninsured, and 23 other states join New Mexico in receiving a failing grade.

Second-hand smoke exposure poses serious health risks to women, and the percentages of work and home policies prohibiting smoking fall short of the national goals.

- Exposure to second-hand smoke increases the risks for lung cancer and heart disease, among other serious health consequences. Yet nationally, only 74.1 percent of women report having a worksite policy prohibiting smoking in indoor areas. Only 64.5 percent of women report having a rule that smoking is not allowed in the home. These figures miss by a substantial margin the benchmarks to increase the percentages of work and home bans to 100 percent, and the nation receives a grade of "Fail" on both of these indicators.

- Compounding this failure at the national level, no state meets these goals. Top-ranked Utah receives a grade of "Satisfactory Minus" because it comes close to meeting the goals for the percentages of women reporting a work ban (87.6 percent) and home ban (84.1 percent). Nevada ranks last in the percentage of women reporting a work ban (56 percent), and 40 other states and the District of Columbia join Nevada in receiving a failing grade. Kentucky ranks last in the percentage of women reporting a home ban (43.1 percent), and 43 other states and the District of Columbia join Kentucky in receiving a failing grade.

Women who smoke greatly increase their risks for serious diseases, and the nation and the states fall far short of the national goals to reduce deaths among women from lung cancer, the leading cancer killer of women, and heart disease, the leading overall killer of women.

- Smoking is the primary cause of lung cancer, the leading cancer killer of women. Nationwide, the lung cancer death rate among women is 40.7 per 100,000, which is far short of the goal to reduce lung cancer deaths among women to that of the state with the current lowest rate (Utah, with a female lung cancer death rate of 17.7 per 100,000). Thus, the nation receives a grade of "Fail" on this indicator.

- No other state meets Utah's benchmark rate for lung cancer deaths among women. Hawaii receives a grade of "Satisfactory Minus" because it comes close (27.8 deaths per 100,000). Nevada ranks last, with a lung cancer death rate among women of 55.8 per 100,000, and 39 other states and the District of Columbia join Nevada in receiving a failing grade.

- Smoking also greatly increases the risk for cardiovascular disease, the leading overall killer of women. Nationally, the coronary heart disease death rate among women is 164.6 per 100,000, which is short of the goal to reduce coronary heart disease deaths among women to that of the state with the current lowest rate (Hawaii, with a female coronary heart disease death rate of 93.9 per 100,000). The nation receives a grade of "Unsatisfactory" on this indicator.

- No other state meets Hawaii's benchmark rate for coronary heart disease deaths among women. Alaska receives a grade of "Satisfactory Minus" because it comes close to meeting this goal (94 deaths per 100,000 women), as do 14 other states. New York ranks last, with 220.7 deaths per 100,000 women, and 22 other states and the District of Columbia join New York in receiving a failing grade.

Ranges Among States and the District of Columbia for Selected Status Indicators

Current Smoking, Adults (%)	
Utah	11.6
Nevada	28.5
Smoking During Pregnancy (%)	
District of Columbia	2.6
West Virginia	26.3
Trying to Quit, Adults (%)	
Hawaii	65.2
Nevada	38.4
Lung Cancer Death Rate (per 100,000)	
Utah	17.7
Nevada	55.8
Coronary Heart Disease Death Rate (per 100,000)	
Hawaii	93.9
New York	220.7

Only seven state Medicaid programs cover comprehensive smoking cessation treatment, and no state requires private insurers to cover such treatment.

- The U.S. Public Health Service's Clinical Practice Guideline, *Treating Tobacco Use and Dependence*, recommends that all insurance plans cover smoking cessation medications and counseling. Lack of such coverage for smoking cessation treatment is a barrier to quitting, particularly for low-income women, who have higher smoking rates than women in general. While some of the lowest-income women rely on Medicaid, only seven state Medicaid programs cover all three forms of smoking cessation treatment: (1) over-the-counter medications, (2) prescription medications, and (3) cessation counseling. Sixteen state Medicaid programs cover none of these categories of treatment.

- No state requires private insurers to cover comprehensive smoking cessation treatment.

Almost half of the states do not have telephone quitlines, despite their demonstrated effectiveness.

- Telephone-based smoking cessation counseling services, called "quitlines," have been shown to be effective, particularly for low-income and rural communities that typically do not have access to cessation services. Yet only 32 states have telephone quitlines.

Only five states have comprehensive laws prohibiting smoking in indoor sites, which prevent exposure to second-hand smoke and reduce overall smoking.

- States can help prevent exposure to second-hand smoke and generally reduce smoking by prohibiting smoking in indoor sites, including government and private worksites, schools, day care centers, health care facilities, and other places of public access. Yet only five states (California, Delaware, Maryland, New York, and Vermont) have strong laws that prohibit smoking in almost all indoor sites. Twenty-four states either have no laws prohibiting smoking in indoor sites or have laws that offer little protection from second-hand smoke.

Only five states have a cigarette excise tax of at least $1.50 per pack of 20 cigarettes, a measure that could dramatically reduce smoking, particularly among youth.

- Research shows that increasing the excise tax on cigarettes is one of the most effective ways to reduce smoking, particularly among youth. Yet only five states (Connecticut, Massachusetts, New Jersey, New York, and Rhode Island) have a cigarette excise tax of at least $1.50 per pack of 20 cigarettes. Eighteen states have an excise tax of 49 cents or less per pack of 20 cigarettes.

Only four states fund comprehensive tobacco control programs annually at the CDC's minimum recommended funding levels.

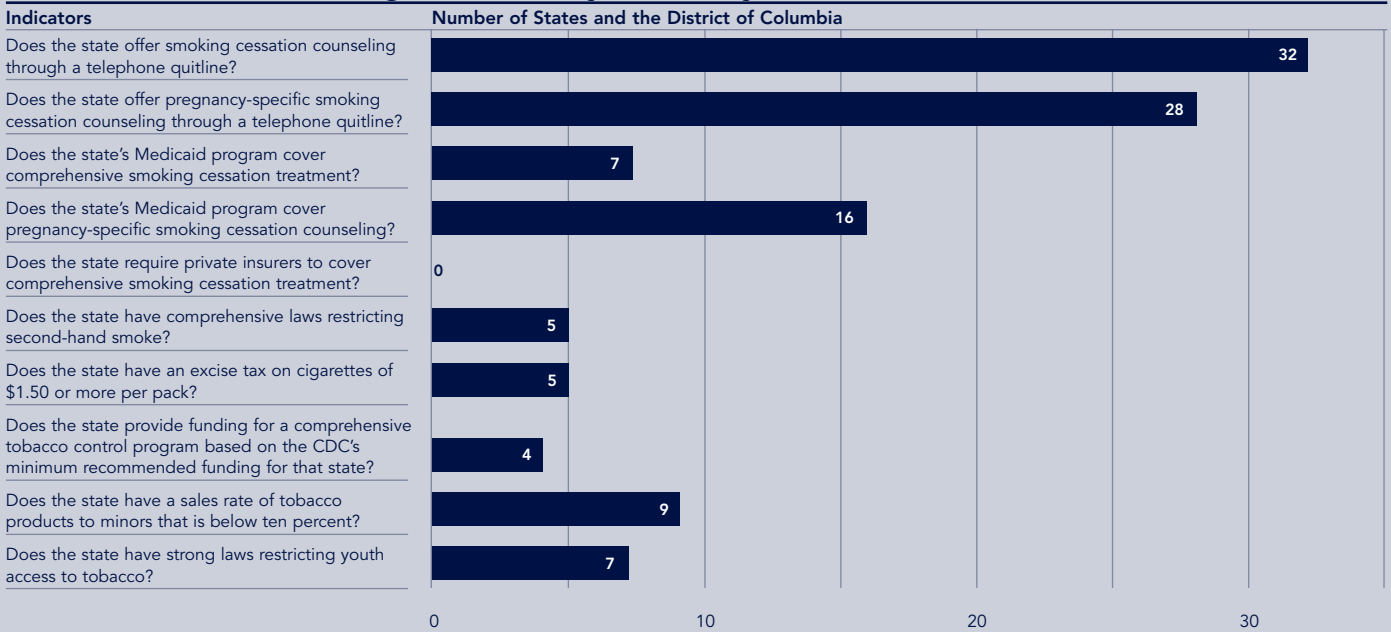
- States that have aggressive tobacco prevention programs with significant resource allocations show greater decreases in tobacco use than do states that are not allocating significant resources to tobacco prevention. Yet only four states (Maine, Maryland, Minnesota, and Mississippi) fund comprehensive tobacco control programs annually (through tobacco settlement funds or excise taxes) at levels that fall within the CDC's recommended ranges for those states. Three states (Michigan, Missouri, Tennessee) and the District of Columbia have not committed any such funds to a comprehensive tobacco control program.

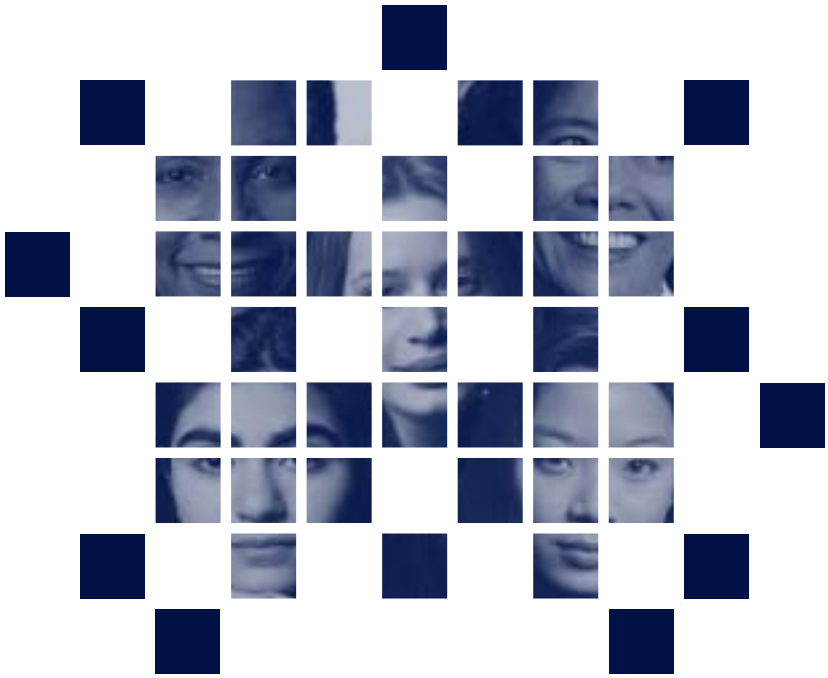
The federal government has not adopted strong policies to prevent and reduce smoking among women and girls.

- Stronger federal policies that regulate tobacco, promote cessation, monitor Internet sales, and fund research and data collection, among others, are critical to the reduction of tobacco use among women and girls.

The nation and the states could do much more to meet the national goals to prevent and reduce smoking and its harmful effects among women and girls. Too few states have strong smoking cessation policies, second-hand smoke laws, excise taxes, and tobacco prevention programs that could help them meet these goals. This serious women's health issue deserves and requires much greater attention.

Number of States Receiving "Meets Policy" on Policy Indicators





Chapter II

Women and Smoking

Smoking is the number one cause of preventable death for women in the United States, and lung cancer, which is primarily attributable to smoking, is the leading cancer killer of women. Yet in 2003, most states and the nation overall are failing to meet the national goals for reducing smoking among women and girls, and too few states have adopted strong tobacco control policies to help them meet these goals.

This chapter describes the scope of the problem of smoking among women and girls, its cost in human lives and suffering as well as economic costs, factors that lead women and girls to smoke, the resulting health consequences, the importance of cessation, factors that affect cessation among women and girls, and programs and policies that can help lower smoking rates.

Smoking Takes a Substantial Toll in Lives Lost and Economic Costs.

Every year, smoking-related diseases kill more than 178,000 women and cause women to lose more than 2 million years of life due to premature death. In addition, the economic costs of smoking are substantial. From 1995-1999, lost productivity and medical expenses attributable to female smoking totaled approximately $75 billion each year.[1]

> One study found that about one-half of all long-term smokers will die of smoking-related diseases. The majority of deaths due to smoking occur at ages 35-69 years.[2]

The smoking-attributable costs borne by public health insurance programs alone are immense. For Medicaid, the state-federal health insurance program for low-income people in which about 70 percent of the beneficiaries over age 15 are women,[3] the total estimated smoking-attributable expenditures for states in 2001 amounted to almost $12 billion, or about 15 percent of all Medicaid costs.[4] If adult smoking rates were reduced by only five percent, the estimated annual savings to states in terms of Medicaid costs would be $110 million; if smoking rates were reduced by 50 percent, the estimated annual savings would be $1.1 billion. Moreover, this figure is an underestimate because it does not include the total savings that would result in other areas, such as reductions in the federal share of tobacco-related Medicaid payments, private insurance costs, out-of-pocket medical costs, cigarette fire damages, and lost productivity due to smoking-related illnesses.[5]

Smoking also results in huge costs for Medicare, the federal health insurance program that covers Americans aged 65 and older and the permanently disabled, in which the majority of beneficiaries are women.[6] In 1997, these smoking-attributable costs amounted to over $20 billion.[7]

Medicare does not cover smoking cessation treatment. In 2002, the Centers for Medicare and Medicaid Services launched the Medicare Stop Smoking Project (MSSP) to evaluate smoking cessation treatment as a potential Medicare benefit. This demonstration project, which is being conducted in seven states, will evaluate the impact on quit rates of covering three different types of smoking cessation treatment: (1) reimbursement for provider cessation counseling only; (2) reimbursement for provider cessation counseling and FDA-approved prescription or nicotine replacement medications; and (3) a telephone counseling quitline and reimbursement for nicotine replacement therapy. Alabama, Florida, Missouri, Ohio, Oklahoma, Nebraska, and Wyoming were selected as sites for the project based on their concentration of fee-for-service Medicare beneficiaries, the prevalence of older smokers, the ability to divide the state into four geographic regions, and the absence of statewide quitlines.[8] The results of the study are expected in 2004.[9]

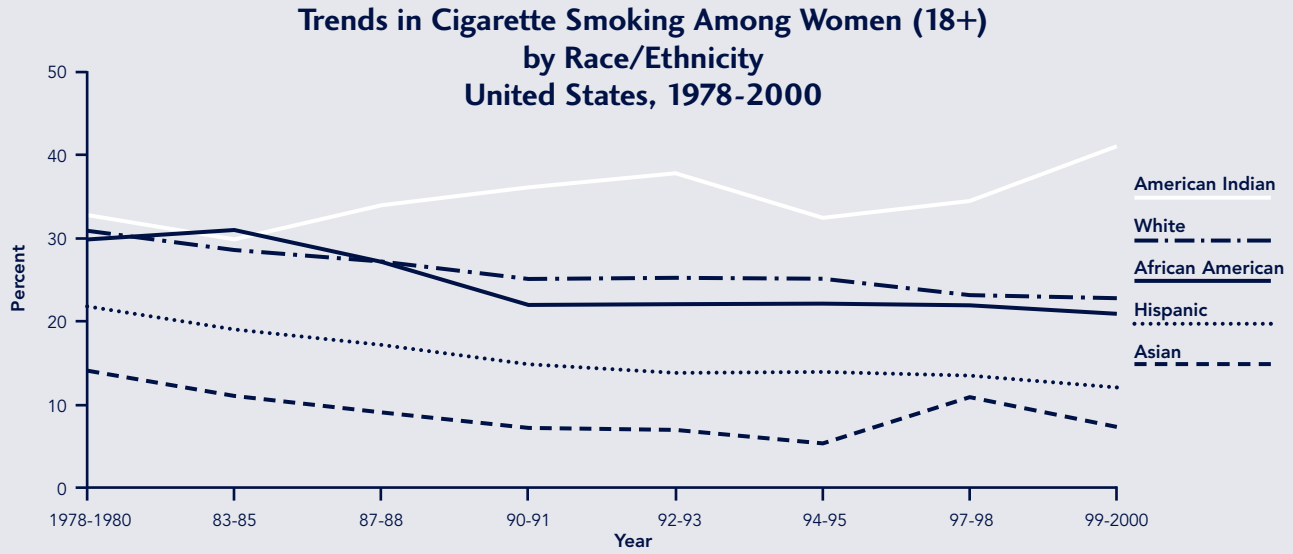
Smoking Rates among Women and Girls Are Too High and Vary Greatly by Age, Race and Ethnicity, Education Level, and Income.

Despite these staggering costs in lives and to the economy, more than one in five adult women and more than one in four high school girls are current smokers.[10] Other tobacco use—such as cigars, pipes, smokeless tobacco, and bidis[11]—is much lower among women and girls than among boys and men.[12]

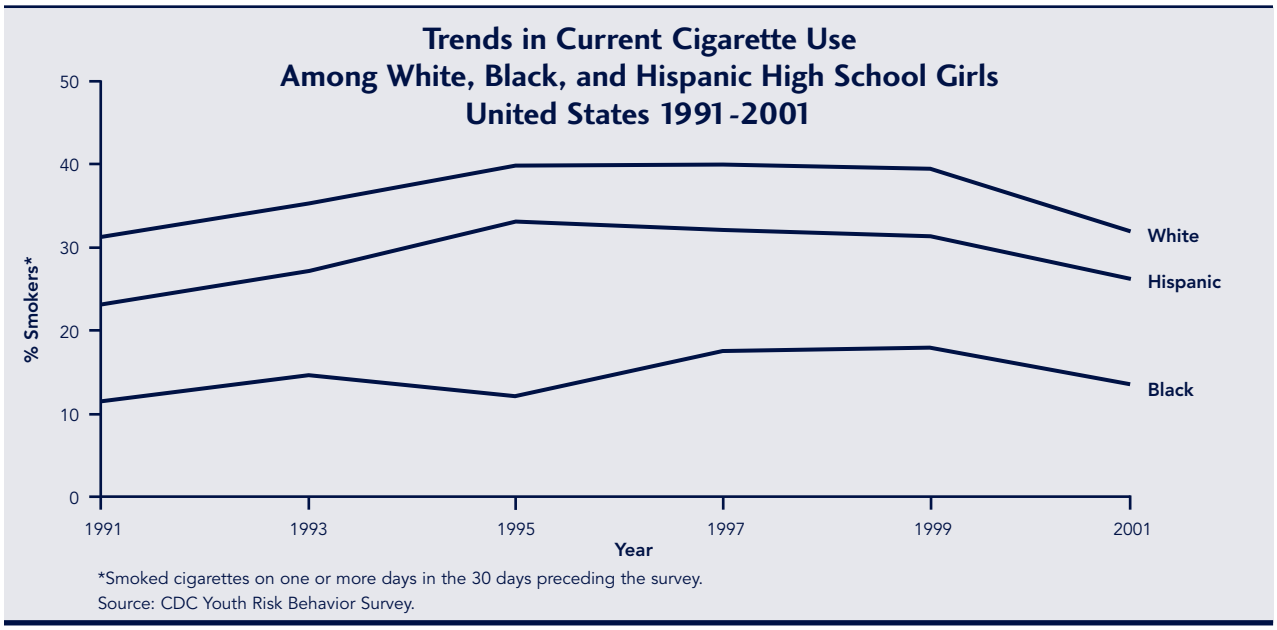
Smoking rates among women and girls vary greatly by a number of factors, including age, race and ethnicity, level of education, income, and sexual orientation. Specific information on smoking among women and girls by race and ethnicity, age, and education level is provided in the national and state report cards where available (See Chapter III).

With respect to **age**, smoking rates are highest among women aged 18-24 and 25-44, lower among women aged 45-64 years, and lowest among women aged 65 years and older.[13] Girls aged 15-17 years have a higher prevalence of smoking than girls aged 12-14 years.[14]

By **race and ethnicity**, the prevalence of smoking is highest among American Indian/Alaskan Native women, lower among white and black women,[15] and lowest among Hispanic and Asian/Pacific Islander women.[16] In middle school and high school, smoking among white girls is at least twice as high as among black girls, and smoking among Hispanic girls is between the two.[17] National data



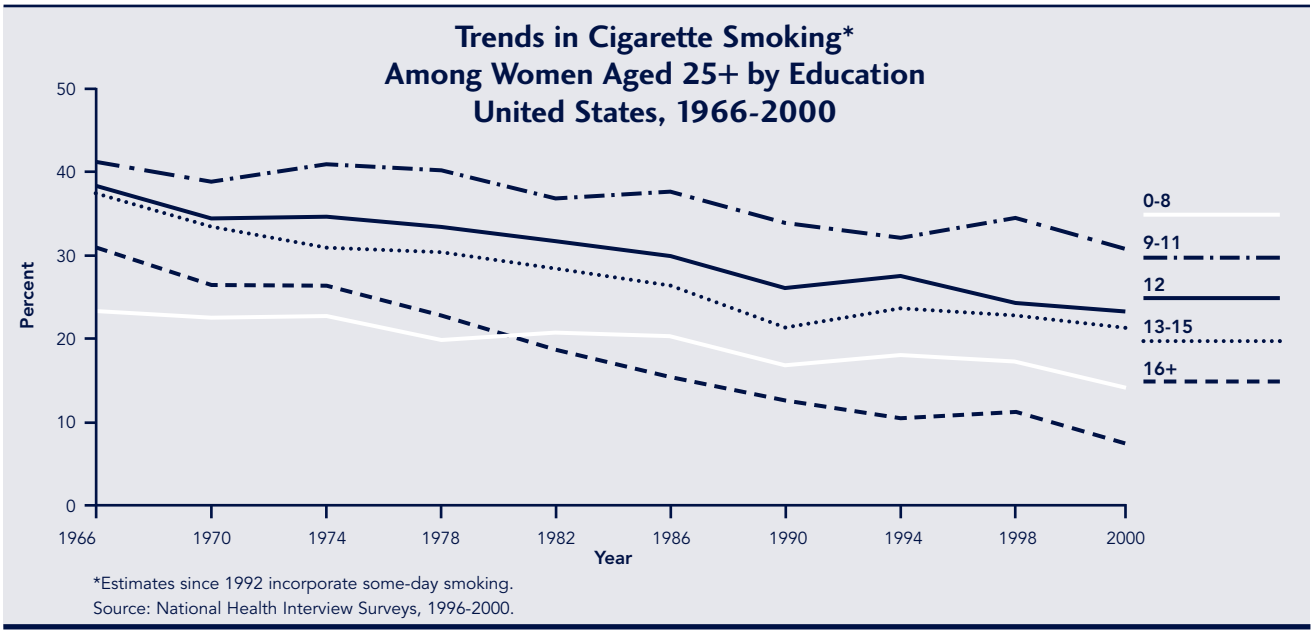
Source: National Health Interview Surveys, 1978-2000, selected years, aggregate data.



on smoking among girls of other racial and ethnic groups are limited, but studies suggest that smoking prevalence is highest among American Indian high school girls.[18]

By **education level**, data on smoking among women show that the higher the level of education attained, the lower the prevalence of smoking. For example, women with 16 or more years of education smoke at a rate that is about one-third that of women with 9 to 11 years of education.[19] In terms of **income**, the prevalence of smoking is higher among women living below the poverty level (about $8,500 for one person in 1999, the year used in the study[20]) than among women living at or above the poverty level.[21]

The limited data that exist on smoking among **lesbian and bisexual women** suggest that their smoking prevalence is higher than that of the general population of women. According to a recent study, almost one-third of lesbians



and one-half of bisexual women report current tobacco use.[22] Similarly, research suggests that smoking prevalence among lesbian and bisexual girls is higher than among youth in general.[23]

Smoking Rates during Pregnancy Are Too High and Vary Dramatically by Age, Race and Ethnicity, and Education Level.

Despite the clear health consequences of smoking during pregnancy, which are described below, about 12 percent of women and girls smoke during pregnancy. It is important to note, however, that these data come from birth certificates, which are known to produce underestimates because pregnant women and girls often conceal their smoking from their physicians due to the social stigma. Estimates from survey data suggest that up to 22 percent of pregnant women and girls smoke.[24]

The prevalence of smoking during pregnancy varies dramatically by age, race and ethnicity, and education level in patterns similar to those described above for smoking among women and girls generally.[25] For example, smoking during pregnancy among women with 9-11 years of education is about 15 times higher than among women with 16 or more years of education.[26]

Prevalence of Smoking During Pregnancy by Race/Ethnicity Subgroups

White	**13.2**
Black	**9.1**
American Indian/Alaskan Native	**20.0**
Asian/Pacific Islander: Total	**2.8**
-Chinese	0.6
-Japanese	4.2
-Hawaiian	14.4
-Filipino	3.2
-Other	2.3
Hispanic: Total	**3.5**
-Mexican	2.4
- Puerto Rican	10.3
- Cuban	3.3
- Central and South American	1.5
- Other and Unknown Hispanic	7.4

Source: J.A. Martin and others, "Births: Final Data for 2000," National Center for Health Statistics, *National Vital Statistics Report* 50 (February 12, 2002), 55-56, Table 24, available at http://www.cdc.gov/nchs/data/nvsr/nvsr50/nvsr50_05.pdf.

NOTE: Data for California are not included because the state does not report these data on birth certificates.

Many Personal, Social, Environmental, and Cultural Factors Influence Smoking among Women and Girls.

A complex set of personal, social, environmental, and cultural factors influences smoking among women and girls. Studies reveal the following as personal and social risk factors for smoking: having parents or friends who smoke; having weaker attachments to family and stronger attachments to friends; having a weaker commitment to religion or school; being a risk taker and rebellious; perceiving smoking to be more common than it is; having less knowledge of the health consequences and addictive nature of smoking; having lower levels of exercise and sports participation; and believing that smoking controls weight and negative moods.[27]

A good sign: Seventy-two percent of high school senior girls say they prefer to date nonsmokers—an important indicator of girls' attitudes towards smoking in general.[28]

In addition, environmental factors, such as the accessibility of cigarettes, their price, and the advertising and promotion of tobacco products also affect smoking initiation.[29] The tobacco industry has used cigarette advertising and promotion in particular to target women and girls (see pages 12-13) and other specific populations. Tobacco companies also have a strong presence in various ethnic communities through support for the arts and sporting events.[30] Moreover, targeted tobacco marketing relying on positive and culturally significant images often invisible in other advertising (such as ads showing well dressed and apparently affluent African Americans in ski resort settings) has contributed to positive relationships with minority communities.[31] These factors may contribute to positive feelings about smoking among various groups and thereby influence use.[32]

There is limited information about racial and cultural differences in attitudes and social factors regarding smoking. As noted above, smoking is highest among American Indian/Alaskan Native women, lower among white and black women, and lowest among Hispanic and Asian/Pacific Islander women. Despite lower rates of smoking among some racial and ethnic groups, stress or depression brought on by factors such as prejudice, racial discrimination, and limited English proficiency may affect smoking initiation, maintenance, and failed cessation.[33]

In addition, group differences such as type of cigarettes smoked, age of smoking initiation, and the role of tobacco

in tradition, religion, culture, and history play an important role in smoking rates. The following section describes some of the history, culture, and traditions regarding smoking for major U.S. racial and ethnic groups. With changes in socioeconomic status and acculturation, relative differences among racial/ethnic groups will probably change over time.

American Indians and Alaskan Natives
The role of tobacco varies greatly among American Indian and Alaskan Native subgroups and geographic regions. Traditional ceremonies involving sacred tobacco are an important part of some Native American practices, although inhaling tobacco smoke is not a ceremonial use of tobacco. Historically, enemies signaled the end of war with the exchange of a "peace pipe," another positive cultural symbol associated with tobacco. Tobacco also played an important role in trade among tribes and with European explorers in the 1700s. Some tribes no longer associate tobacco use with cultural practices, while in others, tobacco is still given as a gift at important gatherings, to honor healers, and to celebrate events.[34]

African Americans
Tobacco was a major crop in the American south during the period of slavery in the United States. After emancipation, African Americans continued to work in tobacco farming and production in large numbers until machines displaced many workers through the 1900s. It is important to note, however, that the tobacco industry did not result in raised overall economic standards for African Americans. Studies show that, even today, some of the poorest counties in the south are those where tobacco is a major crop.[35]

Asian Americans
Tobacco has several positive associations in Asian culture and history. For example, sharing cigarettes plays an important role in Asian culture. In China, guests traditionally give their hosts a carton of cigarettes. Largely due to American influences, smoking is also associated with sophistication and wealth in some Asian cultures. Originally introduced to China by the Dutch in the 17th century, tobacco is now a major crop in Asia, playing a large role in the economy of the world's most populous countries and leading major western tobacco manufacturers to establish strong and growing markets there.[36]

Hispanic Americans
Like Asian countries, Latin countries have long depended on tobacco as a product of trade. In the U.S., tobacco companies have depended on Hispanic labor in cigar production, particularly in factories in Florida. Moreover, as in Asian communities, tobacco plays an important role in social exchange in Hispanic communities. Historically, traditional healers used tobacco in ceremonies. Today, cigarette smoking among Hispanics in the United States tends to occur particularly during social activities, with researchers identifying this as a unique cultural trait.[37]

Women and girls are particularly likely to smoke to control weight and negative moods.

Women and girls are more influenced than men and boys by the desire to smoke to control weight and negative moods.[47] With respect to weight, white and Hispanic women who smoke are more likely than women who have never smoked to perceive themselves as overweight. Data reveal no correlation between perceived weight and smoking status among black women, but black women are less likely than women of other racial groups to perceive themselves as overweight, regardless of smoking status.[48] Girls are also more likely than boys to think that smoking controls negative emotions and to say that they would be tense and irritable if they stopped smoking. In fact, some studies suggest that smoking is associated with depression and anxiety, although the direction of the association and any gender-specific differences are not clear.[49]

Smoking Harms the Health of Women and Girls.

Women and girls who smoke greatly increase their chances of developing cancer, cardiovascular disease, pulmonary disease, and reproductive health problems, among many other negative health effects. Use of other forms of tobacco, including cigars, smokeless tobacco, and products aimed at youth, like bidis in flavors such as chocolate and cherry, also has harmful effects.[50]

Even for women and girls who do not smoke themselves, exposure to second-hand smoke increases their risks for lung cancer and heart disease, among other serious health consequences. The U.S. Environmental Protection Agency, the National Toxicology Program, the World Health Organization, and many other prominent agencies have classified second-hand smoke as a cancer-causing substance.[51]

Smoking takes a serious toll on the health of both men and women, increasing their risks for certain diseases (e.g., cancers and heart disease). But women have additional health risks related to smoking.[52] This section describes the general health effects of smoking, with a special focus on women-specific effects, and highlights the health impact for specific subgroups of women.

The Tobacco Industry's Marketing of Cigarettes to Women and Girls

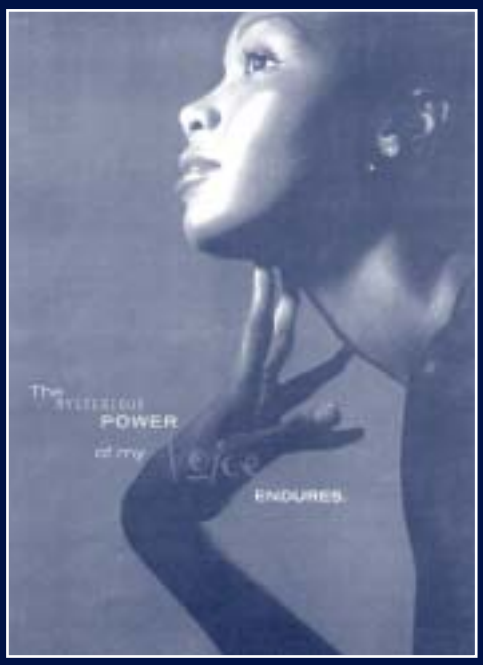
Tobacco companies have targeted women and girls in various ways, including creating special brands and types of cigarettes specifically for them and using marketing themes suggesting that smoking will make them feel attractive, slim, and less stressed.[38] Tobacco companies have also long advanced the myth that low-tar, low-nicotine brands are less harmful, and because women tend to be more concerned with health, they have been especially vulnerable to this myth.[39] Long and ultralong cigarettes have been primarily targeted to women, and as marketing expenditures for them increased from 29 percent of total spending in 1975 to 40 percent in 1998, the market share for these cigarettes increased from 25 percent in 1975 to 40 percent in 1998.[40] These tactics are revealed in internal tobacco industry documents that are now publicly available.[41]

In 2001, expenses for cigarette advertising and promotion alone totaled $11.2 billion, or more than $30 million per day.[42] Unfortunately, state spending on tobacco prevention in 2003 amounts to only about six percent of this enormous sum spent by the tobacco industry to market cigarettes.[43]

One of the most well-known and successful cigarette advertising campaigns targeted at women—the Virginia Slims brand created by Philip Morris—illustrates these strategies. The name "Virginia" was chosen in part because it is a "great name for a cigarette with a feminine personality. It not only has traditional tobacco overtones [because Virginia is a tobacco growing state], but it romantically suggests moonlight, gentle breezes, and green hills." "Slims" was chosen to emphasize thinness, stating that it was designed for a woman's slimmer hands and lips and was packaged in a slim purse pack. The campaign's initial slogan in the 1960s—"You've come a long way, baby"—capitalized on the growing women's movement and claimed that women could have everything, even a cigarette of their own. Philip Morris also sponsored the Virginia Slims women's professional tennis tournament for many years starting in the 1970s, during which free samples were given away at stadium entrances and players were not allowed to publicly oppose cigarette sponsorship. In the 1990s, the Virginia Slims slogan became "It's a woman thing," reflecting the evolution of the women's movement. The brand's "Find Your Voice" campaign followed in 1999, consisting of print ads that portrayed attractive African American, Hispanic, Asian, and white women with accompanying text suggesting that women have different culturally based needs for self-expression.[44]

Many popular women's magazines continue to accept cigarette ads, and articles on the dangers of smoking in those publications are still rare. After cigarette advertising was banned from broadcast media starting in 1971, the number of cigarette ads in women's magazines increased dramatically. A 2000 survey of popular women's magazines, such as *Glamour, Cosmopolitan*, and *Vogue*, showed that cigarette ads outnumbered anti-smoking messages (articles, advertisements, etc.) by ten to one. Moreover, articles about the health consequences of smoking constituted less than one percent of all health-related articles in these magazines.[45]

The "Find Your Voice" ad campaign for Virginia Slims, from Philip Morris, circa 1999 featuring women of various ethnic groups.



"Women at Work
It is estimated 15,000,000 women are employed in U.S. industry today."

"When you're doing a bang-up job, you want a bang-up smoke..."

Better Homes & Gardens
March 1943

When you are wearing a swimsuit, there is no such thing as "constructive criticism"

Virginia Slims Ad, 1996

"Try me
I'll never let you down
I'm your best friend
I am your Lucky Strike"

Ladies Home Journal
August 1935

Tough anti-smoking advertising can be effective. A recent study in the *American Journal of Public Health* examined how two anti-smoking campaigns—the American Legacy Foundation's "truth" campaign and Philip Morris's "Think. Don't Smoke." campaign—affected youths' attitudes towards tobacco. The study found that the "truth" campaign increased anti-tobacco attitudes and beliefs among youth with its hard-hitting, multiethnic TV and print ads. These ads challenge assumptions about smoking by revealing smoking statistics and the tobacco industry's marketing tactics. By contrast, the "Think. Don't Smoke." ads, which follow previous anti-drug campaign practices of advocating a "just say no" approach, did not resonate with youth. In fact, the researchers found that "Think. Don't Smoke." not only failed to produce anti-smoking attitudes, but also created more favorable feelings towards the tobacco industry.[46]

General Conditions and Diseases

Lung and Other Cancers

Smoking accounts for about 85-90 percent of all lung cancer deaths, and lung cancer is the leading cause of cancer death among women in the United States. Women's lung cancer death rates have increased over 600 percent since 1950 primarily as a result of smoking.[53] Yet 80 percent of American women believe that breast cancer is the leading cancer killer of women.[54] More women are diagnosed with breast cancer (211,300 estimated diagnoses in 2003) than lung cancer (80,100), but lung cancer kills more women. This is because the overall five-year relative survival rate for lung cancer is only 17 percent. For breast cancer, the overall five-year relative survival rate is 86.6 percent.[55] In the year 2003, an estimated 68,800 women will die of lung cancer.[56] This number is greater than the number of women who will die of breast cancer (39,800), ovarian cancer (14,300), uterine cancer (6,800), and cervical cancer (4,100) combined. Quitting smoking greatly reduces lung cancer risk. One study estimated the risk of developing lung cancer by age 75 to be 9.5 percent for women who continue to smoke, 5.3 percent for those who quit by 60, and 2.2 percent for those who quit by 50.[57]

Smoking is responsible for approximately 30 percent of all annual cancer deaths in both women and men.[58] Smoking is also linked to the following cancers in women, which are listed in order of estimated new cases among women per year from highest to lowest:[59]

Lung
Colon
Pancreas
Bladder
Leukemia
Kidney
Cervix
Oral and Pharyngeal (throat)
Liver
Vulva
Esophagus
Larynx (voice box)

Pulmonary or Respiratory Disease

Smoking also damages the lungs in other ways. It causes 90 percent of deaths due to Chronic Lower Respiratory Disease (also known as Chronic Obstructive Pulmonary Disease (COPD)).[60] Chronic Lower Respiratory Disease includes emphysema, chronic bronchitis, and other diseases that affect lung function and airflow.[61] Quitting smoking has an immediate impact on lung function and reduces the risk for death from Chronic Lower Respiratory Disease. While quitting stops the decline of lung function and serious health risks in smokers, their risk for death from COPD never returns to the level of those who never smoked.[62] One study found that while quitting benefits both men and women, women make much greater gains in improved lung function and decreased risk for Chronic Lower Respiratory Disease when they quit smoking.[63]

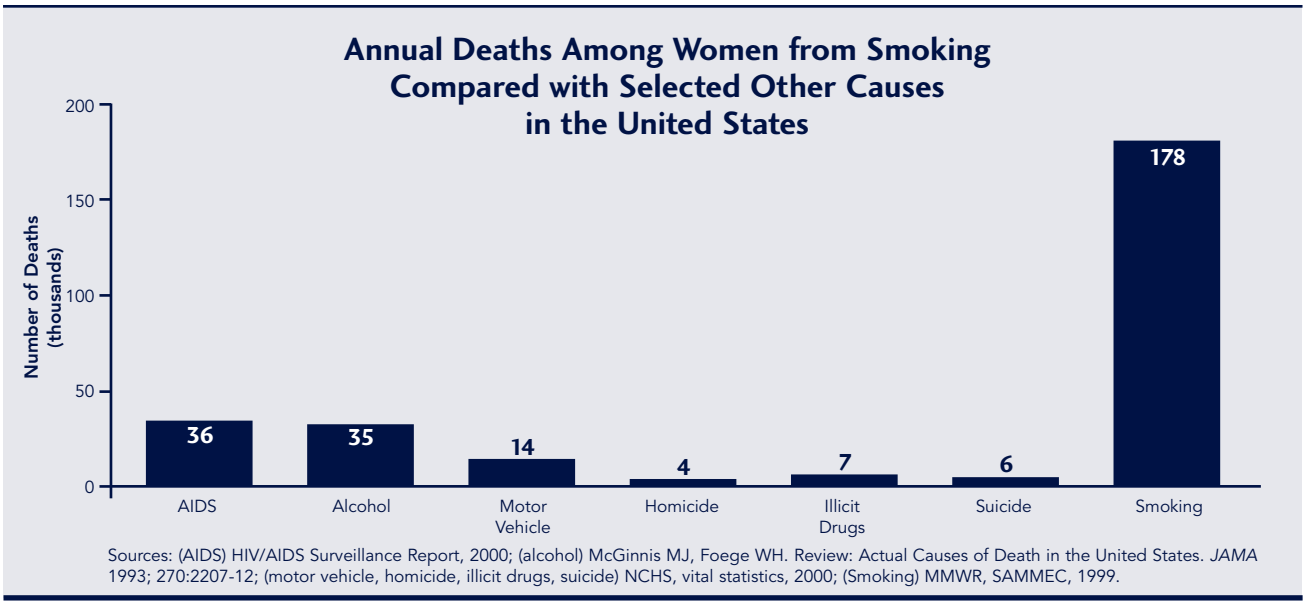
Cardiovascular Disease

Cardiovascular Disease (CVD) is the leading overall cause of death among women.[64] Smoking is a key risk factor for CVD: preventing smoking initiation and smoking cessation are critical ways to prevent and reduce the effects of CVD. CVD includes heart disease, stroke, and vascular diseases.[65] "Heart attacks"[66] are one widely known form of CVD, but because many people associate heart attacks only with middle-aged and older men, women and their health care providers are often not well-versed on the symptoms in women.[67] Therefore, women are often misdiagnosed and care is delayed, resulting in more severe damage and deaths.

In addition, women often are not aware of how high their risk for having and dying from CVD truly is and how that risk is affected by tobacco use. Only 34 percent of women surveyed in 2000 correctly identified heart disease as the number one killer of women, up from 30 percent in 1997.[68] The risk for coronary heart disease in women who smoke is approximately doubled compared to nonsmokers and increases with the number of cigarettes smoked daily.[69] A woman who smokes is at risk for a heart attack 19 years earlier than one who does not smoke.[70]

Fortunately, smoking cessation reduces the risk for coronary heart disease by 25 to 50 percent, with a substantial reduction occurring one to two years after quitting.[71] Moreover, a recent systematic review confirms that smoking cessation among patients with coronary heart disease reduces the risk for death by more than 35 percent, and that this finding is likely to apply to women as well as to men. In addition, this same study suggests that quitting smoking reduces the risk for death at least as much as lowering cholesterol and taking aspirin and blood pressure reducing medications.[72]

Smoking also increases women's risk for stroke, another common type of cardiovascular disease.[73] About 40,000 more women than men have a stroke each year in the U.S., primarily because women live longer and age is a major risk factor.[74] Nationally, stroke is the leading cause of premature,



permanent disability among working adults, resulting in the loss of independence for 15 to 30 percent of all stroke survivors. Just as for coronary heart disease, smoking cessation reduces the risk for stroke. About 10 to 15 years after a person stops smoking, his or her risk for stroke approaches that of someone who never smoked.[75]

Women's Conditions and Diseases

Reproductive Health

Contraceptive Use

Smoking while using certain hormonal contraceptives increases the risks for stroke and heart attack. Risks increase for those using hormonal methods containing both estrogen and progesterone, which includes many oral contraceptives (OC), injections, patches, and vaginal rings.[76] While OC users have about the same risk for heart attack as women who do not use OCs, OC users who smoke have double the risk of OC users who do not smoke.[77] These contraceptives are extremely safe for most women, except for those who smoke cigarettes.

There is also some evidence that the nicotine in tobacco can lead to the breakdown of estrogen in oral contraceptives, making oral contraceptives less effective and increasing the risk for unplanned pregnancies.[78] Adolescents are particularly vulnerable to this type of contraceptive failure, given that 40 percent of adolescents aged 12-17 who use oral contraceptives are smokers, whereas 25 percent of girls who do not use oral contraceptives are smokers.[79] Physician counseling on contraceptive risks and benefits is therefore a key opportunity to discuss smoking cessation and the impact of smoking on women's overall health.

Pregnancy and Maternal, Fetal, and Infant Health

Women who smoke during pregnancy increase the health risks for themselves and their fetuses and infants. *Abruptio Placentae*, the separation of the placenta from the uterine wall, is associated with smoking and is the leading cause of maternal and fetal death. Smoking is also associated with an increased risk for ectopic pregnancy, which can lead to maternal death. In addition, miscarriage (fetal death before 28 weeks), and stillbirth (fetal death after 28 weeks), are both associated with smoking and carry an increased risk for infection and other complications for women.[80] Moreover, the negative health impact of smoking on fetuses and newborns is well-established. Smoking is a risk factor for premature birth, and 20 percent of low birth weight infants (under 2,500g or 5.5 pounds) are attributable to smoking.[81] Infants born to women who smoke during pregnancy are more likely to die within 28 days of birth.[82] Such infants are also at a greater risk for Sudden Infant Death Syndrome (the leading cause of death of infants aged one month to one year), as are infants living in households with smokers.[83] Smoking is also associated with reduced breast milk production and shorter duration of breast feeding,[84] and nicotine is present in the breast milk of smokers.[85] Cessation during and after pregnancy can reduce all of these risks.

Infertility
Smoking can also contribute to delayed conception and infertility in women,[86] and studies show lower success rates for certain infertility treatments among smokers.[87] Moreover, because smokers enter menopause one to two years earlier than nonsmokers, they experience a shortened period of fertility.[88]

Menopause
Numerous studies have shown that smokers experience earlier menopause than nonsmokers[89] and that menopause increases the risks for conditions such as osteoporosis and CVD. Additionally, smokers may have more difficulty managing some symptoms of menopause such as hot flashes.[90]

Mental Health
The link between mental health problems and smoking is still unclear. Research has not identified whether smoking is the cause of mental health symptoms, or whether smoking in some way reduces symptoms of some disorders, thus leading some to smoke as self-medication. What is known is that depression and anxiety disorders affect twice as many women as men,[91] and women and girls are more likely than men and boys to smoke to control negative moods.[92] Nicotine changes brain chemistry and has a calming effect for many smokers. Among those aged 18-22, more young women than young men report this response.[93] In addition, smoking is associated with a host of mental health problems for girls, including attention disorders, depression, panic attacks, suicidal thoughts, and eating disorders. Treating underlying mental health problems may be one potential strategy to reduce smoking among girls, who are far more likely than boys to report smoking to relieve stress.[94]

Body Image and Eating Disorders
Women are far more likely than men to have eating disorders and other dangerous behaviors related to weight and body image,[95] and smoking is perceived by some women and girls as a tool for weight control. It is true that on average, smokers have a slightly lower body weight than nonsmokers and former smokers. Smoking initiation does not cause weight loss, however, but does appear to hold off weight gain associated with aging.[96] Still, many continuing smokers are overweight, which compounds the negative health effects of smoking.

Smoking is strongly associated with bulimia (binging and purging), with 50 percent of female adolescent bulimics using tobacco. A connection has also been reported between smoking initiation and restrictive dieting, and some studies indicate that a number of girls who are new smokers are smoking to suppress their appetites.[97] Addressing the underlying issues of body image and the increasing rates of childhood obesity and overweight may reduce the number of girls who begin smoking.

Differences in Health Effects among Specific Subgroups of Women

There are serious disparities in access to health care among women by age, race and ethnicity, socioeconomic status, and sexual orientation, among other factors.[98] Not surprisingly, disparities in health care access result in disparities in the health effects of smoking. Lack of access to health care means missed opportunities for health care providers to educate women and girls about the dangers of smoking, to advise them to quit, and to diagnose smoking-related health problems. Each of the subgroups described in this section differs in access to care, health insurance coverage, and other access issues unrelated to payment for care itself, such as language barriers and transportation. This section describes some special concerns for each of these groups regarding the health impact of smoking.

Smoking and Its Health Impact on Girls and Young Women
Smoking negatively affects many aspects of girls' health. Thirty percent of girls who smoke report problems with breathing, sleeping, and digestion, while only eight percent of nonsmoking girls do. Respiratory problems are more frequent in girls who smoke as compared to boys who smoke. Girls who smoke are also less likely to exercise and eat nutritiously than girls who do not smoke.[99]

Moreover, although most smokers will not go on to use illicit drugs, compelling evidence shows that tobacco use among youth may be a "gateway" to alcohol and other substance abuse.[100] In 2001, youths aged 12-17 that smoked cigarettes were nine times more likely to use illicit drugs (48 percent vs. 5.3 percent).[101] Compared to nonsmoking girls, girls aged 12-17 years who smoke are much more likely to use alcohol and marijuana and to engage in binge drinking.[102] Furthermore, a recent study indicates that adolescents are more vulnerable to nicotine, alcohol, and other drug addictions because their brains are still developing.[103] Smoking prevention is therefore an important part of national efforts to reduce drug and alcohol use and abuse.[104]

Children exposed to second-hand smoke are prone to upper respiratory problems and middle ear infections.[105] They also have a greater risk for asthma and are likely to experience more severe asthma.[106] Young children and infants are at a greater risk of having reduced lung function if their mothers smoked while pregnant.[107]

Smoking and Its Health Impact on Older Women

Because smoking markedly increases the risks for chronic diseases and conditions, such as cancer, stroke, CVD, and COPD, it greatly reduces quality of life as women age.[108] In addition, smoking is a risk factor for other serious health problems such as osteoporosis[109] and cataracts.[110] Fortunately, quitting is beneficial at any age. Long-term quitters (defined as over one year) aged 65 and older have improved mental and physical functioning as compared to current smokers.[111] Older smokers quickly realize the health benefits of quitting in terms of lung and heart functioning and experience longer-term benefits such as reduced disease risks and improved treatment outcomes. Compared to continuing smokers, smokers who quit before age 50 cut in half the risk for dying in the next 15 years,[112] and even smokers who quit at age 65 increase life expectancy by up to four years.[113] Women who do not smoke live longer than those who do, and enjoy 1.9 fewer years of disability.[114]

Smoking and Race/Ethnicity

Smoking contributes to many diseases and conditions for which there are racial disparities, including certain cancers, cardiovascular disease, and low birth weight.[115] Other factors contributing to these disparities include access to health care, body weight, physical activity, nutrition, environment, and genetics.

This section highlights some of the racial and ethnic differences in smoking rates and mortality rates from lung cancer, a disease clearly caused by smoking.[116] It is important to note that current lung cancer death rates reflect past smoking rates within these groups. This means that a group may have a high rate of current smoking but a low mortality rate from lung cancer due to low rates of smoking in the past. Based on current smoking, however, the group's lung cancer death rate can be expected to increase in the future.

African American smokers have been shown to have higher levels of nicotine in their blood than Mexican American or white smokers who smoke the same number of cigarettes.[118] This is possibly because African Americans are much more likely to smoke menthol-flavored cigarettes than any other racial or ethnic group and may inhale these cigarettes more deeply than non-mentholated cigarettes.[119] Mentholated cigarettes have more carbon monoxide.[120]

Black women have a lung cancer death rate of 40.2 per 100,000. This rate is similar to the lung cancer death rate for white women, which is 41.5 per 100,000. The current smoking rates for black women (19.4 percent) and white women (22.6 percent) are also close.

Hispanic women have the second lowest rate of current smoking (12.6 percent) after Asian women, but have the lowest lung cancer death rate—13.4 per 100,000. Hispanic women are the only group of women for whom breast cancer, not lung cancer, is the leading cancer killer.[117]

Asian women have the lowest rate of current smoking (7.0 percent). Asian/Pacific Islander women have the second lowest lung cancer death rate after Hispanic women—19.2 per 100,000.

American Indian/Alaska Native women have the highest rate of current smoking (37.1 percent) but an intermediate lung cancer death rate (25.4 percent). Based on current smoking rates, the lung cancer death rates among these women would be expected to rise over the next twenty years.

Smoking and Socioeconomic Status

On average, a lower proportion of women than men are exposed to smoke in their immediate work area (17 percent vs. 26 percent), but women working in service industries and blue-collar jobs have a higher risk for such exposure (28 percent). Women with 12 or fewer years of education are also more than twice as likely to be exposed to second-hand smoke in the workplace than are those with more education (22 percent vs. 10 percent).[121] Some female-dominated jobs such as food service[122] often provide constant exposure to second-hand smoke and its associated health risks. Until regulations were passed in 1990, flight attendants, overwhelmingly female, were routinely exposed to second-hand smoke on domestic flights,[123] placing them at increased risks for lung cancer and heart disease. Legislation to curb public indoor smoking can help reduce the health risks faced by such employees.

Occupation is a significant predictor of smoking. In 2000, 35 percent of blue-collar workers and 20 percent of white-collar workers smoked.[124] Blue-collar workers also smoke more heavily and have less success quitting than white-collar workers. Because labor unions represent and provide health insurance to many blue-collar workers, they and other employers of these workers can play an important role by providing coverage of smoking cessation treatment to help lower smoking in this population.[125]

Income is closely tied to lung cancer death rates, with those in the lowest income brackets having the highest rates. Among women, those aged 25-64 with family incomes under $15,000 have lung cancer death rates that are 40-60 percent higher than those with family incomes above $15,000.[126]

Smoking and Sexual Orientation

Discrimination, social isolation, and high levels of resulting stress play a major role in high smoking rates and difficulties with cessation among lesbians.[127] Gay health advocates also cite "bar culture" as a major factor contributing to high smoking rates in the gay community.[128] Reliance on bars as a social focus is also possibly the result of discrimination and exclusion from other social settings. This same culture contributes to an increased exposure to second-hand smoke for lesbians who do not smoke. While there are no studies on whether lesbians experience different smoking-related health effects, being a lesbian does have a serious impact on health status generally.[129] Many factors specifically related to sexual orientation hinder lesbians' access to health care, including lack of spousal-based insurance coverage and discrimination by health care providers.[130] Due to these barriers, lesbians often postpone seeking care[131] and may experience delays in diagnoses of smoking-related illnesses. In addition, one study indicates that gays and lesbians are less likely to have attempted to quit smoking than other adults.[132] Efforts are underway to develop and study smoking prevention and cessation programs for gays and lesbians.[133]

Many Women Want to Quit Smoking, but Successful Cessation Can Require Several Attempts.

The major health problems associated with smoking make cessation efforts critical to improving women's overall health. The good news is that over 70 percent of women who currently smoke want to quit,[134] but the bad news is that successful cessation generally requires many attempts.[135] On average, smokers try to quit 8-11 times before succeeding.[136] While earlier studies suggested that women were less likely than men to succeed in quitting, since the late 1970s or early 1980s the likelihood of attempting to quit and the probability of succeeding have been equally high among women and men.[137] Data also show that the majority of high school girls who regularly smoke want to quit smoking, and that Asian American youth in particular are more likely to report wanting to quit smoking than are white and Hispanic youth.[138]

Pregnancy Is a Time when Many Women Quit Smoking, but Relapse Rates Are High.

A higher percentage of women–about one-third–quit smoking during pregnancy than at any other point in their lives, with the likelihood of quitting increasing as the level of education increases.[139] But for many women, quitting smoking during pregnancy is only temporary; after giving birth, they are just as likely to relapse to smoking as non-pregnant smokers who have recently quit. In fact, several studies show that about 70 percent of women who had quit smoking during pregnancy had relapsed within one year of delivery, with the majority of women resuming smoking within six months after delivery. This pattern holds true regardless of age, race, education, or marital status.[140] Some predictors of relapse include having a partner and/or friends who smoke, lack of confidence at mid-pregnancy in the ability to maintain cessation, and weight concerns.[141]

A recent study suggests that Hispanic women and women with incomes above the poverty level are the most likely to attempt quitting smoking while pregnant.[142]

Various Physical, Psychological, and Social Factors Affect Cessation among Women and Girls.

Smoking cessation among women and girls is affected by a complex set of physical, psychological, and social factors, which need to be understood in order to provide effective cessation programs and policies for this population. National surveys indicate that the primary reasons women former smokers cited for wanting to quit were health, followed by pressure from family and friends, pregnancy,

and cost. Few studies have been conducted on the reasons girls want to quit smoking, but one study of 24 high schools in California and Illinois showed that the main reasons girls wanted to quit were requests to quit by a boyfriend, health concerns (i.e., someone close died from smoking or to live longer), a doctor's advice to quit, and cost. Reasons women cited most often for relapse to smoking include being nervous or tense, addiction, a stressful life event, pleasure, smoking by others, and weight gain.[143]

Several factors affecting smoking cessation are unique or more important to women. Some studies have shown that women are more likely than men to feel social pressure to quit. National surveys and studies also indicate that women may be more concerned about weight gain from smoking cessation, but that these concerns do not seem to interfere with actual smoking cessation. On average, women gain 6 to 12 pounds in the year after they quit smoking, although actual weight gain during cessation does not seem to lead to relapse.[144] Moreover, weight gain can be countered with exercise and other stress relief measures as part of self-guided or structured cessation programs, and the health benefits of quitting dramatically outweigh the risks from any weight gain.[145] Hormonal influences and pregnancy are also unique factors affecting cessation among women, but more research needs to be done on the nature of these effects. In addition, depression (more common among women than among men) is more likely to be a barrier to cessation for women than for men. Studies suggest that the use of antidepressants effect positive changes in brain chemistry that can help both depressed and non-depressed smokers quit, and that increased emotional support may be helpful to smokers with mood disorders who want to quit.[146] Women are also more likely than men to indicate that social support is very important to cessation, even more important than concrete help in quitting smoking.[147]

Women Are More Likely than Men to Prefer Certain Cessation Methods.

In general, a combination of counseling, social support, and medication have been shown to be effective in treating both men and women for tobacco dependence.[148] But women are more interested than men in certain cessation methods, and research suggests differences in the effectiveness of particular treatments. Women tend to use more cessation strategies and to prefer a more gradual approach to cessation than do men. They are also slightly more likely than men to use an assisted method (counseling, self-help materials, nicotine replacement therapies), to join smoking cessation groups, and to use intensive clinical treatment programs, which involve multiple sessions of individual or group treatment and are the most successful at promoting cessation.[149] Women also show a preference for cessation programs that offer social support, which has been shown to increase the likelihood of cessation.[150] Studies also show that girls are more likely than boys to respond to smoking cessation programs that include social support from family or peers.[151] While some evidence suggests that nicotine replacement therapy may be less effective in women than in men, it is still effective and recommended for use in women.[152]

Social support helps smokers quit. Studies have shown that smokers are 50 percent more likely to quit with social support.[153] To highlight the importance of social support in smoking cessation, particularly for women, the American Legacy Foundation has begun a new grassroots movement of people and partnering organizations called *Circle of Friends*. The program seeks to raise awareness of the toll tobacco takes on women and to provide resources for smokers seeking to quit and for friends and family members who want to support them. *Circle of Friends* consists of a toll-free telephone number that provides information and services to help smokers quit, website, grants initiative, and national advertising campaign.[154]

Policies and Programs Are Needed to Foster Smoking Prevention and Cessation among Women and Girls.

Preventing and reducing tobacco use is a critical health objective for all women and girls. This section describes some of the policies and programs recommended by the government and health experts that states can adopt to help achieve this objective. Most of the policies identified are gender-neutral, but some are directed towards women or have different effects on women.

In general, prevention and cessation programs should be targeted to address differences among various population groups. For instance, they should be gender sensitive, taking into account why women start smoking, keep smoking, and how they quit. Programs focusing on smoking during pregnancy in particular must not increase the stigma, blame, or guilt women often feel about smoking while pregnant if they are to be effective.

In addition, smoking cessation and prevention messages should be tailored to account for beliefs about health, disease, behavior, and culture, as well as trends among different groups. In some cultures, cancer is seen as a punishment for bad deeds,[155] or is taboo as a topic for discussion,[156] and such beliefs may be more common among women than men.[157] Tobacco use and sharing plays an important role in some cultures, serving social, spiritual, and medicinal purposes.[158] Smoking prevention and cessation efforts must first acknowledge and be sensitive to such differences in race, culture, and tradition in order to be effective.

Messages on smoking and health must also reach audiences at all education levels. Certain policies or programs may be more effective among specific populations of women and girls. For example, women smokers of low socioeconomic status are more likely than women smokers of higher socioeconomic status to get information from television, and therefore, mass media campaigns may be a good way to target this population. Research also suggests that worksites may be a good way to reach these women.[159] Information on the harms of smoking should be given to everyone in clear, simple terms, with guidance on steps they can take to improve their health.

CDC Recommendations for Comprehensive Tobacco Control Programs

The CDC recommends that all states establish comprehensive tobacco control programs to address the devastating health effects of tobacco use by preventing youth from smoking, promoting cessation among all smokers, eliminating nonsmokers' exposure to second-hand smoke, and addressing disparities related to tobacco use and its effects among different population groups. Specifically, the CDC recommends that states fund multiple components of a comprehensive tobacco control program, based on published evidence-based practices as well as evidence of the effectiveness of two comprehensive state programs (California and Massachusetts) that have been funded primarily through tobacco excise taxes. The CDC also recommends specific funding ranges for each component for each state.[160] The funding policy indicator in this *Report Card* measures whether each state is annually spending at least the CDC's recommended minimum for that state on a comprehensive tobacco control program.

California and Massachusetts: Tobacco Control Programs Work. California and Massachusetts have demonstrated that effective tobacco control—through public education efforts, counter-marketing, community and school-based programs, and legislative initiatives—produces results. Unfortunately, these states as well as many others have recently made drastic cuts to their tobacco control funding due to current state fiscal crises. States cut funding for tobacco prevention and cessation programs by $86.2 million, or 11.2 percent, in fiscal year 2003. The largest cuts were made in states with the most successful programs: California cut funding by 34.3 percent, and Massachusetts suffered a 90 percent cut that essentially ended the program.[161]

In 1990, California was one of the first states to use funds generated from its cigarette tax increase to launch a tobacco control program. Since California passed that tax increase in 1988, smoking has declined by more than 58 percent, about double the rate of decline in the rest of the U.S.[162] The first seven years of the tobacco control program produced a health-related savings of $390 million in medical costs from fewer smoking-related illnesses. For every dollar the state spent on tobacco control, it saved $3 in smoking-related health care costs.[163]

Like California, Massachusetts' tobacco control efforts have achieved much success. In 1992, Massachusetts voters approved the first of many increases in cigarette taxes. Part of the tax revenues, combined with tobacco settlement dollars, funded the Massachusetts Tobacco Control Program (MTCP) to focus on anti-smoking policy promotion and enforcement and targeted community smoking interventions.[164] From the program's inception in 1993 through 2000, smoking declined by 36 percent in Massachusetts, compared to a decline of 16 percent in the rest of the country, excluding California.[165] The program helped reduce total state health care spending by $85 million annually, producing a savings of more than $2 in smoking-related health care costs for every dollar spent by the state on tobacco control.[166]

Cessation Treatment

The CDC recommends that states focus on smoking cessation as one component of a comprehensive tobacco control program, and all of the cessation policy indicators in this *Report Card* reflect this component. Specifically, the CDC recommends implementation of the 2000 Public Health Service Clinical Practice Guideline, *Treating Tobacco Use and Dependence*, which calls for health care providers and health delivery systems to identify and treat every tobacco user seen in a health care setting. The guideline states that all patients who smoke should be offered at least a brief intervention to motivate them to quit, and that those who are willing to quit should be provided with counseling and medication.[167] Practical counseling (problem solving/skills training), social support as part of treatment, and help in getting social support outside of treatment have been shown to be particularly effective behavioral therapies, especially when they involve personal contact, and their effectiveness increases as the minutes of contact increase. The following pharmacotherapies, or medications, have been shown to be effective and are generally recommended for use in cessation: (1) nicotine gum (available over-the-counter); (2) nicotine patch (available over-the-counter); (3) nicotine inhaler; (4) nicotine nasal spray; (5) Bupropion SR, a non-nicotine antidepressant drug that helps smokers quit, although the mechanism by which it does so is not clear since it works equally well among smokers with or without a history of depression; and (6) the nicotine lozenge (available over-the-counter).[168] These medications are not recommended for pregnant or lactating women, but may be used if other methods are not effective because the benefits of such treatment are likely to outweigh the risks from smoking during pregnancy.[169]

In addition, based on the recommendations of the *Guide to Community Preventive Services*, the CDC specifically recommends that states establish population-based treatment programs such as telephone quitlines, coverage of cessation treatment under public and private insurance, and the elimination of cost barriers to treatment for underserved populations, especially the uninsured.[170] Many of these policies are more likely to affect women than men because women use the health care system more often.[171]

Two recent polls conducted by the Field Research Company for the California Department of Health Services show overwhelming support for smoke-free bars and restaurants. According to the polls, 75 percent of bar owners and employees prefer to work in a smoke-free environment, while 79 percent of bar patrons agree that smoke-free dining and drinking establishments are important to their health.[174]

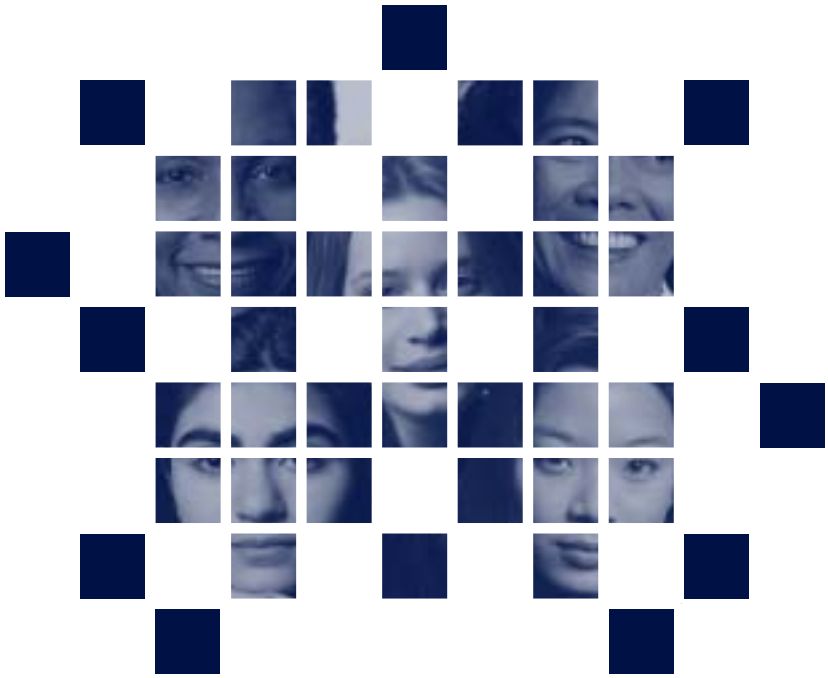
Programs and Policies to Reduce Tobacco Use

The CDC also recommends that states implement community programs to reduce tobacco use. This component includes a wide range of education and prevention activities that include youth involvement, partnerships with local organizations, and policies protecting people from second-hand smoke and restricting access to tobacco products.[172] The policy indicators in this *Report Card* that measure the strength of states' laws prohibiting second-hand smoke in indoor sites, the strength of states' laws restricting youth access to tobacco products, and states' sales rates of tobacco to minors reflect this recommended component.[173]

Prevention and Cessation Programs and Policies: Differences for Women

Many of the policies identified in this *Report Card* are particularly effective among or supported by women. Women are more likely than men to understand that second-hand smoke has a significant harmful effect on health, and are more likely to report that they smoke less at work because of a worksite policy.[175] Women are also more likely than men to support policies to prevent smoking among youth, restrict youth access to tobacco, and limit tobacco advertising and promotion, and to support tax increases if they benefit the community (e.g., if money is used to encourage smokers to stop smoking, to fund national health care, or to prevent the initiation of smoking among youth).[176]

In general, researchers have not found consistent gender-specific differences in the effectiveness of programs or policies designed to reduce tobacco use, but more research needs to be done because few studies have actually reported results by gender. In addition, more research needs to be conducted on the effectiveness of various smoking cessation programs among women by age, race and ethnicity, sexual orientation, socioeconomic status, disability, and geographic area.



Chapter III

National and State Report Cards

How to Read the Report Cards

Each report card begins with two statistics about the toll smoking takes on women's lives in that state (or in the nation for the national report card): smoking-attributable deaths among women and smoking-attributable years of potential life lost among women.[177] Next, for each report card, national data and the overall state data for each health status indicator are presented, where available, followed by the grade and rank on that indicator. Data by race/ethnicity for each status indicator are included where available and data by other categories, such as age or level of education, are included where relevant to the particular indicator. Each state report card also displays the strength of each of the policies reflected in the policy indicators. Finally, demographic data are presented, with the state report cards showing state demographic data alongside national figures. A federal policy agenda follows the national report card.

NATIONAL

GRADE F

SMOKING-ATTRIBUTABLE DEATHS (WOMEN) 178,311
SMOKING-ATTRIBUTABLE YEARS OF POTENTIAL LIFE LOST (WOMEN) 2,281,517

Status Indicators (Women)

		White (Non-Hispanic)	Black (Non-Hispanic)	American Indian/ Alaskan Native (Non-Hispanic)	Asian (Non-Hispanic)	Hispanic	U.S. Data	U.S. Grade
Prevalence:								
Current Smoking, Adults (%)		22.6	19.4	37.1	7.0	12.6	20.7	F
	Ages 18-24	30.0	12.1		9.5	13.0	24.0	
	Ages 25-44	27.9	21.8	38.6	7.4	13.2	24.4	
	Ages 45-64	22.2	24.2	49.8	5.8	14.0	21.4	
	Age 65+	9.5	9.8		4.2	5.7	9.2	
	Education (years)							
	0-8	17.7	13.2	31.8	2.7	8.4	13.2	
	9-11	33.1	30.8	41.7	6.3	17.8	30.1	
	12	26.5	24.0	50.1	7.1	13.5	25.0	
	13-15	22.9	19.6	37.4	11.4	14.1	21.7	
	16+	11.1	11.6	26.3	4.1	9.6	10.7	
Current Smoking, Grades 9-12 (%)		31.2	13.3			26.0	27.7	

		White (Non-Hispanic)	Black (Non-Hispanic)	American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic		
Smoking During Pregnancy, All Ages (%)		15.9	9.4	20.2	2.9	3.7	12.2	U
	Ages 15-19	30.1	7.2	22.9	9.4	4.6	18.1	
	15-17	28.7	5.7	21.0	10.0	4.3	15.5	
	18-19	30.8	8.1	24.1	9.2	4.9	19.5	
	Ages 20-24	23.9	9.3	21.5	5.3	4.1	16.7	
	Ages 25-29	13.5	9.2	18.7	2.3	3.1	11.0	
	Ages 30-34	9.5	10.4	17.6	1.6	3.1	8.6	
	Ages 35-39	10.6	13.5	18.0	1.8	3.6	9.9	
	Ages 40-54	9.9	14.0	18.2	2.3	3.9	9.5	
	Education (years)							
	0-8	29.9	16.1	26.8	1.6	1.9	8.9	
	9-11	47.6	23.9	30.9	6.6	6.0	29.0	
	12	22.2	10.0	20.2	4.7	3.9	17.0	
	13-15	11.3	5.7	13.5	2.9	3.1	9.4	
	16+	2.3	1.9	5.5	0.6	1.1	2.1	
Cessation:								
Trying to Quit, Adults (%)		44.2	47.0			52.4	44.9	F
Trying to Quit, Grades 9-12 (%)							61.4	
Receiving Smoking Cessation Advice by Physician (%)							61.0	U

		White (Non-Hispanic)	Black (Non-Hispanic)	American Indian/ Alaskan Native (Non-Hispanic)	Asian/ Pacific Islander (Non-Hispanic)	Hispanic	U.S. Data	U.S. Grade
No Health Insurance (%)		12.0	21.0	27.2	20.3	36.9	17.0	F
Second-Hand Smoke:								
Reporting Smoke Ban	—At Work (%)						74.1	F
	—At Home (%)						64.5	F

	White	Black	American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic		
Smoking-Related Diseases:							
Lung Cancer Death Rate (per 100,000)	41.5	40.2	25.4	19.2	13.4	40.7	F
Chronic Obstructive Pulmonary Disease Death Rate (per 100,000)	109.2	61.9	66.1	34.1	41.7	103.5	U
Coronary Heart Disease Death Rate (per 100,000)	161.0	212.5	97.5	93.1	118.2	164.6	F
Stroke Death Rate (per 100,000)	59.7	79.1	40.4	49.2	37.6	61.5	U

Grading Key for Status Indicators S Satisfactory S- Satisfactory Minus U Unsatisfactory F Fail

Demographics

	Number	(Percent)
	U.S.	
Total Population of Women	143,584,500	(51.9%)
Women by Race		
White (non-Hispanic)	99,298,461	(69.2%)
Black (non-Hispanic)	18,537,763	(12.9%)
American Indian/Alaskan Native (non-Hispanic)	1,441,671	(1.0%)
Asian/Pacific Islander (non-Hispanic)	6,324,727	(4.4%)
Hispanic	17,981,877	(12.5%)
Women by Age		
0-17	35,375,812	(24.6%)
18-24	13,489,103	(9.4%)
25-44	42,030,761	(29.3%)
45-64	33,196,167	(23.1%)
65+	19,492,657	(13.6%)
Lesbian-Headed Households	293,365	(0.28%)
Median Earnings for Women ($)	$28,000	
Women Residing in—Urban Areas	113,984,742	(79.5%)
—Rural Areas	29,383,601	(20.5%)
Women (25 or older) by Education:		
Less than 12 years	14,877,627	(15.7%)
High School Graduate	31,412,377	(33.2%)
Some College or Associate Degree	25,038,018	(26.4%)
Bachelor's Degree	16,098,968	(17.0%)
Graduate Degree	7,292,595	(7.7%)

Federal Policy Agenda on Women And Smoking

The 2001 Surgeon General's report on women and smoking highlights smoking as a critical women's health issue, but the federal government can do far more to help prevent and reduce smoking among women and girls. Through national programs and assistance to the states, the federal government could establish public health policies and programs that would substantially reduce tobacco use.

Federal policies that regulate tobacco, promote cessation, monitor Internet sales, and fund research and data collection, among others, are critical to the reduction of tobacco use among women and girls. Specifically, the following federal policies would help protect and improve the health of women and girls:

FDA Authority Over Tobacco Products

- Provide the U.S. Food and Drug Administration with meaningful authority to regulate all manufactured tobacco products, including authority to:
  - Restrict tobacco industry marketing, particularly marketing that appeals to youth;
  - Ensure that tobacco products are not sold illegally to youth;
  - Require independent scientific testing of products and health claims;
  - Oversee health warnings on tobacco product packages and advertisements;
  - Prohibit unsubstantiated health claims or claims that discourage people from quitting or encourage them to start using tobacco (e.g., claims that "reduced risk" or "light" cigarettes, which appeal particularly to women, are less harmful); and
  - Regulate the tobacco industry in the same way that it regulates other manufacturers of consumable products, including required disclosure of ingredients and additives and the reduction or elimination of harmful components when technologically possible.

Cessation

- Adopt the recommendations of the Interagency Committee on Smoking and Health's Cessation Subcommittee Report, *Preventing 3 Million Premature Deaths, Helping 5 Million Smokers Quit: A National Action Plan for Tobacco Cessation*,[178] including:
  - An increase in the federal excise tax on tobacco;
  - The creation of a national telephone quitline;
  - The creation of a paid media campaign to counter the marketing of cigarettes by the tobacco industry; and
  - The provision of a comprehensive tobacco cessation benefit[179] to all federally-insured employees and their dependents.
- Develop and implement strategies to incorporate tobacco cessation curricula as part of the formal training of all health care providers and public health professionals.
- Develop and implement strategies that incorporate strong community involvement and culturally appropriate programs to address tobacco use in minority and medically underserved communities.

Internet Sales

- Require Internet sellers to ensure that all state excise taxes have been paid on any cigarettes or smokeless tobacco they send into a state.
- Require Internet sellers to register with those states to which they are making sales and to comply with all state tobacco tax laws as if the Internet seller were based in the state.
- Require Internet retailers to verify the age of their customers using government issued identification checked against related databases, and require signature and age verification upon delivery.

Funding

- Encourage states to fund tobacco control prevention and cessation programs to at least the CDC's minimum recommended levels to both provide and increase demand for cessation services and to decrease youth initiation.

Research

- Focusing on the needs of specific populations of women and girls (by race/ethnicity, sexual orientation, disability, socioeconomic status, region, and age):
  - Expand cessation research and demonstration projects conducted by the National Institutes of Health and the Centers for Disease Control and Prevention;
  - Increase funding for research on smoking and health;
  - Increase surveillance and monitoring of tobacco use; and
  - Increase efforts to collect data on tobacco advertising and promotion practices.

ALABAMA

GRADE F RANK 36

SMOKING-ATTRIBUTABLE DEATHS (WOMEN) 2,753
SMOKING-ATTRIBUTABLE YEARS OF POTENTIAL LIFE LOST (WOMEN) 49,679

Status Indicators (Women)

	White (Non-Hispanic)	Black (Non-Hispanic)	American Indian/ Alaskan Native (Non-Hispanic)	Asian/ Pacific Islander (Non-Hispanic)	Hispanic	U.S. Data	State Overall Data	State Grade	State Rank
Prevalence:									
Current Smoking, Adults (%)	23.6	14.7			24.0	20.7	21.8	F	32
Ages 18-24	33.5	10.0				24.0	27.0		
Ages 25-44	32.2	14.2				24.4	27.5		
Ages 45-64	19.8	25.0				21.4	21.4		
Ages 65+	10.2	5.2				9.2	9.0		
Current Smoking, Grades 9-12 (%)						27.7	22.7		
Smoking During Pregnancy, All Ages (%)						12.2	12.6	U	23
Ages 15-19						18.1	15.2		
Cessation:									
Trying to Quit, Adults (%)						44.9	47.6	F	34
Trying to Quit, Grades 9-12 (%)						61.4	59.0		
Receiving Smoking Cessation Advice by Physician (%)						61.0	52.1	F	49
No Health Insurance (%)	13.7	21.8				17.0	16.2	F	31
Second-Hand Smoke:									
Reporting Smoke Ban —At Work (%)						74.1	71.1	F	37
—At Home (%)						64.5	62.3	F	30

	White	Black	American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic				
Smoking-Related Diseases:									
Lung Cancer Death Rate (per 100,000)	40.1	30.0				40.7	38.0	F	13
Chronic Obstructive Pulmonary Disease Death Rate (per 100,000)	109.7	41.8				103.5	95.7	U	17
Coronary Heart Disease Death Rate (per 100,000)	133.7	157.4				164.6	138.3	U	19
Stroke Death Rate (per 100,000)	65.4	83.1				61.5	69.0	F	40

Grading Key for Status Indicators S Satisfactory S- Satisfactory Minus U Unsatisfactory F Fail

Policy Indicators

	Strength of Policy
Cessation:	
Telephone Quitline	
Pregnancy-Specific Counseling on Telephone Quitline	
Medicaid Smoking Cessation Coverage	
Medicaid Coverage of Pregnancy-Specific Counseling	
Private Insurance Smoking Cessation Coverage	
Second-Hand Smoke:	
Restrictions on Second-Hand Smoke	
Tax:	
Cigarette Excise Tax	
Funding:	
Tobacco Prevention Funding	
Youth Access:	
Tobacco Sales Rate to Minors	
Youth Access Restrictions	

Demographics

	Alabama Number	Alabama (Percent)	U.S. Number	U.S. (Percent)
Total Population of Women	2,309,139	(53.5%)	143,584,500	(51.9%)
Women by Race				
White (non-Hispanic)	1,608,787	(69.7%)	99,298,461	(69.2%)
Black (non-Hispanic)	653,813	(28.3%)	18,537,763	(12.9%)
American Indian/Alaskan Native (non-Hispanic)	9,991	(0.4%)	1,441,671	(1.0%)
Asian/Pacific Islander (non-Hispanic)	12,497	(0.5%)	6,324,727	(4.4%)
Hispanic	24,050	(1.0%)	17,981,877	(12.5%)
Women by Age				
0-17	572,336	(24.8%)	35,375,812	(24.6%)
18-24	208,105	(9.0%)	13,489,103	(9.4%)
25-44	684,405	(29.6%)	42,030,761	(29.3%)
45-64	541,425	(23.4%)	33,196,167	(23.1%)
65+	302,869	(13.1%)	19,492,657	(13.6%)
Lesbian-Headed Households	4,129	(0.24%)	293,365	(0.28%)
Median Earnings for Women ($)	$25,000		$28,000	
Women Residing in—Urban Areas	1,298,864	(56.5%)	113,984,742	(79.5%)
—Rural Areas	1,001,732	(43.5%)	29,383,601	(20.5%)
Women (25 or older) by Education:				
Less than 12 years	315,135	(20.6%)	14,877,627	(15.7%)
High School Graduate	522,364	(34.2%)	31,412,377	(33.2%)
Some College or Associate Degree	367,739	(24.1%)	25,038,018	(26.4%)
Bachelor's Degree	208,485	(13.6%)	16,098,968	(17.0%)
Graduate Degree	114,974	(7.5%)	7,292,595	(7.7%)

Grading Key for Policy Indicators Meets Policy Limited Policy Weak Policy Minimal/No Policy

National and State Report Cards

ALASKA

GRADE F RANK 37

SMOKING-ATTRIBUTABLE DEATHS (WOMEN)	192
SMOKING-ATTRIBUTABLE YEARS OF POTENTIAL LIFE LOST (WOMEN)	3,832

Status Indicators (Women)

	White (Non-Hispanic)	Black (Non-Hispanic)	American Indian/ Alaskan Native (Non-Hispanic)	Asian/ Pacific Islander (Non-Hispanic)	Hispanic	U.S. Data	State Overall Data	State Grade	State Rank
Prevalence:									
Current Smoking, Adults (%)	24.3	19.8	39.3	8.8	21.9	20.7	26.2	F	48
Ages 18-24	37.2		38.8			24.0	36.9		
Ages 25-44	25.0		42.3	10.1	20.1	24.4	27.3		
Ages 45-64	21.6		40.7			21.4	23.1		
Ages 65+	16.7		17.9			9.2	16.0		
Current Smoking, Grades 9-12 (%)						27.7			
Smoking During Pregnancy, All Ages (%)						12.2	18.5	F	44
Ages 15-19						18.1	27.4		
Cessation:									
Trying to Quit, Adults (%)						44.9	56.3	F	4
Trying to Quit, Grades 9-12 (%)						61.4			
Receiving Smoking Cessation Advice by Physician (%)						61.0	63.9	U	17
No Health Insurance (%)	11.6		29.3	18.5	25.2	17.0	18.3	F	40
Second-Hand Smoke:									
Reporting Smoke Ban —At Work (%)						74.1	77.4	F	12
—At Home (%)						64.5	66.3	F	13

	White	Black	American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic				
Smoking-Related Diseases:									
Lung Cancer Death Rate (per 100,000)	45.2		46.5			40.7	43.3	F	35
Chronic Obstructive Pulmonary Disease Death Rate (per 100,000)	122.5		173.1			103.5	124.5	F	43
Coronary Heart Disease Death Rate (per 100,000)	96.2		88.6			164.6	94.0	S-	2
Stroke Death Rate (per 100,000)	60.8		101.7			61.5	68.1	F	38

Grading Key for Status Indicators S Satisfactory | S- Satisfactory Minus | U Unsatisfactory | F Fail

Policy Indicators

	Strength of Policy
Cessation:	
Telephone Quitline (1-888-842-QUIT)	
Pregnancy-Specific Counseling on Telephone Quitline	
Medicaid Smoking Cessation Coverage	
Medicaid Coverage of Pregnancy-Specific Counseling	
Private Insurance Smoking Cessation Coverage	
Second-Hand Smoke:	
Restrictions on Second-Hand Smoke	
Tax:	
Cigarette Excise Tax	
Funding:	
Tobacco Prevention Funding	
Youth Access:	
Tobacco Sales Rate to Minors	
Youth Access Restrictions	

Demographics

	Alaska Number	Alaska (Percent)	U.S. Number	U.S. (Percent)
Total Population of Women	307,784	(49.4%)	143,584,500	(51.9%)
Women by Race				
White (non-Hispanic)	207,540	(67.4%)	99,298,461	(69.2%)
Black (non-Hispanic)	11,199	(3.6%)	18,537,763	(12.9%)
American Indian/Alaskan Native (non-Hispanic)	53,224	(17.3%)	1,441,671	(1.0%)
Asian/Pacific Islander (non-Hispanic)	21,583	(7.0%)	6,324,727	(4.4%)
Hispanic	14,238	(4.6%)	17,981,877	(12.5%)
Women by Age				
0-17	91,736	(29.8%)	35,375,812	(24.6%)
18-24	29,168	(9.5%)	13,489,103	(9.4%)
25-44	96,125	(31.2%)	42,030,761	(29.3%)
45-64	70,692	(23.0%)	33,196,167	(23.1%)
65+	20,063	(6.5%)	19,492,657	(13.6%)
Lesbian-Headed Households	697	(0.31%)	293,365	(0.28%)
Median Earnings for Women ($)	$33,131		$28,000	
Women Residing in—Urban Areas	201,749	(66.6%)	113,984,742	(79.5%)
—Rural Areas	101,071	(33.4%)	29,383,601	(20.5%)
Women (25 or older) by Education:				
Less than 12 years	15,637	(8.4%)	14,877,627	(15.7%)
High School Graduate	56,650	(30.3%)	31,412,377	(33.2%)
Some College or Associate Degree	65,765	(35.2%)	25,038,018	(26.4%)
Bachelor's Degree	34,176	(18.3%)	16,098,968	(17.0%)
Graduate Degree	14,652	(7.8%)	7,292,595	(7.7%)

Grading Key for Policy Indicators Meets Policy | Limited Policy | Weak Policy | Minimal/No Policy

ARIZONA

GRADE U RANK 11

SMOKING-ATTRIBUTABLE DEATHS (WOMEN)	2,727
SMOKING-ATTRIBUTABLE YEARS OF POTENTIAL LIFE LOST (WOMEN)	46,208

Status Indicators (Women)

	White (Non-Hispanic)	Black (Non-Hispanic)	American Indian/ Alaskan Native (Non-Hispanic)	Asian/ Pacific Islander (Non-Hispanic)	Hispanic	U.S. Data	State Overall Data	State Grade	State Rank
Prevalence:									
Current Smoking, Adults (%)	21.4	15.9	7.3	7.7	11.6	20.7	18.5	U	4
Ages 18-24	31.0				17.6	24.0	24.5		
Ages 25-44	23.7		8.4		8.9	24.4	17.8		
Ages 45-64	25.9		5.0		11.8	21.4	23.0		
Ages 65+	9.9				11.7	9.2	10.1		
Current Smoking, Grades 9-12 (%)						27.7			
Smoking During Pregnancy, All Ages (%)						12.2	6.9	S-	3
Ages 15-19						18.1	8.3		
Cessation:									
Trying to Quit, Adults (%)						44.9	54.5	F	5
Trying to Quit, Grades 9-12 (%)						61.4			
Receiving Smoking Cessation Advice by Physician (%)						61.0	54.8	F	44
No Health Insurance (%)	10.4				34.7	17.0	18.2	F	37
Second-Hand Smoke:									
Reporting Smoke Ban —At Work (%)						74.1	70.7	F	39
—At Home (%)						64.5	74.5	U	5

	White	Black	American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic				
Smoking-Related Diseases:									
Lung Cancer Death Rate (per 100,000)	40.3	29.6	10.2		13.5	40.7	39.1	F	17
Chronic Obstructive Pulmonary Disease Death Rate (per 100,000)	134.6	93.0	38.0		47.5	103.5	131.1	F	45
Coronary Heart Disease Death Rate (per 100,000)	141.9	204.2	108.8	81.5	131.8	164.6	141.9	U	20
Stroke Death Rate (per 100,000)	58.4	56.1	54.5	50.2	52.5	61.5	58.3	U	12

Grading Key for Status Indicators S Satisfactory | S- Satisfactory Minus | U Unsatisfactory | F Fail

Policy Indicators

	Strength of Policy
Cessation:	
Telephone Quitline (1-800-556-6222)	
Pregnancy-Specific Counseling on Telephone Quitline	
Medicaid Smoking Cessation Coverage	
Medicaid Coverage of Pregnancy-Specific Counseling	
Private Insurance Smoking Cessation Coverage	
Second-Hand Smoke:	
Restrictions on Second-Hand Smoke	
Tax:	
Cigarette Excise Tax	
Funding:	
Tobacco Prevention Funding	
Youth Access:	
Tobacco Sales Rate to Minors	
Youth Access Restrictions	

Demographics

	Arizona Number	Arizona (Percent)	U.S. Number	U.S. (Percent)
Total Population of Women	2,661,883	(51.0%)	143,584,500	(51.9%)
Women by Race				
White (non-Hispanic)	1,669,254	(62.7%)	99,298,461	(69.2%)
Black (non-Hispanic)	83,986	(3.2%)	18,537,763	(12.9%)
American Indian/Alaskan Native (non-Hispanic)	63,250	(2.4%)	1,441,671	(1.0%)
Asian/Pacific Islander (non-Hispanic)	112,751	(4.2%)	6,324,727	(4.4%)
Hispanic	732,643	(27.5%)	17,981,877	(12.5%)
Women by Age				
0-17	735,758	(27.6%)	35,375,812	(24.6%)
18-24	267,438	(10.0%)	13,489,103	(9.4%)
25-44	747,399	(28.1%)	42,030,761	(29.3%)
45-64	587,174	(22.1%)	33,196,167	(23.1%)
65+	324,114	(12.2%)	19,492,657	(13.6%)
Lesbian-Headed Households	6,054	(0.32%)	293,365	(0.28%)
Median Earnings for Women ($)	$28,000		$28,000	
Women Residing in—Urban Areas	2,272,916	(88.5%)	113,984,742	(79.5%)
—Rural Areas	296,659	(11.5%)	29,383,601	(20.5%)
Women (25 or older) by Education:				
Less than 12 years	261,544	(15.8%)	14,877,627	(15.7%)
High School Graduate	494,769	(29.8%)	31,412,377	(33.2%)
Some College or Associate Degree	541,135	(32.6%)	25,038,018	(26.4%)
Bachelor's Degree	264,466	(15.9%)	16,098,968	(17.0%)
Graduate Degree	96,773	(5.8%)	7,292,595	(7.7%)

Grading Key for Policy Indicators Meets Policy | Limited Policy | Weak Policy | Minimal/No Policy

National and State Report Cards

ARKANSAS

GRADE F RANK 48

SMOKING-ATTRIBUTABLE DEATHS (WOMEN)	1,777
SMOKING-ATTRIBUTABLE YEARS OF POTENTIAL LIFE LOST (WOMEN)	31,267

Status Indicators (Women)

	White (Non-Hispanic)	Black (Non-Hispanic)	American Indian/ Alaskan Native (Non-Hispanic)	Asian/ Pacific Islander (Non-Hispanic)	Hispanic	U.S. Data	State Overall Data	State Grade	State Rank
Prevalence:									
Current Smoking, Adults (%)	25.3	18.2	37.0		20.2	20.7	24.4	F	44
Ages 18-24	32.4	9.6				24.0	28.0		
Ages 25-44	32.6	21.6			19.8	24.4	30.6		
Ages 45-64	26.0	21.9				21.4	25.9		
Ages 65+	11.2	9.9				9.2	11.0		
Current Smoking, Grades 9-12 (%)						27.7	32.1		
Smoking During Pregnancy, All Ages (%)						12.2	18.2	F	42
Ages 15-19						18.1	22.2		
Cessation:									
Trying to Quit, Adults (%)						44.9	42.6	F	49
Trying to Quit, Grades 9-12 (%)						61.4	61.0		
Receiving Smoking Cessation Advice by Physician (%)						61.0	53.1	F	46
No Health Insurance (%)	19.3	31.0				17.0	21.5	F	46
Second-Hand Smoke:									
Reporting Smoke Ban —At Work (%)						74.1	69.1	F	45
—At Home (%)						64.5	53.5	F	48

	White	Black	American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic				
Smoking-Related Diseases:									
Lung Cancer Death Rate (per 100,000)	45.0	36.6				40.7	43.8	F	36
Chronic Obstructive Pulmonary Disease Death Rate (per 100,000)	110.8	46.1				103.5	103.4	U	27
Coronary Heart Disease Death Rate (per 100,000)	150.5	217.3				164.6	157.8	F	28
Stroke Death Rate (per 100,000)	80.8	107.6				61.5	83.7	F	51

Grading Key for Status Indicators S Satisfactory | S- Satisfactory Minus | U Unsatisfactory | F Fail

Policy Indicators

	Strength of Policy
Cessation:	
Telephone Quitline (1-866-NOW-QUIT)	
Pregnancy-Specific Counseling on Telephone Quitline	
Medicaid Smoking Cessation Coverage	
Medicaid Coverage of Pregnancy-Specific Counseling	
Private Insurance Smoking Cessation Coverage	
Second-Hand Smoke:	
Restrictions on Second-Hand Smoke	
Tax:	
Cigarette Excise Tax	
Funding:	
Tobacco Prevention Funding	
Youth Access:	
Tobacco Sales Rate to Minors	
Youth Access Restrictions	

Demographics

	Arkansas Number	Arkansas (Percent)	U.S. Number	U.S. (Percent)
Total Population of Women	1,377,426	(53.6%)	143,584,500	(51.9%)
Women by Race				
White (non-Hispanic)	1,052,194	(76.4%)	99,298,461	(69.2%)
Black (non-Hispanic)	262,466	(19.1%)	18,537,763	(12.9%)
American Indian/Alaskan Native (non-Hispanic)	15,187	(1.1%)	1,441,671	(1.0%)
Asian/Pacific Islander (non-Hispanic)	13,863	(1.0%)	6,324,727	(4.4%)
Hispanic	33,715	(2.4%)	17,981,877	(12.5%)
Women by Age				
0-17	326,322	(23.7%)	35,375,812	(24.6%)
18-24	121,298	(8.8%)	13,489,103	(9.4%)
25-44	359,282	(26.1%)	42,030,761	(29.3%)
45-64	334,248	(24.3%)	33,196,167	(23.1%)
65+	236,277	(17.2%)	19,492,657	(13.6%)
Lesbian-Headed Households	2,247	(0.22%)	293,365	(0.28%)
Median Earnings for Women ($)	$23,000		$28,000	
Women Residing in—Urban Areas	735,283	(53.7%)	113,984,742	(79.5%)
—Rural Areas	633,424	(46.3%)	29,383,601	(20.5%)
Women (25 or older) by Education:				
Less than 12 years	184,679	(19.9%)	14,877,627	(15.7%)
High School Graduate	358,303	(38.5%)	31,412,377	(33.2%)
Some College or Associate Degree	225,452	(24.2%)	25,038,018	(26.4%)
Bachelor's Degree	107,674	(11.6%)	16,098,968	(17.0%)
Graduate Degree	53,698	(5.8%)	7,292,595	(7.7%)

Grading Key for Policy Indicators Meets Policy | Limited Policy | Weak Policy | Minimal/No Policy

CALIFORNIA

GRADE U RANK 7

SMOKING-ATTRIBUTABLE DEATHS (WOMEN)	15,613
SMOKING-ATTRIBUTABLE YEARS OF POTENTIAL LIFE LOST (WOMEN)	258,273

Status Indicators (Women)

	White (Non-Hispanic)	Black (Non-Hispanic)	American Indian/ Alaskan Native (Non-Hispanic)	Asian/ Pacific Islander (Non-Hispanic)	Hispanic	U.S. Data	State Overall Data	State Grade	State Rank
Prevalence:									
Current Smoking, Adults (%)	16.9	21.4	20.2	5.5	9.8	20.7	14.6	S-	2
Ages 18-24	24.8	11.6			12.5	24.0	18.2		
Ages 25-44	20.5	25.9		3.9	10.1	24.4	16.0		
Ages 45-64	17.3	26.5		2.1	8.1	21.4	15.4		
Ages 65+	7.8				8.5	9.2	7.6		
Current Smoking, Grades 9-12 (%)						27.7	20.4		
Smoking During Pregnancy, All Ages (%)*						12.2	9.8	U	15
Ages 15-19						18.1			
Cessation:									
Trying to Quit, Adults (%)						44.9	53.5	F	8
Trying to Quit, Grades 9-12 (%)						61.4			
Receiving Smoking Cessation Advice by Physician (%)						61.0	56.8	F	42
No Health Insurance (%)	12.8	17.2	28.1	19.6	36.9	17.0	21.7	F	47
Second-Hand Smoke:									
Reporting Smoke Ban —At Work (%)						74.1	80.9	U	4
—At Home (%)						64.5	78.1	U	2

	White	Black	American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic				
Smoking-Related Diseases:									
Lung Cancer Death Rate (per 100,000)	40.3	43.3	16.7	20.4	13.3	40.7	38.2	F	15
Chronic Obstructive Pulmonary Disease Death Rate (per 100,000)	124.5	89.8	51.1	40.8	38.0	103.5	114.7	F	36
Coronary Heart Disease Death Rate (per 100,000)	173.7	255.5	75.2	105.0	119.1	164.6	172.5	F	38
Stroke Death Rate (per 100,000)	61.7	86.8	27.2	53.8	41.7	61.5	62.6	U	27

**California data for this indicator are from a different source than that for all other states.*

Grading Key for Status Indicators S Satisfactory | S- Satisfactory Minus | U Unsatisfactory | F Fail

Policy Indicators

	Strength of Policy
Cessation:	
Telephone Quitline (1-800-NO-BUTTS)	Meets Policy
Pregnancy-Specific Counseling on Telephone Quitline	Meets Policy
Medicaid Smoking Cessation Coverage	Limited Policy
Medicaid Coverage of Pregnancy-Specific Counseling	Meets Policy
Private Insurance Smoking Cessation Coverage	Weak Policy
Second-Hand Smoke:	
Restrictions on Second-Hand Smoke	Meets Policy
Tax:	
Cigarette Excise Tax	Weak Policy
Funding:	
Tobacco Prevention Funding	Limited Policy
Youth Access:	
Tobacco Sales Rate to Minors	Limited Policy
Youth Access Restrictions	Meets Policy

Demographics

	California Number	California (Percent)	U.S. Number	U.S. (Percent)
Total Population of Women	17,284,443	(51.0%)	143,584,500	(51.9%)
Women by Race				
White (non-Hispanic)	8,033,324	(46.5%)	99,298,461	(69.2%)
Black (non-Hispanic)	1,049,326	(6.1%)	18,537,763	(12.9%)
American Indian/Alaskan Native (non-Hispanic)	202,244	(1.2%)	1,441,671	(1.0%)
Asian/Pacific Islander (non-Hispanic)	2,314,445	(13.4%)	6,324,727	(4.4%)
Hispanic	5,685,105	(32.9%)	17,981,877	(12.5%)
Women by Age				
0-17	4,782,510	(27.7%)	35,375,812	(24.6%)
18-24	1,726,086	(10.0%)	13,489,103	(9.4%)
25-44	5,276,242	(30.5%)	42,030,761	(29.3%)
45-64	3,610,343	(20.9%)	33,196,167	(23.1%)
65+	1,889,263	(10.9%)	19,492,657	(13.6%)
Lesbian-Headed Households	42,524	(0.37%)	293,365	(0.28%)
Median Earnings for Women ($)	$30,000		$28,000	
Women Residing in—Urban Areas	16,084,388	(94.6%)	113,984,742	(79.5%)
—Rural Areas	912,368	(5.4%)	29,383,601	(20.5%)
Women (25 or older) by Education:				
Less than 12 years	2,108,582	(19.6%)	14,877,627	(15.7%)
High School Graduate	2,658,134	(24.7%)	31,412,377	(33.2%)
Some College or Associate Degree	3,148,488	(29.2%)	25,038,018	(26.4%)
Bachelor's Degree	2,029,045	(18.8%)	16,098,968	(17.0%)
Graduate Degree	831,598	(7.7%)	7,292,595	(7.7%)

Grading Key for Policy Indicators Meets Policy | Limited Policy | Weak Policy | Minimal/No Policy

COLORADO

GRADE U RANK 8

SMOKING-ATTRIBUTABLE DEATHS (WOMEN) 1,753
SMOKING-ATTRIBUTABLE YEARS OF POTENTIAL LIFE LOST (WOMEN) 30,202

Status Indicators (Women)

	White (Non-Hispanic)	Black (Non-Hispanic)	American Indian/ Alaskan Native (Non-Hispanic)	Asian/ Pacific Islander (Non-Hispanic)	Hispanic	U.S. Data	State Overall Data	State Grade	State Rank
Prevalence:									
Current Smoking, Adults (%)	21.1	32.4		8.9	18.8	20.7	21.3	F	29
Ages 18-24	31.6				24.6	24.0	29.9		
Ages 25-44	26.2	33.7			20.6	24.4	25.6		
Ages 45-64	20.0				12.7	21.4	19.7		
Ages 65+	7.3					9.2	7.9		
Current Smoking, Grades 9-12 (%)						27.7	29.3		
Smoking During Pregnancy, All Ages (%)						12.2	9.4	U	11
Ages 15-19						18.1	16.3		
Cessation:									
Trying to Quit, Adults (%)						44.9	51.2	F	19
Trying to Quit, Grades 9-12 (%)						61.4	69.5		
Receiving Smoking Cessation Advice by Physician (%)						61.0	64.8	U	13
No Health Insurance (%)	12.3				35.0	17.0	16.1	F	30
Second-Hand Smoke:									
Reporting Smoke Ban —At Work (%)						74.1	76.2	F	16
—At Home (%)						64.5	70.3	F	8

	White	Black	American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic				
Smoking-Related Diseases:									
Lung Cancer Death Rate (per 100,000)	31.4	38.4			18.7	40.7	31.2	U	5
Chronic Obstructive Pulmonary Disease Death Rate (per 100,000)	136.5	93.3			67.6	103.5	133.4	F	48
Coronary Heart Disease Death Rate (per 100,000)	112.5	159.2	73.6	52.7	85.7	164.6	112.8	S-	6
Stroke Death Rate (per 100,000)	58.6	81.7		43.8	46.6	61.5	59.0	U	17

Grading Key for Status Indicators S Satisfactory S- Satisfactory Minus U Unsatisfactory F Fail

Policy Indicators

	Strength of Policy
Cessation:	
Telephone Quitline (1-800-639-QUIT)	Meets Policy
Pregnancy-Specific Counseling on Telephone Quitline	Meets Policy
Medicaid Smoking Cessation Coverage	Limited Policy
Medicaid Coverage of Pregnancy-Specific Counseling	Meets Policy
Private Insurance Smoking Cessation Coverage	Weak Policy
Second-Hand Smoke:	
Restrictions on Second-Hand Smoke	Weak Policy
Tax:	
Cigarette Excise Tax	Minimal/No Policy
Funding:	
Tobacco Prevention Funding	Limited Policy
Youth Access:	
Tobacco Sales Rate to Minors	Meets Policy
Youth Access Restrictions	Minimal/No Policy

Demographics

	Colorado Number	Colorado (Percent)	U.S. Number	U.S. (Percent)
Total Population of Women	2,139,619	(49.1%)	143,584,500	(51.9%)
Women by Race				
White (non-Hispanic)	1,582,572	(74.0%)	99,298,461	(69.2%)
Black (non-Hispanic)	90,885	(4.2%)	18,537,763	(12.9%)
American Indian/Alaskan Native (non-Hispanic)	15,527	(0.7%)	1,441,671	(1.0%)
Asian/Pacific Islander (non-Hispanic)	77,669	(3.6%)	6,324,727	(4.4%)
Hispanic	372,966	(17.4%)	17,981,877	(12.5%)
Women by Age				
0-17	561,358	(26.2%)	35,375,812	(24.6%)
18-24	211,917	(9.9%)	13,489,103	(9.4%)
25-44	676,822	(31.6%)	42,030,761	(29.3%)
45-64	457,238	(21.4%)	33,196,167	(23.1%)
65+	232,284	(10.9%)	19,492,657	(13.6%)
Lesbian-Headed Households	5,405	(0.33%)	293,365	(0.28%)
Median Earnings for Women ($)	$30,000		$28,000	
Women Residing in—Urban Areas	1,812,301	(84.9%)	113,984,742	(79.5%)
—Rural Areas	322,977	(15.1%)	29,383,601	(20.5%)
Women (25 or older) by Education:				
Less than 12 years	156,134	(11.4%)	14,877,627	(15.7%)
High School Graduate	363,814	(26.6%)	31,412,377	(33.2%)
Some College or Associate Degree	404,030	(29.6%)	25,038,018	(26.4%)
Bachelor's Degree	300,003	(22.0%)	16,098,968	(17.0%)
Graduate Degree	142,363	(10.4%)	7,292,595	(7.7%)

Grading Key for Policy Indicators Meets Policy Limited Policy Weak Policy Minimal/No Policy

CONNECTICUT

GRADE U RANK 5

SMOKING-ATTRIBUTABLE DEATHS (WOMEN) 2,188
SMOKING-ATTRIBUTABLE YEARS OF POTENTIAL LIFE LOST (WOMEN) 33,841

Status Indicators (Women)

	White (Non-Hispanic)	Black (Non-Hispanic)	American Indian/ Alaskan Native (Non-Hispanic)	Asian/ Pacific Islander (Non-Hispanic)	Hispanic	U.S. Data	State Overall Data	State Grade	State Rank
Prevalence:									
Current Smoking, Adults (%)	20.0	22.4		9.4	21.1	20.7	20.1	U	14
Ages 18-24	33.9	16.7			15.6	24.0	28.4		
Ages 25-44	23.0	29.3		6.5	28.1	24.4	23.7		
Ages 45-64	18.4	18.0			16.5	21.4	18.1		
Ages 65+	12.5	14.3				9.2	12.3		
Current Smoking, Grades 9-12 (%)						27.7	26.0		
Smoking During Pregnancy, All Ages (%)						12.2	8.2	S-	6
Ages 15-19						18.1	15.0		
Cessation:									
Trying to Quit, Adults (%)						44.9	52.0	F	15
Trying to Quit, Grades 9-12 (%)						61.4			
Receiving Smoking Cessation Advice by Physician (%)						61.0	70.7	S-	4
No Health Insurance (%)	10.2	21.8			19.3	17.0	12.3	U	16
Second-Hand Smoke:									
Reporting Smoke Ban —At Work (%)						74.1	78.6	U	8
—At Home (%)						64.5	65.8	F	16

	White	Black	American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic				
Smoking-Related Diseases:									
Lung Cancer Death Rate (per 100,000)	41.2	33.7			13.7	40.7	40.6	F	23
Chronic Obstructive Pulmonary Disease Death Rate (per 100,000)	96.0	52.3			53.0	103.5	93.3	U	15
Coronary Heart Disease Death Rate (per 100,000)	142.8	177.7		52.6	83.4	164.6	144.6	U	21
Stroke Death Rate (per 100,000)	50.4	62.6			34.1	61.5	51.1	S-	4

Grading Key for Status Indicators S Satisfactory S- Satisfactory Minus U Unsatisfactory F Fail

Policy Indicators

	Strength of Policy
Cessation:	
Telephone Quitline (1-866-END-HABIT)	Meets Policy
Pregnancy-Specific Counseling on Telephone Quitline	Meets Policy
Medicaid Smoking Cessation Coverage	Minimal/No Policy
Medicaid Coverage of Pregnancy-Specific Counseling	Minimal/No Policy
Private Insurance Smoking Cessation Coverage	Minimal/No Policy
Second-Hand Smoke:	
Restrictions on Second-Hand Smoke	Limited Policy
Tax:	
Cigarette Excise Tax	Meets Policy
Funding:	
Tobacco Prevention Funding	Weak Policy
Youth Access:	
Tobacco Sales Rate to Minors	Limited Policy
Youth Access Restrictions	Meets Policy

Demographics

	Connecticut Number	Connecticut (Percent)	U.S. Number	U.S. (Percent)
Total Population of Women	1,744,958	(52.3%)	143,584,500	(51.9%)
Women by Race				
White (non-Hispanic)	1,366,047	(78.3%)	99,298,461	(69.2%)
Black (non-Hispanic)	185,031	(10.6%)	18,537,763	(12.9%)
American Indian/Alaskan Native (non-Hispanic)	7,240	(0.4%)	1,441,671	(1.0%)
Asian/Pacific Islander (non-Hispanic)	43,326	(2.5%)	6,324,727	(4.4%)
Hispanic	143,314	(8.2%)	17,981,877	(12.5%)
Women by Age				
0-17	407,328	(23.3%)	35,375,812	(24.6%)
18-24	132,244	(7.6%)	13,489,103	(9.4%)
25-44	527,511	(30.2%)	42,030,761	(29.3%)
45-64	392,306	(22.5%)	33,196,167	(23.1%)
65+	285,569	(16.4%)	19,492,657	(13.6%)
Lesbian-Headed Households	3,827	(0.29%)	293,365	(0.28%)
Median Earnings for Women ($)	$33,000		$28,000	
Women Residing in—Urban Areas	1,546,543	(88.1%)	113,984,742	(79.5%)
—Rural Areas	209,703	(11.9%)	29,383,601	(20.5%)
Women (25 or older) by Education:				
Less than 12 years	145,128	(12.0%)	14,877,627	(15.7%)
High School Graduate	407,108	(33.8%)	31,412,377	(33.2%)
Some College or Associate Degree	274,438	(22.8%)	25,038,018	(26.4%)
Bachelor's Degree	250,149	(20.8%)	16,098,968	(17.0%)
Graduate Degree	128,563	(10.7%)	7,292,595	(7.7%)

Grading Key for Policy Indicators Meets Policy Limited Policy Weak Policy Minimal/No Policy

DELAWARE

GRADE F RANK 31

SMOKING-ATTRIBUTABLE DEATHS (WOMEN)	496
SMOKING-ATTRIBUTABLE YEARS OF POTENTIAL LIFE LOST (WOMEN)	8,771

Status Indicators (Women)

	White (Non-Hispanic)	Black (Non-Hispanic)	American Indian/ Alaskan Native (Non-Hispanic)	Asian/ Pacific Islander (Non-Hispanic)	Hispanic	U.S. Data	State Overall Data	State Grade	State Rank
Prevalence:									
Current Smoking, Adults (%)	22.9	17.9		4.5	20.1	20.7	22.0	F	34
Ages 18-24	30.6	16.1				24.0	27.1		
Ages 25-44	30.5	20.1			22.0	24.4	28.0		
Ages 45-64	21.0	20.5				21.4	20.3		
Ages 65+	10.4	6.2				9.2	10.2		
Current Smoking, Grades 9-12 (%)						27.7	23.4		
Smoking During Pregnancy, All Ages (%)						12.2	13.1	U	26
Ages 15-19						18.1	17.2		
Cessation:									
Trying to Quit, Adults (%)						44.9	47.0	F	36
Trying to Quit, Grades 9-12 (%)						61.4	58.2		
Receiving Smoking Cessation Advice by Physician (%)						61.0	62.7	U	21
No Health Insurance (%)	7.6	7.5			23.4	17.0	9.7	U	5
Second-Hand Smoke:									
Reporting Smoke Ban —At Work (%)						74.1	75.1	F	20
—At Home (%)						64.5	59.0	F	36

	White	Black	American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic				
Smoking-Related Diseases:									
Lung Cancer Death Rate (per 100,000)	48.1	54.8				40.7	48.7	F	48
Chronic Obstructive Pulmonary Disease Death Rate (per 100,000)	115.3	90.9				103.5	111.9	F	32
Coronary Heart Disease Death Rate (per 100,000)	170.4	208.2				164.6	174.9	F	40
Stroke Death Rate (per 100,000)	49.3	64.0				61.5	51.1	S-	4

Grading Key for Status Indicators S Satisfactory S- Satisfactory Minus U Unsatisfactory F Fail

Policy Indicators

	Strength of Policy
Cessation:	
Telephone Quitline (1-866-409-1858)	■
Pregnancy-Specific Counseling on Telephone Quitline	□
Medicaid Smoking Cessation Coverage	■□
Medicaid Coverage of Pregnancy-Specific Counseling	□
Private Insurance Smoking Cessation Coverage	□
Second-Hand Smoke:	
Restrictions on Second-Hand Smoke	■
Tax:	
Cigarette Excise Tax	■□
Funding:	
Tobacco Prevention Funding	■□
Youth Access:	
Tobacco Sales Rate to Minors	■□
Youth Access Restrictions	□

Demographics

	Delaware Number	Delaware (Percent)	U.S. Number	U.S. (Percent)
Total Population of Women	406,167	(52.6%)	143,584,500	(51.9%)
Women by Race				
White (non-Hispanic)	298,538	(73.5%)	99,298,461	(69.2%)
Black (non-Hispanic)	78,573	(19.3%)	18,537,763	(12.9%)
American Indian/Alaskan Native (non-Hispanic)	1,962	(0.5%)	1,441,671	(1.0%)
Asian/Pacific Islander (non-Hispanic)	9,244	(2.3%)	6,324,727	(4.4%)
Hispanic	17,850	(4.4%)	17,981,877	(12.5%)
Women by Age				
0-17	97,712	(24.1%)	35,375,812	(24.6%)
18-24	36,463	(9.0%)	13,489,103	(9.4%)
25-44	113,361	(27.9%)	42,030,761	(29.3%)
45-64	101,617	(25.0%)	33,196,167	(23.1%)
65+	57,015	(14.0%)	19,492,657	(13.6%)
Lesbian-Headed Households	889	(0.30%)	293,365	(0.28%)
Median Earnings for Women ($)	$30,000		$28,000	
Women Residing in—Urban Areas	324,580	(80.5%)	113,984,742	(79.5%)
—Rural Areas	78,479	(19.5%)	29,383,601	(20.5%)
Women (25 or older) by Education:				
Less than 12 years	35,122	(12.9%)	14,877,627	(15.7%)
High School Graduate	88,349	(32.5%)	31,412,377	(33.2%)
Some College or Associate Degree	74,241	(27.3%)	25,038,018	(26.4%)
Bachelor's Degree	51,766	(19.0%)	16,098,968	(17.0%)
Graduate Degree	22,514	(8.3%)	7,292,595	(7.7%)

Grading Key for Policy Indicators ■ Meets Policy ■□ Limited Policy ■□ Weak Policy □ Minimal/No Policy

DISTRICT OF COLUMBIA

GRADE U RANK 6

SMOKING-ATTRIBUTABLE DEATHS (WOMEN)	272
SMOKING-ATTRIBUTABLE YEARS OF POTENTIAL LIFE LOST (WOMEN)	5,453

Status Indicators (Women)

	White (Non-Hispanic)	Black (Non-Hispanic)	American Indian/ Alaskan Native (Non-Hispanic)	Asian/ Pacific Islander (Non-Hispanic)	Hispanic	U.S. Data	State Overall Data	State Grade	State Rank
Prevalence:									
Current Smoking, Adults (%)	15.8	21.2			17.3	20.7	18.9	U	8
Ages 18-24	30.8	21.7				24.0	24.5		
Ages 25-44	17.4	22.7			20.0	24.4	20.3		
Ages 45-64	11.7	27.7				21.4	21.9		
Ages 65+	6.9	9.0				9.2	7.9		
Current Smoking, Grades 9-12 (%)						27.7	12.3		
Smoking During Pregnancy, All Ages (%)						12.2	2.6	S-	1
Ages 15-19						18.1	3.8		
Cessation:									
Trying to Quit, Adults (%)						44.9	54.5	F	5
Trying to Quit, Grades 9-12 (%)						61.4			
Receiving Smoking Cessation Advice by Physician (%)						61.0	62.2	U	22
No Health Insurance (%)	6.6	12.4			36.4	17.0	12.5	U	18
Second-Hand Smoke:									
Reporting Smoke Ban —At Work (%)						74.1	77.7	F	10
—At Home (%)						64.5	61.5	F	32

	White	Black	American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic				
Smoking-Related Diseases:									
Lung Cancer Death Rate (per 100,000)	30.4	47.6				40.7	42.0	F	30
Chronic Obstructive Pulmonary Disease Death Rate (per 100,000)	77.1	60.9				103.5	65.4	S-	2
Coronary Heart Disease Death Rate (per 100,000)	120.3	213.3				164.6	182.1	F	45
Stroke Death Rate (per 100,000)	43.6	62.3				61.5	56.5	U	9

Grading Key for Status Indicators S Satisfactory S- Satisfactory Minus U Unsatisfactory F Fail

Policy Indicators

	Strength of Policy
Cessation:	
Telephone Quitline	
Pregnancy-Specific Counseling on Telephone Quitline	
Medicaid Smoking Cessation Coverage	
Medicaid Coverage of Pregnancy-Specific Counseling	
Private Insurance Smoking Cessation Coverage	
Second-Hand Smoke:	
Restrictions on Second-Hand Smoke	
Tax:	
Cigarette Excise Tax	
Funding:	
Tobacco Prevention Funding	
Youth Access:	
Tobacco Sales Rate to Minors	
Youth Access Restrictions	

Demographics

	District of Columbia Number	District of Columbia (Percent)	U.S. Number	U.S. (Percent)
Total Population of Women	285,315	(52.3%)	143,584,500	(51.9%)
Women by Race				
White (non-Hispanic)	77,165	(27.0%)	99,298,461	(69.2%)
Black (non-Hispanic)	183,577	(64.3%)	18,537,763	(12.9%)
American Indian/Alaskan Native (non-Hispanic)	1,098	(0.4%)	1,441,671	(1.0%)
Asian/Pacific Islander (non-Hispanic)	6,098	(2.1%)	6,324,727	(4.4%)
Hispanic	17,377	(6.1%)	17,981,877	(12.5%)
Women by Age				
0-17	53,754	(18.8%)	35,375,812	(24.6%)
18-24	29,516	(10.3%)	13,489,103	(9.4%)
25-44	92,172	(32.3%)	42,030,761	(29.3%)
45-64	67,823	(23.8%)	33,196,167	(23.1%)
65+	42,049	(14.7%)	19,492,657	(13.6%)
Lesbian-Headed Households	985	(0.40%)	293,365	(0.28%)
Median Earnings for Women ($)	$35,000		$28,000	
Women Residing in—Urban Areas	302,693	(100.0%	113,984,742	(79.5%)
—Rural Areas	0		29,383,601	(20.5%)
Women (25 or older) by Education:				
Less than 12 years	33,904	(16.8%)	14,877,627	(15.7%)
High School Graduate	44,290	(21.9%)	31,412,377	(33.2%)
Some College or Associate Degree	38,337	(19.0%)	25,038,018	(26.4%)
Bachelor's Degree	41,638	(20.6%)	16,098,968	(17.0%)
Graduate Degree	43,877	(21.7%)	7,292,595	(7.7%)

Grading Key for Policy Indicators Meets Policy Limited Policy Weak Policy Minimal/No Policy

FLORIDA

GRADE F RANK 19

SMOKING-ATTRIBUTABLE DEATHS (WOMEN) 11,274
SMOKING-ATTRIBUTABLE YEARS OF POTENTIAL LIFE LOST (WOMEN) 185,091

Status Indicators (Women)

	White (Non-Hispanic)	Black (Non-Hispanic)	American Indian/ Alaskan Native (Non-Hispanic)	Asian/ Pacific Islander (Non-Hispanic)	Hispanic	U.S. Data	State Overall Data	State Grade	State Rank
Prevalence:									
Current Smoking, Adults (%)	23.1	14.5	30.8	11.7	12.8	20.7	20.2	U	15
Ages 18-24	31.4	5.2			8.5	24.0	21.8		
Ages 25-44	33.4	18.6		12.8	16.9	24.4	27.6		
Ages 45-64	23.7	16.4			12.4	21.4	20.9		
Ages 65+	9.7	5.5			5.7	9.2	8.9		
Current Smoking, Grades 9-12 (%)						27.7	22.9		
Smoking During Pregnancy, All Ages (%)						12.2	9.5	U	13
Ages 15-19						18.1	13.4		
Cessation:									
Trying to Quit, Adults (%)						44.9	49.0	F	28
Trying to Quit, Grades 9-12 (%)						61.4	56.5		
Receiving Smoking Cessation Advice by Physician (%)						61.0	60.3	U	31
No Health Insurance (%)	14.2	24.9		13.9	37.6	17.0	20.7	F	45
Second-Hand Smoke:									
Reporting Smoke Ban —At Work (%)						74.1	74.3	F	21
—At Home (%)						64.5	70.0	F	9

	White	Black	American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic				
Smoking-Related Diseases:									
Lung Cancer Death Rate (per 100,000)	44.4	32.3		14.2	14.9	40.7	43.0	F	33
Chronic Obstructive Pulmonary Disease Death Rate (per 100,000)	109.8	62.0			63.9	103.5	106.2	U	29
Coronary Heart Disease Death Rate (per 100,000)	162.8	246.9	56.1	61.8	156.0	164.6	168.6	F	33
Stroke Death Rate (per 100,000)	48.2	92.9		29.1	33.1	61.5	51.4	S-	6

Grading Key for Status Indicators S Satisfactory S- Satisfactory Minus U Unsatisfactory F Fail

Policy Indicators

	Strength of Policy
Cessation:	
Telephone Quitline (1-877-U-CAN-NOW)	
Pregnancy-Specific Counseling on Telephone Quitline	
Medicaid Smoking Cessation Coverage	
Medicaid Coverage of Pregnancy-Specific Counseling	
Private Insurance Smoking Cessation Coverage	
Second-Hand Smoke:	
Restrictions on Second-Hand Smoke	
Tax:	
Cigarette Excise Tax	
Funding:	
Tobacco Prevention Funding	
Youth Access:	
Tobacco Sales Rate to Minors	
Youth Access Restrictions	

Demographics

	Number (Percent) Florida		Number (Percent) U.S.	
Total Population of Women	8,186,652	(51.8%)	143,584,500	(51.9%)
Women by Race				
White (non-Hispanic)	5,246,184	(64.1%)	99,298,461	(69.2%)
Black (non-Hispanic)	1,183,844	(14.5%)	18,537,763	(12.9%)
American Indian/Alaskan Native (non-Hispanic)	44,618	(0.5%)	1,441,671	(1.0%)
Asian/Pacific Islander (non-Hispanic)	162,699	(2.0%)	6,324,727	(4.4%)
Hispanic	1,549,307	(18.9%)	17,981,877	(12.5%)
Women by Age				
0-17	1,790,267	(21.9%)	35,375,812	(24.6%)
18-24	676,645	(8.3%)	13,489,103	(9.4%)
25-44	2,324,072	(28.4%)	42,030,761	(29.3%)
45-64	1,888,830	(23.1%)	33,196,167	(23.1%)
65+	1,506,838	(18.4%)	19,492,657	(13.6%)
Lesbian-Headed Households	18,060	(0.28%)	293,365	(0.28%)
Median Earnings for Women ($)	$26,000		$28,000	
Women Residing in—Urban Areas	7,350,361	(89.8%)	113,984,742	(79.5%)
—Rural Areas	834,302	(10.2%)	29,383,601	(20.5%)
Women (25 or older) by Education:				
Less than 12 years	900,529	(15.7%)	14,877,627	(15.7%)
High School Graduate	1,975,199	(34.5%)	31,412,377	(33.2%)
Some College or Associate Degree	1,532,023	(26.8%)	25,038,018	(26.4%)
Bachelor's Degree	940,266	(16.4%)	16,098,968	(17.0%)
Graduate Degree	371,723	(6.5%)	7,292,595	(7.7%)

Grading Key for Policy Indicators Meets Policy Limited Policy Weak Policy Minimal/No Policy

GEORGIA

GRADE F RANK 28

SMOKING-ATTRIBUTABLE DEATHS (WOMEN)	3,826
SMOKING-ATTRIBUTABLE YEARS OF POTENTIAL LIFE LOST (WOMEN)	71,265

Status Indicators (Women)

	White (Non-Hispanic)	Black (Non-Hispanic)	American Indian/ Alaskan Native (Non-Hispanic)	Asian/ Pacific Islander (Non-Hispanic)	Hispanic	U.S. Data	State Overall Data	State Grade	State Rank
Prevalence:									
Current Smoking, Adults (%)	23.6	14.0			25.4	20.7	20.8	F	22
Ages 18-24	32.0	6.4				24.0	22.8		
Ages 25-44	28.6	15.4			28.9	24.4	24.1		
Ages 45-64	22.9	17.7				21.4	21.6		
Ages 65+	10.1	9.6				9.2	9.7		
Current Smoking, Grades 9-12 (%)						27.7			
Smoking During Pregnancy, All Ages (%)						12.2	8.4	S-	8
Ages 15-19						18.1	12.3		
Cessation:									
Trying to Quit, Adults (%)						44.9	53.5	F	8
Trying to Quit, Grades 9-12 (%)						61.4			
Receiving Smoking Cessation Advice by Physician (%)						61.0	54.9	F	43
No Health Insurance (%)	16.0	22.6				17.0	18.0	F	36
Second-Hand Smoke:									
Reporting Smoke Ban —At Work (%)						74.1	72.1	F	31
—At Home (%)						64.5	65.4	F	17

	White	Black	American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic				
Smoking-Related Diseases:									
Lung Cancer Death Rate (per 100,000)	42.2	30.4				40.7	39.3	F	20
Chronic Obstructive Pulmonary Disease Death Rate (per 100,000)	114.8	51.4				103.5	100.7	U	22
Coronary Heart Disease Death Rate (per 100,000)	139.8	178.2		79.9	30.2	164.6	147.5	U	22
Stroke Death Rate (per 100,000)	68.7	87.6		42.0	22.0	61.5	72.7	F	46

Grading Key for Status Indicators S Satisfactory S- Satisfactory Minus U Unsatisfactory F Fail

Policy Indicators

	Strength of Policy
Cessation:	
Telephone Quitline (1-877-270-STOP)	Meets Policy
Pregnancy-Specific Counseling on Telephone Quitline	Minimal/No Policy
Medicaid Smoking Cessation Coverage	Minimal/No Policy
Medicaid Coverage of Pregnancy-Specific Counseling	Minimal/No Policy
Private Insurance Smoking Cessation Coverage	Minimal/No Policy
Second-Hand Smoke:	
Restrictions on Second-Hand Smoke	Minimal/No Policy
Tax:	
Cigarette Excise Tax	Minimal/No Policy
Funding:	
Tobacco Prevention Funding	Weak Policy
Youth Access:	
Tobacco Sales Rate to Minors	Limited Policy
Youth Access Restrictions	Minimal/No Policy

Demographics

	Number (Percent) Georgia		Number (Percent) U.S.	
Total Population of Women	4,217,276	(52.6%)	143,584,500	(51.9%)
Women by Race				
White (non-Hispanic)	2,472,324	(58.6%)	99,298,461	(69.2%)
Black (non-Hispanic)	1,510,720	(35.8%)	18,537,763	(12.9%)
American Indian/Alaskan Native (non-Hispanic)	2,579	(0.1%)	1,441,671	(1.0%)
Asian/Pacific Islander (non-Hispanic)	52,851	(1.3%)	6,324,727	(4.4%)
Hispanic	178,801	(4.2%)	17,981,877	(12.5%)
Women by Age				
0-17	1,096,552	(26.0%)	35,375,812	(24.6%)
18-24	417,558	(9.9%)	13,489,103	(9.4%)
25-44	1,346,126	(31.9%)	42,030,761	(29.3%)
45-64	902,959	(21.4%)	33,196,167	(23.1%)
65+	454,081	(10.8%)	19,492,657	(13.6%)
Lesbian-Headed Households	9,037	(0.30%)	293,365	(0.28%)
Median Earnings for Women ($)	$26,000		$28,000	
Women Residing in—Urban Areas	2,995,038	(72.0%)	113,984,742	(79.5%)
—Rural Areas	1,164,302	(28.0%)	29,383,601	(20.5%)
Women (25 or older) by Education:				
Less than 12 years	471,118	(17.4%)	14,877,627	(15.7%)
High School Graduate	932,971	(34.5%)	31,412,377	(33.2%)
Some College or Associate Degree	678,231	(25.1%)	25,038,018	(26.4%)
Bachelor's Degree	458,803	(17.0%)	16,098,968	(17.0%)
Graduate Degree	162,043	(6.0%)	7,292,595	(7.7%)

Grading Key for Policy Indicators Meets Policy Limited Policy Weak Policy Minimal/No Policy

HAWAII

GRADE S- RANK 2

SMOKING-ATTRIBUTABLE DEATHS (WOMEN) 325
SMOKING-ATTRIBUTABLE YEARS OF POTENTIAL LIFE LOST (WOMEN) 6,303

Status Indicators (Women)

	White (Non-Hispanic)	Black (Non-Hispanic)	American Indian/ Alaskan Native (Non-Hispanic)	Asian/ Pacific Islander (Non-Hispanic)	Hispanic	U.S. Data	State Overall Data	State Grade	State Rank
Prevalence:									
Current Smoking, Adults (%)	19.6	9.0	29.0	10.2	20.6	20.7	16.6	S-	3
Ages 18-24	22.7		34.7	19.8	26.3	24.0	24.5		
Ages 25-44	19.2		33.2	11.7	22.2	24.4	18.5		
Ages 45-64	23.7		26.2	11.7	17.6	21.4	17.8		
Ages 65+	9.7		12.7	3.5	3.2	9.2	6.2		
Current Smoking, Grades 9-12 (%)						27.7	18.0		
Smoking During Pregnancy, All Ages (%)						12.2	7.8	S-	4
Ages 15-19						18.1	13.1		
Cessation:									
Trying to Quit, Adults (%)						44.9	65.2	S-	1
Trying to Quit, Grades 9-12 (%)						61.4	68.6		
Receiving Smoking Cessation Advice by Physician (%)						61.0	68.3	S-	6
No Health Insurance (%)	8.1			11.4		17.0	10.6	U	8
Second-Hand Smoke:									
Reporting Smoke Ban —At Work (%)						74.1	72.6	F	29
—At Home (%)						64.5	70.0	F	9

	White	Black	American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic				
Smoking-Related Diseases:									
Lung Cancer Death Rate (per 100,000)	33.4			26.1		40.7	27.8	S-	2
Chronic Obstructive Pulmonary Disease Death Rate (per 100,000)	84.2			35.9		103.5	49.6	S	1
Coronary Heart Disease Death Rate (per 100,000)	85.7			98.1	91.2	164.6	93.9	S	1
Stroke Death Rate (per 100,000)	42.4			63.7	41.3	61.5	57.1	U	10

Grading Key for Status Indicators S Satisfactory S- Satisfactory Minus U Unsatisfactory F Fail

Policy Indicators

	Strength of Policy
Cessation:	
Telephone Quitline	
Pregnancy-Specific Counseling on Telephone Quitline	
Medicaid Smoking Cessation Coverage	
Medicaid Coverage of Pregnancy-Specific Counseling	
Private Insurance Smoking Cessation Coverage	
Second-Hand Smoke:	
Restrictions on Second-Hand Smoke	
Tax:	
Cigarette Excise Tax	
Funding:	
Tobacco Prevention Funding	
Youth Access:	
Tobacco Sales Rate to Minors	
Youth Access Restrictions	

Demographics

	Number (Percent) Hawaii		Number (Percent) U.S.	
Total Population of Women	600,656	(50.5%)	143,584,500	(51.9%)
Women by Race				
White (non-Hispanic)	134,372	(22.4%)	99,298,461	(69.2%)
Black (non-Hispanic)	12,524	(2.1%)	18,537,763	(12.9%)
American Indian/Alaskan Native (non-Hispanic)	2,890	(0.5%)	1,441,671	(1.0%)
Asian/Pacific Islander (non-Hispanic)	432,220	(72.0%)	6,324,727	(4.4%)
Hispanic	18,650	(3.1%)	17,981,877	(12.5%)
Women by Age				
0-17	144,304	(24.0%)	35,375,812	(24.6%)
18-24	52,725	(8.8%)	13,489,103	(9.4%)
25-44	171,996	(28.6%)	42,030,761	(29.3%)
45-64	146,065	(24.3%)	33,196,167	(23.1%)
65+	85,567	(14.2%)	19,492,657	(13.6%)
Lesbian-Headed Households	1,155	(0.29%)	293,365	(0.28%)
Median Earnings for Women ($)	$28,000		$28,000	
Women Residing in—Urban Areas	551,972	(91.6%)	113,984,742	(79.5%)
—Rural Areas	50,894	(8.4%)	29,383,601	(20.5%)
Women (25 or older) by Education:				
Less than 12 years	53,195	(13.2%)	14,877,627	(15.7%)
High School Graduate	124,738	(30.9%)	31,412,377	(33.2%)
Some College or Associate Degree	120,671	(29.9%)	25,038,018	(26.4%)
Bachelor's Degree	78,504	(19.4%)	16,098,968	(17.0%)
Graduate Degree	26,520	(6.6%)	7,292,595	(7.7%)

Grading Key for Policy Indicators Meets Policy Limited Policy Weak Policy Minimal/No Policy

IDAHO

GRADE U RANK 12

SMOKING-ATTRIBUTABLE DEATHS (WOMEN)	571
SMOKING-ATTRIBUTABLE YEARS OF POTENTIAL LIFE LOST (WOMEN)	9,782

Status Indicators (Women)

	White (Non-Hispanic)	Black (Non-Hispanic)	American Indian/ Alaskan Native (Non-Hispanic)	Asian/ Pacific Islander (Non-Hispanic)	Hispanic	U.S. Data	State Overall Data	State Grade	State Rank
Prevalence:									
Current Smoking, Adults (%)	19.8		40.3		19.1	20.7	20.3	F	16
Ages 18-24	22.2				19.4	24.0	24.2		
Ages 25-44	25.2		32.2		19.8	24.4	25.0		
Ages 45-64	19.0				18.7	21.4	19.4		
Ages 65+	10.0					9.2	10.0		
Current Smoking, Grades 9-12 (%)						27.7	17.1		
Smoking During Pregnancy, All Ages (%)						12.2	12.6	U	23
Ages 15-19						18.1	22.9		
Cessation:									
Trying to Quit, Adults (%)						44.9	45.4	F	40
Trying to Quit, Grades 9-12 (%)						61.4	66.3		
Receiving Smoking Cessation Advice by Physician (%)						61.0	61.9	U	24
No Health Insurance (%)	15.8				53.3	17.0	18.3	F	38
Second-Hand Smoke:									
Reporting Smoke Ban —At Work (%)						74.1	76.5	F	15
—At Home (%)						64.5	75.8	U	3

	White	Black	American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic				
Smoking-Related Diseases:									
Lung Cancer Death Rate (per 100,000)	32.9					40.7	32.8	U	7
Chronic Obstructive Pulmonary Disease Death Rate (per 100,000)	113.8					103.5	112.3	F	33
Coronary Heart Disease Death Rate (per 100,000)	117.5				75.3	164.6	116.9	S-	9
Stroke Death Rate (per 100,000)	67.9					61.5	68.0	F	37

Grading Key for Status Indicators S Satisfactory S- Satisfactory Minus U Unsatisfactory F Fail

Policy Indicators

	Strength of Policy
Cessation:	
Telephone Quitline	
Pregnancy-Specific Counseling on Telephone Quitline	
Medicaid Smoking Cessation Coverage	
Medicaid Coverage of Pregnancy-Specific Counseling	
Private Insurance Smoking Cessation Coverage	
Second-Hand Smoke:	
Restrictions on Second-Hand Smoke	
Tax:	
Cigarette Excise Tax	
Funding:	
Tobacco Prevention Funding	
Youth Access:	
Tobacco Sales Rate to Minors	
Youth Access Restrictions	

Demographics

	Idaho Number	Idaho (Percent)	U.S. Number	U.S. (Percent)
Total Population of Women	665,619	(51.1%)	143,584,500	(51.9%)
Women by Race				
White (non-Hispanic)	587,866	(88.3%)	99,298,461	(69.2%)
Black (non-Hispanic)	3,416	(0.5%)	18,537,763	(12.9%)
American Indian/Alaskan Native (non-Hispanic)	10,525	(1.6%)	1,441,671	(1.0%)
Asian/Pacific Islander (non-Hispanic)	10,062	(1.5%)	6,324,727	(4.4%)
Hispanic	53,751	(8.1%)	17,981,877	(12.5%)
Women by Age				
0-17	194,102	(29.2%)	35,375,812	(24.6%)
18-24	68,385	(10.3%)	13,489,103	(9.4%)
25-44	173,719	(26.1%)	42,030,761	(29.3%)
45-64	151,282	(22.7%)	33,196,167	(23.1%)
65+	78,131	(11.7%)	19,492,657	(13.6%)
Lesbian-Headed Households	971	(0.21%)	293,365	(0.28%)
Median Earnings for Women ($)	$25,000		$28,000	
Women Residing in—Urban Areas	432,938	(67.1%)	113,984,742	(79.5%)
—Rural Areas	212,355	(32.9%)	29,383,601	(20.5%)
Women (25 or older) by Education:				
Less than 12 years	51,716	(12.8%)	14,877,627	(15.7%)
High School Graduate	147,040	(36.5%)	31,412,377	(33.2%)
Some College or Associate Degree	135,892	(33.7%)	25,038,018	(26.4%)
Bachelor's Degree	53,254	(13.2%)	16,098,968	(17.0%)
Graduate Degree	15,231	(3.8%)	7,292,595	(7.7%)

Grading Key for Policy Indicators Meets Policy Limited Policy Weak Policy Minimal/No Policy

National and State Report Cards

ILLINOIS

GRADE F RANK 25

SMOKING-ATTRIBUTABLE DEATHS (WOMEN) 7,546
SMOKING-ATTRIBUTABLE YEARS OF POTENTIAL LIFE LOST (WOMEN) 127,528

Status Indicators (Women)

	White (Non-Hispanic)	Black (Non-Hispanic)	American Indian/ Alaskan Native (Non-Hispanic)	Asian/ Pacific Islander (Non-Hispanic)	Hispanic	U.S. Data	State Overall Data	State Grade	State Rank
Prevalence:									
Current Smoking, Adults (%)	21.8	20.6		6.0	16.0	20.7	20.9	F	24
Ages 18-24	33.0	10.4			13.1	24.0	25.5		
Ages 25-44	26.8	24.8		9.3	15.6	24.4	24.6		
Ages 45-64	22.2	22.5			21.5	21.4	22.0		
Ages 65+	8.6	14.3				9.2	9.6		
Current Smoking, Grades 9-12 (%)						27.7	26.6		
Smoking During Pregnancy, All Ages (%)						12.2	10.9	U	18
Ages 15-19						18.1	16.0		
Cessation:									
Trying to Quit, Adults (%)						44.9	48.5	F	30
Trying to Quit, Grades 9-12 (%)						61.4	62.4		
Receiving Smoking Cessation Advice by Physician (%)						61.0	63.3	U	18
No Health Insurance (%)	11.3	23.8		19.3	31.1	17.0	16.6	F	32
Second-Hand Smoke:									
Reporting Smoke Ban —At Work (%)						74.1	74.0	F	24
—At Home (%)						64.5	58.1	F	41

	White	Black	American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic				
Smoking-Related Diseases:									
Lung Cancer Death Rate (per 100,000)	40.3	49.8		9.1	9.8	40.7	40.8	F	24
Chronic Obstructive Pulmonary Disease Death Rate (per 100,000)	96.3	71.8		31.6	27.9	103.5	93.0	U	14
Coronary Heart Disease Death Rate (per 100,000)	162.0	230.6		68.2	67.2	164.6	168.8	F	35
Stroke Death Rate (per 100,000)	60.2	73.2		34.2	26.3	61.5	61.9	U	25

Grading Key for Status Indicators S Satisfactory S- Satisfactory Minus U Unsatisfactory F Fail

Policy Indicators

	Strength of Policy
Cessation:	
Telephone Quitline (1-866-QUIT-YES)	
Pregnancy-Specific Counseling on Telephone Quitline	
Medicaid Smoking Cessation Coverage	
Medicaid Coverage of Pregnancy-Specific Counseling	
Private Insurance Smoking Cessation Coverage	
Second-Hand Smoke:	
Restrictions on Second-Hand Smoke	
Tax:	
Cigarette Excise Tax	
Funding:	
Tobacco Prevention Funding	
Youth Access:	
Tobacco Sales Rate to Minors	
Youth Access Restrictions	

Demographics

	Illinois Number	Illinois (Percent)	U.S. Number	U.S. (Percent)
Total Population of Women	6,318,333	(52.1%)	143,584,500	(51.9%)
Women by Race				
White (non-Hispanic)	4,375,361	(69.2%)	99,298,461	(69.2%)
Black (non-Hispanic)	1,060,056	(16.8%)	18,537,763	(12.9%)
American Indian/Alaskan Native (non-Hispanic)	30,660	(0.5%)	1,441,671	(1.0%)
Asian/Pacific Islander (non-Hispanic)	219,353	(3.5%)	6,324,727	(4.4%)
Hispanic	632,902	(10.0%)	17,981,877	(12.5%)
Women by Age				
0-17	1,528,226	(24.2%)	35,375,812	(24.6%)
18-24	620,616	(9.8%)	13,489,103	(9.4%)
25-44	1,875,191	(29.7%)	42,030,761	(29.3%)
45-64	1,471,153	(23.3%)	33,196,167	(23.1%)
65+	823,147	(13.0%)	19,492,657	(13.6%)
Lesbian-Headed Households	10,732	(0.23%)	293,365	(0.28%)
Median Earnings for Women ($)	$29,000		$28,000	
Women Residing in—Urban Areas	5,589,493	(88.2%)	113,984,742	(79.5%)
—Rural Areas	749,464	(11.8%)	29,383,601	(20.5%)
Women (25 or older) by Education:				
Less than 12 years	559,846	(13.4%)	14,877,627	(15.7%)
High School Graduate	1,374,471	(33.0%)	31,412,377	(33.2%)
Some College or Associate Degree	1,134,022	(27.2%)	25,038,018	(26.4%)
Bachelor's Degree	774,108	(18.6%)	16,098,968	(17.0%)
Graduate Degree	327,045	(7.8%)	7,292,595	(7.7%)

Grading Key for Policy Indicators Meets Policy Limited Policy Weak Policy Minimal/No Policy

INDIANA

GRADE F RANK 46

SMOKING-ATTRIBUTABLE DEATHS (WOMEN) 4,139
SMOKING-ATTRIBUTABLE YEARS OF POTENTIAL LIFE LOST (WOMEN) 71,042

Status Indicators (Women)

	White (Non-Hispanic)	Black (Non-Hispanic)	American Indian/ Alaskan Native (Non-Hispanic)	Asian/ Pacific Islander (Non-Hispanic)	Hispanic	U.S. Data	State Overall Data	State Grade	State Rank
Prevalence:									
Current Smoking, Adults (%)	25.1	22.7			17.0	20.7	24.8	F	46
Ages 18-24	36.7	13.2				24.0	34.0		
Ages 25-44	31.2	30.7			18.7	24.4	30.8		
Ages 45-64	22.1	22.8				21.4	22.2		
Ages 65+	12.2	8.7				9.2	11.8		
Current Smoking, Grades 9-12 (%)						27.7	27.5		
Smoking During Pregnancy, All Ages (%)						12.2	20.3	F	48
Ages 15-19						18.1	30.3		
Cessation:									
Trying to Quit, Adults (%)						44.9	48.7	F	29
Trying to Quit, Grades 9-12 (%)						61.4	63.0		
Receiving Smoking Cessation Advice by Physician (%)						61.0	57.4	F	38
No Health Insurance (%)	12.0	20.7				17.0	13.4	U	22
Second-Hand Smoke:									
Reporting Smoke Ban —At Work (%)						74.1	66.8	F	47
—At Home (%)						64.5	53.6	F	47

	White	Black	American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic				
Smoking-Related Diseases:									
Lung Cancer Death Rate (per 100,000)	45.2	56.5				40.7	45.7	F	41
Chronic Obstructive Pulmonary Disease Death Rate (per 100,000)	120.0	81.6				103.5	117.3	F	38
Coronary Heart Disease Death Rate (per 100,000)	160.1	204.5			70.7	164.6	162.2	F	30
Stroke Death Rate (per 100,000)	68.1	89.5			26.1	61.5	69.3	F	42

Grading Key for Status Indicators S Satisfactory S- Satisfactory Minus U Unsatisfactory F Fail

Policy Indicators

	Strength of Policy
Cessation:	
Telephone Quitline	
Pregnancy-Specific Counseling on Telephone Quitline	
Medicaid Smoking Cessation Coverage	
Medicaid Coverage of Pregnancy-Specific Counseling	
Private Insurance Smoking Cessation Coverage	
Second-Hand Smoke:	
Restrictions on Second-Hand Smoke	
Tax:	
Cigarette Excise Tax	
Funding:	
Tobacco Prevention Funding	
Youth Access:	
Tobacco Sales Rate to Minors	
Youth Access Restrictions	

Demographics

	Number	(Percent)	Number	(Percent)
	Indiana		U.S.	
Total Population of Women	3,128,315	(53.1%)	143,584,500	(51.9%)
Women by Race				
White (non-Hispanic)	2,743,407	(87.7%)	99,298,461	(69.2%)
Black (non-Hispanic)	270,466	(8.6%)	18,537,763	(12.9%)
American Indian/Alaskan Native (non-Hispanic)	10,872	(0.3%)	1,441,671	(1.0%)
Asian/Pacific Islander (non-Hispanic)	29,815	(1.0%)	6,324,727	(4.4%)
Hispanic	73,756	(2.4%)	17,981,877	(12.5%)
Women by Age				
0-17	719,238	(23.0%)	35,375,812	(24.6%)
18-24	286,017	(9.1%)	13,489,103	(9.4%)
25-44	846,850	(27.1%)	42,030,761	(29.3%)
45-64	781,176	(25.0%)	33,196,167	(23.1%)
65+	495,034	(15.8%)	19,492,657	(13.6%)
Lesbian-Headed Households	5,165	(0.22%)	293,365	(0.28%)
Median Earnings for Women ($)	$26,000		$28,000	
Women Residing in—Urban Areas	2,216,251	(71.5%)	113,984,742	(79.5%)
—Rural Areas	881,760	(28.5%)	29,383,601	(20.5%)
Women (25 or older) by Education:				
Less than 12 years	330,429	(15.6%)	14,877,627	(15.7%)
High School Graduate	826,280	(38.9%)	31,412,377	(33.2%)
Some College or Associate Degree	540,329	(25.5%)	25,038,018	(26.4%)
Bachelor's Degree	268,995	(12.7%)	16,098,968	(17.0%)
Graduate Degree	157,028	(7.4%)	7,292,595	(7.7%)

Grading Key for Policy Indicators Meets Policy Limited Policy Weak Policy Minimal/No Policy

National and State Report Cards

IOWA

GRADE F RANK 30

SMOKING-ATTRIBUTABLE DEATHS (WOMEN) 1,683
SMOKING-ATTRIBUTABLE YEARS OF POTENTIAL LIFE LOST (WOMEN) 27,390

Status Indicators (Women)

	White (Non-Hispanic)	Black (Non-Hispanic)	American Indian/ Alaskan Native (Non-Hispanic)	Asian/ Pacific Islander (Non-Hispanic)	Hispanic	U.S. Data	State Overall Data	State Grade	State Rank
Prevalence:									
Current Smoking, Adults (%)	20.2	29.3			31.6	20.7	20.6	F	19
Ages 18-24	37.2					24.0	37.1		
Ages 25-44	24.7					24.4	25.4		
Ages 45-64	19.0					21.4	19.3		
Ages 65+	6.9					9.2	7.0		
Current Smoking, Grades 9-12 (%)						27.7	29.5		
Smoking During Pregnancy, All Ages (%)						12.2	17.5	F	38
Ages 15-19						18.1	32.4		
Cessation:									
Trying to Quit, Adults (%)						44.9	50.8	F	20
Trying to Quit, Grades 9-12 (%)						61.4	56.7		
Receiving Smoking Cessation Advice by Physician (%)						61.0	50.1	F	50
No Health Insurance (%)	9.3				20.8	17.0	10.5	U	6
Second-Hand Smoke:									
Reporting Smoke Ban —At Work (%)						74.1	75.1	F	19
—At Home (%)						64.5	58.0	F	42

	White	Black	American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic				
Smoking-Related Diseases:									
Lung Cancer Death Rate (per 100,000)	35.4	62.2				40.7	35.6	U	10
Chronic Obstructive Pulmonary Disease Death Rate (per 100,000)	91.9					103.5	91.6	U	12
Coronary Heart Disease Death Rate (per 100,000)	162.7	231.5			58.5	164.6	163.5	F	31
Stroke Death Rate (per 100,000)	60.6	74.7				61.5	60.7	U	22

Grading Key for Status Indicators S Satisfactory S- Satisfactory Minus U Unsatisfactory F Fail

Policy Indicators

	Strength of Policy
Cessation:	
Telephone Quitline (1-866-U-CAN-TRY)	
Pregnancy-Specific Counseling on Telephone Quitline	
Medicaid Smoking Cessation Coverage	
Medicaid Coverage of Pregnancy-Specific Counseling	
Private Insurance Smoking Cessation Coverage	
Second-Hand Smoke:	
Restrictions on Second-Hand Smoke	
Tax:	
Cigarette Excise Tax	
Funding:	
Tobacco Prevention Funding	
Youth Access:	
Tobacco Sales Rate to Minors	
Youth Access Restrictions	

Demographics

	Iowa Number	Iowa (Percent)	U.S. Number	U.S. (Percent)
Total Population of Women	1,470,326	(52.1%)	143,584,500	(51.9%)
Women by Race				
White (non-Hispanic)	1,342,668	(91.3%)	99,298,461	(69.2%)
Black (non-Hispanic)	31,559	(2.1%)	18,537,763	(12.9%)
American Indian/Alaskan Native (non-Hispanic)	5,153	(0.4%)	1,441,671	(1.0%)
Asian/Pacific Islander (non-Hispanic)	35,016	(2.4%)	6,324,727	(4.4%)
Hispanic	55,930	(3.8%)	17,981,877	(12.5%)
Women by Age				
0-17	356,257	(24.2%)	35,375,812	(24.6%)
18-24	134,968	(9.2%)	13,489,103	(9.4%)
25-44	401,851	(27.3%)	42,030,761	(29.3%)
45-64	342,030	(23.3%)	33,196,167	(23.1%)
65+	235,221	(16.0%)	19,492,657	(13.6%)
Lesbian-Headed Households	1,909	(0.17%)	293,365	(0.28%)
Median Earnings for Women ($)	$25,849		$28,000	
Women Residing in—Urban Areas	922,958	(61.9%)	113,984,742	(79.5%)
—Rural Areas	567,851	(38.1%)	29,383,601	(20.5%)
Women (25 or older) by Education:				
Less than 12 years	125,429	(12.8%)	14,877,627	(15.7%)
High School Graduate	351,583	(35.9%)	31,412,377	(33.2%)
Some College or Associate Degree	288,867	(29.5%)	25,038,018	(26.4%)
Bachelor's Degree	156,518	(16.0%)	16,098,968	(17.0%)
Graduate Degree	56,705	(5.8%)	7,292,595	(7.7%)

Grading Key for Policy Indicators Meets Policy Limited Policy Weak Policy Minimal/No Policy

KANSAS

GRADE F RANK 17

SMOKING-ATTRIBUTABLE DEATHS (WOMEN)	1,558
SMOKING-ATTRIBUTABLE YEARS OF POTENTIAL LIFE LOST (WOMEN)	25,715

Status Indicators (Women)

	White (Non-Hispanic)	Black (Non-Hispanic)	American Indian/ Alaskan Native (Non-Hispanic)	Asian/ Pacific Islander (Non-Hispanic)	Hispanic	U.S. Data	State Overall Data	State Grade	State Rank
Prevalence:									
Current Smoking, Adults (%)	19.5	20.0	27.6	7.6	15.8	20.7	19.4	U	10
Ages 18-24	23.7				19.4	24.0	23.7		
Ages 25-44	25.0	22.4			15.6	24.4	24.0		
Ages 45-64	19.8	20.2			15.8	21.4	19.6		
Ages 65+	8.7	17.9				9.2	9.0		
Current Smoking, Grades 9-12 (%)						27.7	27.5		
Smoking During Pregnancy, All Ages (%)						12.2	13.0	U	25
Ages 15-19						18.1	19.3		
Cessation:									
Trying to Quit, Adults (%)						44.9	46.9	F	37
Trying to Quit, Grades 9-12 (%)						61.4			
Receiving Smoking Cessation Advice by Physician (%)						61.0	52.3	F	48
No Health Insurance (%)	13.7	20.4			35.9	17.0	14.2	U	25
Second-Hand Smoke:									
Reporting Smoke Ban —At Work (%)						74.1	78.2	U	9
—At Home (%)						64.5	63.7	F	23

	White	Black	American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic				
Smoking-Related Diseases:									
Lung Cancer Death Rate (per 100,000)	37.2	33.9				40.7	37.1	F	11
Chronic Obstructive Pulmonary Disease Death Rate (per 100,000)	103.2	64.0				103.5	101.6	U	25
Coronary Heart Disease Death Rate (per 100,000)	126.4	149.6	123.3		60.2	164.6	127.0	S-	12
Stroke Death Rate (per 100,000)	60.7	91.8			36.1	61.5	61.8	U	24

Grading Key for Status Indicators S Satisfactory | S- Satisfactory Minus | U Unsatisfactory | F Fail

Policy Indicators

	Strength of Policy
Cessation:	
Telephone Quitline	
Pregnancy-Specific Counseling on Telephone Quitline	
Medicaid Smoking Cessation Coverage	
Medicaid Coverage of Pregnancy-Specific Counseling	
Private Insurance Smoking Cessation Coverage	
Second-Hand Smoke:	
Restrictions on Second-Hand Smoke	
Tax:	
Cigarette Excise Tax	
Funding:	
Tobacco Prevention Funding	
Youth Access:	
Tobacco Sales Rate to Minors	
Youth Access Restrictions	

Demographics

	Kansas Number	Kansas (Percent)	U.S. Number	U.S. (Percent)
Total Population of Women	1,372,469	(52.2%)	143,584,500	(51.9%)
Women by Race				
White (non-Hispanic)	1,168,270	(85.1%)	99,298,461	(69.2%)
Black (non-Hispanic)	78,647	(5.7%)	18,537,763	(12.9%)
American Indian/Alaskan Native (non-Hispanic)	14,405	(1.0%)	1,441,671	(1.0%)
Asian/Pacific Islander (non-Hispanic)	31,502	(2.3%)	6,324,727	(4.4%)
Hispanic	79,644	(5.8%)	17,981,877	(12.5%)
Women by Age				
0-17	332,654	(24.2%)	35,375,812	(24.6%)
18-24	128,694	(9.4%)	13,489,103	(9.4%)
25-44	351,704	(25.6%)	42,030,761	(29.3%)
45-64	329,260	(24.0%)	33,196,167	(23.1%)
65+	230,156	(16.8%)	19,492,657	(13.6%)
Lesbian-Headed Households	2,085	(0.20%)	293,365	(0.28%)
Median Earnings for Women ($)	$27,500		$28,000	
Women Residing in—Urban Areas	976,715	(71.8%)	113,984,742	(79.5%)
—Rural Areas	383,229	(28.2%)	29,383,601	(20.5%)
Women (25 or older) by Education:				
Less than 12 years	108,731	(11.9%)	14,877,627	(15.7%)
High School Graduate	295,724	(32.5%)	31,412,377	(33.2%)
Some College or Associate Degree	255,038	(28.0%)	25,038,018	(26.4%)
Bachelor's Degree	168,289	(18.5%)	16,098,968	(17.0%)
Graduate Degree	83,339	(9.1%)	7,292,595	(7.7%)

Grading Key for Policy Indicators Meets Policy | Limited Policy | Weak Policy | Minimal/No Policy

KENTUCKY

GRADE F RANK 50

SMOKING-ATTRIBUTABLE DEATHS (WOMEN) 2,961
SMOKING-ATTRIBUTABLE YEARS OF POTENTIAL LIFE LOST (WOMEN) 53,850

Status Indicators (Women)

	White (Non-Hispanic)	Black (Non-Hispanic)	American Indian/ Alaskan Native (Non-Hispanic)	Asian/ Pacific Islander (Non-Hispanic)	Hispanic	U.S. Data	State Overall Data	State Grade	State Rank
Prevalence:									
Current Smoking, Adults (%)	27.8	30.4			32.2	20.7	28.0	F	50
Ages 18-24	34.3	17.6				24.0	33.3		
Ages 25-44	35.0	35.2				24.4	34.8		
Ages 45-64	27.2	37.9				21.4	28.0		
Ages 65+	12.0	16.7				9.2	12.3		
Current Smoking, Grades 9-12 (%)						27.7	34.1		
Smoking During Pregnancy, All Ages (%)						12.2	24.6	F	50
Ages 15-19						18.1	35.0		
Cessation:									
Trying to Quit, Adults (%)						44.9	50.4	F	22
Trying to Quit, Grades 9-12 (%)						61.4	55.3		
Receiving Smoking Cessation Advice by Physician (%)						61.0	57.6	F	36
No Health Insurance (%)	16.1	19.1				17.0	17.2	F	35
Second-Hand Smoke:									
Reporting Smoke Ban —At Work (%)						74.1	63.7	F	50
—At Home (%)						64.5	43.1	F	51

	White	Black	American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic				
Smoking-Related Diseases:									
Lung Cancer Death Rate (per 100,000)	51.3	62.5				40.7	51.7	F	50
Chronic Obstructive Pulmonary Disease Death Rate (per 100,000)	125.9	94.2				103.5	123.8	F	42
Coronary Heart Disease Death Rate (per 100,000)	169.9	194.3			121.6	164.6	170.8	F	37
Stroke Death Rate (per 100,000)	68.5	75.9				61.5	68.9	F	39

Grading Key for Status Indicators S Satisfactory S- Satisfactory Minus U Unsatisfactory F Fail

Policy Indicators

	Strength of Policy
Cessation:	
Telephone Quitline	
Pregnancy-Specific Counseling on Telephone Quitline	
Medicaid Smoking Cessation Coverage	
Medicaid Coverage of Pregnancy-Specific Counseling	
Private Insurance Smoking Cessation Coverage	
Second-Hand Smoke:	
Restrictions on Second-Hand Smoke	
Tax:	
Cigarette Excise Tax	
Funding:	
Tobacco Prevention Funding	
Youth Access:	
Tobacco Sales Rate to Minors	
Youth Access Restrictions	

Demographics

	Kentucky Number	Kentucky (Percent)	U.S. Number	U.S. (Percent)
Total Population of Women	2,088,380	(52.8%)	143,584,500	(51.9%)
Women by Race				
White (non-Hispanic)	1,856,652	(88.9%)	99,298,461	(69.2%)
Black (non-Hispanic)	168,724	(8.1%)	18,537,763	(12.9%)
American Indian/Alaskan Native (non-Hispanic)	2,935	(0.1%)	1,441,671	(1.0%)
Asian/Pacific Islander (non-Hispanic)	20,696	(1.0%)	6,324,727	(4.4%)
Hispanic	39,372	(1.9%)	17,981,877	(12.5%)
Women by Age				
0-17	503,377	(24.1%)	35,375,812	(24.6%)
18-24	214,483	(10.3%)	13,489,103	(9.4%)
25-44	585,957	(28.1%)	42,030,761	(29.3%)
45-64	505,394	(24.2%)	33,196,167	(23.1%)
65+	279,170	(13.4%)	19,492,657	(13.6%)
Lesbian-Headed Households	3,804	(0.24%)	293,365	(0.28%)
Median Earnings for Women ($)	$25,000		$28,000	
Women Residing in—Urban Areas	1,170,320	(56.6%)	113,984,742	(79.5%)
—Rural Areas	896,081	(43.4%)	29,383,601	(20.5%)
Women (25 or older) by Education:				
Less than 12 years	268,382	(19.6%)	14,877,627	(15.7%)
High School Graduate	496,262	(36.2%)	31,412,377	(33.2%)
Some College or Associate Degree	330,577	(24.1%)	25,038,018	(26.4%)
Bachelor's Degree	162,379	(11.8%)	16,098,968	(17.0%)
Graduate Degree	112,920	(8.2%)	7,292,595	(7.7%)

Grading Key for Policy Indicators Meets Policy Limited Policy Weak Policy Minimal/No Policy

LOUISIANA

GRADE F RANK 38

SMOKING-ATTRIBUTABLE DEATHS (WOMEN)	2,536
SMOKING-ATTRIBUTABLE YEARS OF POTENTIAL LIFE LOST (WOMEN)	46,834

Status Indicators (Women)

	White (Non-Hispanic)	Black (Non-Hispanic)	American Indian/ Alaskan Native (Non-Hispanic)	Asian/ Pacific Islander (Non-Hispanic)	Hispanic	U.S. Data	State Overall Data	State Grade	State Rank
Prevalence:									
Current Smoking, Adults (%)	24.0	14.7	36.5		24.3	20.7	21.2	F	28
Ages 18-24	35.6	4.6				24.0	24.4		
Ages 25-44	30.2	18.9			28.5	24.4	26.5		
Ages 45-64	22.7	16.1			18.4	21.4	20.9		
Ages 65+	8.7	11.4				9.2	8.9		
Current Smoking, Grades 9-12 (%)						27.7	23.0		
Smoking During Pregnancy, All Ages (%)						12.2	9.4	U	11
Ages 15-19						18.1	10.8		
Cessation:									
Trying to Quit, Adults (%)						44.9	48.4	F	31
Trying to Quit, Grades 9-12 (%)						61.4	63.8		
Receiving Smoking Cessation Advice by Physician (%)						61.0	61.0	U	27
No Health Insurance (%)	23.8	31.6				17.0	24.7	F	49
Second-Hand Smoke:									
Reporting Smoke Ban —At Work (%)						74.1	69.5	F	43
—At Home (%)						64.5	59.0	F	36

	White	Black	American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic				
Smoking-Related Diseases:									
Lung Cancer Death Rate (per 100,000)	44.8	42.7			15.5	40.7	44.1	F	37
Chronic Obstructive Pulmonary Disease Death Rate (per 100,000)	102.3	53.3				103.5	90.2	U	9
Coronary Heart Disease Death Rate (per 100,000)	169.4	207.1		80.5	71.2	164.6	178.7	F	42
Stroke Death Rate (per 100,000)	61.1	85.9			28.7	61.5	67.4	F	35

Grading Key for Status Indicators S Satisfactory | S- Satisfactory Minus | U Unsatisfactory | F Fail

Policy Indicators

	Strength of Policy
Cessation:	
Telephone Quitline (1-800-LUNG-USA)	■
Pregnancy-Specific Counseling on Telephone Quitline	□
Medicaid Smoking Cessation Coverage	◧
Medicaid Coverage of Pregnancy-Specific Counseling	□
Private Insurance Smoking Cessation Coverage	□
Second-Hand Smoke:	
Restrictions on Second-Hand Smoke	□
Tax:	
Cigarette Excise Tax	□
Funding:	
Tobacco Prevention Funding	◧
Youth Access:	
Tobacco Sales Rate to Minors	■
Youth Access Restrictions	□

Demographics

	Louisiana Number	Louisiana (Percent)	U.S. Number	U.S. (Percent)
Total Population of Women	2,293,207	(53.0%)	143,584,500	(51.9%)
Women by Race				
White (non-Hispanic)	1,408,516	(61.4%)	99,298,461	(69.2%)
Black (non-Hispanic)	796,137	(34.7%)	18,537,763	(12.9%)
American Indian/Alaskan Native (non-Hispanic)	5,316	(0.2%)	1,441,671	(1.0%)
Asian/Pacific Islander (non-Hispanic)	30,334	(1.3%)	6,324,727	(4.4%)
Hispanic	52,905	(2.3%)	17,981,877	(12.5%)
Women by Age				
0-17	625,968	(27.3%)	35,375,812	(24.6%)
18-24	262,550	(11.4%)	13,489,103	(9.4%)
25-44	614,558	(26.8%)	42,030,761	(29.3%)
45-64	520,798	(22.7%)	33,196,167	(23.1%)
65+	269,334	(11.7%)	19,492,657	(13.6%)
Lesbian-Headed Households	4,628	(0.28%)	293,365	(0.28%)
Median Earnings for Women ($)	$22,880		$28,000	
Women Residing in—Urban Areas	1,696,397	(73.6%)	113,984,742	(79.5%)
—Rural Areas	609,676	(26.4%)	29,383,601	(20.5%)
Women (25 or older) by Education:				
Less than 12 years	274,778	(19.6%)	14,877,627	(15.7%)
High School Graduate	514,020	(36.6%)	31,412,377	(33.2%)
Some College or Associate Degree	346,792	(24.7%)	25,038,018	(26.4%)
Bachelor's Degree	194,903	(13.9%)	16,098,968	(17.0%)
Graduate Degree	74,197	(5.3%)	7,292,595	(7.7%)

Grading Key for Policy Indicators ■ Meets Policy | ◧ Limited Policy | ◧ Weak Policy | □ Minimal/No Policy

MAINE

GRADE F RANK 33

SMOKING-ATTRIBUTABLE DEATHS (WOMEN) 922
SMOKING-ATTRIBUTABLE YEARS OF POTENTIAL LIFE LOST (WOMEN) 14,963

Status Indicators (Women)

	White (Non-Hispanic)	Black (Non-Hispanic)	American Indian/ Alaskan Native (Non-Hispanic)	Asian/ Pacific Islander (Non-Hispanic)	Hispanic	U.S. Data	State Overall Data	State Grade	State Rank
Prevalence:									
Current Smoking, Adults (%)	21.1				18.9	20.7	21.1	F	27
Ages 18-24	28.6					24.0	27.7		
Ages 25-44	27.5					24.4	27.3		
Ages 45-64	19.1					21.4	19.4		
Ages 65+	8.8					9.2	9.0		
Current Smoking, Grades 9-12 (%)						27.7	26.6		
Smoking During Pregnancy, All Ages (%)						12.2	17.9	F	39
Ages 15-19						18.1	36.6		
Cessation:									
Trying to Quit, Adults (%)						44.9	51.5	F	17
Trying to Quit, Grades 9-12 (%)						61.4	62.7		
Receiving Smoking Cessation Advice by Physician (%)						61.0	63.2	U	19
No Health Insurance (%)	11.5					17.0	12.1	U	13
Second-Hand Smoke:									
Reporting Smoke Ban —At Work (%)						74.1	79.5	U	7
—At Home (%)						64.5	59.6	F	35

	White	Black	American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic				
Smoking-Related Diseases:									
Lung Cancer Death Rate (per 100,000)	48.3					40.7	48.3	F	47
Chronic Obstructive Pulmonary Disease Death Rate (per 100,000)	130.3					103.5	130.0	F	44
Coronary Heart Disease Death Rate (per 100,000)	150.1					164.6	150.2	U	24
Stroke Death Rate (per 100,000)	58.5					61.5	58.4	U	13

Grading Key for Status Indicators S Satisfactory S- Satisfactory Minus U Unsatisfactory F Fail

Policy Indicators

	Strength of Policy
Cessation:	
Telephone Quitline (1-800-207-1230)	■
Pregnancy-Specific Counseling on Telephone Quitline	■
Medicaid Smoking Cessation Coverage	■
Medicaid Coverage of Pregnancy-Specific Counseling	■
Private Insurance Smoking Cessation Coverage	□
Second-Hand Smoke:	
Restrictions on Second-Hand Smoke	■□
Tax:	
Cigarette Excise Tax	■□
Funding:	
Tobacco Prevention Funding	■
Youth Access:	
Tobacco Sales Rate to Minors	■
Youth Access Restrictions	■

Demographics

	Maine Number	Maine (Percent)	U.S. Number	U.S. (Percent)
Total Population of Women	652,871	(52.1%)	143,584,500	(51.9%)
Women by Race				
White (non-Hispanic)	634,912	(97.2%)	99,298,461	(69.2%)
Black (non-Hispanic)	1,310	(0.2%)	18,537,763	(12.9%)
American Indian/Alaskan Native (non-Hispanic)	6,988	(1.1%)	1,441,671	(1.0%)
Asian/Pacific Islander (non-Hispanic)	6,396	(1.0%)	6,324,727	(4.4%)
Hispanic	3,266	(0.5%)	17,981,877	(12.5%)
Women by Age				
0-17	133,043	(20.4%)	35,375,812	(24.6%)
18-24	46,461	(7.1%)	13,489,103	(9.4%)
25-44	183,795	(28.2%)	42,030,761	(29.3%)
45-64	173,837	(26.6%)	33,196,167	(23.1%)
65+	115,735	(17.7%)	19,492,657	(13.6%)
Lesbian-Headed Households	1,901	(0.37%)	293,365	(0.28%)
Median Earnings for Women ($)	$25,500		$28,000	
Women Residing in—Urban Areas	269,827	(41.2%)	113,984,742	(79.5%)
—Rural Areas	384,787	(58.8%)	29,383,601	(20.5%)
Women (25 or older) by Education:				
Less than 12 years	57,614	(12.2%)	14,877,627	(15.7%)
High School Graduate	183,047	(38.7%)	31,412,377	(33.2%)
Some College or Associate Degree	125,401	(26.5%)	25,038,018	(26.4%)
Bachelor's Degree	73,722	(15.6%)	16,098,968	(17.0%)
Graduate Degree	33,582	(7.1%)	7,292,595	(7.7%)

Grading Key for Policy Indicators ■ Meets Policy ■□ Limited Policy ■□ Weak Policy □ Minimal/No Policy

MARYLAND

GRADE U RANK 9

SMOKING-ATTRIBUTABLE DEATHS (WOMEN) 2,844
SMOKING-ATTRIBUTABLE YEARS OF POTENTIAL LIFE LOST (WOMEN) 48,927

Status Indicators (Women)

	White (Non-Hispanic)	Black (Non-Hispanic)	American Indian/ Alaskan Native (Non-Hispanic)	Asian/ Pacific Islander (Non-Hispanic)	Hispanic	U.S. Data	State Overall Data	State Grade	State Rank
Prevalence:									
Current Smoking, Adults (%)	19.5	18.6		5.2	16.0	20.7	18.7	U	6
Ages 18-24	32.6	13.4				24.0	25.7		
Ages 25-44	22.6	17.9		4.0	13.0	24.4	20.1		
Ages 45-64	19.4	23.8			16.1	21.4	19.8		
Ages 65+	8.0	13.6				9.2	8.7		
Current Smoking, Grades 9-12 (%)						27.7	23.8		
Smoking During Pregnancy, All Ages (%)						12.2	9.3	U	10
Ages 15-19						18.1	14.4		
Cessation:									
Trying to Quit, Adults (%)						44.9	50.2	F	25
Trying to Quit, Grades 9-12 (%)						61.4			
Receiving Smoking Cessation Advice by Physician (%)						61.0	62.9	U	20
No Health Insurance (%)	10.5	14.7		15.3	32.5	17.0	12.2	U	14
Second-Hand Smoke:									
Reporting Smoke Ban —At Work (%)						74.1	83.3	U	2
—At Home (%)						64.5	69.0	F	11

	White	Black	American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic				
Smoking-Related Diseases:									
Lung Cancer Death Rate (per 100,000)	45.9	45.5		13.3		40.7	44.9	F	40
Chronic Obstructive Pulmonary Disease Death Rate (per 100,000)	113.6	64.9				103.5	103.3	U	26
Coronary Heart Disease Death Rate (per 100,000)	159.1	208.9		64.5		164.6	167.7	F	32
Stroke Death Rate (per 100,000)	57.1	72.0		49.6		61.5	60.6	U	21

Grading Key for Status Indicators S Satisfactory S- Satisfactory Minus U Unsatisfactory F Fail

Policy Indicators

	Strength of Policy
Cessation:	
Telephone Quitline	
Pregnancy-Specific Counseling on Telephone Quitline	
Medicaid Smoking Cessation Coverage	
Medicaid Coverage of Pregnancy-Specific Counseling	
Private Insurance Smoking Cessation Coverage	
Second-Hand Smoke:	
Restrictions on Second-Hand Smoke	
Tax:	
Cigarette Excise Tax	
Funding:	
Tobacco Prevention Funding	
Youth Access:	
Tobacco Sales Rate to Minors	
Youth Access Restrictions	

Demographics

	Maryland Number	Maryland (Percent)	U.S. Number	U.S. (Percent)
Total Population of Women	2,741,062	(52.5%)	143,584,500	(51.9%)
Women by Race				
White (non-Hispanic)	1,700,901	(62.1%)	99,298,461	(69.2%)
Black (non-Hispanic)	766,399	(28.0%)	18,537,763	(12.9%)
American Indian/Alaskan Native (non-Hispanic)	20,459	(0.7%)	1,441,671	(1.0%)
Asian/Pacific Islander (non-Hispanic)	116,666	(4.3%)	6,324,727	(4.4%)
Hispanic	136,637	(5.0%)	17,981,877	(12.5%)
Women by Age				
0-17	697,712	(25.5%)	35,375,812	(24.6%)
18-24	198,019	(7.2%)	13,489,103	(9.4%)
25-44	783,246	(28.6%)	42,030,761	(29.3%)
45-64	686,450	(25.0%)	33,196,167	(23.1%)
65+	375,634	(13.7%)	19,492,657	(13.6%)
Lesbian-Headed Households	6,013	(0.30%)	293,365	(0.28%)
Median Earnings for Women ($)	$35,000		$28,000	
Women Residing in—Urban Areas	2,368,975	(86.5%)	113,984,742	(79.5%)
—Rural Areas	369,717	(13.5%)	29,383,601	(20.5%)
Women (25 or older) by Education:				
Less than 12 years	213,735	(11.6%)	14,877,627	(15.7%)
High School Graduate	555,610	(30.1%)	31,412,377	(33.2%)
Some College or Associate Degree	436,569	(23.7%)	25,038,018	(26.4%)
Bachelor's Degree	387,441	(21.0%)	16,098,968	(17.0%)
Graduate Degree	251,975	(13.7%)	7,292,595	(7.7%)

Grading Key for Policy Indicators Meets Policy Limited Policy Weak Policy Minimal/No Policy

National and State Report Cards

MASSACHUSETTS

GRADE U RANK 3

SMOKING-ATTRIBUTABLE DEATHS (WOMEN)	3,947
SMOKING-ATTRIBUTABLE YEARS OF POTENTIAL LIFE LOST (WOMEN)	61,661

Status Indicators (Women)

	White (Non-Hispanic)	Black (Non-Hispanic)	American Indian/ Alaskan Native (Non-Hispanic)	Asian/ Pacific Islander (Non-Hispanic)	Hispanic	U.S. Data	State Overall Data	State Grade	State Rank
Prevalence:									
Current Smoking, Adults (%)	20.0	20.3	23.3	6.0	14.4	20.7	19.3	U	9
Ages 18-24	30.4	20.4			19.3	24.0	27.1		
Ages 25-44	24.8	20.2		2.7	13.7	24.4	22.9		
Ages 45-64	18.2	28.0			10.9	21.4	18.2		
Ages 65+	10.0	4.1			12.6	9.2	10.0		
Current Smoking, Grades 9-12 (%)						27.7	27.0		
Smoking During Pregnancy, All Ages (%)						12.2	9.9	U	17
Ages 15-19						18.1	21.2		
Cessation:									
Trying to Quit, Adults (%)						44.9	52.9	F	12
Trying to Quit, Grades 9-12 (%)						61.4			
Receiving Smoking Cessation Advice by Physician (%)						61.0	71.6	S-	3
No Health Insurance (%)	7.3	13.0		14.9	14.5	17.0	9.1	U	4
Second-Hand Smoke:									
Reporting Smoke Ban —At Work (%)						74.1	80.9	U	3
—At Home (%)						64.5	64.9	F	20

	White	Black	American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic				
Smoking-Related Diseases:									
Lung Cancer Death Rate (per 100,000)	43.6	38.7		20.5	9.5	40.7	42.9	F	32
Chronic Obstructive Pulmonary Disease Death Rate (per 100,000)	100.9	51.3			31.8	103.5	98.5	U	20
Coronary Heart Disease Death Rate (per 100,000)	125.8	133.6		50.6	55.1	164.6	125.3	S-	11
Stroke Death Rate (per 100,000)	49.4	55.2		37.1	23.7	61.5	49.6	S-	3

Grading Key for Status Indicators S Satisfactory | S- Satisfactory Minus | U Unsatisfactory | F Fail

Policy Indicators

	Strength of Policy
Cessation:	
Telephone Quitline (1-800-TRY-TO-STOP)	Meets Policy
Pregnancy-Specific Counseling on Telephone Quitline	Meets Policy
Medicaid Smoking Cessation Coverage	Minimal/No Policy
Medicaid Coverage of Pregnancy-Specific Counseling	Meets Policy
Private Insurance Smoking Cessation Coverage	Minimal/No Policy
Second-Hand Smoke:	
Restrictions on Second-Hand Smoke	Weak Policy
Tax:	
Cigarette Excise Tax	Meets Policy
Funding:	
Tobacco Prevention Funding	Weak Policy
Youth Access:	
Tobacco Sales Rate to Minors	Meets Policy
Youth Access Restrictions	Weak Policy

Demographics

	Massachusetts Number	Massachusetts (Percent)	U.S. Number	U.S. (Percent)
Total Population of Women	3,199,914	(51.7%)	143,584,500	(51.9%)
Women by Race				
White (non-Hispanic)	2,621,126	(81.9%)	99,298,461	(69.2%)
Black (non-Hispanic)	234,678	(7.3%)	18,537,763	(12.9%)
American Indian/Alaskan Native (non-Hispanic)	808	(0.0%)	1,441,671	(1.0%)
Asian/Pacific Islander (non-Hispanic)	94,150	(2.9%)	6,324,727	(4.4%)
Hispanic	249,151	(7.8%)	17,981,877	(12.5%)
Women by Age				
0-17	667,929	(20.9%)	35,375,812	(24.6%)
18-24	280,757	(8.8%)	13,489,103	(9.4%)
25-44	1,013,993	(31.7%)	42,030,761	(29.3%)
45-64	744,524	(23.3%)	33,196,167	(23.1%)
65+	492,711	(15.4%)	19,492,657	(13.6%)
Lesbian-Headed Households	9,156	(0.37%)	293,365	(0.28%)
Median Earnings for Women ($)	$32,000		$28,000	
Women Residing in—Urban Areas	3,014,106	(91.6%)	113,984,742	(79.5%)
—Rural Areas	276,175	(8.4%)	29,383,601	(20.5%)
Women (25 or older) by Education:				
Less than 12 years	311,245	(13.8%)	14,877,627	(15.7%)
High School Graduate	725,233	(32.2%)	31,412,377	(33.2%)
Some College or Associate Degree	503,524	(22.4%)	25,038,018	(26.4%)
Bachelor's Degree	467,480	(20.8%)	16,098,968	(17.0%)
Graduate Degree	243,746	(10.8%)	7,292,595	(7.7%)

Grading Key for Policy Indicators Meets Policy | Limited Policy | Weak Policy | Minimal/No Policy

MICHIGAN

GRADE F RANK 34

SMOKING-ATTRIBUTABLE DEATHS (WOMEN)	5,857
SMOKING-ATTRIBUTABLE YEARS OF POTENTIAL LIFE LOST (WOMEN)	105,266

Status Indicators (Women)

	White (Non-Hispanic)	Black (Non-Hispanic)	American Indian/ Alaskan Native (Non-Hispanic)	Asian/ Pacific Islander (Non-Hispanic)	Hispanic	U.S. Data	State Overall Data	State Grade	State Rank
Prevalence:									
Current Smoking, Adults (%)	23.1	26.1		4.4	24.4	20.7	23.6	F	41
Ages 18-24	36.7	10.0				24.0	31.5		
Ages 25-44	28.1	30.9			28.9	24.4	28.7		
Ages 45-64	21.7	31.5				21.4	23.1		
Ages 65+	9.0	16.8				9.2	9.6		
Current Smoking, Grades 9-12 (%)						27.7	27.2		
Smoking During Pregnancy, All Ages (%)						12.2	15.8	F	32
Ages 15-19						18.1	24.2		
Cessation:									
Trying to Quit, Adults (%)						44.9	58.9	U	2
Trying to Quit, Grades 9-12 (%)						61.4	68.3		
Receiving Smoking Cessation Advice by Physician (%)						61.0	69.9	S-	5
No Health Insurance (%)	10.1	18.7		13.6	21.6	17.0	12.0	U	12
Second-Hand Smoke:									
Reporting Smoke Ban —At Work (%)						74.1	69.5	F	43
—At Home (%)						64.5	55.8	F	45

	White	Black	American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic				
Smoking-Related Diseases:									
Lung Cancer Death Rate (per 100,000)	41.5	45.0	120.6	23.5	14.1	40.7	42.0	F	30
Chronic Obstructive Pulmonary Disease Death Rate (per 100,000)	102.4	58.7	188.4			103.5	97.8	U	19
Coronary Heart Disease Death Rate (per 100,000)	178.0	237.5	268.0	81.4	88.0	164.6	184.7	F	46
Stroke Death Rate (per 100,000)	61.7	73.4	90.7	47.5	34.6	61.5	63.3	F	28

Grading Key for Status Indicators S Satisfactory | S- Satisfactory Minus | U Unsatisfactory | F Fail

Policy Indicators

	Strength of Policy
Cessation:	
Telephone Quitline (1-800-537-5666)	
Pregnancy-Specific Counseling on Telephone Quitline	
Medicaid Smoking Cessation Coverage	
Medicaid Coverage of Pregnancy-Specific Counseling	
Private Insurance Smoking Cessation Coverage	
Second-Hand Smoke:	
Restrictions on Second-Hand Smoke	
Tax:	
Cigarette Excise Tax	
Funding:	
Tobacco Prevention Funding	
Youth Access:	
Tobacco Sales Rate to Minors	
Youth Access Restrictions	

Demographics

	Michigan Number	Michigan (Percent)	U.S. Number	U.S. (Percent)
Total Population of Women	5,017,092	(51.6%)	143,584,500	(51.9%)
Women by Race				
White (non-Hispanic)	4,004,712	(79.8%)	99,298,461	(69.2%)
Black (non-Hispanic)	704,743	(14.0%)	18,537,763	(12.9%)
American Indian/Alaskan Native (non-Hispanic)	34,069	(0.7%)	1,441,671	(1.0%)
Asian/Pacific Islander (non-Hispanic)	131,330	(2.6%)	6,324,727	(4.4%)
Hispanic	142,238	(2.8%)	17,981,877	(12.5%)
Women by Age				
0-17	1,196,826	(23.9%)	35,375,812	(24.6%)
18-24	421,198	(8.4%)	13,489,103	(9.4%)
25-44	1,535,314	(30.6%)	42,030,761	(29.3%)
45-64	1,190,639	(23.7%)	33,196,167	(23.1%)
65+	673,115	(13.4%)	19,492,657	(13.6%)
Lesbian-Headed Households	8,075	(0.21%)	293,365	(0.28%)
Median Earnings for Women ($)	$29,500		$28,000	
Women Residing in—Urban Areas	3,819,197	(75.4%)	113,984,742	(79.5%)
—Rural Areas	1,246,152	(24.6%)	29,383,601	(20.5%)
Less than 12 years	454,978	(13.4%)	14,877,627	(15.7%)
High School Graduate	1,296,133	(38.1%)	31,412,377	(33.2%)
Some College or Associate Degree	887,919	(26.1%)	25,038,018	(26.4%)
Bachelor's Degree	490,332	(14.4%)	16,098,968	(17.0%)
Graduate Degree	269,706	(7.9%)	7,292,595	(7.7%)

Grading Key for Policy Indicators Meets Policy | Limited Policy | Weak Policy | Minimal/No Policy

National and State Report Cards

MINNESOTA

GRADE U RANK 4

SMOKING-ATTRIBUTABLE DEATHS (WOMEN) 2,218
SMOKING-ATTRIBUTABLE YEARS OF POTENTIAL LIFE LOST (WOMEN) 35,320

Status Indicators (Women)

	White (Non-Hispanic)	Black (Non-Hispanic)	American Indian/ Alaskan Native (Non-Hispanic)	Asian/ Pacific Islander (Non-Hispanic)	Hispanic	U.S. Data	State Overall Data	State Grade	State Rank
Prevalence:									
Current Smoking, Adults (%)	18.3	18.9	62.0	7.2	22.1	20.7	18.6	U	5
Ages 18-24	30.9					24.0	29.6		
Ages 25-44	21.3	21.5			22.0	24.4	21.6		
Ages 45-64	16.7					21.4	17.0		
Ages 65+	8.5					9.2	8.6		
Current Smoking, Grades 9-12 (%)						27.7	32.6		
Smoking During Pregnancy, All Ages (%)						12.2	11.1	U	20
Ages 15-19						18.1	24.9		
Cessation:									
Trying to Quit, Adults (%)						44.9	48.2	F	33
Trying to Quit, Grades 9-12 (%)						61.4			
Receiving Smoking Cessation Advice by Physician (%)						61.0	64.6	U	14
No Health Insurance (%)	6.7					17.0	8.6	S-	2
Second-Hand Smoke:									
Reporting Smoke Ban —At Work (%)						74.1	80.7	U	6
—At Home (%)						64.5	65.8	F	14

	White	Black	American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic				
Smoking-Related Diseases:									
Lung Cancer Death Rate (per 100,000)	34.9	43.1	83.7			40.7	35.1	U	9
Chronic Obstructive Pulmonary Disease Death Rate (per 100,000)	90.7					103.5	90.2	U	9
Coronary Heart Disease Death Rate (per 100,000)	96.2	99.9	164.8	44.4	65.5	164.6	96.5	S-	4
Stroke Death Rate (per 100,000)	58.9	82.3		70.5		61.5	59.4	U	18

Grading Key for Status Indicators S Satisfactory S- Satisfactory Minus U Unsatisfactory F Fail

Policy Indicators

	Strength of Policy
Cessation:	
Telephone Quitline (1-877-270-STOP)	Meets Policy
Pregnancy-Specific Counseling on Telephone Quitline	Meets Policy
Medicaid Smoking Cessation Coverage	Meets Policy
Medicaid Coverage of Pregnancy-Specific Counseling	Meets Policy
Private Insurance Smoking Cessation Coverage	Minimal/No Policy
Second-Hand Smoke:	
Restrictions on Second-Hand Smoke	Limited Policy
Tax:	
Cigarette Excise Tax	Minimal/No Policy
Funding:	
Tobacco Prevention Funding	Meets Policy
Youth Access:	
Tobacco Sales Rate to Minors	Limited Policy
Youth Access Restrictions	Weak Policy

Demographics

	Minnesota Number	Minnesota (Percent)	U.S. Number	U.S. (Percent)
Total Population of Women	2,467,548	(50.3%)	143,584,500	(51.9%)
Women by Race				
White (non-Hispanic)	2,234,271	(90.5%)	99,298,461	(69.2%)
Black (non-Hispanic)	60,040	(2.4%)	18,537,763	(12.9%)
American Indian/Alaskan Native (non-Hispanic)	39,246	(1.6%)	1,441,671	(1.0%)
Asian/Pacific Islander (non-Hispanic)	78,448	(3.2%)	6,324,727	(4.4%)
Hispanic	55,543	(2.3%)	17,981,877	(12.5%)
Women by Age				
0-17	600,443	(24.3%)	35,375,812	(24.6%)
18-24	218,211	(8.8%)	13,489,103	(9.4%)
25-44	788,238	(31.9%)	42,030,761	(29.3%)
45-64	604,422	(24.5%)	33,196,167	(23.1%)
65+	256,234	(10.4%)	19,492,657	(13.6%)
Lesbian-Headed Households	4,857	(0.26%)	293,365	(0.28%)
Median Earnings for Women ($)	$30,200		$28,000	
Women Residing in—Urban Areas	1,783,939	(71.8%)	113,984,742	(79.5%)
—Rural Areas	699,909	(28.2%)	29,383,601	(20.5%)
Women (25 or older) by Education:				
Less than 12 years	116,554	(7.1%)	14,877,627	(15.7%)
High School Graduate	507,707	(30.8%)	31,412,377	(33.2%)
Some College or Associate Degree	536,556	(32.5%)	25,038,018	(26.4%)
Bachelor's Degree	349,376	(21.2%)	16,098,968	(17.0%)
Graduate Degree	138,701	(8.4%)	7,292,595	(7.7%)

Grading Key for Policy Indicators Meets Policy Limited Policy Weak Policy Minimal/No Policy

MISSISSIPPI

GRADE F RANK 41

SMOKING-ATTRIBUTABLE DEATHS (WOMEN)	1,665
SMOKING-ATTRIBUTABLE YEARS OF POTENTIAL LIFE LOST (WOMEN)	31,474

Status Indicators (Women)

	White (Non-Hispanic)	Black (Non-Hispanic)	American Indian/ Alaskan Native (Non-Hispanic)	Asian/ Pacific Islander (Non-Hispanic)	Hispanic	U.S. Data	State Overall Data	State Grade	State Rank
Prevalence:									
Current Smoking, Adults (%)	24.3	13.6			20.7	20.7	21.0	F	25
Ages 18-24	34.0	6.5				24.0	25.0		
Ages 25-44	29.8	16.8				24.4	24.7		
Ages 45-64	25.3	18.3				21.4	23.2		
Ages 65+	9.6	4.2				9.2	8.2		
Current Smoking, Grades 9-12 (%)						27.7	24.6		
Smoking During Pregnancy, All Ages (%)						12.2	12.3	U	22
Ages 15-19						18.1	12.7		
Cessation:									
Trying to Quit, Adults (%)						44.9	43.9	F	48
Trying to Quit, Grades 9-12 (%)						61.4	67.6		
Receiving Smoking Cessation Advice by Physician (%)						61.0	58.1	F	34
No Health Insurance (%)	15.5	26.6				17.0	18.9	F	43
Second-Hand Smoke:									
Reporting Smoke Ban —At Work (%)						74.1	67.6	F	46
—At Home (%)						64.5	58.8	F	39

	White	Black	American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic				
Smoking-Related Diseases:									
Lung Cancer Death Rate (per 100,000)	43.8	35.5				40.7	41.5	F	27
Chronic Obstructive Pulmonary Disease Death Rate (per 100,000)	105.4	49.5				103.5	90.2	U	9
Coronary Heart Disease Death Rate (per 100,000)	180.6	242.6				164.6	197.5	F	50
Stroke Death Rate (per 100,000)	63.3	85.8				61.5	69.7	F	44

Grading Key for Status Indicators S Satisfactory S- Satisfactory Minus U Unsatisfactory F Fail

Policy Indicators

	Strength of Policy
Cessation:	
Telephone Quitline (1-800-244-9100)	Meets Policy
Pregnancy-Specific Counseling on Telephone Quitline	Meets Policy
Medicaid Smoking Cessation Coverage	Limited Policy
Medicaid Coverage of Pregnancy-Specific Counseling	Minimal/No Policy
Private Insurance Smoking Cessation Coverage	Minimal/No Policy
Second-Hand Smoke:	
Restrictions on Second-Hand Smoke	Minimal/No Policy
Tax:	
Cigarette Excise Tax	Minimal/No Policy
Funding:	
Tobacco Prevention Funding	Meets Policy
Youth Access:	
Tobacco Sales Rate to Minors	Meets Policy
Youth Access Restrictions	Minimal/No Policy

Demographics

	Mississippi Number	Mississippi (Percent)	U.S. Number	U.S. (Percent)
Total Population of Women	1,492,179	(55.0%)	143,584,500	(51.9%)
Women by Race				
White (non-Hispanic)	897,430	(60.1%)	99,298,461	(69.2%)
Black (non-Hispanic)	564,218	(37.8%)	18,537,763	(12.9%)
American Indian/Alaskan Native (non-Hispanic)	4,943	(0.3%)	1,441,671	(1.0%)
Asian/Pacific Islander (non-Hispanic)	10,067	(0.7%)	6,324,727	(4.4%)
Hispanic	15,522	(1.0%)	17,981,877	(12.5%)
Women by Age				
0-17	384,320	(25.8%)	35,375,812	(24.6%)
18-24	134,174	(9.0%)	13,489,103	(9.4%)
25-44	455,171	(30.5%)	42,030,761	(29.3%)
45-64	309,994	(20.8%)	33,196,167	(23.1%)
65+	208,521	(14.0%)	19,492,657	(13.6%)
Lesbian-Headed Households	2,523	(0.24%)	293,365	(0.28%)
Median Earnings for Women ($)	$22,880		$28,000	
Women Residing in—Urban Areas	730,351	(49.6%)	113,984,742	(79.5%)
—Rural Areas	740,753	(50.4%)	29,383,601	(20.5%)
Women (25 or older) by Education:				
Less than 12 years	173,245	(17.8%)	14,877,627	(15.7%)
High School Graduate	308,812	(31.7%)	31,412,377	(33.2%)
Some College or Associate Degree	287,657	(29.5%)	25,038,018	(26.4%)
Bachelor's Degree	151,579	(15.6%)	16,098,968	(17.0%)
Graduate Degree	52,393	(5.4%)	7,292,595	(7.7%)

Grading Key for Policy Indicators Meets Policy Limited Policy Weak Policy Minimal/No Policy

MISSOURI

GRADE F RANK 43

SMOKING-ATTRIBUTABLE DEATHS (WOMEN) 4,048
SMOKING-ATTRIBUTABLE YEARS OF POTENTIAL LIFE LOST (WOMEN) 69,326

Status Indicators (Women)

	White (Non-Hispanic)	Black (Non-Hispanic)	American Indian/ Alaskan Native (Non-Hispanic)	Asian/ Pacific Islander (Non-Hispanic)	Hispanic	U.S. Data	State Overall Data	State Grade	State Rank
Prevalence:									
Current Smoking, Adults (%)	24.3	23.3			23.1	20.7	24.3	F	43
Ages 18-24	32.8	7.4				24.0	29.7		
Ages 25-44	30.3	28.9				24.4	30.0		
Ages 45-64	24.3	26.3				21.4	24.9		
Ages 65+	11.0	17.9				9.2	11.2		
Current Smoking, Grades 9-12 (%)						27.7	30.4		
Smoking During Pregnancy, All Ages (%)						12.2	18.3	F	43
Ages 15-19						18.1	27.0		
Cessation:									
Trying to Quit, Adults (%)						44.9	46.2	F	39
Trying to Quit, Grades 9-12 (%)						61.4	65.2		
Receiving Smoking Cessation Advice by Physician (%)						61.0	61.0	U	28
No Health Insurance (%)	12.9	18.2				17.0	12.4	U	17
Second-Hand Smoke:									
Reporting Smoke Ban —At Work (%)						74.1	71.6	F	32
—At Home (%)						64.5	58.3	F	40

	White	Black	American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic				
Smoking-Related Diseases:									
Lung Cancer Death Rate (per 100,000)	45.7	53.4				40.7	46.2	F	45
Chronic Obstructive Pulmonary Disease Death Rate (per 100,000)	115.3	70.2				103.5	111.6	F	31
Coronary Heart Disease Death Rate (per 100,000)	174.6	254.1	86.4	87.5	132.6	164.6	180.7	F	44
Stroke Death Rate (per 100,000)	64.2	71.7			60.2	61.5	65.1	F	33

Grading Key for Status Indicators S Satisfactory S- Satisfactory Minus U Unsatisfactory F Fail

Policy Indicators

	Strength of Policy
Cessation:	
Telephone Quitline	
Pregnancy-Specific Counseling on Telephone Quitline	
Medicaid Smoking Cessation Coverage	
Medicaid Coverage of Pregnancy-Specific Counseling	
Private Insurance Smoking Cessation Coverage	
Second-Hand Smoke:	
Restrictions on Second-Hand Smoke	
Tax:	
Cigarette Excise Tax	
Funding:	
Tobacco Prevention Funding	
Youth Access:	
Tobacco Sales Rate to Minors	
Youth Access Restrictions	

Demographics

	Missouri Number	Missouri (Percent)	U.S. Number	U.S. (Percent)
Total Population of Women	2,809,708	(51.9%)	143,584,500	(51.9%)
Women by Race				
White (non-Hispanic)	2,382,814	(84.8%)	99,298,461	(69.2%)
Black (non-Hispanic)	325,738	(11.6%)	18,537,763	(12.9%)
American Indian/Alaskan Native (non-Hispanic)	13,467	(0.5%)	1,441,671	(1.0%)
Asian/Pacific Islander (non-Hispanic)	41,505	(1.5%)	6,324,727	(4.4%)
Hispanic	46,184	(1.6%)	17,981,877	(12.5%)
Women by Age				
0-17	677,610	(24.1%)	35,375,812	(24.6%)
18-24	272,166	(9.7%)	13,489,103	(9.4%)
25-44	830,140	(29.5%)	42,030,761	(29.3%)
45-64	676,047	(24.1%)	33,196,167	(23.1%)
65+	353,744	(12.6%)	19,492,657	(13.6%)
Lesbian-Headed Households	4,744	(0.22%)	293,365	(0.28%)
Median Earnings for Women ($)	$28,000		$28,000	
Women Residing in—Urban Areas	2,019,939	(70.3%)	113,984,742	(79.5%)
—Rural Areas	855,095	(29.7%)	29,383,601	(20.5%)
Women (25 or older) by Education:				
Less than 12 years	204,571	(11.0%)	14,877,627	(15.7%)
High School Graduate	669,227	(36.0%)	31,412,377	(33.2%)
Some College or Associate Degree	503,730	(27.1%)	25,038,018	(26.4%)
Bachelor's Degree	325,209	(17.5%)	16,098,968	(17.0%)
Graduate Degree	157,195	(8.5%)	7,292,595	(7.7%)

Grading Key for Policy Indicators Meets Policy Limited Policy Weak Policy Minimal/No Policy

MONTANA

GRADE F RANK 35

SMOKING-ATTRIBUTABLE DEATHS (WOMEN)	576
SMOKING-ATTRIBUTABLE YEARS OF POTENTIAL LIFE LOST (WOMEN)	9,399

Status Indicators (Women)

	White (Non-Hispanic)	Black (Non-Hispanic)	American Indian/ Alaskan Native (Non-Hispanic)	Asian/ Pacific Islander (Non-Hispanic)	Hispanic	U.S. Data	State Overall Data	State Grade	State Rank
Prevalence:									
Current Smoking, Adults (%)	19.8		44.8		26.4	20.7	21.3	F	29
Ages 18-24	22.2		41.3			24.0	25.0		
Ages 25-44	22.2		49.7		35.8	24.4	24.2		
Ages 45-64	23.1		50.5			21.4	24.0		
Ages 65+	10.1					9.2	10.1		
Current Smoking, Grades 9-12 (%)						27.7	31.8		
Smoking During Pregnancy, All Ages (%)						12.2	17.9	F	39
Ages 15-19						18.1	30.9		
Cessation:									
Trying to Quit, Adults (%)						44.9	50.3	F	23
Trying to Quit, Grades 9-12 (%)						61.4	72.5		
Receiving Smoking Cessation Advice by Physician (%)						61.0	60.5	U	30
No Health Insurance (%)	15.5					17.0	18.5	F	41
Second-Hand Smoke:									
Reporting Smoke Ban —At Work (%)						74.1	72.2	F	30
—At Home (%)						64.5	63.3	F	25

	White	Black	American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic				
Smoking-Related Diseases:									
Lung Cancer Death Rate (per 100,000)	40.2		75.5			40.7	40.9	F	25
Chronic Obstructive Pulmonary Disease Death Rate (per 100,000)	139.7		206.5			103.5	141.3	F	49
Coronary Heart Disease Death Rate (per 100,000)	99.5		113.0			164.6	100.3	S-	5
Stroke Death Rate (per 100,000)	63.3		74.9			61.5	63.8	F	30

Grading Key for Status Indicators S Satisfactory S- Satisfactory Minus U Unsatisfactory F Fail

Policy Indicators

	Strength of Policy
Cessation:	
Telephone Quitline	
Pregnancy-Specific Counseling on Telephone Quitline	
Medicaid Smoking Cessation Coverage	
Medicaid Coverage of Pregnancy-Specific Counseling	
Private Insurance Smoking Cessation Coverage	
Second-Hand Smoke:	
Restrictions on Second-Hand Smoke	
Tax:	
Cigarette Excise Tax	
Funding:	
Tobacco Prevention Funding	
Youth Access:	
Tobacco Sales Rate to Minors	
Youth Access Restrictions	

Demographics

	Number (Percent) Montana		Number (Percent) U.S.	
Total Population of Women	445,774	(50.7%)	143,584,500	(51.9%)
Women by Race				
White (non-Hispanic)	405,915	(91.1%)	99,298,461	(69.2%)
Black (non-Hispanic)	923	(0.2%)	18,537,763	(12.9%)
American Indian/Alaskan Native (non-Hispanic)	25,442	(5.7%)	1,441,671	(1.0%)
Asian/Pacific Islander (non-Hispanic)	4,241	(1.0%)	6,324,727	(4.4%)
Hispanic	9,254	(2.1%)	17,981,877	(12.5%)
Women by Age				
0-17	107,150	(24.0%)	35,375,812	(24.6%)
18-24	40,852	(9.2%)	13,489,103	(9.4%)
25-44	119,769	(26.9%)	42,030,761	(29.3%)
45-64	107,749	(24.2%)	33,196,167	(23.1%)
65+	70,253	(15.8%)	19,492,657	(13.6%)
Lesbian-Headed Households	664	(0.19%)	293,365	(0.28%)
Median Earnings for Women ($)	$22,000		$28,000	
Women Residing in—Urban Areas	248,772	(55.0%)	113,984,742	(79.5%)
—Rural Areas	203,943	(45.0%)	29,383,601	(20.5%)
Women (25 or older) by Education:				
Less than 12 years	28,734	(9.6%)	14,877,627	(15.7%)
High School Graduate	104,888	(35.2%)	31,412,377	(33.2%)
Some College or Associate Degree	101,982	(34.2%)	25,038,018	(26.4%)
Bachelor's Degree	48,731	(16.4%)	16,098,968	(17.0%)
Graduate Degree	13,436	(4.5%)	7,292,595	(7.7%)

Grading Key for Policy Indicators Meets Policy Limited Policy Weak Policy Minimal/No Policy

National and State Report Cards

NEBRASKA

GRADE F RANK 15

SMOKING-ATTRIBUTABLE DEATHS (WOMEN) 902
SMOKING-ATTRIBUTABLE YEARS OF POTENTIAL LIFE LOST (WOMEN) 14,662

Status Indicators (Women)

	White (Non-Hispanic)	Black (Non-Hispanic)	American Indian/ Alaskan Native (Non-Hispanic)	Asian/ Pacific Islander (Non-Hispanic)	Hispanic	U.S. Data	State Overall Data	State Grade	State Rank
Prevalence:									
Current Smoking, Adults (%)	19.9	23.5			20.2	20.7	20.0	U	13
Ages 18-24	34.8					24.0	33.2		
Ages 25-44	24.9	28.9			16.5	24.4	24.2		
Ages 45-64	17.8					21.4	18.5		
Ages 65+	7.8					9.2	7.9		
Current Smoking, Grades 9-12 (%)						27.7	31.6		
Smoking During Pregnancy, All Ages (%)						12.2	14.9	F	31
Ages 15-19						18.1	25.1		
Cessation:									
Trying to Quit, Adults (%)						44.9	42.3	F	50
Trying to Quit, Grades 9-12 (%)						61.4	61.6		
Receiving Smoking Cessation Advice by Physician (%)						61.0	52.4	F	47
No Health Insurance (%)	9.4				23.9	17.0	10.5	U	7
Second-Hand Smoke:									
Reporting Smoke Ban —At Work (%)						74.1	74.0	F	22
—At Home (%)						64.5	64.2	F	22

	White	Black	American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic				
Smoking-Related Diseases:									
Lung Cancer Death Rate (per 100,000)	33.4	39.3				40.7	33.7	U	8
Chronic Obstructive Pulmonary Disease Death Rate (per 100,000)	99.9					103.5	99.6	U	21
Coronary Heart Disease Death Rate (per 100,000)	114.7	153.6	211.9		75.5	164.6	115.9	S-	8
Stroke Death Rate (per 100,000)	57.6	87.2				61.5	58.4	U	13

Grading Key for Status Indicators S Satisfactory S- Satisfactory Minus U Unsatisfactory F Fail

Policy Indicators

	Strength of Policy
Cessation:	
Telephone Quitline (1-866-632-7848)	Meets Policy
Pregnancy-Specific Counseling on Telephone Quitline	Meets Policy
Medicaid Smoking Cessation Coverage	Minimal/No Policy
Medicaid Coverage of Pregnancy-Specific Counseling	Minimal/No Policy
Private Insurance Smoking Cessation Coverage	Minimal/No Policy
Second-Hand Smoke:	
Restrictions on Second-Hand Smoke	Weak Policy
Tax:	
Cigarette Excise Tax	Weak Policy
Funding:	
Tobacco Prevention Funding	Limited Policy
Youth Access:	
Tobacco Sales Rate to Minors	Limited Policy
Youth Access Restrictions	Minimal/No Policy

Demographics

	Nebraska Number	Nebraska (Percent)	U.S. Number	U.S. (Percent)
Total Population of Women	859,571	(51.4%)	143,584,500	(51.9%)
Women by Race				
White (non-Hispanic)	761,633	(88.6%)	99,298,461	(69.2%)
Black (non-Hispanic)	30,231	(3.5%)	18,537,763	(12.9%)
American Indian/Alaskan Native (non-Hispanic)	12,732	(1.5%)	1,441,671	(1.0%)
Asian/Pacific Islander (non-Hispanic)	13,952	(1.6%)	6,324,727	(4.4%)
Hispanic	41,022	(4.8%)	17,981,877	(12.5%)
Women by Age				
0-17	219,729	(25.6%)	35,375,812	(24.6%)
18-24	97,187	(11.3%)	13,489,103	(9.4%)
25-44	234,897	(27.3%)	42,030,761	(29.3%)
45-64	191,434	(22.3%)	33,196,167	(23.1%)
65+	116,325	(13.5%)	19,492,657	(13.6%)
Lesbian-Headed Households	1,220	(0.18%)	293,365	(0.28%)
Median Earnings for Women ($)	$25,000		$28,000	
Women Residing in—Urban Areas	609,918	(70.3%)	113,984,742	(79.5%)
—Rural Areas	257,994	(29.7%)	29,383,601	(20.5%)
Women (25 or older) by Education:				
Less than 12 years	50,141	(9.2%)	14,877,627	(15.7%)
High School Graduate	180,868	(33.3%)	31,412,377	(33.2%)
Some College or Associate Degree	171,782	(31.7%)	25,038,018	(26.4%)
Bachelor's Degree	101,887	(18.8%)	16,098,968	(17.0%)
Graduate Degree	37,977	(7.0%)	7,292,595	(7.7%)

Grading Key for Policy Indicators Meets Policy Limited Policy Weak Policy Minimal/No Policy

NEVADA

GRADE F RANK 50

SMOKING-ATTRIBUTABLE DEATHS (WOMEN)	1,453
SMOKING-ATTRIBUTABLE YEARS OF POTENTIAL LIFE LOST (WOMEN)	25,753

Status Indicators (Women)

	White (Non-Hispanic)	Black (Non-Hispanic)	American Indian/ Alaskan Native (Non-Hispanic)	Asian/ Pacific Islander (Non-Hispanic)	Hispanic	U.S. Data	State Overall Data	State Grade	State Rank
Prevalence:									
Current Smoking, Adults (%)	29.1	31.6	28.3	24.3	19.4	20.7	28.5	F	51
Ages 18-24	33.9				22.8	24.0	29.2		
Ages 25-44	30.3	36.8			21.2	24.4	29.9		
Ages 45-64	33.8				16.2	21.4	31.1		
Ages 65+	16.8					9.2	20.5		
Current Smoking, Grades 9-12 (%)						27.7	25.8		
Smoking During Pregnancy, All Ages (%)						12.2	11.0	U	19
Ages 15-19						18.1	13.4		
Cessation:									
Trying to Quit, Adults (%)						44.9	38.4	F	51
Trying to Quit, Grades 9-12 (%)						61.4			
Receiving Smoking Cessation Advice by Physician (%)						61.0	53.4	F	45
No Health Insurance (%)	10.4	14.3		13.0	37.7	17.0	17.0	F	34
Second-Hand Smoke:									
Reporting Smoke Ban —At Work (%)						74.1	56.0	F	51
—At Home (%)						64.5	67.3	F	12

	White	Black	American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic				
Smoking-Related Diseases:									
Lung Cancer Death Rate (per 100,000)	58.0	44.5		33.2		40.7	55.8	F	51
Chronic Obstructive Pulmonary Disease Death Rate (per 100,000)	182.5	67.9				103.5	171.4	F	51
Coronary Heart Disease Death Rate (per 100,000)	158.0	167.9	88.3	107.9	59.9	164.6	156.8	U	27
Stroke Death Rate (per 100,000)	63.9	77.7		62.2	23.4	61.5	64.3	F	32

Grading Key for Status Indicators S Satisfactory | S- Satisfactory Minus | U Unsatisfactory | F Fail

Policy Indicators

	Strength of Policy
Cessation:	
Telephone Quitline (1-888-866-6642)	
Pregnancy-Specific Counseling on Telephone Quitline	
Medicaid Smoking Cessation Coverage	
Medicaid Coverage of Pregnancy-Specific Counseling	
Private Insurance Smoking Cessation Coverage	
Second-Hand Smoke:	
Restrictions on Second-Hand Smoke	
Tax:	
Cigarette Excise Tax	
Funding:	
Tobacco Prevention Funding	
Youth Access:	
Tobacco Sales Rate to Minors	
Youth Access Restrictions	

Demographics

	Nevada Number	Nevada (Percent)	U.S. Number	U.S. (Percent)
Total Population of Women	1,034,332	(49.4%)	143,584,500	(51.9%)
Women by Race				
White (non-Hispanic)	660,040	(63.8%)	99,298,461	(69.2%)
Black (non-Hispanic)	79,705	(7.7%)	18,537,763	(12.9%)
American Indian/Alaskan Native (non-Hispanic)	13,540	(1.3%)	1,441,671	(1.0%)
Asian/Pacific Islander (non-Hispanic)	68,913	(6.7%)	6,324,727	(4.4%)
Hispanic	212,133	(20.5%)	17,981,877	(12.5%)
Women by Age				
0-17	281,364	(27.2%)	35,375,812	(24.6%)
18-24	87,092	(8.4%)	13,489,103	(9.4%)
25-44	301,277	(29.1%)	42,030,761	(29.3%)
45-64	244,111	(23.6%)	33,196,167	(23.1%)
65+	120,487	(11.6%)	19,492,657	(13.6%)
Lesbian-Headed Households	2,234	(0.30%)	293,365	(0.28%)
Median Earnings for Women ($)	$27,000		$28,000	
Women Residing in—Urban Areas	901,391	(92.0%)	113,984,742	(79.5%)
—Rural Areas	78,815	(8.0%)	29,383,601	(20.5%)
Women (25 or older) by Education:				
Less than 12 years	98,955	(14.9%)	14,877,627	(15.7%)
High School Graduate	247,173	(37.1%)	31,412,377	(33.2%)
Some College or Associate Degree	195,301	(29.3%)	25,038,018	(26.4%)
Bachelor's Degree	90,352	(13.6%)	16,098,968	(17.0%)
Graduate Degree	34,094	(5.1%)	7,292,595	(7.7%)

Grading Key for Policy Indicators Meets Policy | Limited Policy | Weak Policy | Minimal/No Policy

NEW HAMPSHIRE

GRADE F RANK 29

SMOKING-ATTRIBUTABLE DEATHS (WOMEN)	702
SMOKING-ATTRIBUTABLE YEARS OF POTENTIAL LIFE LOST (WOMEN)	11,835

Status Indicators (Women)

	White (Non-Hispanic)	Black (Non-Hispanic)	American Indian/ Alaskan Native (Non-Hispanic)	Asian/ Pacific Islander (Non-Hispanic)	Hispanic	U.S. Data	State Overall Data	State Grade	State Rank
Prevalence:									
Current Smoking, Adults (%)	23.1				29.8	20.7	23.2	F	38
Ages 18-24	38.6					24.0	38.0		
Ages 25-44	27.1					24.4	26.7		
Ages 45-64	19.1					21.4	19.8		
Ages 65+	11.5					9.2	11.5		
Current Smoking, Grades 9-12 (%)						27.7			
Smoking During Pregnancy, All Ages (%)						12.2	16.0	F	33
Ages 15-19						18.1	35.1		
Cessation:									
Trying to Quit, Adults (%)						44.9	58.0	U	3
Trying to Quit, Grades 9-12 (%)						61.4			
Receiving Smoking Cessation Advice by Physician (%)						61.0	67.0	S-	7
No Health Insurance (%)	10.4					17.0	10.6	U	8
Second-Hand Smoke:									
Reporting Smoke Ban —At Work (%)						74.1	76.8	F	14
—At Home (%)						64.5	63.3	F	26

	White	Black	American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic				
Smoking-Related Diseases:									
Lung Cancer Death Rate (per 100,000)	46.6					40.7	46.3	F	46
Chronic Obstructive Pulmonary Disease Death Rate (per 100,000)	133.8					103.5	133.2	F	47
Coronary Heart Disease Death Rate (per 100,000)	162.8					164.6	162.0	F	29
Stroke Death Rate (per 100,000)	59.9					61.5	59.8	U	20

Grading Key for Status Indicators S Satisfactory | S- Satisfactory Minus | U Unsatisfactory | F Fail

Policy Indicators

	Strength of Policy
Cessation:	
Telephone Quitline (1-800-TRY-TO-STOP)	Meets Policy
Pregnancy-Specific Counseling on Telephone Quitline	Meets Policy
Medicaid Smoking Cessation Coverage	Limited Policy
Medicaid Coverage of Pregnancy-Specific Counseling	Meets Policy
Private Insurance Smoking Cessation Coverage	Minimal/No Policy
Second-Hand Smoke:	
Restrictions on Second-Hand Smoke	Limited Policy
Tax:	
Cigarette Excise Tax	Weak Policy
Funding:	
Tobacco Prevention Funding	Weak Policy
Youth Access:	
Tobacco Sales Rate to Minors	Limited Policy
Youth Access Restrictions	Weak Policy

Demographics

	New Hampshire Number	New Hampshire (Percent)	U.S. Number	U.S. (Percent)
Total Population of Women	634,748	(52.1%)	143,584,500	(51.9%)
Women by Race				
White (non-Hispanic)	607,566	(95.7%)	99,298,461	(69.2%)
Black (non-Hispanic)	4,728	(0.7%)	18,537,763	(12.9%)
American Indian/Alaskan Native (non-Hispanic)	1,408	(0.2%)	1,441,671	(1.0%)
Asian/Pacific Islander (non-Hispanic)	9,575	(1.5%)	6,324,727	(4.4%)
Hispanic	11,471	(1.8%)	17,981,877	(12.5%)
Women by Age				
0-17	138,296	(21.8%)	35,375,812	(24.6%)
18-24	51,896	(8.2%)	13,489,103	(9.4%)
25-44	196,573	(31.0%)	42,030,761	(29.3%)
45-64	149,558	(23.6%)	33,196,167	(23.1%)
65+	98,424	(15.5%)	19,492,657	(13.6%)
Lesbian-Headed Households	1,547	(0.33%)	293,365	(0.28%)
Median Earnings for Women ($)	$29,000		$28,000	
Women Residing in—Urban Areas	375,576	(59.8%)	113,984,742	(79.5%)
—Rural Areas	252,523	(40.2%)	29,383,601	(20.5%)
Women (25 or older) by Education:				
Less than 12 years	41,963	(9.4%)	14,877,627	(15.7%)
High School Graduate	157,582	(35.4%)	31,412,377	(33.2%)
Some College or Associate Degree	120,788	(27.2%)	25,038,018	(26.4%)
Bachelor's Degree	85,114	(19.1%)	16,098,968	(17.0%)
Graduate Degree	39,108	(8.8%)	7,292,595	(7.7%)

Grading Key for Policy Indicators Meets Policy | Limited Policy | Weak Policy | Minimal/No Policy

NEW JERSEY

GRADE U RANK 10

SMOKING-ATTRIBUTABLE DEATHS (WOMEN) 4,429
SMOKING-ATTRIBUTABLE YEARS OF POTENTIAL LIFE LOST (WOMEN) 74,457

Status Indicators (Women)

	White (Non-Hispanic)	Black (Non-Hispanic)	American Indian/ Alaskan Native (Non-Hispanic)	Asian/ Pacific Islander (Non-Hispanic)	Hispanic	U.S. Data	State Overall Data	State Grade	State Rank
Prevalence:									
Current Smoking, Adults (%)	21.0	23.2		6.8	13.9	20.7	19.7	U	11
Ages 18-24	26.4	15.2			12.8	24.0	22.4		
Ages 25-44	27.8	25.0		2.5	17.9	24.4	24.0		
Ages 45-64	21.1	31.0			10.9	21.4	20.6		
Ages 65+	9.7	9.8			3.0	9.2	9.2		
Current Smoking, Grades 9-12 (%)						27.7	28.9		
Smoking During Pregnancy, All Ages (%)						12.2	9.7	U	14
Ages 15-19						18.1	16.5		
Cessation:									
Trying to Quit, Adults (%)						44.9	50.6	F	21
Trying to Quit, Grades 9-12 (%)						61.4	50.2		
Receiving Smoking Cessation Advice by Physician (%)						61.0	61.6	U	25
No Health Insurance (%)	9.4	22.3		17.8	36.1	17.0	15.4	F	28
Second-Hand Smoke:									
Reporting Smoke Ban —At Work (%)						74.1	75.6	F	18
—At Home (%)						64.5	64.7	F	21

	White	Black	American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic				
Smoking-Related Diseases:									
Lung Cancer Death Rate (per 100,000)	42.5	41.8		12.7	8.1	40.7	41.5	F	27
Chronic Obstructive Pulmonary Disease Death Rate (per 100,000)	89.2	72.3			30.9	103.5	86.3	U	7
Coronary Heart Disease Death Rate (per 100,000)	176.2	195.7		56.9	71.2	164.6	176.6	F	41
Stroke Death Rate (per 100,000)	46.4	63.7		27.2	22.3	61.5	48.2	S-	2

Grading Key for Status Indicators S Satisfactory S- Satisfactory Minus U Unsatisfactory F Fail

Policy Indicators

	Strength of Policy
Cessation:	
Telephone Quitline (1-866-NJ-STOPS)	
Pregnancy-Specific Counseling on Telephone Quitline	
Medicaid Smoking Cessation Coverage	
Medicaid Coverage of Pregnancy-Specific Counseling	
Private Insurance Smoking Cessation Coverage	
Second-Hand Smoke:	
Restrictions on Second-Hand Smoke	
Tax:	
Cigarette Excise Tax	
Funding:	
Tobacco Prevention Funding	
Youth Access:	
Tobacco Sales Rate to Minors	
Youth Access Restrictions	

Demographics

	New Jersey Number	New Jersey (Percent)	U.S. Number	U.S. (Percent)
Total Population of Women	4,358,967	(52.1%)	143,584,500	(51.9%)
Women by Race				
White (non-Hispanic)	2,944,748	(67.6%)	99,298,461	(69.2%)
Black (non-Hispanic)	626,465	(14.4%)	18,537,763	(12.9%)
American Indian/Alaskan Native (non-Hispanic)	18,817	(0.4%)	1,441,671	(1.0%)
Asian/Pacific Islander (non-Hispanic)	265,683	(6.1%)	6,324,727	(4.4%)
Hispanic	503,255	(11.5%)	17,981,877	(12.5%)
Women by Age				
0-17	971,813	(22.3%)	35,375,812	(24.6%)
18-24	356,621	(8.2%)	13,489,103	(9.4%)
25-44	1,330,924	(30.5%)	42,030,761	(29.3%)
45-64	1,023,574	(23.5%)	33,196,167	(23.1%)
65+	676,034	(15.5%)	19,492,657	(13.6%)
Lesbian-Headed Households	8,347	(0.27%)	293,365	(0.28%)
Median Earnings for Women ($)	$31,000		$28,000	
Women Residing in—Urban Areas	4,093,361	(94.5%)	113,984,742	(79.5%)
—Rural Areas	238,176	(5.5%)	29,383,601	(20.5%)
Women (25 or older) by Education:				
Less than 12 years	408,712	(13.5%)	14,877,627	(15.7%)
High School Graduate	1,123,260	(37.1%)	31,412,377	(33.2%)
Some College or Associate Degree	645,767	(21.3%)	25,038,018	(26.4%)
Bachelor's Degree	586,837	(19.4%)	16,098,968	(17.0%)
Graduate Degree	265,957	(8.8%)	7,292,595	(7.7%)

Grading Key for Policy Indicators Meets Policy Limited Policy Weak Policy Minimal/No Policy

NEW MEXICO

GRADE F RANK 18

SMOKING-ATTRIBUTABLE DEATHS (WOMEN) 810
SMOKING-ATTRIBUTABLE YEARS OF POTENTIAL LIFE LOST (WOMEN) 13,622

Status Indicators (Women)

	White (Non-Hispanic)	Black (Non-Hispanic)	American Indian/ Alaskan Native (Non-Hispanic)	Asian/ Pacific Islander (Non-Hispanic)	Hispanic	U.S. Data	State Overall Data	State Grade	State Rank
Prevalence:									
Current Smoking, Adults (%)	22.6	20.0	10.1		20.2	20.7	20.7	F	21
Ages 18-24	31.7				23.0	24.0	24.4		
Ages 25-44	28.8		7.6		21.0	24.4	23.4		
Ages 45-64	22.0		14.9		21.4	21.4	21.4		
Ages 65+	10.5				12.5	9.2	11.1		
Current Smoking, Grades 9-12 (%)						27.7			
Smoking During Pregnancy, All Ages (%)						12.2	9.8	U	15
Ages 15-19						18.1	12.5		
Cessation:									
Trying to Quit, Adults (%)						44.9	53.9	F	7
Trying to Quit, Grades 9-12 (%)						61.4			
Receiving Smoking Cessation Advice by Physician (%)						61.0	60.9	U	29
No Health Insurance (%)	21.5		49.4		30.7	17.0	29.5	F	51
Second-Hand Smoke:									
Reporting Smoke Ban —At Work (%)						74.1	73.1	F	28
—At Home (%)						64.5	65.8	F	14

	White	Black	American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic				
Smoking-Related Diseases:									
Lung Cancer Death Rate (per 100,000)	33.1				20.7	40.7	31.4	U	6
Chronic Obstructive Pulmonary Disease Death Rate (per 100,000)	128.2		51.3		68.4	103.5	121.9	F	39
Coronary Heart Disease Death Rate (per 100,000)	132.0	149.5	70.1		113.7	164.6	129.1	S-	14
Stroke Death Rate (per 100,000)	55.2	51.3	50.2		54.9	61.5	54.9	U	8

Grading Key for Status Indicators S Satisfactory S- Satisfactory Minus U Unsatisfactory F Fail

Policy Indicators

	Strength of Policy
Cessation:	
Telephone Quitline (1-800-4-CANCER)	Meets Policy
Pregnancy-Specific Counseling on Telephone Quitline	Meets Policy
Medicaid Smoking Cessation Coverage	Limited Policy
Medicaid Coverage of Pregnancy-Specific Counseling	Meets Policy
Private Insurance Smoking Cessation Coverage	Minimal/No Policy
Second-Hand Smoke:	
Restrictions on Second-Hand Smoke	Minimal/No Policy
Tax:	
Cigarette Excise Tax	Weak Policy
Funding:	
Tobacco Prevention Funding	Weak Policy
Youth Access:	
Tobacco Sales Rate to Minors	Limited Policy
Youth Access Restrictions	Minimal/No Policy

Demographics

	New Mexico Number	New Mexico (Percent)	U.S. Number	U.S. (Percent)
Total Population of Women	917,459	(52.1%)	143,584,500	(51.9%)
Women by Race				
White (non-Hispanic)	406,815	(44.3%)	99,298,461	(69.2%)
Black (non-Hispanic)	13,185	(1.4%)	18,537,763	(12.9%)
American Indian/Alaskan Native (non-Hispanic)	101,315	(11.0%)	1,441,671	(1.0%)
Asian/Pacific Islander (non-Hispanic)	11,701	(1.3%)	6,324,727	(4.4%)
Hispanic	384,443	(41.9%)	17,981,877	(12.5%)
Women by Age				
0-17	239,356	(26.1%)	35,375,812	(24.6%)
18-24	96,613	(10.5%)	13,489,103	(9.4%)
25-44	236,163	(25.7%)	42,030,761	(29.3%)
45-64	225,049	(24.5%)	33,196,167	(23.1%)
65+	120,278	(13.1%)	19,492,657	(13.6%)
Lesbian-Headed Households	2,595	(0.38%)	293,365	(0.28%)
Median Earnings for Women ($)	$24,000		$28,000	
Women Residing in—Urban Areas	698,570	(75.5%)	113,984,742	(79.5%)
—Rural Areas	226,159	(24.5%)	29,383,601	(20.5%)
Women (25 or older) by Education:				
Less than 12 years	108,880	(18.7%)	14,877,627	(15.7%)
High School Graduate	185,042	(31.8%)	31,412,377	(33.2%)
Some College or Associate Degree	159,936	(27.5%)	25,038,018	(26.4%)
Bachelor's Degree	75,740	(13.0%)	16,098,968	(17.0%)
Graduate Degree	51,892	(8.9%)	7,292,595	(7.7%)

Grading Key for Policy Indicators Meets Policy Limited Policy Weak Policy Minimal/No Policy

NEW YORK

GRADE F RANK 13

SMOKING-ATTRIBUTABLE DEATHS (WOMEN)	11,154
SMOKING-ATTRIBUTABLE YEARS OF POTENTIAL LIFE LOST (WOMEN)	183,382

Status Indicators (Women)

	White (Non-Hispanic)	Black (Non-Hispanic)	American Indian/ Alaskan Native (Non-Hispanic)	Asian/ Pacific Islander (Non-Hispanic)	Hispanic	U.S. Data	State Overall Data	State Grade	State Rank
Prevalence:									
Current Smoking, Adults (%)	22.6	17.7		7.1	19.7	20.7	21.0	F	25
Ages 18-24	39.0	27.8			26.9	24.0	33.3		
Ages 25-44	29.5	22.3		8.4	21.3	24.4	25.9		
Ages 45-64	19.7	13.8			14.4	21.4	17.7		
Ages 65+	10.1	9.1			17.4	9.2	10.3		
Current Smoking, Grades 9-12 (%)						27.7	32.8		
Smoking During Pregnancy, All Ages (%)						12.2	9.0	U	9
Ages 15-19						18.1	15.7		
Cessation:									
Trying to Quit, Adults (%)						44.9	51.9	F	16
Trying to Quit, Grades 9-12 (%)						61.4	59.6		
Receiving Smoking Cessation Advice by Physician (%)						61.0	64.4	U	15
No Health Insurance (%)	12.2	23.7		33.9	31.1	17.0	18.8	F	42
Second-Hand Smoke:									
Reporting Smoke Ban —At Work (%)						74.1	77.0	F	13
—At Home (%)						64.5	62.9	F	28

	White	Black	American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic				
Smoking-Related Diseases:									
Lung Cancer Death Rate (per 100,000)	40.2	31.0		17.0	12.2	40.7	38.1	F	14
Chronic Obstructive Pulmonary Disease Death Rate (per 100,000)	92.1	50.0		21.8	38.5	103.5	85.3	S-	6
Coronary Heart Disease Death Rate (per 100,000)	217.8	249.4	67.8	126.7	146.6	164.6	220.7	F	51
Stroke Death Rate (per 100,000)	42.0	41.6		28.8	23.4	61.5	42.2	S	1

Grading Key for Status Indicators S Satisfactory | S- Satisfactory Minus | U Unsatisfactory | F Fail

Policy Indicators

	Strength of Policy
Cessation:	
Telephone Quitline (1-866-NY-QUITS)	Meets Policy
Pregnancy-Specific Counseling on Telephone Quitline	Meets Policy
Medicaid Smoking Cessation Coverage	Limited Policy
Medicaid Coverage of Pregnancy-Specific Counseling	Minimal/No Policy
Private Insurance Smoking Cessation Coverage	Minimal/No Policy
Second-Hand Smoke:	
Restrictions on Second-Hand Smoke	Meets Policy
Tax:	
Cigarette Excise Tax	Meets Policy
Funding:	
Tobacco Prevention Funding	Weak Policy
Youth Access:	
Tobacco Sales Rate to Minors	Limited Policy
Youth Access Restrictions	Meets Policy

Demographics

	New York Number	New York (Percent)	U.S. Number	U.S. (Percent)
Total Population of Women	9,791,070	(52.9%)	143,584,500	(51.9%)
Women by Race				
White (non-Hispanic)	6,250,989	(63.8%)	99,298,461	(69.2%)
Black (non-Hispanic)	1,551,664	(15.8%)	18,537,763	(12.9%)
American Indian/Alaskan Native (non-Hispanic)	29,232	(0.3%)	1,441,671	(1.0%)
Asian/Pacific Islander (non-Hispanic)	589,979	(6.0%)	6,324,727	(4.4%)
Hispanic	1,369,206	(14.0%)	17,981,877	(12.5%)
Women by Age				
0-17	2,271,730	(23.2%)	35,375,812	(24.6%)
18-24	918,136	(9.4%)	13,489,103	(9.4%)
25-44	2,852,743	(29.1%)	42,030,761	(29.3%)
45-64	2,308,421	(23.6%)	33,196,167	(23.1%)
65+	1,440,040	(14.7%)	19,492,657	(13.6%)
Lesbian-Headed Households	21,996	(0.31%)	293,365	(0.28%)
Median Earnings for Women ($)	$30,000		$28,000	
Women Residing in—Urban Areas	8,652,632	(88.0%)	113,984,742	(79.5%)
—Rural Areas	1,177,077	(12.0%)	29,383,601	(20.5%)
Women (25 or older) by Education:				
Less than 12 years	1,131,238	(17.1%)	14,877,627	(15.7%)
High School Graduate	2,196,039	(33.3%)	31,412,377	(33.2%)
Some College or Associate Degree	1,475,529	(22.4%)	25,038,018	(26.4%)
Bachelor's Degree	1,123,354	(17.0%)	16,098,968	(17.0%)
Graduate Degree	675,045	(10.2%)	7,292,595	(7.7%)

Grading Key for Policy Indicators Meets Policy | Limited Policy | Weak Policy | Minimal/No Policy

NORTH CAROLINA

GRADE F RANK 40

SMOKING-ATTRIBUTABLE DEATHS (WOMEN) 4,147
SMOKING-ATTRIBUTABLE YEARS OF POTENTIAL LIFE LOST (WOMEN) 76,720

Status Indicators (Women)

	White (Non-Hispanic)	Black (Non-Hispanic)	American Indian/ Alaskan Native (Non-Hispanic)	Asian/ Pacific Islander (Non-Hispanic)	Hispanic	U.S. Data	State Overall Data	State Grade	State Rank
Prevalence:									
Current Smoking, Adults (%)	24.1	21.3	22.2	16.4	25.9	20.7	23.4	F	39
Ages 18-24	36.7	22.3				24.0	31.7		
Ages 25-44	28.9	26.2			22.7	24.4	27.6		
Ages 45-64	22.7	22.3				21.4	22.9		
Ages 65+	11.9	5.8				9.2	11.0		
Current Smoking, Grades 9-12 (%)						27.7	27.2		
Smoking During Pregnancy, All Ages (%)						12.2	14.0	F	29
Ages 15-19						18.1	18.5		
Cessation:									
Trying to Quit, Adults (%)						44.9	51.3	F	18
Trying to Quit, Grades 9-12 (%)						61.4	63.1		
Receiving Smoking Cessation Advice by Physician (%)						61.0	64.1	U	16
No Health Insurance (%)	14.5	19.2			68.3	17.0	16.9	F	33
Second-Hand Smoke:									
Reporting Smoke Ban —At Work (%)						74.1	65.8	F	49
—At Home (%)						64.5	55.5	F	46

	White	Black	American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic				
Smoking-Related Diseases:									
Lung Cancer Death Rate (per 100,000)	41.1	31.1	22.0			40.7	39.1	F	17
Chronic Obstructive Pulmonary Disease Death Rate (per 100,000)	112.3	51.8	68.7			103.5	101.5	U	23
Coronary Heart Disease Death Rate (per 100,000)	148.9	189.0	205.3	53.7	24.6	164.6	156.2	U	26
Stroke Death Rate (per 100,000)	72.0	95.2	65.2			61.5	76.1	F	47

Grading Key for Status Indicators S Satisfactory S- Satisfactory Minus U Unsatisfactory F Fail

Policy Indicators

	Strength of Policy
Cessation:	
Telephone Quitline	
Pregnancy-Specific Counseling on Telephone Quitline	
Medicaid Smoking Cessation Coverage	
Medicaid Coverage of Pregnancy-Specific Counseling	
Private Insurance Smoking Cessation Coverage	
Second-Hand Smoke:	
Restrictions on Second-Hand Smoke	
Tax:	
Cigarette Excise Tax	
Funding:	
Tobacco Prevention Funding	
Youth Access:	
Tobacco Sales Rate to Minors	
Youth Access Restrictions	

Demographics

	Number	(Percent)	Number	(Percent)
	North Carolina		U.S.	
Total Population of Women	4,111,555	(52.4%)	143,584,500	(51.9%)
Women by Race				
White (non-Hispanic)	2,783,334	(67.7%)	99,298,461	(69.2%)
Black (non-Hispanic)	961,623	(23.4%)	18,537,763	(12.9%)
American Indian/Alaskan Native (non-Hispanic)	127,516	(3.1%)	1,441,671	(1.0%)
Asian/Pacific Islander (non-Hispanic)	75,639	(1.8%)	6,324,727	(4.4%)
Hispanic	163,444	(4.0%)	17,981,877	(12.5%)
Women by Age				
0-17	973,936	(23.7%)	35,375,812	(24.6%)
18-24	428,043	(10.4%)	13,489,103	(9.4%)
25-44	1,183,215	(28.8%)	42,030,761	(29.3%)
45-64	973,356	(23.7%)	33,196,167	(23.1%)
65+	553,006	(13.5%)	19,492,657	(13.6%)
Lesbian-Headed Households	8,349	(0.27%)	293,365	(0.28%)
Median Earnings for Women ($)	$25,000		$28,000	
Women Residing in—Urban Areas	2,494,951	(60.8%)	113,984,742	(79.5%)
—Rural Areas	1,611,667	(39.2%)	29,383,601	(20.5%)
Women (25 or older) by Education:				
Less than 12 years	519,478	(19.2%)	14,877,627	(15.7%)
High School Graduate	901,428	(33.3%)	31,412,377	(33.2%)
Some College or Associate Degree	718,071	(26.5%)	25,038,018	(26.4%)
Bachelor's Degree	407,467	(15.0%)	16,098,968	(17.0%)
Graduate Degree	163,133	(6.0%)	7,292,595	(7.7%)

Grading Key for Policy Indicators Meets Policy Limited Policy Weak Policy Minimal/No Policy

NORTH DAKOTA

GRADE F RANK 24

SMOKING-ATTRIBUTABLE DEATHS (WOMEN)	267
SMOKING-ATTRIBUTABLE YEARS OF POTENTIAL LIFE LOST (WOMEN)	4,545

Status Indicators (Women)

	White (Non-Hispanic)	Black (Non-Hispanic)	American Indian/ Alaskan Native (Non-Hispanic)	Asian/ Pacific Islander (Non-Hispanic)	Hispanic	U.S. Data	State Overall Data	State Grade	State Rank
Prevalence:									
Current Smoking, Adults (%)	19.5		45.7			20.7	20.4	F	17
Ages 18-24	34.1					24.0	35.9		
Ages 25-44	23.4					24.4	24.3		
Ages 45-64	18.7					21.4	19.5		
Ages 65+	5.9					9.2	5.9		
Current Smoking, Grades 9-12 (%)						27.7	35.5		
Smoking During Pregnancy, All Ages (%)						12.2	18.0	F	41
Ages 15-19						18.1	35.2		
Cessation:									
Trying to Quit, Adults (%)						44.9	44.6	F	42
Trying to Quit, Grades 9-12 (%)						61.4	62.1		
Receiving Smoking Cessation Advice by Physician (%)						61.0	43.8	F	51
No Health Insurance (%)	10.1		34.1			17.0	12.7	U	19
Second-Hand Smoke:									
Reporting Smoke Ban —At Work (%)						74.1	71.4	F	34
—At Home (%)						64.5	61.5	F	31

	White	Black	American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic				
Smoking-Related Diseases:									
Lung Cancer Death Rate (per 100,000)	30.1					40.7	30.6	U	3
Chronic Obstructive Pulmonary Disease Death Rate (per 100,000)	70.2					103.5	72.6	S-	3
Coronary Heart Disease Death Rate (per 100,000)	118.8		228.5			164.6	120.8	S-	10
Stroke Death Rate (per 100,000)	58.1					61.5	58.7	U	16

Grading Key for Status Indicators S Satisfactory S- Satisfactory Minus U Unsatisfactory F Fail

Policy Indicators

	Strength of Policy
Cessation:	
Telephone Quitline	
Pregnancy-Specific Counseling on Telephone Quitline	
Medicaid Smoking Cessation Coverage	
Medicaid Coverage of Pregnancy-Specific Counseling	
Private Insurance Smoking Cessation Coverage	
Second-Hand Smoke:	
Restrictions on Second-Hand Smoke	
Tax:	
Cigarette Excise Tax	
Funding:	
Tobacco Prevention Funding	
Youth Access:	
Tobacco Sales Rate to Minors	
Youth Access Restrictions	

Demographics

	North Dakota Number	North Dakota (Percent)	U.S. Number	U.S. (Percent)
Total Population of Women	311,467	(50.6%)	143,584,500	(51.9%)
Women by Race				
White (non-Hispanic)	281,570	(90.4%)	99,298,461	(69.2%)
Black (non-Hispanic)	1,451	(0.5%)	18,537,763	(12.9%)
American Indian/Alaskan Native (non-Hispanic)	23,672	(7.6%)	1,441,671	(1.0%)
Asian/Pacific Islander (non-Hispanic)	2,408	(0.8%)	6,324,727	(4.4%)
Hispanic	2,367	(0.8%)	17,981,877	(12.5%)
Women by Age				
0-17	66,477	(21.3%)	35,375,812	(24.6%)
18-24	36,055	(11.6%)	13,489,103	(9.4%)
25-44	87,899	(28.2%)	42,030,761	(29.3%)
45-64	71,804	(23.1%)	33,196,167	(23.1%)
65+	49,232	(15.8%)	19,492,657	(13.6%)
Lesbian-Headed Households	343	(0.13%)	293,365	(0.28%)
Median Earnings for Women ($)	$24,000		$28,000	
Women Residing in—Urban Areas	181,679	(56.5%)	113,984,742	(79.5%)
—Rural Areas	139,997	(43.5%)	29,383,601	(20.5%)
Women (25 or older) by Education:				
Less than 12 years	22,908	(11.0%)	14,877,627	(15.7%)
High School Graduate	62,280	(29.8%)	31,412,377	(33.2%)
Some College or Associate Degree	69,445	(33.2%)	25,038,018	(26.4%)
Bachelor's Degree	43,705	(20.9%)	16,098,968	(17.0%)
Graduate Degree	10,597	(5.1%)	7,292,595	(7.7%)

Grading Key for Policy Indicators Meets Policy Limited Policy Weak Policy Minimal/No Policy

National and State Report Cards

OHIO

GRADE F RANK 44

SMOKING-ATTRIBUTABLE DEATHS (WOMEN) 7,899
SMOKING-ATTRIBUTABLE YEARS OF POTENTIAL LIFE LOST (WOMEN) 136,883

Status Indicators (Women)

	White (Non-Hispanic)	Black (Non-Hispanic)	American Indian/ Alaskan Native (Non-Hispanic)	Asian/ Pacific Islander (Non-Hispanic)	Hispanic	U.S. Data	State Overall Data	State Grade	State Rank
Prevalence:									
Current Smoking, Adults (%)	26.2	24.1			31.9	20.7	26.2	F	48
Ages 18-24	37.8	23.5				24.0	36.4		
Ages 25-44	33.2	24.6				24.4	32.5		
Ages 45-64	23.7	31.0				21.4	24.7		
Ages 65+	11.5	8.4				9.2	11.4		
Current Smoking, Grades 9-12 (%)						27.7	33.7		
Smoking During Pregnancy, All Ages (%)						12.2	19.0	F	45
Ages 15-19						18.1	28.4		
Cessation:									
Trying to Quit, Adults (%)						44.9	46.4	F	38
Trying to Quit, Grades 9-12 (%)						61.4			
Receiving Smoking Cessation Advice by Physician (%)						61.0	65.7	S-	10
No Health Insurance (%)	11.5	19.3			28.0	17.0	13.5	U	23
Second-Hand Smoke:									
Reporting Smoke Ban —At Work (%)						74.1	70.6	F	40
—At Home (%)						64.5	53.4	F	49

	White	Black	American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic				
Smoking-Related Diseases:									
Lung Cancer Death Rate (per 100,000)	43.7	52.2		24.8	12.7	40.7	44.3	F	38
Chronic Obstructive Pulmonary Disease Death Rate (per 100,000)	116.5	78.8			39.5	103.5	113.1	F	34
Coronary Heart Disease Death Rate (per 100,000)	169.9	210.2		51.8	91.3	164.6	173.2	F	39
Stroke Death Rate (per 100,000)	59.8	75.6		30.3	35.8	61.5	61.2	U	23

Grading Key for Status Indicators S Satisfactory S- Satisfactory Minus U Unsatisfactory F Fail

Policy Indicators

	Strength of Policy
Cessation:	
Telephone Quitline	
Pregnancy-Specific Counseling on Telephone Quitline	
Medicaid Smoking Cessation Coverage	
Medicaid Coverage of Pregnancy-Specific Counseling	
Private Insurance Smoking Cessation Coverage	
Second-Hand Smoke:	
Restrictions on Second-Hand Smoke	
Tax:	
Cigarette Excise Tax	
Funding:	
Tobacco Prevention Funding	
Youth Access:	
Tobacco Sales Rate to Minors	
Youth Access Restrictions	

Demographics

	Number	(Percent)	Number	(Percent)
	Ohio		U.S.	
Total Population of Women	5,753,598	(52.4%)	143,584,500	(51.9%)
Women by Race				
White (non-Hispanic)	4,828,362	(83.9%)	99,298,461	(69.2%)
Black (non-Hispanic)	732,094	(12.7%)	18,537,763	(12.9%)
American Indian/Alaskan Native (non-Hispanic)	16,587	(0.3%)	1,441,671	(1.0%)
Asian/Pacific Islander (non-Hispanic)	87,095	(1.5%)	6,324,727	(4.4%)
Hispanic	89,460	(1.6%)	17,981,877	(12.5%)
Women by Age				
0-17	1,320,490	(23.0%)	35,375,812	(24.6%)
18-24	514,738	(8.9%)	13,489,103	(9.4%)
25-44	1,689,650	(29.4%)	42,030,761	(29.3%)
45-64	1,402,479	(24.4%)	33,196,167	(23.1%)
65+	826,241	(14.4%)	19,492,657	(13.6%)
Lesbian-Headed Households	9,671	(0.22%)	293,365	(0.28%)
Median Earnings for Women ($)	$28,000		$28,000	
Women Residing in—Urban Areas	4,558,907	(78.1%)	113,984,742	(79.5%)
—Rural Areas	1,281,971	(21.9%)	29,383,601	(20.5%)
Women (25 or older) by Education:				
Less than 12 years	465,265	(11.9%)	14,877,627	(15.7%)
High School Graduate	1,557,270	(39.7%)	31,412,377	(33.2%)
Some College or Associate Degree	1,014,202	(25.9%)	25,038,018	(26.4%)
Bachelor's Degree	625,790	(16.0%)	16,098,968	(17.0%)
Graduate Degree	255,843	(6.5%)	7,292,595	(7.7%)

Grading Key for Policy Indicators Meets Policy Limited Policy Weak Policy Minimal/No Policy

OKLAHOMA

GRADE F RANK 45

SMOKING-ATTRIBUTABLE DEATHS (WOMEN) 2,202
SMOKING-ATTRIBUTABLE YEARS OF POTENTIAL LIFE LOST (WOMEN) 40,006

Status Indicators (Women)

	White (Non-Hispanic)	Black (Non-Hispanic)	American Indian/ Alaskan Native (Non-Hispanic)	Asian/ Pacific Islander (Non-Hispanic)	Hispanic	U.S. Data	State Overall Data	State Grade	State Rank
Prevalence:									
Current Smoking, Adults (%)	25.0	19.9	31.3	12.8	16.8	20.7	24.5	F	45
Ages 18-24	29.3		33.2			24.0	28.2		
Ages 25-44	32.1	13.2	38.8		15.0	24.4	29.7		
Ages 45-64	26.0	29.5	28.9		23.5	21.4	26.4		
Ages 65+	11.4	12.9	11.2			9.2	11.3		
Current Smoking, Grades 9-12 (%)						27.7			
Smoking During Pregnancy, All Ages (%)						12.2	17.3	F	37
Ages 15-19						18.1	23.8		
Cessation:									
Trying to Quit, Adults (%)						44.9	53.0	F	11
Trying to Quit, Grades 9-12 (%)						61.4			
Receiving Smoking Cessation Advice by Physician (%)						61.0	58.9	F	33
No Health Insurance (%)	19.6	21.8	33.8		38.1	17.0	22.2	F	48
Second-Hand Smoke:									
Reporting Smoke Ban —At Work (%)						74.1	73.7	F	27
—At Home (%)						64.5	57.4	F	43

	White	Black	American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic				
Smoking-Related Diseases:									
Lung Cancer Death Rate (per 100,000)	45.9	43.8	25.8			40.7	44.4	F	39
Chronic Obstructive Pulmonary Disease Death Rate (per 100,000)	121.7	60.7	44.8			103.5	113.8	F	35
Coronary Heart Disease Death Rate (per 100,000)	193.5	230.2	106.5	99.4	71.0	164.6	189.5	F	47
Stroke Death Rate (per 100,000)	70.3	87.8	35.0		33.1	61.5	69.2	F	41

Grading Key for Status Indicators S Satisfactory | S- Satisfactory Minus | U Unsatisfactory | F Fail

Policy Indicators

	Strength of Policy
Cessation:	
Telephone Quitline (1-866-PITCH-EM)	
Pregnancy-Specific Counseling on Telephone Quitline	
Medicaid Smoking Cessation Coverage	
Medicaid Coverage of Pregnancy-Specific Counseling	
Private Insurance Smoking Cessation Coverage	
Second-Hand Smoke:	
Restrictions on Second-Hand Smoke	
Tax:	
Cigarette Excise Tax	
Funding:	
Tobacco Prevention Funding	
Youth Access:	
Tobacco Sales Rate to Minors	
Youth Access Restrictions	

Demographics

	Oklahoma Number	Oklahoma (Percent)	U.S. Number	U.S. (Percent)
Total Population of Women	1,706,786	(51.4%)	143,584,500	(51.9%)
Women by Race				
White (non-Hispanic)	1,342,708	(78.7%)	99,298,461	(69.2%)
Black (non-Hispanic)	115,642	(6.8%)	18,537,763	(12.9%)
American Indian/Alaskan Native (non-Hispanic)	137,953	(8.1%)	1,441,671	(1.0%)
Asian/Pacific Islander (non-Hispanic)	24,716	(1.4%)	6,324,727	(4.4%)
Hispanic	85,766	(5.0%)	17,981,877	(12.5%)
Women by Age				
0-17	417,056	(24.4%)	35,375,812	(24.6%)
18-24	172,785	(10.1%)	13,489,103	(9.4%)
25-44	453,027	(26.5%)	42,030,761	(29.3%)
45-64	404,222	(23.7%)	33,196,167	(23.1%)
65+	259,697	(15.2%)	19,492,657	(13.6%)
Lesbian-Headed Households	2,952	(0.22%)	293,365	(0.28%)
Median Earnings for Women ($)	$23,000		$28,000	
Women Residing in—Urban Areas	1,159,920	(66.1%)	113,984,742	(79.5%)
—Rural Areas	594,839	(33.9%)	29,383,601	(20.5%)
Women (25 or older) by Education:				
Less than 12 years	165,744	(14.8%)	14,877,627	(15.7%)
High School Graduate	442,442	(39.6%)	31,412,377	(33.2%)
Some College or Associate Degree	320,025	(28.7%)	25,038,018	(26.4%)
Bachelor's Degree	126,829	(11.4%)	16,098,968	(17.0%)
Graduate Degree	61,906	(5.5%)	7,292,595	(7.7%)

Grading Key for Policy Indicators Meets Policy | Limited Policy | Weak Policy | Minimal/No Policy

OREGON

GRADE F RANK 20

SMOKING-ATTRIBUTABLE DEATHS (WOMEN) 1,995
SMOKING-ATTRIBUTABLE YEARS OF POTENTIAL LIFE LOST (WOMEN) 33,404

Status Indicators (Women)

	White (Non-Hispanic)	Black (Non-Hispanic)	American Indian/ Alaskan Native (Non-Hispanic)	Asian/ Pacific Islander (Non-Hispanic)	Hispanic	U.S. Data	State Overall Data	State Grade	State Rank
Prevalence:									
Current Smoking, Adults (%)	19.4		46.5	14.1	12.7	20.7	19.7	U	11
Ages 18-24	29.0					24.0	26.2		
Ages 25-44	24.6				16.0	24.4	24.3		
Ages 45-64	18.2				3.8	21.4	18.6		
Ages 65+	9.0					9.2	9.6		
Current Smoking, Grades 9-12 (%)						27.7			
Smoking During Pregnancy, All Ages (%)						12.2	13.4	U	27
Ages 15-19						18.1	25.2		
Cessation:									
Trying to Quit, Adults (%)						44.9	53.2	F	10
Trying to Quit, Grades 9-12 (%)						61.4			
Receiving Smoking Cessation Advice by Physician (%)						61.0	65.5	U	12
No Health Insurance (%)	12.1			17.3	38.6	17.0	14.4	U	26
Second-Hand Smoke:									
Reporting Smoke Ban —At Work (%)						74.1	73.9	F	26
—At Home (%)						64.5	73.8	U	6

	White	Black	American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic				
Smoking-Related Diseases:									
Lung Cancer Death Rate (per 100,000)	46.4					40.7	45.7	F	41
Chronic Obstructive Pulmonary Disease Death Rate (per 100,000)	125.4					103.5	123.2	F	40
Coronary Heart Disease Death Rate (per 100,000)	115.9	138.0	106.6	76.2	63.9	164.6	115.7	S-	7
Stroke Death Rate (per 100,000)	80.0	96.2		75.1	29.8	61.5	80.1	F	49

Grading Key for Status Indicators S Satisfactory S- Satisfactory Minus U Unsatisfactory F Fail

Policy Indicators

	Strength of Policy
Cessation:	
Telephone Quitline	Minimal/No Policy
Pregnancy-Specific Counseling on Telephone Quitline	Minimal/No Policy
Medicaid Smoking Cessation Coverage	Meets Policy
Medicaid Coverage of Pregnancy-Specific Counseling	Meets Policy
Private Insurance Smoking Cessation Coverage	Minimal/No Policy
Second-Hand Smoke:	
Restrictions on Second-Hand Smoke	Weak Policy
Tax:	
Cigarette Excise Tax	Limited Policy
Funding:	
Tobacco Prevention Funding	Limited Policy
Youth Access:	
Tobacco Sales Rate to Minors	Limited Policy
Youth Access Restrictions	Minimal/No Policy

Demographics

	Oregon Number	Oregon (Percent)	U.S. Number	U.S. (Percent)
Total Population of Women	1,750,599	(51.6%)	143,584,500	(51.9%)
Women by Race				
White (non-Hispanic)	1,470,945	(84.0%)	99,298,461	(69.2%)
Black (non-Hispanic)	29,243	(1.7%)	18,537,763	(12.9%)
American Indian/Alaskan Native (non-Hispanic)	28,325	(1.6%)	1,441,671	(1.0%)
Asian/Pacific Islander (non-Hispanic)	77,334	(4.4%)	6,324,727	(4.4%)
Hispanic	144,752	(8.3%)	17,981,877	(12.5%)
Women by Age				
0-17	424,117	(24.2%)	35,375,812	(24.6%)
18-24	157,691	(9.0%)	13,489,103	(9.4%)
25-44	521,662	(29.8%)	42,030,761	(29.3%)
45-64	421,418	(24.1%)	33,196,167	(23.1%)
65+	225,711	(12.9%)	19,492,657	(13.6%)
Lesbian-Headed Households	5,086	(0.38%)	293,365	(0.28%)
Median Earnings for Women ($)	$27,000		$28,000	
Women Residing in—Urban Areas	1,366,693	(79.2%)	113,984,742	(79.5%)
—Rural Areas	358,156	(20.8%)	29,383,601	(20.5%)
Women (25 or older) by Education:				
Less than 12 years	145,531	(12.5%)	14,877,627	(15.7%)
High School Graduate	345,175	(29.5%)	31,412,377	(33.2%)
Some College or Associate Degree	373,075	(31.9%)	25,038,018	(26.4%)
Bachelor's Degree	211,956	(18.1%)	16,098,968	(17.0%)
Graduate Degree	93,053	(8.0%)	7,292,595	(7.7%)

Grading Key for Policy Indicators Meets Policy Limited Policy Weak Policy Minimal/No Policy

PENNSYLVANIA

GRADE F RANK 32

SMOKING-ATTRIBUTABLE DEATHS (WOMEN)	7,779
SMOKING-ATTRIBUTABLE YEARS OF POTENTIAL LIFE LOST (WOMEN)	130,901

Status Indicators (Women)

	White (Non-Hispanic)	Black (Non-Hispanic)	American Indian/ Alaskan Native (Non-Hispanic)	Asian/ Pacific Islander (Non-Hispanic)	Hispanic	U.S. Data	State Overall Data	State Grade	State Rank
Prevalence:									
Current Smoking, Adults (%)	22.0	29.6		15.1	31.5	20.7	22.8	F	37
Ages 18-24	32.8	14.5				24.0	32.2		
Ages 25-44	28.0	31.1			27.6	24.4	27.9		
Ages 45-64	22.5	42.4				21.4	24.4		
Ages 65+	8.9	11.6				9.2	9.0		
Current Smoking, Grades 9-12 (%)						27.7	28.3		
Smoking During Pregnancy, All Ages (%)						12.2	16.7	F	35
Ages 15-19						18.1	26.3		
Cessation:									
Trying to Quit, Adults (%)						44.9	44.1	F	45
Trying to Quit, Grades 9-12 (%)						61.4			
Receiving Smoking Cessation Advice by Physician (%)						61.0	65.6	U	11
No Health Insurance (%)	9.2	19.4			19.9	17.0	10.8	U	10
Second-Hand Smoke:									
Reporting Smoke Ban —At Work (%)						74.1	74.0	F	25
—At Home (%)						64.5	59.9	F	34

	White	Black	American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic				
Smoking-Related Diseases:									
Lung Cancer Death Rate (per 100,000)	39.2	57.3		12.9	16.4	40.7	40.5	F	22
Chronic Obstructive Pulmonary Disease Death Rate (per 100,000)	93.2	77.3			45.0	103.5	91.9	U	13
Coronary Heart Disease Death Rate (per 100,000)	167.2	189.2		63.7	94.3	164.6	168.7	F	34
Stroke Death Rate (per 100,000)	57.2	73.1		39.2	43.4	61.5	58.4	U	13

Grading Key for Status Indicators S Satisfactory | S- Satisfactory Minus | U Unsatisfactory | F Fail

Policy Indicators

	Strength of Policy
Cessation:	
Telephone Quitline (1-877-724-1090)	■
Pregnancy-Specific Counseling on Telephone Quitline	■
Medicaid Smoking Cessation Coverage	□
Medicaid Coverage of Pregnancy-Specific Counseling	□
Private Insurance Smoking Cessation Coverage	□
Second-Hand Smoke:	
Restrictions on Second-Hand Smoke	□
Tax:	
Cigarette Excise Tax	■□
Funding:	
Tobacco Prevention Funding	■□
Youth Access:	
Tobacco Sales Rate to Minors	■□
Youth Access Restrictions	□

Demographics

	Pennsylvania Number	Pennsylvania (Percent)	U.S. Number	U.S. (Percent)
Total Population of Women	6,254,395	(52.4%)	143,584,500	(51.9%)
Women by Race				
White (non-Hispanic)	5,295,613	(84.7%)	99,298,461	(69.2%)
Black (non-Hispanic)	609,799	(9.7%)	18,537,763	(12.9%)
American Indian/Alaskan Native (non-Hispanic)	19,254	(0.3%)	1,441,671	(1.0%)
Asian/Pacific Islander (non-Hispanic)	107,828	(1.7%)	6,324,727	(4.4%)
Hispanic	221,900	(3.5%)	17,981,877	(12.5%)
Women by Age				
0-17	1,384,403	(22.1%)	35,375,812	(24.6%)
18-24	537,784	(8.6%)	13,489,103	(9.4%)
25-44	1,758,799	(28.1%)	42,030,761	(29.3%)
45-64	1,616,841	(25.9%)	33,196,167	(23.1%)
65+	956,568	(15.3%)	19,492,657	(13.6%)
Lesbian-Headed Households	10,674	(0.22%)	293,365	(0.28%)
Median Earnings for Women ($)	$29,000		$28,000	
Women Residing in—Urban Areas	4,947,002	(77.9%)	113,984,742	(79.5%)
—Rural Areas	1,404,389	(22.1%)	29,383,601	(20.5%)
Women (25 or older) by Education:				
Less than 12 years	625,878	(14.4%)	14,877,627	(15.7%)
High School Graduate	1,772,276	(40.9%)	31,412,377	(33.2%)
Some College or Associate Degree	914,580	(21.1%)	25,038,018	(26.4%)
Bachelor's Degree	660,877	(15.3%)	16,098,968	(17.0%)
Graduate Degree	358,597	(8.3%)	7,292,595	(7.7%)

Grading Key for Policy Indicators ■ Meets Policy | ■□ Limited Policy | ■□ Weak Policy | □ Minimal/No Policy

National and State Report Cards

RHODE ISLAND

GRADE F RANK 16

SMOKING-ATTRIBUTABLE DEATHS (WOMEN)	770
SMOKING-ATTRIBUTABLE YEARS OF POTENTIAL LIFE LOST (WOMEN)	12,008

Status Indicators (Women)

	White (Non-Hispanic)	Black (Non-Hispanic)	American Indian/ Alaskan Native (Non-Hispanic)	Asian/ Pacific Islander (Non-Hispanic)	Hispanic	U.S. Data	State Overall Data	State Grade	State Rank
Prevalence:									
Current Smoking, Adults (%)	22.8	22.5		14.3	15.8	20.7	22.3	F	35
Ages 18-24	34.9				14.6	24.0	29.6		
Ages 25-44	27.9	22.5			21.7	24.4	27.0		
Ages 45-64	22.6	31.9			6.0	21.4	22.2		
Ages 65+	11.6					9.2	11.3		
Current Smoking, Grades 9-12 (%)						27.7	25.6		
Smoking During Pregnancy, All Ages (%)						12.2	14.6	F	30
Ages 15-19						18.1	22.5		
Cessation:									
Trying to Quit, Adults (%)						44.9	44.0	F	47
Trying to Quit, Grades 9-12 (%)						61.4	61.5		
Receiving Smoking Cessation Advice by Physician (%)						61.0	75.7	S	1
No Health Insurance (%)	6.7	16.1			24.0	17.0	8.7	S-	3
Second-Hand Smoke:									
Reporting Smoke Ban —At Work (%)						74.1	74.0	F	22
—At Home (%)						64.5	65.2	F	19

	White	Black	American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic				
Smoking-Related Diseases:									
Lung Cancer Death Rate (per 100,000)	46.6					40.7	45.7	F	41
Chronic Obstructive Pulmonary Disease Death Rate (per 100,000)	94.3					103.5	93.4	U	16
Coronary Heart Disease Death Rate (per 100,000)	178.1	240.3			57.4	164.6	179.0	F	43
Stroke Death Rate (per 100,000)	50.6	94.3				61.5	51.4	S-	6

Grading Key for Status Indicators S Satisfactory S- Satisfactory Minus U Unsatisfactory F Fail

Policy Indicators

	Strength of Policy
Cessation:	
Telephone Quitline (1-800-TRY-TO-STOP)	Meets Policy
Pregnancy-Specific Counseling on Telephone Quitline	Meets Policy
Medicaid Smoking Cessation Coverage	Weak Policy
Medicaid Coverage of Pregnancy-Specific Counseling	Meets Policy
Private Insurance Smoking Cessation Coverage	Minimal/No Policy
Second-Hand Smoke:	
Restrictions on Second-Hand Smoke	Weak Policy
Tax:	
Cigarette Excise Tax	Meets Policy
Funding:	
Tobacco Prevention Funding	Weak Policy
Youth Access:	
Tobacco Sales Rate to Minors	Limited Policy
Youth Access Restrictions	Meets Policy

Demographics

	Rhode Island Number	Rhode Island (Percent)	U.S. Number	U.S. (Percent)
Total Population of Women	540,820	(53.8%)	143,584,500	(51.9%)
Women by Race				
White (non-Hispanic)	459,017	(84.9%)	99,298,461	(69.2%)
Black (non-Hispanic)	20,328	(3.8%)	18,537,763	(12.9%)
American Indian/Alaskan Native (non-Hispanic)	4,142	(0.8%)	1,441,671	(1.0%)
Asian/Pacific Islander (non-Hispanic)	12,208	(2.3%)	6,324,727	(4.4%)
Hispanic	45,125	(8.3%)	17,981,877	(12.5%)
Women by Age				
0-17	113,279	(20.9%)	35,375,812	(24.6%)
18-24	47,567	(8.8%)	13,489,103	(9.4%)
25-44	153,062	(28.3%)	42,030,761	(29.3%)
45-64	126,363	(23.4%)	33,196,167	(23.1%)
65+	100,549	(18.6%)	19,492,657	(13.6%)
Lesbian-Headed Households	1,299	(0.32%)	293,365	(0.28%)
Median Earnings for Women ($)	$30,000		$28,000	
Women Residing in—Urban Areas	496,739	(91.2%)	113,984,742	(79.5%)
—Rural Areas	47,945	(8.8%)	29,383,601	(20.5%)
Women (25 or older) by Education:				
Less than 12 years	82,914	(21.8%)	14,877,627	(15.7%)
High School Graduate	110,296	(29.0%)	31,412,377	(33.2%)
Some College or Associate Degree	87,329	(23.0%)	25,038,018	(26.4%)
Bachelor's Degree	60,476	(15.9%)	16,098,968	(17.0%)
Graduate Degree	38,959	(10.3%)	7,292,595	(7.7%)

Grading Key for Policy Indicators Meets Policy Limited Policy Weak Policy Minimal/No Policy

SOUTH CAROLINA

GRADE F RANK 39

SMOKING-ATTRIBUTABLE DEATHS (WOMEN) 2,084
SMOKING-ATTRIBUTABLE YEARS OF POTENTIAL LIFE LOST (WOMEN) 40,418

Status Indicators (Women)

	White (Non-Hispanic)	Black (Non-Hispanic)	American Indian/ Alaskan Native (Non-Hispanic)	Asian/ Pacific Islander (Non-Hispanic)	Hispanic	U.S. Data	State Overall Data	State Grade	State Rank
Prevalence:									
Current Smoking, Adults (%)	24.6	14.5			22.2	20.7	21.8	F	32
Ages 18-24	33.3	9.3				24.0	24.2		
Ages 25-44	30.1	16.1			25.7	24.4	25.9		
Ages 45-64	24.5	17.2				21.4	22.5		
Ages 65+	10.7	10.5				9.2	10.8		
Current Smoking, Grades 9-12 (%)						27.7	26.8		
Smoking During Pregnancy, All Ages (%)						12.2	12.0	U	21
Ages 15-19						18.1	15.8		
Cessation:									
Trying to Quit, Adults (%)						44.9	44.9	F	41
Trying to Quit, Grades 9-12 (%)						61.4	59.6		
Receiving Smoking Cessation Advice by Physician (%)						61.0	56.8	F	41
No Health Insurance (%)	8.9	19.7				17.0	12.8	U	20
Second-Hand Smoke:									
Reporting Smoke Ban —At Work (%)						74.1	69.8	F	41
—At Home (%)						64.5	63.2	F	27

	White	Black	American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic				
Smoking-Related Diseases:									
Lung Cancer Death Rate (per 100,000)	41.7	27.8				40.7	38.4	F	16
Chronic Obstructive Pulmonary Disease Death Rate (per 100,000)	113.2	46.9				103.5	97.5	U	18
Coronary Heart Disease Death Rate (per 100,000)	148.1	181.3		95.6		164.6	155.5	U	25
Stroke Death Rate (per 100,000)	75.2	110.2				61.5	83.4	F	50

Grading Key for Status Indicators S Satisfactory S- Satisfactory Minus U Unsatisfactory F Fail

Policy Indicators

	Strength of Policy
Cessation:	
Telephone Quitline	
Pregnancy-Specific Counseling on Telephone Quitline	
Medicaid Smoking Cessation Coverage	
Medicaid Coverage of Pregnancy-Specific Counseling	
Private Insurance Smoking Cessation Coverage	
Second-Hand Smoke:	
Restrictions on Second-Hand Smoke	
Tax:	
Cigarette Excise Tax	
Funding:	
Tobacco Prevention Funding	
Youth Access:	
Tobacco Sales Rate to Minors	
Youth Access Restrictions	

Demographics

	South Carolina Number	South Carolina (Percent)	U.S. Number	U.S. (Percent)
Total Population of Women	2,085,895	(52.7%)	143,584,500	(51.9%)
Women by Race				
White (non-Hispanic)	1,449,820	(69.5%)	99,298,461	(69.2%)
Black (non-Hispanic)	560,630	(26.9%)	18,537,763	(12.9%)
American Indian/Alaskan Native (non-Hispanic)	8,327	(0.4%)	1,441,671	(1.0%)
Asian/Pacific Islander (non-Hispanic)	31,420	(1.5%)	6,324,727	(4.4%)
Hispanic	35,698	(1.7%)	17,981,877	(12.5%)
Women by Age				
0-17	516,352	(24.8%)	35,375,812	(24.6%)
18-24	180,575	(8.7%)	13,489,103	(9.4%)
25-44	543,663	(26.1%)	42,030,761	(29.3%)
45-64	553,751	(26.5%)	33,196,167	(23.1%)
65+	291,555	(14.0%)	19,492,657	(13.6%)
Lesbian-Headed Households	4,048	(0.26%)	293,365	(0.28%)
Median Earnings for Women ($)	$26,000		$28,000	
Women Residing in—Urban Areas	1,259,816	(61.1%)	113,984,742	(79.5%)
—Rural Areas	803,267	(38.9%)	29,383,601	(20.5%)
Women (25 or older) by Education:				
Less than 12 years	253,525	(18.3%)	14,877,627	(15.7%)
High School Graduate	460,706	(33.2%)	31,412,377	(33.2%)
Some College or Associate Degree	366,125	(26.4%)	25,038,018	(26.4%)
Bachelor's Degree	198,191	(14.3%)	16,098,968	(17.0%)
Graduate Degree	110,423	(7.9%)	7,292,595	(7.7%)

Grading Key for Policy Indicators Meets Policy Limited Policy Weak Policy Minimal/No Policy

SOUTH DAKOTA

GRADE F RANK 23

SMOKING-ATTRIBUTABLE DEATHS (WOMEN) 346
SMOKING-ATTRIBUTABLE YEARS OF POTENTIAL LIFE LOST (WOMEN) 5,680

Status Indicators (Women)

	White (Non-Hispanic)	Black (Non-Hispanic)	American Indian/ Alaskan Native (Non-Hispanic)	Asian/ Pacific Islander (Non-Hispanic)	Hispanic	U.S. Data	State Overall Data	State Grade	State Rank
Prevalence:									
Current Smoking, Adults (%)	20.3		45.7		29.6	20.7	21.6	F	31
Ages 18-24	32.4					24.0	33.9		
Ages 25-44	25.2		45.8		40.3	24.4	26.4		
Ages 45-64	20.0		45.0			21.4	21.4		
Ages 65+	7.2					9.2	7.4		
Current Smoking, Grades 9-12 (%)						27.7	34.4		
Smoking During Pregnancy, All Ages (%)						12.2	19.8	F	46
Ages 15-19						18.1			
Cessation:									
Trying to Quit, Adults (%)						44.9	50.3	F	23
Trying to Quit, Grades 9-12 (%)						61.4	71.3		
Receiving Smoking Cessation Advice by Physician (%)						61.0	57.5	F	37
No Health Insurance (%)	9.9		34.6			17.0	12.3	U	15
Second-Hand Smoke:									
Reporting Smoke Ban —At Work (%)						74.1	66.2	F	48
—At Home (%)						64.5	58.9	F	38

	White	Black	American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic				
Smoking-Related Diseases:									
Lung Cancer Death Rate (per 100,000)	30.2		54.0			40.7	30.8	U	4
Chronic Obstructive Pulmonary Disease Death Rate (per 100,000)	79.9					103.5	80.9	S-	5
Coronary Heart Disease Death Rate (per 100,000)	125.6		228.6			164.6	128.6	S-	13
Stroke Death Rate (per 100,000)	58.6		81.2			61.5	59.6	U	19

Grading Key for Status Indicators S Satisfactory S- Satisfactory Minus U Unsatisfactory F Fail

Policy Indicators

	Strength of Policy
Cessation:	
Telephone Quitline (1-866-SD-QUITS)	Meets Policy
Pregnancy-Specific Counseling on Telephone Quitline	Meets Policy
Medicaid Smoking Cessation Coverage	Weak Policy
Medicaid Coverage of Pregnancy-Specific Counseling	Minimal/No Policy
Private Insurance Smoking Cessation Coverage	Minimal/No Policy
Second-Hand Smoke:	
Restrictions on Second-Hand Smoke	Minimal/No Policy
Tax:	
Cigarette Excise Tax	Weak Policy
Funding:	
Tobacco Prevention Funding	Weak Policy
Youth Access:	
Tobacco Sales Rate to Minors	Meets Policy
Youth Access Restrictions	Minimal/No Policy

Demographics

	South Dakota Number	South Dakota (Percent)	U.S. Number	U.S. (Percent)
Total Population of Women	372,107	(51.5%)	143,584,500	(51.9%)
Women by Race				
White (non-Hispanic)	340,927	(91.6%)	99,298,461	(69.2%)
Black (non-Hispanic)	2,312	(0.6%)	18,537,763	(12.9%)
American Indian/Alaskan Native (non-Hispanic)	22,864	(6.1%)	1,441,671	(1.0%)
Asian/Pacific Islander (non-Hispanic)	1,842	(0.5%)	6,324,727	(4.4%)
Hispanic	4,162	(1.1%)	17,981,877	(12.5%)
Women by Age				
0-17	86,895	(23.4%)	35,375,812	(24.6%)
18-24	37,196	(10.0%)	13,489,103	(9.4%)
25-44	98,571	(26.5%)	42,030,761	(29.3%)
45-64	87,416	(23.5%)	33,196,167	(23.1%)
65+	62,029	(16.7%)	19,492,657	(13.6%)
Lesbian-Headed Households	437	(0.15%)	293,365	(0.28%)
Median Earnings for Women ($)	$23,000		$28,000	
Women Residing in—Urban Areas	199,882	(52.6%)	113,984,742	(79.5%)
—Rural Areas	180,404	(47.4%)	29,383,601	(20.5%)
Women (25 or older) by Education:				
Less than 12 years	26,272	(10.6%)	14,877,627	(15.7%)
High School Graduate	87,613	(35.3%)	31,412,377	(33.2%)
Some College or Associate Degree	79,781	(32.2%)	25,038,018	(26.4%)
Bachelor's Degree	43,966	(17.7%)	16,098,968	(17.0%)
Graduate Degree	10,383	(4.2%)	7,292,595	(7.7%)

Grading Key for Policy Indicators Meets Policy Limited Policy Weak Policy Minimal/No Policy

TENNESSEE

GRADE F RANK 47

SMOKING-ATTRIBUTABLE DEATHS (WOMEN) 3,545
SMOKING-ATTRIBUTABLE YEARS OF POTENTIAL LIFE LOST (WOMEN) 65,802

Status Indicators (Women)

	White (Non-Hispanic)	Black (Non-Hispanic)	American Indian/ Alaskan Native (Non-Hispanic)	Asian/ Pacific Islander (Non-Hispanic)	Hispanic	U.S. Data	State Overall Data	State Grade	State Rank
Prevalence:									
Current Smoking, Adults (%)	25.3	15.1			16.8	20.7	23.6	F	41
Ages 18-24	34.7	6.6				24.0	28.6		
Ages 25-44	32.9	17.7				24.4	29.7		
Ages 45-64	23.6	19.3				21.4	23.2		
Ages 65+	10.3	9.1				9.2	10.1		
Current Smoking, Grades 9-12 (%)						27.7	28.4		
Smoking During Pregnancy, All Ages (%)						12.2	17.0	F	36
Ages 15-19						18.1	21.5		
Cessation:									
Trying to Quit, Adults (%)						44.9	44.5	F	43
Trying to Quit, Grades 9-12 (%)						61.4	57.1		
Receiving Smoking Cessation Advice by Physician (%)						61.0	57.2	F	39
No Health Insurance (%)	11.7	13.5				17.0	12.9	U	21
Second-Hand Smoke:									
Reporting Smoke Ban —At Work (%)						74.1	69.9	F	41
—At Home (%)						64.5	56.6	F	44

	White	Black	American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic				
Smoking-Related Diseases:									
Lung Cancer Death Rate (per 100,000)	43.1	43.9				40.7	43.0	F	33
Chronic Obstructive Pulmonary Disease Death Rate (per 100,000)	111.8	65.4				103.5	106.1	U	28
Coronary Heart Disease Death Rate (per 100,000)	188.8	255.8		97.3	47.9	164.6	196.6	F	49
Stroke Death Rate (per 100,000)	75.8	100.3				61.5	78.7	F	48

Grading Key for Status Indicators S Satisfactory S- Satisfactory Minus U Unsatisfactory F Fail

Policy Indicators

	Strength of Policy
Cessation:	
Telephone Quitline	
Pregnancy-Specific Counseling on Telephone Quitline	
Medicaid Smoking Cessation Coverage	
Medicaid Coverage of Pregnancy-Specific Counseling	
Private Insurance Smoking Cessation Coverage	
Second-Hand Smoke:	
Restrictions on Second-Hand Smoke	
Tax:	
Cigarette Excise Tax	
Funding:	
Tobacco Prevention Funding	
Youth Access:	
Tobacco Sales Rate to Minors	
Youth Access Restrictions	

Demographics

	Number	(Percent)	Number	(Percent)
	Tennessee		U.S.	
Total Population of Women	2,942,578	(52.3%)	143,584,500	(51.9%)
Women by Race				
White (non-Hispanic)	2,274,270	(77.3%)	99,298,461	(69.2%)
Black (non-Hispanic)	553,294	(18.8%)	18,537,763	(12.9%)
American Indian/Alaskan Native (non-Hispanic)	12,775	(0.4%)	1,441,671	(1.0%)
Asian/Pacific Islander (non-Hispanic)	42,787	(1.5%)	6,324,727	(4.4%)
Hispanic	59,452	(2.0%)	17,981,877	(12.5%)
Women by Age				
0-17	716,293	(24.3%)	35,375,812	(24.6%)
18-24	303,569	(10.3%)	13,489,103	(9.4%)
25-44	867,161	(29.5%)	42,030,761	(29.3%)
45-64	688,517	(23.4%)	33,196,167	(23.1%)
65+	367,037	(12.5%)	19,492,657	(13.6%)
Lesbian-Headed Households	5,099	(0.23%)	293,365	(0.28%)
Median Earnings for Women ($)	$25,000		$28,000	
Women Residing in—Urban Areas	1,885,182	(64.6%)	113,984,742	(79.5%)
—Rural Areas	1,033,826	(35.4%)	29,383,601	(20.5%)
Women (25 or older) by Education:				
Less than 12 years	352,871	(18.4%)	14,877,627	(15.7%)
High School Graduate	692,512	(36.0%)	31,412,377	(33.2%)
Some College or Associate Degree	500,931	(26.1%)	25,038,018	(26.4%)
Bachelor's Degree	265,071	(13.8%)	16,098,968	(17.0%)
Graduate Degree	111,331	(5.8%)	7,292,595	(7.7%)

Grading Key for Policy Indicators Meets Policy Limited Policy Weak Policy Minimal/No Policy

TEXAS

GRADE F RANK 27

SMOKING-ATTRIBUTABLE DEATHS (WOMEN)	9,094
SMOKING-ATTRIBUTABLE YEARS OF POTENTIAL LIFE LOST (WOMEN)	159,474

Status Indicators (Women)

	White (Non-Hispanic)	Black (Non-Hispanic)	American Indian/ Alaskan Native (Non-Hispanic)	Asian/ Pacific Islander (Non-Hispanic)	Hispanic	U.S. Data	State Overall Data	State Grade	State Rank
Prevalence:									
Current Smoking, Adults (%)	21.9	15.9	34.2	5.1	13.2	20.7	18.8	U	7
Ages 18-24	35.7	3.9			13.1	24.0	21.8		
Ages 25-44	26.1	20.0		5.5	14.1	24.4	21.1		
Ages 45-64	21.6	20.3			13.7	21.4	19.6		
Ages 65+	10.6	8.0			6.1	9.2	9.9		
Current Smoking, Grades 9-12 (%)						27.7	24.9		
Smoking During Pregnancy, All Ages (%)						12.2	6.5	S-	2
Ages 15-19						18.1	8.7		
Cessation:									
Trying to Quit, Adults (%)						44.9	52.2	F	14
Trying to Quit, Grades 9-12 (%)						61.4	56.7		
Receiving Smoking Cessation Advice by Physician (%)						61.0	57.1	F	40
No Health Insurance (%)	14.1	24.2		31.8	45.8	17.0	26.0	F	50
Second-Hand Smoke:									
Reporting Smoke Ban —At Work (%)						74.1	71.1	F	36
—At Home (%)						64.5	70.7	F	7

	White	Black	American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic				
Smoking-Related Diseases:									
Lung Cancer Death Rate (per 100,000)	39.6	42.0		18.5	14.9	40.7	39.4	F	21
Chronic Obstructive Pulmonary Disease Death Rate (per 100,000)	112.3	60.9		32.9	36.5	103.5	106.4	U	30
Coronary Heart Disease Death Rate (per 100,000)	165.3	230.8		87.7	128.7	164.6	170.3	F	36
Stroke Death Rate (per 100,000)	65.9	86.2		37.2	46.8	61.5	67.5	F	36

Grading Key for Status Indicators S Satisfactory | S- Satisfactory Minus | U Unsatisfactory | F Fail

Policy Indicators

	Strength of Policy
Cessation:	
Telephone Quitline (1-877-YES-QUIT)	
Pregnancy-Specific Counseling on Telephone Quitline	
Medicaid Smoking Cessation Coverage	
Medicaid Coverage of Pregnancy-Specific Counseling	
Private Insurance Smoking Cessation Coverage	
Second-Hand Smoke:	
Restrictions on Second-Hand Smoke	
Tax:	
Cigarette Excise Tax	
Funding:	
Tobacco Prevention Funding	
Youth Access:	
Tobacco Sales Rate to Minors	
Youth Access Restrictions	

Demographics

	Texas Number	Texas (Percent)	U.S. Number	U.S. (Percent)
Total Population of Women	10,595,187	(52.0%)	143,584,500	(51.9%)
Women by Race				
White (non-Hispanic)	5,377,700	(50.8%)	99,298,461	(69.2%)
Black (non-Hispanic)	1,157,064	(10.9%)	18,537,763	(12.9%)
American Indian/Alaskan Native (non-Hispanic)	83,489	(0.8%)	1,441,671	(1.0%)
Asian/Pacific Islander (non-Hispanic)	343,788	(3.2%)	6,324,727	(4.4%)
Hispanic	3,633,146	(34.3%)	17,981,877	(12.5%)
Women by Age				
0-17	2,931,333	(27.7%)	35,375,812	(24.6%)
18-24	1,064,164	(10.0%)	13,489,103	(9.4%)
25-44	3,099,871	(29.3%)	42,030,761	(29.3%)
45-64	2,259,770	(21.3%)	33,196,167	(23.1%)
65+	1,240,050	(11.7%)	19,492,657	(13.6%)
Lesbian-Headed Households	21,172	(0.29%)	293,365	(0.28%)
Median Earnings for Women ($)	$26,000		$28,000	
Women Residing in—Urban Areas	8,689,599	(82.8%)	113,984,742	(79.5%)
—Rural Areas	1,809,311	(17.2%)	29,383,601	(20.5%)
Women (25 or older) by Education:				
Less than 12 years	1,453,207	(22.0%)	14,877,627	(15.7%)
High School Graduate	1,924,150	(29.2%)	31,412,377	(33.2%)
Some College or Associate Degree	1,699,142	(25.7%)	25,038,018	(26.4%)
Bachelor's Degree	1,095,589	(16.6%)	16,098,968	(17.0%)
Graduate Degree	427,602	(6.5%)	7,292,595	(7.7%)

Grading Key for Policy Indicators Meets Policy | Limited Policy | Weak Policy | Minimal/No Policy

UTAH

GRADE S- RANK 1

SMOKING-ATTRIBUTABLE DEATHS (WOMEN)	397
SMOKING-ATTRIBUTABLE YEARS OF POTENTIAL LIFE LOST (WOMEN)	6,790

Status Indicators (Women)

	White (Non-Hispanic)	Black (Non-Hispanic)	American Indian/ Alaskan Native (Non-Hispanic)	Asian/ Pacific Islander (Non-Hispanic)	Hispanic	U.S. Data	State Overall Data	State Grade	State Rank
Prevalence:									
Current Smoking, Adults (%)	11.5		21.2	9.6	10.7	20.7	11.6	S	1
Ages 18-24	10.4					24.0	11.0		
Ages 25-44	14.5				8.6	24.4	14.4		
Ages 45-64	11.7				13.3	21.4	11.8		
Ages 65+	4.6					9.2	4.6		
Current Smoking, Grades 9-12 (%)						27.7	9.6		
Smoking During Pregnancy, All Ages (%)						12.2	8.0	S-	5
Ages 15-19						18.1	19.9		
Cessation:									
Trying to Quit, Adults (%)						44.9	52.6	F	13
Trying to Quit, Grades 9-12 (%)						61.4			
Receiving Smoking Cessation Advice by Physician (%)						61.0	61.4	U	26
No Health Insurance (%)	12.5				38.1	17.0	14.5	U	27
Second-Hand Smoke:									
Reporting Smoke Ban —At Work (%)						74.1	87.6	S-	1
—At Home (%)						64.5	84.1	S-	1

	White	Black	American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic				
Smoking-Related Diseases:									
Lung Cancer Death Rate (per 100,000)	17.7					40.7	17.7	S	1
Chronic Obstructive Pulmonary Disease Death Rate (per 100,000)	75.5					103.5	74.5	S-	4
Coronary Heart Disease Death Rate (per 100,000)	96.8				63.5	164.6	96.1	S-	3
Stroke Death Rate (per 100,000)	63.5				44.1	61.5	63.4	F	29

Grading Key for Status Indicators S Satisfactory S- Satisfactory Minus U Unsatisfactory F Fail

Policy Indicators

	Strength of Policy
Cessation:	
Telephone Quitline (1-888-567-TRUTH)	
Pregnancy-Specific Counseling on Telephone Quitline	
Medicaid Smoking Cessation Coverage	
Medicaid Coverage of Pregnancy-Specific Counseling	
Private Insurance Smoking Cessation Coverage	
Second-Hand Smoke:	
Restrictions on Second-Hand Smoke	
Tax:	
Cigarette Excise Tax	
Funding:	
Tobacco Prevention Funding	
Youth Access:	
Tobacco Sales Rate to Minors	
Youth Access Restrictions	

Demographics

	Number (Percent) Utah		Number (Percent) U.S.	
Total Population of Women	1,114,193	(50.8%)	143,584,500	(51.9%)
Women by Race				
White (non-Hispanic)	960,523	(86.2%)	99,298,461	(69.2%)
Black (non-Hispanic)	9,619	(0.9%)	18,537,763	(12.9%)
American Indian/Alaskan Native (non-Hispanic)	5,815	(0.5%)	1,441,671	(1.0%)
Asian/Pacific Islander (non-Hispanic)	41,107	(3.7%)	6,324,727	(4.4%)
Hispanic	97,129	(8.7%)	17,981,877	(12.5%)
Women by Age				
0-17	339,031	(30.4%)	35,375,812	(24.6%)
18-24	158,013	(14.2%)	13,489,103	(9.4%)
25-44	307,484	(27.6%)	42,030,761	(29.3%)
45-64	212,711	(19.1%)	33,196,167	(23.1%)
65+	96,954	(8.7%)	19,492,657	(13.6%)
Lesbian-Headed Households	1,705	(0.24%)	293,365	(0.28%)
Median Earnings for Women ($)	$26,000		$28,000	
Women Residing in—Urban Areas	984,640	(88.4%)	113,984,742	(79.5%)
—Rural Areas	129,498	(11.6%)	29,383,601	(20.5%)
Women (25 or older) by Education:				
Less than 12 years	47,425	(7.7%)	14,877,627	(15.7%)
High School Graduate	198,699	(32.2%)	31,412,377	(33.2%)
Some College or Associate Degree	221,560	(35.9%)	25,038,018	(26.4%)
Bachelor's Degree	114,803	(18.6%)	16,098,968	(17.0%)
Graduate Degree	34,662	(5.6%)	7,292,595	(7.7%)

Grading Key for Policy Indicators Meets Policy Limited Policy Weak Policy Minimal/No Policy

VERMONT

GRADE F RANK 14

SMOKING-ATTRIBUTABLE DEATHS (WOMEN)	312
SMOKING-ATTRIBUTABLE YEARS OF POTENTIAL LIFE LOST (WOMEN)	5,322

Status Indicators (Women)

	White (Non-Hispanic)	Black (Non-Hispanic)	American Indian/ Alaskan Native (Non-Hispanic)	Asian/ Pacific Islander (Non-Hispanic)	Hispanic	U.S. Data	State Overall Data	State Grade	State Rank
Prevalence:									
Current Smoking, Adults (%)	20.6				26.2	20.7	20.8	F	22
Ages 18-24	35.1					24.0	36.1		
Ages 25-44	24.5					24.4	24.6		
Ages 45-64	17.6					21.4	17.7		
Ages 65+	7.7					9.2	7.7		
Current Smoking, Grades 9-12 (%)						27.7	26.0		
Smoking During Pregnancy, All Ages (%)						12.2	19.9	F	47
Ages 15-19						18.1	38.2		
Cessation:									
Trying to Quit, Adults (%)						44.9	48.3	F	32
Trying to Quit, Grades 9-12 (%)						61.4	52.2		
Receiving Smoking Cessation Advice by Physician (%)						61.0	72.0	S-	2
No Health Insurance (%)	11.1					17.0	10.9	U	11
Second-Hand Smoke:									
Reporting Smoke Ban —At Work (%)						74.1	80.8	U	4
—At Home (%)						64.5	65.4	F	17

	White	Black	American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic				
Smoking-Related Diseases:									
Lung Cancer Death Rate (per 100,000)	41.2					40.7	41.1	F	26
Chronic Obstructive Pulmonary Disease Death Rate (per 100,000)	116.3					103.5	116.1	F	37
Coronary Heart Disease Death Rate (per 100,000)	148.8					164.6	148.5	U	23
Stroke Death Rate (per 100,000)	58.3					61.5	58.2	U	11

Grading Key for Status Indicators S Satisfactory S- Satisfactory Minus U Unsatisfactory F Fail

Policy Indicators

	Strength of Policy
Cessation:	
Telephone Quitline (1-877-YES-QUIT)	Meets Policy
Pregnancy-Specific Counseling on Telephone Quitline	Meets Policy
Medicaid Smoking Cessation Coverage	Limited Policy
Medicaid Coverage of Pregnancy-Specific Counseling	Minimal/No Policy
Private Insurance Smoking Cessation Coverage	Minimal/No Policy
Second-Hand Smoke:	
Restrictions on Second-Hand Smoke	Meets Policy
Tax:	
Cigarette Excise Tax	Limited Policy
Funding:	
Tobacco Prevention Funding	Limited Policy
Youth Access:	
Tobacco Sales Rate to Minors	Limited Policy
Youth Access Restrictions	Meets Policy

Demographics

	Vermont Number	Vermont (Percent)	U.S. Number	U.S. (Percent)
Total Population of Women	309,295	(52.2%)	143,584,500	(51.9%)
Women by Race				
White (non-Hispanic)	301,079	(97.3%)	99,298,461	(69.2%)
Black (non-Hispanic)	1,227	(0.4%)	18,537,763	(12.9%)
American Indian/Alaskan Native (non-Hispanic)	2,710	(0.9%)	1,441,671	(1.0%)
Asian/Pacific Islander (non-Hispanic)	2,763	(0.9%)	6,324,727	(4.4%)
Hispanic	1,516	(0.5%)	17,981,877	(12.5%)
Women by Age				
0-17	63,955	(20.7%)	35,375,812	(24.6%)
18-24	27,483	(8.9%)	13,489,103	(9.4%)
25-44	93,529	(30.2%)	42,030,761	(29.3%)
45-64	82,280	(26.6%)	33,196,167	(23.1%)
65+	42,049	(13.6%)	19,492,657	(13.6%)
Lesbian-Headed Households	1,171	(0.49%)	293,365	(0.28%)
Median Earnings for Women ($)	$26,000		$28,000	
Women Residing in—Urban Areas	121,383	(39.1%)	113,984,742	(79.5%)
—Rural Areas	189,107	(60.9%)	29,383,601	(20.5%)
Women (25 or older) by Education:				
Less than 12 years	24,347	(11.2%)	14,877,627	(15.7%)
High School Graduate	77,038	(35.4%)	31,412,377	(33.2%)
Some College or Associate Degree	52,279	(24.0%)	25,038,018	(26.4%)
Bachelor's Degree	39,584	(18.2%)	16,098,968	(17.0%)
Graduate Degree	24,609	(11.3%)	7,292,595	(7.7%)

Grading Key for Policy Indicators Meets Policy Limited Policy Weak Policy Minimal/No Policy

VIRGINIA

GRADE F RANK 20

SMOKING-ATTRIBUTABLE DEATHS (WOMEN)	3,560
SMOKING-ATTRIBUTABLE YEARS OF POTENTIAL LIFE LOST (WOMEN)	62,840

Status Indicators (Women)

	White (Non-Hispanic)	Black (Non-Hispanic)	American Indian/ Alaskan Native (Non-Hispanic)	Asian/ Pacific Islander (Non-Hispanic)	Hispanic	U.S. Data	State Overall Data	State Grade	State Rank
Prevalence:									
Current Smoking, Adults (%)	21.2	17.8		9.7	20.9	20.7	20.6	F	19
Ages 18-24	28.7	7.7				24.0	25.9		
Ages 25-44	25.9	18.5		6.1	15.8	24.4	23.7		
Ages 45-64	20.3	22.8				21.4	20.7		
Ages 65+	8.8	11.6				9.2	9.3		
Current Smoking, Grades 9-12 (%)						27.7			
Smoking During Pregnancy, All Ages (%)						12.2	8.3	S-	7
Ages 15-19						18.1	14.9		
Cessation:									
Trying to Quit, Adults (%)						44.9	44.3	F	44
Trying to Quit, Grades 9-12 (%)						61.4			
Receiving Smoking Cessation Advice by Physician (%)						61.0	62.2	U	23
No Health Insurance (%)	9.8	13.8		12.5	33.1	17.0	13.8	U	24
Second-Hand Smoke:									
Reporting Smoke Ban —At Work (%)						74.1	76.2	F	16
—At Home (%)						64.5	63.7	F	24

	White	Black	American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic				
Smoking-Related Diseases:									
Lung Cancer Death Rate (per 100,000)	42.1	41.5		19.7	11.3	40.7	41.5	F	27
Chronic Obstructive Pulmonary Disease Death Rate (per 100,000)	111.3	60.3				103.5	101.5	U	23
Coronary Heart Disease Death Rate (per 100,000)	132.6	169.9		50.9	51.5	164.6	137.5	U	18
Stroke Death Rate (per 100,000)	65.8	91.9		47.7	29.3	61.5	70.0	F	45

Grading Key for Status Indicators S Satisfactory | S- Satisfactory Minus | U Unsatisfactory | F Fail

Policy Indicators

	Strength of Policy
Cessation:	
Telephone Quitline	
Pregnancy-Specific Counseling on Telephone Quitline	
Medicaid Smoking Cessation Coverage	
Medicaid Coverage of Pregnancy-Specific Counseling	
Private Insurance Smoking Cessation Coverage	
Second-Hand Smoke:	
Restrictions on Second-Hand Smoke	
Tax:	
Cigarette Excise Tax	
Funding:	
Tobacco Prevention Funding	
Youth Access:	
Tobacco Sales Rate to Minors	
Youth Access Restrictions	

Demographics

	Virginia Number	Virginia (Percent)	U.S. Number	U.S. (Percent)
Total Population of Women	3,633,527	(52.7%)	143,584,500	(51.9%)
Women by Race				
White (non-Hispanic)	2,465,383	(67.9%)	99,298,461	(69.2%)
Black (non-Hispanic)	820,109	(22.6%)	18,537,763	(12.9%)
American Indian/Alaskan Native (non-Hispanic)	8,351	(0.2%)	1,441,671	(1.0%)
Asian/Pacific Islander (non-Hispanic)	170,147	(4.7%)	6,324,727	(4.4%)
Hispanic	169,537	(4.7%)	17,981,877	(12.5%)
Women by Age				
0-17	876,896	(24.1%)	35,375,812	(24.6%)
18-24	299,705	(8.2%)	13,489,103	(9.4%)
25-44	1,110,501	(30.6%)	42,030,761	(29.3%)
45-64	870,985	(24.0%)	33,196,167	(23.1%)
65+	475,439	(13.1%)	19,492,657	(13.6%)
Lesbian-Headed Households	6,749	(0.25%)	293,365	(0.28%)
Median Earnings for Women ($)	$30,000		$28,000	
Women Residing in—Urban Areas	2,650,206	(73.5%)	113,984,742	(79.5%)
—Rural Areas	956,414	(26.5%)	29,383,601	(20.5%)
Women (25 or older) by Education:				
Less than 12 years	318,871	(13.0%)	14,877,627	(15.7%)
High School Graduate	764,911	(31.1%)	31,412,377	(33.2%)
Some College or Associate Degree	616,600	(25.1%)	25,038,018	(26.4%)
Bachelor's Degree	527,476	(21.5%)	16,098,968	(17.0%)
Graduate Degree	229,068	(9.3%)	7,292,595	(7.7%)

Grading Key for Policy Indicators Meets Policy | Limited Policy | Weak Policy | Minimal/No Policy

WASHINGTON

GRADE F RANK 26

SMOKING-ATTRIBUTABLE DEATHS (WOMEN) 3,085
SMOKING-ATTRIBUTABLE YEARS OF POTENTIAL LIFE LOST (WOMEN) 52,645

Status Indicators (Women)

	White (Non-Hispanic)	Black (Non-Hispanic)	American Indian/ Alaskan Native (Non-Hispanic)	Asian/ Pacific Islander (Non-Hispanic)	Hispanic	U.S. Data	State Overall Data	State Grade	State Rank
Prevalence:									
Current Smoking, Adults (%)	20.5	22.3	42.5	9.4	18.2	20.7	20.4	F	17
Ages 18-24	31.1					24.0	29.7		
Ages 25-44	23.9	26.3		9.3	19.6	24.4	23.4		
Ages 45-64	19.8				11.0	21.4	19.6		
Ages 65+	9.9					9.2	10.0		
Current Smoking, Grades 9-12 (%)						27.7			
Smoking During Pregnancy, All Ages (%)						12.2	13.5	U	28
Ages 15-19						18.1	25.6		
Cessation:									
Trying to Quit, Adults (%)						44.9	47.5	F	35
Trying to Quit, Grades 9-12 (%)						61.4			
Receiving Smoking Cessation Advice by Physician (%)						61.0	60.1	U	32
No Health Insurance (%)	11.4			21.9	34.4	17.0	15.8	F	29
Second-Hand Smoke:									
Reporting Smoke Ban —At Work (%)						74.1	77.6	F	11
—At Home (%)						64.5	75.0	U	4

	White	Black	American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic				
Smoking-Related Diseases:									
Lung Cancer Death Rate (per 100,000)	47.2	41.0	27.9	16.8	11.1	40.7	45.7	F	41
Chronic Obstructive Pulmonary Disease Death Rate (per 100,000)	127.2	65.8	129.6	39.9	39.5	103.5	123.2	F	40
Coronary Heart Disease Death Rate (per 100,000)	130.7	144.7	107.2	73.7	53.1	164.6	129.4	S-	15
Stroke Death Rate (per 100,000)	69.1	88.5	75.7	57.6	31.0	61.5	69.4	F	43

Grading Key for Status Indicators S Satisfactory S- Satisfactory Minus U Unsatisfactory F Fail

Policy Indicators

	Strength of Policy
Cessation:	
Telephone Quitline (1-877-270-STOP)	Meets Policy
Pregnancy-Specific Counseling on Telephone Quitline	Meets Policy
Medicaid Smoking Cessation Coverage	Minimal/No Policy
Medicaid Coverage of Pregnancy-Specific Counseling	Meets Policy
Private Insurance Smoking Cessation Coverage	Minimal/No Policy
Second-Hand Smoke:	
Restrictions on Second-Hand Smoke	Limited Policy
Tax:	
Cigarette Excise Tax	Limited Policy
Funding:	
Tobacco Prevention Funding	Limited Policy
Youth Access:	
Tobacco Sales Rate to Minors	Limited Policy
Youth Access Restrictions	Weak Policy

Demographics

	Number (Percent) Washington		Number (Percent) U.S.	
Total Population of Women	2,977,872	(51.0%)	143,584,500	(51.9%)
Women by Race				
White (non-Hispanic)	2,471,980	(83.0%)	99,298,461	(69.2%)
Black (non-Hispanic)	89,023	(3.0%)	18,537,763	(12.9%)
American Indian/Alaskan Native (non-Hispanic)	80,310	(2.7%)	1,441,671	(1.0%)
Asian/Pacific Islander (non-Hispanic)	173,823	(5.8%)	6,324,727	(4.4%)
Hispanic	162,737	(5.5%)	17,981,877	(12.5%)
Women by Age				
0-17	744,420	(25.0%)	35,375,812	(24.6%)
18-24	297,620	(10.0%)	13,489,103	(9.4%)
25-44	885,925	(29.8%)	42,030,761	(29.3%)
45-64	654,308	(22.0%)	33,196,167	(23.1%)
65+	395,599	(13.3%)	19,492,657	(13.6%)
Lesbian-Headed Households	8,248	(0.36%)	293,365	(0.28%)
Median Earnings for Women ($)	$30,000		$28,000	
Women Residing in—Urban Areas	2,438,409	(82.4%)	113,984,742	(79.5%)
—Rural Areas	521,412	(17.6%)	29,383,601	(20.5%)
Women (25 or older) by Education:				
Less than 12 years	201,514	(10.4%)	14,877,627	(15.7%)
High School Graduate	581,153	(30.0%)	31,412,377	(33.2%)
Some College or Associate Degree	658,583	(34.0%)	25,038,018	(26.4%)
Bachelor's Degree	367,702	(19.0%)	16,098,968	(17.0%)
Graduate Degree	126,880	(6.6%)	7,292,595	(7.7%)

Grading Key for Policy Indicators Meets Policy Limited Policy Weak Policy Minimal/No Policy

WEST VIRGINIA

GRADE F RANK 49

SMOKING-ATTRIBUTABLE DEATHS (WOMEN) 1,495
SMOKING-ATTRIBUTABLE YEARS OF POTENTIAL LIFE LOST (WOMEN) 26,612

Status Indicators (Women)

	White (Non-Hispanic)	Black (Non-Hispanic)	American Indian/ Alaskan Native (Non-Hispanic)	Asian/ Pacific Islander (Non-Hispanic)	Hispanic	U.S. Data	State Overall Data	State Grade	State Rank
Prevalence:									
Current Smoking, Adults (%)	25.5	22.7			28.4	20.7	25.6	F	47
Ages 18-24	32.1					24.0	32.2		
Ages 25-44	34.6					24.4	34.6		
Ages 45-64	24.5	30.1				21.4	24.8		
Ages 65+	9.8					9.2	10.1		
Current Smoking, Grades 9-12 (%)						27.7	40.6		
Smoking During Pregnancy, All Ages (%)						12.2	26.3	F	51
Ages 15-19						18.1	36.8		
Cessation:									
Trying to Quit, Adults (%)						44.9	44.1	F	45
Trying to Quit, Grades 9-12 (%)						61.4			
Receiving Smoking Cessation Advice by Physician (%)						61.0	66.4	S-	8
No Health Insurance (%)	17.2					17.0	18.3	F	39
Second-Hand Smoke:									
Reporting Smoke Ban —At Work (%)						74.1	71.2	F	35
—At Home (%)						64.5	46.5	F	50

	White	Black	American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic				
Smoking-Related Diseases:									
Lung Cancer Death Rate (per 100,000)	51.4	42.8				40.7	51.0	F	49
Chronic Obstructive Pulmonary Disease Death Rate (per 100,000)	133.8	79.4				103.5	131.6	F	46
Coronary Heart Disease Death Rate (per 100,000)	192.3	213.6				164.6	192.3	F	48
Stroke Death Rate (per 100,000)	62.3	65.2				61.5	62.3	U	26

Grading Key for Status Indicators S Satisfactory S- Satisfactory Minus U Unsatisfactory F Fail

Policy Indicators

	Strength of Policy
Cessation:	
Telephone Quitline (1-877-966-8784)	
Pregnancy-Specific Counseling on Telephone Quitline	
Medicaid Smoking Cessation Coverage	
Medicaid Coverage of Pregnancy-Specific Counseling	
Private Insurance Smoking Cessation Coverage	
Second-Hand Smoke:	
Restrictions on Second-Hand Smoke	
Tax:	
Cigarette Excise Tax	
Funding:	
Tobacco Prevention Funding	
Youth Access:	
Tobacco Sales Rate to Minors	
Youth Access Restrictions	

Demographics

	West Virginia Number	West Virginia (Percent)	U.S. Number	U.S. (Percent)
Total Population of Women	922,767	(53.4%)	143,584,500	(51.9%)
Women by Race				
White (non-Hispanic)	880,070	(95.4%)	99,298,461	(69.2%)
Black (non-Hispanic)	29,781	(3.2%)	18,537,763	(12.9%)
American Indian/Alaskan Native (non-Hispanic)	1,807	(0.2%)	1,441,671	(1.0%)
Asian/Pacific Islander (non-Hispanic)	6,125	(0.7%)	6,324,727	(4.4%)
Hispanic	4,984	(0.5%)	17,981,877	(12.5%)
Women by Age				
0-17	184,137	(20.0%)	35,375,812	(24.6%)
18-24	87,166	(9.4%)	13,489,103	(9.4%)
25-44	238,893	(25.9%)	42,030,761	(29.3%)
45-64	247,198	(26.8%)	33,196,167	(23.1%)
65+	165,373	(17.9%)	19,492,657	(13.6%)
Lesbian-Headed Households	1,422	(0.19%)	293,365	(0.28%)
Median Earnings for Women ($)	$22,688		$28,000	
Women Residing in—Urban Areas	439,506	(47.3%)	113,984,742	(79.5%)
—Rural Areas	489,668	(52.7%)	29,383,601	(20.5%)
Women (25 or older) by Education:				
Less than 12 years	136,618	(21.0%)	14,877,627	(15.7%)
High School Graduate	267,096	(41.0%)	31,412,377	(33.2%)
Some College or Associate Degree	151,997	(23.3%)	25,038,018	(26.4%)
Bachelor's Degree	60,957	(9.4%)	16,098,968	(17.0%)
Graduate Degree	34,795	(5.3%)	7,292,595	(7.7%)

Grading Key for Policy Indicators Meets Policy Limited Policy Weak Policy Minimal/No Policy

National and State Report Cards

WISCONSIN

GRADE F RANK 22

SMOKING-ATTRIBUTABLE DEATHS (WOMEN)	3,241
SMOKING-ATTRIBUTABLE YEARS OF POTENTIAL LIFE LOST (WOMEN)	51,335

Status Indicators (Women)

	White (Non-Hispanic)	Black (Non-Hispanic)	American Indian/ Alaskan Native (Non-Hispanic)	Asian/ Pacific Islander (Non-Hispanic)	Hispanic	U.S. Data	State Overall Data	State Grade	State Rank
Prevalence:									
Current Smoking, Adults (%)	23.1	25.6	36.1		24.5	20.7	23.4	F	39
Ages 18-24	40.8					24.0	37.8		
Ages 25-44	26.9	29.4				24.4	27.4		
Ages 45-64	21.3	33.4				21.4	21.6		
Ages 65+	10.2					9.2	10.5		
Current Smoking, Grades 9-12 (%)						27.7	36.7		
Smoking During Pregnancy, All Ages (%)						12.2	16.5	F	34
Ages 15-19						18.1	27.9		
Cessation:									
Trying to Quit, Adults (%)						44.9	49.5	F	26
Trying to Quit, Grades 9-12 (%)						61.4	57.8		
Receiving Smoking Cessation Advice by Physician (%)						61.0	66.1	S-	9
No Health Insurance (%)	6.3	17.8			18.6	17.0	8.0	S-	1
Second-Hand Smoke:									
Reporting Smoke Ban —At Work (%)						74.1	71.5	F	33
—At Home (%)						64.5	61.0	F	33

	White	Black	American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic				
Smoking-Related Diseases:									
Lung Cancer Death Rate (per 100,000)	36.8	48.9				40.7	37.2	F	12
Chronic Obstructive Pulmonary Disease Death Rate (per 100,000)	88.3	77.9				103.5	88.4	U	8
Coronary Heart Disease Death Rate (per 100,000)	133.8	163.7	162.9	61.6	34.0	164.6	134.8	U	17
Stroke Death Rate (per 100,000)	65.8	87.7	80.6	71.4	24.2	61.5	66.6	F	34

Grading Key for Status Indicators S Satisfactory | S- Satisfactory Minus | U Unsatisfactory | F Fail

Policy Indicators

	Strength of Policy
Cessation:	
Telephone Quitline (1-877-270-STOP)	Meets Policy
Pregnancy-Specific Counseling on Telephone Quitline	Minimal/No Policy
Medicaid Smoking Cessation Coverage	Limited Policy
Medicaid Coverage of Pregnancy-Specific Counseling	Minimal/No Policy
Private Insurance Smoking Cessation Coverage	Minimal/No Policy
Second-Hand Smoke:	
Restrictions on Second-Hand Smoke	Limited Policy
Tax:	
Cigarette Excise Tax	Weak Policy
Funding:	
Tobacco Prevention Funding	Weak Policy
Youth Access:	
Tobacco Sales Rate to Minors	Weak Policy
Youth Access Restrictions	Minimal/No Policy

Demographics

	Wisconsin Number	Wisconsin (Percent)	U.S. Number	U.S. (Percent)
Total Population of Women	2,673,769	(50.4%)	143,584,500	(51.9%)
Women by Race				
White (non-Hispanic)	2,343,750	(87.7%)	99,298,461	(69.2%)
Black (non-Hispanic)	164,534	(6.2%)	18,537,763	(12.9%)
American Indian/Alaskan Native (non-Hispanic)	31,365	(1.2%)	1,441,671	(1.0%)
Asian/Pacific Islander (non-Hispanic)	42,987	(1.6%)	6,324,727	(4.4%)
Hispanic	91,133	(3.4%)	17,981,877	(12.5%)
Women by Age				
0-17	649,313	(24.3%)	35,375,812	(24.6%)
18-24	271,404	(10.2%)	13,489,103	(9.4%)
25-44	738,006	(27.6%)	42,030,761	(29.3%)
45-64	625,206	(23.4%)	33,196,167	(23.1%)
65+	389,840	(14.6%)	19,492,657	(13.6%)
Lesbian-Headed Households	4,370	(0.21%)	293,365	(0.28%)
Median Earnings for Women ($)	$27,000		$28,000	
Women Residing in—Urban Areas	1,880,813	(69.3%)	113,984,742	(79.5%)
—Rural Areas	833,821	(30.7%)	29,383,601	(20.5%)
Women (25 or older) by Education:				
Less than 12 years	221,259	(12.6%)	14,877,627	(15.7%)
High School Graduate	635,613	(36.3%)	31,412,377	(33.2%)
Some College or Associate Degree	477,467	(27.2%)	25,038,018	(26.4%)
Bachelor's Degree	325,537	(18.6%)	16,098,968	(17.0%)
Graduate Degree	93,176	(5.3%)	7,292,595	(7.7%)

Grading Key for Policy Indicators Meets Policy | Limited Policy | Weak Policy | Minimal/No Policy

WYOMING

GRADE F RANK 42

SMOKING-ATTRIBUTABLE DEATHS (WOMEN)	295
SMOKING-ATTRIBUTABLE YEARS OF POTENTIAL LIFE LOST (WOMEN)	5,000

Status Indicators (Women)

	White (Non-Hispanic)	Black (Non-Hispanic)	American Indian/ Alaskan Native (Non-Hispanic)	Asian/ Pacific Islander (Non-Hispanic)	Hispanic	U.S. Data	State Overall Data	State Grade	State Rank
Prevalence:									
Current Smoking, Adults (%)	22.2				27.5	20.7	22.7	F	36
Ages 18-24	26.9					24.0	27.4		
Ages 25-44	26.7				29.0	24.4	27.2		
Ages 45-64	21.7				26.8	21.4	22.3		
Ages 65+	11.0					9.2	10.9		
Current Smoking, Grades 9-12 (%)						27.7	29.6		
Smoking During Pregnancy, All Ages (%)						12.2	21.1	F	49
Ages 15-19						18.1	33.1		
Cessation:									
Trying to Quit, Adults (%)						44.9	49.5	F	26
Trying to Quit, Grades 9-12 (%)						61.4	63.3		
Receiving Smoking Cessation Advice by Physician (%)						61.0	58.1	F	35
No Health Insurance (%)	19.9				29.5	17.0	20.3	F	44
Second-Hand Smoke:									
Reporting Smoke Ban —At Work (%)						74.1	70.8	F	38
—At Home (%)						64.5	62.6	F	29

	White	Black	American Indian/ Alaskan Native	Asian/ Pacific Islander	Hispanic				
Smoking-Related Diseases:									
Lung Cancer Death Rate (per 100,000)	39.5					40.7	39.2	F	19
Chronic Obstructive Pulmonary Disease Death Rate (per 100,000)	160.2					103.5	158.4	F	50
Coronary Heart Disease Death Rate (per 100,000)	129.8					164.6	129.5	S-	16
Stroke Death Rate (per 100,000)	63.5					61.5	64.0	F	31

Grading Key for Status Indicators S Satisfactory S- Satisfactory Minus U Unsatisfactory F Fail

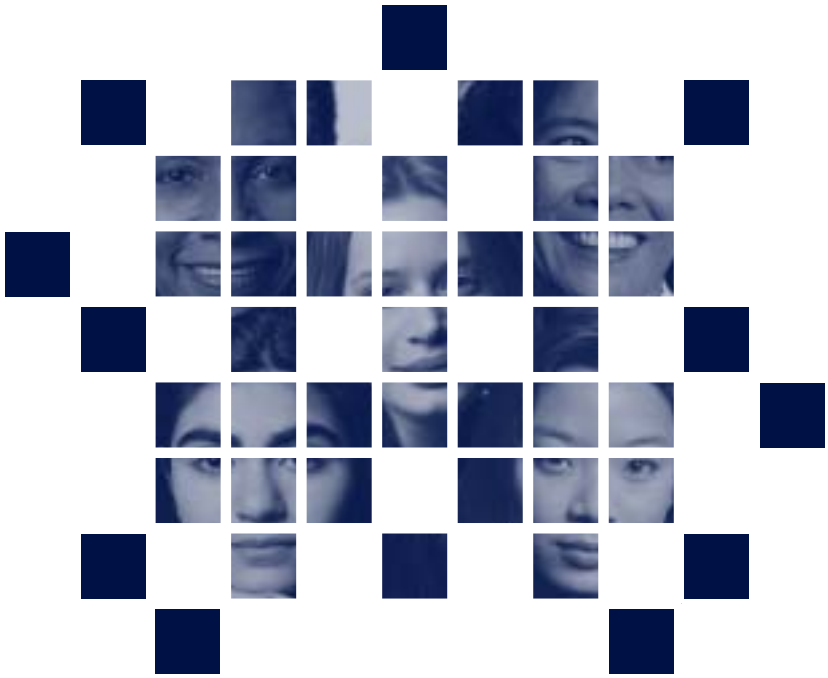
Policy Indicators

	Strength of Policy
Cessation:	
Telephone Quitline	
Pregnancy-Specific Counseling on Telephone Quitline	
Medicaid Smoking Cessation Coverage	
Medicaid Coverage of Pregnancy-Specific Counseling	
Private Insurance Smoking Cessation Coverage	
Second-Hand Smoke:	
Restrictions on Second-Hand Smoke	
Tax:	
Cigarette Excise Tax	
Funding:	
Tobacco Prevention Funding	
Youth Access:	
Tobacco Sales Rate to Minors	
Youth Access Restrictions	

Demographics

	Number	(Percent)	Number	(Percent)
	Wyoming		U.S.	
Total Population of Women	247,829	(51.6%)	143,584,500	(51.9%)
Women by Race				
White (non-Hispanic)	226,499	(91.4%)	99,298,461	(69.2%)
Black (non-Hispanic)	1,017	(0.4%)	18,537,763	(12.9%)
American Indian/Alaskan Native (non-Hispanic)	4,265	(1.7%)	1,441,671	(1.0%)
Asian/Pacific Islander (non-Hispanic)	2,080	(0.8%)	6,324,727	(4.4%)
Hispanic	13,968	(5.6%)	17,981,877	(12.5%)
Women by Age				
0-17	60,352	(24.4%)	35,375,812	(24.6%)
18-24	23,286	(9.4%)	13,489,103	(9.4%)
25-44	72,255	(29.2%)	42,030,761	(29.3%)
45-64	59,922	(24.2%)	33,196,167	(23.1%)
65+	32,014	(12.9%)	19,492,657	(13.6%)
Lesbian-Headed Households	395	(0.20%)	293,365	(0.28%)
Median Earnings for Women ($)	$24,000		$28,000	
Women Residing in—Urban Areas	161,101	(65.6%)	113,984,742	(79.5%)
—Rural Areas	84,307	(34.4%)	29,383,601	(20.5%)
Women (25 or older) by Education:				
Less than 12 years	13,415	(8.2%)	14,877,627	(15.7%)
High School Graduate	59,029	(36.0%)	31,412,377	(33.2%)
Some College or Associate Degree	62,319	(38.0%)	25,038,018	(26.4%)
Bachelor's Degree	22,422	(13.7%)	16,098,968	(17.0%)
Graduate Degree	7,007	(4.3%)	7,292,595	(7.7%)

Grading Key for Policy Indicators Meets Policy Limited Policy Weak Policy Minimal/No Policy



Chapter IV

Indicator Descriptions and Methodology

This chapter contains descriptions of the indicators used in the *Report Card*, their data sources and methodology, and the data sources for the demographic information. The chapter is organized as follows. The status indicators are discussed first, with a page for each indicator, including its description, data source and an alphabetical chart of the states with their ranks and grades on the indicator. The status indicator methodology follows this section. The policy indicators are then presented in a similar fashion. The chapter ends with the data sources for the demographic information. The indicators are addressed in the order in which they appear in the national and state report cards.

Status Indicators

For all the status indicators described below, states that meet the benchmark receive a "Satisfactory" ("S"). States not meeting the benchmark receive a "Satisfactory Minus" ("S-"), "Unsatisfactory" ("U"), or "Fail" ("F") based on scores that reflect how far states are from the benchmarks, as explained below in the Grading and Ranking section. The nation is graded in the same manner.

What percentage of women smoke?

Women who smoke are at risk for many serious illnesses, including lung cancer, chronic lung disease, heart disease, and stroke. The percentage of women who smoke has decreased from almost 34 percent in 1965 to about 21 percent in 2000; however, most of this decrease occurred from 1974 through 1990, with slower progress in the last 13 years.[180] The *Report Card* benchmark is the Healthy People 2010 goal of reducing cigarette smoking among adults 18 years and older to 12 percent.[181]

Current Smoking, Adults (%)

State/National	State Overall Data	State Grade	State Rank
Alabama	21.8	F	32
Alaska	26.2	F	48
Arizona	18.5	U	4
Arkansas	24.4	F	44
California	14.6	S-	2
Colorado	21.3	F	29
Connecticut	20.1	U	14
Delaware	22.0	F	34
District of Columbia	18.9	U	8
Florida	20.2	U	15
Georgia	20.8	F	22
Hawaii	16.6	S-	3
Idaho	20.3	F	16
Illinois	20.9	F	24
Indiana	24.8	F	46
Iowa	20.6	F	19
Kansas	19.4	U	10
Kentucky	28.0	F	50
Louisiana	21.2	F	28
Maine	21.1	F	27
Maryland	18.7	U	6
Massachusetts	19.3	U	9
Michigan	23.6	F	41
Minnesota	18.6	U	5
Mississippi	21.0	F	25
Missouri	24.3	F	43
Montana	21.3	F	29
Nebraska	20.0	U	13
Nevada	28.5	F	51
New Hampshire	23.2	F	38
New Jersey	19.7	U	11
New Mexico	20.7	F	21
New York	21.0	F	25
North Carolina	23.4	F	39
North Dakota	20.4	F	17
Ohio	26.2	F	48
Oklahoma	24.5	F	45
Oregon	19.7	U	11
Pennsylvania	22.8	F	37
Rhode Island	22.3	F	35
South Carolina	21.8	F	32
South Dakota	21.6	F	31
Tennessee	23.6	F	41
Texas	18.8	U	7
Utah	11.6	S	1
Vermont	20.8	F	22
Virginia	20.6	F	19
Washington	20.4	F	17
West Virginia	25.6	F	47
Wisconsin	23.4	F	39
Wyoming	22.7	F	36

S:	1
S-:	2
U:	12
F:	36

Data Source: Current Smoking, Adults (%), 1999-2001.

EXPLANATION: This measure includes women aged 18 and older in the non-institutionalized[182] civilian population who reported ever smoking 100 cigarettes in their lifetime and reported currently smoking every day or some days.

STATE: Data are from 1999-2001 from Centers for Disease Control and Prevention, *Behavioral Risk Factor Surveillance System Online Prevalence Data, 1995-2001*, available at http://www.cdc.gov/brfss/ [hereinafter BRFSS] (unpublished data request from Office on Smoking and Health, CDC).

NATIONAL: Data are from 1999-2001 from National Center for Health Statistics, *National Health Interview Survey*, available at http://www.cdc.gov/nchs/nhis.htm (unpublished data request from Office on Smoking and Health, CDC) [hereinafter NHIS]. National data by education are for women aged 25 and older.

What percentage of girls in grades 9-12 smoke?

The negative health consequences of smoking are directly related to how long and how much a person smokes.[183] More than 80 percent of women who have ever smoked reported trying a cigarette before age 18, and women who start smoking as adolescents are more likely to be heavy adult smokers and to become dependent on nicotine than are those who start later.[184] The benchmark for this indicator is the Healthy People 2010 goal of reducing cigarette smoking in the past month by students in grades 9-12 to 16 percent.[185] The *Report Card* does not grade this indicator, however, because consistent data are not available for all states.

Data Source: Current Smoking, Grades 9-12 (%), 2000 & 2001.

EXPLANATION: This measure includes the percentage of students who reported smoking cigarettes on one or more of the past 30 days.

STATE: Data for AL, AR, CO, DE, FL, HI, ID, IL excluding Chicago, IN, IA, KY, LA excluding New Orleans, ME, MA, MI, MS, MO, MT, NE, NV, NJ, NY excluding New York City, NC, ND, RI, SC, SD, TN, TX, UT, VT, WI, WY are from Centers for Disease Control and Prevention, *Assessing Health Risk Behaviors Among Young People: Youth Risk Behavior Surveillance System Youth 2001 Online*, available at http://www.cdc.gov/nccdphp/dash/yrbs/ [hereinafter *YRBSS*] (data for CO, HI, IL, IN, IA, KY, LA, NE, NY, SC, and TN are unweighted). Data for CA, CT, DC, KS, MD, MN, OH, WV are from "2000 Youth Tobacco Survey (YTS)" and data for PA are from "2001 YTS," in Centers for Disease Control and Prevention, *Tobacco Control State Highlights 2002: Impact and Opportunity* (Atlanta, GA: Centers for Disease Control and Prevention, Office on Smoking and Health, 2002), available at http://www.cdc.gov/tobacco/statehi/statehi_2002.htm.

NATIONAL: Data are from the national 2001 *YRBSS* (see above) and are representative of students in grades 9-12 in public and private schools in the 50 states and the District of Columbia. National data by race are from "Youth Risk Behavior Surveillance—United States, 2001," *MMWR Surveillance Summary* 51 (SS04) (June 28, 2002), 1-64. Both the *YRBSS* and the YTS are random design and self-administered surveys in the classroom for students in grades 9-12 and define current smokers as those students who reported smoking cigarettes on one or more of the past 30 days.

Current Smoking, Grades 9-12 (%)

State/National	State Overall Data
Alabama	22.7
Alaska	
Arizona	
Arkansas	32.1
California	20.4
Colorado	29.3
Connecticut	26.0
Delaware	23.4
District of Columbia	12.3
Florida	22.9
Georgia	
Hawaii	18.0
Idaho	17.1
Illinois	26.6
Indiana	27.5
Iowa	29.5
Kansas	27.5
Kentucky	34.1
Louisiana	23.0
Maine	26.6
Maryland	23.8
Massachusetts	27.0
Michigan	27.2
Minnesota	32.6
Mississippi	24.6
Missouri	30.4
Montana	31.8
Nebraska	31.6
Nevada	25.8
New Hampshire	
New Jersey	28.9
New Mexico	
New York	32.8
North Carolina	27.2
North Dakota	35.5
Ohio	33.7
Oklahoma	
Oregon	
Pennsylvania	28.3
Rhode Island	25.6
South Carolina	26.8
South Dakota	34.4
Tennessee	28.4
Texas	24.9
Utah	9.6
Vermont	26.0
Virginia	
Washington	
West Virginia	40.6
Wisconsin	36.7
Wyoming	29.6

What percentage of pregnant women smoke?

Smoking during pregnancy is linked to many adverse health outcomes for women and their fetuses and infants, as described in Chapter II. Girls aged 15-19 are most likely to smoke during pregnancy,[186] and young first-time mothers who smoke appear to be at greater risk for low birth weight infants than are older first-time mothers who smoke.[187] In addition to the health consequences, smoking results in financial costs for women and their families, as well as the health care system. The medical costs of a complicated birth are over 60 percent higher for smokers than for nonsmokers.[188] The *Report Card* benchmark is the Healthy People 2010 goal of increasing abstinence from smoking among pregnant women to 99 percent.[189]

Cessation programs for pregnant women not only reduce the adverse health consequences of smoking during pregnancy, but also provide economic benefits for insurers and the health care system in general. One study estimated the savings from reducing the number of low birth weight infants in the United States by reducing smoking among pregnant women before or during the first trimester. The study found that a decline in smoking among pregnant women of one percentage point in a year would prevent 1,300 low birth weight infants and save $21 million in direct medical costs in the first year alone.[191]

Smoking During Pregnancy, All Ages (%)

State/National	State Overall Data	State Grade	State Rank
Alabama	12.6	U	23
Alaska	18.5	F	44
Arizona	6.9	S-	3
Arkansas	18.2	F	42
California	9.8	U	15
Colorado	9.4	U	11
Connecticut	8.2	S-	6
Delaware	13.1	U	26
District of Columbia	2.6	S-	1
Florida	9.5	U	13
Georgia	8.4	S-	8
Hawaii	7.8	S-	4
Idaho	12.6	U	23
Illinois	10.9	U	18
Indiana	20.3	F	48
Iowa	17.5	F	38
Kansas	13.0	U	25
Kentucky	24.6	F	50
Louisiana	9.4	U	11
Maine	17.9	F	39
Maryland	9.3	U	10
Massachusetts	9.9	U	17
Michigan	15.8	F	32
Minnesota	11.1	U	20
Mississippi	12.3	U	22
Missouri	18.3	F	43
Montana	17.9	F	39
Nebraska	14.9	F	31
Nevada	11.0	U	19
New Hampshire	16.0	F	33
New Jersey	9.7	U	14
New Mexico	9.8	U	15
New York	9.0	U	9
North Carolina	14.0	F	29
North Dakota	18.0	F	41
Ohio	19.0	F	45
Oklahoma	17.3	F	37
Oregon	13.4	U	27
Pennsylvania	16.7	F	35
Rhode Island	14.6	F	30
South Carolina	12.0	U	21
South Dakota	19.8	F	46
Tennessee	17.0	F	36
Texas	6.5	S-	2
Utah	8.0	S-	5
Vermont	19.9	F	47
Virginia	8.3	S-	7
Washington	13.5	U	28
West Virginia	26.3	F	51
Wisconsin	16.5	F	34
Wyoming	21.1	F	49

S:	0
S-:	8
U:	20
F:	23

Data Source: Smoking During Pregnancy, All Ages (%), 2000.

EXPLANATION: This measure includes the percentage of women who reported smoking during pregnancy on the birth certificate and is based on all live births.

STATE: In 2000, data on smoking during pregnancy were reported on birth certificates in a standard format in all states except California. Overall state data are from 2000, Annie E. Casey Foundation, *The Right Start for America's Newborns: A Decade of City and State Trends (1990-2000)*, available at http://www.aecf.org/kidscount/rightstart2003 (compilation of data from birth certificates) [hereinafter *The Right Start*]. Data for CA were obtained from the 2000 *Maternal and Infant Health Assessment Survey (MIHA)*, a statewide, representative mailed survey of women delivering live births in CA, which defines smoking during pregnancy as any self-reported maternal smoking during the first and/or third trimesters of pregnancy. The methodologies for obtaining information from the birth certificate vs. a mailed survey are different and *MIHA* may show higher estimates than information obtained from the birth certificate. Maternal smoking is believed to be underreported on the birth certificate due to several factors, including the lack of a specific time reference for smoking status, variations in the source of information for each birth, and the stigma associated with smoking, which may be greater in cases of poor birth outcome.[190] State data for pregnant women smoking aged 15-19 are from 1998-1999 (data for CA and SD are not available; data for NY and IN are only for 1999), T.J. Mathews, "Smoking During Pregnancy in the 1990s," *National Vital Statistics Reports* 49 no. 7. (Hyattsville, MD: National Center for Health Statistics, August 28, 2001), available at http://www.cdc.gov/nchs/data/nvsr/nvsr49/nvsr49_07.pdf [hereinafter Matthews].

NATIONAL: Overall data are from *The Right Start* (see above). Data on smoking during pregnancy are not collected on the CA birth certificate and therefore not included in the national data. Data for pregnant women by race/ethnicity and age are from 1998-1999 (excludes data for CA and SD, which did not collect this information in 1999); data for pregnant women by race/ethnicity and education are for women age 20 years and older and are from 1999 (excludes data for CA and SD, which did not collect this information in 1999) and are from Mathews (see above).

What percentage of women quit smoking for one day or longer in the past year?
The most important action smokers can take to improve their health is to quit smoking, but research shows that to truly quit smoking may take several attempts.[192] In 2000, 70 percent of smokers reported wanting to quit smoking, and over 40 percent tried to quit smoking for at least one day, but only five percent succeeded in quitting for three months or more.[193] Women are at least as likely to attempt to quit smoking and to succeed as men.[194] The *Report Card* benchmark is the Healthy People 2010 goal of increasing smoking cessation attempts by adult smokers to 75 percent.[195]

Trying to Quit, Adults (%)

State/National	State Overall Data	State Grade	State Rank
Alabama	47.6	F	34
Alaska	56.3	F	4
Arizona	54.5	F	5
Arkansas	42.6	F	49
California	53.5	F	8
Colorado	51.2	F	19
Connecticut	52.0	F	15
Delaware	47.0	F	36
District of Columbia	54.5	F	5
Florida	49.0	F	28
Georgia	53.5	F	8
Hawaii	65.2	S-	1
Idaho	45.4	F	40
Illinois	48.5	F	30
Indiana	48.7	F	29
Iowa	50.8	F	20
Kansas	46.9	F	37
Kentucky	50.4	F	22
Louisiana	48.4	F	31
Maine	51.5	F	17
Maryland	50.2	F	25
Massachusetts	52.9	F	12
Michigan	58.9	U	2
Minnesota	48.2	F	33
Mississippi	43.9	F	48
Missouri	46.2	F	39
Montana	50.3	F	23
Nebraska	42.3	F	50
Nevada	38.4	F	51
New Hampshire	58.0	U	3
New Jersey	50.6	F	21
New Mexico	53.9	F	7
New York	51.9	F	16
North Carolina	51.3	F	18
North Dakota	44.6	F	42
Ohio	46.4	F	38
Oklahoma	53.0	F	11
Oregon	53.2	F	10
Pennsylvania	44.1	F	45
Rhode Island	44.0	F	47
South Carolina	44.9	F	41
South Dakota	50.3	F	23
Tennessee	44.5	F	43
Texas	52.2	F	14
Utah	52.6	F	13
Vermont	48.3	F	32
Virginia	44.3	F	44
Washington	47.5	F	35
West Virginia	44.1	F	45
Wisconsin	49.5	F	26
Wyoming	49.5	F	26

S:	0
S-:	1
U:	2
F:	48

Data Source: Trying to Quit, Adults (%), 2000.

EXPLANATION: This measure includes respondents aged 18 and older answering "yes" to the following question on the surveys listed below: "During the past 12 months, have you quit smoking for 1 day or longer (women who smoke everyday) because you were trying to quit smoking?"

STATE: Data are from the 2000 BRFSS (see Data Source, *supra* page 82).

NATIONAL : Data are from 2000 NHIS (see Data Source, *supra* page 82).

What percentage of girls in grades 9-12 tried to quit smoking in the past year?
Quitting smoking is no easier for adolescents than it is for adults, and the overwhelming majority of youth who try to quit do so without using any cessation methods, such as school or community programs, telephone counseling, or nicotine replacement therapy. A recent survey reveals that girls are more likely than boys to attempt to quit smoking, but they are also more likely than boys to report that their attempts to reduce or quit smoking were unsuccessful.[196] The proportion of young girls who try to quit smoking decreases as their age increases, emphasizing the need for intervention early in young girls' lives.[197] The benchmark for this indicator is the Healthy People 2010 goal of increasing tobacco use cessation attempts by adolescent smokers to 84 percent.[198] The *Report Card* does not grade this indicator, however, because consistent data are not available for all states.

Girls, Sports, and Reduced Smoking: Girls who play sports are less likely to smoke or use drugs, and have lower rates of both sexual activity and pregnancy.[199] Sports participation also decreases a young woman's chance of developing heart disease, osteoporosis, breast cancer, and other health related problems.[200] There are psychological benefits too: young women who play sports have a higher level of self-esteem, a lower incidence of depression, and a more positive body image.[201]

Trying to Quit, Grades 9-12 (%)

State/National	State Overall Data
Alabama	59.0
Alaska	
Arizona	
Arkansas	61.0
California	
Colorado	69.5
Connecticut	
Delaware	58.2
District of Columbia	
Florida	56.5
Georgia	
Hawaii	68.6
Idaho	66.3
Illinois	62.4
Indiana	63.0
Iowa	56.7
Kansas	
Kentucky	55.3
Louisiana	63.8
Maine	62.7
Maryland	
Massachusetts	
Michigan	68.3
Minnesota	
Mississippi	67.6
Missouri	65.2
Montana	72.5
Nebraska	61.6
Nevada	
New Hampshire	
New Jersey	50.2
New Mexico	
New York	59.6
North Carolina	63.1
North Dakota	62.1
Ohio	
Oklahoma	
Oregon	
Pennsylvania	
Rhode Island	61.5
South Carolina	59.6
South Dakota	71.3
Tennessee	57.1
Texas	56.7
Utah	
Vermont	52.2
Virginia	
Washington	
West Virginia	
Wisconsin	57.8
Wyoming	63.3

Data Source: Trying to Quit, Grades 9-12 (%), 2001.

EXPLANATION: This measure includes the percentage of students who were current smokers and have tried to quit smoking during the past 12 months.

STATE: Data are from the 2001 *YRBSS* (see Data Source, *supra* page 83).

NATIONAL: Data are from the national 2001 *YRBSS* and are representative of students in grades 9-12 in public and private schools in the 50 states and the District of Columbia.

What percentage of women report receiving smoking cessation advice from their doctor in the past year?

Doctors' advice to quit smoking is a major factor affecting cessation. Studies show that 70 percent or more of women who smoke see a physician each year, and that doctors' advice to quit increases cessation rates. Thus, health care providers have important opportunities to advise women and girls to quit smoking.[202] The *Report Card* benchmark is the Healthy People 2000 goal of increasing to at least 75 percent the proportion of primary care and oral health care providers who advise patients who smoke to quit.[203]

> Studies have shown that Hispanic women who smoke are less likely than white or black women to receive advice from a physician to quit smoking, and that neither language barriers nor the number of visits to doctors explain the difference.[204]

Receiving Smoking Cessation Advice by Physician (%)

State/National	State Overall Data	State Grade	State Rank
Alabama	52.1	F	49
Alaska	63.9	U	17
Arizona	54.8	F	44
Arkansas	53.1	F	46
California	56.8	F	42
Colorado	64.8	U	13
Connecticut	70.7	S-	4
Delaware	62.7	U	21
District of Columbia	62.2	U	22
Florida	60.3	U	31
Georgia	54.9	F	43
Hawaii	68.3	S-	6
Idaho	61.9	U	24
Illinois	63.3	U	18
Indiana	57.4	F	38
Iowa	50.1	F	50
Kansas	52.3	F	48
Kentucky	57.6	F	36
Louisiana	61.0	U	27
Maine	63.2	U	19
Maryland	62.9	U	20
Massachusetts	71.6	S-	3
Michigan	69.9	S-	5
Minnesota	64.6	U	14
Mississippi	58.1	F	34
Missouri	61.0	U	28
Montana	60.5	U	30
Nebraska	52.4	F	47
Nevada	53.4	F	45
New Hampshire	67.0	S-	7
New Jersey	61.6	U	25
New Mexico	60.9	U	29
New York	64.4	U	15
North Carolina	64.1	U	16
North Dakota	43.8	F	51
Ohio	65.7	S-	10
Oklahoma	58.9	F	33
Oregon	65.5	U	12
Pennsylvania	65.6	U	11
Rhode Island	75.7	S	1
South Carolina	56.8	F	41
South Dakota	57.5	F	37
Tennessee	57.2	F	39
Texas	57.1	F	40
Utah	61.4	U	26
Vermont	72.0	S-	2
Virginia	62.2	U	23
Washington	60.1	U	32
West Virginia	66.4	S-	8
Wisconsin	66.1	S-	9
Wyoming	58.1	F	35

S:	1
S-:	9
U:	22
F:	19

Data Source: Receiving Smoking Cessation Advice by Physician (%), 1998-1999.

EXPLANATION: This measure is the percentage of respondents aged 18 and older who reported receiving smoking cessation advice by a physician in the past year among current smokers seeing a doctor in the past year.

STATE AND NATIONAL: Data are from National Cancer Institute, *Tobacco Use Supplement to the 1998-1999 Current Population Survey* (the data do not include oral health care providers) (unpublished data from National Cancer Institute (NCI)) [hereinafter TUS-CPS]. The national number is a median of the 50 states and D.C.

What percentage of women do not have health insurance?

Without health insurance, most women cannot obtain appropriate health care, let alone most forms of smoking cessation treatment or diagnoses and treatment of smoking-related illnesses. Many state Medicaid programs cover some form of smoking cessation treatment, while a few states are beginning to address private insurance cessation coverage. Although the lack of health insurance is a significant problem for both men and women, women face special challenges. A 2001 report by The Commonwealth Fund reveals that nationally, the number of women without health insurance grew three times faster than the number of men without health insurance over the previous five years.[205] In addition, uninsured women are less likely to have a regular doctor than insured women.[206] The *Report Card* benchmark is the Healthy People 2010 benchmark of 100 percent health insurance coverage for all people.[207]

No Health Insurance (%)

State/National	State Overall Data	State Grade	State Rank
Alabama	16.2	F	31
Alaska	18.3	F	40
Arizona	18.2	F	37
Arkansas	21.5	F	46
California	21.7	F	47
Colorado	16.1	F	30
Connecticut	12.3	U	16
Delaware	9.7	U	5
District of Columbia	12.5	U	18
Florida	20.7	F	45
Georgia	18.0	F	36
Hawaii	10.6	U	8
Idaho	18.3	F	38
Illinois	16.6	F	32
Indiana	13.4	U	22
Iowa	10.5	U	6
Kansas	14.2	U	25
Kentucky	17.2	F	35
Louisiana	24.7	F	49
Maine	12.1	U	13
Maryland	12.2	U	14
Massachusetts	9.1	U	4
Michigan	12.0	U	12
Minnesota	8.6	S-	2
Mississippi	18.9	F	43
Missouri	12.4	U	17
Montana	18.5	F	41
Nebraska	10.5	U	7
Nevada	17.0	F	34
New Hampshire	10.6	U	8
New Jersey	15.4	F	28
New Mexico	29.5	F	51
New York	18.8	F	42
North Carolina	16.9	F	33
North Dakota	12.7	U	19
Ohio	13.5	U	23
Oklahoma	22.2	F	48
Oregon	14.4	U	26
Pennsylvania	10.8	U	10
Rhode Island	8.7	S-	3
South Carolina	12.8	U	20
South Dakota	12.3	U	15
Tennessee	12.9	U	21
Texas	26.0	F	50
Utah	14.5	U	27
Vermont	10.9	U	11
Virginia	13.8	U	24
Washington	15.8	F	29
West Virginia	18.3	F	39
Wisconsin	8.0	S-	1
Wyoming	20.3	F	44

S:	0
S-:	3
U:	24
F:	24

Data Source: No Health Insurance (%), 2001-2002.

EXPLANATION: This measure includes women aged 18-64 in the non-institutionalized civilian population who report that they do not have health insurance.

STATE and NATIONAL: Data are from The Henry J. Kaiser Family Foundation, "State Estimates of Health Insurance Coverage of Women Ages 18 to 64, 2000-2001," March 2003 (based on *Current Population Survey* data). Data by race/ethnicity are from the 2000-2001 *Current Population Survey* (unpublished data request from Office on Smoking and Health, CDC).

What percentage of women report a worksite policy prohibiting smoking in indoor public common and work areas?

The U.S. Environmental Protection Agency and other national and international agencies have classified second-hand smoke as a cancer-causing substance.[208] Like cigarette smoking, second-hand smoke can lead to lung cancer, heart disease, and other life-threatening conditions for smokers and also for nonsmokers, making it a major public health hazard.[209] Second-hand smoke exposure caused about 20,000 heart disease deaths and about 2,000 lung cancer deaths among women every year during 1995 to 1999.[210] The *Report Card* benchmark is the Healthy People 2010 goal of increasing the proportion of worksites with formal smoking policies that prohibit smoking or limit it to separately ventilated areas to 100 percent.[211]

A smoke-filled room has six times the pollution of a busy highway.[212]

Reporting Smoke Ban At Work (%)

State/National	State Overall Data	State Grade	State Rank
Alabama	71.1	F	37
Alaska	77.4	F	12
Arizona	70.7	F	39
Arkansas	69.1	F	45
California	80.9	U	4
Colorado	76.2	F	16
Connecticut	78.6	U	8
Delaware	75.1	F	20
District of Columbia	77.7	F	10
Florida	74.3	F	21
Georgia	72.1	F	31
Hawaii	72.6	F	29
Idaho	76.5	F	15
Illinois	74.0	F	24
Indiana	66.8	F	47
Iowa	75.1	F	19
Kansas	78.2	U	9
Kentucky	63.7	F	50
Louisiana	69.5	F	43
Maine	79.5	U	7
Maryland	83.3	U	2
Massachusetts	80.9	U	3
Michigan	69.5	F	43
Minnesota	80.7	U	6
Mississippi	67.6	F	46
Missouri	71.6	F	32
Montana	72.2	F	30
Nebraska	74.0	F	22
Nevada	56.0	F	51
New Hampshire	76.8	F	14
New Jersey	75.6	F	18
New Mexico	73.1	F	28
New York	77.0	F	13
North Carolina	65.8	F	49
North Dakota	71.4	F	34
Ohio	70.6	F	40
Oklahoma	73.7	F	27
Oregon	73.9	F	26
Pennsylvania	74.0	F	25
Rhode Island	74.0	F	22
South Carolina	69.8	F	41
South Dakota	66.2	F	48
Tennessee	69.9	F	41
Texas	71.1	F	36
Utah	87.6	S-	1
Vermont	80.8	U	4
Virginia	76.2	F	16
Washington	77.6	F	11
West Virginia	71.2	F	35
Wisconsin	71.5	F	33
Wyoming	70.8	F	38

S:	0
S-:	1
U:	8
F:	42

Data Source: Reporting Smoke Ban at Work (%), 1998-1999.

EXPLANATION: This measure includes worksite data collected from women aged 18 and older who reported having a worksite policy stating that smoking was not allowed in indoor public or common areas and work areas.

STATE AND NATIONAL: Data are from TUS-CPS (see Data Source, *supra* page 87).

What percentage of women report having a rule that smoking is not allowed anywhere in the home?

Second-hand smoke is a problem in the home as well as in the workplace. About nine percent of women report that their only exposure to smoke is that of someone else smoking in the home,[213] and for children under the age of five, substantial exposure to cigarette smoke occurs in the home.[214] The *Report Card* adapted the Healthy People 2010 benchmark for worksites (see above) for this indicator. Therefore, the *Report Card* benchmark is to increase to 100 percent the proportion of people reporting a home ban.

Reporting Smoke Ban At Home (%)

State/National	State Overall Data	State Grade	State Rank
Alabama	62.3	F	30
Alaska	66.3	F	13
Arizona	74.5	U	5
Arkansas	53.5	F	48
California	78.1	U	2
Colorado	70.3	F	8
Connecticut	65.8	F	16
Delaware	59.0	F	36
District of Columbia	61.5	F	32
Florida	70.0	F	9
Georgia	65.4	F	17
Hawaii	70.0	F	9
Idaho	75.8	U	3
Illinois	58.1	F	41
Indiana	53.6	F	47
Iowa	58.0	F	42
Kansas	63.7	F	23
Kentucky	43.1	F	51
Louisiana	59.0	F	36
Maine	59.6	F	35
Maryland	69.0	F	11
Massachusetts	64.9	F	20
Michigan	55.8	F	45
Minnesota	65.8	F	14
Mississippi	58.8	F	39
Missouri	58.3	F	40
Montana	63.3	F	25
Nebraska	64.2	F	22
Nevada	67.3	F	12
New Hampshire	63.3	F	26
New Jersey	64.7	F	21
New Mexico	65.8	F	14
New York	62.9	F	28
North Carolina	55.5	F	46
North Dakota	61.5	F	31
Ohio	53.4	F	49
Oklahoma	57.4	F	43
Oregon	73.8	U	6
Pennsylvania	59.9	F	34
Rhode Island	65.2	F	19
South Carolina	63.2	F	27
South Dakota	58.9	F	38
Tennessee	56.6	F	44
Texas	70.7	F	7
Utah	84.1	S-	1
Vermont	65.4	F	17
Virginia	63.7	F	24
Washington	75.0	U	4
West Virginia	46.5	F	50
Wisconsin	61.0	F	33
Wyoming	62.6	F	29

S:	0
S-:	1
U:	5
F:	45

Data Source: Reporting Smoke Ban at Home (%), 1998-1999.

EXPLANATION: This measure includes home ban data collected from women aged 18 and older who reported having a rule that smoking was not allowed anywhere in their home based on agreement on the rule among all persons surveyed in the household.

STATE AND NATIONAL: Data are from TUS-CPS (see Data Source, *supra* page 87).

How many women die from lung cancer?

Lung cancer is the leading cause of cancer death among women in the United States and the second most common cause of death for women overall. Smoking is the primary cause of lung cancer and accounts for about 85-90 percent of all lung cancer deaths.[215] Because there are large gender differences in lung cancer death rates, and the Healthy People 2010 benchmark is not specific to women, the *Report Card* benchmark of 17.7 per 100,000 is based upon a modification of the Healthy People goal, as described in the Methodology section, to make it women-specific.

Lung Cancer Death Rate (per 100,000)

State/National	State Overall Data	State Grade	State Rank
Alabama	38.0	F	13
Alaska	43.3	F	35
Arizona	39.1	F	17
Arkansas	43.8	F	36
California	38.2	F	15
Colorado	31.2	U	5
Connecticut	40.6	F	23
Delaware	48.7	F	48
District of Columbia	42.0	F	30
Florida	43.0	F	33
Georgia	39.3	F	20
Hawaii	27.8	S-	2
Idaho	32.8	U	7
Illinois	40.8	F	24
Indiana	45.7	F	41
Iowa	35.6	U	10
Kansas	37.1	F	11
Kentucky	51.7	F	50
Louisiana	44.1	F	37
Maine	48.3	F	47
Maryland	44.9	F	40
Massachusetts	42.9	F	32
Michigan	42.0	F	30
Minnesota	35.1	U	9
Mississippi	41.5	F	27
Missouri	46.2	F	45
Montana	40.9	F	25
Nebraska	33.7	U	8
Nevada	55.8	F	51
New Hampshire	46.3	F	46
New Jersey	41.5	F	27
New Mexico	31.4	U	6
New York	38.1	F	14
North Carolina	39.1	F	17
North Dakota	30.6	U	3
Ohio	44.3	F	38
Oklahoma	44.4	F	39
Oregon	45.7	F	41
Pennsylvania	40.5	F	22
Rhode Island	45.7	F	41
South Carolina	38.4	F	16
South Dakota	30.8	U	4
Tennessee	43.0	F	33
Texas	39.4	F	21
Utah	17.7	S	1
Vermont	41.1	F	26
Virginia	41.5	F	27
Washington	45.7	F	41
West Virginia	51.0	F	49
Wisconsin	37.2	F	12
Wyoming	39.2	F	19

S:	1
S-:	1
U:	8
F:	41

Data Source: Lung Cancer Death Rate (per 100,000 people), 1997-1999.

EXPLANATION: Lung cancer includes malignant neoplasms of the trachea, bronchus, and lung. Lung cancer death rates for women are three-year averages and are per 100,000 estimated population. Death rates for all ages include deaths occurring at any age, and are age-adjusted to the U.S. 2000 standard population.

STATE AND NATIONAL: Data are from the National Center for Health Statistics (NCHS), "Healthy Women: State Trends in Health and Mortality," available at http://www.cdc.gov/nchs/healthywomen.htm (electronic data warehouse on minority and women's health, containing tables that describe the health of people in each state by sex, race, and age that can be accessed by downloading free data dissemination software called Beyond 20/20) [hereinafter "Healthy Women"].

How many women die from Chronic Obstructive Pulmonary Disease?

Chronic Obstructive Pulmonary Disease (COPD), also called Chronic Lower Respiratory Disease, is the fourth leading cause of death among women in the United States.[216] Smoking is by far the most significant cause of this disease, causing 90 percent of the deaths due to Chronic Lower Respiratory Disease.[217] Because the Healthy People 2010 benchmark is not specific to women, and to have a consistent methodology across the disease measures, the *Report Card* benchmark of 49.6 per 100,000 is based upon a modification of the Healthy People goal, as described in the Methodology section, to make it women-specific.

Chronic Obstructive Pulmonary Disease Death Rate (per 100,000)

State/National	State Overall Data	State Grade	State Rank
Alabama	95.7	U	17
Alaska	124.5	F	43
Arizona	131.1	F	45
Arkansas	103.4	U	27
California	114.7	F	36
Colorado	133.4	F	48
Connecticut	93.3	U	15
Delaware	111.9	F	32
District of Columbia	65.4	S-	2
Florida	106.2	U	29
Georgia	100.7	U	22
Hawaii	49.6	S	1
Idaho	112.3	F	33
Illinois	93.0	U	14
Indiana	117.3	F	38
Iowa	91.6	U	12
Kansas	101.6	U	25
Kentucky	123.8	F	42
Louisiana	90.2	U	9
Maine	130.0	F	44
Maryland	103.3	U	26
Massachusetts	98.5	U	20
Michigan	97.8	U	19
Minnesota	90.2	U	9
Mississippi	90.2	U	9
Missouri	111.6	F	31
Montana	141.3	F	49
Nebraska	99.6	U	21
Nevada	171.4	F	51
New Hampshire	133.2	F	47
New Jersey	86.3	U	7
New Mexico	121.9	F	39
New York	85.3	S-	6
North Carolina	101.5	U	23
North Dakota	72.6	S-	3
Ohio	113.1	F	34
Oklahoma	113.8	F	35
Oregon	123.2	F	40
Pennsylvania	91.9	U	13
Rhode Island	93.4	U	16
South Carolina	97.5	U	18
South Dakota	80.9	S-	5
Tennessee	106.1	U	28
Texas	106.4	U	30
Utah	74.5	S-	4
Vermont	116.1	F	37
Virginia	101.5	U	23
Washington	123.2	F	40
West Virginia	131.6	F	46
Wisconsin	88.4	U	8
Wyoming	158.4	F	50

S:	1
S-:	5
U:	24
F:	21

Data Source: Chronic Obstructive Pulmonary Disease Death Rate (per 100,000 people), 1997-1999.

EXPLANATION: Also called Chronic Lower Respiratory Disease, this disease includes bronchitis, emphysema, asthma, bronchiectasis, and other chronic obstructive pulmonary disease. Chronic Lower Respiratory Disease death rates for women are three-year averages and are per 100,000 estimated population. Death rates are calculated by dividing the number of deaths in the three years by the mid-year resident population multiplied by three. Death rates for ages 45 and older include deaths occurring at ages 45 years and older, and are age-adjusted to the U.S. 2000 standard population.

STATE AND NATIONAL: Data are from "Healthy Women" (see Data Source, *supra* page 91).

How many women die from coronary heart disease?

Coronary heart disease, commonly called "heart disease," is the single leading cause of death among women in the United States.[218] While other health-related factors can contribute to the risk for coronary heart disease (including diabetes, high blood pressure and obesity), smoking is key among them. For women under the age of 50, the majority of coronary heart disease is attributable to smoking.[219] Because there are large gender differences in smoking-attributable mortality, and the Healthy People 2010 benchmark is not specific to women, the *Report Card* benchmark of 93.9 per 100,000 is based upon a modification of the Healthy People goal, as described in the Methodology section, to make it women-specific.

Coronary Heart Disease Death Rate (per 100,000)

State/National	State Overall Data	State Grade	State Rank
Alabama	138.3	U	19
Alaska	94.0	S-	2
Arizona	141.9	U	20
Arkansas	157.8	F	28
California	172.5	F	38
Colorado	112.8	S-	6
Connecticut	144.6	U	21
Delaware	174.9	F	40
District of Columbia	182.1	F	45
Florida	168.6	F	33
Georgia	147.5	U	22
Hawaii	93.9	S	1
Idaho	116.9	S-	9
Illinois	168.8	F	35
Indiana	162.2	F	30
Iowa	163.5	F	31
Kansas	127.0	S-	12
Kentucky	170.8	F	37
Louisiana	178.7	F	42
Maine	150.2	U	24
Maryland	167.7	F	32
Massachusetts	125.3	S-	11
Michigan	184.7	F	46
Minnesota	96.5	S-	4
Mississippi	197.5	F	50
Missouri	180.7	F	44
Montana	100.3	S-	5
Nebraska	115.9	S-	8
Nevada	156.8	U	27
New Hampshire	162.0	F	29
New Jersey	176.6	F	41
New Mexico	129.1	S-	14
New York	220.7	F	51
North Carolina	156.2	U	26
North Dakota	120.8	S-	10
Ohio	173.2	F	39
Oklahoma	189.5	F	47
Oregon	115.7	S-	7
Pennsylvania	168.7	F	34
Rhode Island	179.0	F	43
South Carolina	155.5	U	25
South Dakota	128.6	S-	13
Tennessee	196.6	F	49
Texas	170.3	F	36
Utah	96.1	S-	3
Vermont	148.5	U	23
Virginia	137.5	U	18
Washington	129.4	S-	15
West Virginia	192.3	F	48
Wisconsin	134.8	U	17
Wyoming	129.5	S-	16

S:	1
S-:	15
U:	11
F:	24

Data Source: Coronary Heart Disease Death Rate (per 100,000 people), 1997-1999.

EXPLANATION: Coronary heart disease includes ischemic heart disease including mention of hypertension, angina pectoris, myocardial infarction, complications following myocardial infarction, other acute ischemic heart diseases and chronic ischemic heart disease. Coronary heart disease death rates for women are three-year averages and are per 100,000 estimated population. Death rates for all ages include deaths occurring at any age, and are age-adjusted to the U.S. 2000 standard population.

STATE AND NATIONAL: Data are from "Healthy Women" (see Data Source, *supra* page 91).

How many women die from stroke?

Stroke is the third leading cause of death among women in the United States.[220] Twenty-five percent of women will die within a year after their first stroke, and among women under the age of 65 who have a stroke, 53 percent will die in eight years or less.[221] While other health-related factors can contribute to the risk for stroke (including diabetes, high blood pressure, and obesity), smoking is a very important factor.[222] Because the Healthy People 2010 benchmark is not specific to women, and to have a consistent methodology across the disease measures, the *Report Card* benchmark of 42.2 per 100,000 is based upon a modification of the Healthy People goal, as described in the Methodology section, to make it women-specific.

Stroke Death Rate (per 100,000)

State/National	State Overall Data	State Grade	State Rank
Alabama	69.0	F	40
Alaska	68.1	F	38
Arizona	58.3	U	12
Arkansas	83.7	F	51
California	62.6	U	27
Colorado	59.0	U	17
Connecticut	51.1	S-	4
Delaware	51.1	S-	4
District of Columbia	56.5	U	9
Florida	51.4	S-	6
Georgia	72.7	F	46
Hawaii	57.1	U	10
Idaho	68.0	F	37
Illinois	61.9	U	25
Indiana	69.3	F	42
Iowa	60.7	U	22
Kansas	61.8	U	24
Kentucky	68.9	F	39
Louisiana	67.4	F	35
Maine	58.4	U	13
Maryland	60.6	U	21
Massachusetts	49.6	S-	3
Michigan	63.3	F	28
Minnesota	59.4	U	18
Mississippi	69.7	F	44
Missouri	65.1	F	33
Montana	63.8	F	30
Nebraska	58.4	U	13
Nevada	64.3	F	32
New Hampshire	59.8	U	20
New Jersey	48.2	S-	2
New Mexico	54.9	U	8
New York	42.2	S	1
North Carolina	76.1	F	47
North Dakota	58.7	U	16
Ohio	61.2	U	23
Oklahoma	69.2	F	41
Oregon	80.1	F	49
Pennsylvania	58.4	U	13
Rhode Island	51.4	S-	6
South Carolina	83.4	F	50
South Dakota	59.6	U	19
Tennessee	78.7	F	48
Texas	67.5	F	36
Utah	63.4	F	29
Vermont	58.2	U	11
Virginia	70.0	F	45
Washington	69.4	F	43
West Virginia	62.3	U	26
Wisconsin	66.6	F	34
Wyoming	64.0	F	31

S:	1
S-:	6
U:	20
F:	24

Data Source: Stroke Death Rate (per 100,000 people), 1997-1999.

EXPLANATION: Stroke includes cerebrovascular diseases with mention of hypertension. Stroke death rates for women are three-year averages and are per 100,000 estimated population. Death rates for all ages include deaths occurring at any age, and are age-adjusted to the U.S. 2000 standard population.

STATE AND NATIONAL: Data are from "Healthy Women" (see Data Source, *supra* page 91).

Status Indicator Methodology

The following section describes the criteria for selection, data sources and limitations, and grading and ranking of the health status indicators.

Criteria for Indicator Selection

The *Women and Smoking Report Card* is designed to present a broad assessment of women's health as it relates to smoking and the challenges that the country must meet to prevent and reduce smoking among women and girls. The health status indicators included in this *Report Card* are women-specific and address some of the most important issues pertaining to women and smoking within the parameters of the data that were available.[223] Smoking-related health status indicators were selected based primarily on whether they had a significant impact on women's quality of life, functioning, and well-being, and whether they affected a large number of women generally or a large number of women in a specific population and/or age group. Additional criteria were whether the indicator could be affected through intervention, prevention, or improvement; was potentially measurable; was commonly used or there existed consensus on use; or reflected an emerging important issue where the problem was increasing in prevalence, incidence, or severity. In most cases, the state data for the status indicators are disaggregated by race and ethnicity and sometimes by specific age groups. Oftentimes, data on these specific populations of women were not available, or available only at the national or state level but not both. The available information is presented on the national and state report cards in Chapter III.

Data Sources and Limitations

The *Report Card* uses data from population-based surveys whenever such data are available. In addition, whenever possible, data sets were selected that had information for all states. When such data were not available, the *Report Card* presents similar data from several different sources when deemed acceptable by our experts; however, the *Report Card* does not include indicators for grading and ranking purposes if data are not available for such indicators for all states for the same time period. More detailed information, including data sources and explanations, are presented for individual indicators above. Data are presented by race and ethnicity wherever possible, and by age and/or education level where available and relevant. Data collection for the status indicators ended in May 2003.

Grading and Ranking

The *Women and Smoking Report Card* grades the nation and states against benchmarks drawn primarily from the ten-year health objectives set for the nation by the U.S. Department of Health and Human Services' Healthy People 2010 agenda. A modification of the Healthy People 2010 benchmarks was used for the four disease indicators, namely the death rates for lung cancer, Chronic Obstructive Pulmonary Disease (COPD), coronary heart disease, and stroke. This modification was needed to address concerns arising from the fact that the Healthy People 2010 benchmarks for these indicators are based on data for men and women combined. Because the timing of trends in smoking and subsequent trends in smoking-related diseases have historically been different for men and women, the use of benchmarks based on men and women combined could be misleading about the current status of women specifically. Men started smoking decades before women did, achieved higher peak smoking prevalence rates, and tended to be heavier smokers. Thus, men have had considerably higher rates for these smoking-related diseases. Declines in smoking also occurred first in men and only later in women.[224] Because the rates of death from diseases affected by smoking may reflect smoking patterns up to 20 or more years in the past, the current death rate based on men and women combined could reflect a declining rate in men and an increasing rate in women. For example, the lung cancer epidemic appeared in men well before the 1950s but began to reverse by the late 1980s. In women, however, it appeared later and continued to climb in most states into the 1990s; only now is the lung cancer epidemic slowing in women, at least in some states.[225] For these reasons, the *Women and Smoking Report Card* employs women-specific disease benchmarks, using the same principles as the Healthy People 2010 target setting standard of "better than the best." For each disease, the benchmark is set as the rate in the state that currently has the lowest death rate. Thus, Utah had the lowest death rate of lung cancer among women (17.7 per 100,000); this rate became the lung cancer benchmark for all other states and the nation. Similarly, Hawaii's 49.6 per 100,000 death rate for COPD and 93.9 per 100,000 death rate for heart disease, and New York's 42.4 per 100,000 death rate for stroke serve as benchmarks for those respective diseases.

Report Card Status Indicator Benchmarks

INDICATOR		BENCHMARK
Current Smoking, Adults	HP 2010 Objective 27-1a	Reduce cigarette smoking among adults 18 years and older to 12%.
Current Smoking, Grades 9-12	HP 2010 Objective 27-2b	Reduce cigarette smoking in past month by students in grades 9-12 to 16%.
Smoking During Pregnancy	HP 2010 Objective 16-17c	Increase abstinence from cigarette smoking among pregnant women to 99%.
Trying to Quit, Adults	HP 2010 Objective 27-5	Increase smoking cessation attempts by adult smokers to 75%.
Trying to Quit, Grades 9-12	HP 2010 Objective 27-7	Increase tobacco use cessation attempts by adolescent smokers to 84%.
Receiving Smoking Cessation Advice by Physician	HP 2000 Objective 3.16[226]	Increase to at least 75% proportion of primary care and oral health care providers who advise patients who smoke to quit.
No Health Insurance	HP 2010 Objective 1-1	Increase proportion of persons with health insurance to 100%.
Reporting Smoke Ban At Work	HP 2010 Objective 27-12	Increase proportion of worksites with formal smoking policies that prohibit smoking or limit it to separately ventilated areas to 100%.
Reporting Smoke Ban At Home	Adapted HP 2010 Objective 27-12	Increase proportion of people reporting a home ban to 100%.
Lung Cancer Death Rate	Adapted HP 2010 Objective 3-2*	Reduce lung cancer deaths to 17.7 per 100,000 (Utah).
COPD Death Rate	Adapted HP 2010 Objective 24-10*	Reduce COPD deaths to 49.6 per 100,000 for ages 45 and older (Hawaii).
Coronary Heart Disease Death Rate	Adapted HP 2010 Objective 12-1*	Reduce coronary heart disease deaths to 93.9 per 100,000 (Hawaii).
Stroke Death Rate	Adapted HP 2010 Objective 12-7*	Reduce stroke deaths to 42.2 per 100,000 (New York).

*The benchmarks for these indicators were adapted to be women-specific, as explained in the Grading and Ranking section. The Healthy People 2010 benchmarks for men and women combined for these indicators are as follows: lung cancer—reduce deaths to 44.9 per 100,000; COPD—reduce deaths to 60 per 100,000; coronary heart disease—reduce deaths to 166 per 100,000; and stroke—reduce deaths to 48 per 100,000.

The nation and states are graded as follows. First, the raw data for each indicator is expressed as a percentage difference from the benchmark for that indicator. Next, the percentage differences from the benchmarks are scaled to range between 0 and 100, in order to account for the differences in the magnitude of the range of each indicator. For example, the Healthy People 2010 benchmark for increasing smoking cessation attempts is 75 percent, while the benchmark for increasing abstinence from smoking during pregnancy is 99 percent. The range for each of these benchmarks is markedly different; for example, the abstinence from smoking during pregnancy indicator has a range that is almost 25 percent larger than the range for the smoking cessation indicator. Scaling the percentage differences from a given benchmark addresses this problem (further information on how raw data was converted to scaled scores is available at this note).[227]

Once the states are assigned scaled scores, they are graded based on those scores. A state that meets the benchmark receives a score of 100 and a grade of "Satisfactory." A state that receives a score of between 70 and 99 receives a "Satisfactory Minus," a state that receives a score of between 50 and 69 receives an "Unsatisfactory," and a state that receives a score of below 50 receives a "Fail." The worst state receives a score of 0. A score of 50 means that a state's performance is halfway between the worst state and the benchmark. The 70 and 50 cutoff scores were determined by a panel of experts and were chosen to reflect how far states are from the benchmarks, recognizing that states still have several years to achieve the Healthy People 2010 benchmarks. Nonetheless, a few states are already meeting these standards. A state's overall score was computed by averaging the scores on 11 individual indicators, with the "Current Smoking, Adults" indicator given twice as much weight as the others because it is the key measure for this *Report Card*. Each state's overall score was then used to determine both the overall grade and the rank for the state. The nation is graded in the same manner.

Minimum Performance on Each Indicator Necessary to Receive Each Grade

	Minimum performance required		
Grade:	S	S-	U
Scaled Score:	100	70	50
Indicator			
Current Smoking, Adults	12.0%	17.0%	20.3%
Smoking During Pregnancy*	1.0%	8.6%	13.6%
Trying to Quit, Adults	75.0%	64.0%	56.7%
Receiving Smoking Cessation Advice by Physician	75.0%	65.6%	59.4%
No Health Insurance*	0.0%	8.9%	14.8%
Reporting Smoke Ban at Work	100.0%	86.8%	78.0%
Reporting Smoke Ban at Home	100.0%	82.9%	71.6%
Lung Cancer Death Rate (per 100,000)	17.7	29.1	36.8
COPD Death Rate (per 100,000)	49.6	86.1	110.5
Coronary Heart Disease Death Rate (per 100,000)	93.9	131.9	157.3
Stroke Death Rate (per 100,000)	42.2	54.7	63.0

*For these two indicators, the complementary data were used for grading in order to be consistent with the relevant benchmarks listed in the benchmark chart above.

Policy Indicators

For all the policy indicators described below, the strength of each state's policy is categorized as "Meets Policy," "Limited Policy," "Weak Policy," or "Minimal/No Policy." The *Report Card* authors determined the categorizations for each of the policies after research and input from experts. (Some policies have all four categories, while others have only three or two categories, based on expert recommendations.)

Does the state offer smoking cessation counseling through a telephone quitline?
Smoking cessation support available to help people quit smoking includes a variety of medications and counseling. Many states have implemented telephone-based smoking cessation counseling services called quitlines, which are typically available toll-free to the public. Federal health organizations and health promotion advocates recommend quitline use, and data confirm their effectiveness.[228] For example, analysis of the California quitline shows a doubling of cessation rates resulting from the use of telephone counseling compared with the use of self-help materials alone.[229] Quitlines can be particularly valuable to low-income and rural communities that typically do not have access to cessation services. These counseling services can also be tailored to accommodate different language and cultural needs. Some states already operate quitlines for youth, ethnic minorities, pregnant women and other at-risk populations.[230] States receive a "meets policy" if they offer quitline counseling. States receive a "minimal or no policy" if they do not offer quitline counseling.[231]

Telephone Quitline

Alabama	
Alaska	■
Arizona	■
Arkansas	■
California	■
Colorado	■
Connecticut	■
Delaware	■
District of Columbia	
Florida	■
Georgia	■
Hawaii	
Idaho	
Illinois	■
Indiana	
Iowa	■
Kansas	
Kentucky	
Louisiana	■
Maine	■
Maryland	
Massachusetts	■
Michigan	
Minnesota	■
Mississippi	■
Missouri	
Montana	
Nebraska	■
Nevada	■
New Hampshire	■
New Jersey	■
New Mexico	■
New York	■
North Carolina	
North Dakota	
Ohio	
Oklahoma	■
Oregon	
Pennsylvania	■
Rhode Island	■
South Carolina	
South Dakota	■
Tennessee	
Texas	■
Utah	■
Vermont	■
Virginia	
Washington	■
West Virginia	■
Wisconsin	■
Wyoming	

Meets Policy=32
Minimal/No Policy=19

Data Source: Telephone Quitline, 2003.

Center for Tobacco Cessation, "State Quitline Information," available at http://www.ctcinfo.org/pubs_press/policybriefs.asp?id-126, accessed August 22, 2003.

Does the state offer pregnancy-specific smoking cessation counseling through a telephone quitline?

Women who quit smoking during pregnancy and stay tobacco-free after delivery can eliminate most of the negative health consequences of having smoked. In addition, smoking cessation during pregnancy yields marked cost savings.[232] It is estimated that between $1,142 and $1,358 per pregnancy can be saved for every pregnant smoker who quits.[233] Cessation counseling is one method that has proven to be particularly effective in helping pregnant women quit. According to the 2000 U.S. Public Health Service Clinical Practice Guideline, *Treating Tobacco Use and Dependence*, relatively brief (5-15 minutes) cessation counseling from a prenatal care provider combined with pregnancy-tailored self-help materials has been shown to double or triple quit rates compared to minimal interventions.[234] A number of states offer telephone quitlines with protocols designed to address the specific needs of pregnant women. In addition, the American Legacy Foundation, as part of its "Great Start" initiative, has partnered with other anti-smoking advocates to offer a national toll-free quitline for pregnant women available 24 hours a day, 7 days a week in English and Spanish.[235] States receive a "meets policy" if their quitline has specific procedures or guidelines for pregnant women. States receive a "minimal or no policy" if their quitline does not have such procedures or guidelines.

Pregnancy-Specific Counseling on Telephone Quitline

Alabama	
Alaska	■
Arizona	■
Arkansas	■
California	■
Colorado	■
Connecticut	■
Delaware	
District of Columbia	
Florida	■
Georgia	
Hawaii	
Idaho	
Illinois	■
Indiana	
Iowa	
Kansas	
Kentucky	
Louisiana	
Maine	■
Maryland	
Massachusetts	■
Michigan	■
Minnesota	■
Mississippi	■
Missouri	
Montana	
Nebraska	■
Nevada	■
New Hampshire	■
New Jersey	■
New Mexico	■
New York	■
North Carolina	
North Dakota	
Ohio	
Oklahoma	■
Oregon	
Pennsylvania	■
Rhode Island	■
South Carolina	
South Dakota	■
Tennessee	
Texas	■
Utah	■
Vermont	■
Virginia	
Washington	■
West Virginia	■
Wisconsin	
Wyoming	

Meets Policy=28
Minimal/No Policy=23

Data Source: Pregnancy-Specific Counseling on Telephone Quitline, 2003.

Center for Tobacco Cessation, "Quitline Survey Results," March 2003 (unpublished data).

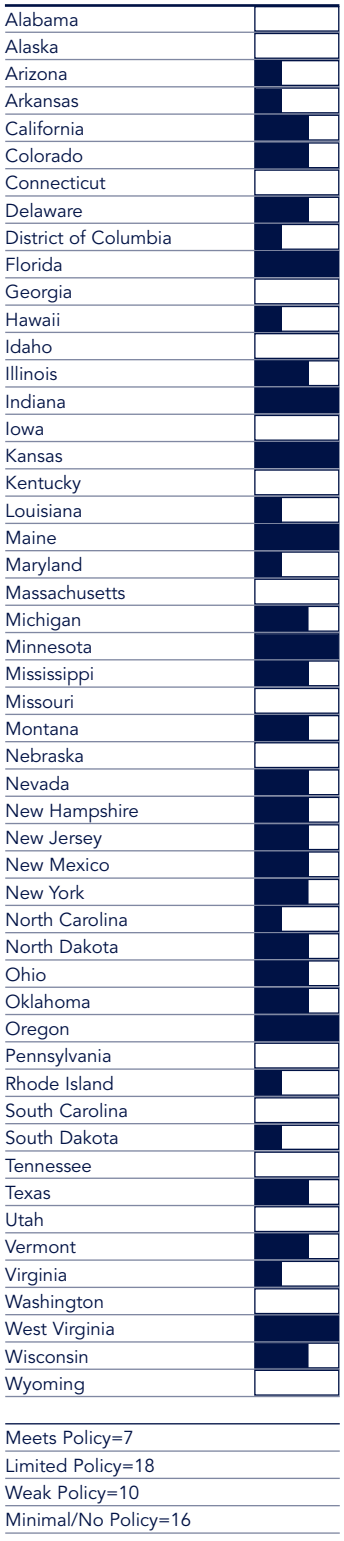
Does the state's Medicaid program cover comprehensive smoking cessation treatment?
Lack of health insurance coverage for smoking cessation treatment is a barrier to receiving the treatment and support needed to quit, particularly for low-income women, who have higher than average smoking rates.[236] Many low-income women rely on Medicaid, the federal and state public health insurance program, for their necessary health services and information, and women comprise nearly 70 percent of the Medicaid population over age 15.[237] The United States Public Health Service recommends health insurance coverage for services that have been demonstrated to help smokers quit, including counseling and medications.[238] A state receives a "meets policy" if its Medicaid programs covers all three forms of smoking cessation treatment—over-the-counter medications, prescription medications, and smoking cessation counseling. A state receives a "limited policy" if its Medicaid program covers any two of the three categories of treatment.[239] A state receives a "weak policy" if its Medicaid program covers only one category of treatment. A state receives a "minimal or no" policy if its Medicaid program does not cover any of the three categories of treatment.

Providing coverage for smoking cessation treatment makes economic sense. Employees who smoke are more costly to their employers because, among other things, they have higher health care costs, higher rates of absenteeism and lost productivity, and they contribute to illnesses in nonsmoking employees who are exposed to second-hand smoke.[240] In fact, smoking-related economic costs (lost productivity and medical costs) during 1995 to 1999 totaled about $157 billion annually, or over $3,000 per smoker per year.[241] Two recent studies suggest that the annual health care expenditures for current smokers exceed those of their nonsmoking coworkers by 14 percent.[242]

Insurers and employers can help reduce these smoking-related costs by providing coverage for smoking cessation treatment, which has been referred to as the "gold standard" of health care cost-effectiveness.[243] One study ranks tobacco cessation advice and counseling as top priorities among recommended clinical preventive services, based on the burden of disease prevented by these services and their cost-effectiveness.[244] In addition, research suggests that because more intensive interventions are more effective in helping people quit smoking, they are also more cost-effective than less intensive interventions.

In addition, investing in coverage for smoking cessation treatment produces quick returns. One study estimates that a smoking cessation program returns one-third of its costs to employers in the first year and breaks even about 3 years after inception, which is shorter than the 3.6 year median time people work for any given employer in the United States. Even assuming an annual employee turnover rate of about 11 percent, this same study estimates the final benefit-cost ratio of employers' covering smoking cessation to be almost 9:1.[245]

Medicaid Smoking Cessation Coverage



Data Source: Medicaid Smoking Cessation Coverage, 2001.

Helen Halpin Schauffler and others, "State Medicaid Coverage for Tobacco-Dependence Treatments—United States, 1994 and 2001," *Morbidity and Mortality Weekly Report* 52 (May 30, 2003), 496-500.

Does the state's Medicaid program cover pregnancy-specific smoking cessation counseling?

Smoking among pregnant women on Medicaid is even higher than smoking among pregnant women in general.[246] But pregnant women are more likely than other populations of women to be motivated to quit smoking, making pregnancy a particularly good time to provide cessation services.[247] Counseling is a particularly important first line of treatment for pregnant smokers because the effects of medications used for cessation are not well known.[248] While most state Medicaid programs offer coverage for some form of tobacco cessation treatment, only a handful of states provide coverage for pregnancy-specific smoking cessation counseling, which often includes home visit counseling. A state receives a "meets policy" if its Medicaid program covers pregnancy-specific smoking cessation counseling. A state receives a "minimal or no policy" if its Medicaid program does not cover this service.

Medicaid Coverage of Pregnancy-Specific Counseling

Alabama	
Alaska	
Arizona	
Arkansas	
California	■
Colorado	■
Connecticut	
Delaware	
District of Columbia	
Florida	
Georgia	
Hawaii	
Idaho	
Illinois	■
Indiana	
Iowa	
Kansas	
Kentucky	
Louisiana	
Maine	■
Maryland	
Massachusetts	■
Michigan	
Minnesota	■
Mississippi	
Missouri	
Montana	
Nebraska	
Nevada	■
New Hampshire	■
New Jersey	
New Mexico	■
New York	
North Carolina	■
North Dakota	■
Ohio	
Oklahoma	
Oregon	■
Pennsylvania	
Rhode Island	■
South Carolina	
South Dakota	
Tennessee	
Texas	
Utah	
Vermont	
Virginia	■
Washington	■
West Virginia	■
Wisconsin	
Wyoming	

Meets Policy=16
Minimal/No Policy=35

Data Source: Medicaid Coverage of Pregnancy-Specific Counseling, 2000.

Jennifer Ibrahim and others, "Coverage of Tobacco Dependence Treatments for Pregnant Women and for Children and Their Parents," *American Journal of Public Health* 92 (December 2002), 1940-1942.

Does the state require private insurers to cover comprehensive smoking cessation treatment?

The U.S. Public Health Service Clinical Practice Guideline, *Treating Tobacco Use and Dependence*, recommends that all insurance plans cover smoking cessation medications and counseling.[249] Furthermore, studies show that when smoking cessation services are available as a fully covered health-plan benefit as opposed to a benefit requiring significant co-pays, the overall use of the benefit will increase and will result in fewer smokers.[250] Despite the wealth of evidence that supports implementing cessation coverage, no state requires comprehensive private insurance coverage of the recommended treatment—namely, counseling and medications. A few states have taken steps to encourage insurers to cover programs to address the dangers of smoking, yet these policies fall short of what is necessary to decrease tobacco dependence. States receive a "meets policy" if they require private insurers to cover both smoking cessation counseling and medications without limits on the benefit. States receive a "limited policy" if they require private insurers to cover either smoking cessation counseling or medications, without a limitation on the covered benefit. States receive a "weak policy" if they require insurers only to offer employers coverage of smoking cessation treatment as a covered benefit, if they cover one of the two recommended treatment options but with a limitation on the benefit, or if they have in some minimal way identified the need for insurers to assist smokers in quitting. States receive a "minimal or no policy" if they do not address private insurance coverage of smoking cessation treatment.

Most employer-sponsored health insurance does not cover smoking cessation treatment. A 2002 survey of approximately 2,800 employers[251] revealed that on average:

- Fifty-six percent of employer-sponsored plans do *not* cover tobacco/smoking cessation treatment.
- Only 20 percent of employer-sponsored plans cover prescription medications for cessation.
- Only 5 percent of employer-sponsored plans cover over-the-counter medications for cessation.
- Only between 7 and 12 percent of employer-sponsored plans cover cessation counseling (individual, group, and/or telephone).
- Only 10 percent of employer-sponsored plans cover self-help programs for cessation (such as brochures, videos, and Internet support).
- Only 8 percent of employer-sponsored plans cover cessation treatment as part of prenatal care.[252]

Private Insurance Smoking Cessation Coverage

Alabama	
Alaska	
Arizona	
Arkansas	
California	■
Colorado	■
Connecticut	
Delaware	
District of Columbia	
Florida	
Georgia	
Hawaii	
Idaho	
Illinois	
Indiana	
Iowa	
Kansas	
Kentucky	
Louisiana	
Maine	
Maryland	
Massachusetts	
Michigan	
Minnesota	
Mississippi	
Missouri	
Montana	
Nebraska	
Nevada	
New Hampshire	
New Jersey	■
New Mexico	
New York	
North Carolina	
North Dakota	
Ohio	
Oklahoma	
Oregon	
Pennsylvania	
Rhode Island	
South Carolina	■
South Dakota	
Tennessee	
Texas	
Utah	
Vermont	
Virginia	
Washington	
West Virginia	
Wisconsin	
Wyoming	

Meets Policy=0
Limited Policy=0
Weak Policy=4
Minimal/No Policy=47

Data Source: Private Insurance Smoking Cessation Coverage, 2002.

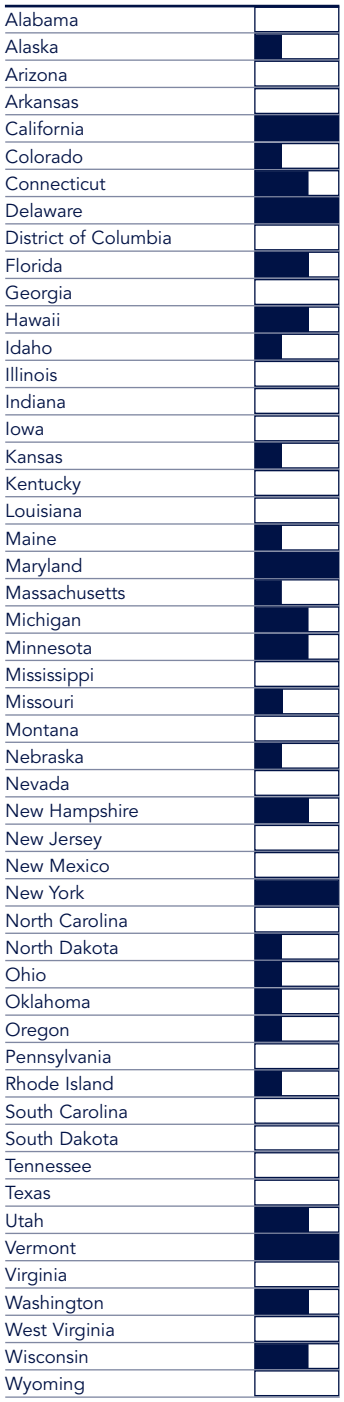
National Conference of State Legislatures, Health Policy Tracking Service, "Smoking Cessation Coverage Requirements" (2002) (unpublished data specifically collected for the National Women's Law Center).

Does the state have comprehensive laws restricting second-hand smoke?

Evidence suggests that restrictions on second-hand smoke not only reduce the exposure of nonsmokers to second-hand smoke, but also lead to a decline in smoking generally.[253] One study of adolescents demonstrated that those who worked in smoke-free worksites were 32 percent less likely to smoke than adolescents working in places with no smoking restrictions.[254] States can thus help protect nonsmokers from second-hand smoke and effect a decline in smoking by prohibiting smoking in indoor sites, including government and private worksites, schools, day care centers, health care facilities, and other places of public access. States receive a "meets policy" if they have strong laws prohibiting smoking in almost all indoor sites without exemptions and if those laws do not contain language prohibiting cities or towns from passing stricter ordinances. Some states in this category also prohibit smoking in bars. States receive a "limited policy" if they prohibit smoking in several of the identified areas with allowances for designated smoking areas in others. States receive a "weak policy" if they prohibit smoking only in a few indoor places and have weak restrictions in other such places. A significant number of states in this category have designated nonsmoking areas restricting nonsmokers to one room or certain sections of a facility. States receive a "minimal or no policy" if they have laws offering little protection from second-hand smoke in indoor sites or if they have no laws prohibiting smoking in indoor sites. There are many states in this category that do not have any restrictions for second-hand smoke and allow smoking in and around schools and child care facilities.[255]

Many localities restrict second-hand smoke. While only five states (California, Delaware, Maryland, New York, and Vermont) have passed comprehensive statewide laws banning smoking in indoor sites, many cities and counties across the country have enacted comprehensive ordinances prohibiting second-hand smoke. As of June 3, 2003, there were over 1,600 local second-hand smoke ordinances and regulations in the United States.[256] In addition to the states with comprehensive laws, there are currently 17 states (Alaska, Arizona, Colorado, Georgia, Hawaii, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Montana, New Mexico, New Jersey, Oregon, Texas, Wisconsin, and West Virginia) with one or more local ordinances that ban smoking in both public and private workplaces and/or restaurants.[257] A number of states have smoking bans in many of their localities. For example, in Massachusetts, more than 70 jurisdictions, including Boston, have strong second-hand smoke laws prohibiting smoking in offices, restaurants, bars, and nightclubs.[258]

Restrictions on Second-Hand Smoke



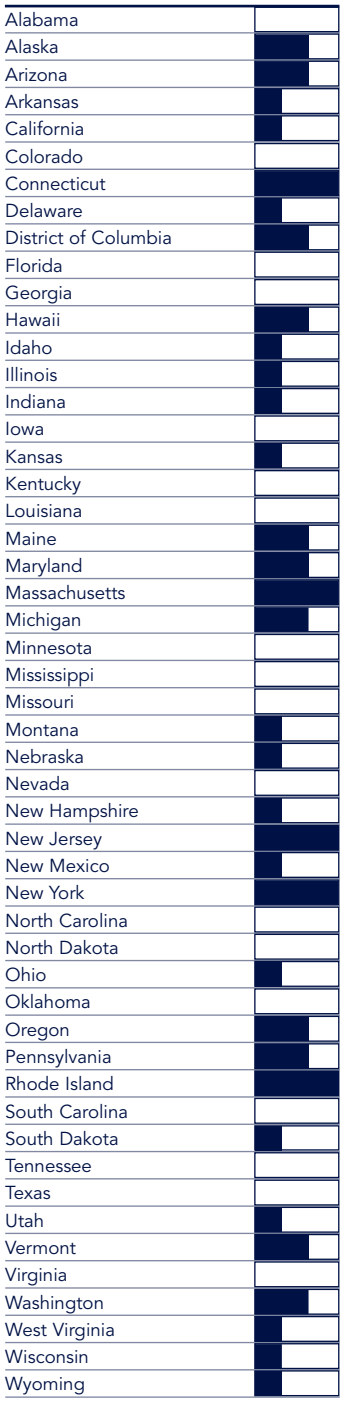
Data Source: Restrictions on Second-Hand Smoke, 2003.

States are evaluated based on whether their second-hand smoke laws are rated as comprehensive, extensive, moderate or minimal/none, according to American Lung Association (ALA), *State Legislated Actions on Tobacco Issues: 2000* (2001). State laws that have changed since 2000 are evaluated in the same manner using ALA, *State Legislated Actions on Tobacco Issues: 2002* (2003); ALA, *State Legislated Actions on Tobacco Issues: Midterm Update*, May 2003, available at http://slati.lungusa.org/reports/midtermupdate.pdf; and Coalition on Smoking OR Health, "Clean Indoor Air Matrix," undated, with additional analysis by the authors in consultation with Chris Bostic, ALA. Preemption data are from ALA, *State Legislated Actions on Tobacco Issues: 2002* (2003). Data for Maine and Oklahoma are from 2003 Maine Legis. Serv. Ch. 493 (West) and 2003 Okla. Sess. Law Serv. Sen. Jt. Res. 21 (West), respectively, with additional analysis by the authors in consultation with Chris Bostic, ALA.

Does the state have an excise tax on cigarettes of $1.50 or more per pack?

Increasing the excise tax on cigarettes is one of the most effective ways to reduce smoking, particularly among youth. Current research shows that a ten percent increase in the price of cigarettes leads to an estimated seven percent reduction in teenage smoking and an estimated four percent reduction in overall cigarette sales.[259] Data also indicate that policies such as tax increases may be more effective in decreasing smoking during pregnancy because the likelihood of quitting smoking is higher during this time in a woman's life.[260] A state receives a "meets policy" if its excise tax is $1.50 or more per pack (a pack is 20 cigarettes). A state receives a "limited policy" if its excise tax is between $1.00 and $1.49 per pack. A state receives a "weak policy" if its excise tax is between $0.50 and $0.99 per pack. A state receives a "minimal or no policy" if its excise tax is $0.49 or less.

Cigarette Excise Tax



Data Source: Cigarette Excise Tax ($), 2003.

Eric Lindblom, Campaign for Tobacco-Free Kids, "State Cigarette Tax Rates and Rank, Date of Last Increase, Annual Pack Sales and Revenues, and Related Data," June 2003, available at http://tobaccofreekids.org/research/factsheets/pdf/0099.pdf. New Jersey data: National Conference of State Legislatures, "Tobacco Taxes," *State Health Notes* 24 (July 14, 2003), 2.

Does the state provide funding for a comprehensive tobacco control program based on the CDC's minimum recommended funding for that state?

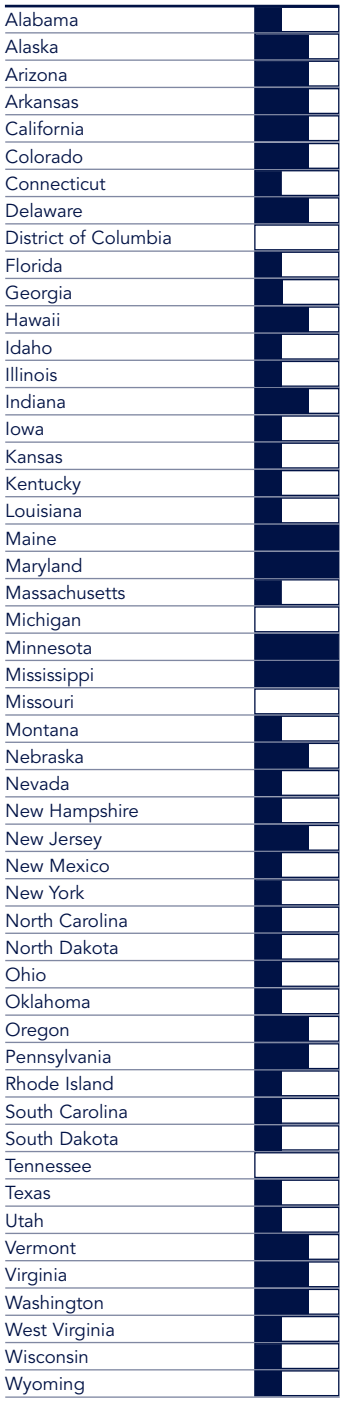
Comprehensive tobacco control programs have been shown to be effective in preventing and reducing tobacco use.[261] States that have aggressive tobacco prevention programs show greater decreases in tobacco use than do states that are not allocating significant resources to tobacco prevention.[262] The November 1998 multi-state settlement of the lawsuits against tobacco companies for over $200 billion over 25 years, as well as states' individual settlements with tobacco companies, greatly increased the funds available to states for tobacco control. In addition, states can use excise tax revenues and other funding streams for tobacco control efforts.[263] The CDC has studied states with successful comprehensive tobacco control programs to distill their essential elements and has made recommendations for how much funding is required in each state to implement such a program. Each recommendation is based on specific characteristics of the state and is in the form of a range of funding, with a lower and upper estimate for the total annual cost of a comprehensive tobacco control program.[264] A state receives a "meets policy" if it funds a comprehensive tobacco control program annually at a level that falls within the CDC's recommended range for that state.[265] A state receives a "limited policy" if its funding level is at or greater than 50 percent of the CDC's minimum recommendation. A state receives a "weak policy" if its funding level is less than 50 percent of the CDC's minimum recommendation. A state receives a "minimal or no policy" if it has committed no annual funds to comprehensive tobacco prevention.

Maine and Mississippi: Committed to Tobacco Control Funding. At a time when many other states are making drastic funding cuts to their tobacco control programs, Maine and Mississippi have remained committed to educating their citizens about the harms of tobacco use and funding tobacco prevention programs at levels that are proven to be effective in reducing smoking.[266] Their commitment has secured impressive results.

Maine used money from the multi-state tobacco settlement and from its cigarette excise tax to establish the Partnership for a Tobacco-Free Maine (PTM). The PTM's goal is to prevent Maine youth from using tobacco products and to assist current smokers in their efforts to quit. From the program's inception in 1997 to 2001, smoking among high school students in Maine declined by 36 percent, compared to a 23 percent decline nationwide. In addition, the percentage of youth smokers who have tried to quit increased from 33 percent to 57 percent during these same years.[267]

Mississippi was the first state to file and settle its lawsuit against the tobacco companies in 1997, prior to and separate from the multi-state tobacco settlement one year later. Using the money from its settlement, Mississippi launched a youth-driven tobacco prevention pilot program in 1999. In the first year of the program alone, smoking declined by 21 percent among public middle school students and by 10 percent among public high school students. Among African American students, these declines were even steeper: smoking among African American middle school students and high school students decreased by 31 percent and 20 percent, respectively.[268]

Tobacco Prevention Funding

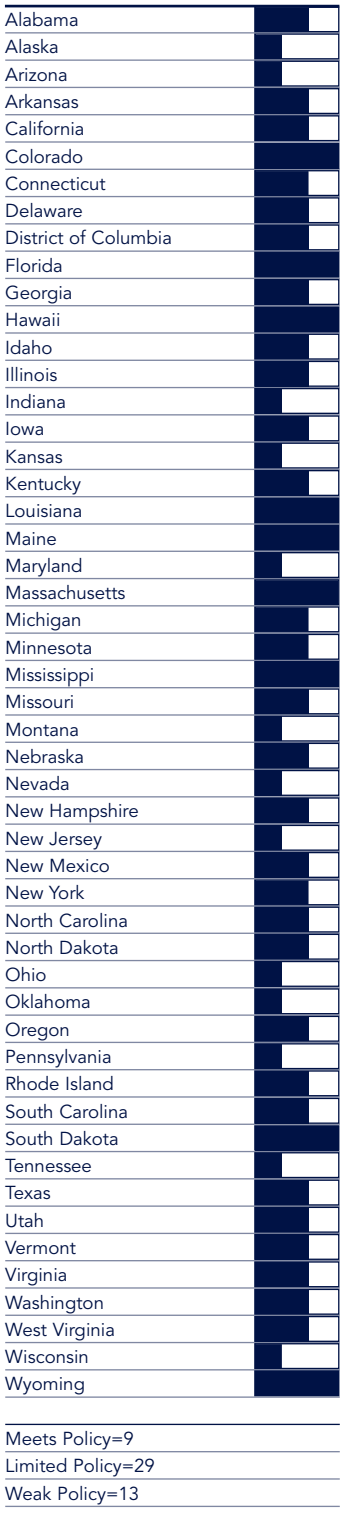


Data Source: Tobacco Prevention Funding, 2002.

Campaign for Tobacco-Free Kids and others, "Rankings of State Funding for Tobacco Prevention," in *Show Us the Money: A Report on the States' Allocation of the Tobacco Settlement Dollars* (Washington, D.C.: Campaign for Tobacco Free Kids and others, 2003), ix-x.

Does the state have a sales rate of tobacco products to minors that is below ten percent?
Preventing girls from smoking is critical to effect an overall reduction in the number of women who smoke. One way states can help prevent youth smoking is by reducing minors' access to tobacco. All states have laws prohibiting the sale of tobacco to minors pursuant to a federal law known as the "Synar Amendment," and they are required to enforce these laws through random unannounced inspections of tobacco vendors.[269] A state's effectiveness in enforcing its ban is measured by a "tobacco sales rate" that reflects the annual percentage of merchants who break the law by selling tobacco products to minors. A state receives a "meets policy" if its sales rate to minors is below ten percent (the target set by health experts).[270] A state receives a "limited policy" if its sales rate to minors is between ten and 20 percent (the target set by the federal government). A state receives a "weak policy" if its sales rate to minors is over 20 percent.

Tobacco Sales Rate to Minors



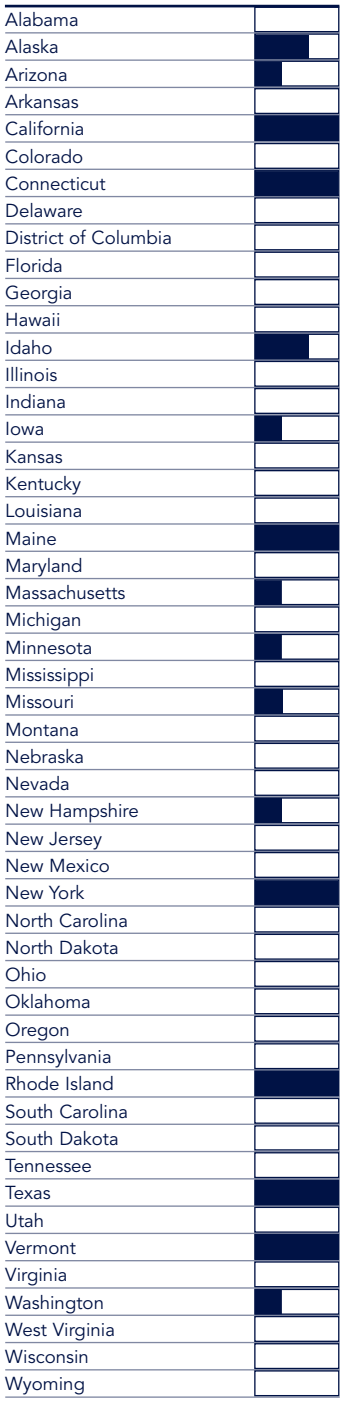
Data Source: Tobacco Sales Rate to Minors (%), FY 2002.

U.S. Department of Health and Human Services, Center for Substance Abuse and Prevention, "State Synar Non-Compliance Rate Table, FFY 1997-2002," undated, available at http://prevention.samhsa.gov/tobacco/01synartable.asp, accessed March 19, 2003.

Does the state have strong laws restricting youth access to tobacco?

Studies show that making cigarettes difficult and inconvenient to obtain reduces the number of young people who smoke.[271] There is evidence, however, that retailers are more likely to sell cigarettes to girls than to boys of the same age.[272] States can pass various laws that help restrict youth access to cigarettes. States receive a "meets policy" if they have strong laws in the following nine categories: minimum age, packaging, clerk intervention, photo identification, vending machine laws, free distribution and samples, graduated penalties (i.e., sanctions for repeated sales to minors), random inspections, and statewide enforcement.[273] States receive a "limited policy" if they have moderately strong youth access laws in many of the nine areas. States receive a "weak policy" if they have few and/or weak youth access laws in the nine areas. States receive a "minimal or no policy" if they have very weak and/or very few youth access laws in the nine areas.[274]

Youth Access Restrictions



Meets Policy=7
Limited Policy=2
Weak Policy=7
Minimal/No Policy=35

Data Source: Youth Access Restrictions, 2002.

American Lung Association, "Appendix B, Youth Access, 2002," in *State of Tobacco Control: 2002* (2003), xvi-xvii, 109-110, available at http://lungaction.org/reports/tobacco-control.html; see also Marianne H. Alciati and others, "State Laws on Youth Access to Tobacco in the United States: Measuring their Extensiveness with a New Rating System," *Tobacco Control* 7 (Winter 1998), 345-352.

Policy Indicator Methodology

This section describes the criteria for selection, data sources and limitations, and evaluation of the health policy indicators.

Criteria for Indicator Selection

The *Report Card* is designed to present an accurate, broad assessment of women's health as it relates to smoking and the challenges that the country must meet to reduce the number of women and girls who smoke. The health policy indicators included in this *Report Card* address some of the most important issues pertaining to women and smoking within the parameters of the data that were available. The policy indicators examine state policies and programs important to prevention and cessation in general—whether statutes, regulations, executive orders, or other manifestations of state policies and programs—and two policy indicators address pregnancy-specific issues. The criteria used to select the indicators for state health policies are similar to those used to select the health status indicators. State policy indicators were selected based on whether they addressed and could have a significant positive impact on the critical women's health issues reflected in the status indicators and whether they were measurable and could be compared across states.

Data Sources and Limitations

Generally, the *Report Card* includes state health policy information that was collected from published or on-line sources, such as the American Lung Association's *State of Tobacco Control: 2002*, which was the source for the data regarding youth access laws. Wherever possible, the *Report Card* presents the most recent data available for each indicator. Data collection for the policy indicators ended on July 1, 2003.

Adopting the policies covered by the indicators can improve women's health, but states' actual implementation is a crucial component in determining whether and how much the policies improve women's health. The *Report Card* does not explore the effectiveness of state implementation efforts or subsequent judicial actions, however, because such data are not routinely or consistently available. In addition, some sources noted delays in the effective dates of policies (e.g., a statute was passed in 2001 but not effective until 2002). Since it could not be readily determined whether sources identified delayed effective dates uniformly (e.g., some states with delayed effective dates were not identified) and since the adoption of the relevant policy still demonstrates some state commitment, the *Report Card* considers a state to be in the relevant category regardless of effective date.

Categorizing the Policies

The strength of the state policies is indicated on the state report card pages by the designations "Meets Policy," "Limited Policy," "Weak Policy," and "Minimal/No Policy." The *Report Card* authors determined the categorizations for each of the policies after research and input from experts. Some policies have all four categories, while others have only three or two categories, based on expert recommendations.

Demographic Data Sources

The demographic profile for each state and the nation as a whole includes seven categories of data that provide the context for the *Report Card* status and policy indicators. Most information in the demographic section is based on data from the most recent two years (2001 and 2002) of the U.S. Census Bureau's Current Population Survey (CPS) "Annual Demographic Survey March Supplement." The most recent two years of CPS data are used to increase the sample of women in the analysis and improve accuracy, especially for smaller states. Although the source of the basic CPS data is the U.S. Census Bureau, the *Report Card* authors, in cooperation with Decision Demographics, the demographic data consultant for this project, developed the specifications for the demographic measures in this publication. Two tabulations are based on data from the 2000 Census, since the data are not collected in the CPS: "Households Living in Linguistic Isolation" and "Women Residing in Urban and Rural Areas."

Demographic Data Sources

Listed below are the sources for the specific demographic data listed on the national and state report card pages. The time periods to which the data apply also appear in bold.

Total Population of Women (% and #), 2001 and 2002.

EXPLANATION: This measure includes females of all ages as a percentage of the total civilian, non-institutionalized[275] population of the state.

SOURCE: U.S. Bureau of Labor Statistics and U.S. Census Bureau, *Current Population Survey*, "Annual Demographic Survey March Supplement" (Washington, D.C.: U.S. Census Bureau, 2001, 2002) (databases) (unpublished data analyzed by Decision Demographics) [hereinafter CPS]. To compensate for small sample size, Decision Demographics combined the applicable data from the two supplements to arrive at more reliable estimates.

Women by Race (% and #), 2001 and 2002.

EXPLANATION: This measure includes females of all ages in the civilian, non-institutionalized population in the following categories: white (non-Hispanic), black[276] (non-Hispanic), Native American/Alaskan Native (non-Hispanic), Asian/Pacific Islander (non-Hispanic), and Hispanic. Data are provided as a percentage of total civilian, non-institutionalized females in the state.

SOURCE: CPS (see Total Population data source note).

Women by Age (% and #), 2001 and 2002.

EXPLANATION: This measure includes females in the civilian, non-institutionalized population in the following age categories: 0 to 14, 15 to 24, 25 to 44, 45 to 64, 65 to 84, and 85 and over.

SOURCE: CPS (see Total Population data source note)

Lesbian-Headed Households (% and #), 2000.

EXPLANATION: Lesbian-Headed Households are households where the householder is female and there is another female whose relationship to the householder is reported as "unmarried partner." Since the 2000 Census asks no direct question about sexual orientation, this household relationship item has been used to estimate lesbian-headed households. This estimate represents a count of households headed by women who have same-sex partners, cohabit, report one of the couple as the household head, and report the other as an unmarried partner. Women in this group are distinguished by their willingness to report these combined characteristics in the Census and may not represent all women living in this status. However, David Smith and Gary Gates, in their article "Gay and Lesbian Families in the United States: Same-sex Unmarried Partner Households," Human Rights Campaign (August 22, 2001), analyzed these data for both lesbians and gays and found that the geographic and other response patterns correspond with what is known of the lesbian community. Dan Black, Gary Gates, Seth Sanders, and Lowell Taylor in their article, "Demographics of the Gay and Lesbian Population in the United States: Evidence from Available Systematic Data Sources," *Demography* 37 (May 2000), 139-154, estimated that 44.1 percent of lesbians live as cohabiting partners like this respondent group. Applying that rate to the U.S. total of lesbian-headed households implies that there were at least 1.3 million lesbians in the U.S. as of 2000. If the assumption is made that four percent of U.S. women age 18 and over are lesbians (a reasonable maximum from other evidence accumulated by Gates, et. al.) then there were up to 4.3 million lesbians in 2000.

SOURCE: CPS 2000 (see Total Population data source note).

Median Earnings for Women ($), 2000 and 2001.

EXPLANATION: This measure includes wages, salaries, self-employment income, and farm income for civilian, non-institutionalized women age 17 and over who reported full-time, full-year employment. The median income divides the income distribution into two equal parts; half fall above the median and half fall below.

SOURCE: CPS (see Total Population data source note)

Women Residing in Urban and Rural Areas (% and #), 2000.

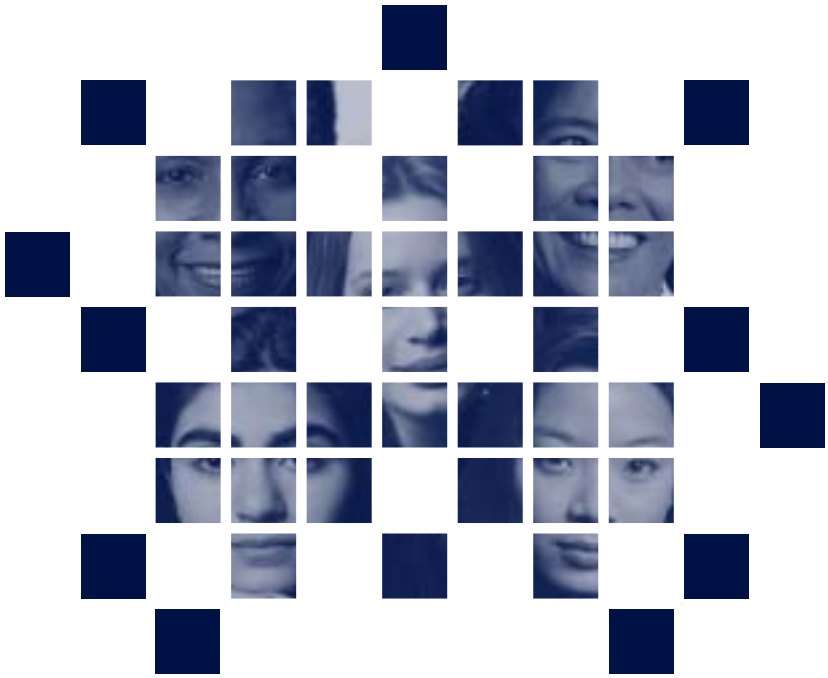
EXPLANATION: Urban women include females of all ages who live in urban areas. Urban areas are densely settled, contiguous areas delineated by the Census Bureau that exceed specified size and density criteria. "Urban clusters" have 2,500 to 49,999 people and a core that exceeds 1,000 people per square mile. "Urbanized areas" have at least 50,000 people in a densely settled area. Women who live in urban clusters and urbanized areas are classified as urban, while all other women are classified as rural.

SOURCE: Census 2000 (Washington, D.C.: U.S. Census Bureau, 2000).

Women by Educational Attainment (% and #), 2001 and 2002.

EXPLANATION: This measure categorizes civilian, non-institutionalized women age 25 and over according to the highest degree or level of school completed. The "High School Graduate" category includes those with a G.E.D. or equivalent. The "Some college or Associate Degree" category includes those with the degree as well as those who attended college but did not receive a degree. The "Bachelor's Degree" category includes women with a bachelor's degree and those with some graduate education but no graduate degree. The "Graduate Degree" category includes all Master's degrees, Ph.D.'s, and professional degrees such as those for medicine, dentistry, law, theology, etc.

SOURCE: CPS (see Total Population data source note)



Advisory Committee

The Advisory Committee played a vital role in the creation of the *Women and Smoking Report Card*. Its members participated in the *Report Card's* development, including selection of the indicators and data, the relative weights to be given to the indicators, the nature of the information to be highlighted beyond the indicators, and the identification of other experts to consult. While the help and support generously given by the Advisory Committee were essential, responsibility for the *Report Card* and for its ultimate decisions remains with the *Report Card* authors. The Advisory Committee members (organizations listed for identification purposes only) are:

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Centers for Disease Control and Prevention

Notes

[1] Centers for Disease Control and Prevention, "Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Economic Costs—United States, 1995-1999," *Morbidity and Mortality Weekly Report* 51 (April 12, 2002), 300-303 [hereinafter "Annual Mortality"] ($75 billion figure derived by multiplying cost per smoker by number of female smokers).

[2] Richard Peto and others, *Mortality from Smoking in Developed Countries 1950-2000: Indirect Estimates from National Vital Statistics* (New York, NY: Oxford University Press, 1994), A.102.

[3] The Henry J. Kaiser Family Foundation, *Medicaid's Role for Women*, November 2000, available at http://kff.org/content/2000/2205/Medicaidwomenfs.PDF.

[4] American Legacy Foundation, *Saving Lives, Saving Money: Why States Should Invest in a Tobacco-Free Future* (Washington, D.C.: American Legacy Foundation, 2002) [hereinafter *Saving Lives*] (detailing state-by-state Medicaid costs attributable to smoking and state-by-state savings in such costs from a 5, 10, 25, and 50 percent reduction in adult smoking rates).

[5] *Ibid.*

[6] The Henry J. Kaiser Family Foundation, "Women and Medicare," July 2001, available at http://www.kff.org/content/2001/6003/women%20&%20 medicare%20fs-medicare.pdf.

[7] Xiulan Zhang and others, "Cost of Smoking to the Medicare Program, 1993," *Health Care Financing Review* 20 (Summer 1999), 187 (1993 estimates were updated for 1997).

[8] States were chosen based on the absence of quitlines as of the start of the demonstration project. For updated information on the existence of quitlines in these states, see page 98.

[9] Centers for Medicare and Medicaid Services, "Healthy Aging Initiative, Demonstration Projects, Medicare Stop Smoking Project," available at http://cms.hhs.gov/healthyaging/1b.asp, accessed August 26, 2003.

[10] Current smoking for adults is defined as having ever smoked at least 100 cigarettes and smoking currently, and the measure includes women who smoke every day or only some days. Centers for Disease Control and Prevention, "Cigarette Smoking Among Adults—United States, 2000," *Morbidity and Mortality Weekly Report* 51 (July 26, 2002), 642-645 [hereinafter CDC "Cigarette Smoking"]. Current smoking for boys and girls is defined as any use within the past 30 days. Lloyd D. Johnston and others, "Teen smoking declines sharply in 2002, more than offsetting large increases in the early 1990s," (Ann Arbor, MI: University of Michigan News and Information Services, December 16, 2002), Tables 2 and 3, available at http://monitoringthefuture.org/ data/02data.html#2002data-cigs [hereinafter Johnston "Teen Smoking"].

[11] Bidis are "small, brown, hand-rolled cigarettes from India and other southeast Asian countries." U.S. Department of Health and Human Services, *Women and Smoking: A Report of the Surgeon General* (Rockville: U.S. Department of Health and Human Services, Office of the Surgeon General, 2001), 147, available at http://www.surgeongeneral.gov/library [hereinafter *Women and Smoking: A Report of the Surgeon General*].

[12] *Ibid.*, 116-122.

[13] National Center for Health Statistics, *National Health Interview Survey*, 1999-2001, available at http://www.cdc.gov/nchs/nhis.htm (unpublished data request from Office on Smoking and Health, CDC) [hereinafter *NHIS*]; see also CDC "Cigarette Smoking," *supra* note 10, at 642-645.

[14] *Women and Smoking: A Report of the Surgeon General, supra* note 11, at 56.

[15] In its use of "black" and "African American," this *Report Card* has attempted to follow the source material's usage, wherever possible. There is some confusion over the use of the two terms, with sources using them inconsistently. "Black women are primarily "African American," the term commonly used to describe the descendants of Africans brought to the United States as slaves. There is, however, increasing diversity among blacks, with foreign-born blacks accounting for six percent of all blacks in the United States. Most other blacks in America are of Caribbean descent, coming from island nations including the Dominican Republic, Haiti, Jamaica, and Trinidad and Tobago. Recent immigrants from African countries account for less than four percent of all U.S. immigrants between 1981 and 1998, but there is some indication that these numbers are increasing." National Women's Law Center and others, *Making the Grade on Women's Health: A National and State-by-State Report Card, 2001* (Washington, D.C.: National Women's Law Center, 2001), 201 [hereinafter HRC 2001].

[16] *NHIS, supra* note 13; see also CDC "Cigarette Smoking," *supra* note 10.

[17] *Women and Smoking: A Report of the Surgeon, supra* note 11, at 56; see also Johnston "Teen Smoking," *supra* note 10 (showing similar pattern among 8th, 10th and 12th grade girls in 2002 Monitoring the Future survey data).

[18] *Women and Smoking: A Report of the Surgeon, supra* note 11, at 56, 59.

[19] *NHIS, supra* note 13; see also CDC "Cigarette Smoking," *supra* note 10.

[20] U.S. Census Bureau, "Poverty Thresholds 1999," September 20, 2000, available at http://www.census.gov/hhes/poverty/threshld/thresh99.html.

[21] CDC "Cigarette Smoking," *supra* note 10.

[22] Gay and Lesbian Medical Association and others, *Lesbian, Gay, Bisexual and Transgender Health: Findings and Concerns, Conference Ed.* (San Francisco, CA: Gay and Lesbian Medical Association, 2000), 35 [hereinafter GLMA *Findings and Concerns*].

[23] *Women and Smoking: A Report of the Surgeon General, supra* note 11, at 42, 59.

[24] *Ibid.*, 72-73.

[25] *Ibid.*

[26] *NHIS, supra* note 13.

[27] *Women and Smoking: A Report of the Surgeon General, supra* note 11, at 453-477, 527.

[28] Johnston "Teen Smoking," *supra* note 10.

[29] *Women and Smoking: A Report of the Surgeon General, supra* note 11, at 453-477.

[30] U.S. Department of Health and Human Services, *Tobacco Use Among U.S. Racial/Ethnic Minority Groups: A Report of the Surgeon General* (Washington, D.C.: U.S. Department of Health and Human Services, Office on Smoking and Health, 1998), 213-19, available at http://www.cdc.gov/tobacco/ sgr-minorities.htm. [hereinafter *Tobacco Use Among Minority Groups*].

[31] *Tobacco Use Among Minority Groups, supra* note 30, at 220-24.

[32] *Ibid.*, 207.

[33] *Ibid.*, 235; DeNita S.B. Morris, *Wanting to Exhale: African American Women & Smoking* (Washington, D.C.: Black Women's Health Imperative, March 26, 2003).

[34] American Legacy Foundation, "Tobacco and the American Indian and Alaska Native Community," 2003, available at http://pressroom.americanlegacy.org/factSheets/41-135Jwrn0xBcu5HnAxBBm/index_html/view; *Tobacco Use Among Minority Groups, supra* note 30, at 209-10 [sources for entire paragraph].

[35] *Ibid.*, 208-09 [source for entire paragraph].

[36] *Ibid.*, 211 [source for entire paragraph].

[37] *Ibid.*, 212 [source for entire paragraph].

[38] *Women and Smoking: A Report of the Surgeon General*, supra note 11, at 490, 505-506, 527.

[39] See National Cancer Institute, "Risks Associated with Smoking Cigarettes with Low Machine-Measured Yields of Tar and Nicotine," *Smoking and Tobacco Control Monograph* No. 13 (Bethesda, MD: National Cancer Institute, October 2001), 75-77, 201; see also Campaign for Tobacco-Free Kids, "Tobacco Industry Targeting of Women and Girls," 2003 (noting that 70 percent of low tar smokers are female); Saul Shiffman and others, "Smokers' Beliefs About "Light" and "Ultra Light" Cigarettes," *Tobacco Control* 10 (2001), Supp. 17-23.

[40] *Women and Smoking: A Report of the Surgeon General, supra* note 11, at 490, 506, 527.

[41] See, e.g., Legacy Tobacco Documents Library (LTDL), available at http://legacy.library.ucsf.edu/, accessed August 13, 2003 (containing more than 6 million documents related to advertising, manufacturing, marketing, sales, and scientific research of tobacco products and allowing visitors to search, view, and download documents from website). For a good listing of tobacco industry web sites, see Centers for Disease Control and Prevention, Office on Smoking and Health, available at http://www.cdc.gov/tobacco, accessed August 13, 2003.

[42] U.S. Federal Trade Commission, *Cigarette Report for 2001* (Washington, DC: U.S. Federal Trade Commission, 2003), 1.

[43] Campaign for Tobacco-Free Kids and others, *Show Us the Money: A Report on the State's Allocation of the Tobacco Settlement Dollars* (Washington D.C: Campaign for Tobacco-Free Kids, January 2003) [hereinafter *Show Us the Money*].

[44] *Women and Smoking: A Report of the Surgeon General, supra* note 11, at 502-503 (citation omitted).

[45] Catherine L. Maroney and others, *Tobacco and Women's Health: A Survey of Popular Women's Magazines, August 1999-August 2000* (New York, NY: American Council on Science and Health, 2001), available at http://www.acsh.org/publications/reports/tobacco2001.pdf; see also Kenneth E. Warner and others, "Cigarette Advertising and Magazine Coverage of the Hazards of Smoking: A Statistical Analysis," *New England Journal of Medicine* 326 (January 30, 1992), 305-309 (finding that cigarette advertising in women's magazines is associated with diminished coverage of the hazards of smoking).

[46] Matthew C. Farrelly and others, "Getting to the Truth: Evaluating National Tobacco Countermarketing Campaigns," *American Journal of Public Health* 92 (June 2002), 901-907.

[47] *Women and Smoking: A Report of the Surgeon General, supra* note 11, at 477.

[48] *Ibid.*, 125-127.

[49] *Ibid.*, 476.

[50] *Ibid.*, 116; Campaign for Tobacco-Free Kids, "Bidis," March 2000, available at http://www.tobaccofreekids.org/research/factsheets/pdf/0037.pdf.

[51] Second-hand smoke is a Group A carcinogen, a classification reserved for the most dangerous substances, such as asbestos and radon. Office of Research and Development, *Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders* (Washington, D.C.: U.S. Environmental Protection Agency, Office of Research and Development, 1992), 1, 101, 105; National Toxicology Program, *Report on Carcinogens, 10th edition* (Washington, D.C.: U.S. Department of Health and Human Services, National Toxicology Program, December 2002); World Health Organization, International Agency for Research on Cancer, "Carcinogen Identification and Evaluation," *IARC Monographs Programme on the Evaluation of Carcinogenic Risks to Humans, Tobacco Smoke and Involuntary Smoking, Vol. 83* (June 2002).

[52] *Women and Smoking: A Report of the Surgeon General, supra* note 11, at 1.

[53] *Ibid.*, 209.

[54] American Legacy Foundation, "Women and Lung Cancer Survey," available at http://pressroom.americanlegacy.org/factSheets/15-XM4n3oKmHWRmO7gfqeqz/index_html/view, accessed August 17, 2003.

[55] L.A.G. Ries and others, eds., *SEER Cancer Statistics Review, 1975-2000* (Bethesda, MD: National Cancer Institute, 2003), available at http://seer.cancer.gov/csr/1975_2000.

[56] Ahmedin Jemal and others, "Cancer Statistics, 2003," *CA Cancer Journal for Clinicians* 53 (2003), 5, 7 [hereinafter Jemal].

[57] Richard Peto and others, "Smoking, Smoking Cessation, and Lung Cancer in the UK Since 1950: Combination of National Statistics with Two Case-Control Studies," *British Journal. of Medicine* 321 (August 5, 2000), 323.

[58] "Annual Mortality," *supra* note 1, at 300.

[59] Jemal, *supra* note 56, at 5, 7; Corinne G. Husten and Ann Marie Malarcher, "Cigarette Smoking: Trends, Determinants, and Health Effects," in *Women & Health*, eds. Marlene B. Goldman and Maureen C. Hatch (San Diego, CA: Academic Press, 2000), 570 [hereinafter *Women & Health*]; *Women and Smoking: A Report of the Surgeon General, supra* note 11, at 212, 220, 224-31.

[60] *Ibid.*, 261 (referring to COPD, which excludes asthma).

[61] *Ibid.*, 249.

[62] *Ibid.*, 250.

[63] John E. Connett and others, "Changes in Smoking Status Affect Women More than Men: Results of the Lung Health Study," *American Journal of Epidemiology* 157 (2003), 973.

[64] American Heart Association and American Stroke Association, *Heart Disease and Stroke Statistics, 2003 Update* (Dallas, TX: American Heart Association and American Stroke Association, 2003), 4 [hereinafter 2003 *Update*].

[65] *Ibid.*, 2, 4, 42. As defined by the American Heart Association, Total Cardiovascular Disease includes rheumatic fever/rheumatic heart disease; hypertensive diseases; ischemic (coronary) heart disease; pulmonary heart disease and diseases of pulmonary circulation; other forms of heart disease; cerebrovascular disease (stroke); atherosclerosis; other diseases of arteries, arterioles and capillaries; diseases of veins, lymphatics and lymph nodes, not classified elsewhere; and other and unspecified disorders of the circulatory system. Depending upon availability, the AHA also includes data for congenital cardiovascular defects.

[66] A heart attack or myocardial infarction occurs when the blood supply to the heart is severely reduced or stopped because an artery is blocked by plaque, a fatty substance in the blood. American Heart Association, "What is a Heart Attack?," 2002 .

[67] Lori Mosca and others, "Cardiovascular Disease in Women: A Statement for Healthcare Professionals From the American Heart Association," *Circulation* 96 (October 7, 1997), 2468-2482.

[68] American Heart Association, *Women, Heart Disease & Stroke Survey Highlights* (Dallas, TX: American Heart Association, 2002).

[69] *Women and Smoking: A Report of the Surgeon General, supra* note 11, at 232.

[70] WomenHeart, "Women and Heart Disease Fact Sheet," 2003.

[71] *Women and Smoking: A Report of the Surgeon General, supra* note 11, at 233; see also U.S. Department of Health and Human Services, *The Health Benefits of Smoking Cessation: A Report of the Surgeon Genera*l (Rockville, MD: U.S. Department of Health and Human Services, Office on Smoking and Health, 1990), vi, available at http://www.cdc.gov/tobacco/sgrpage.htm#1990s.

[72] J.A. Critchley and S. Capewell, "Mortality Risk Reduction Associated with Smoking Cessation in Patients with Coronary Heart Disease: A Systematic Review," *Journal of the American Medical Association* 290 (July 2, 2003), 86-97.

[73] A stroke occurs when a blood vessel or artery is blocked by a clot, or when a vessel breaks, interrupting blood flow to the area of the brain affected and causing cells in that area to die. American Stroke Association, "What is Stroke?," 2002.

[74] *2003 Update, supra* note 64, at 17.

[75] *Ibid.*, 15.

[76] Planned Parenthood, "Your Contraceptive Choices," April 30, 2003, available at http://www.plannedparenthood.org/bc/cchoices4.html.

[77] Martin Bessey and others, "Mortality in Relation to Oral Contraceptive Use and Cigarette Smoking," *The Lancet* 362 (July 19, 2003), 185.

[78] The Henry J. Kaiser Family Foundation Daily Report, "Smoking May Reduce Effectiveness of the Pill," September 29, 2000; Donna Shoupe and Daniel R. Mishell, Jr., "Contraception," in *Women & Health*, supra note 59, at 138 (almost half of all U.S. pregnancies are unplanned).

[79] The National Center on Addiction and Substance Abuse at Columbia University, *The Formative Years, Pathways to Substance Abuse Among Girls and Young Women Ages 8-22* (New York, NY: The National Center on Addiction and Substance Abuse at Columbia University, February 2003), 25 [hereinafter *The Formative Years*].

[80] Ectopic pregnancy is a pregnancy that starts outside of the uterus, usually in a fallopian tube. The fetus cannot grow, and a woman's fertility and potentially her life are threatened if her fallopian tube is ruptured by the pregnancy. *Women and Smoking: A Report of the Surgeon General, supra* note 11, at 277-283, 291.

[81] *Ibid.*, 290, 296, 302.

[82] *Ibid.*, 294-95.

[83] *Ibid.*, 306; E. Dybing and T. Sanner, "Passive Smoking, Sudden Infant Death Syndrome (SIDS) and Childhood Infections," *Human & Experimental Toxicology* 18 (April 1999), 202.

[84] *Women and Smoking: A Report of the Surgeon General, supra* note 11, at 306.

[85] American Lung Association, Fact Sheet "Smoking and Pregnancy," June 2002.

[86] *Women and Smoking: A Report of the Surgeon General, supra* note 11, at 272-73.

[87] American Society for Reproductive Medicine, "Patient's Fact Sheet, Smoking and Infertility," August 2001 [hereinafter "Smoking and Infertility"].

[88] *Ibid.; Women and Smoking, A Report of the Surgeon General, supra* note 11, at 269.

[89] "Smoking and Infertility," *supra* note 87.

[90] *Women and Smoking: A Report of the Surgeon General, supra* note 11, at 269.

[91] U.S. Department of Health and Human Services, *Mental Health: A Report of the Surgeon General* (Rockville, MD: U.S. Department of Health and Human Services, National Institute of Mental Health, 1999), 225, 244.

[92] *Women and Smoking: A Report of the Surgeon General, supra* note 11, at 477.

[93] *Ibid.* at 85-86, 333.

[94] *The Formative Years, supra* note 79, at 7, 28, 30, 49; *Women and Smoking: A Report of the Surgeon General, supra* note 11, at 341.

[95] Department of Health and Human Services, National Institute of Mental Health, "Eating Disorders: Facts About Eating Disorders and the Search for Solutions," 2001 (between 85-90 percent of those with anorexia and bulimia are female).

[96] *Women and Smoking: A Report of the Surgeon General supra* note 11, at 308.

[97] *The Formative Years, supra* note 79, at 30; *Women and Smoking: A Report of the Surgeon General, supra* note 11, at 335, 475-76; The National Center on Addiction and Substance Abuse at Columbia University, "Newsletter, Food for Thought, Substance Abuse and Eating Disorders" (Conference Announcement), January 23, 2001.

[98] See generally *HRC 2001, supra* note 15.

[99] D.R. Gold and others, "Effects of Cigarette Smoking on Lung Function in Adolescent Boys and Girls," *New England Journal of Medicine* 335 (1996), 931-937; J.S. Hampl and N.M. Betts, "Cigarette Use During Adolescence: Effects on Nutritional Status," *Nutrition Reviews* 57 (1999), 215-221; D.B. Wilson and P.J. Nietert, "Patterns of Fruit, Vegetable, and Milk Consumption Among Smoking and Nonsmoking Female Teens," *American Journal of Preventive Medicine* 22 (2002), 240-246; S.Y.S. Kimm and others, "Decline in Physical Activity in Black Girls and White Girls During Adolescence," *New England Journal of Medicine* 347 (2002), 709-715; *The Formative Years, supra* note 79 , at 24-25 [sources for entire paragraph].

[100] Campaign for Tobacco-Free Kids, "Smoking and Other Drug Use," January 3, 2002, available at http://tobaccofreekids.org/research/factsheets/pdf/0106.pdf

[101] Substance Abuse and Mental Health Services Administration, "Illicit Drug Use," in *2001 National Household Survey on Drug Abuse, Volume I. Summary of National Findings* (Rockville, MD: Substance Abuse and Mental Health Services Administration, 2002), 24.

[102] *Women and Smoking: A Report of the Surgeon General supra* note 11, at 129.

[103] R. Andrew Chambers and others, "Developmental Neurocircuitry of Motivation in Adolescence: A Critical Period of Addiction Vulnerability," *American Journal of Psychiatry* 160 (June 2003), 1041.

[104] National Center on Addiction and Substance Abuse at Columbia University, *Cigarettes, Alcohol, Marijuana: Gateways to Illicit Drug Use* (New York: National Center on Addiction and Substance Abuse at Columbia University, October 1994).

[105] J.E. Lieu and A.R. Feinstein, "Effect of Gestational and Passive Smoke Exposure on Ear Infections in Children," *Archives of Pediatrics and Adolescent Medicine* 156 (February 2002), 147; D. Gryczynska, "Relationship Between Passive Smoking, Recurrent Respiratory Tract Infections and Otitis Media in Children," *International Journal of Pediatric Otorhinolaryngol* 49 (October 1999), S275.

[106] Mona Kimbell-Dunn and others, "Asthma," in *Women & Health, supra* note 59, at 731.

[107] *Women and Smoking: A Report of the Surgeon General, supra* note 11, at 251.

[108] Wilma Nusselder and others, "Smoking and the Compression of Morbidity," *Journal of Epidemiology and Community Health* 54 (Aug. 2000), 566 [hereinafter Nusselder].

[109] Jane A. Cauley and Michelle E. Danielson, "Osteoporosis," in *Women & Health, supra* note 59, at 1188.

[110] *Women and Smoking: A Report of the Surgeon General, supra* note 11, at 330.

[111] David R. Arday and others, "Smoking and Functional Status Among Medicare Managed Care Enrollees," *American Journal of Preventive Medicine* 24 (April 2003), 234.

[112] Centers for Disease Control and Prevention, *Best Practices for Comprehensive Tobacco Control Programs* (Atlanta: Centers for Disease Control and Prevention, August 1999), 24 [hereinafter *Best Practices*].

[113] Donald H. Taylor and others, "Benefits of Smoking Cessation for Longevity," *American Journal of Public Health* 92 (2002), 990-96.

[114] Nusselder, *supra* note 108, at 566.

[115] See Chapter VI, "Key Health Disparities by Race, Ethnicity, Sexual Orientation and Disability," in *HRC 2001, supra* note 15, at 199-216.

[116] *NHIS, supra* note 13; National Center for Health Statistics (NCHS), "Healthy Women: State Trends in Health and Mortality," available at http://www.cdc.gov/nchs/healthywomen.htm (electronic data warehouse on minority and women's health, containing tables that describe the health of people in each state by sex, race, and age that can be accessed by downloading free data dissemination software called Beyond 20/20).

[117] American Cancer Society, *Cancer Facts and Figures 2003* (Washington, D.C.: American Cancer Society, 2003), 29, available at http://www.cancer.org/downloads/STT/CAFF2003PWSecured.pdf [hereinafter *Cancer Facts 2003*].

[118] Centers for Disease Control and Prevention, "African Americans and Tobacco," April 3, 2003, available at http://www.cdc.gov/tobacco/sgr/sgr_1998/sgr-min-fs-afr.htm.

[119] American Legacy Foundation, "Tobacco and the African American Community," 2003, available at http://pressroom.americanlegacy.org/factSheets/37-hm0sjx3LjwF4SIFrAWMF/index_html/view. Among smokers in high school, menthol smoking rates are: 76 percent African American, 62 percent Asian American, 47 percent Hispanic and 29 percent white.

[120] American Cancer Society, *Cancer Facts & Figures for African Americans 2003-2004* (Atlanta: American Cancer Society, 2003), 11-12.

[121] *Women and Smoking: A Report of the Surgeon General, supra* note 11, at 124.

[122] Bureau of Labor Statistics, *Highlights of Women's Earnings in 2001* (Washington, D.C.: U.S. Department of Labor, May 2002), Table 3 (women are 71 percent of the wait staff in restaurants).

[123] M.E. Mattson, and others "Passive Smoking on Commercial Airline Flights," *Journal of the American Medical Association* 261 (February 10, 1989), 867. Smoking was banned on all domestic flights in February 1990 and on all flights to and from the U.S. in June 2000. Department of Transportation, Press Release, "All Flights To and From the United States to be Smoke-Free," June 2, 2000. In 1999, flight attendants settled a class action lawsuit against major tobacco companies for $349 million for illness caused by second-hand smoke. "Tobacco Settlement With Flight Attendants Upheld by State Court," *Wall Street Journal*, March 29, 1999, C7.

[124] Elizabeth M. Barbeau and others, "Working Class Matters: Socioeconomic Disadvantage, Race/Ethnicity, Gender and Smoking: NHIS 2000," *American Journal of Public Health* (in press).

[125] Elizabeth M. Barbeau and others, "Coverage of Smoking Cessation Treatment by Union Health and Welfare Funds," *American Journal of Public Health* 91 (September 2001), 1412-1415.

[126] American Legacy Foundation, "Tobacco and Socio-Economic Status," 2003, available at http://pressroom.americanlegacy.org/factSheets/52-cRu0iAo7pQ2yVL0zS3vF/index_html/view.

[127] Andrea L. Solarz, *Lesbian Health: Current Assessment and Directions for the Future*, Institute of Medicine, Committee on Lesbian Health Research Priorities, Neuroscience and Behavioral Health Program, Health Sciences Policy Program, Health Sciences Section (Washington, D.C.: National Academy Press, 1999), 46, 59-60 [hereinafter Solarz].

[128] National Coalition for LGBT Health, "Facts About Smoking and the LGBT Community," 2003, available at http://www.lgbthealth.net/awareness_PDFs/lo_res_facts/smok_facts_lo_res.pdf.

[129] GLMA *Findings and Concerns, supra* note 22, at 35; The Gay, Lesbian, Bisexual and Transgender Health Access Project, *Health Concerns of the Gay, Lesbian, Bisexual and Transgender Community*, Preface to the 2nd Edition (Boston: The Medical Foundation, 1997).

[130] J.C. White, W. Levinson W, "Lesbian Health Care: What a Primary Care Physician Should Know," *Western Journal of Medicine* 162 (1995), 463.

[131] Solarz, *supra* note 127, at 42.

[132] American Legacy Foundation, "Smoking and Lesbian, Gay, Bisexual and Transgender Communities," 2003 (75 percent of LGBT adults have ever made an attempt to quit versus 80 percent of all adults), available at http://pressroom.americanlegacy.org/factSheets/39-eWtOzVpdx6JO0tPybBDK/index_html/view.

[133] American Legacy Foundation Press Release, "American Legacy Foundation Awards Grants to LGBT Organizations to Prevent and Reduce Tobacco Use: LGBT Organizations Receive Grants to Prevent and Reduce Tobacco Use," May 21, 2002.

[134] CDC "Cigarette Smoking," *supra* note 10, at 642-645.

[135] *Women and Smoking: A Report of the Surgeon General, supra* note 11, at 96.

[136] *Ibid.*.

[137] *Ibid.*, 95, 115.

[138] American Legacy Foundation, *Youth Tobacco Cessation: Results from the 2000 National Youth Tobacco Survey*, First Look Report 11 (Washington, D.C.: American Legacy Foundation, July 2003), 11-12, available at http://pressroom.americanlegacy.org/pubs/21-htM7wH9uYxUZfexrzfpO/FLR11.pdf [hereinafter *Youth Tobacco Cessation*].

[139] Stella M. Yu and others, "Factors Associated with Smoking Cessation Among U.S. Pregnant Women," *Maternal and Child Health Journal* 6 (June 2002), 89-97 [hereinafter Yu].

[140] *Women and Smoking: A Report of the Surgeon General, supra* note 11, at 111-112, 606.

[141] *Ibid.*, 564.

[142] Yu, *supra* note 139, at 89-97.

[143] *Women and Smoking: A Report of the Surgeon General, supra* note 11, at 106-107.

[144] *Ibid.*, 565-566, 606.

[145] *Ibid.*, 125, 308, 311, 566-567, 570-571.

146 *Ibid.*, 569-71.

147 *Ibid.*, 570-572.

148 See generally Michael C. Fiore and others, *Treating Tobacco Use and Dependence*, Clinical Practice Guideline (Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, June 2000), available at http://www.surgeo ngeneral.gov/tobacco/treating_tobacco_use.pdf [hereinafter Fiore].

149 *Women and Smoking: A Report of the Surgeon General, supra* note 11, at 552-53, 555.

150 Fiore, *supra* note 148, at 66.

151 *Women and Smoking: A Report of the Surgeon General, supra* note 11, at 606.

152 Fiore, *supra* note 148, at 91.

153 *Ibid.*, 66

154 For more information, see American Legacy Foundation, http://www.americanlegacy.org, accessed August 14, 2003.

155 Shiraz Mishra and others, "Knowledge of and Attitudes About Cancer Among American Samoans," *Cancer Detection and Prevention* 24 (2000), 186-95; Eliseo J. Pérez-Stable and others, "Misconceptions About Cancer Among Latinos and Anglos," *Journal of the American Medical Association* 268 (December 9, 1992), 3219.

156 Jill L. Mitchell, "Cross-Cultural Issues in the Disclosure of Cancer," *Cancer Practice* 6 (May 1998), 153.

157 Elizabeth A. Klonoff and Hope Landrine, "Culture and Gender Diversity in Commonsense Beliefs About the Causes of Six Illnesses," *Journal of Behavioral Medicine* 17 (August 1994), 407-18.

158 *Tobacco Use Among Minority Groups, supra* note 30, at 209-212 (Native American cultures used tobacco to seal agreements, express friendship, and for healing; some Asian and Latino cultures use tobacco to express hospitality and friendship).

159 *Women and Smoking: A Report of the Surgeon General, supra* note 11, at 575-576.

160 See *Best Practices, supra* note 112, at 3.

161 *Show Us the Money, supra* note 43.

162 California Department of Health Services, Tobacco Control Section, *California Tobacco Control Update* (November 2002), available at http://www.dhs.cahwnet.gov/ps/cdic/ccb/TCS/html/publications.htm.

163 *Saving Lives, supra* note 4.

164 Department of Health and Human Services, Office of Public Health Service, "Model Practice: Massachusetts Tobacco Control Program," 2002, available at http://www.osophs.dhhs.gov/ophs/BestPractice/MA.pdf.

165 Campaign for Tobacco-Free Kids, "Comprehensive Statewide Tobacco Prevention Programs Effectively Reduce Tobacco Use," undated, available at http://www.tobaccofreekids.org/research/factsheets/pdf/0045.pdf.

166 *Saving Lives, supra* note 4.

167 Fiore, *supra* note 148, at 3-5.

168 *Women and Smoking: A Report of the Surgeon General, supra* note 11, at 557; Food and Drug Administration "Electronic Orange Book Approved Drug Products with Therapeutic Equivalence Evaluations (Current Through June 2003)" (online searchable database of FDA approved drug products), available at http://www.fda.gov/cder/ob/default.htm ("Commit" nicotine lozenge, a product of GlaxoSmithKline, approved October 31, 2002.)

169 *Women and Smoking: A Report of the Surgeon General, supra* note 11, at 557.

170 Task Force on Community Preventive Services, *Guide to Community Preventive Services* (2000), available at http://www.thecommunityguide.org/tobacco/ [hereinafter *Community Preventive Services*]

171 Klea D. Bertakis and others, "Gender Differences in the Utilization of Health Care Services," *Journal of Family Practice* 49 (February 2000), 147-152.

172 *Best Practices, supra* note 112; see also *Community Preventive Services, supra* note 170 (including recommendations based on the effectiveness of community-based tobacco interventions within three areas of tobacco use prevention and control: 1) preventing tobacco product use initiation, 2) increasing cessation, and 3) reducing exposure to environmental tobacco smoke (ETS)).

173 Other components of a comprehensive tobacco control program that are recommended by the CDC include: programs focusing on the prevention and detection of tobacco-related diseases, such as cardiovascular disease, asthma, and oral health programs; school programs to reduce tobacco use; enforcement of tobacco control policies; funding of statewide projects to help expand the capacity of local programs through technical assistance in evaluating programs, promotion of media advocacy, implementation of smoke-free policies, and help in reducing the disparities in tobacco use among the state's population groups; counter-marketing; monitoring of tobacco-related behaviors and health outcomes, as well as evaluation of program efforts against outcome objectives; and creation of a management structure to coordinate programs and involve multiple state and local agencies and groups, *Best Practices, supra* note 112, at 3-5.

174 California Department of Health Services, Tobacco Control Section, "California Media Tracking Study 2001," available at http://www.dhs.ca.gov/ps/cdic/ccb/tcs/documents/secondhandsmoke.pdf, accessed August 12, 2003.

175 *Women and Smoking: A Report of the Surgeon General, supra* note 11, at 591, 606.

176 *Ibid.*, 591, 594, 606.

177 **Smoking-Attributable Deaths and Smoking-Attributable Years of Potential Life Lost, (#), 1999.** These measures include data from 1999 and were estimated using the Internet-based CDC Adult Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC) software program available at http:/www.cdc.gov/tobacco/sammec. Adult SAMMEC estimates the number of smoking-attributable cancer, cardiovascular, and respiratory disease deaths among adults and estimates the total impact of premature deaths on the life expectancy of adult smokers. Smoking-attributable deaths are calculated using an attributable-fraction formula that combines smoking prevalence and relative risk data for current and former smokers (compared with never smokers). Smoking-attributable years of potential life lost are the sum of years of life lost from premature deaths caused by smoking. National data are the annual estimates from 1995-1999. National smoking-attributable deaths include deaths from residential fires and secondhand smoke-attributable lung cancer and heart disease deaths. National smoking-attributable years of potential life lost exclude infant and secondhand smoke-attributable lung cancer and heart disease deaths.

178 Interagency Committee on Smoking and Health, Subcommittee on Cessation, *Preventing 3 Million Premature Deaths, Helping 5 Million Smokers Quit: A National Action Plan for Tobacco Cessation*, February 3, 2003.

179 The benefit should be consistent with the standard of treatment described in the Clinical Practice Guideline, Fiore, *supra* note 148.

180 *Women and Smoking: A Report of the Surgeon General, supra* note 11, at 36-37; CDC "Cigarette Smoking," *supra* note 10, at 642-645.

181 *Healthy People 2010*, Objective 27-1a.

[182] The term "institutionalized population" as used in the *Report Card* includes persons "under formally authorized, supervised care or custody, such as in federal or state prisons; local jails; federal detention centers; juvenile institutions; nursing, convalescent, and rest homes for the aged and dependent; and homes, schools, hospitals or wards for the physically handicapped, mentally retarded, or mentally ill." U.S. Census Bureau, Census of Population and Housing, 1990: Summary Tape File 3, Technical Documentation (Washington, DC: U.S. Census Bureau, 1992) [CD-ROM].

[183] *Women and Smoking: A Report of the Surgeon General, supra* note 11, at 74.

[184] *Ibid.*, 74, 80.

[185] *Healthy People 2010*, Objective 27-2b.

[186] Annie E. Casey Foundation, *The Right Start for America's Newborns: A Decade of City and State Trends (1990-2000)*, 2000, available at http://www.aecf.org/kidscount/rightstart2003 (compilation of data from birth certificates).

[187] N. Dewan et al. "The Effects of Smoking on Birthweight-for-Gestational-Age Curves in Teenage and Adult Primagravidae," *Public Health* 119 (2003), 31-35.

[188] E.K. Adams and others, "Medical-Care Expenditures Attributable to Cigarette Smoking During Pregnancy—United States, 1995," *Morbidity and Mortality Weekly Report* 46 (7 November 1997), 1048-1050.

[189] *Healthy People 2010*, Objective 16-17c.

[190] T.J. Mathews, "Smoking During Pregnancy in the 1990s," *National Vital Statistics Reports*, 49 no 7. (Hyattsville, MD: National Center for Health Statistics, August 28, 2001), 5.

[191] *Women and Smoking: A Report of the Surgeon General, supra* note 11, at 564.

[192] *Ibid.*, 109.

[193] CDC "Cigarette Smoking, " *supra* note 10,at 642-645.

[194] *Women and Smoking: A Report of the Surgeon General, supra* note 11, at 95.

[195] *Healthy People 2010*, Objective 27-5.

[196] *Youth Tobacco Cessation, supra* note 138, at 13-15, 30.

[197] *Women and Smoking: A Report of the Surgeon General, supra* note 11, at 96.

[198] *Healthy People 2010*, Objective 27-7.

[199] See, e.g., Wyoming High School Activities Association, "Student Activities Survey," 1998 (25 percent of high school athletes, versus 40 percent of nonathletic high school students, smoke cigarettes); National Federation of State High School Associations, "The Case for High School Activities," available at http://www.nfhs.org/case.html, accessed August 26, 2003 (92 percent of high school athletes do not use drugs); Women's Sports Foundation, *Sport and Teen Pregnancy* (East Meadow, NY: Women's Sports Foundation, 1998).

[200] Donna A. Lopiano, Testimony before the United States Subcommittee on Consumer Affairs, Foreign Commerce and Tourism, October 18, 1995; see also Dorothy Teegarden and others, "Previous Physical Activity Relates to Bone Mineral Measures in Young Women," *Medicine and Science Sports and Exercise* 28 (January 1996), 105-113; Leslie Bernstein and others, "Physical Exercise and Reduced Risk of Breast Cancer in Young Women," *Journal of the National Cancer Institute* 86 (September 21, 1994); see also Marilie D. Gammon and others, "Does Physical Activity Reduce the Risk of Breast Cancer?," *Menopause: The Journal of the North American Menopause Society* 3 (1996), 172-80.

[201] Debra L. Schultz, *Risk, Resiliency, and Resistance: Current Research on Adolescent Girls*, Ms. Foundation for Women (1991), citing a study by Colton and Gore; Women's Sports Foundation, *Miller Lite Report on Women in Sports*, December 1985, 3.

[202] *Women and Smoking: A Report of the Surgeon General, supra* note 11, at 112.

[203] *Healthy People 2000*, Objective 3.16. *The Healthy People 2010* benchmark for this indicator, Objective 1-3c, which is to increase the proportion of **smokers** appropriately counseled about smoking cessation, is developmental. This *Healthy People 2010* objective is a modification of the *Healthy People 2000* Objective 3.16, which is to increase to at least 75% the proportion of primary care and oral health care **providers** who advise patients who smoke to quit. Therefore, because an appropriate 2010 target is not yet established, and because the U.S. Public Health Service's Clinical Practice Guideline recommends that every patient who uses tobacco be offered cessation treatment, Fiore, *supra* note 148 at iii-iv, the *Report Card* uses the *Healthy People 2000* benchmark.

[204] *Women and Smoking: A Report of the Surgeon General, supra* note 11, at 112-115.

[205] Jeanne M. Lambrew, *Diagnosing Disparities in Health Insurance for Women: A Prescription for Change* (New York, NY: The Commonwealth Fund, 2001), 4.

[206] Zoë Beckerman and others, "Access, Utilization and Quality of Health Care," in Dawn Misra, ed. *The Women's Health Data Book*, 3rd ed. (Washington, D.C.: The Henry J. Kaiser Family Foundation, December 2001), 176.

[207] *Healthy People 2010*, Objective 1-1.

[208] See note 51 *supra*.

[209] See generally National Cancer Institute, "Health Effects of Exposure to Environmental Tobacco Smoke: The Report of the California Environmental Protection Agency," *Smoking and Tobacco Control Monograph* No. 10, Chapters 4 & 6.

[210] "Annual Mortality," *supra* note 1, at 302.

[211] *Healthy People 2010*, Objective 27-12.

[212] Centers for Disease Control and Prevention, "It's Time to Stop Being a Passive Victim," 1993.

[213] J. Pirkle and others, "Exposure of the US Population to Environmental Tobacco Smoke: The Third National Health and Nutrition Examination Survey, 1988-1991," *Journal of the American Medical Association* 275 (April 24, 1996), 1233-1240.

[214] U.S. Environmental Protection Agency, Office of Health and Environmental Assessment, *Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders* (Washington, D.C.: U.S. Environmental Protection Agency, Office of Health and Environmental Assessment, 1992), 1-11; California Environmental Protection Agency, Office of Environmental Health Hazard Assessment, *Health Effects of Exposure to Environmental Tobacco Smoke* (September 1997) p. ES-xviii, available at http://www.oehha.ca.gov/air/environmental_tobacco/finalets.html#download.

[215] *Women and Smoking: A Report of the Surgeon General, supra* note 11, at 209; 2003 *Update, supra* note 64, at 4.

[216] Centers for Disease Control and Prevention, "Leading Causes of Death, Females United States, 2000," available at http://www.cdc.gov/od/spotlight/nwhw/lcod.htm [hereinafter "Leading Causes"].

[217] *Women and Smoking: A Report of the Surgeon General, supra* note 11, at 261 (referring to COPD).

[218] American Heart Association, "Women and Cardiovascular Diseases," 2003, 5, available at http://www.americanheart.org/presenter.jhtml?identifier=3000941.

[219] *Women and Smoking: A Report of the Surgeon General, supra* note 11, at 13.

[220] "Leading Causes," *supra* note 216.

[221] *2003 Update, supra* note 64, at 17.

[222] *Women and Smoking: A Report of the Surgeon General, supra* note 11, at 248.

[223] Wherever possible, the *Report Card* presents the most recent data available for each indicator. In some cases, the *Report Card* uses slightly older data if they included additional information by race or ethnicity. In addition, older data were sometimes used to be consistent at both the national and state levels as well as to be consistent with the various methodologies used.

[224] See *Women and Smoking: A Report of the Surgeon General, supra* note 11, at 40, Figure 2.4.

[225] *Cancer Facts 2003, supra* note 117, at 13.

[226] See note 203 *supra*.

[227] See, e.g., "Grading," in National Center for Public Policy and Higher Education, *Measuring Up 2000: The State-by-State Report Card for Higher Education 2000*, available at http://measuringup.highereducation.org/2000/articles/grading.cfm. The goal was to scale the scores so that they could range between 0-100 for each indicator. The following description uses the smoking during pregnancy indicator as an example to illustrate how the scaled scores were calculated for each indicator. The benchmark for the abstinence from smoking during pregnancy indicator is 99 percent. The state performances range from a high of 97.4 percent in the District of Columbia to a low of 73.7 percent in West Virginia. The first step in calculating the scaled score is to express these raw data as a percentage difference from the benchmark. The District of Columbia is 1.6 percent short of the benchmark and West Virginia is 25.6 percent short of the benchmark. The next step is to determine the number that, when multiplied by the worst state's percentage difference from the benchmark, equals 100. In the case of abstinence from smoking during pregnancy, this figure is 3.91 (25.6 x 3.91 = 100). Each state's percentage difference from the benchmark is then multiplied by this figure. At this stage the District of Columbia would receive 6.3 (3.91 x 1.6 = 6.3) and West Virginia would receive 100 (3.91 x 25.6 = 100). Finally, the resulting number is subtracted from 100 to achieve the scaled score. The District of Columbia's scaled score for abstinence from smoking during pregnancy is 93.7 (100 – 6.3 = 93.7) and West Virginia's scaled score is 0 (100 – 100 = 0). (States that meet or exceed the benchmark receive a scaled score of 100.)

[228] See Fiore, supra note 148, at 62-64; see also National Cancer Institute, "Population Based Smoking Cessation: Proceedings of a Conference on What Works to Influence Cessation in the General Population," *Smoking and Tobacco Control Monograph No. 12* (Bethesda, MD: U.S. Department of Health and Human Services, National Cancer Institute, November 2000), Chapter 8 [hereinafter NCI "Smoking Cessation"].

[229] Shu-Hong Zhu and others, "Evidence of Real-World Effectiveness of a Telephone Quitline for Smokers," *New England Journal of Medicine* 347 (October 3, 2002), 1087-1093.

[230] National Conference of State Legislatures, "Tobacco Use Cessation: The Effectiveness of Quit Lines," 2001, available at http://www.ncsl.org/programs/health/tobaccostop.htm.

[231] States that have smoking cessation quitlines that offer only printed materials but do not provide counseling services were not identified in this report.

[232] U.S. Department of Health and Human Services, *Reducing Tobacco Use: A Report of the Surgeon General* (Atlanta: U.S. Department of Health and Human Services, Office on Smoking and Health, 2000), 133, available at http://www.cdc.gov/tobacco/sgr_tobacco_use.htm.

[233] The National Partnership to Help Pregnant Smokers Quit, *Action Plan* (Chapel Hill, NC: Smokefree Families, 2002), 9, available at http://www.helppregnantsmokersquit.org/documents/Actionplan.pdf.

[234] Fiore, *supra* note 148, at 92-93.

[235] The quitline number is 1-866-66-START. For more information, see American Legacy Foundation, "Great Start," available at http://www.americanlegacy.org/greatstart/html/home.html.

[236] "Effectiveness of Reducing Patient Out-of-Pocket Costs for Effective Therapies to Stop Using Tobacco," in *Community Preventive Services, supra* note 170; CDC "Cigarette Smoking," *supra* note 10.

[237] The Henry J. Kaiser Family Foundation, "Medicaid's Role for Women," November 2000, available at http://kff.org/content/2000/2205/Medicaidwomenfs.PDF.

[238] Fiore, *supra* note 148, at 111.

[239] If a state covers any one of the possible treatments under a category, the *Report Card* considers the state to cover that category, because one form of treatment within a category is not necessarily better than another (e.g., patch versus gum or individual versus group counseling).

[240] Wendy Max, "The Financial Impact of Smoking on Health-related Costs: A Review of the Literature," *American Journal of Health Promotion* 15 (May/June 2001), 321-331 [hereinafter Max].

[241] "Annual Mortality," *supra* note 1, at 328.

[242] Max, *supra* note 240, at 328-329.

[243] Jeffrey Harris and others, "Expanding Health Insurance Coverage for Smoking Cessation Treatments: Experience of the Pacific Business Group on Health," *American Journal of Health Promotion* 15 (May/June 2001), 354 [hereinafter Harris].

[244] Ashley B. Coffield and others, "Priorities Among Recommended Clinical Preventive Services," *American Journal of Preventive Medicine* 21 (2001), 1-9.

[245] Harris, *supra* note 243, at 354.

[246] Jennifer Ibrahim and others, "Coverage of Tobacco Dependence Treatments for Pregnant Women and for Children and Their Parents," *American Journal of Public Health* 92 (December 2002), 1940.

[247] *Women and Smoking: A Report of the Surgeon General, supra* note 11, at 111.

[248] Fiore, *supra* note 148, at 92-96.

[249] *Ibid.*

[250] U.S. Public Health Service, *Treating Tobacco Use and Dependence—A Systems Approach: A Guide for Health Care Administrators, Insurers, Managed Care Organizations, and Purchasers* (Rockville: U.S. Public Health Service, 2000), available at http://www.surgeongeneral.gov/tobacco/systems.htm.

[251] The employers in the survey range in sizes from those with ten employees to those with more than 20,000 employees, and both public and private employers are included. Using a sampling method, the employers are nationally representative of the U.S. employer population.

[252] Partnership for Prevention, "Employer Support for Tobacco Control and Prevention: Preliminary Results of a Partnership for Prevention/Mercer Human Resource Consulting National Survey," forthcoming 2004.

[253] NCI "Smoking Cessation," *supra* note 228, at Chapter 3.

[254] Arthur Farkas and others, "Association Between Household and Workplace Smoking Restrictions and Adolescent Smoking," *Journal of the American Medical Association* 284 (August 9, 2000), 717-722.

[255] A number of states with moderate to strong laws were downgraded one category because their state laws contain language preempting stricter local second-hand smoke ordinances.

[256] Americans for Nonsmokers' Rights, "Ordinance Counts Summary," June 2003, available at http://www.no-smoke.org/mediaordlist.pdf.

[257] There are 78 municipalities with both 100 percent smokefree workplaces and restaurants. Americans for Nonsmokers' Rights, "Municipalities with 100% Smokefree Workplace and/or Restaurant Ordinances," June 3, 2003, available at http://www.no-smoke.org/100ordlist.pdf.

[258] SmokeFree Action Network, "Urge MA Legislature to Enact Smokefree Law; No Preemption," 2003, available at http://www.smokefreeair.org/alert/alertdet.cfm?id=495.

[259] Michael Grossman and others, "Cigarette Taxes: The Straw to Break the Camel's Back," *Public Health Reports* 112 (July/August 1997), 295; Frank J. Chaloupka and Kenneth E. Warner, "The Economic Analysis of Cigarette Smoking," in *The Handbook of Health Economics*, eds. Joseph P. Newhouse and others (New York, NY: North-Holland, forthcoming); David Hopkins and others, "Review of Evidence Regarding Interventions to Reduce Tobacco Use and Exposure to Environmental Tobacco Smoke," *American Journal of Preventive Medicine* 20 (2001), 29.

[260] Jeanne S. Ringel and William N. Evans, "Cigarette Taxes and Smoking During Pregnancy," *American Journal of Public Health* 91 (November 2001), 1851-1856.

[261] According to the CDC, the goal of such programs is to reduce disease, disability, and death related to tobacco use by: (1) preventing young people from starting to use tobacco; (2) promoting quitting among young people and adults; (3) eliminating nonsmokers' exposure to environmental tobacco smoke (also known as "second-hand smoke"; and (4) identifying and eliminating the disparities related to tobacco use and its effects among different population groups. *Best Practices, supra* note 112, at 3.

[262] Institute of Medicine, *State Programs Can Reduce Tobacco Use* (Washington, D.C.: Institute of Medicine, March 2000), 3-4, available at http://books.nap.edu/html/state_tobacco/.

[263] Centers for Disease Control and Prevention, Office on Smoking and Health, *Investment in Tobacco Control: State Highlights—2001* (Atlanta: Centers for Disease Control and Prevention, 2001), v.

[264] *Best Practices, supra* note 112.

[265] The source measures only whether states use settlement funds or excise tax revenues for a comprehensive tobacco control program. See *Show Us the Money, supra* note 43.

[266] *Ibid.*

[267] *Saving Lives, supra* note 4; Maine Department of Human Services, "Maine 2001 Youth Risk Behavior Survey" (December 12, 2001).

[268] Mississippi State Department of Health, "Tobacco Policy and Prevention," 2000, available at http://www.msdh.state.ms.us/msdhsite/index.cfm/12,0,94,html; *Show Us the Money, supra* note 43.

[269] In 1992, the federal government enacted a law known as the "Synar Amendment" to prohibit the sale of tobacco to minors. Alcohol, Drug Abuse, and Mental Health Agency Reorganization Act of 1992, § 1926, 42 U.S.C. § 300x-26. In particular, the law required states by 1994 to pass laws banning the sale of tobacco to anyone under age 18 and to enforce these laws in a way that can reasonably be expected to restrict minors' access, including random, unannounced inspections of retailers. Regulations issued by the U.S. Department of Health and Human Services in 1996 set as a goal a 20 percent annual sales rate to minors. *Federal Register* 66 (September 4, 2001), 46225-46227. As a way to ensure states' compliance, the law requires the U.S. Department of Health and Human Services to reduce states' block grant funding from the Substance Abuse and Mental Health Services Administration by a certain percentage for all subsequent years for which the state is out of compliance.

[270] Joseph R. DiFranza, "Are the Federal and State Governments Complying With the Synar Amendment?" *Archives of Pediatrics & Adolescent Medicine* 153 (October 1999), 1089-1097.

[271] See, e.g., J.L. Foster and others, "The Effects of Community Policies to Reduce Youth Access to Tobacco," *American Journal of Public Health* 88 (1998), 1193-1198; L.A. Jason and others, "Active Enforcement of Cigarette Control Laws in the Prevention of Cigarette Sales to Minors," *Journal of the American Medical Association* 266 (December 11, 1991), 3159-3161. American Lung Association, *State of Tobacco Control: 2002* (Washington, D.C.: American Lung Association, 2003), xi [hereinafter *Tobacco Control: 2002*].

[272] *Women and Smoking: A Report of the Surgeon General, supra* note 11, at 454.

[273] These laws were analyzed and evaluated by tobacco control experts. Each of the nine categories identified was assigned a point value based on the strength of the law. The points were added together and the state was assigned a grade based on the number of total points received. For each category, states without a specific provision received a score of zero, and state preemption of stricter local ordinances reduced the points assigned in the affected category. American Lung Association, "Methodology," in *Tobacco Control: 2002, supra* note 271, at xvi-xvii, 109-110.

[274] States in this category were downgraded because the state law preempts stricter local youth access ordinances.

[275] See note 182 *supra*.

[276] See note 15 *supra*.

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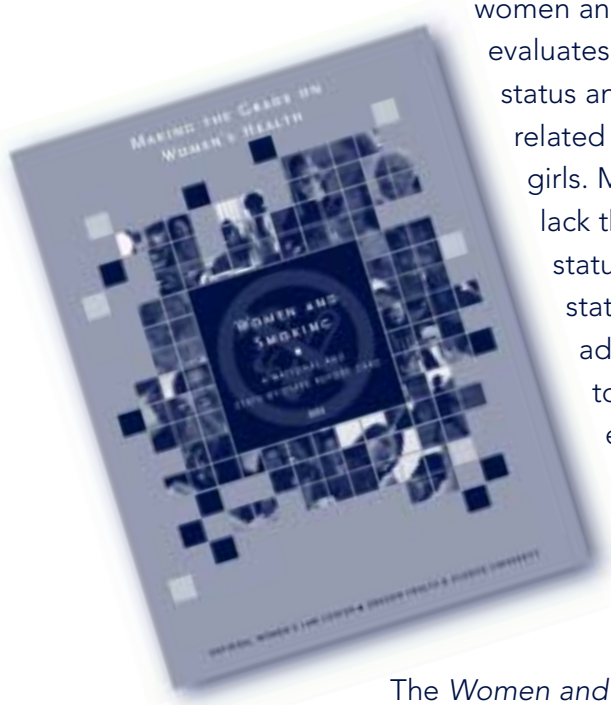

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