

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.

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.

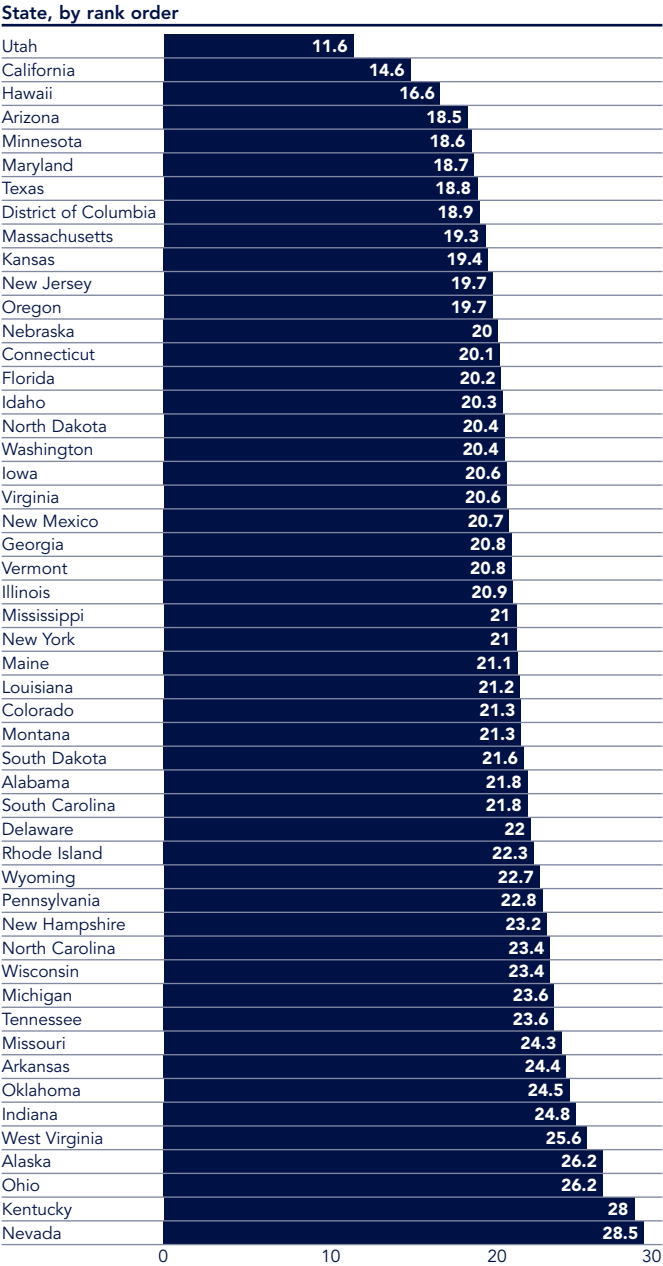
- Nationwide, 12.2 percent of women smoke during pregnancy. Therefore, the nation does not meet the national goal to reduce smoking among this population to no more than one percent and receives a grade of "Unsatisfactory." Moreover, the percentage

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.

- 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.

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.

