

Smoking Among Adults with Diabetes in Florida, 2002



Bureau of Epidemiology
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Cigarette smoking is the leading avoidable cause of mortality in the United States and is related to the premature development of multiple complications of diabetes. Diabetes increases risk of heart disease, stroke, kidney disease, blindness and foot problems. Cigarette smoking greatly increases cardiovascular risk in people with diabetes. Therefore, people with diabetes¹ who smoke² may be regarded as a vulnerable group who have special needs for intervention. Smoking cessation has the potential to reduce the risk of complications associated with diabetes.

Data from the 2002 Florida County Behavioral Risk Factor Surveillance System (BRFSS) survey were used for analysis and are based on a sample size of 34,551 respondents, of whom 3,582 reported being told by their doctors that they have diabetes, which is the definition of “diabetes” used in this report. The focus of this report is smoking among adults with diagnosed diabetes in Florida.

The prevalence of smoking among people with diabetes (14.6 percent) is significantly lower than among people without diabetes (22.8 percent). (See Table 1.)

Smoking among adults with diabetes.

Among adults with diagnosed diabetes, significant differences in the prevalence of smoking are observed by educational attainment. Adults with less than a high school education have a significantly higher prevalence of smoking (26.8 percent) than adults with a high school diploma (12.7 percent) and adults with one or more years of college (11.7 percent). (See Figure 1.)

The prevalence of smoking among adults with diabetes varies by gender and among racial groups. Non-Hispanic White women are significantly more likely to smoke (17.4 percent) than non-Hispanic Black women (8.4 percent) and Hispanic women (4.2 percent). While it appears there are significant differences among men, the sample size for Hispanic men who are current smokers was too small to make comparisons. (See Figure 2.)

Prevalence of smoking among adults with diabetes is also significantly different by age. Adults ages 65 and older have a lower prevalence (7.1 percent) of smoking than adults between the ages of 18 and 44 years (29.5 percent) and adults between the ages 45 and 64 years (17.7 percent). (See Table 1.)

The prevalence of smoking does not differ significantly by income or marital status.

Ever quit smoking in the past 12 months:

Ample evidence exists that suggests smoking cessation decreases the risk for disease. Overall, 59.8 percent of adults who smoke with diabetes reported having attempted to quit smoking in the past 12 months, which is not significantly greater than that among people without diabetes (55.1 percent).

Conclusion: Smoking is more prevalent among adults without diabetes than among adults with diabetes. Among those with diabetes, those who have a high prevalence of smoking include non-Hispanic White women, adults 18 to 44 years of age, and those with the lowest educational attainment. The prevalence of attempting to quit smoking during the past twelve months does not differ by diabetes status.

Figure 1: Prevalence of Smoking Among Adults with Diabetes by Education, Florida, 2002

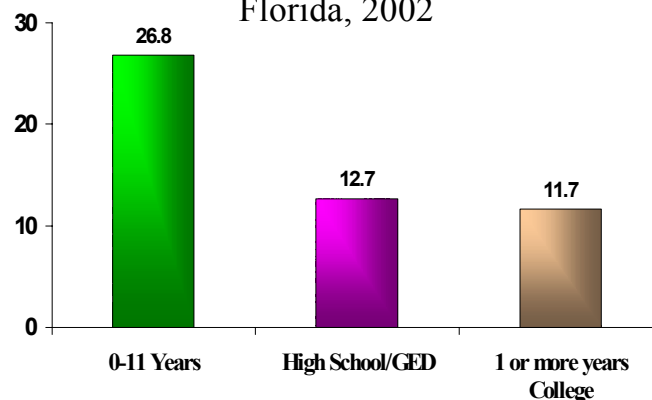
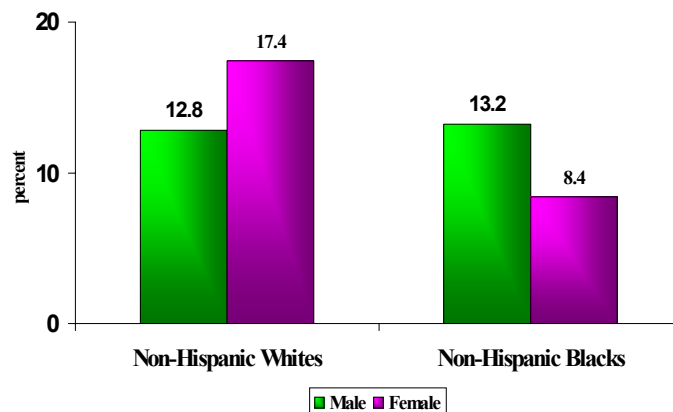


Figure 2: Prevalence of Smoking Among Adults with Diabetes by Race and Sex, Florida, 2002



The Behavioral Risk Factor Surveillance System (BRFSS)

The BRFSS survey is a telephone survey of civilian, non-institutionalized adults (age 18 and older) with telephones, designed to monitor trends in risk behaviors related to preventable chronic diseases and conditions. Respondents are asked about health status, including diabetes and blood pressure; health behaviors, such as nutrition, physical activity, tobacco, and alcohol use; use of screening services, such as mammography; and access to health insurance and health care.

The BRFSS data are weighted. Because the BRFSS is a random survey, the results from the county survey are slightly different than results from the state survey. For more information about the Florida BRFSS, please visit our web site at http://www.doh.state.fl.us/disease_ctrl/epi/brfss/index.htm. For more information about the strengths and limitations of the BRFSS, and about the benefits of smoking cessation, please visit The Centers for Disease Control and Prevention web site at www.cdc.gov/brfss/.

¹Diabetes is assessed by the following question, "Have you ever been told by a doctor that you have diabetes?"

²Current smoker status was assessed by a response of 'yes' to the following question, "Have you smoked at least 100 cigarettes in your entire life?" and a response of "every day" or "some days" to this question, "Do you now smoke cigarettes every day, some days, or not at all?"

*Confidence intervals for Table 1 are constructed utilizing the Statistical Analysis Software (SAS) 9.1 version.

Table 1: Prevalence of smoking cigarettes among adults without and with diabetes, Florida, 2002

	Adults without Diabetes			Adults with Diabetes		
	%	95% CI*		%	95% CI*	
All	22.8	21.7	24.0	14.6	11.9	17.4
Sex						
Male	25.3	23.5	27.1	16.1	11.5	20.7
Female	20.7	19.3	22.1	13.2	10.3	16.1
Age Group						
18-44	26.8	25.0	28.6	29.5	18.1	41.0
45-64	24.9	22.8	26.9	17.7	13.8	21.5
65+	10.9	9.5	12.4	7.1	4.7	9.4
Race/Ethnicity						
White, non-Hispanic	24.7	23.5	25.9	15.0	12.5	17.6
Black, non-Hispanic	15.5	12.4	18.6	9.9	5.3	14.6
Hispanic	20.8	15.4	26.1	24.9	1.1	48.6
Marital Status						
Never Married	25.0	21.9	28.1	20.6	10.9	30.4
Married/cohabitating	20.2	18.8	21.7	11.1	8.5	13.7
Divorced/ widowed/ separated	28.1	25.8	30.4	17.2	13.3	21.2
Education						
Less than high school	32.0	27.4	36.6	26.8	16.4	37.3
High school, GED	28.6	26.3	30.9	12.7	9.3	16.0
More than high school	18.4	17.1	19.6	11.7	8.9	14.6
Annual Household Income						
Less than \$25,000	29.5	26.7	32.2	19.8	14.1	25.6
\$25,000—\$50,000	24.6	22.5	26.8	13.9	9.3	18.4
More than \$50,000	17.9	16.2	19.6	13.1	8.2	18.0

**For more information about the BRFSS survey,
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