

DATA AND TRENDS ON TOBACCO USE IN NEBRASKA 2017

UNDERSTANDING THE BURDEN OF TOBACCO

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES

TOBACCO
FREE
NEBRASKA

for a great state of health

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UNDERSTANDING THE BURDEN OF TOBACCO

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Acknowledgements

This report was prepared to provide the citizens of Nebraska, the Nebraska Department of Health and Human Services (NE DHHS), the Division of Public Health, Tobacco Free Nebraska (TFN) and constituents a comprehensive summary of tobacco use in Nebraska. The report is the result of a collaboration with multiple state government agencies and other constituents.

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TABLE OF CONTENTS

Organization of This Report	5
Forward	6
Risk Factors Leading to Mortality	6
Tobacco Product Sales.....	7
Annual Cigarette Sales in Nebraska, in Millions of Packs 1950-2015	7
Average Retail Price – Not Adjusted for Inflation	8
Average Retail Price – Adjusted for Inflation	9
Taxes as a Percentage of Retail Price.....	10
History of Funding for State Tobacco Program	11
Statutory Cigarette Tax History in Nebraska.....	12
Nebraska State Cigarette Excise Tax – Actual and Adjusted.....	13
State Comparison on Cigarette Tax	14
Gross Cigarette Tax Receipts for Nebraska 1950-2014	14
Tobacco Master Settlement Agreement	15
Funding for Comprehensive Tobacco Control.....	16
CDC Recommended Budget for Tobacco Control	17
Summary of Revenue & Tobacco Control Appropriations	18
Age of Cigarette Smoking Initiation in Nebraska.....	19
Self-reported Age of Initiation Among Adult Smokers	19
Current Tobacco use by Youth in Nebraska.....	20
Youth Who Have Tried Cigarette Smoking – Nebraska	20
Ever Try/Current Smoker Ratio	21
Current Cigarette Smoking Rate for Nebraska Youth (1991-2016).....	22
Youth Cigar, Cigarillo, and Little Cigar Use	23
Youth Smokeless Tobacco Use in Nebraska.....	24
Illegal Sales of Tobacco Products to Minors	25
Tobacco Use by Adults in Nebraska	26
Cigarette Smoking.....	26
Adult Cigarette Smoking.....	26
Trends in Adult Tobacco Use	27
Adult Use of Smokeless Tobacco.....	29

Electronic Nicotine Delivery Systems.....	32
Tobacco-related Disparities in Adult Tobacco Use.....	34
Adult Cigarette Smoking by Sex.....	34
Adult Cigarette Smoking by Age.....	35
Adult Cigarette Smoking by Race and Ethnicity.....	36
Adult Cigarette Smoking by Education.....	37
Adult Cigarette Smoking by Income.....	38
Adult Cigarette Smoking by Home Ownership.....	38
Cigarette Smoking by Veteran Status.....	40
Cigarette Smoking by Marital Status.....	41
Cigarette Smoking by Employment Status.....	41
Tobacco Use by Geographic Area.....	42
Smoking Prevalence: 500 Cities Project.....	44
Current Adult Smoking Rates by Census Tract - Omaha.....	44
Current Adult Smoking Rate by Census Tract - Lincoln.....	45
Cigarette Smoking During Pregnancy.....	46
Smoking-Related Fires.....	48
Nicotine Poisoning in Nebraska.....	49
Tobacco Cessation in Nebraska.....	50
Use of Quit Aids.....	51
Awareness of the Nebraska Tobacco Quitline 2016.....	51
Volume of Calls to the Nebraska Tobacco Quitline.....	52
Health Impacts of Smoking on Nebraska Residents.....	53
Asthma.....	53
COPD, Emphysema or Chronic Bronchitis.....	53
Cancer.....	54
Diabetes.....	54
Arthritis, Rheumatoid Arthritis, Gout, Lupus, or Fibromyalgia.....	55
Depressive Disorder.....	55
Heart Attack (Myocardial Infarction).....	56
Stroke.....	56
Kidney Disease.....	57

Secondhand Smoke and Smoke/Tobacco Free Policies in Nebraska	58
Protection from Secondhand Smoke in Homes	58
Protection from Secondhand Smoke in Vehicles	59
Support for Smoke-Free Parks	60
Support for Smoke-Free Outdoor Sporting Events	60
Support for Smoke-Free Outdoor Public Events	61
Support for Smoke-Free Outdoor Dining Areas	61
Protection from Secondhand Smoke at Work	62
Summary of Data Sources Included In This Report	63

ORGANIZATION OF THIS REPORT

During the development and subsequent revisions of the national tobacco control program, the Centers for Disease Control and Prevention (CDC) developed Key Outcome Indicators for use by state tobacco control programs. These indicators were summarized in the May 2005 publication, *Key Outcome Indicators for Evaluating Comprehensive Tobacco Control Programs*¹ and subsequent updates and revisions.

The State of Nebraska used the framework detailed in this document in addition to future revisions to develop and implement the tobacco control program for Nebraska, known as Tobacco Free Nebraska. There are four major themes identified by the CDC and focused on by Tobacco Free Nebraska. In addition to background information, this report presents information focused on these areas.

Goal 1: Preventing Initiation of Tobacco Use Among Young People

Goal 2: Promoting Quitting Among Adults and Young People

Goal 3: Eliminating Nonsmokers' Exposure to Secondhand Smoke

Goal 4: Eliminating Tobacco-related Disparities

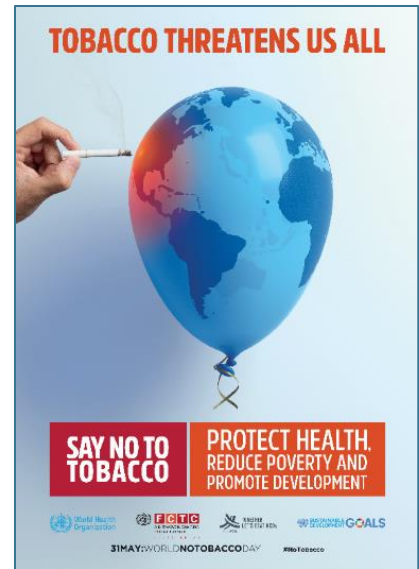
¹ Starr G, Rogers T, Schooley M, Porter S, Wiesen E, Jamison N. *Key Outcome Indicators for Evaluating Comprehensive Tobacco Control Programs*. Atlanta, GA: Centers for Disease Control and Prevention; 2005.

FORWARD

Despite successful international, national, state, and local initiatives to reduce the number of individuals using tobacco products, tobacco use remains the leading cause of preventable death in the United States and worldwide. Progress has been made, as evidenced by the recently reported decline in cancer deaths in the U.S. primarily due to a reduction in smoking.²

The efforts of Tobacco Free Nebraska, participating sub-grantees, and others are an important piece of the global public health fight against tobacco products. More than 6 million deaths worldwide will be attributable to direct tobacco use in 2018 and an additional 890,000 deaths a result of exposure to secondhand smoke.³

Right: Poster from World Health Organization promoting World No Tobacco Day 2017



Risk Factors Leading to Mortality

Of the many risk factors leading to human mortality, smoking ranks as one of the largest contributors. In Nebraska, an estimated 2,500 Nebraskans will die prematurely as a result of tobacco use in 2017.⁴ In addition to the significant mortality, at least 75,000 Nebraskans are suffering from at least one serious smoking-attributable illness such as coronary heart disease, stroke, lung cancer, emphysema, and chronic bronchitis.⁵

This report summarizes data on the use, attitudes, policies, and consequences of tobacco use in Nebraska. When available, trend data is provided to illustrate changes over time.



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The Department of Health and Human Services Division of Public Health provides resources to the public and regional tobacco control coalitions via Tobacco Free Nebraska (TFN) to help reduce the burden of tobacco use in the state. Evidence-based tobacco control initiatives, such as providing the Nebraska Tobacco Quitline (1-800-QUIT NOW) and other services are provided by Tobacco Free Nebraska.

This report presents the highlights of tobacco control initiatives and tobacco use in Nebraska, however, additional detail and information about tobacco use, prevention, and control in Nebraska is available. Please contact Tobacco Free Nebraska at (402) 471-2101 or dhhs.tfn@nebraska.gov with requests for additional information.

² www.nbcnews.com/health/health-news/cancer-deaths-fall-thanks-mostly-drop-smoking-n834686

³ The World Health Organization, Tobacco Fact Sheet, www.who.int/mediacentre/factsheets/fs339/en/

⁴ The Centers for Disease Control and Prevention, Extinguishing the Tobacco Epidemic in Nebraska, www.cdc.gov/tobacco/about/osh/program-funding/pdfs/nebraska-508.pdf, 2017.

⁵ Centers for Disease Control and Prevention, Health Effects of Cigarette Smoking, www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.htm, 2017.

TOBACCO PRODUCT SALES

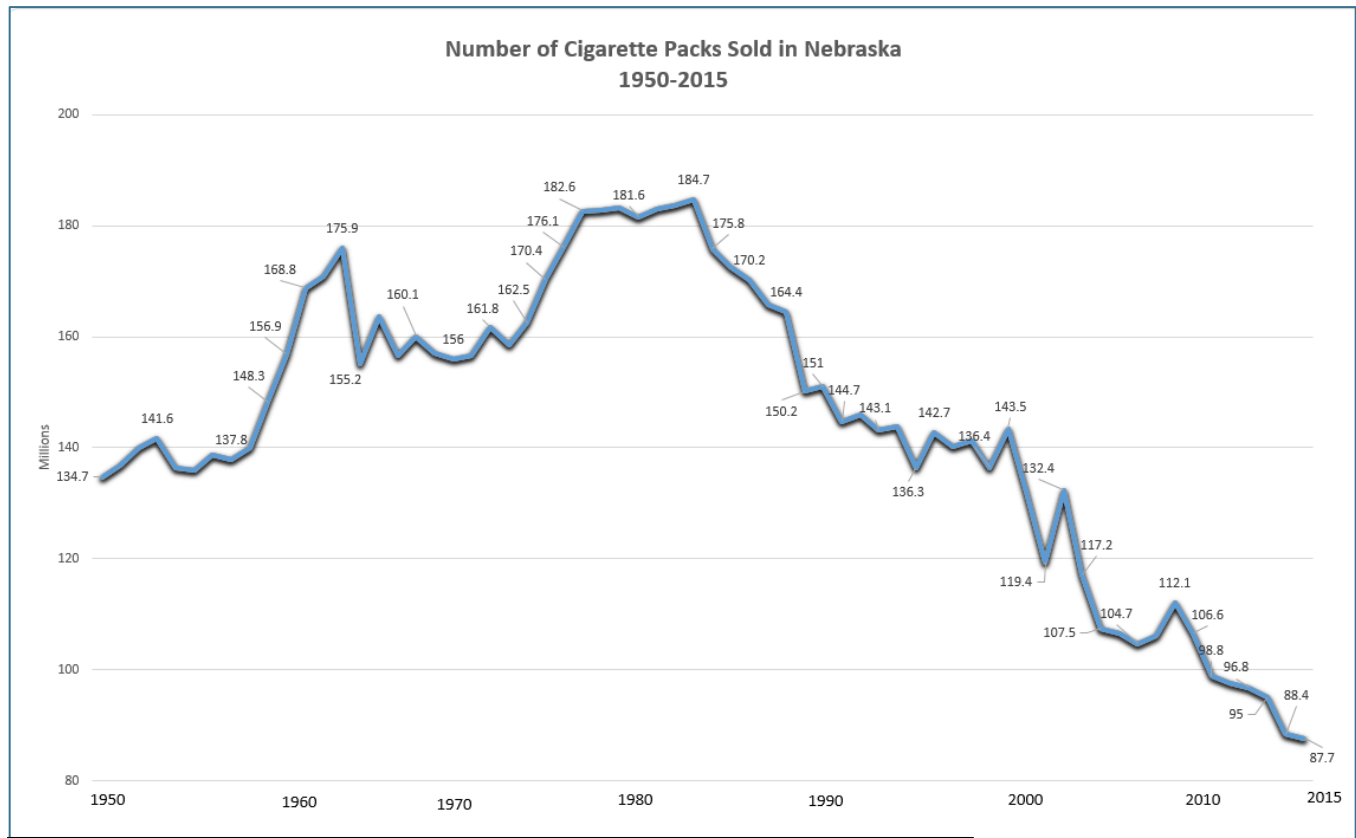
Frequently *cigarette sales volume* is used in place of *tobacco sales volume* because of the historically dominant sales position of cigarettes. While Nebraska levies excise taxes on other tobacco products in addition to cigarettes, by far the majority (88.8%) of tobacco tax revenue is generated by cigarette sales. In 2015 (the most recent year complete data is available), there were approximately 87,700,000 packs of cigarettes sold in Nebraska. The peak period of cigarette sales was in the 1970s and 1980s during which the number of packs sold annually exceeded 180 million.

**87.7 MILLION
CIGARETTE PACKS
SOLD IN
NEBRASKA 2015**

**1,434,151
ADULT
POPULATION IN
NEBRASKA
2015**

**61.3
CIGARETTE PACKS
PER CAPITA
(ADULTS) IN
NEBRASKA 2015**

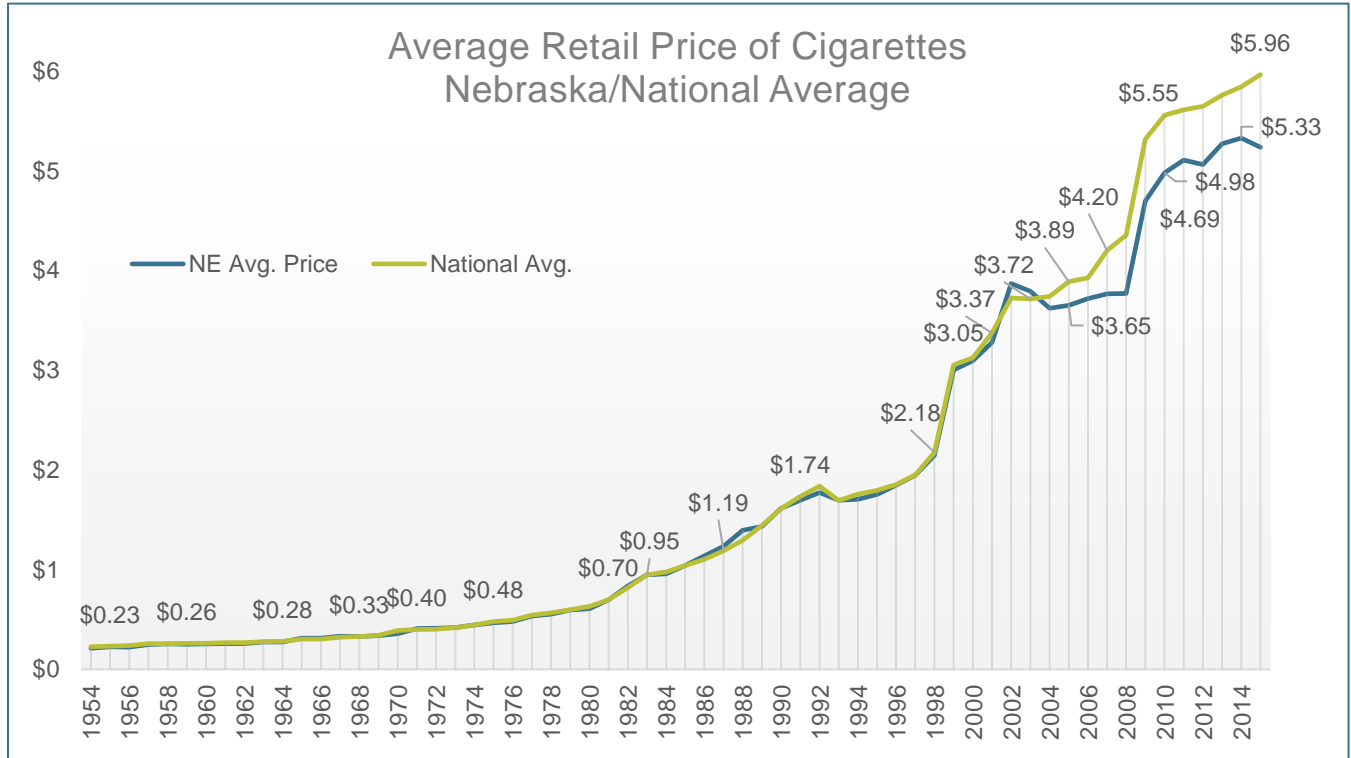
Number of Cigarette Packs Sold in Nebraska, 1950-2015



Source: The Tax Burden on Tobacco, Orzechowski and Walker, 2015

Average Retail Price – Not Adjusted for Inflation

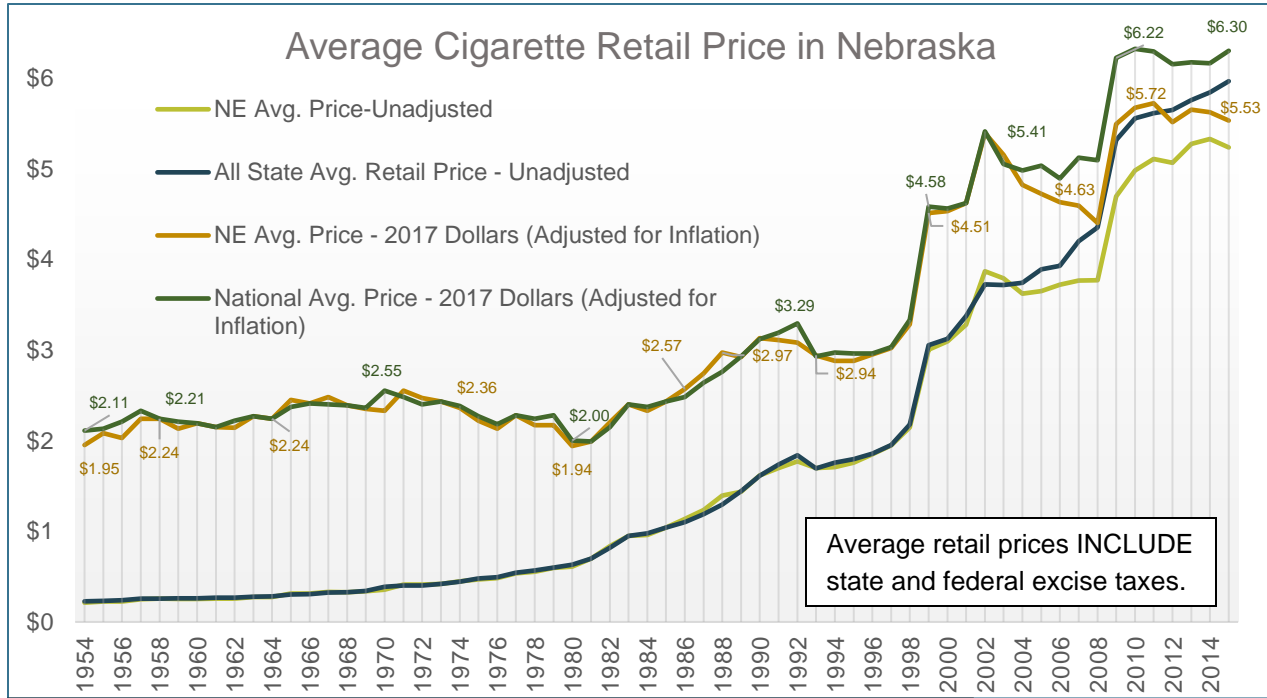
From the initiation of the state excise tax (1947) through 2002 the average retail price in Nebraska closely mirrored the average of all states. Beginning in 2002, however, the average retail price in Nebraska slipped lower than the national average and remains so today due primarily to the failure of Nebraska to maintain excise taxes at or above average levels. A pack of cigarettes, on average, is about 10% less expensive in Nebraska when compared to other states.



Source: The Tax Burden on Tobacco, Orzechowski and Walker, 2015

Average Retail Price – Adjusted for Inflation

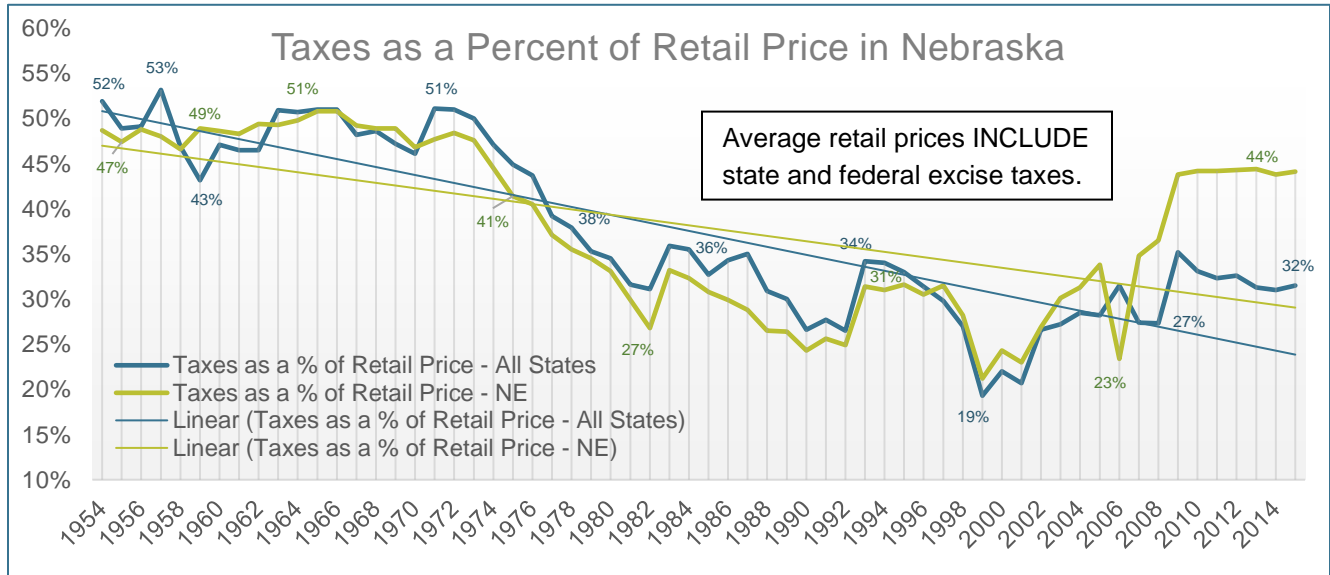
While cigarette prices have increased over time due to both manufacturer and retailer cost increases and federal and state excise taxes, when adjusted for inflation the change is not as significant as it first appears. In the 1950s and 60s, consumers were paying approximately \$2 per pack in 2017 dollars. Today, the average price is approximately \$5.50 per pack in Nebraska. This amount does not factor in the significant price discounts tobacco companies issue in direct-to-consumer coupons and discounts that ultimately decrease the consumer cost of tobacco products.



Source: The Tax Burden on Tobacco, Orzechowski and Walker, 2015

Taxes as a Percentage of Retail Price

There is a common misconception that the increase in retail cost over time is due primarily to excise tax levies. However, much of the cost increase is due to product cost increases implemented by tobacco manufacturers as well as retailers maintaining their revenue during a reduction in demand. An analysis of the percentage of the purchase price dedicated to tax payments shows that the average of this amount has steadily decreased over time. Today in Nebraska, approximately 1/3 of the pack cost is attributable to excise taxes. In 1954, more than 50% of the purchase price was tax-related.



Source: The Tax Burden on Tobacco, Orzechowski and Walker, 2015

HISTORY OF FUNDING FOR STATE TOBACCO PROGRAM

Tobacco excise taxes have the dual purpose of revenue generation for state operations and increasing the cost of tobacco products which decreases demand thereby impacting the use of tobacco among adults and youth and improving the health of Nebraskans.

Note: There is a federal per-pack excise tax of \$1.01. Unless noted, this tax is not included in per-pack costs or retail prices in this report.

In Nebraska, the tobacco excise tax has been collected since the State Legislature passed the first cigarette excise tax law in 1947. Currently, the tobacco excise tax in Nebraska is \$.64 per pack of 20 cigarettes, \$.80 per pack of 25 cigarettes, \$.44 per ounce of snuff and 20% of the wholesale purchase price for other tobacco products.

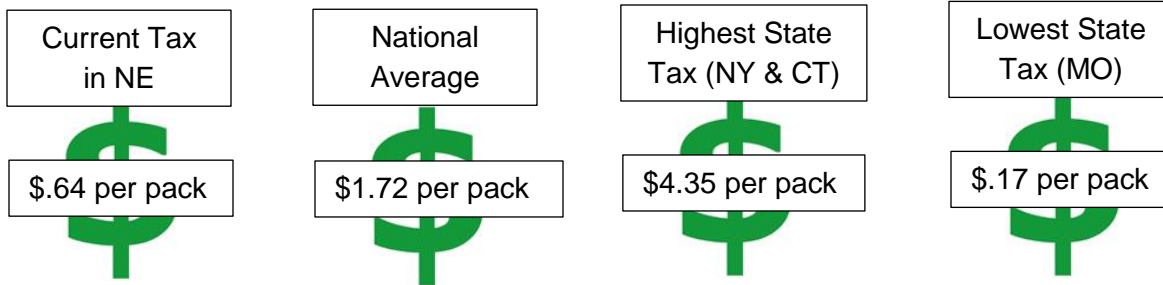
The current state tobacco tax rate went into effect in 2002 and has no provision for inflation adjustment. The tax can only be changed by legislative action.

Statutory Tobacco Excise Taxes in Nebraska, 2018	
Tobacco Product	Tax
Cigarettes	\$.64 per pack of 20 cigarettes \$.80 per pack of 25 cigarettes
<p>Snuff</p> <p>Snuff is any finely cut, ground, or powdered tobacco that is not intended to be smoked and includes “moist snuff” that is intended to be placed in the mouth and “dry snuff” that is intended to be inhaled or sniffed through the nose.⁶</p>	\$.44 per ounce
Other tobacco products (cigars, pipe tobacco, loose tobacco, etc.)	20% of the wholesale purchase price

Source: The Tax Burden on Tobacco, Orzechowski and Walker, 2015

⁶ Nebraska Department of Revenue

Tobacco sales and excise tax receipts are a source of revenue for the state. In addition to state revenue, research finds that as the cost of tobacco products increases the demand and consumption decreases.⁷

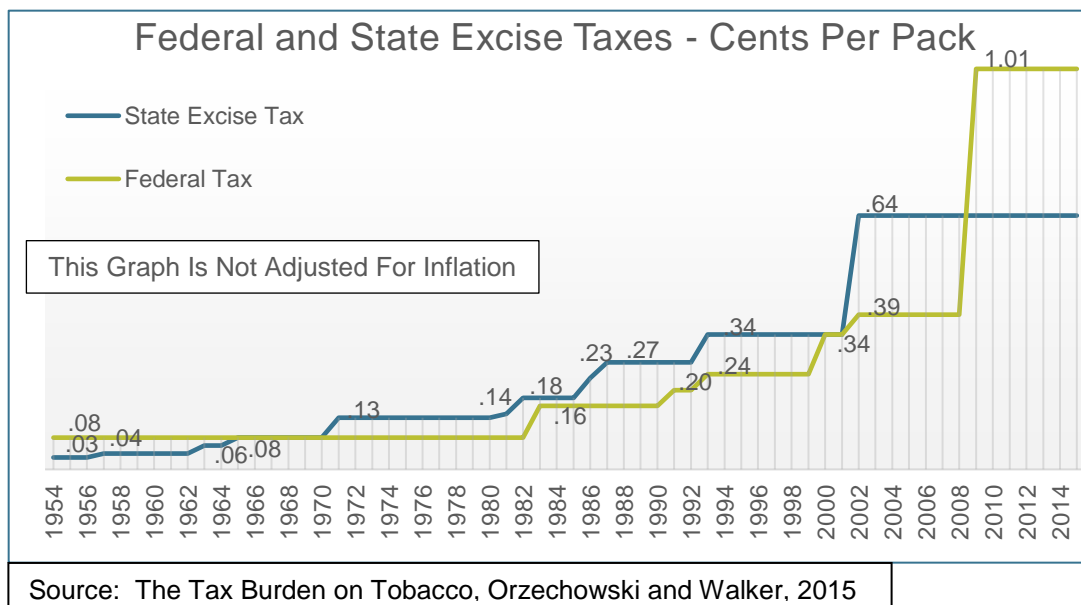


Statutory Cigarette Tax History in Nebraska

The original tax of \$.03 per pack went into effect in 1947. The following table details the tax changes over time.

Tax Increase	Effective Date	Years Between Increases (rounded to nearest year)	Tax Increase	Effective Date	Years Between Increases (rounded to nearest year)
<i>The original \$.03 tax went into effect on 7/1/1947</i>					
\$.03 to \$.04	9/20/1957	10	\$.14 to \$.18	5/1/1982	1
\$.04 to \$.06	6/1/1963	6	\$.18 to \$.23	3/1/1986	4
\$.06 to \$.08	4/1/1965	2	\$.23 to \$.27	7/1/1987	1
\$.08 to \$.13	4/28/1971	6	\$.27 to \$.34	7/1/1993	6
\$.13 to \$.14	8/30/1981	10	\$.34 to \$.64	10/1/2002	9

The last Nebraska state cigarette tax increase was in 2002. Hypothetically, if a tax increase took effect 7/1/2018, nearly **16 years** will have passed since the last increase, the largest gap in state history.



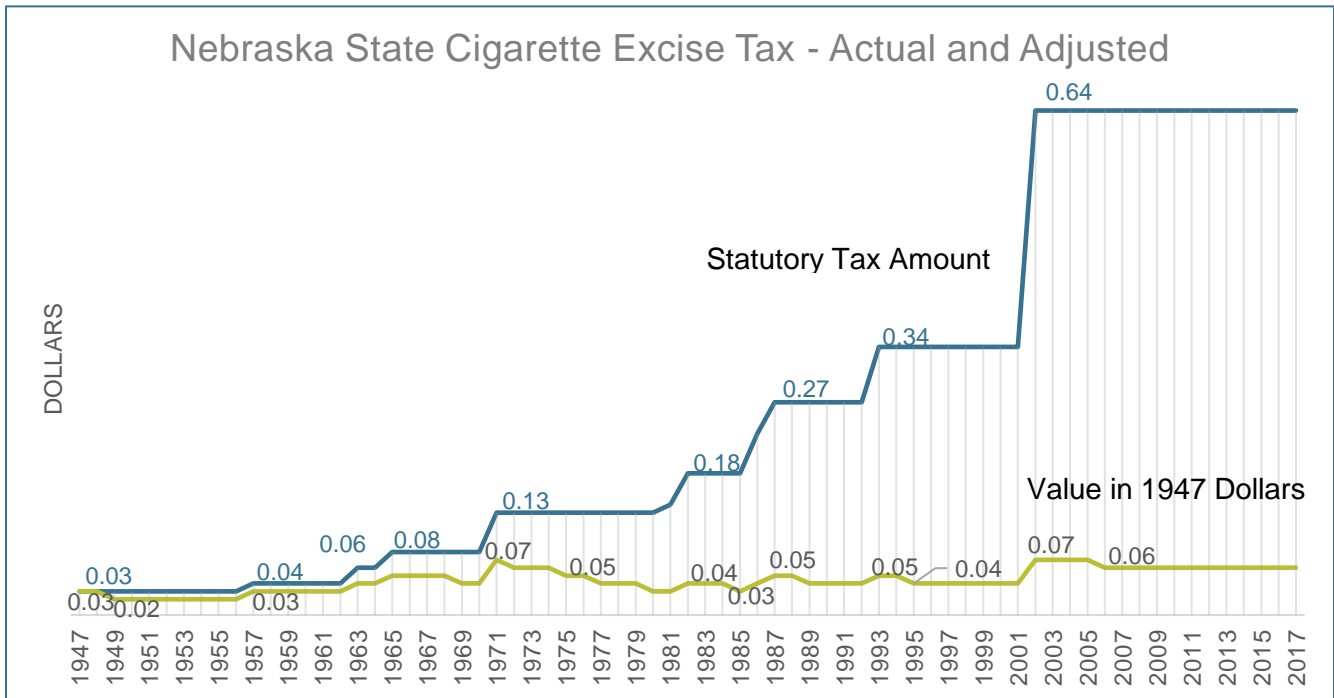
⁷ Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs—2014*.

Nebraska State Cigarette Excise Tax – Actual and Adjusted

This graph displays the actual cigarette tax as defined by statute over time and also presents an inflation-adjusted line depicting the excise tax in constant 1947 dollars.

While the state excise tax has increased several times and has moved from \$.03 to \$.64 over the past 70 years – the inflation-adjusted value has only small changes. In 1947, purchasers were being taxed 3 cents per pack of cigarettes and in 2017 purchasers are being taxed an inflation-adjusted 6 cents per pack.

Without a change in the rate of tax, the spending power of the current tax (\$.64) will continue to diminish over time.



Source: The Tax Burden on Tobacco, Orzechowski and Walker, 2015

State Comparison on Cigarette Tax

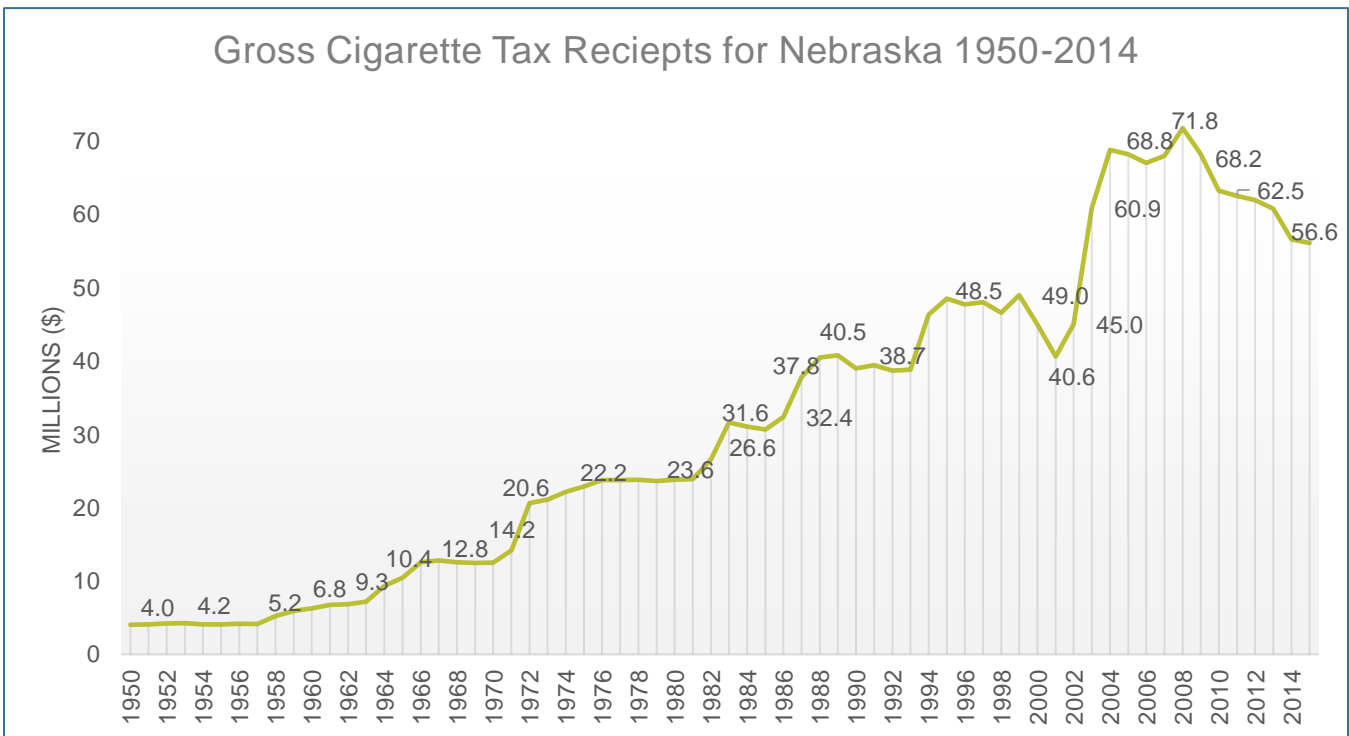
State	Tax	Rank	State	Tax	Rank	State	Tax	Rank
Alabama	\$0.675	40th	Louisiana	\$1.08	35th	Oklahoma	\$1.03	36th
Alaska	\$2.00	15th	Maine	\$2.00	15th	Oregon	\$1.33	31st
Arizona	\$2.00	15th	Maryland	\$2.00	15th	Pennsylvania	\$2.60	11th
Arkansas	\$1.15	34th	Massachusetts	\$3.51	4th	Rhode Island	\$4.25	3rd
California	\$2.87	9th	Michigan	\$2.00	15th	South Carolina	\$0.57	45th
Colorado	\$0.84	38th	Minnesota	\$3.04	7th	South Dakota	\$1.53	27th
Connecticut	\$4.35	1st	Mississippi	\$0.68	39th	Tennessee	\$0.62	42nd
Delaware	\$2.10	14th	Missouri	\$0.17	51st	Texas	\$1.41	28th
DC	\$2.50	13th	Montana	\$1.70	23rd	Utah	\$1.70	23rd
Florida	\$1.339	30th	Nebraska	\$0.64	41st	Vermont	\$3.08	6th
Georgia	\$0.37	49th	Nevada	\$1.80	21st	Virginia	\$0.30	50th
Hawaii	\$3.20	5th	New Hampshire	\$1.78	22nd	Washington	\$3.025	8th
Idaho	\$0.57	45th	New Jersey	\$2.70	10th	West Virginia	\$1.20	33rd
Illinois	\$1.98	20th	New Mexico	\$1.66	25th	Wisconsin	\$2.52	12th
Indiana	\$0.995	37th	New York	\$4.35	1st	Wyoming	\$0.60	43rd
Iowa	\$1.36	29th	North Carolina	\$0.45	47th	Puerto Rico	\$5.10	NA
Kansas	\$1.29	32nd	North Dakota	\$0.44	48th	Guam	\$3.00	NA
Kentucky	\$0.60	43rd	Ohio	\$1.60	26th	Northern Marianas	\$1.75	NA

States in **bold** have not had a tax increase in 10 years or more.

Source: Campaign for Tobacco Free Kids, *State Cigarette Excise Tax Rates and Rankings*. Updated January 9, 2018

Gross Cigarette Tax Receipts for Nebraska 1950-2014

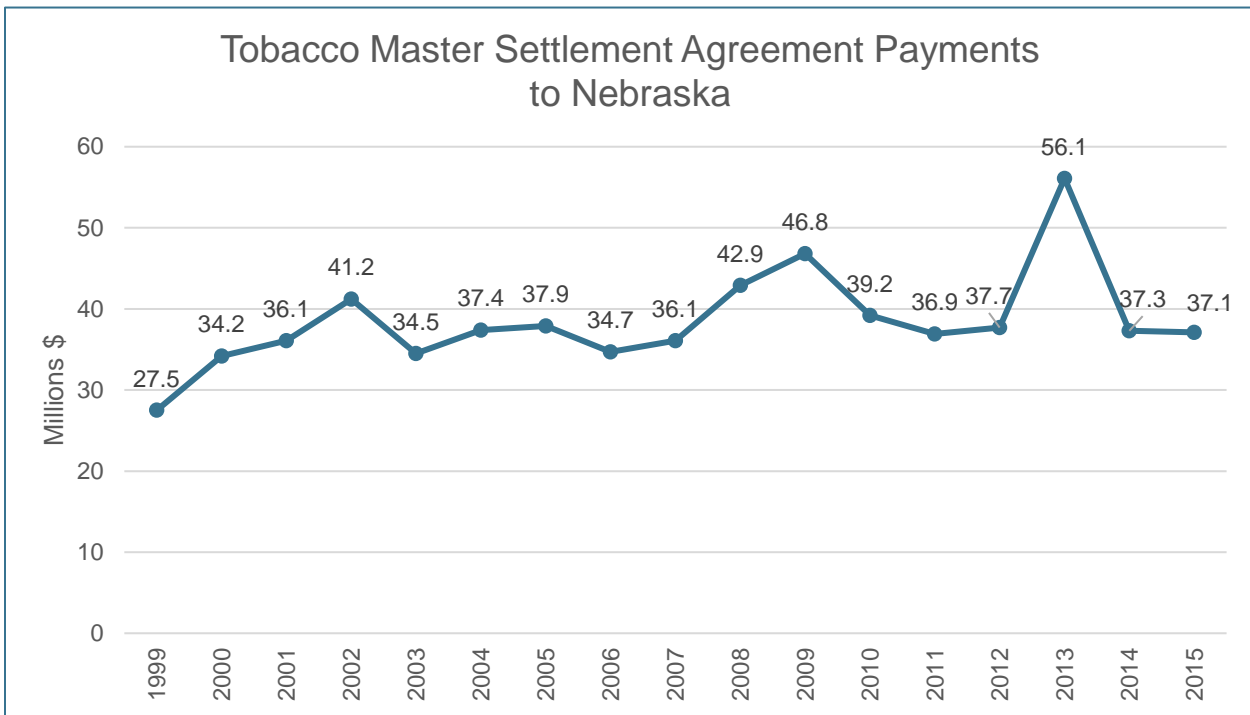
Tax receipts have an overall increasing trend although during the last decade the gross receipts have declined due to decreasing rates of tobacco use and the lack of an adjustment in taxes compared to most states.



Source: The Tax Burden on Tobacco, Orzechowski and Walker, 2015

Tobacco Master Settlement Agreement

In the 1990s, several states initiated legal action against the major cigarette manufacturers, including Philip Morris USA, R. J. Reynolds, Brown & Williamson, and Lorillard, to recover Medicaid and other costs the states incurred in treating sick and dying cigarette smokers. On November 23, 1998, the cigarette manufacturers, along with forty-six states and six other U.S. jurisdictions (the “Settling States”), entered into what is called the Tobacco Master Settlement Agreement (MSA), the largest civil litigation settlement in U.S. history. The MSA pays these settling states a yearly settlement amount. There is no scheduled termination of these payments.

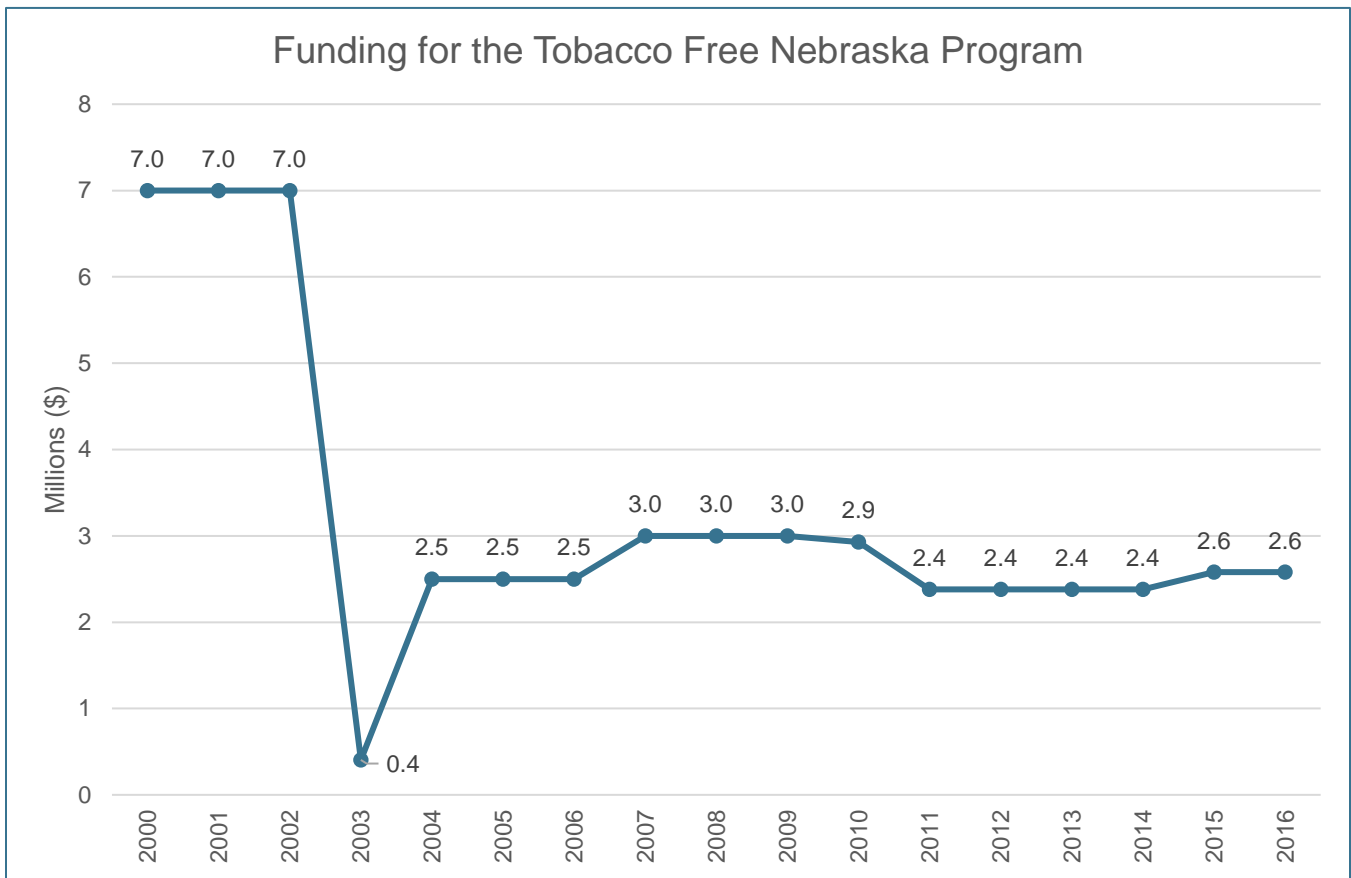


Source: The Tax Burden on Tobacco, Orzechowski and Walker, 2015

FUNDING FOR COMPREHENSIVE TOBACCO CONTROL

In 2000, the Nebraska Unicameral passed Legislative Bill (LB) 1436, marking a milestone in Nebraska's tobacco prevention and cessation efforts. The bill allocated \$21 million over three years to the Tobacco Free Nebraska program from the multi-state Tobacco Master Settlement Agreement (MSA). This marked the first time the Unicameral allocated state funds for comprehensive tobacco prevention and cessation efforts. In 2004, the Nebraska Legislature passed LB 1089 which allocated \$2.5 million a year of MSA payments to the program.

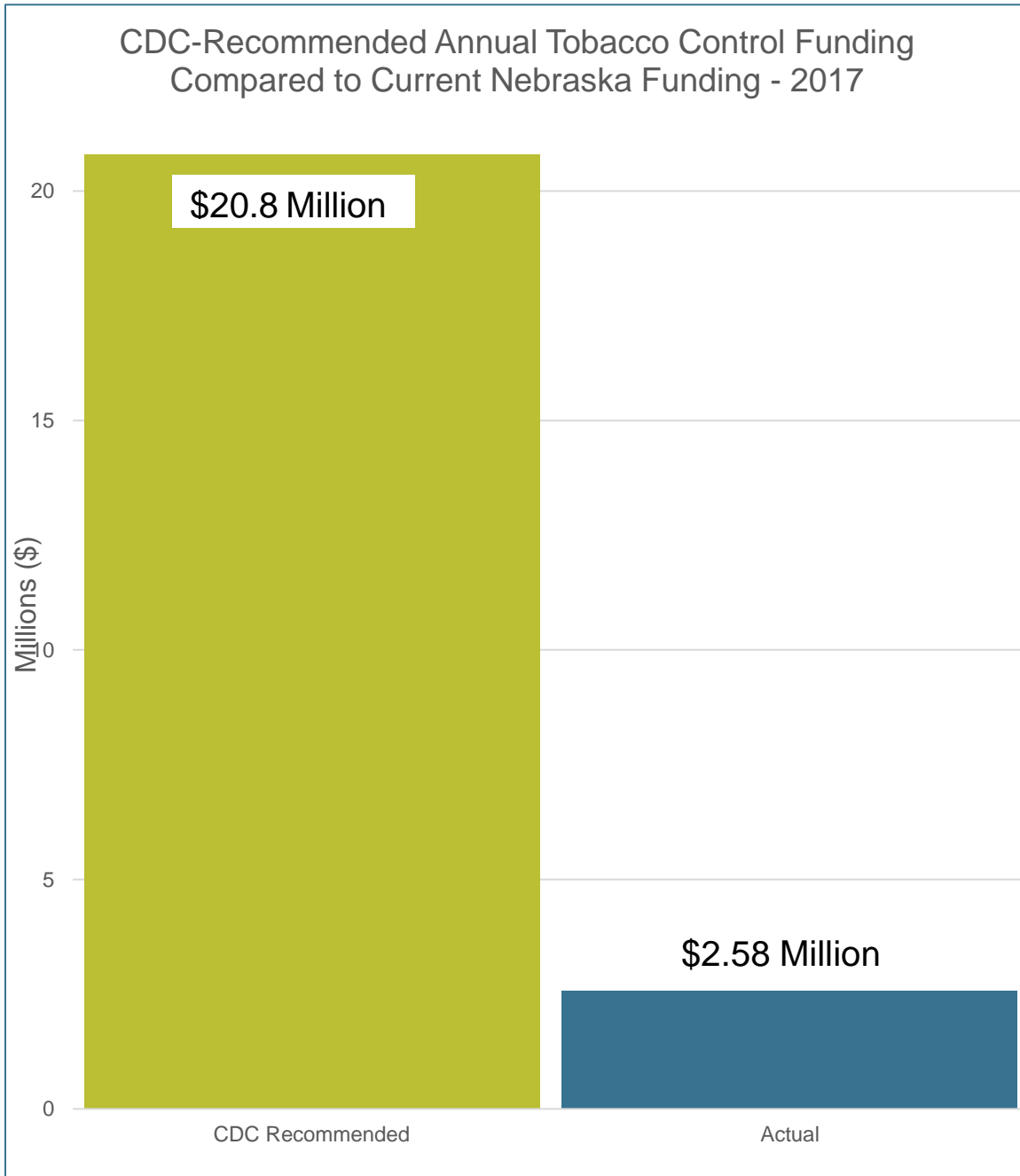
In 2007 and 2009, state funding was \$3 million per year and in 2010 the allocation was cut by 5.0% to \$2,930,850. In 2011 the funding was again cut by 19% to \$2.37 million. In 2015 funding increased to \$2.58 million. A history of program funding is presented in the chart below.



Source: Nebraska Department of Revenue

CDC Recommended Budget for Tobacco Control

The Centers for Disease Control and Prevention (CDC) provides states with a recommended budget for tobacco control in order to fully fund and sustain a comprehensive tobacco control program with resources sufficient to most effectively reduce tobacco use. The current funding of Tobacco Free Nebraska is 12.4% of the \$20.8 million recommended by the CDC for comprehensive implementation and management of a state-wide tobacco control program.⁸

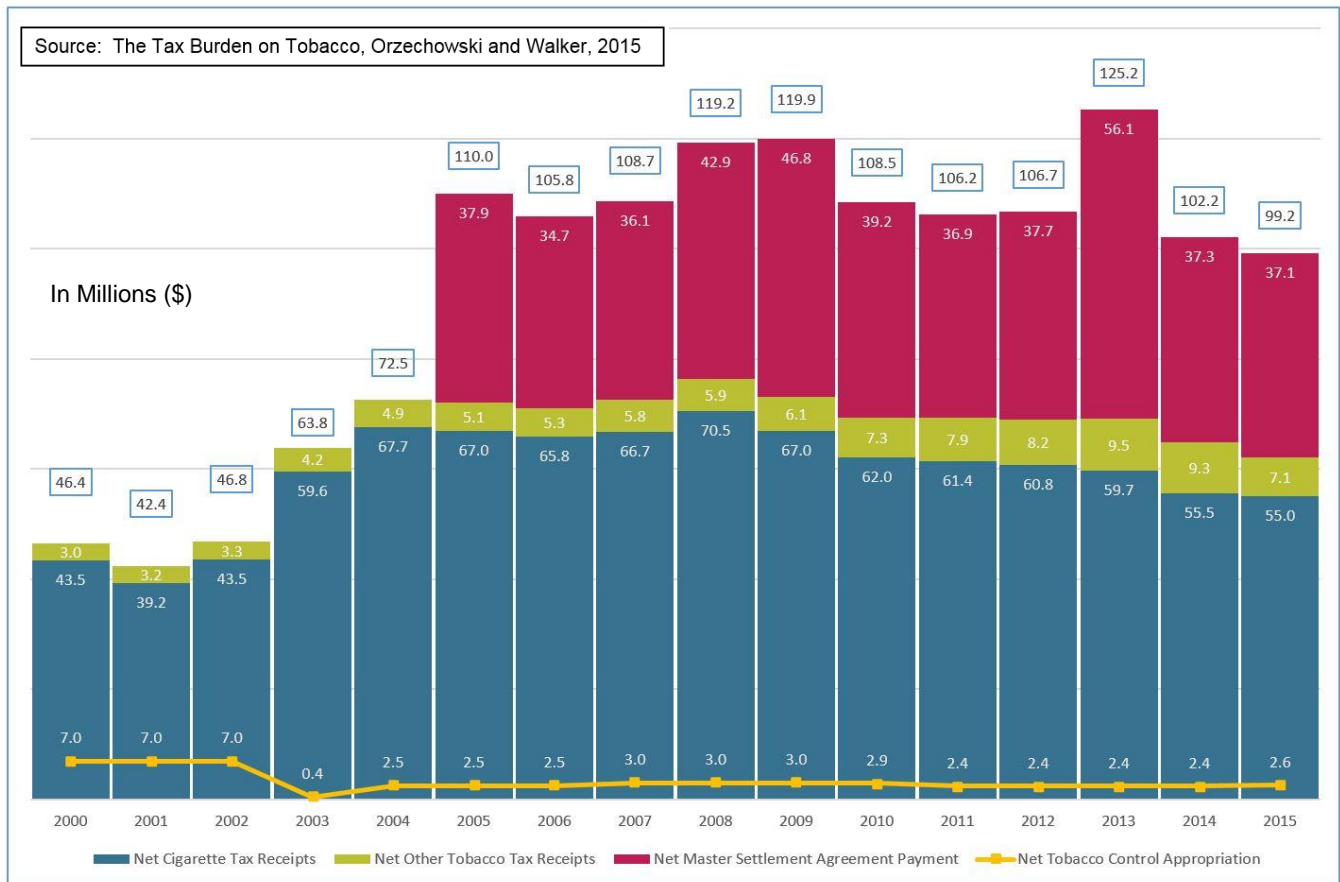


⁸ Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs – 2014*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

SUMMARY OF REVENUE & TOBACCO CONTROL APPROPRIATIONS

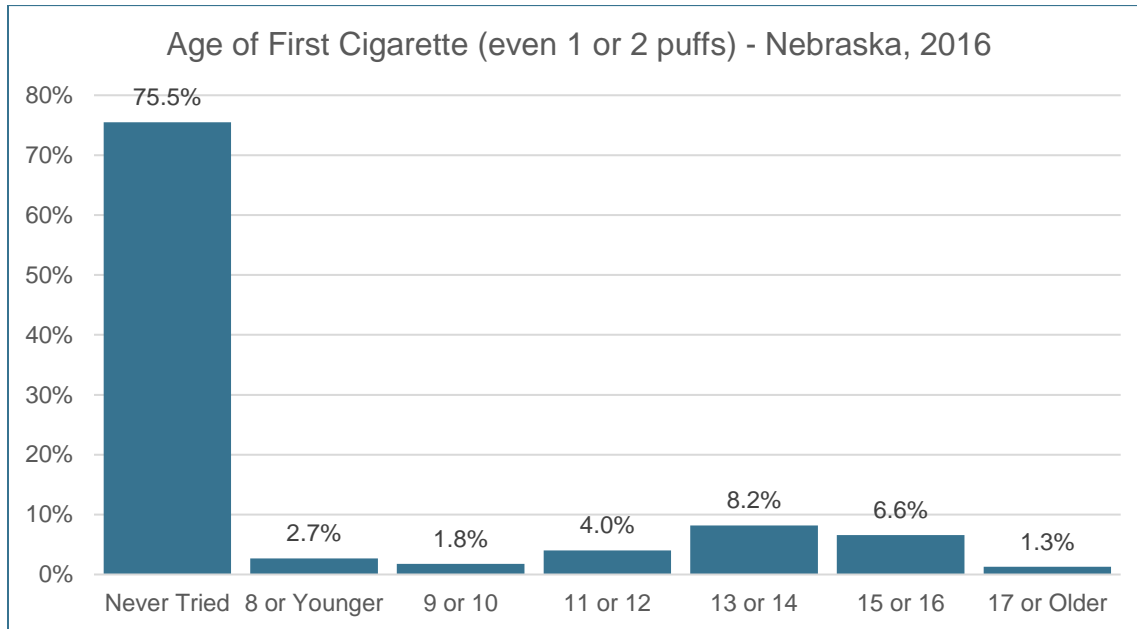
The graph below details the revenue (in millions) from cigarette excise taxes (dark blue), other tobacco products (green) and the Tobacco Master Settlement Agreement (red). The total yearly revenue from tobacco-related sources is located in the rectangular box above each bar. In addition, the net tobacco control appropriation is displayed as a line graph.

Summary of Revenue from Tobacco-Related Sources and Tobacco Control Appropriations in Nebraska, 2000-2015



Age of Cigarette Smoking Initiation in Nebraska

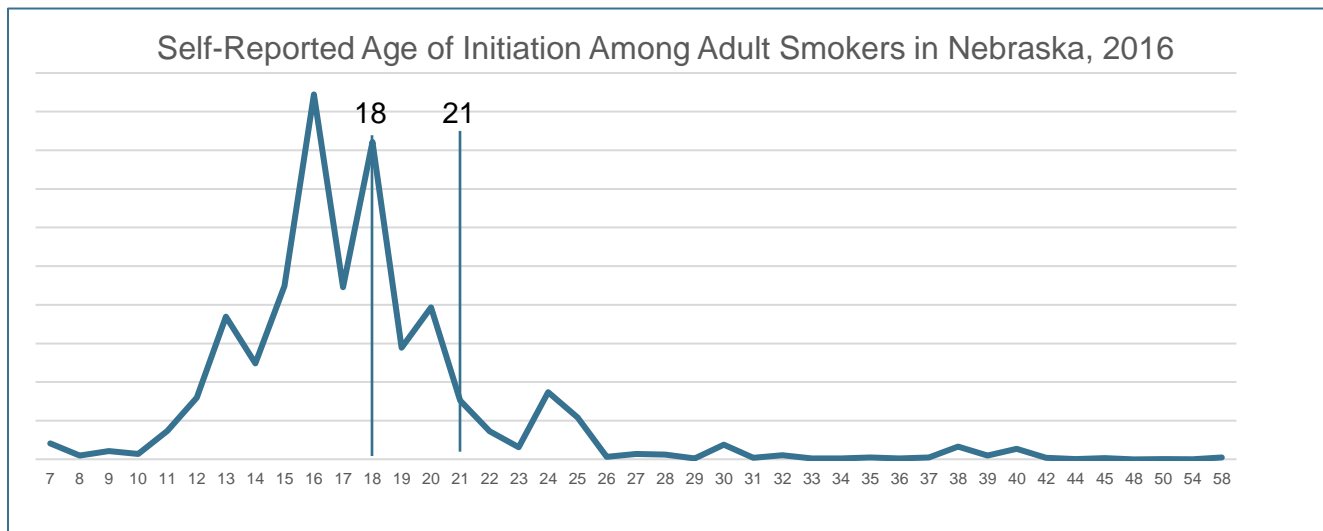
Slightly more than 75% of respondents indicated that they had not tried a cigarette.



Source: 2016 NE YRBS

Self-reported Age of Initiation Among Adult Smokers

The 2016 Nebraska Adult Tobacco Survey found that 73% of adult Nebraska smokers indicate they began smoking before age 18 and nearly all by the age of 21. To help curb adult smoking, many states and jurisdictions are raising the minimum legal sale age for tobacco products to 21.



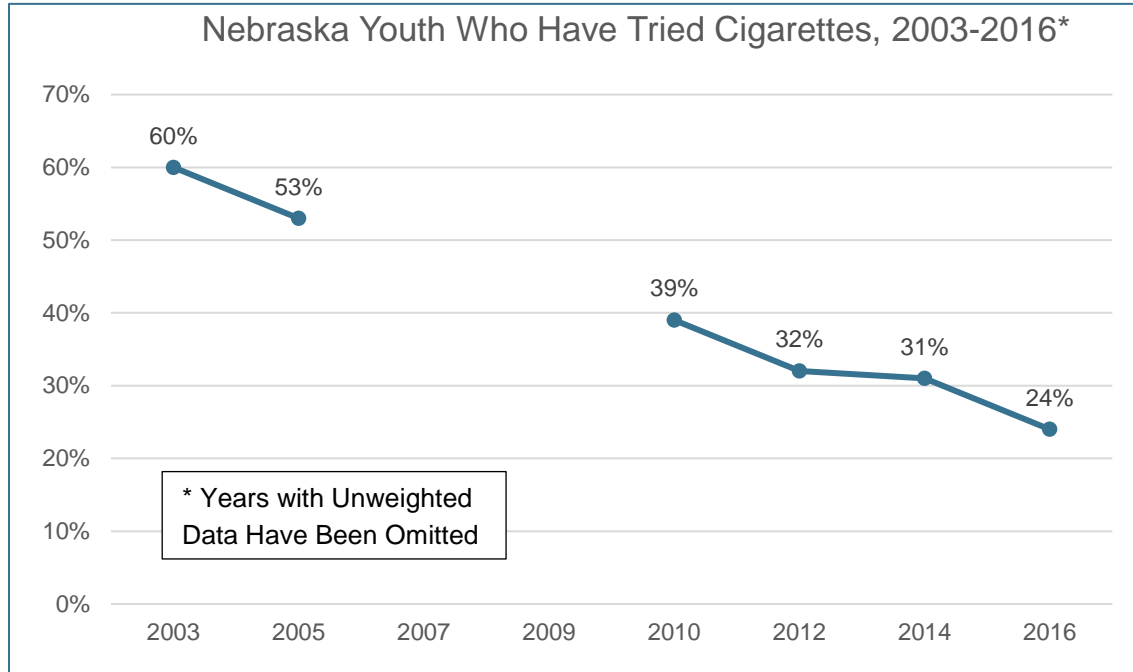
Source: 2016 NE Adult Tobacco Survey

CURRENT TOBACCO USE BY YOUTH IN NEBRASKA

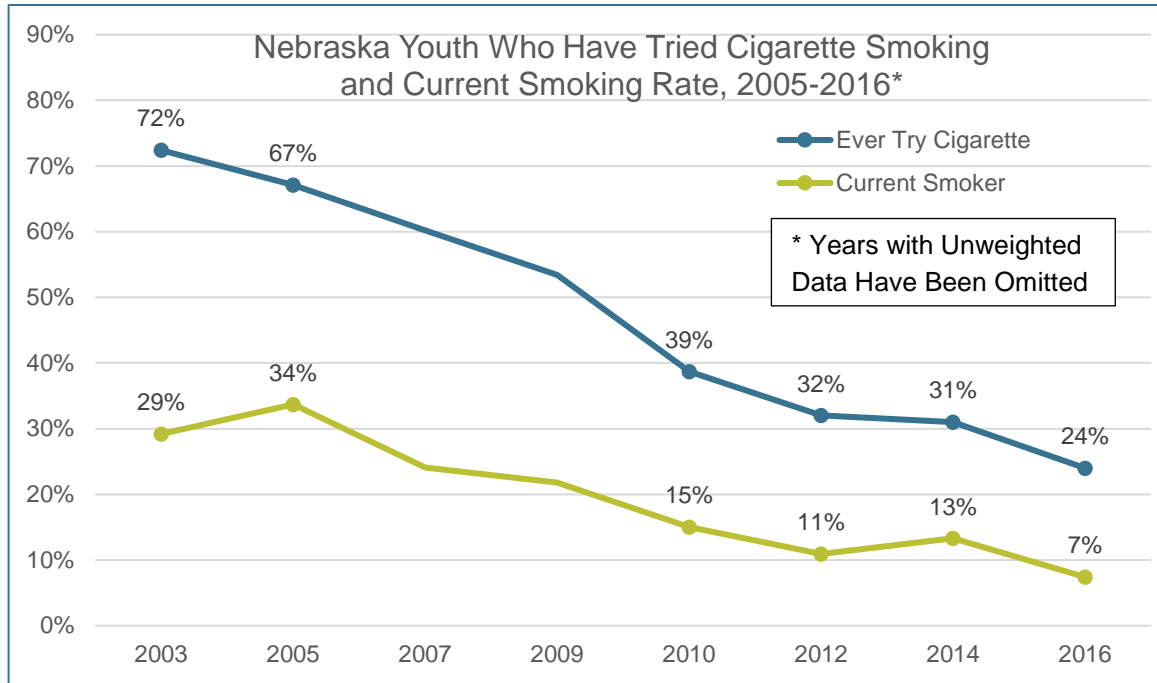
Tobacco use by youth and young adults causes both immediate and long-term health impacts. One of the most serious health effects is nicotine addiction, which prolongs tobacco use and can lead to severe health consequences.

Youth Who Have Tried Cigarette Smoking – Nebraska

Tracking the lifetime use of cigarettes is important as some of these youth will become regular adult smokers. The rate of youth cigarette experimentation has continued to decline, from more than 60% in 2003 to 24% in 2016.



Source: 2016 NE YRBS



Source: NE YRBS

Ever Try/Current Smoker Ratio

While both trend lines displayed above show a similar pattern of decline, the decreasing gap between the lines indicates an increasing ratio of try/regular smoker between the two measures. Of those who do try a cigarette it is more likely that they will become regular smokers. This finding underscores the importance of preventing youth from even trying a cigarette. In 2003, 72% of youth tried a cigarette but only 29% became regular smokers. This is a 43 percentage-point difference between the two. In 2016, 24% indicated they had tried a cigarette and 7% were regular smokers. This is a 17 point difference.

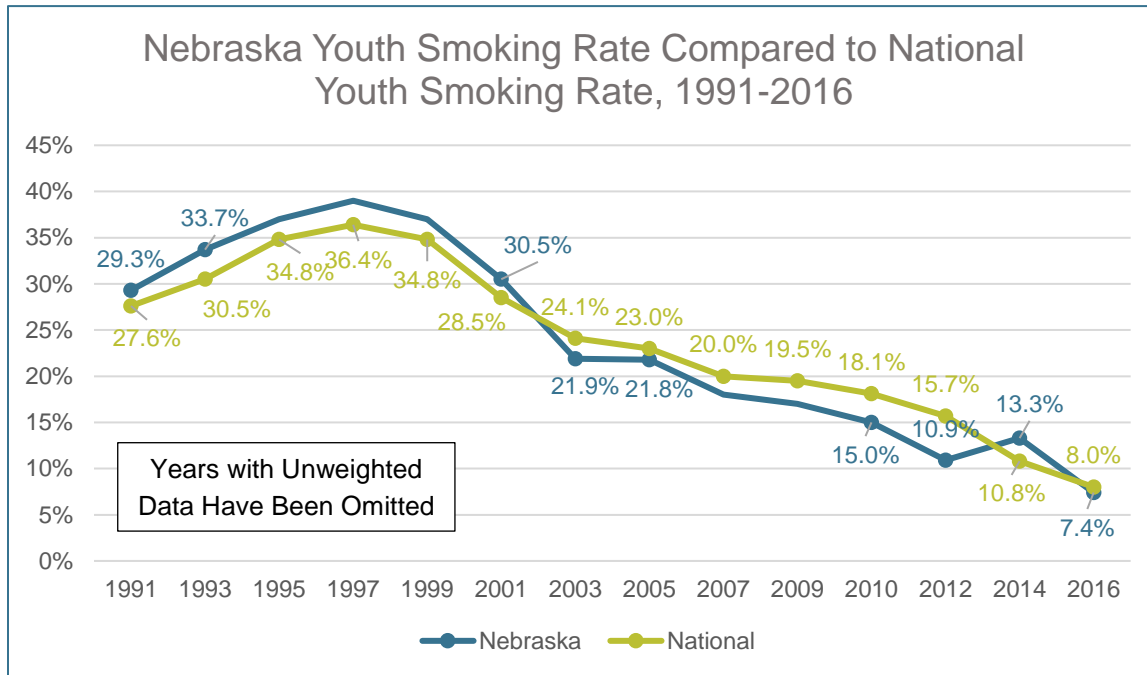
Youth Ever Try/Current Smoker Ratio in Nebraska, 2003-2016

	2003	2005	2007	2009	2010	2012	2014	2016
Ever Try %	72	67	60	53	39	32	31	24
Current Smoker %	29	34	24	22	15	11	13	7
Gap	43	33	36	31	24	21	18	17

Source: NE YRBS

Current Cigarette Smoking Rate for Nebraska Youth (1991-2016)

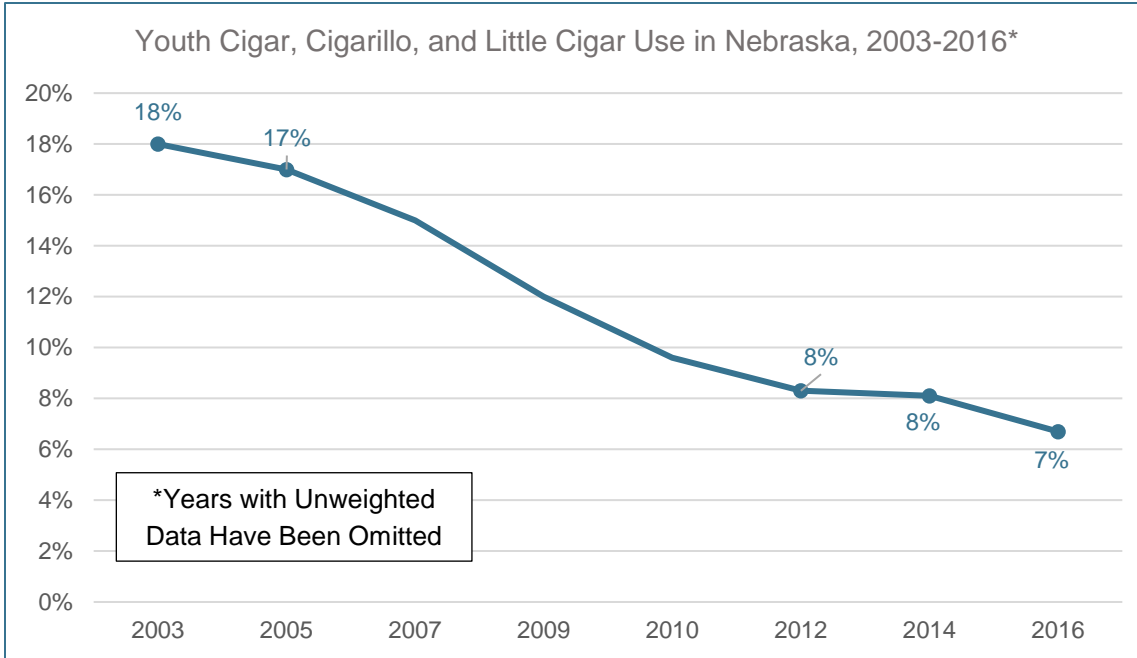
The youth cigarette smoking rate continued to decline after a small increase in 2014. The current youth cigarette smoking rate is 7%, the first time it has reached single-digits in Nebraska. Given that most adult smokers began smoking in their youth, this graph suggests that the adult tobacco rate will continue to decline over time as these youth age.



Source: NE YRBS

Youth Cigar, Cigarillo, and Little Cigar Use

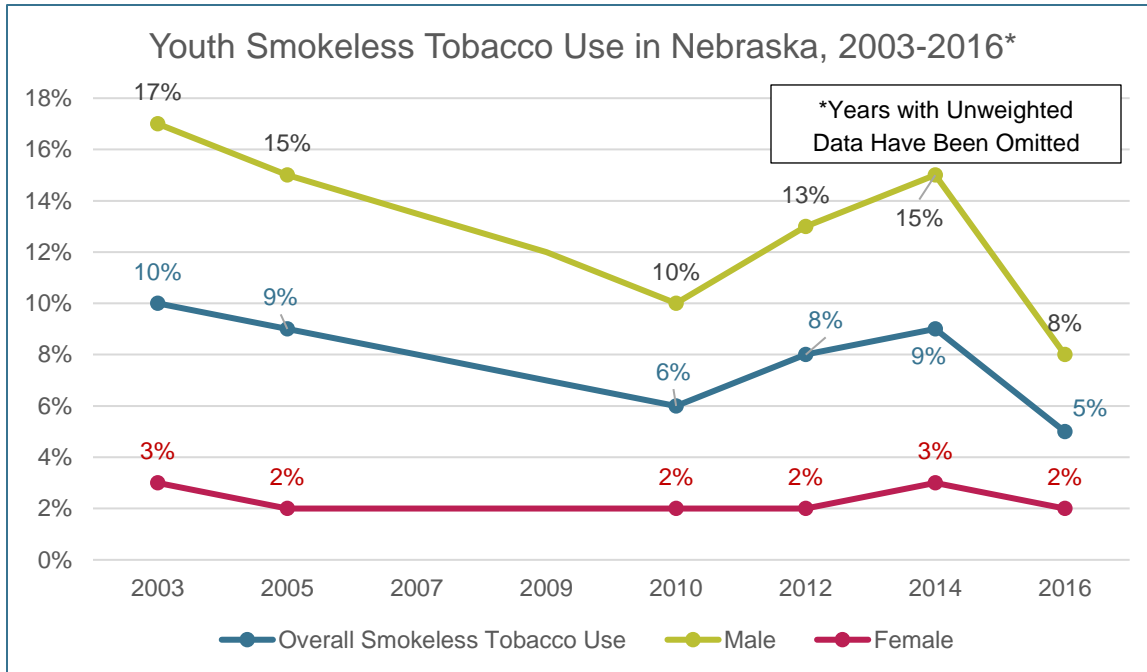
There is heavy marketing and promotion of products in this category, with many flavors and many price promotions as well as packaging that appeals to youth. Despite this, youth cigar, cigarillo and little cigar use in Nebraska continues to decline. Seven percent of this population reported using these products in the last 30 days.



Source: NE YRBS

Youth Smokeless Tobacco Use in Nebraska

Statewide smokeless tobacco use (chewing tobacco, snuff, dip, snus, and dissolvable tobacco products – does not include e-cigarettes) is slightly under six percent (5.7%), which is a decrease from 9% during the previous NE YRBS administration. After increasing for several years, the smokeless rates decreased to the lowest point reported.

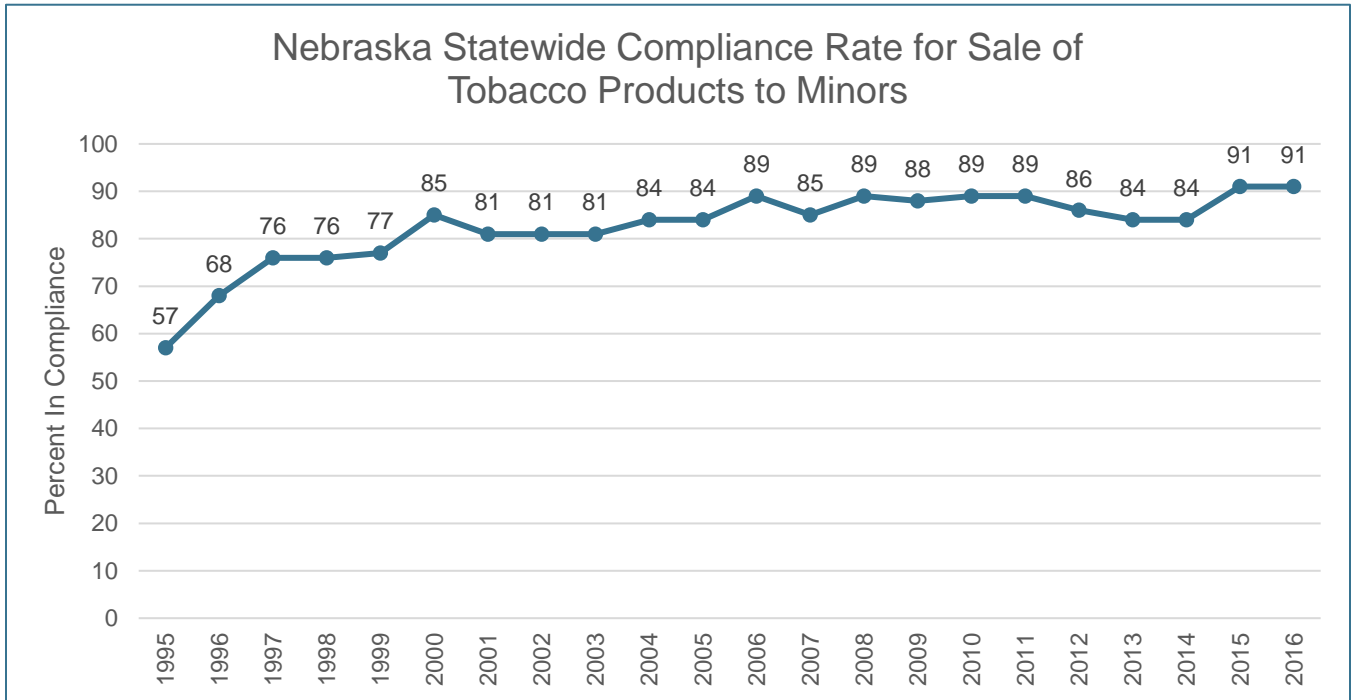


Source: NE YRBS

ILLEGAL SALES OF TOBACCO PRODUCTS TO MINORS

The Nebraska State Patrol conducts random, unannounced compliance checks of tobacco retailers to determine the state's compliance rate as required by the federal Substance Abuse and Treatment Block Grant.

In 1995, only 57% of tobacco retailers checked complied with the law that restricts the sale of tobacco products to minors. Since then, compliance has substantially increased to 89% in 2011 and remains near this rate, though the most recent data shows an increase to 91%.



Source: Nebraska Annual Synar Report

TOBACCO USE BY ADULTS IN NEBRASKA

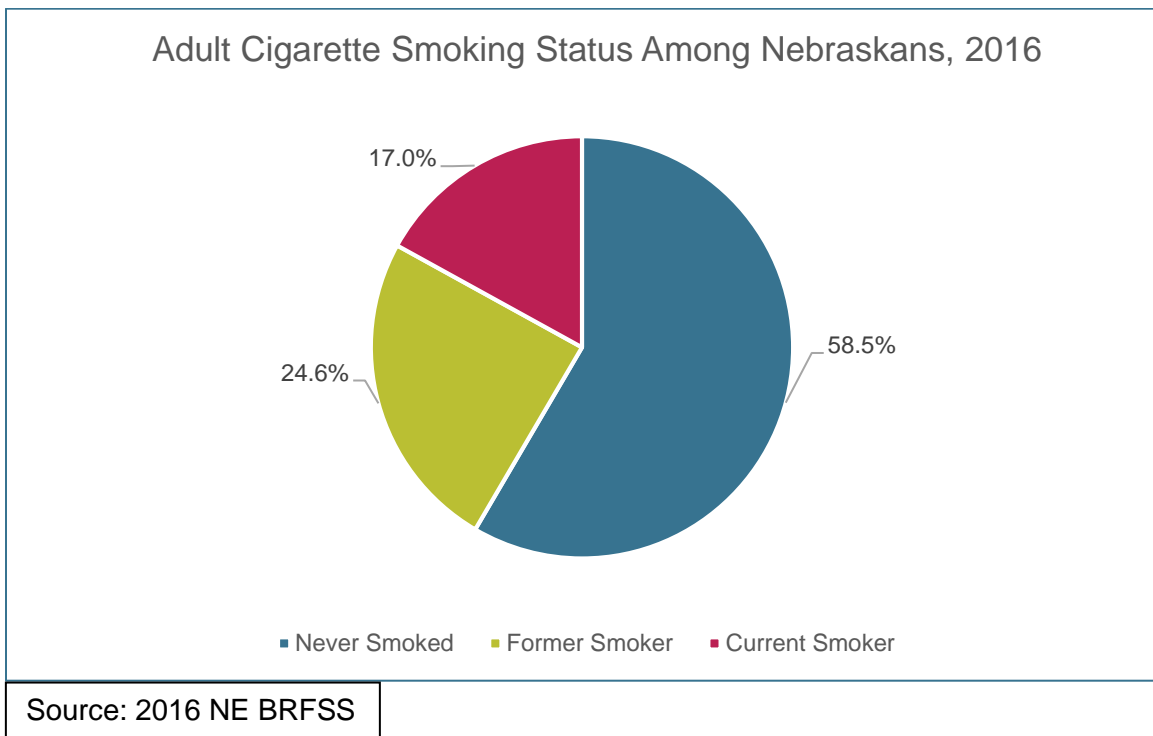
Cigarette Smoking

Nearly all smokers in the United States are aware of the many health risks related to cigarette use. In addition, the personal and/or family financial toll of tobacco use, and inconvenience of smoking restrictions in many public and private locations demonstrates the addictive nature of nicotine dependence. Financially, an individual who smokes one-pack of cigarettes per day spends \$2,011 per-year on cigarettes (assuming average price of \$5.50 per pack). This amount does not factor in other costs such as higher insurance premiums and healthcare costs.

Adult Cigarette Smoking

In 2016, the Nebraska Behavioral Risk Factor Surveillance System (BRFSS) found that 17.0% of the adult population (age 18 and older) smoked cigarettes. About a quarter of adults (24.6%) were former smokers and nearly 59% had never smoked. Among the current smokers, 74.5% smoked cigarettes every day, while 25.5% smoked only on some days.

Based on the prevalence rate and the estimated 2016 adult population (1,434,151)⁹ there were approximately 243,800 adults in Nebraska in 2016 who smoked cigarettes.¹⁰

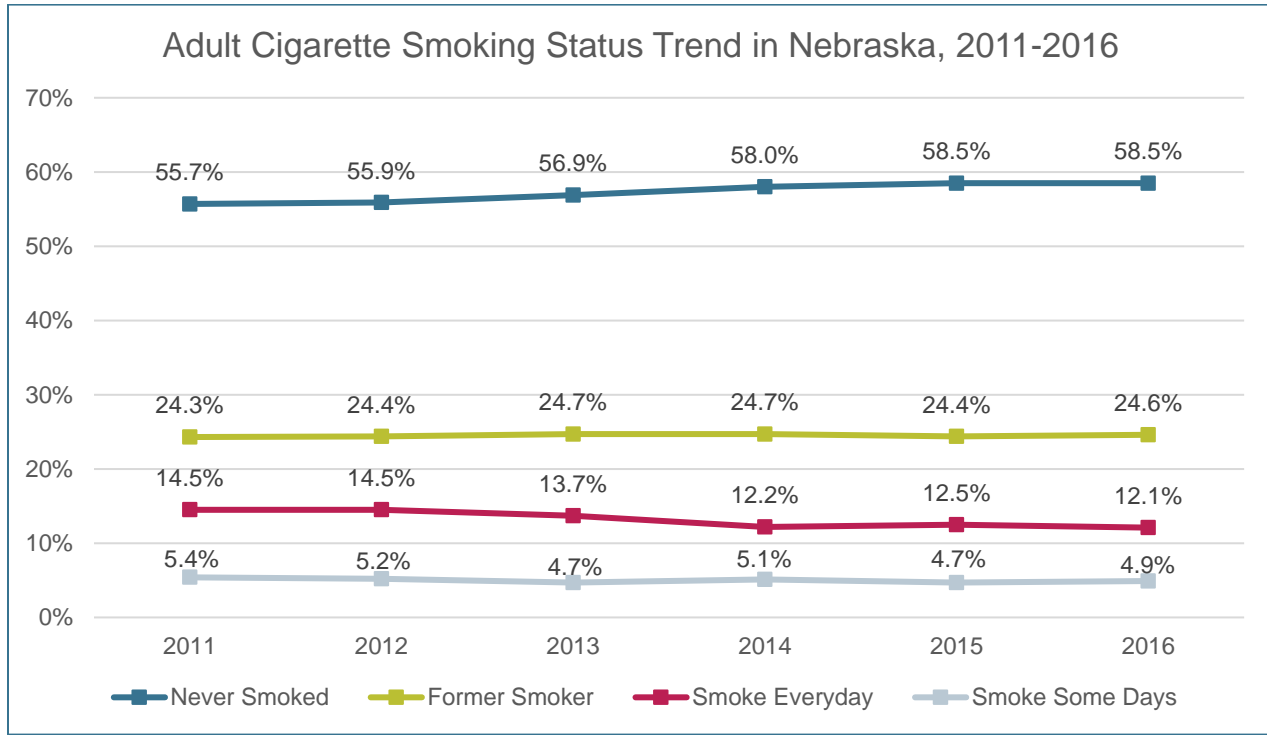


⁹ Population estimate: US Census Bureau Fast Facts. Estimate of adult population.

¹⁰ Estimate based on adult smoking rate of 17.0% from the 2016 BRFSS.

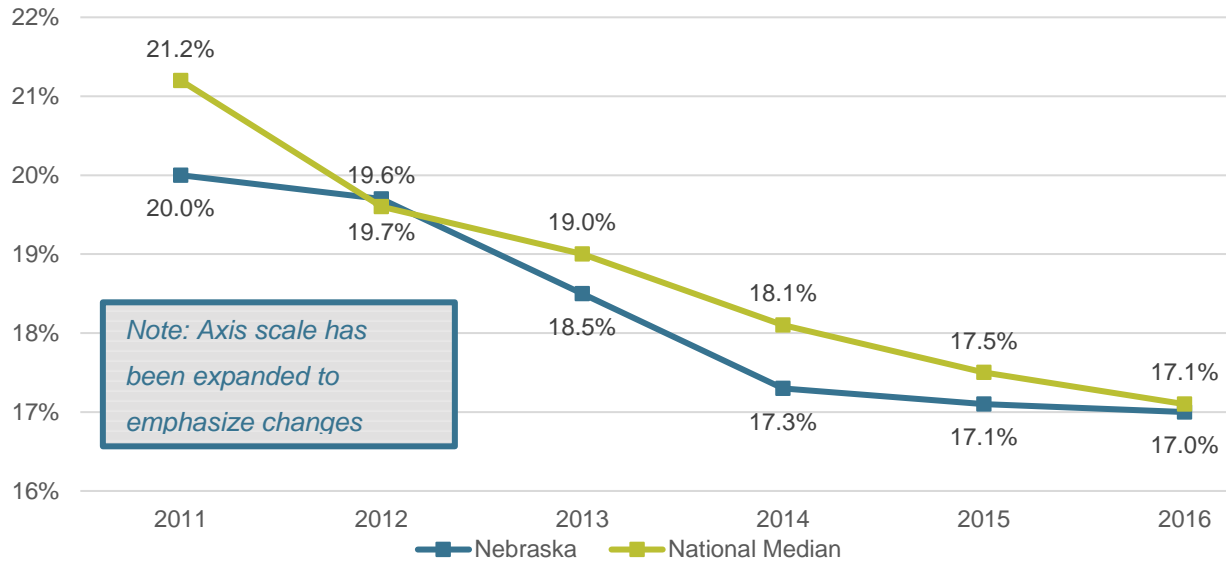
Trends in Adult Tobacco Use

There is a gradual but consistent increasing trend in the “never smoked” category from 55.7% in 2011 to 58.5% in 2016. The rate of “former smokers” has remained nearly unchanged at approximately 24.5%, but the rate of “daily smokers” has trended downward from 14.5% to the most recent value of 12.1%. The rate of occasional smokers has remained mostly steady with a gradual decrease to about 5%. As seen in the trend line, the change in the overall value is mostly attributable to a decrease in daily smokers and an increase in never smokers.



Source: NE BRFSS

Nebraska Adult Cigarette Smoking Comparison to National Median, 2011-2016

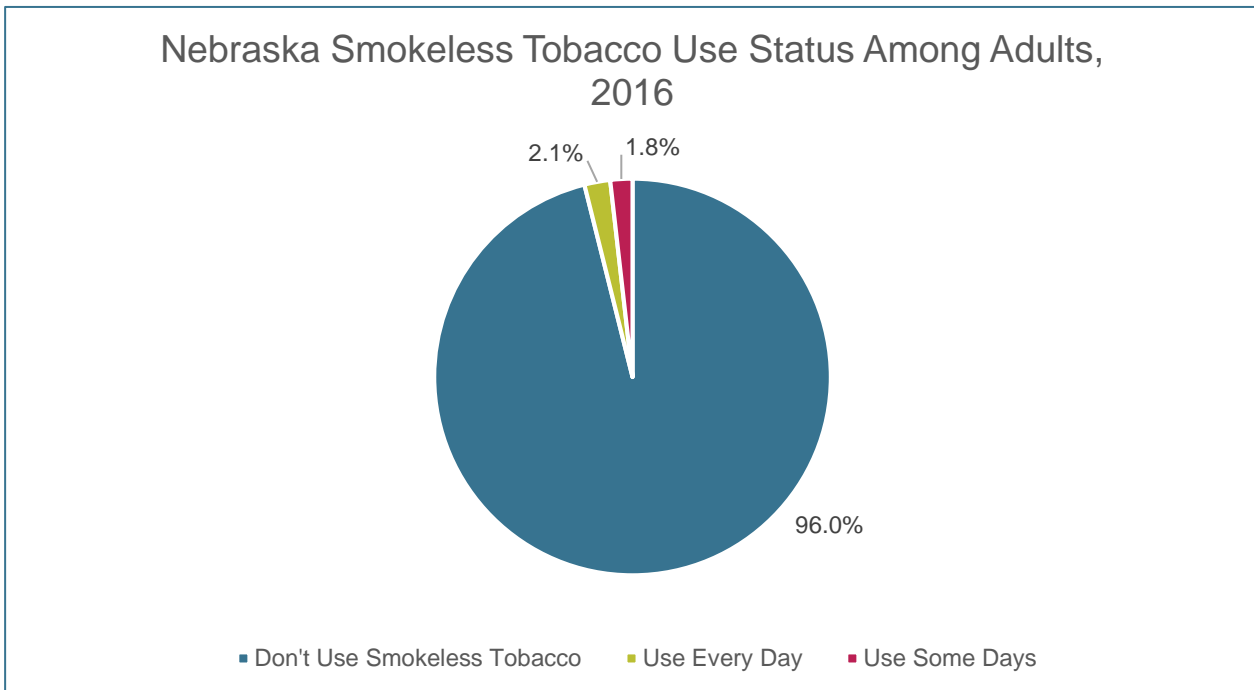


Source: NE BRFSS

The adult smoking rate in Nebraska has been trending below the median value for all states, though in 2016 the values are very similar (17.0% vs. 17.1%) As of 2016, the State of Nebraska estimate was that 17% of adults smoked compared to 17.1% nationally.

Adult Use of Smokeless Tobacco

Smokeless tobacco includes products such as chewing tobacco, snuff, and snus. Generally the tobacco is placed in the mouth between the cheek and gum or the upper lip. The U.S. Surgeon General has Reported the association between smokeless tobacco and diseases such as oral cancer, gum disease, coronary artery disease, peripheral vascular disease, hypertension and peptic ulcer disease since their report in 1986.¹¹



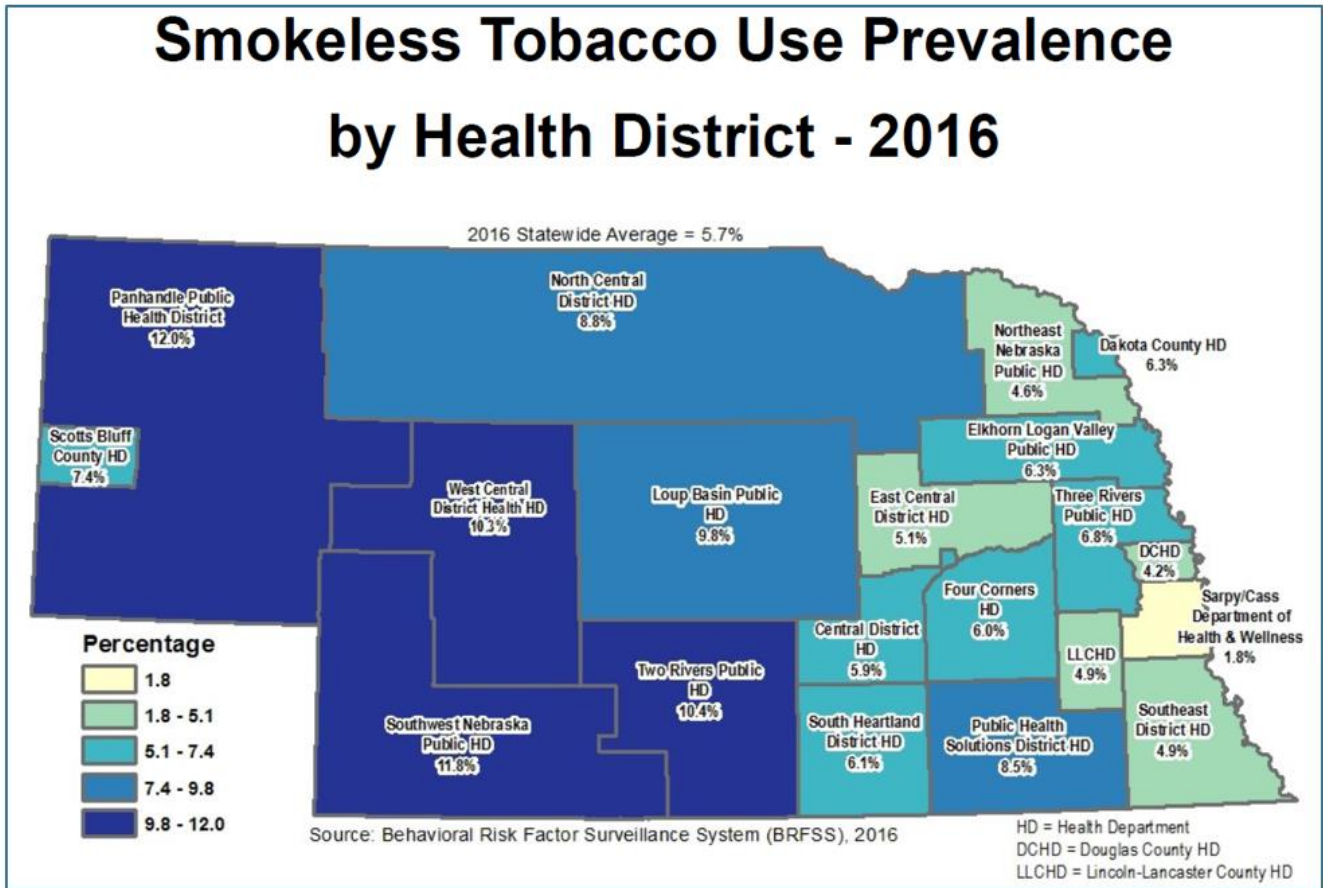
Source: 2016 NE BRFSS

At first glance, one might have the perspective that the use of smokeless tobacco is not a major problem in Nebraska, as 94% of the adult population do not use this product. However, it is a product used nearly exclusively by young males in primarily rural settings. When analyzing the results by sex, more than 1 in 10 males use smokeless tobacco. Because the majority of the state's population resides in the Omaha and Lincoln metropolitan areas, the statewide smokeless rate masks the much higher utilization in rural counties, especially in western counties.

¹¹ United States Surgeon General, The Health Consequences of Using Smokeless Tobacco, <https://profiles.nlm.nih.gov/ps/access/NNBBFC.pdf>, 1986.

The geographic differences noted earlier can be easily seen in the map of smokeless tobacco prevalence below.

The rate of smokeless tobacco use ranges from a low of under 2% in Sarpy and Cass counties but reaches 12% in the Panhandle Public Health District. If only looking at young males, the rate is much higher.

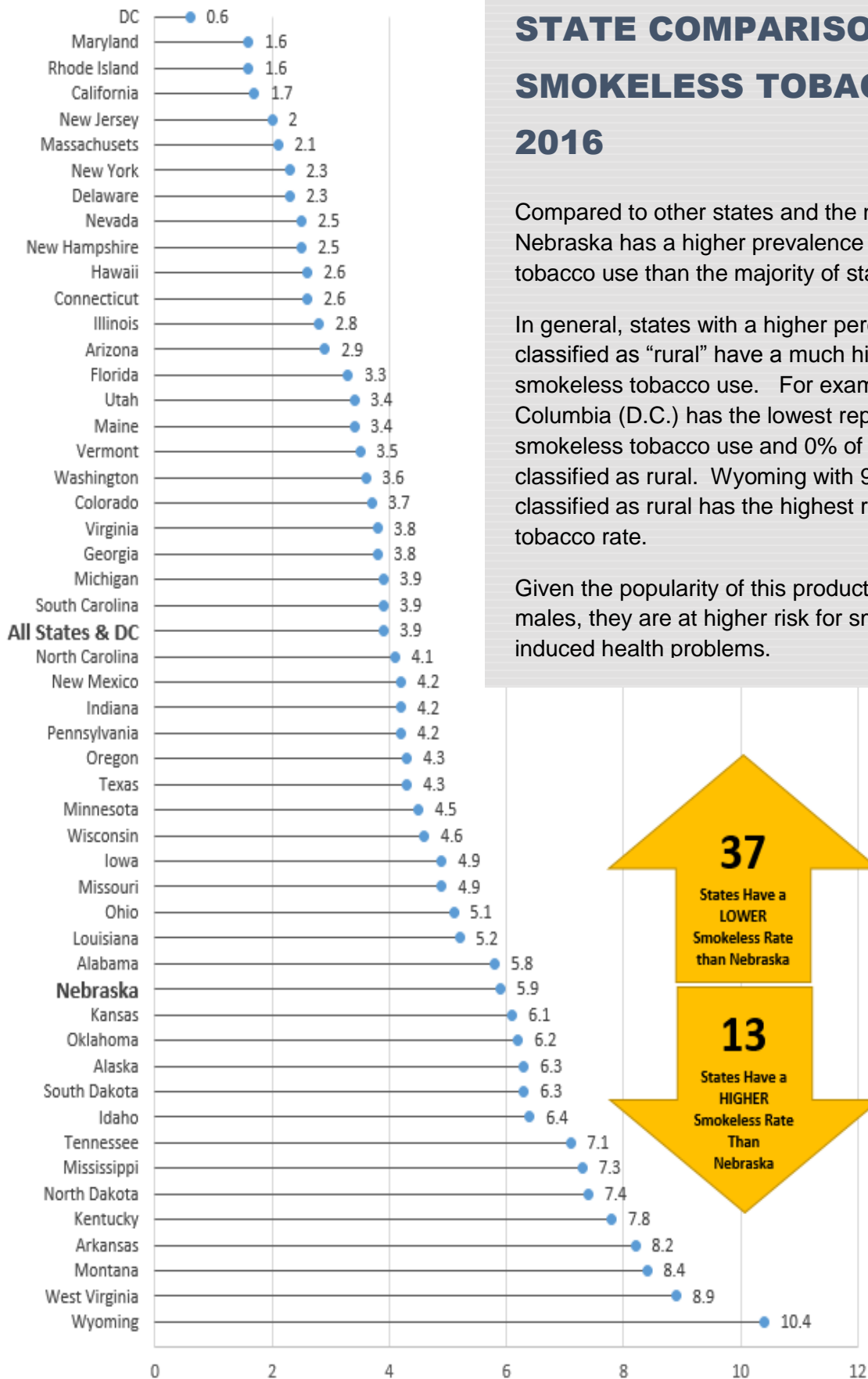


STATE COMPARISON - SMOKELESS TOBACCO USE, 2016

Compared to other states and the national average, Nebraska has a higher prevalence rate of smokeless tobacco use than the majority of states.

In general, states with a higher percentage of land classified as “rural” have a much higher rate of smokeless tobacco use. For example, the District of Columbia (D.C.) has the lowest reported rate of smokeless tobacco use and 0% of the land area classified as rural. Wyoming with 99.8% land area classified as rural has the highest reported smokeless tobacco rate.

Given the popularity of this product with adolescent males, they are at higher risk for smokeless tobacco-induced health problems.

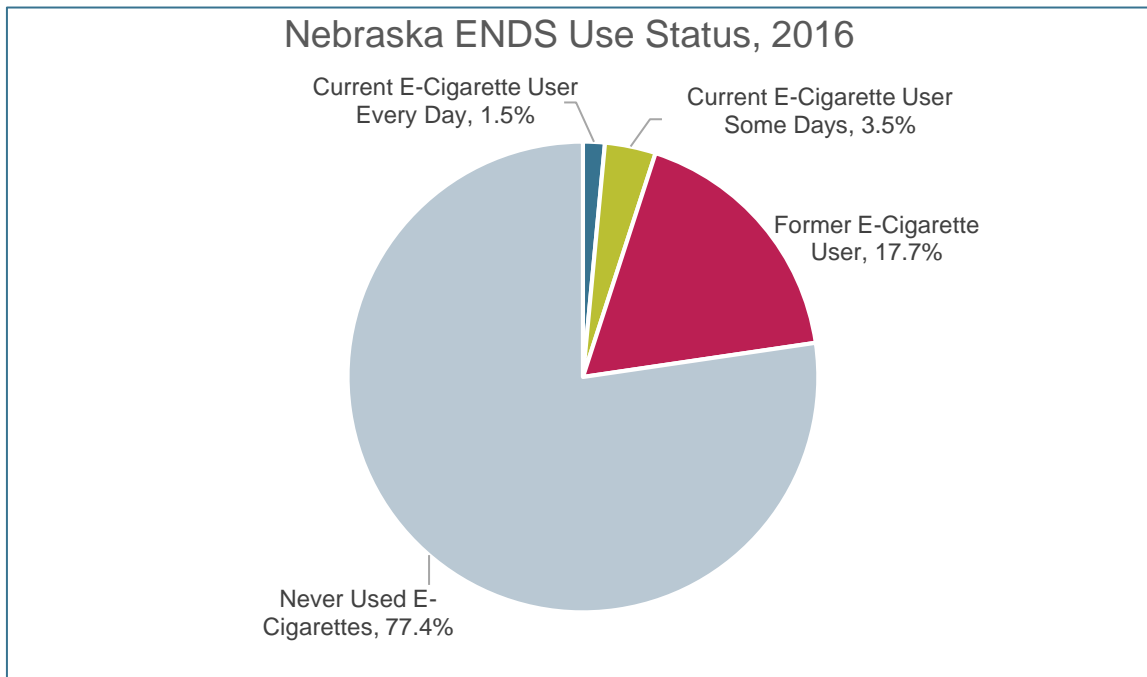


Source: 2016 BRFSS

ELECTRONIC NICOTINE DELIVERY SYSTEMS

Electronic Nicotine Delivery Systems (ENDS) is an umbrella term for the many types of electronic vapor products. ENDS are a rapidly emerging and diversified product class. These devices typically deliver nicotine, flavorings, and other additives to users via an inhaled aerosol. These devices are referred to by a variety of names including, e-cigs, e-hookahs, mods, vape pens, vapes, and tank systems.

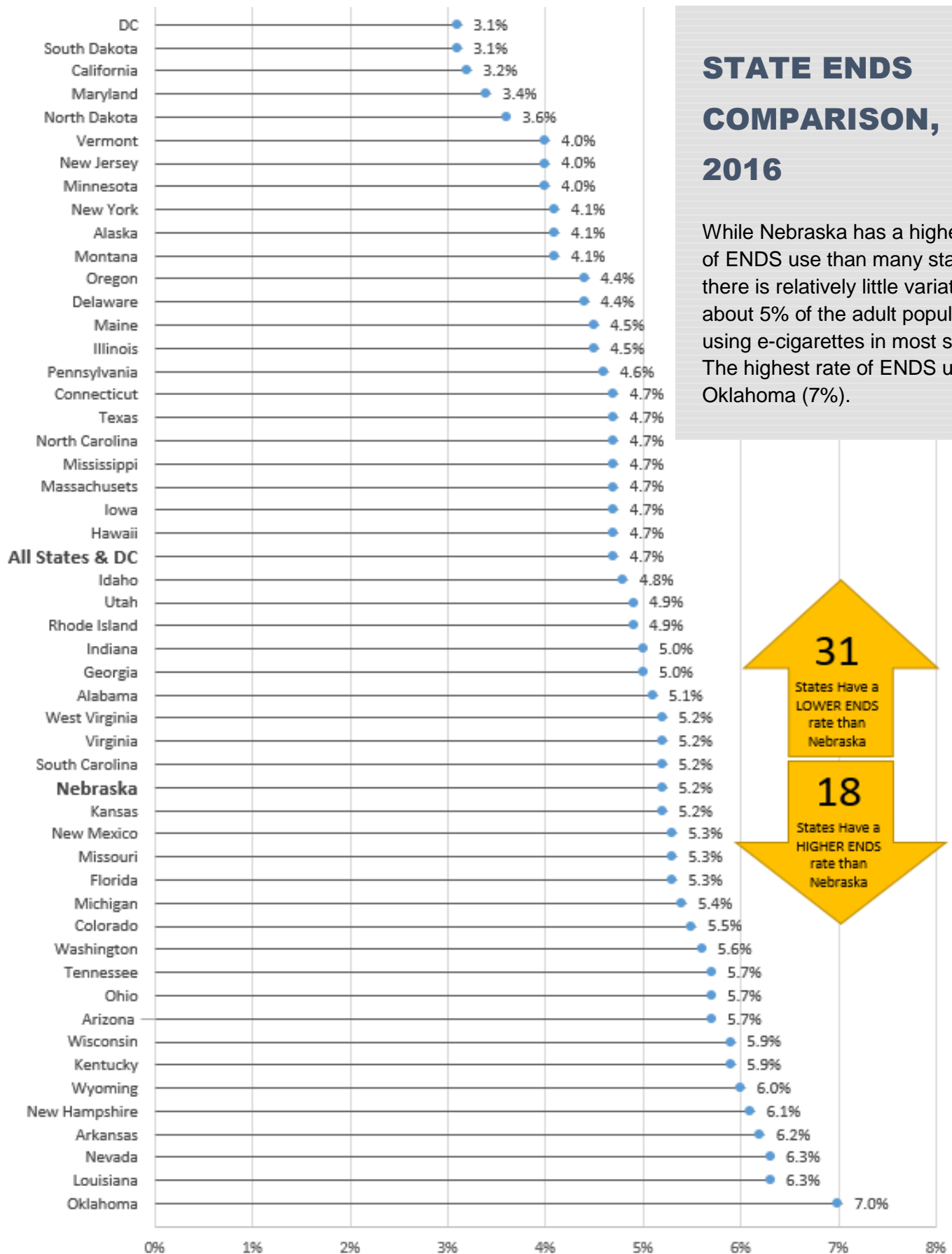
The 2016 Behavioral Risk Factor Surveillance System (BRFSS) asked a core question about the use of ENDS. While the specific health impacts are still being researched, the U.S. Surgeon General has indicated that the use of ENDS is a public health issue and the U.S. Food and Drug Administration is planning a public education campaign centered on reducing and preventing youth e-cigarette use.



Source: 2016 NE BRFSS

STATE ENDS COMPARISON, 2016

While Nebraska has a higher rate of ENDS use than many states, there is relatively little variation with about 5% of the adult population using e-cigarettes in most states. The highest rate of ENDS use is in Oklahoma (7%).



Source: 2016 BRFSS

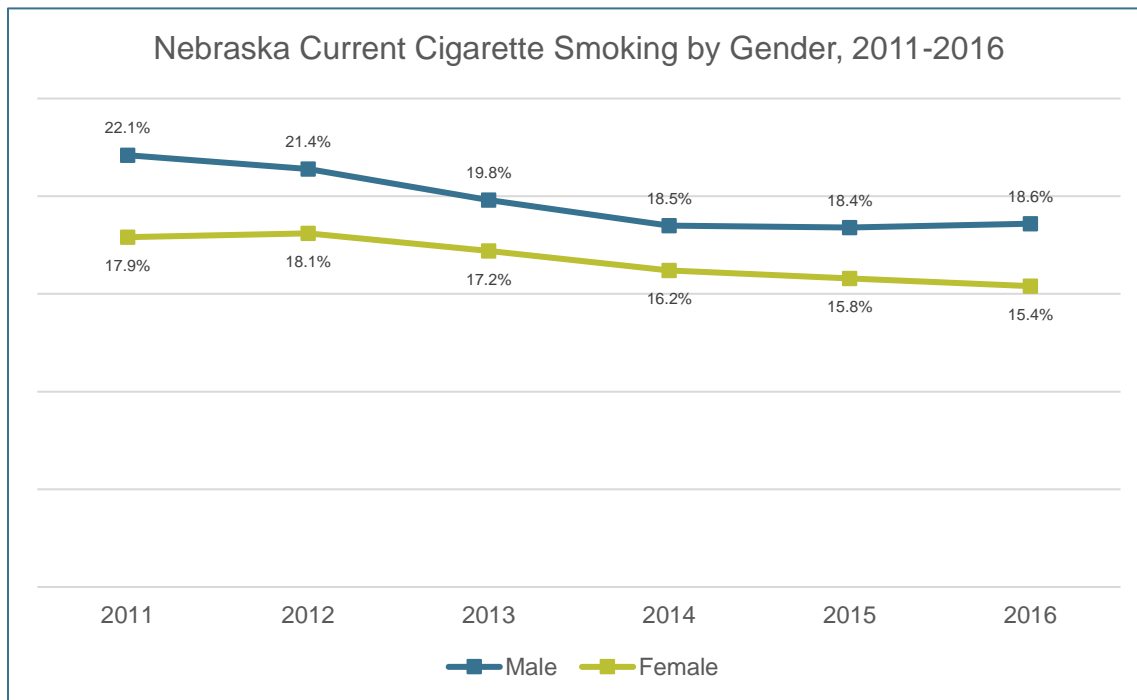
TOBACCO-RELATED DISPARITIES IN ADULT TOBACCO USE

The use of tobacco products is not equal when analyzing results by population subgroup. For many years, tobacco product manufacturers specifically targeted certain populations for sales expansion (behavioral health, African-American, low-income, LGBTQ, military, and others).¹² Reducing or eliminating tobacco-related disparities is one of Tobacco Free Nebraska's (TFN) four primary goal areas. Disparities exist in smoking rates between groups and exposure to secondhand smoke. In addition, these groups often have less access to healthcare and other resources that may result in treatment deficits for tobacco-related illnesses.

Tobacco-related disparities affect many different population groups such as age, disability, education, income, occupation, geographic location, race, ethnicity, sex, gender identity, mental health status, substance abuse, and military status.

Adult Cigarette Smoking by Gender

Smoking rate differences between genders have been observed for many years with men smoking at a higher rate than women, although only by a few percentage points. This is a small but consistent disparity. Differences by gender identity or sexual orientation are not available although disparities have been reported in other studies.

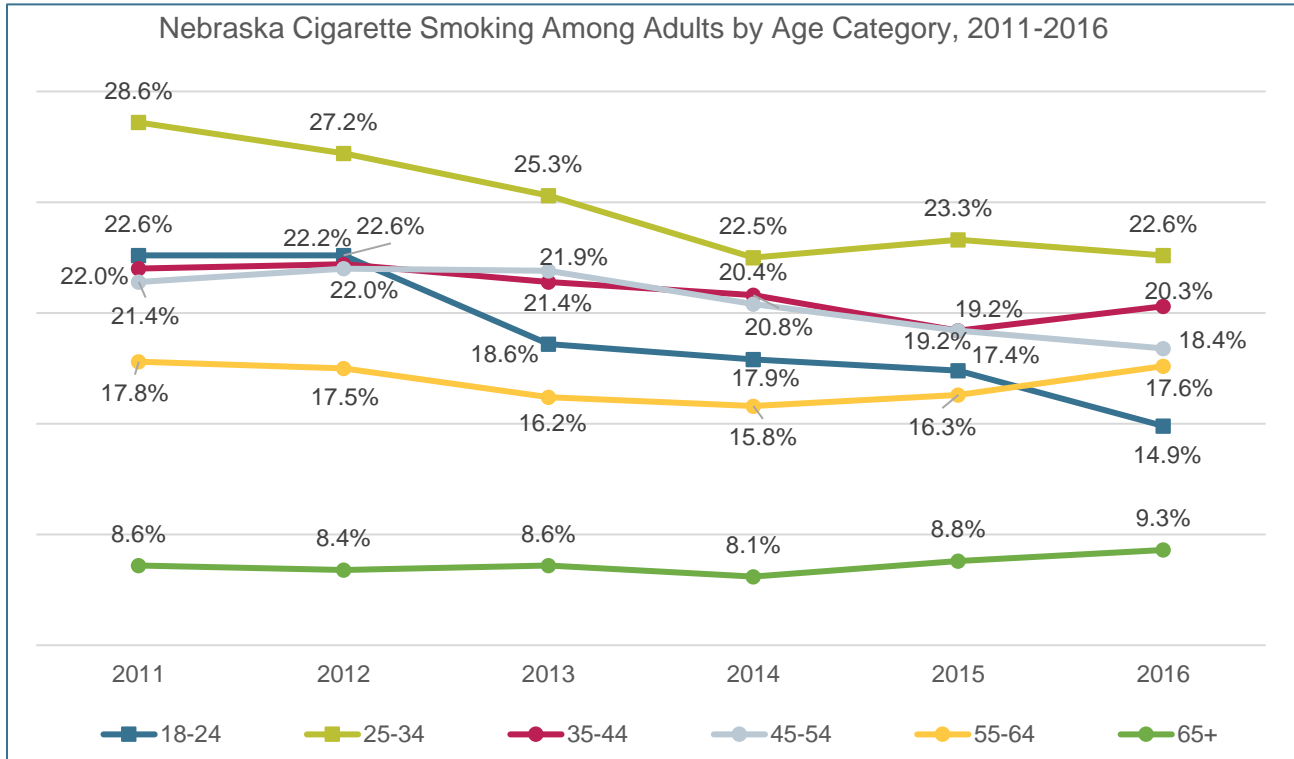


Source: NE BRFSS

¹² UCSF Smoking Cessation Leadership Center, Vulnerable Populations, <https://smokingcessationleadership.ucsf.edu/vulnerable-populations>, 2018.

Adult Cigarette Smoking by Age

In 2016, as in all years with reportable data, young adults in the 25-34 cohort have the highest rate of smoking. On the other end of the scale, the 65+ group has demonstrated the lowest smoking rate since 2011. Older smokers have had additional years to successfully quit and are most affected by higher mortality of smokers. Several age categories (18-24, 25-34, 45-54) have shown long-term gradual declines. The youngest group (18-24) has dropped from the second-highest rate of smoking to the second-lowest.

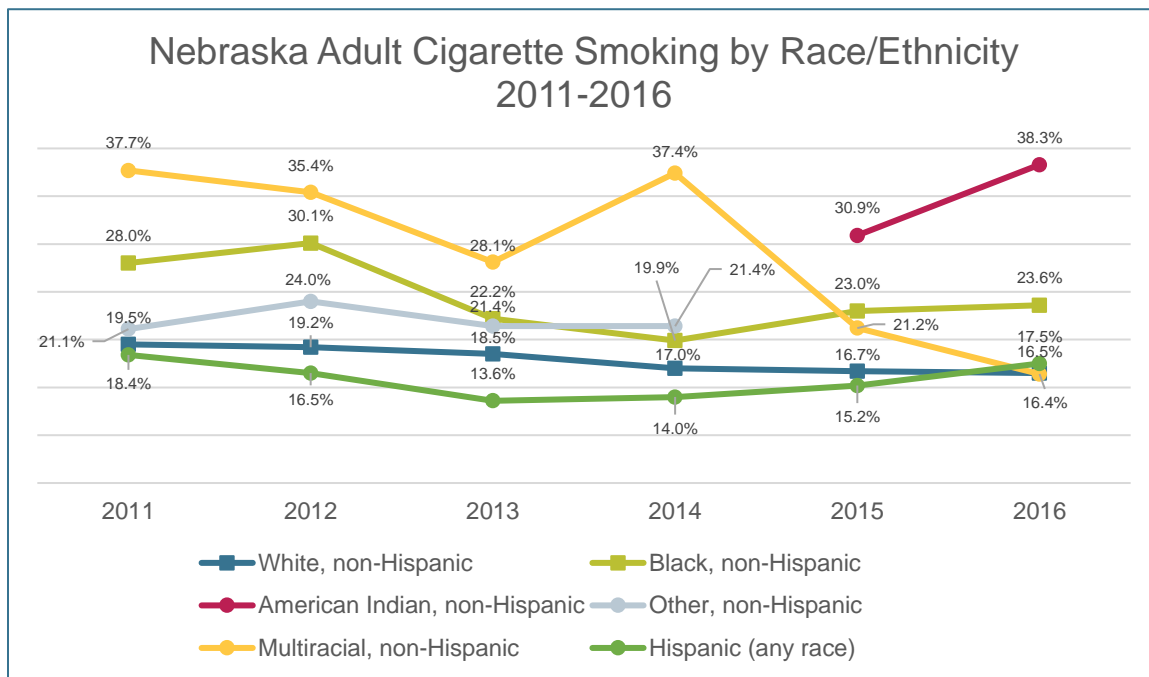


Source NE BRFSS

Adult Cigarette Smoking by Race and Ethnicity

The cigarette smoking rate varies by race and ethnicity. The cohort with the highest reported rate of tobacco use is the American Indian population. The white, non-Hispanic population has experienced slow gradual declines while African-American and Hispanic populations have been increasing. The multiracial, non-Hispanic category has seen a large decline after peaking in 2014.

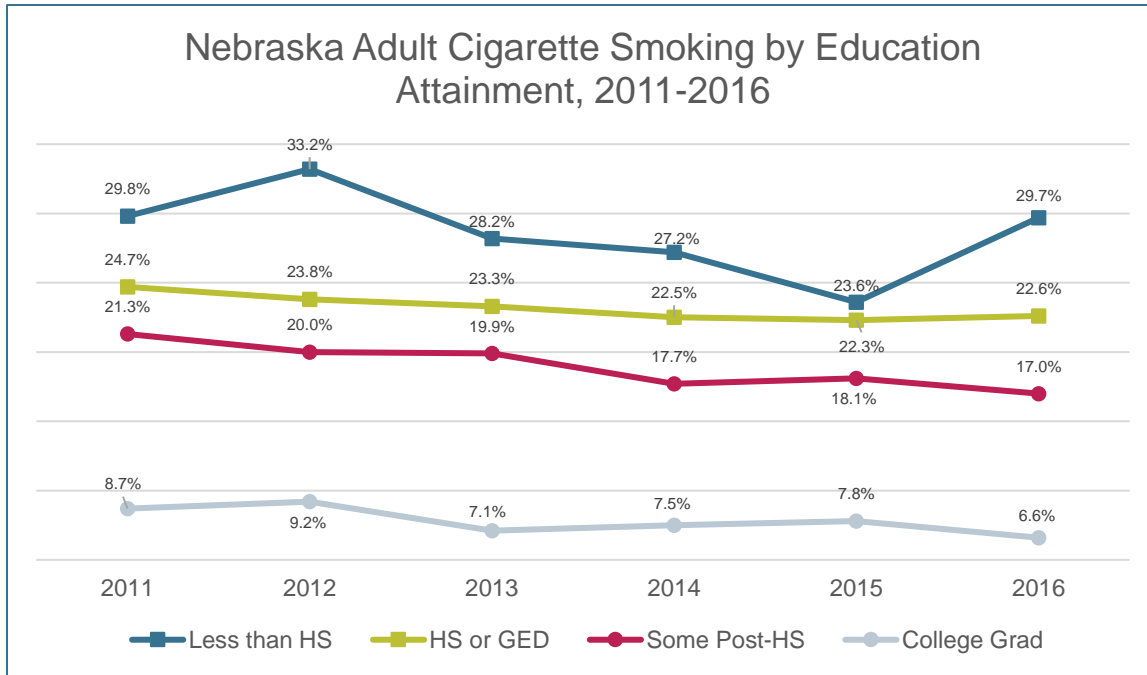
With the lower number of smoker's across the entire population, this data should be reviewed knowing that the number of smokers in any given cohort is limited and thus the estimate may have a high degree of measurement error. Use caution when reporting data broken out by race and ethnicity. For example, in the graph below the American Indian population had sufficient data to graph for only two time periods (2015 & 2016).



Source: NE BRFSS

Adult Cigarette Smoking by Education

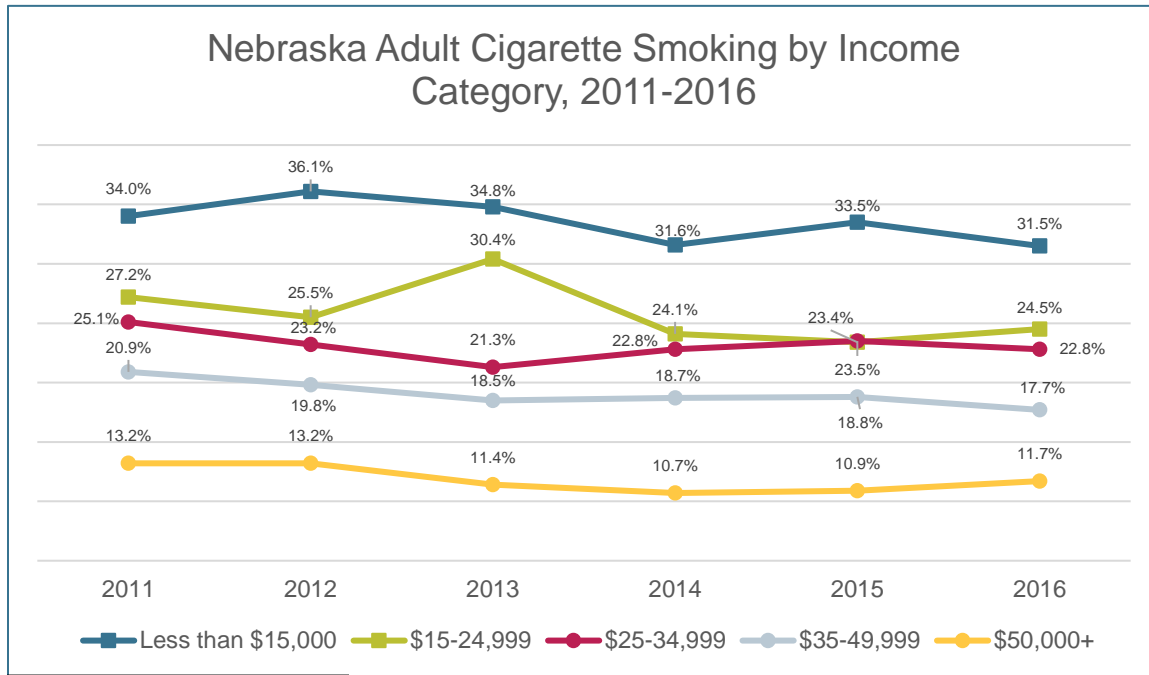
There is a strong negative correlation between the level of education attained and the smoking rate (the higher the education, the lower the smoking rate). Most of these categories have been stable over time, but the “less than high school” category did increase more than 6% from 2015 to 2016 after declining for several years. Nearly 30% of individuals with less than a high-school education smoke cigarettes.



Source: NE BRFSS

Adult Cigarette Smoking by Income

Educational attainment is a good proxy for income. For this reason the results follow a similar pattern, with a strong negative correlation between income and smoking prevalence (as income rises, smoking rates decrease).

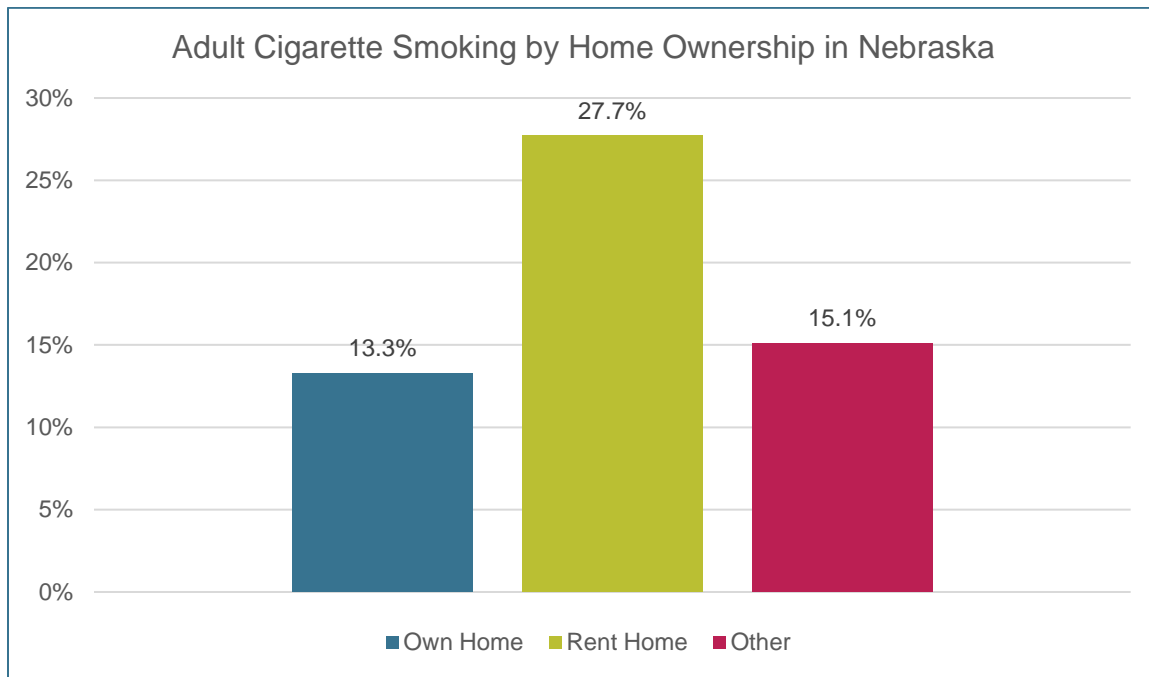


Source: NE BRFSS

Adult Cigarette Smoking by Home Ownership

Similar to findings from previous years, home ownership is strongly related to likelihood to use cigarettes. In fact, those who own a home are less than half as likely as renters to use cigarettes. This finding underscores the importance of maintaining efforts on elimination of smoking in multi-unit housing due to the popularity of multi-unit housing in the rental sector.

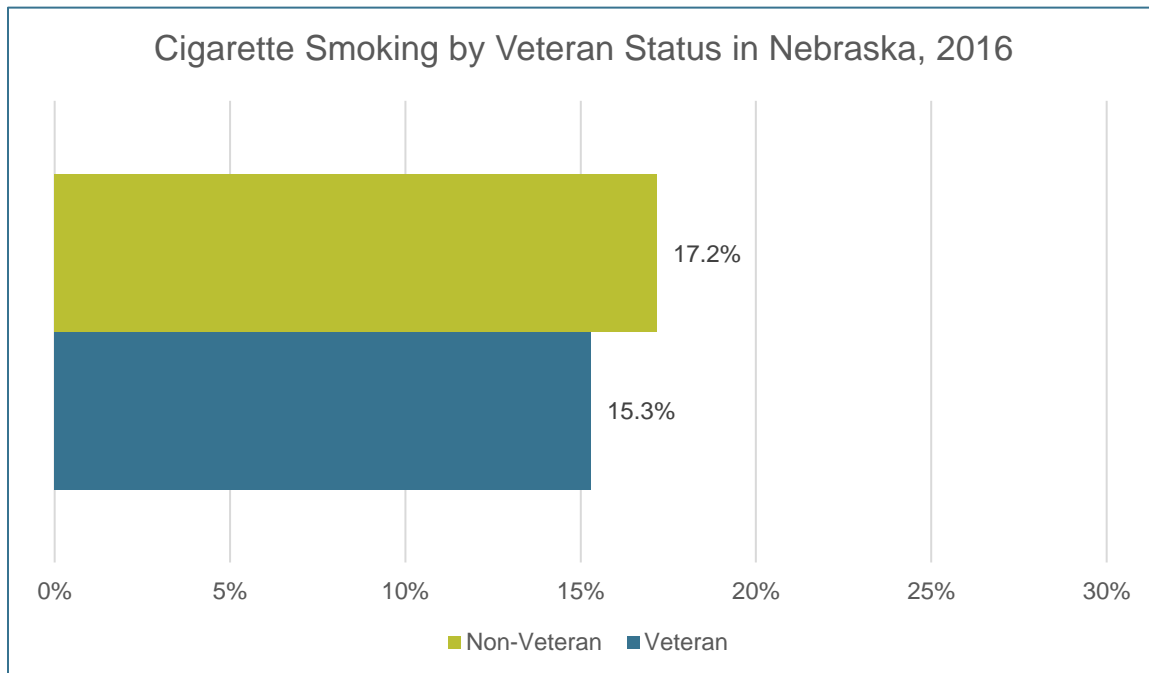
Respondents indicating “other” includes group homes, staying with friends or family, university housing and other settings where rent is not paid.



Source: 2016 NE BRFSS

Cigarette Smoking by Veteran Status

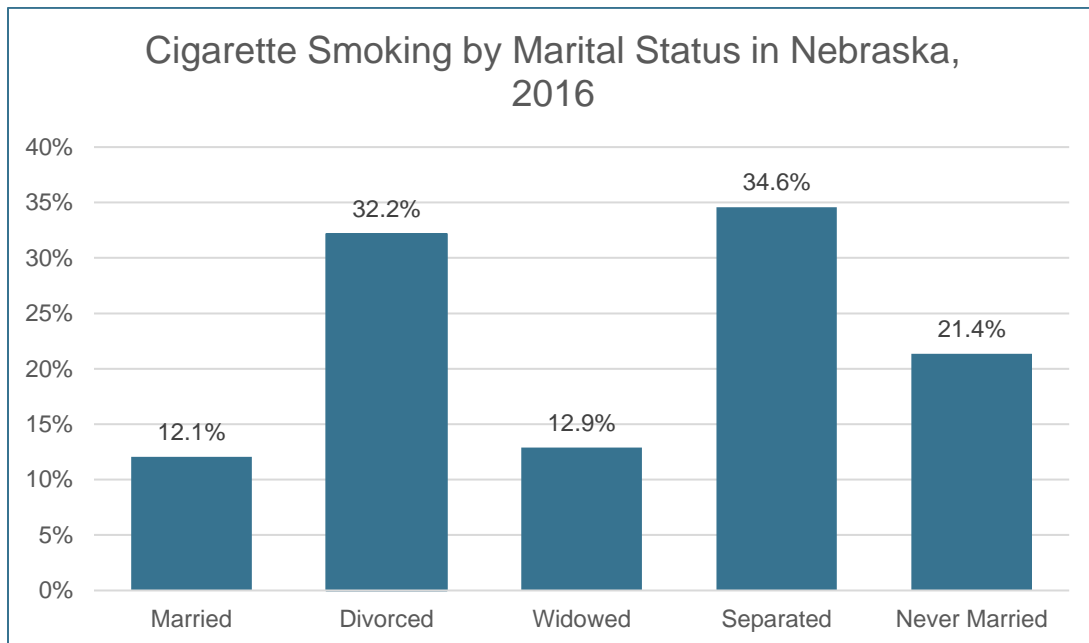
Historically, tobacco companies have identified military personnel as marketing targets and they had higher tobacco-use rates. In Nebraska, however, individuals identifying as a veteran have a slightly lower smoking rate than non-veterans in Nebraska.



Source: 2016 NE BRFSS

Cigarette Smoking by Marital Status

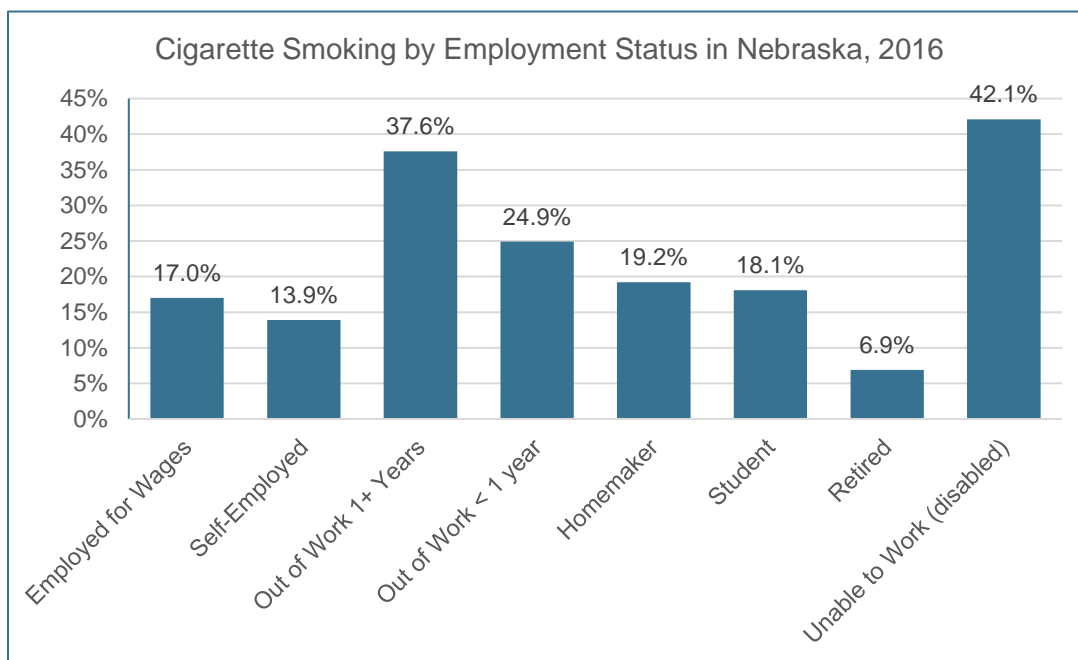
Unmarried individuals (for any reason) have a higher rate of smoking than others. Divorced or separated individuals have the highest smoking rate, with approximately 1/3 of the population smoking.



Source: 2016 NE BRFSS

Cigarette Smoking by Employment Status

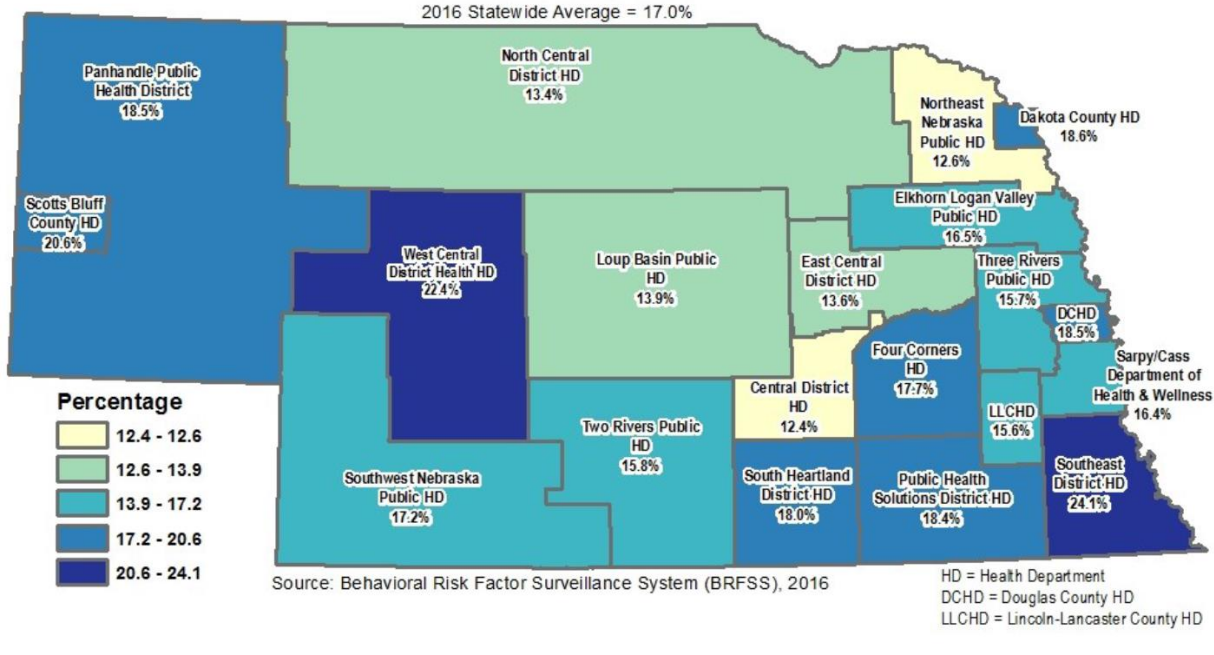
On average, individuals who are employed, self-employed, or retired have the lowest prevalence of cigarette use. Those who indicate they are unable to work (disabled) or have been long-term unemployed (over one year) have a much higher rate of cigarette use.



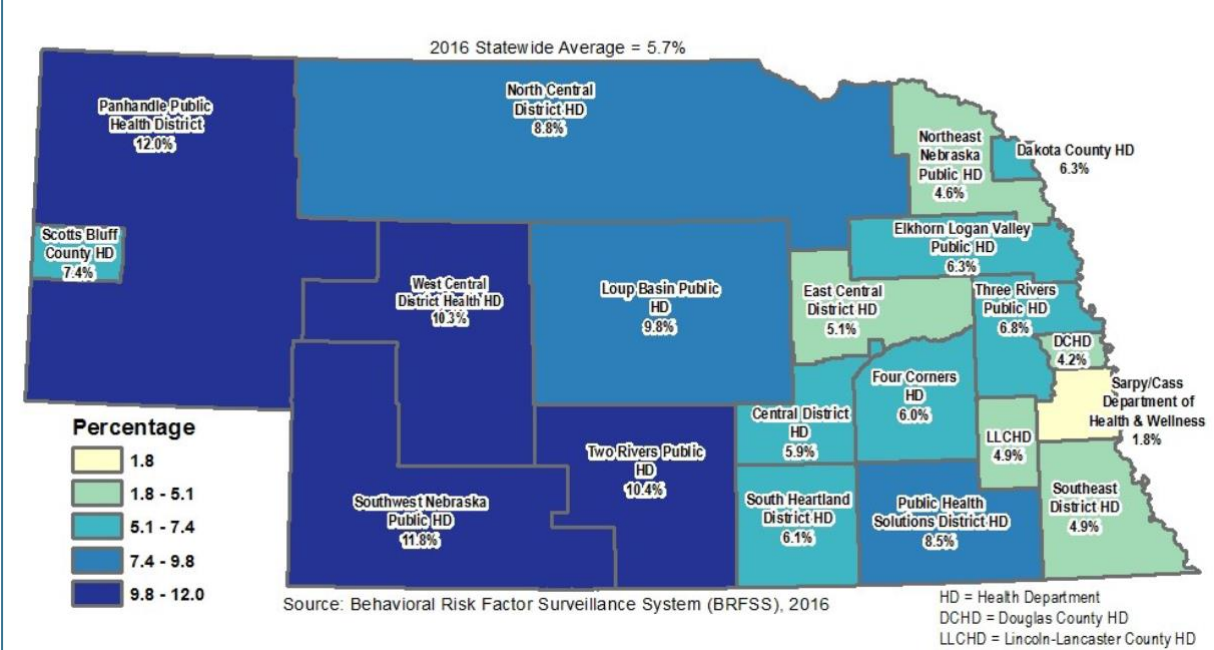
Source: 2016 NE BRFSS

Tobacco Use by Geographic Area

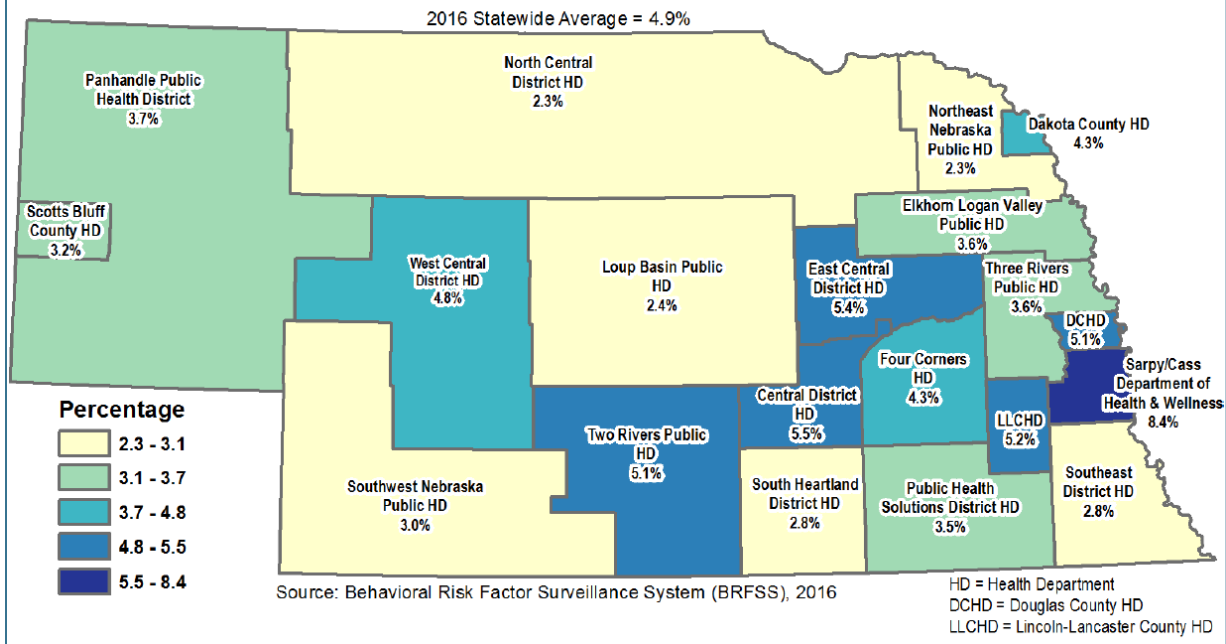
Cigarette Smoking Prevalence by Health District - 2016



Smokeless Tobacco Use Prevalence by Health District - 2016



E-Cigarette Use Prevalence by Health District - 2016

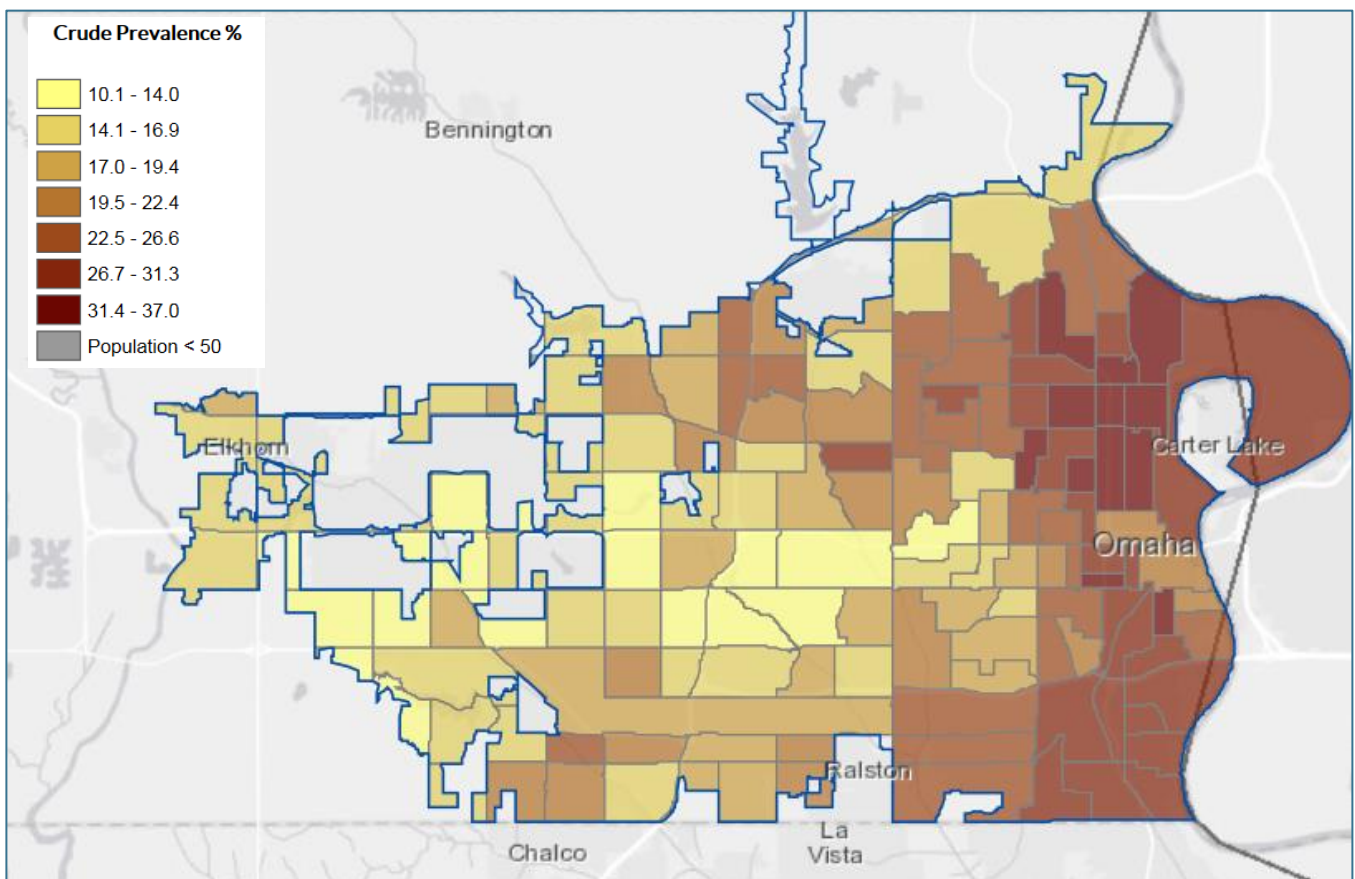


Smoking Prevalence: 500 Cities Project

The Robert Wood Johnson Foundation and the CDC Foundation partnered to conduct the 500 Cities Project. This project is designed to provide city and census-tract level data using a statistical technique called small-area estimation. A total of 27 chronic disease measures for the 500 largest cities in the United States are available. More information about the 500 Cities Project can be found here (<https://www.cdc.gov/500cities/about.htm>). Both Omaha and Lincoln are included in the 500 Cities Project.

Current Adult Smoking Rates by Census Tract - Omaha

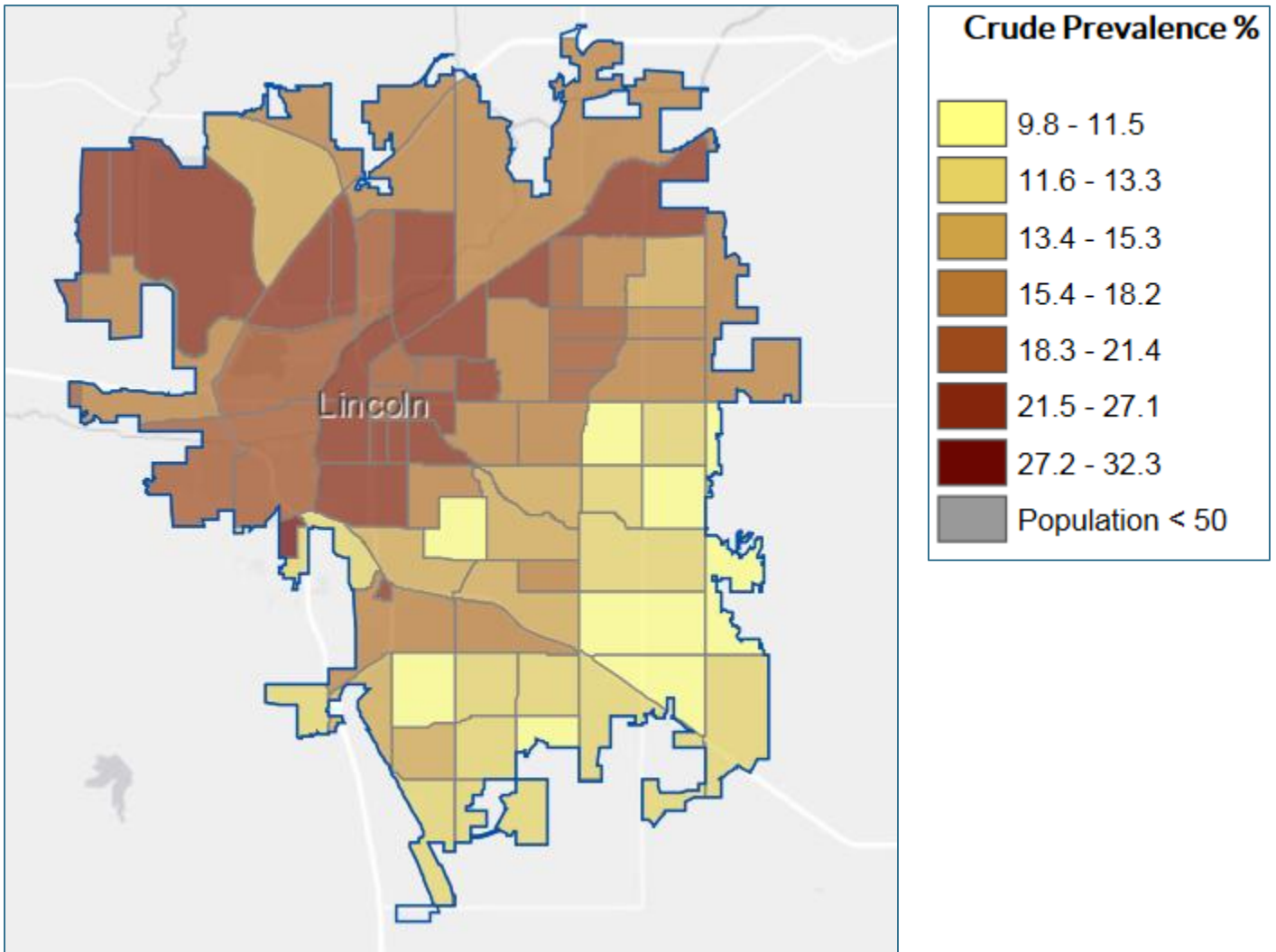
Smoking follows a pattern with higher smoking rate in the eastern areas of the city and lower use as you move west. This greater level of detail will help areas most in need of tobacco prevention and cessation interventions.



Source: CDC – 500 Cities Project - www.cdc.gov/500cities/

Current Adult Smoking Rate by Census Tract - Lincoln

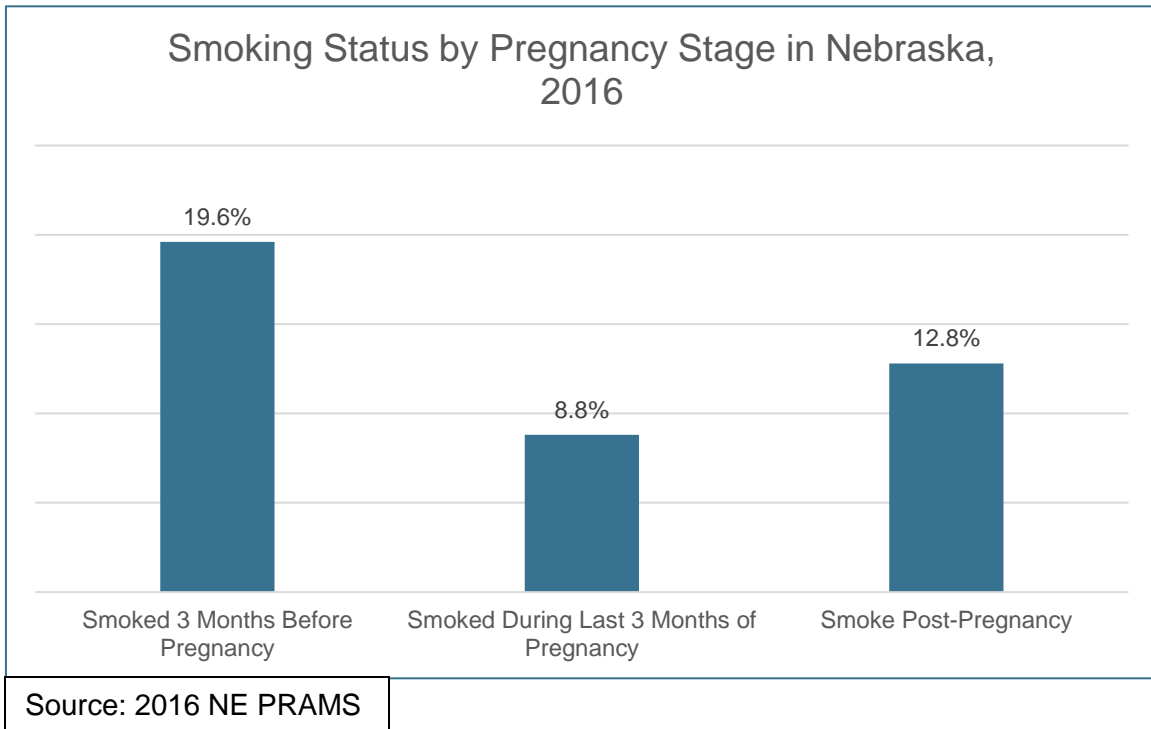
Smoking by residents of Lincoln shows a distinct pattern the western part of the city and downtown having the highest rate of cigarette use. Residents in the southeast parts of town have the lowest rates smoking rates.



Source: – 500 Cities Project - www.cdc.gov/500cities/

Cigarette Smoking During Pregnancy

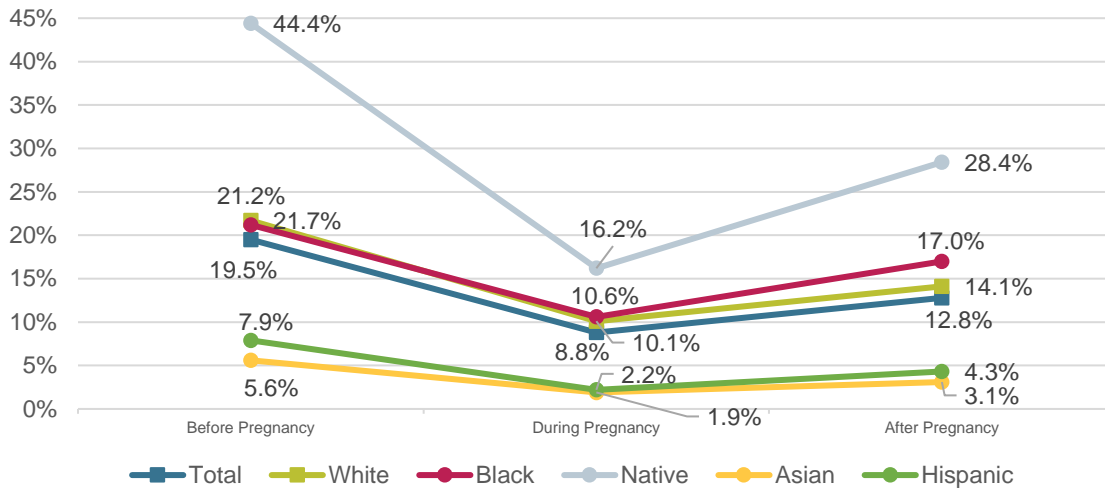
The health consequences of tobacco use during pregnancy are well-known. In particular, women who smoke during pregnancy are at risk for preterm births, low birth-weight newborns, increased odds of sudden infant death syndrome (SIDS), and having weaker lungs at birth.¹³



According to the Nebraska Pregnancy Risk Assessment Monitoring System (PRAMS), nearly 20% of women who had pregnancies in Nebraska smoked prior to their pregnancy. More than half of these women reported that they did not smoke during their pregnancy, however, nearly 9% of women reported smoking during their pregnancy. After pregnancy, almost 13% reported smoking. These 13% may be exposing their newborn or other members of the family to secondhand smoke.

¹³ Centers for Disease Control, Smoking and Tobacco Use During Pregnancy, www.cdc.gov/tobacco/basic_information/health_effects/pregnancy/index.htm

Nebraska Cigarette Smoking Rate Before, During, and After Pregnancy by Race/Ethnicity, 2016



Source: 2016 NE PRAMS

All race and ethnicity categories follow the same general pattern. There are higher smoking rates prior to pregnancy. The smoking rates drop during pregnancy (to almost zero for Hispanic and Asian populations) and then some women begin smoking again after pregnancy. The Hispanic and Asian population have a lower than average smoking rate but the Native American population have a smoking rate much higher than average.

SMOKING-RELATED FIRES

Not only do smoking materials cause many health issues, combustible tobacco products are a common cause of accidental fires. These fires result in the loss of life and property as well as increased burden on public safety systems.

Smoke-free policies in homes and multi-unit housing can reduce the risk of smoking-related fires and prevent deaths, injuries, and subsequent damages. Many fires are of unknown origin and some of these fires are related to smoking materials. Therefore, the information in the table below **underestimates** the smoking-related fires.

**Smoking-Related Fires, Deaths, Injuries and Economic Losses
in Nebraska, 2012-2015**

	2013	2014	2015	Total
Smoking-Related Fires	167	198	156	521
Civilian/Firefighter Deaths	2/0	3/0	5/0	10/0
Civilian/Firefighter Injuries	2/3	12/5	6/7	20/15
Total Loss	\$ 2.55M	\$ 2.74M	\$ 2.64M	\$ 7.9M
The Data About Multi-unit Housing (below) is a Subset of the Overall Information Above				
Smoking-Related Multi-family Dwelling Fires	29	50	25	104
Civilian/Firefighter Deaths	0/0	0/0	1/0	1/0
Civilian/Firefighter Injuries	0/2	1/3	2/1	3/6
Total Loss	\$1.28M	\$ 0.59M	\$1.13M	\$ 3M

Source: Nebraska State Fire Marshal's Office/National Fire Incident Reporting System (NFIRS)

Source: Tobacco Free Nebraska, "Going Smokefree In Your Home,"

<http://dhhs.ne.gov/publichealth/TFN%20Docs/Going%20Smoke%20Free%20in%20Your%20Home%20One-Sheet.pdf>, accessed on 5/29/2018.

Nicotine Poisoning in Nebraska

Nicotine is not only very addictive but poisonous as well. The amount of nicotine in one cigarette butt is enough to poison a child.¹⁴ Nicotine can be found in many tobacco products including: cigarettes, cigars, chewing tobacco, pipe tobacco, nicotine gum, nicotine patches, and liquid nicotine used for electronic cigarettes. When an individual is exposed to nicotine, their symptoms are directly related to the dose of nicotine they received. Mild nicotine poisoning causes nausea, vomiting, dizziness, tremors, sweating and high blood pressure. Severe poisoning can be life-threatening and lead to seizures or even death.¹⁵

From January 2011 to September 30, 2017, a total of 560 emergency calls related to tobacco/nicotine poisoning were received in Nebraska Regional Poisoning Center, with a significant increase in the number of nicotine liquid poisoning cases in 2014 and 2015. Most of the tobacco-related emergencies (82%) were involving young children less than age 6.

Number of Nicotine-Related Calls to Nebraska Regional Poison Center

	2011	2012	2013	2014	2015	2016	2017 (through 9/30/17)	Total
Cigarettes	51	45	43	43	49	51	34	316
Smokeless Tobacco	6	9	6	17	11	12	10	71
Other (Including Unknown)	3	4	10	5	1	6	5	34
Electronic Cigarette or Nicotine Liquid	4	2	11	36	37	32	17	139
Total	64	60	70	101	98	101	66	560

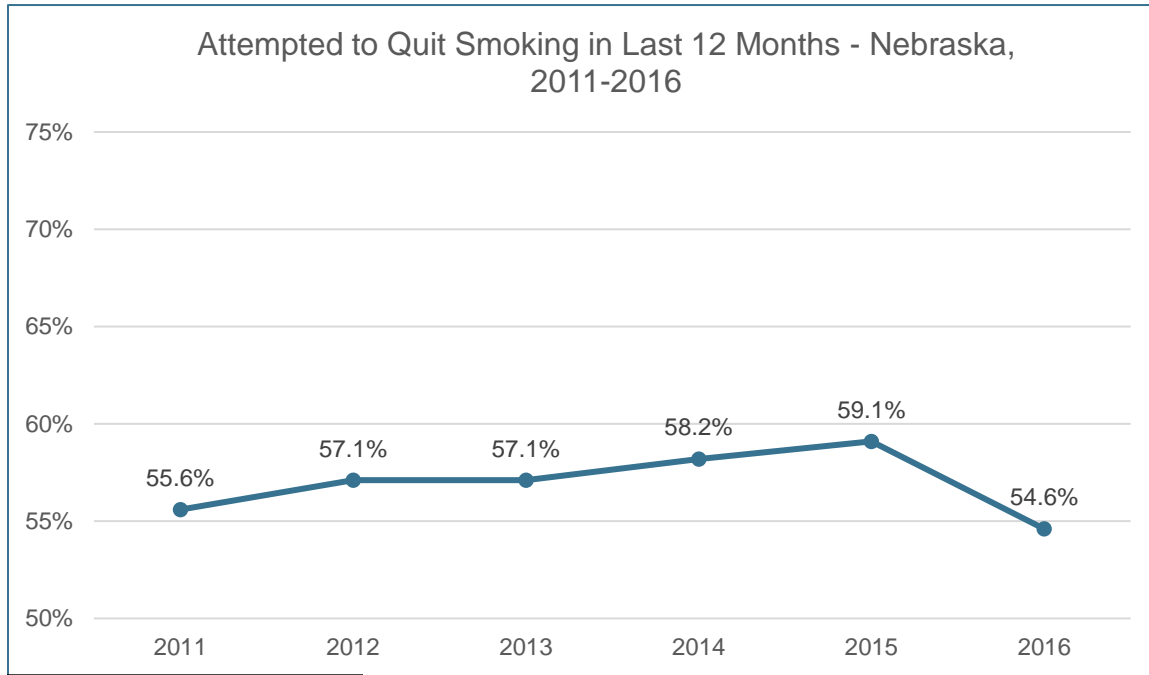
Source: Nebraska Regional Poison Control

¹⁴ WebMD, Nicotine Poisoning, www.webmd.com/smoking-cessation/nicotine-poisoning-can-you-overdose#1

¹⁵ WebMD, Nicotine Poisoning, www.webmd.com/smoking-cessation/nicotine-poisoning-can-you-overdose#1

TOBACCO CESSATION IN NEBRASKA

Nicotine is a highly addictive substance found in most tobacco products. Most smokers are nicotine-dependent thus making tobacco cessation difficult. People who quit using tobacco greatly reduce their risk of disease and premature death. Quitting tobacco is difficult and often requires multiple attempts.

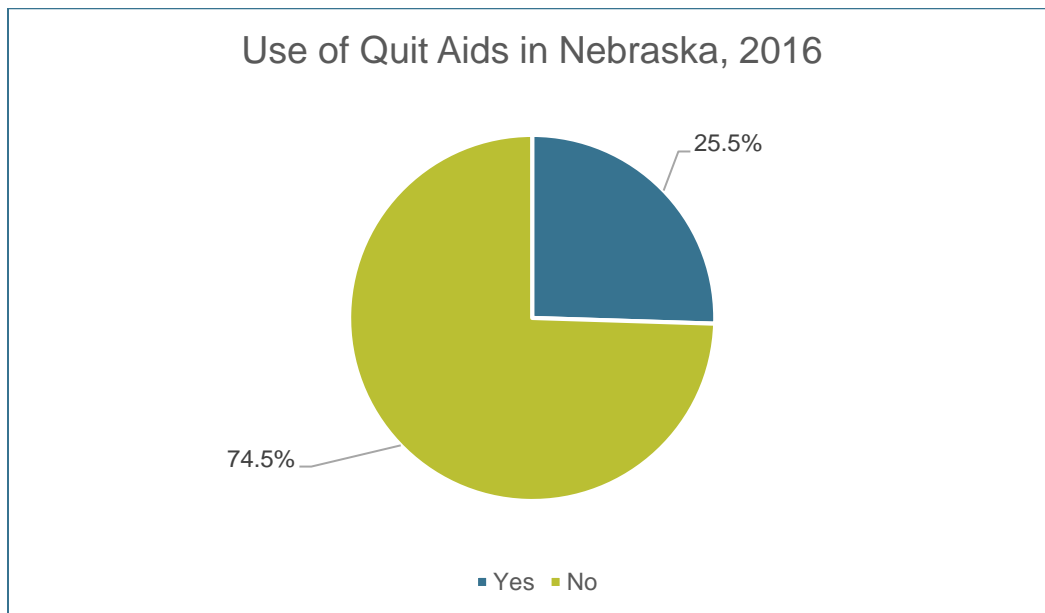


Source: NE BRFSS

Over half of adult cigarette smokers in Nebraska have stopped smoking for one day or longer during the past 12 months in an attempt to stop tobacco use. After steadily increasing for five years, the percentage who have attempted to quit has decreased this past year. The reason for this decrease is not evident. Continual monitoring of this rate is warranted.

Use of Quit Aids

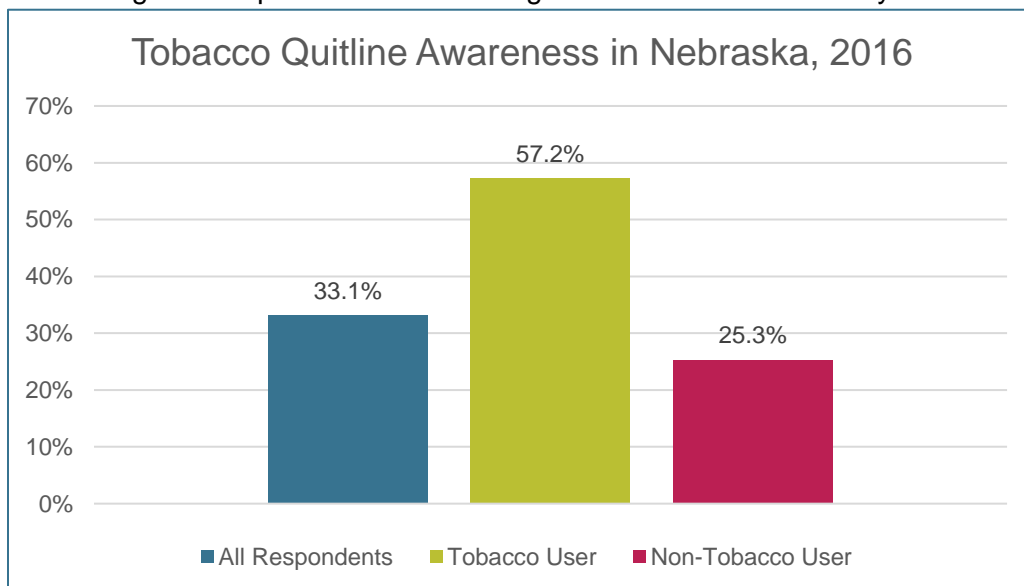
There are a variety of FDA-approved products to help tobacco users break their addiction to nicotine. These include products that replace nicotine (nicotine replacement therapy or NRT) and products to assist with the management of the addictive nature of tobacco use. Despite the availability of nicotine replacement products and pharmaceutical intervention, nearly 75% of individuals attempted to stop smoking without assistance.



Source: 2016 NE ATS

Awareness of the Nebraska Tobacco Quitline 2016

Nearly 60% of tobacco users in the state are aware of the Nebraska Tobacco Quitline, a telephone counseling service provided free of charge to Nebraska residents by Tobacco Free Nebraska.

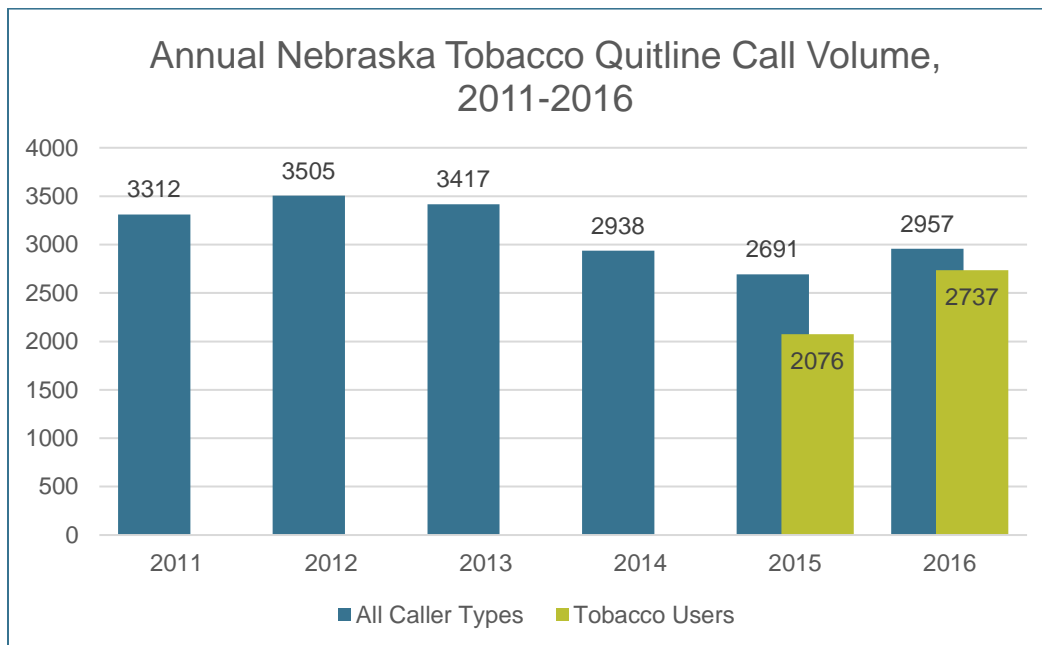


Source: 2016 NE ATS

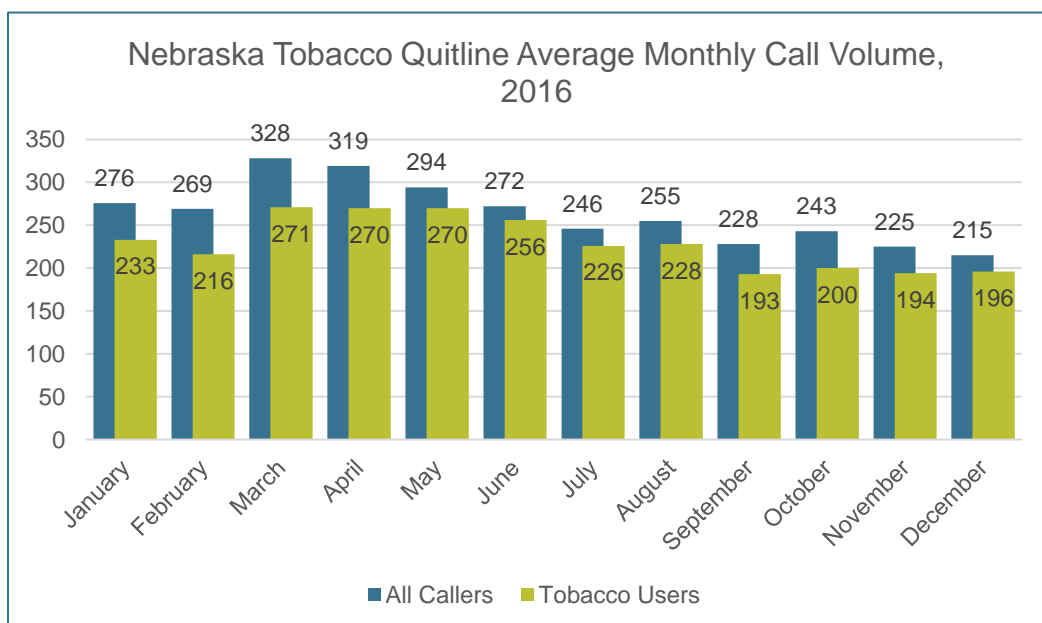
Volume of Calls to the Nebraska Tobacco Quitline

The Nebraska Tobacco Quitline has provided assistance with cessation to Nebraska residents free-of-charge since July 2006. Telephone counseling is a proven evidence-based method to reduce tobacco use. Beginning in 2015, the type of caller was collected (tobacco-user vs. non-tobacco user). In general, this differentiates between the individual who would receive direct cessation counseling (the tobacco user) vs. other types of callers such as those calling for a family member or friend or requesting other information.

On average, call volume is higher and more variable in the first half of the year and is reduced with much less variability in the later months of the year. This is likely due to the common New Year's resolution to stop smoking or using tobacco.



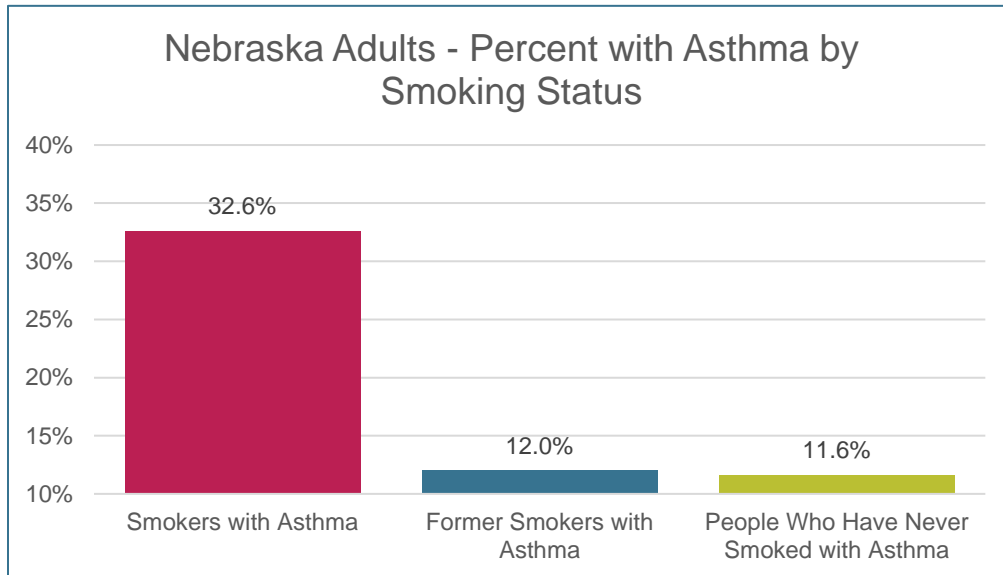
**Tobacco user specific data not collected prior to 2015*



HEALTH IMPACTS OF SMOKING ON NEBRASKA RESIDENTS

Asthma

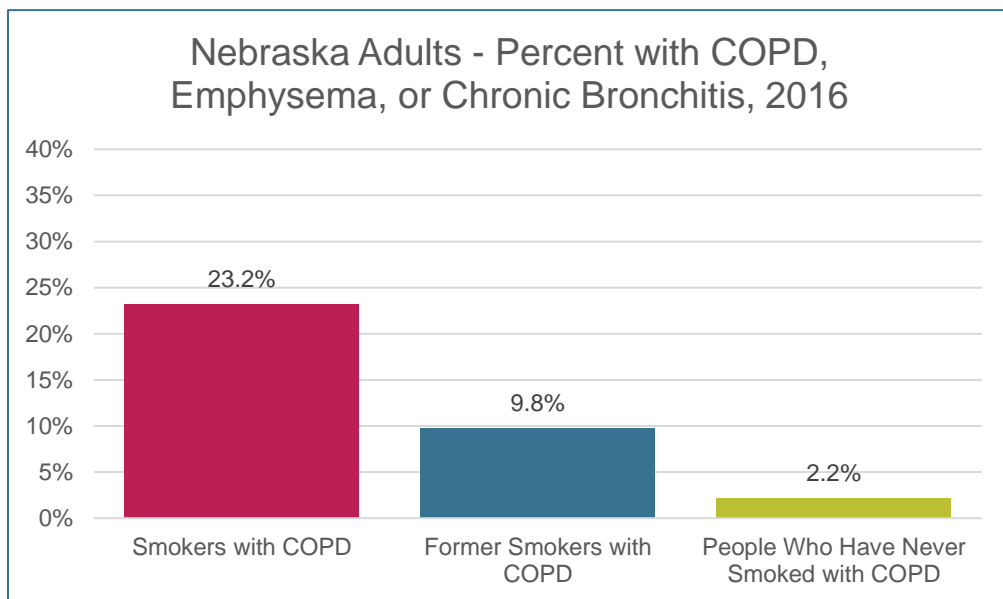
Tobacco smoke is a common asthma trigger. Tobacco smoke – including secondhand smoke – is unhealthy for all people, especially those with asthma.



Source: 2016 NE BRFSS

COPD, Emphysema or Chronic Bronchitis

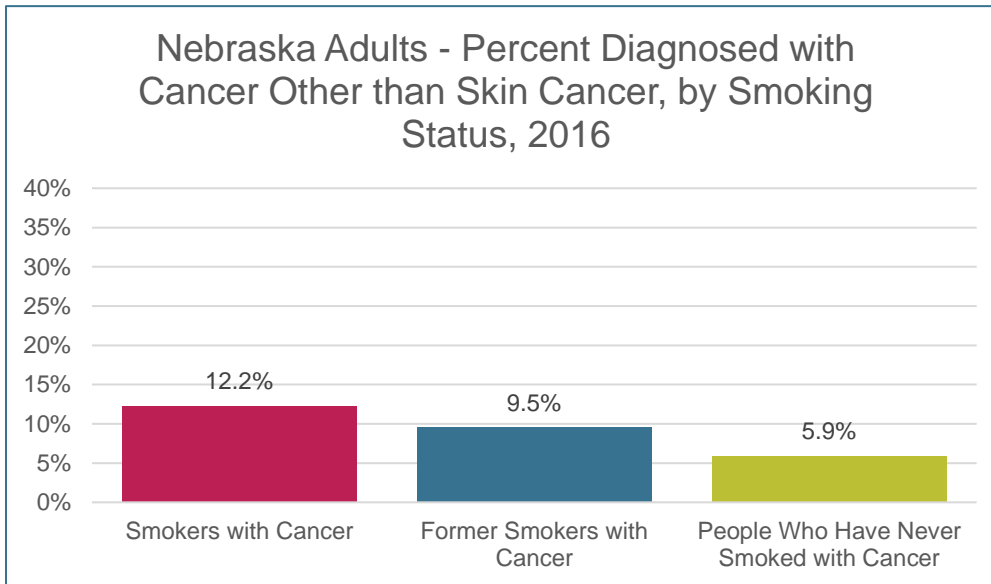
Chronic Obstructive Pulmonary Disease (COPD) is currently the fourth leading cause of mortality in the United States and is typically not diagnosed until an advanced stage. The relationship between smoking and these diseases of the respiratory system is evident when looking at the prevalence by smoking status displayed in this graph.



Source: 2016 NE BRFSS

Cancer

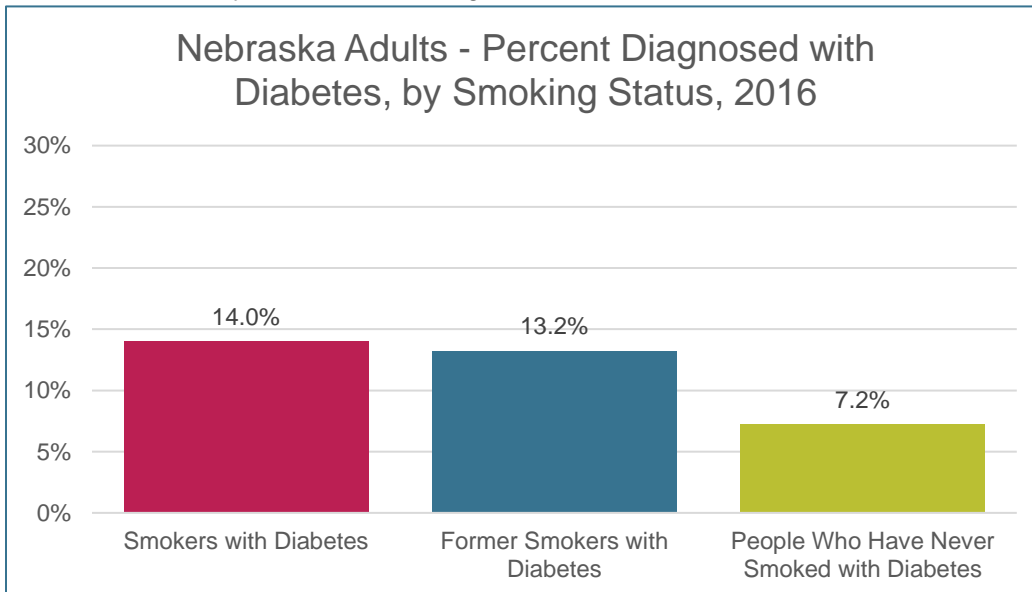
Carcinogens in tobacco smoke bond to cells in the body. This damage leads to cell mutations, such as cancer. Smoking increases the risk of dying from cancer and other diseases in cancer patients and survivors¹⁶.



Source: 2016 NE BRFSS

Diabetes

The Surgeon General has found that smoking complicates the treatment of diabetes and that smokers with diabetes are at a higher risk for kidney disease, blindness, and circulatory problems. Diabetes has also been causally linked to smoking¹⁷.



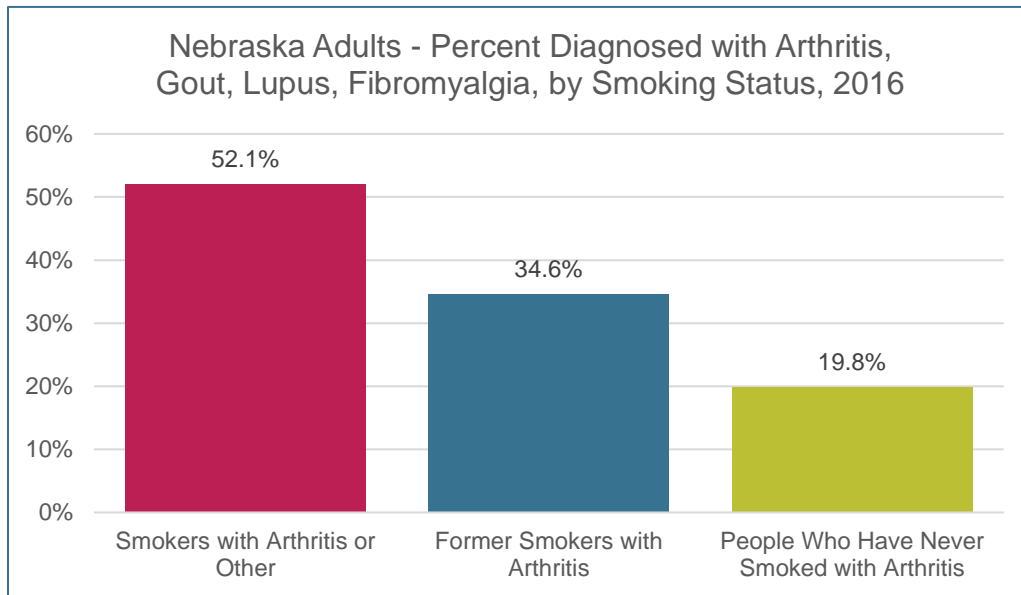
Source: 2016 NE BRFSS

¹⁶ The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General, 2014.

¹⁷ The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General, 2014.

Arthritis, Rheumatoid Arthritis, Gout, Lupus, or Fibromyalgia

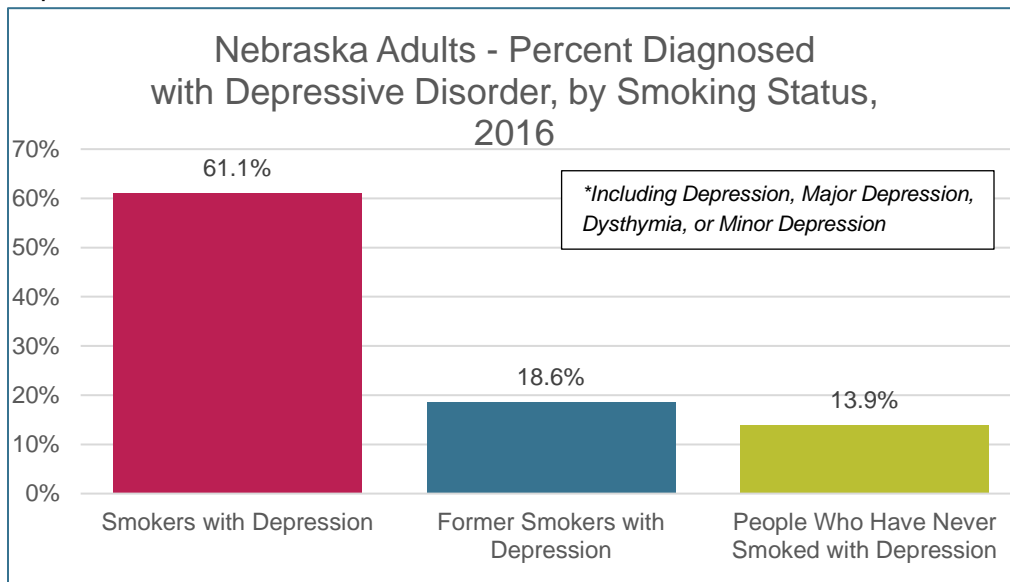
It is believed that cigarette smoke alters immune system homeostasis.¹⁸ These conditions are believed to be autoimmune conditions. There is evidence of a causal relationship between cigarette smoke and these medical conditions.



Source: 2016 NE BRFSS

Depressive Disorder

The relationship between tobacco use and depression and other behavioral health conditions is well known. In the chart below, there is a clear relationship between smoking and the diagnosis of depression.



Source: 2016 NE BRFSS

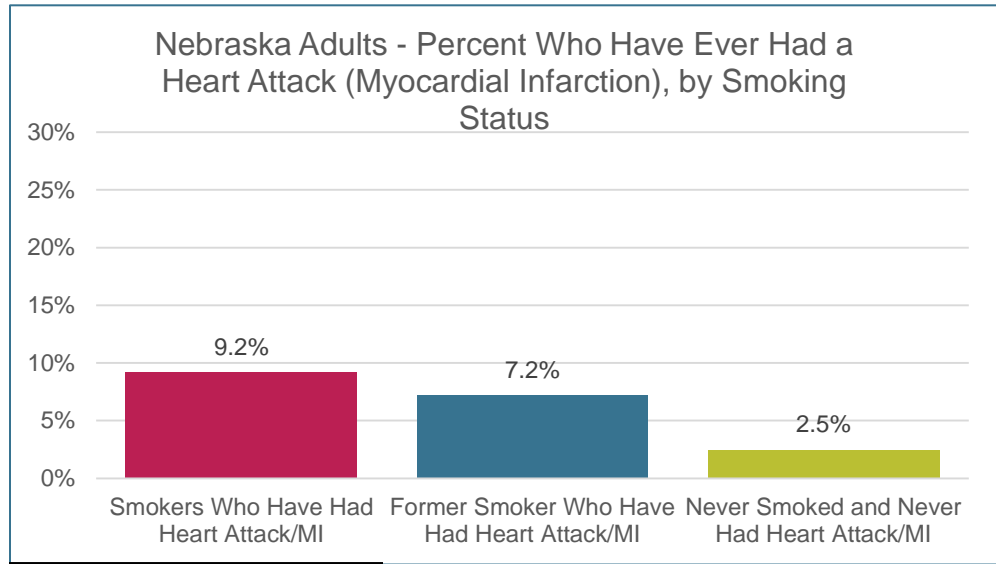
¹⁸ The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General, 2014.

Cardiovascular Disease

Cigarette use causes cardiovascular disease and other heart problems. Cardiovascular disease includes all diseases of the heart and blood vessels. Cardiovascular disease include conditions such as coronary artery disease (narrowing of the arteries), heart attack (myocardial infarction), abnormal heart rhythms, heart failure, heart valve disease, congenital heart disease, heart muscle disease (cardiomyopathy), pericardial disease, aorta disease, and vascular disease.

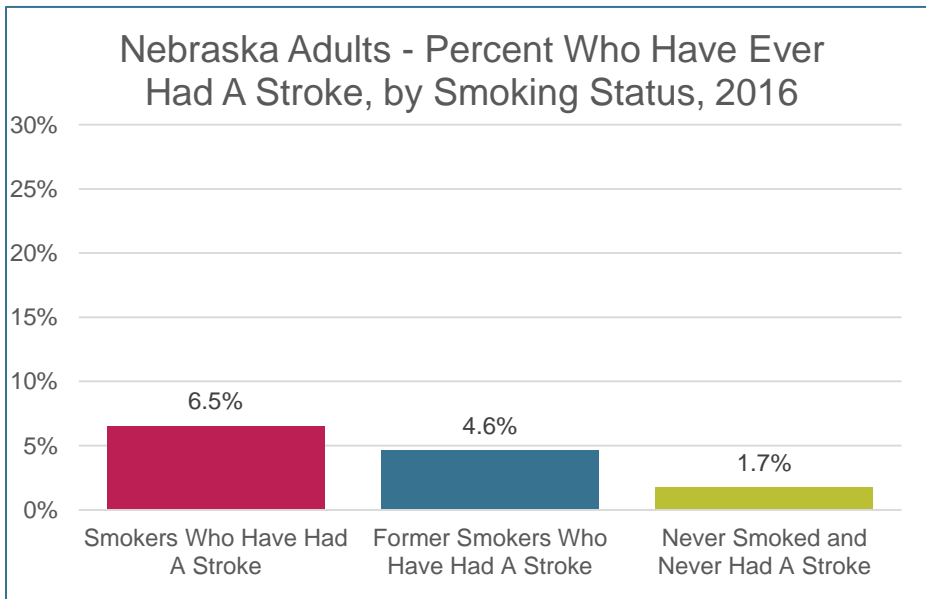
Heart Attack (Myocardial Infarction)

Respondents are asked if they have ever had a heart attack. As can be seen in the graph, individuals who report that they “never smoked” are more than half as likely to have a heart attack as compared to current and former smokers.



Source: 2016 NE BRFSS

Stroke

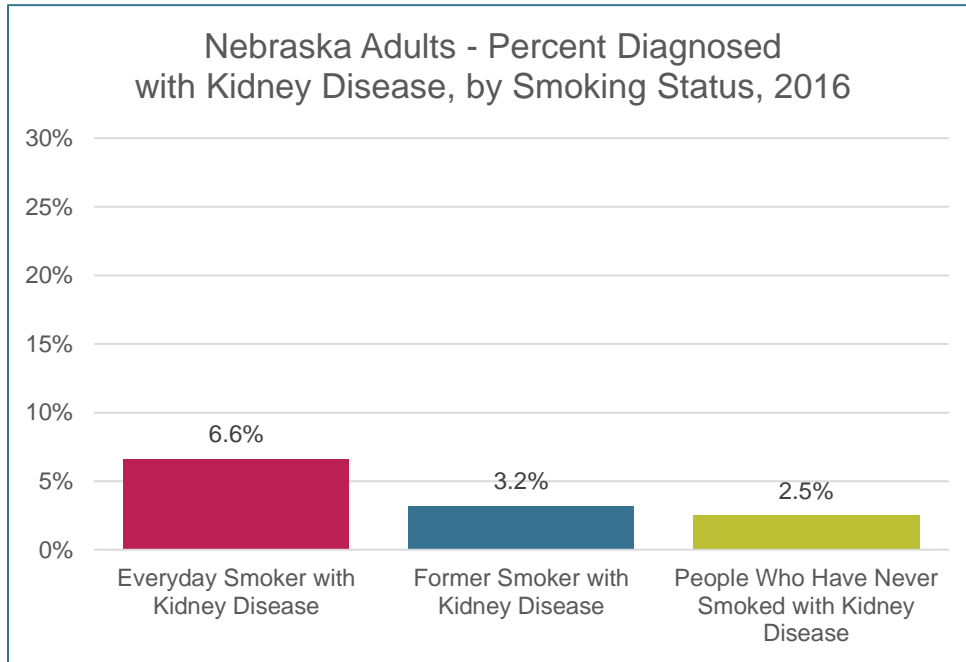


Source: 2016 NE BRFSS

Similar to the heart attack data, individuals who report that they “never smoked” are much less likely than current or former smokers to report having had a stroke.

Kidney Disease

The rate of kidney disease is low in the population in general, and this result is seen in the data below. If a larger population was studied, it is likely the patterns that smoking is positively correlated with a current or previous history of smoking.

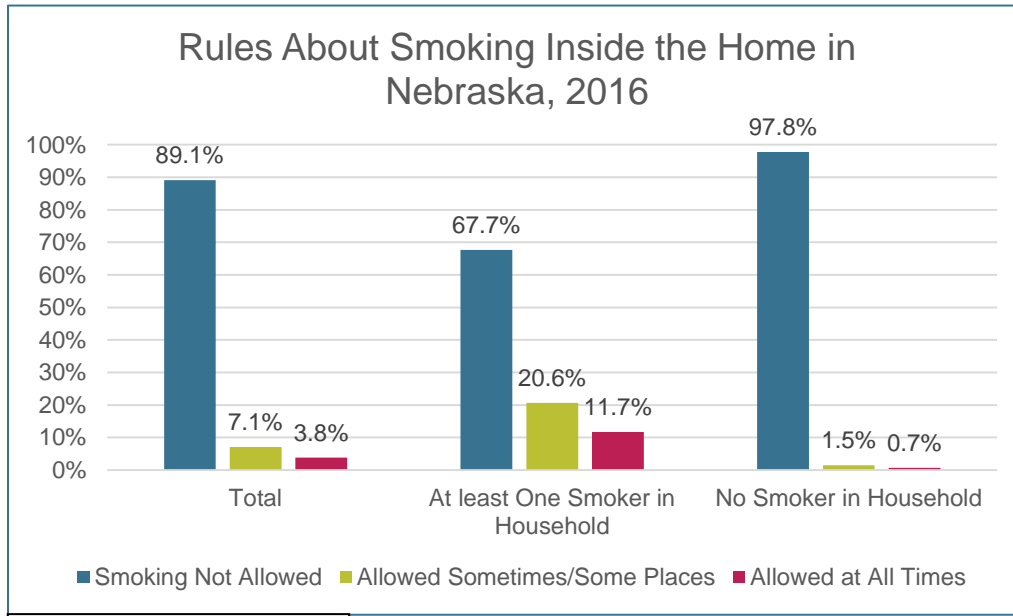


Source: 2016 NE BRFSS

SECONDHAND SMOKE AND SMOKE/TOBACCO FREE POLICIES IN NEBRASKA

Protection from Secondhand Smoke in Homes

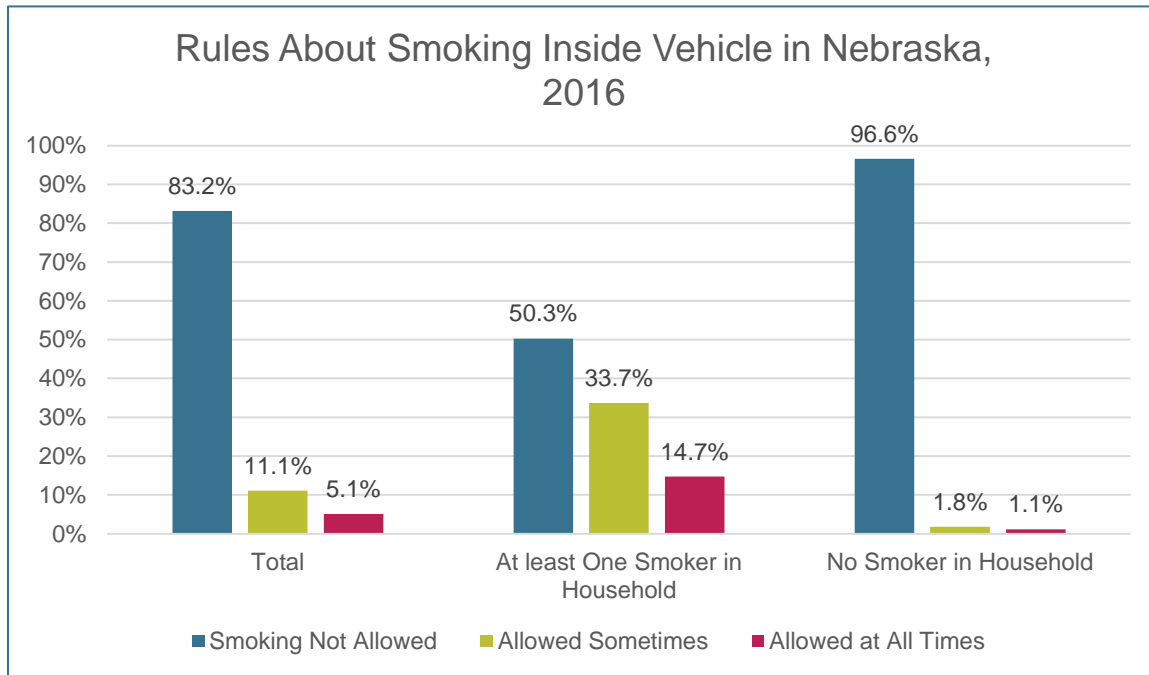
Virtually all (98%) of homes without an occupant that smokes maintain a smoke-free home. Households with at least one smoker are less likely to be smoke-free.



Source: 2016 NE ATS

Protection from Secondhand Smoke in Vehicles

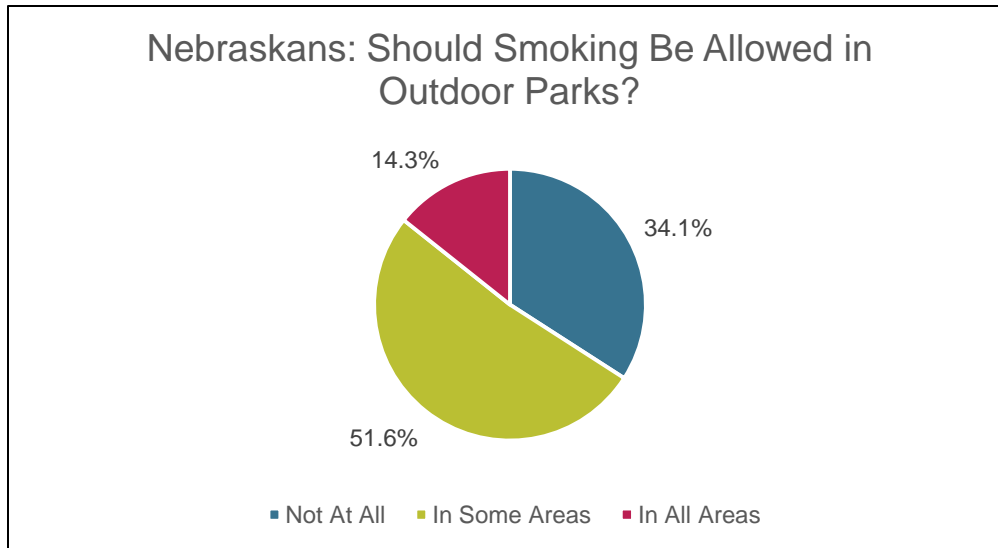
The 2015 ATS found that, on average, 82% of vehicles were reported to be smoke-free. This has increased to just over 83% for 2016. For households without a smoker nearly all (97%) vehicles were smoke-free. Smoking in the family vehicle is still pretty common in households with a smoker (50%).



Source: 2016 NE ATS

Support for Smoke-Free Parks

Opinions about smoke free parks are nearly unchanged from the previous year. A significant majority of Nebraskans (85%) support some restrictions and a full 1/3 of those surveyed believe parks should be completely smoke free.



Source: 2016 NE ATS

Support for Smoke-Free Outdoor Sporting Events

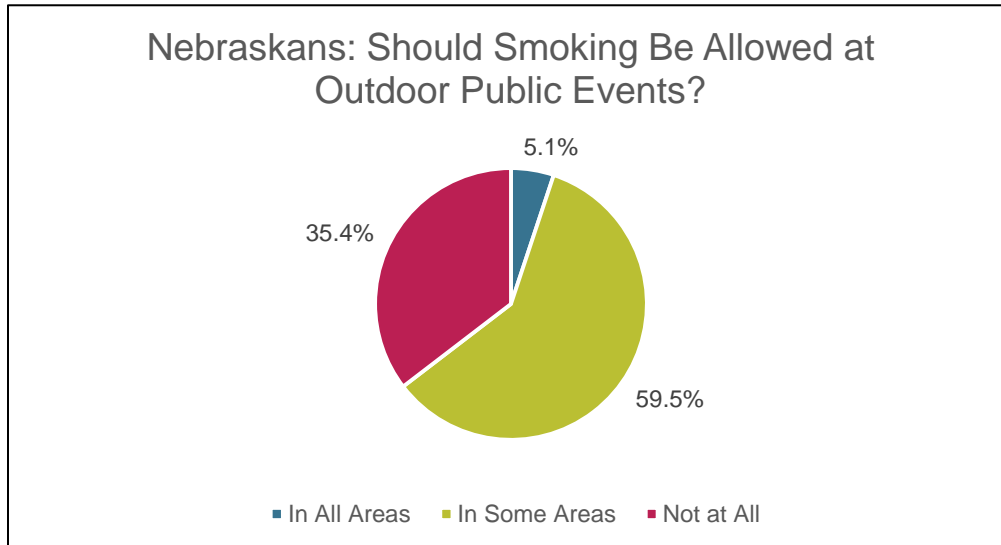
Over 97% of Nebraskans support some type of smoking restriction at outdoor sporting events. Over half of the respondents feel that smoking should not occur at outdoor sporting events.



Source: 2016 NE ATS

Support for Smoke-Free Outdoor Public Events

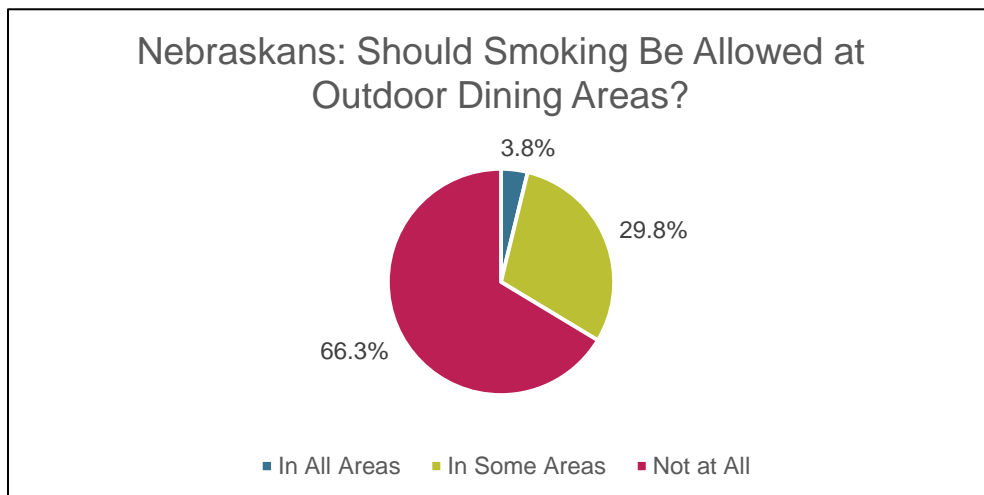
Almost 95% of respondents feel that outdoor public events such as state & county fairs, outdoor concerts, and farmer's markets should have some smoking restrictions with over 1/3 believing that smoking should be prohibited completely.



Source: 2016 NE ATS

Support for Smoke-Free Outdoor Dining Areas

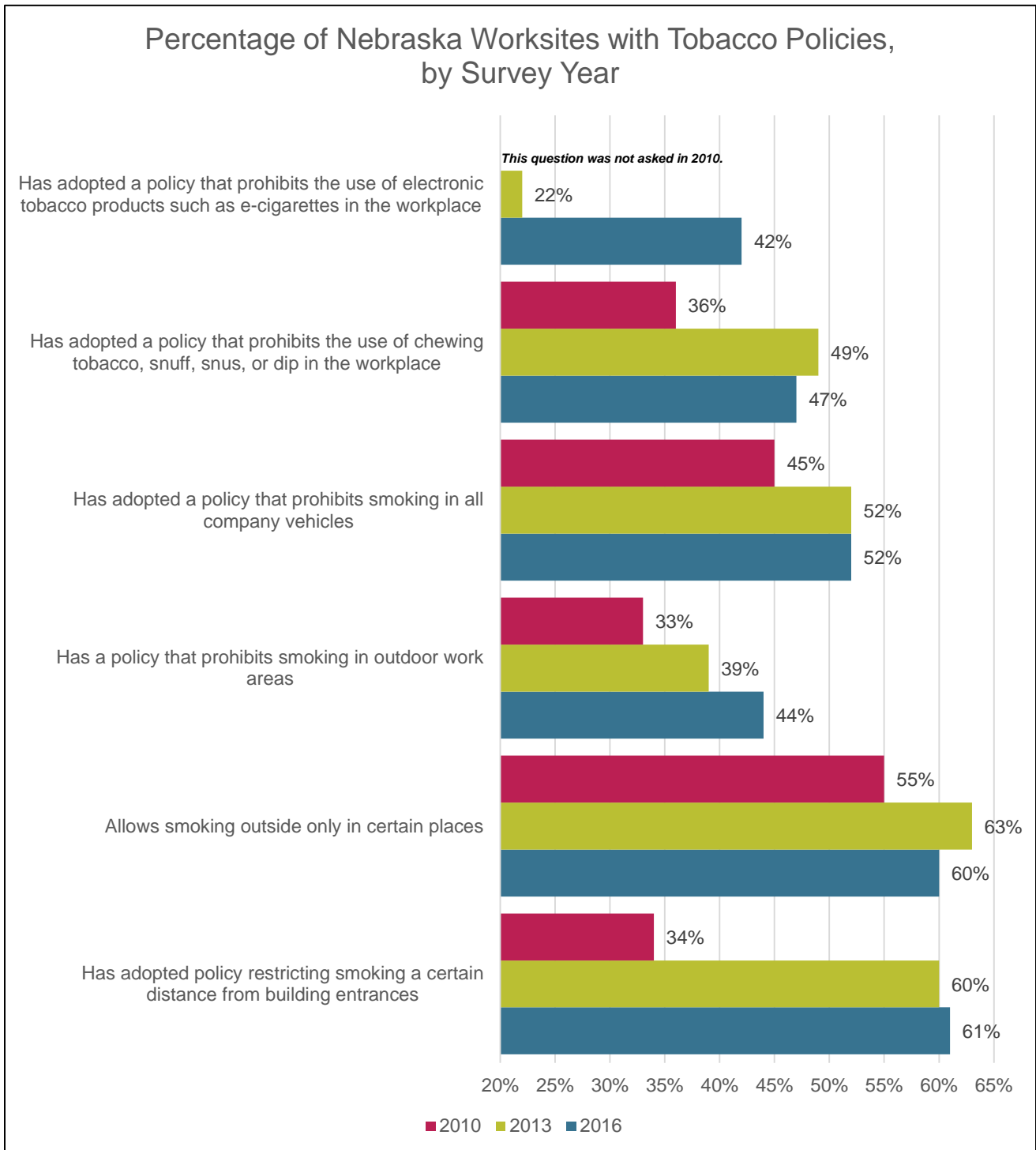
The majority of Nebraskans (66.3%) feel that outdoor dining should be smoke free.



Source: 2016 NE ATS

PROTECTION FROM SECONDHAND SMOKE AT WORK

Since the Nebraska Clean Indoor Air Act was implemented on June 1, 2009, smoking has been prohibited in the vast majority of indoor workplaces in Nebraska. Many employers have also implemented outdoor workplace smoking restrictions in addition to the indoor restrictions already in place and have also added policies and guidelines for their employees that support the reduction of tobacco use including smoke-free outdoor work policies.



Source: NE Worksite Wellness Survey

SUMMARY OF DATA SOURCES INCLUDED IN THIS REPORT

Behavioral Risk Factor Surveillance System (BRFSS): The BRFSS is a telephone survey that uses CDC-developed questions to monitor health behaviors across the nation. The core BRFSS survey is conducted in every state. Each state can choose to conduct additional, supplemental BRFSS questionnaires that measure specific health behaviors. In 2011, the BRFSS implemented cell phone sampling and a new weighting methodology.

Nebraska Adult Tobacco Survey (ATS): The Nebraska Adult Tobacco Survey is a population based on-going telephone survey. The Nebraska ATS is a CDC and state-developed random-digit-dialing (RDD) telephone survey. The survey provides tobacco-related information on Nebraska's adult population not captured through the BRFSS. In 2015, the ATS implemented cell phone sampling and a new weighting methodology.

Nebraska Annual Synar Report – The Nebraska State Patrol conducts random, unannounced compliance checks of businesses to monitor sales of tobacco products to minors. The State Patrol recruits underage persons to attempt to purchase tobacco products in stores throughout the state. Results of the purchase attempts are used to calculate Nebraska's compliance rate for the Substance Abuse Prevention and Treatment Block Grant.

Pregnancy Risk Assessment Monitoring System (PRAMS) – The Pregnancy Risk Assessment Monitoring System is a joint project between the Nebraska Department of Health & Human Services, Office of Family Health and the CDC. PRAMS is an ongoing study that provides data from a representative sample of Nebraska women before, during and shortly after pregnancy.

School Health Profile Report (SHP) – The CDC School Health Profile Report is a biennial survey conducted by state. The survey provides information on health education practices and school health policies.

The Tax Burden on Tobacco – Historical Compilation – The Tax Burden on Tobacco was first produced in 1949 and today is produced by economic consulting firm Orzechowski and Walker. This report provides both the historical and current state of taxes on tobacco products.

Worksite Wellness Survey (WWS) – The Nebraska Worksite Wellness Survey is a randomly sampled mail survey developed and administered by the Nebraska Department of Health and Human Services (DHHS). The data is used to provide information on current worksite wellness policies and practices being implemented in businesses across the state.

Youth Risk Behavior Survey (YRBS) – The YRBS is used to monitor health behaviors that contribute to the leading causes of death, disability, and social problems among youth in the United States. The YRBS includes national, state, and local school-based surveys of representative samples of 9-12th grade students. A degree of caution must be used when interpreting Nebraska YRBS data for years when the data was not weighted. Due to low student response rate to the YRBS in these years, the results are representative of only those students who completed the questionnaires and not of all students statewide.

Youth Tobacco Survey (YTS) – The YTS is a statewide school-based survey that provides information on Nebraska youth behaviors and attitudes toward tobacco. The survey is part of the CDC's national youth tobacco surveillance system to help states improve the capacity to design, implement and evaluate their own tobacco prevention and control programs. The survey gathers tobacco-related information not captured through the YRBS.

Where can I go for more information about these data sources?

BRFSS: Centers for Disease Control and Prevention: [HTTPS://WWW.CDC.GOV/BRFSS/ABOUT/INDEX.HTM](https://www.cdc.gov/brfss/about/index.htm)

Synar: Nebraska DHHS: [HTTP://DHHS.NE.GOV/BEHAVIORAL_HEALTH/DOCUMENTS/ASRCY2014.PDF](http://dhhs.ne.gov/behavioral_health/documents/asrcy2014.pdf)

PRAMS: Centers for Disease Control and Prevention - [HTTPS://WWW.CDC.GOV/PRAMS/INDEX.HTM](https://www.cdc.gov/prams/index.htm)

Nebraska DHHS: [HTTP://DHHS.NE.GOV/PUBLICHEALTH/PAGES/PRAMS.ASPX](http://dhhs.ne.gov/publichealth/pages/prams.aspx)

School Health Profiles Report – Centers for Disease Control and Prevention:

[HTTPS://WWW.CDC.GOV/HEALTHYYOUTH/DATA/PROFILES/INDEX.HTM](https://www.cdc.gov/healthyyouth/data/profiles/index.htm)

SAMMEC – Centers for Disease Control and Prevention: [HTTPS://CHRONICDATA.CDC.GOV/HEALTH-CONSEQUENCES-AND-COSTS/SMOKING-ATTRIBUTABLE-MORTALITY-MORBIDITY-AND-ECONO/3KJQ-J5DM](https://chronicdata.cdc.gov/health-consequences-and-costs/smoking-attributable-mortality-morbidity-and-econo/3KJQ-J5DM)

Tax Burden on Tobacco – Full Report: <http://api.ning.com/files/c3ouOvTy211ZhsrfUKNSnueSeO5Qh7hSwWT-hd4faf1CKObKVreuNWbaQTESxsw8kiThQHFKc4FPkhOQ8gM59ojsgYfxQf4O/TaxBurdenonTobaccoVol.502015.pdf>

Nebraska Worksite Wellness Survey – Nebraska DHHS:

[HTTP://DHHS.NE.GOV/PUBLICHEALTH/WORKPLACEWELLNESSTOOLKIT/PAGES/START.ASPX](http://dhhs.ne.gov/publichealth/workplacewellnesstoolkit/pages/start.aspx)

YRBS – Centers for Disease Control and Prevention:

[HTTPS://WWW.CDC.GOV/HEALTHYYOUTH/DATA/YRBS/INDEX.HTM](https://www.cdc.gov/healthyyouth/data/yrbs/index.htm)

Youth Tobacco Survey (YTS) – Centers for Disease Control and Prevention:

https://www.cdc.gov/tobacco/data_statistics/surveys/nyts/index.htm

You may also contact Tobacco Free Nebraska for additional information. By phone at (402) 471-2101 or e-mail at dhhs.tfn@Nebraska.gov