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State-specific prevalence of current e-cigarette use by disability status and disability type—United States, BRFSS 2016–2018

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Abstract

Background: Cigarette smoking is the leading cause of preventable disease and death in the United States. The tobacco product landscape has diversified to include electronic cigarettes (e-cigarettes). Adults with disabilities are more likely than adults without disabilities to smoke cigarettes, but within the current body of literature, there is limited information on the use of e-cigarettes among adults with disabilities.

Objective: To assess overall and state-specific prevalence of current e-cigarette use among adults by disability status, disability type, sex, and age.

Methods: Disability was defined as having serious difficulty with vision, hearing, mobility, cognition, or any difficulty with self-care or independent living. The Behavioral Risk Factor Surveillance System cross-sectional survey data (2016–2018; n = 1,150,775) were used to estimate state and District of Columbia prevalence of current e-cigarette use among adults (aged 18 years) with and without disabilities, overall and by disability type, sex, and age group.

Results: Median prevalence of current e-cigarette use was higher among adults with than without disabilities (6.5% vs. 4.3%, P < 0.05). Among adults with disabilities, use varied from 2.5% in DC to 10.0% in Colorado; median use was highest among those with cognitive disabilities (10.0%) and those aged 18–24 years (18.7%).

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Prior presentation

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Declaration of competing interest

The authors have no conflicts of interest to report for this study.

Conclusions: Prevalence of current e-cigarette use was higher among adults with than without disabilities and varied across states by disability status, type, and age group. The findings underscore the need to monitor e-cigarette use among adults with disabilities and specifically include them in tobacco control policies and programs addressing e-cigarette use.

Keywords

Disabilities; E-cigarettes; Surveillance; Adults; BRFSS

Introduction

Cigarette smoking is the leading cause of preventable disease and death in the United States.¹ While the prevalence of cigarette smoking has declined in the United States,² the tobacco product landscape has diversified to include a variety of tobacco products, including electronic cigarettes (e-cigarettes). E-cigarettes, also referred to as electronic vaping products and electronic nicotine delivery systems, are battery-powered devices designed to deliver nicotine, flavorings, and other additives to the user via an inhaled aerosol.³ In August 2016, the regulatory authority of the Food and Drug Administration was extended to cover e-cigarettes through the agency's "Deeming rule."⁴ The long-term effects of e-cigarette use remain uncertain, but nicotine exposure can harm the developing brain, impact learning, memory, and attention, and increase risk for future addiction to other drugs.⁵ E-cigarette aerosols contain toxins that can affect health.^{6,7} E-cigarette use has been associated with increased risk of oral diseases,⁸ asthma, chronic obstructive pulmonary disease,⁹⁻¹² prediabetes,¹³ and depression.¹⁴ E-cigarette use varies by a number of demographics, including age, sex, and race/ethnicity.¹⁵ Although e-cigarette use is more common among young adults than older adults,^{15,16} recent increases in the use of e-cigarettes in the United States have been reported in various populations,^{17–19}

Cigarette smoking in the United States varies by state, sex, age group, and other factors,^{15,20} and it is higher among certain populations, including adults with disabilities. People with disabilities include those who have serious difficulty with vision, hearing, mobility, cognition, or any difficulty with self-care or independent living. Adults with disabilities represent nearly 26% (about 61 million persons) of the US adult population.²¹ Previous studies have found that adults with disabilities are more likely to smoke cigarettes than the general population, particularly adults with mild intellectual disability,²² pregnant women,²³ and men.^{21,24–27}

Within the current body of literature, there is limited research on the use of e-cigarettes among adults with disabilities. Gimm et al. reported adults with cognitive disabilities and independent living disabilities had more than twice the prevalence of e-cigarette use compared to adults without disabilities.¹⁹ Among young adults who had never smoked cigarettes, Atuegwu et al. reported a higher odds of e-cigarette use among those with vision disability, cognitive disability, independent living disability, and self-care disability compared to those without disability.²⁸ Du et al. reported increased odds of e-cigarette use among people with disabilities in one large US metropolitan area, as well as among women with disabilities compared to women without disabilities.²⁹ Given this limited information

about e-cigarette use among adults with disabilities, whether they mirror the disparities (e.g., age and sex) seen in use among all adults, and the emerging evidence that e-cigarettes pose a public health risk,³⁰ we undertook this study to identify the overall and state-specific prevalence of current e-cigarette use among adults by disability status, disability type, sex, and age group. The results are intended to inform US tobacco policy considerations and public health programmatic efforts.

Methods

Study sample

We used data from the 2016–2018 Behavioral Risk Factor Surveillance System (BRFSS),³¹ a random digit dialed, state-based, annual telephone (landline and cellular) cross-sectional survey of the noninstitutionalized civilian population aged 18 years, conducted in 50 states and the District of Columbia (DC). The BRFSS is designed to provide information on behaviors, risk factors, and use of clinical preventive services related to the leading causes of chronic and infectious diseases, disability, injury, and death. The median survey response rates for all states and DC were 47.0% in 2016, 45.1% in 2017, and 49.9% in 2018. Detailed information about the BRFSS survey design, methods, and questionnaire are available elsewhere.³¹

A total of 1,228,029 respondents from all 50 states and DC completed the BRFSS survey, which included 477,665 in 2016, 444,023 in 2017, and 306,341 in 2018. In 2016 and 2017, e-cigarette questions were asked of respondents in all 50 states and DC, while in 2018, the e-cigarette questions were an optional module and asked in only 36 states. Our final pooled analytic sample for 2016–2018 (all states and DC in 2016–2017 and 36 states in 2018) included 1,150,775 respondents after excluding 77,254 respondents with missing information on disability status (n = 47,440), sex (n = 1,040), or current e-cigarette use (n = 28,774).

Disability definition

During 2016–2018, the BRFSS survey measured six disability types using the following survey questions³²: 1) "Are you deaf or do you have serious difficulty hearing?" (hearing disability); 2) "Are you blind or do you have serious difficulty seeing, even wearing glasses?" (vision disability); 3) "Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?" (cognitive disability); 4) "Do you have serious difficulty walking or climbing stairs?" (mobility disability); 5) "Do you have difficulty dressing or bathing?" (self-care disability); and 6) "Because of physical, mental or emotional conditions, do you have difficulties doing errands alone, such as visiting a doctor's office or shopping?" (independent living disability). Respondents were identified as having a specific disability type if they answered "yes" to the relevant question. Respondents who responded "no" to all six questions were identified as having no disability. Missing responses and respondents who answered "don't know" or who declined to answer were excluded. For the 2016–2018 study sample, 345,292

E-cigarette use definition

All respondents were asked, "Do you now use e-cigarettes or other electronic "vaping" products every day, some days, or not at all?" Those who responded "every day" or "some days" were identified as being current e-cigarette users. Those who responded "not at all" were identified as not being current e-cigarette users.

Statistical analysis

Analyses were conducted using SAS callable SUDAAN software (v. 9.4, Research Triangle Institute, Research Triangle Park, NC)³³ to account for the complex survey sampling design. All analyses used weighted data to yield state-representative estimates while considering the probability of selection and adjusting for nonresponse bias and noncoverage errors. The weights were adjusted according to the number of years of data that were included. For each state, weighted prevalence estimates and corresponding 95% confidence intervals were calculated for current e-cigarette use overall and by disability status and type. Estimates with a relative standard error > 30% were suppressed due to instability of the estimate. Estimates were calculated for the prevalence of current e-cigarette use by sex (male, female) and age group (18–24, 25–44, 45–64, and 65 years). The chi-square test was used to assess statistically significant differences between disability status, disability types, and sex groups, and Mood's median test was used to assess median differences by overall disability status. Statistical inferences were based on a significance level of P < 0.05.

Results

Table 1 shows state-specific prevalences of current e-cigarette use by disability status. Across all 50 states and DC, the median prevalence of current e-cigarette use was significantly higher among adults with disabilities compared to adults without disabilities (6.5% vs. 4.3% P < 0.05). The prevalence of current e-cigarette use among adults with disabilities ranged from 2.5% in DC to 10.0% in Colorado, and was significantly higher among adults with disabilities compared to adults without disabilities in 46 states (P< 0.05). In the other 4 states and DC, the prevalence of current e-cigarette use was still higher among adults with disabilities than without disabilities, although the differences were not statistically significant.

Table 2 shows state-specific prevalences of current e-cigarette use by disability type. The highest median prevalence of current e-cigarette use was among adults with cognitive disability at 10.0%, ranging from 3.0% in DC to 16.0% in Colorado, and the lowest among adults with hearing disability (4.3%), ranging from 2.7% in Connecticut to 8.4% in Idaho. Compared to adults without cognitive disabilities, the prevalence of current e-cigarette use was significantly higher among adults with cognitive disability in all 50 states, but not in DC. For the other disability types, stable prevalence estimates could be obtained for most but not all states and DC. Therefore, in states with stable estimates, among adults with a particular disability type, compared to adults without the corresponding disability

type, current e-cigarette use was significantly higher among adults with independent living disability in 41 of 50 states, self-care disability in 20 of 48 states, vision disability in 12 of 46 states, and mobility disability in 7 of 50 states and DC. Conversely, the prevalence of current e-cigarette use was significantly lower among adults with hearing disability than those with no hearing disability in 12 of 44 states.

Our analysis of current e-cigarette use by sex and disability status confirmed previous reports in the literature.^{15,20} The median prevalence of current e-cigarette use was significantly higher among men with disabilities compared to men without disabilities (7.3% vs. 5.5%, data not shown) and among women with disabilities compared to women without disabilities (6.2% vs. 3.0%, data not shown). Also, among adults with disabilities, current e-cigarette use was significantly higher among men compared to women (7.3% vs. 6.2%, data not shown).

Table 3 shows current e-cigarette use by age group and disability status. The median prevalence of current e-cigarette use was 2-fold higher among adults with disabilities than those without disabilities in each age group. Prevalence of current e-cigarette use was highest in the youngest age group (18–24 years) and decreased with increasing age among both adults with and without any disability. Notably, among young adults aged 18–24 years, the median prevalence of current e-cigarette use was 18.7% among those with disabilities (ranging from 11.8% in Maryland and Missouri to 29.6% in Maine) compared to 9.5% among those without disabilities (ranging from 5.5% in DC to 14.5% in Wyoming). The median prevalence of current e-cigarette use among adults with disabilities aged 25–44 years was 11.5% (ranging from 6.7% in California to 17.6% in Wyoming) compared to 5.2% among adults without disabilities (ranging from 2.4% in DC to 6.9% in Oklahoma).

Discussion

While only an estimated one-quarter (25.5%) of the U.S adult population had at least one disability in 2016–2018, over one-third (36.4%, data not shown) of current e-cigarette users had at least one disability. To our knowledge, this paper is the first to report results of a US nationwide representative analysis of overall and state-specific prevalence estimates of current e-cigarette use among adults with disabilities. During 2016–2018 current e-cigarette use varied by state, with the highest estimates occurring among adults with disabilities in Colorado (10.0%), Wyoming (8.7%), and Oklahoma (8.7%), and the lowest estimates occurring in DC (2.5%), California (4.0%), South Dakota (4.8%), and Vermont (4.8%).

State-specific disparities in the prevalence of current e-cigarette use among people with specific type of disability are not fully understood. Studies show that potential factors include influential interactions and exposures (e.g., with caregivers who smoke), permissive tobacco policies in day rehabilitation programs that serve people with disabilities,^{34,35} limited evidence-based tobacco interventions specifically targeting people with disabilities (e.g., Living Independent From Tobacco),^{36,37} and low prevalence of tobacco use screening during primary care visits among people with disabilities.^{38,39} In addition, state-level differences, particularly among younger adults, could potentially be related to state laws prohibiting tobacco sales to persons aged 21 or younger, state laws regarding e-cigarettes in

indoor public spaces and taxation of e-cigarettes.^{40,41} Future studies may help determine the factors that are most closely associated with the prevalence of current e-cigarette use among people with disabilities, thus informing the development of more effective evidenced-based tobacco interventions specifically targeting this population.

We noted that by disability type, current e-cigarette use among adults with cognitive disabilities was 10.0%, over 2.4-fold higher than adults without cognitive disabilities (4.2%, data not shown). This is consistent with prior studies that suggest that respondents reporting "yes" to the cognitive disability question may also include people with mental health conditions.⁴² Prior studies have reported higher estimates of e-cigarette use among adults with serious psychological distress (9.7%) than among those without (3.2%)⁴³ and among adults with any mental health condition (11.4%) compared to those without (6.6%).⁴⁴ We also found that higher e-cigarette use among individuals with independent living, self-care, and vision disabilities is consistent with previous reports;^{19,45} the reasons behind these differences are unclear, so further work might help improve our understanding of these disparities.

The finding of current e-cigarette use among adults with and without disabilities by age —highest among younger adults and lowest among older adults—is consistent with that observed in studies of adults in general.^{5,46} Moreover, current e-cigarette use among adults with disabilities was 2-fold higher than among adults without disabilities across all age groups. The higher prevalence among young adults (aged 18–24 years) with a disability is important to address from a public health perspective, given that most e-cigarettes contain nicotine, a highly addictive substance. Nicotine can harm normal brain development, which is ongoing through the mid-20s.^{5,47,48} E-cigarettes are a relatively new product class and their long-term health effects are not yet fully known.⁵ Physicians and caregivers need to be aware of the increased potential of e-cigarette use in young adults with disabilities and should routinely screen for this in order to provide effective cessation counseling for this population.⁴⁵

Studies in the literature assessing tobacco use and disability status are limited at a population level and generally focus on cigarette smoking.^{25–27,43,49} In general, studies have shown that cigarette smoking prevalence is approximately 50% higher among adults with disabilities compared to those without.^{26,43} Our findings that current e-cigarette use is two-fold higher among adults with disabilities compared to those without for each age group could, in part, be attributed to people with disabilities having higher cigarette smoking prevalence. That is, people with disabilities might use e-cigarettes as substitutes or complements to conventional cigarettes.^{50,51} To assess the concurrent use of e-cigarettes and other tobacco products was beyond the scope of this study and, perhaps, a direction for future work.

The findings in this report are subject to at least six limitations. First, BRFSS is administered to noninstitutionalized adults and excludes persons living in long-term care facilities who may be more likely to have a disability and may be more impaired. Second, BRFSS does not reach about 3.5% of adults in the United States because they do not possess either wireless or landline telephone service,⁵² so results may not be representative of people without wireless or landline phone service. Third, disability estimates are likely underestimated

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because questions used to assess hearing, vision, cognition, and mobility disability were designed to capture a serious difficulty; thus, adults with milder difficulties might not be identified and might be subject to misclassification bias. Fourth, data might be subject to non-response biases because the median state response rates ranged from 25.1% to 60.1%. Even after adjusting for nonresponse, low response rates can increase the potential for bias if there are systematic differences between respondents and non-respondents;⁵³ however, BRFSS has been shown to be valid and reliable.⁵⁴ Fifth, it is beyond the scope of this study to explain how social factors may influence state-level differences in e-cigarette use among adults with disabilities. This is a potential direction for future work. Finally, survey data on e-cigarette use were available for only 36 states in 2018, potentially limiting interstate comparability. However, we tested the sensitivity of our findings by limiting the analysis to 2016–17 data for all 50 states and DC and found the results to be consistent.

Conclusions

This paper showed that the median prevalence of current e-cigarette use was higher among US adults with than without disabilities, although with variation across states by disability status, type, and age group. The higher prevalence of current e-cigarette use among adults with disabilities underscores the need for inclusion of people with disabilities into public health activities that monitor and address their use of tobacco products. The findings from this report reinforce the need to support evidence-based programs to prevent youth and young adults with disabilities from initiating and using tobacco in any form, including e-cigarettes.

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References

- U.S. Department of Health and Human Services. The Health Consequences of Smoking —50 Years of Progress: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2014. Accessed https:// www.hhs.gov/sites/default/files/consequences-smoking-exec-summary.pdf. Accessed June 25, 2021.
- Jamal A, Phillips E, Gentzke AS, et al. Current cigarette smoking among adults -United States, 2016. MMWR Morb Mortal Wkly Rep. 2018;67:53–59. 10.15585/mmwr.mm6702a1. [PubMed: 29346338]
- Odani S, Armour BS, Graffunder CM, et al. State-specific prevalence of tobacco product use among adults - United States, 2014–2015. MMWR Morb Mortal Wkly Rep. 2018;67:97–102. 10.15585/ mmwr.mm6703a3. [PubMed: 29370150]
- 4. U.S. Food and Drug Administration. The Facts on the FDA's New Tobacco Rule 2020 [https://www.fda.gov/consumers/consumer-updates/facts-fdas-new-tobacco-rule Accessed June 25, 2021.].

- US Department of Health Human Services. E-cigarette use among youth and young adults. A report of the Surgeon General Atlanta, GA, Accessed https://www.hhs.gov/surgeongeneral/reportsand-publications/tobacco/index.html; 2016. Accessed June 25, 2021.
- Kosmider L, Sobczak A, Fik M, et al. Carbonyl compounds in electronic cigarette vapors: effects of nicotine solvent and battery output voltage. Nicotine Tob Res. 2014;16:1319–1326. 10.1093/ntr/ ntu078. [PubMed: 24832759]
- Ogunwale MA, Li M, Ramakrishnam Raju MV, et al. Aldehyde detection in electronic cigarette aerosols. ACS Omega. 2017;2:1207–1214. 10.1021/acsomega.6b00489. [PubMed: 28393137]
- Atuegwu NC, Perez MF, Oncken C, et al. Association between regular electronic nicotine product use and self-reported periodontal disease status: population assessment of tobacco and health survey. Int J Environ Res Publ Health. 2019;16: 1263. 10.3390/ijerph16071263.
- Li D, Sundar IK, McIntosh S, et al. Association of smoking and electronic cigarette use with wheezing and related respiratory symptoms in adults: cross-sectional results from the Population Assessment of Tobacco and Health (PATH) study, wave 2. Tobac Contr. 2020;29:140–147. 10.1136/ tobaccocontrol-2018-054694.
- Perez MF, Atuegwu NC, Mead EL, et al. Adult e-cigarettes use associated with a self-reported diagnosis of COPD. Int J Environ Res Publ Health. 2019;16:3938. 10.3390/ijerph16203938.
- Perez MF, Atuegwu NC, Oncken C, et al. Association between electronic cigarette use and asthma in never-smokers. Ann Am Thorac Soc. 2019;16: 1453–1456. 10.1513/ AnnalsATS.201904-338RL. [PubMed: 31404509]
- Wills TA, Soneji SS, Choi K, et al. E-cigarette use and respiratory disorders: an integrative review of converging evidence from epidemiological and laboratory studies. Eur Respir J. 2021;57, 1901815. 10.1183/13993003.01815-2019. [PubMed: 33154031]
- Atuegwu NC, Perez MF, Oncken C, et al. E-cigarette use is associated with a selfreported diagnosis of prediabetes in never cigarette smokers: results from the behavioral risk factor surveillance system survey. Drug Alcohol Depend. 2019;205, 107692. 10.1016/ j.drugalcdep.2019.107692. [PubMed: 31707269]
- Obisesan OH, Mirbolouk M, Osei AD, et al. Association between e-cigarette use and depression in the behavioral risk factor surveillance system, 2016–2017. JAMA Netw Open. 2019;2, e1916800. 10.1001/jamanetworkopen.2019.16800. [PubMed: 31800073]
- Cornelius ME, Wang TW, Jamal A, et al. Tobacco product use among adults -United States, 2019. MMWR Morb Mortal Wkly Rep. 2020;69:1736–1742. 10.15585/mmwr.mm6946a4. [PubMed: 33211681]
- 16. Bandi P, Cahn Z, Goding Sauer A, et al. Trends in e-cigarette use by age group and combustible cigarette smoking histories, U.S. adults, 2014–2018. Am J Prev Med. 2021;60:151–158. 10.1016/j.amepre.2020.07.026. [PubMed: 33032869]
- Bao W, Xu G, Lu J, et al. Changes in electronic cigarette use among adults in the United States, 2014–2016. J Am Med Assoc. 2018;319:2039–2041. 10.1001/jama.2018.4658.
- Dai H, Leventhal AM. Prevalence of e-cigarette use among adults in the United States, 2014–2018. J Am Med Assoc. 2019;322:1824–1827. 10.1001/jama.2019.15331.
- Gimm G, Parekh T, Rossheim ME. Prevalence and risk factors of e-cigarette use among workingage adults with and without disabilities in 2017–2018. Disabil Health J. 2021;14, 101048. 10.1016/ j.dhjo.2020.101048. [PubMed: 33309537]
- Hu SS, Homa DM, Wang T, et al. State-specific patterns of cigarette smoking, smokeless tobacco use, and e-cigarette use among adults - United States, 2016. Prev Chronic Dis. 2019;16:E17. 10.5888/pcd16.180362. [PubMed: 30730828]
- Okoro CA, Hollis ND, Cyrus AC, et al. Prevalence of disabilities and health care access by disability status and type among adults—United States, 2016. MMWR Morb Mortal Wkly Rep. 2018;67:882–887. 10.15585/mmwr.mm6732a3. [PubMed: 30114005]
- 22. Tracy J, Hosken R. The importance of smoking education and preventative health strategies for people with intellectual disability. J Intellect Disabil Res. 1997;41(Pt 5):416–421. 10.1111/ j.1365-2788.1997.tb00729.x. [PubMed: 9373822]
- 23. Mitra M, Lu E, Diop H. Smoking among pregnant women with disabilities. Wom Health Issues. 2012;22:e233–239. 10.1016/j.whi.2011.11.003.

- Robertson J, Emerson E, Gregory N, et al. Lifestyle related risk factors for poor health in residential settings for people with intellectual disabilities. Res Dev Disabil. 2000;21:469–486. 10.1016/s0891-4222(00)00053-6. [PubMed: 11153830]
- Courtney-Long E, Stevens A, Caraballo R, et al. Disparities in current cigarette smoking prevalence by type of disability, 2009–2011. Publ Health Rep. 2014;129:252–260. 10.1177/003335491412900307.
- 26. Armour BS, Campbell VA, Crews JE, et al. State-level prevalence of cigarette smoking and treatment advice, by disability status, United States, 2004. Prev Chronic Dis. 2007;4:A86. https:// www.ncbi.nlm.nih.gov/pubmed/17875261/. [PubMed: 17875261]
- 27. Becker H, Brown A. Disparities in smoking behaviors among those with and without disabilities from 2001 to 2005. Publ Health Nurs. 2008;25:526–535. 10.1111/j.1525-1446.2008.00739.x.
- Atuegwu NC, Oncken C, Laubenbacher RC, et al. Factors associated with e-cigarette use in U.S. young adult never smokers of conventional cigarettes: a machine learning approach. Int J Environ Res Publ Health. 2020:17. 10.3390/ijerph17197271.
- Du Y, Shih M, Shah MD, et al. Prevalence and sociodemographic disparities in ever ecigarette use among adults in Los Angeles County. Prev Med Rep. 2019;15, 100904. 10.1016/ j.pmedr.2019.100904. [PubMed: 31194002]
- Jatlaoui TC, Wiltz JL, Kabbani S, et al. Update: interim guidance for health care providers for managing patients with suspected e-cigarette, or vaping, product use–associated lung injury — United States, November 2019. MMWR Morb Mortal Wkly Rep. 2019;68:1081–1086. 10.15585/ mmwr.mm6846e2. [PubMed: 31751322]
- 31. Centers for Disease Control and Prevention. Behavioral risk factor surveillance system. Accessed http://www.cdc.gov/brfss. Accessed October 8, 2020.
- U.S. Department of Health and Human Services. Guidance on data collection standards Washington, DC. Accessed https://aspe.hhs.gov/basic-report/hhs-implementation-guidance-datacollection-standards-race-ethnicity-sex-primary-language-and-disability-status; 2011. Accessed June 25, 2021.
- 33. SAS Institute Inc. SAS 9.4 Help and Documentation. Cary, NC: SAS Institute Inc.; 2013.
- 34. Minihan PM. Smoking policies and practices in a state-supported residential system for people with mental retardation. Am J Ment Retard. 1999;104: 131–142. 10.1352/0895-8017(1999)104<0131:Spapia>2.0.Co;2. [PubMed: 10207576]
- Taylor NS, Standen PJ, Cutajar P, et al. Smoking prevalence and knowledge of associated risks in adult attenders at day centres for people with learning disabilities. J Intellect Disabil Res. 2004;48:239–244. 10.1111/j.1365-2788.2003.00542.x. [PubMed: 15025666]
- King JL, Pomeranz JL, Young ME, et al. Evaluation of a newly developed tobacco cessation program for people with disabilities. Disabil Health J. 2016;9: 145–149. 10.1016/ j.dhjo.2015.08.002. [PubMed: 26365086]
- Kerr S, Lawrence M, Darbyshire C, et al. Tobacco and alcohol-related interventions for people with mild/moderate intellectual disabilities: a systematic review of the literature. J Intellect Disabil Res. 2013;57:393–408. 10.1111/j.1365-2788.2012.01543.x. [PubMed: 22458301]
- 38. U.S. Public Health Service. Closing the Gap: A National Blueprint to Improve the Health of Persons with Mental Retardation. Report of the surgeon general's conference on health disparities and mental retardation. Washington (DC). Office of the Surgeon General (US); National Institute of Child Health and Human Development (US); Centers for Disease Control and Prevention (US); 2002. https://support.sas.com/en/documentation.html.
- Peterson-Besse JJ, O'Brien MS, Walsh ES, et al. Clinical preventive service use disparities among subgroups of people with disabilities: a scoping review. Disabil Health J. 2014;7:373–393. 10.1016/j.dhjo.2014.04.005. [PubMed: 25224979]
- Marynak K, Mahoney M, Williams KS, et al. State and territorial laws prohibiting sales of tobacco products to persons aged< 21 years—United States, December 20, 2019. MMWR Morb Mortal Wkly Rep. 2020;69:189–192. 10.15585/mmwr.mm6907a3. [PubMed: 32078593]
- 41. Marynak K, Kenemer B, King BA, et al. State laws regarding indoor public use, retail sales, and prices of electronic cigarettes U.S. states, Guam, Puerto Rico, and U.S. Virgin Islands, September

30, 2017. MMWR Morb Mortal Wkly Rep. 2017;66:1341–1346. 10.15585/mmwr.mm6649a1. [PubMed: 29240728]

- 42. Miller K, DeMaio TJ. Report of Cognitive Research on Proposed American Community Survey Disability Questions. Washington, DC: U.S. Census Bureau; 2006. http://www.census.gov/srd/ papers/pdf/ssm2006-06.pdf.
- Phillips E, Wang TW, Husten CG, et al. Tobacco product use among adults United States, 2015. MMWR Morb Mortal Wkly Rep. 2017;66:1209–1215. 10.15585/mmwr.mm6644a2. [PubMed: 29121001]
- 44. Spears CA, Jones DM, Weaver SR, et al. Use of electronic nicotine delivery systems among adults with mental health conditions, 2015. Int J Environ Res Publ Health. 2016;14:E10. 10.3390/ ijerph14010010.
- 45. Atuegwu NC, Litt MD, Krishnan-Sarin S, et al. E-cigarette use in young adult never cigarette smokers with disabilities: results from the Behavioral Risk Factor Surveillance System Survey. Int J Environ Res Publ Health. 2021;18:5476. 10.3390/ijerph18105476.
- Centers for Disease Control and Prevention. QuickStats: cigarette smoking status among current adult e-cigarette users, by age group - national Health Interview Survey, United States, 2015. MMWR Morb Mortal Wkly Rep. 2016;65: 1177. 10.15585/mmwr.mm6542a7. [PubMed: 27787495]
- 47. Eissenberg T, Bhatnagar A, Chapman S, et al. Invalidity of an oft-cited estimate of the relative harms of electronic cigarettes. Am J Publ Health. 2020;110: 161–162. 10.2105/ajph.2019.305424.
- 48. Mishra A, Chaturvedi P, Datta S, et al. Harmful effects of nicotine. Indian J Med Paediatr Oncol. 2015;36:24–31. 10.4103/0971-5851.151771. [PubMed: 25810571]
- Pharr JR, Bungum T. Health disparities experienced by people with disabilities in the United States: a behavioral risk factor surveillance system study. Global J Health Sci. 2012;4:99–108. 10.5539/gjhs.v4n6p99.
- Caraballo RS, Shafer PR, Patel D, et al. Quit methods used by US adult cigarette smokers, 2014– 2016. Prev Chronic Dis. 2017;14:E32. 10.5888/pcd14.160600. [PubMed: 28409740]
- Creamer MR, Wang TW, Babb S, et al. Tobacco product use and cessation indicators among adults - United States, 2018. MMWR Morb Mortal Wkly Rep. 2019;68:1013–1019. 10.15585/ mmwr.mm6845a2.
- 52. Blumberg SJ, Luke JV. Wireless Substitution: Early Release of Estimates from the National Health Interview Survey, January–June 2018. National Center for Health Statistics December; 2018. Accessed https://www.cdc.gov/nchs/data/nhis/earlyrelease/wireless201812.pdf. Accessed June 25, 2021.
- 53. Strassle PD, Cassell CH, Shapira SK, et al. What we don't know can hurt us: nonresponse bias assessment in birth defects research. Birth Defects Res A Clin Mol Teratol. 2015;103:603–609. 10.1002/bdra.23408. [PubMed: 26173046]
- Pierannunzi C, Hu SS, Balluz L. A systematic review of publications assessing reliability and validity of the Behavioral Risk Factor Surveillance System (BRFSS), 2004–2011. BMC Med Res Methodol. 2013;13:49. 10.1186/1471-2288-13-49. [PubMed: 23522349]

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State-specific prevalence of current e-cigarette use^a by disability status^b among adults aged 18 years or older—Behavioral Risk Factor Surveillance System, United States, 2016–2018.

State	Sample size	CI	irrent e-cigarette	users
		Total	Non-disability	Any disability
		% (95% CI)	% (95% CI)	% (95% CI)
All 50 states and District of Columbia, Median	1,150,775	4.8 (4.4, 5.2)	4.3 (3.8, 5.0)	6.5 (5.5, 7.6) ^d
Alabama $^{\mathcal{C}}$	13,105	5.0 (4.5, 5.6)	4.6 (3.9, 5.4)	5.8 (4.9, 6.7)
Alaska	8,371	4.5 (3.8, 5.4)	3.9 (3.2, 4.9)	6.6 (5.0, 8.6) ^d
Arizona ^C	24,905	5.2 (4.8, 5.7)	4.6 (4.1, 5.2)	7.0 (6.0, 8.1) ^d
Arkansas	14,922	6.1 (5.4, 7.0)	5.5 (4.6, 6.6)	7.2 (6.1, 8.5) ^d
California ^C	18,759	3.1 (2.8, 3.4)	2.9 (2.5, 3.2)	4.0 (3.3, 4.7) ^d
Colorado	25,794	6.0 (5.5, 6.5)	5.0 (4.5, 5.6)	$10.0(8.7, 11.4)^d$
Connecticut	30,515	4.3 (3.9, 4.7)	3.7 (3.3, 4.2)	6.3 (5.4, 7.3) ^d
Delaware	12,675	4.6 (4.0, 5.1)	3.4 (2.9, 4.0)	7.5 (6.3, 9.0) ^d
District of Columbia $^{\mathcal{C}}$	7,477	2.3 (1.9, 2.9)	2.3 (1.8, 3.0)	2.5 (1.8, 3.5)
Florida	68,330	4.9 (4.5, 5.3)	4.4 (4.0, 4.9)	6.1 (5.4, 6.8) ^d
Georgia	18,402	4.8 (4.4, 5.3)	4.4 (3.9, 4.9)	6.0 (5.2, 6.9) ^d
Hawaii	22,262	5.3 (4.9, 5.8)	5.1 (4.6, 5.6)	6.2 (5.3, 7.2)
Idaho	12,919	5.0 (4.4, 5.7)	3.9 (3.3, 4.6)	8.4 (6.8, 10.4) ^d
Illinois $^{\mathcal{C}}$	9,880	4.3 (3.8, 5.0)	3.6 (3.0, 4.2)	7.1 (5.6, 8.9) ^d
Indiana	30,558	5.8 (5.4, 6.2)	5.2 (4.8, 5.8)	7.4 (6.5, 8.3) ^d
Iowa	22,423	4.5 (4.2, 4.9)	3.7 (3.4, 4.1)	7.1 (6.2, 8.1) ^d
Kansas	36,982	5.0 (4.6, 5.4)	4.3 (3.9, 4.7)	7.2 (6.3, 8.1) ^d
Kentucky ^c	18,253	5.9 (5.3, 6.5)	5.2 (4.5, 6.0)	7.1 (6.1, 8.2) ^d

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Sample size

State

users	Any disability	% (95% CI)	6.1 (5.1, 7.3)	7.6 (6.3, 9.2) ^d	5.5 (4.8, 6.4) ^d	6.4 (5.4, 7.6) ^d	6.9 (6.2, 7.8) ^d	5.5 (5.0, 6.2) ^d	6.1 (5.2, 7.2) ^d	6.5 (5.5, 7.6) ^d	5.8 (4.8, 6.9) ^d
irrent e-cigarette	Non-disability	% (95% CI)	5.0 (4.4, 5.8)	3.3 (2.8, 3.9)	3.0 (2.7, 3.4)	3.7 (3.2, 4.2)	4.6(4.1,5.0)	3.7 (3.5, 4.0)	4.5 (3.9, 5.2)	4.6 (4.0, 5.2)	3.5 (3.0, 4.1)
C			\sim								

		Total	Non-disability	Any disability
		% (95% CI)	% (95% CI)	% (95% CI)
Couisiana	13,846	5.4 (4.8, 6.0)	5.0 (4.4, 5.8)	6.1 (5.1, 7.3)
Maine	23,683	4.4 (3.9, 5.0)	3.3 (2.8, 3.9)	7.6 (6.3, 9.2) ^d
Maryland	45,880	3.6 (3.3, 3.9)	3.0 (2.7, 3.4)	5.5 (4.8, 6.4) ^d
Massachusetts	20,383	4.3 (3.9, 4.8)	3.7 (3.2, 4.2)	6.4 (5.4, 7.6) ^d
Michigan	28,350	5.3 (4.9, 5.7)	4.6(4.1,5.0)	6.9 (6.2, 7.8) ^d
Minnesota	48,009	4.1 (3.9, 4.4)	3.7 (3.5, 4.0)	5.5 (5.0, 6.2) ^d
Mississippi	15,158	5.1 (4.5, 5.7)	4.5 (3.9, 5.2)	6.1 (5.2, 7.2) ^d
Missouri	19,678	5.1 (4.7, 5.7)	4.6 (4.0, 5.2)	6.5 (5.5, 7.6) ^d
Montana	16,490	4.2 (3.7, 4.7)	3.5(3.0, 4.1)	5.8 (4.8, 6.9) ^d
Vebraska	43,351	4.8 (4.4, 5.2)	4.4 (4.0, 4.8)	6.2 (5.4, 7.2) ^d
Vevada $^{\mathcal{C}}$	7,833	5.8 (5.0, 6.6)	5.2 (4.3, 6.3)	7.2 (5.7, 8.9) ^d
New Hampshire	17,014	4.8 (4.2, 5.4)	3.9 (3.3, 4.7)	7.4 (6.2, 8.9) ^d
Vew Jersey ^C	18,420	4.1 (3.6, 4.7)	3.3 (2.8, 3.9)	6.3 (5.1, 7.7) ^d
Vew Mexico ^c	11,962	4.9 (4.2, 5.6)	4.4 (3.6, 5.3)	6.1 (4.8, 7.6) ^d
New York	76,171	4.4 (4.1, 4.7)	4.1 (3.8, 4.4)	5.5 (4.9, 6.2) ^d
North Carolina	14,773	4.7 (4.2, 5.2)	4.2 (3.7, 4.8)	5.8 (4.9, 7.0) ^d
North Dakota	17,438	4.7 (4.2, 5.3)	4.3 (3.8, 5.0)	6.1 (4.9, 7.6) ^d
Dhio	35,346	5.5 (5.1, 5.9)	4.7 (4.3, 5.2)	7.4 (6.5, 8.3) ^d
Dklahoma $^{\mathcal{C}}$	12,900	6.8 (6.2, 7.6)	5.9 (5.2, 6.8)	8.7 (7.5, 10.0) ^d
Dregon	15,029	4.7 (4.3, 5.2)	3.9 (3.5, 4.4)	$7.0(6.0,8.1)^d$
Pennsylvania ^c	12,843	4.4 (3.9, 4.9)	3.4 (3.0, 3.9)	7.4 (6.2, 8.7) ^d
Rhode Island	15,737	5.0 (4.4, 5.6)	4.3 (3.7, 5.0)	6.9 (5.7, 8.3) ^d

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		Total	Non-disability	Any disability
		% (95% CI)	% (95% CI)	% (95% CI)
South Carolina c	21,502	4.4 (4.0, 4.9)	4.1 (3.6, 4.7)	5.1 (4.4, 6.0) ^d
South Dakota	18,950	3.8 (3.2, 4.5)	3.5 (2.8, 4.3)	4.8 (3.6, 6.5)
Tennessee	15,649	5.7 (5.2, 6.3)	5.0 (4.4, 5.8)	7.1 (6.1, 8.2) ^d
Texas	31,996	4.8 (4.4, 5.4)	4.4 (3.9, 5.1)	6.0 (5.0, 7.2) ^d
Utah	30,325	5.4 (5.0, 5.7)	4.6 (4.2, 5.0)	8.1 (7.2, 9.1) ^d
Vermont ^c	12,381	3.2(2.7, 3.8)	2.7 (2.2, 3.4)	4.8 (3.6, 6.4) ^d
Virginia	26,897	4.9 (4.5, 5.3)	4.4 (4.0, 4.9)	6.5 (5.6, 7.4) ^d
Washington $^{\mathcal{C}}$	26,229	4.8 (4.4, 5.2)	3.8 (3.4, 4.2)	7.9 (7.0, 9.0) ^d
West Virginia ^c	12,365	5.2 (4.6, 5.7)	4.5 (3.9, 5.3)	6.1 (5.2, 7.1) ^d
Wisconsin	14,759	4.8 (4.3, 5.4)	4.1 (3.6, 4.7)	7.0 (5.8, 8.5) ^d
Wyoming	12,896	5.8 (5.2, 6.5)	4.8 (4.1, 5.5)	8.7 (7.4, 10.3) ^d

Disabil Health J. Author manuscript; available in PMC 2023 January 01.

b Any disability includes persons aged 18 years who reported having serious difficulty with vision, hearing, mobility, cognition, self-care, or independent living. Excludes respondents whose disability t the time of the survey. Excludes respondents with an unknown use status. status was unknown.

 c_1 Includes only 2016 and 2017 data because the jurisdiction did not participate in the 2018 survey.

dPc0.05 for the prevalence of current e-cigarette users among adults with disabilities compared to current e-cigarette users among adults without disabilities.

State-specific prevalence of current e-cigarette use a among adults aged 18 years or older, by disability type b-Behavioral Risk Factor Surveillance System, United States, 2016–2018.

State	Any disability	Hearing	Vision	Cognition	Mobility	Self-care	Independent living
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
All 50 states and District of Columbia, Median	6.5 (5.5, 7.6) ^d	4.3 (3.1, 5.9)	6.7 (4.2, 10.5) ^d	10.0 (8.0, 12.4) ^d	5.3 (4.3, 6.4) ^d	7.0 (5.2, 9.3) ^d	8.5 (5.2, 13.8) ^d
Alabama ^c	5.8 (4.9, 6.7)	4.9 (3.3, 7.1)	7.0 (5.0, 9.7)	7.8 (6.4, 9.6) ^d	5.3 (4.3, 6.4)	4.4 (3.1, 6.3)	$7.2 (5.5, 9.3)^d$
Alaska	6.6 (5.0, 8.6) ^d			11.4 (8.2, 15.7) ^d	4.0 (2.7, 5.9)		8.5 (5.2, 13.8)
Arizona c	7.0 (6.0, 8.1) ^d	5.2 (3.6, 7.4)	5.4 (3.8, 7.6)	11.2 (9.3, 13.5) ^d	5.4 (4.4, 6.6)	8.6 (6.1, 11.9) ^d	$10.2\ (8.0,12.9)^d$
Arkansas	7.2 (6.1, 8.5) ^d	5.3 (3.6, 7.8)	5.9 (3.9, 8.8)	9.9 (7.9, 12.3) ^d	6.7 (5.4, 8.3)	9.6 (6.7, 13.5) ^d	9.1 (7.0, 11.8) ^d
California ^C	4.0 (3.3, 4.7) ^d		4.1 (2.8, 6.2)	6.4 (5.1, 7.9) ^d	2.4 (1.8, 3.2) ^d	3.8 (2.4, 5.9)	4.4 (3.1, 6.2)
Colorado	10.0 (8.7, 11.4) ^d	5.7 (4.1, 7.9)	9.3 (6.7, 12.8) ^d	$16.0(13.5,18.8)^d$	6.9 (5.5, 8.7)	11.7 (8.1, 16.6) ^d	11.7 (9.1, 15.0) ^d
Connecticut	6.3 (5.4, 7.3) ^d	$2.7(1.9,3.9)^{e}$	5.8 (4.0, 8.3)	11.3 (9.4, 13.6) ^d	4.1 (3.2, 5.2)	5.4 (3.9, 7.6)	9.8 (7.7, 12.4) ^d
Delaware	7.5 (6.3, 9.0) ^d	5.9 (3.9, 8.9)	9.2 (6.1, 13.8) ^d	10.6 (8.4, 13.3) ^d	5.8 (4.4, 7.6)	7.7 (4.8, 12.1)	7.8 (5.4, 11.0) ^d
District of Columbia c	2.5 (1.8, 3.5)		I	3.0 (1.9, 4.8)	2.4 (1.5, 3.8)	I	I
Florida	6.1 (5.4, 6.8) ^d	2.8 (2.2, 3.5) ^e	5.2 (3.9, 6.9)	9.3 (8.0, 10.8) ^d	5.5 (4.8, 6.4)	8.0 (6.0, 10.5) ^d	8.9 (7.2, 10.9) ^d
Georgia	6.0 (5.2, 6.9) ^d	4.1 (3.0, 5.8)	4.1 (2.9, 5.8)	9.4 (7.9, 11.2) ^d	4.8 (3.9, 5.9)	6.1 (4.2, 8.7)	$8.1 (6.3, 10.3)^d$
Hawaii	6.2 (5.3, 7.2)	5.1 (3.6, 7.1)	7.2 (5.3, 9.8)	8.2 (6.6, 10.2) ^d	4.4 (3.5, 5.6)	6.8 (4.5, 10.2)	8.4 (6.3, 11.2) ^d
Idaho	8.4 (6.8, 10.4) ^d	8.4 (4.7, 14.4)		12.3 (9.2, 16.4) ^d	6.2 (4.7, 8.3)	6.9 (3.9, 11.8)	10.4 (6.5, 16.2) ^d
Illinois ^c	7.1 (5.6, 8.9) ^d		5.3 (3.2, 8.8)	11.2 (8.3, 15.0) ^d	6.9 (5.0, 9.5) ^d	6.7 (3.8, 11.6)	9.2 (6.5, 13.0) ^d
Indiana	7.4 (6.5, 8.3) ^d	4.9 (3.6, 6.5)	6.0 (4.6, 7.8)	12.1 (10.5, 14.0) ^d	6.2 (5.3, 7.3)	7.4 (5.6, 9.7)	$10.0\left(8.2,12.1 ight)^{d}$
Iowa	7.1 (6.2, 8.1) ^d	4.2 (3.1, 5.7)	7.2 (5.1, 10.2) ^d	11.6 (9.8, 13.8) ^d	5.3 (4.3, 6.5)	7.4 (5.0, 10.9) ^d	10.2 (7.9, 13.0) ^d
Kansas	7.2 (6.3, 8.1) ^d	5.3 (3.9, 7.2)	6.3 (4.7, 8.5)	11.3 (9.6, 13.3) ^d	5.5 (4.6, 6.6)	7.0 (5.2, 9.3)	8.3 (6.7, 10.3) ^d
Kentucky ^c	7.1 (6.1, 8.2) ^d	5.9 (4.3, 7.9)	8.0 (6.1, 10.4) ^d	8.6 (7.2, 10.2) ^d	6.9 (5.5, 8.6)	6.3 (4.6, 8.5)	6.8 (5.3, 8.7)
Louisiana	6.1 (5.1, 7.3)	3.7 (2.5, 5.5) ^e	4.7 (2.9, 7.4)	8.4 (6.8, 10.5) ^d	4.9 (3.8, 6.4)	5.3 (3.3, 8.4)	6.0 (4.5, 8.0)

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State	Any disability	Hearing	Vision	Cognition	Mobility	Self-care	Independent living
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Maine	7.6 (6.3, 9.2) ^d	$3.0~(2.0, 4.5)^{e}$	7.7 (4.6, 12.7)	11.9 (9.4, 14.9) ^d	5.9 (4.4, 7.9)	10.7 (6.9, 16.0) ^d	$10.8 (8.4, 13.7)^d$
Maryland	5.5 (4.8, 6.4) ^d	3.3 (2.2, 5.0)	4.6 (3.0, 7.1)	9.0 (7.5, 10.9) ^d	4.5 (3.7, 5.4) ^d	5.7 (3.9, 8.1) ^d	6.0 (4.8, 7.6) ^d
Massachusetts	6.4 (5.4, 7.6) ^d	4.9 (3.1, 7.6)	8.8 (5.8, 13.1) ^d	8.9 (7.2, 10.9) ^d	5.7 (4.3, 7.4)	8.0 (5.4, 11.7) ^d	7.6 (5.7, 10.1) ^d
Michigan	6.9 (6.2, 7.8) ^d	4.1 (3.0, 5.6)	7.4 (5.6, 9.8) ^d	9.9 (8.6, 11.5) ^d	4.9 (4.2, 5.9)	5.3 (3.9, 7.2)	$8.0\ (6.5,9.9)^d$
Minnesota	5.5 (5.0, 6.2) ^d	$3.2~(2.5, 4.0)^{e}$	4.6 (3.4, 6.0)	9.2 (8.1, 10.5) ^d	4.5 (3.7, 5.4)	6.5 (4.7, 8.8) ^d	8.2 (6.7, 10.0) ^d
Mississippi	6.1 (5.2, 7.2) ^d	3.9 (2.7, 5.4)	5.8(4.1,8.0)	9.3 (7.6, 11.3) ^d	4.4 (3.5, 5.5)	5.4 (3.8, 7.6)	6.4 (4.9, 8.4)
Missouri	6.5 (5.5, 7.6) ^d	5.2 (3.7, 7.3)	7.3 (5.0, 10.7)	10.0 (8.2, 12.2) ^d	6.3 (5.0, 7.8)	9.1 (6.5, 12.7) ^d	8.6 (6.7, 11.0) ^d
Montana	5.8 (4.8, 6.9) ^d	3.8 (2.7, 5.4)	7.0 (4.7, 10.2) ^d	9.3 (7.4, 11.8) ^d	4.6 (3.5, 6.0)	8.4 (5.5, 12.5) ^d	7.4 (5.3, 10.0) ^d
Nebraska	6.2 (5.4, 7.2) ^d	$3.6~(2.6, 4.8)^{e}$	4.4 (3.1, 6.3)	10.7 (8.9, 12.8) ^d	4.5 (3.7, 5.5)	6.7 (4.6, 9.9)	9.5 (7.6, 12.0) ^d
Nevada ^C	7.2 (5.7, 8.9) ^d	6.6 (4.5, 9.4)	6.2 (3.7, 10.1)	$10.8(8.1,14.3)^d$	5.8 (4.3, 7.7)	7.0 (4.1, 11.8)	8.2 (5.3, 12.4)
New Hampshire	7.4 (6.2, 8.9) ^d	6.7 (4.4, 9.9)	6.7 (3.9, 11.4)	11.6 (9.2, 14.4) ^d	6.2 (4.7, 8.0)	11.2 (7.2, 16.9) ^d	13.1 (9.9, 17.2) ^d
New Jersey ^c	6.3 (5.1, 7.7) ^d	4.5 (3.1, 6.7)	5.4 (3.6, 8.0)	10.0 (7.7, 12.8) ^d	4.2 (3.0, 5.8)	5.1 (2.8, 9.0)	6.8 (4.6, 9.8) ^d
New Mexico ^C	6.1 (4.8, 7.6) ^d		7.4 (4.4, 12.3)	8.1 (5.9, 10.9) ^d	4.9 (3.6, 6.6)	5.9 (3.4, 10.3)	7.8 (5.4, 11.2) ^d
New York	5.5 (4.9, 6.2) ^d	3.4 (2.5, 4.6) ^e	4.3 (3.3, 5.6)	9.0 (7.7, 10.5) ^d	3.4 (2.9, 4.0) ^d	5.8 (4.4, 7.6)	6.1 (5.0, 7.3) ^d
North Carolina	5.8 (4.9, 7.0) ^d	4.0 (2.7, 5.9)	5.3 (3.5, 8.0)	9.5 (7.5, 11.9) ^d	4.0 (3.1, 5.1)	4.1 (2.6, 6.6)	5.6 (3.9, 7.9)
North Dakota	6.1 (4.9, 7.6) ^d	3.2 (1.9, 5.2)	6.5 (3.9, 10.5)	9.7 (7.3, 12.8) ^d	4.6 (3.4, 6.2)	6.2 (3.6, 10.6)	10.4 (7.4, 14.3) ^d
Ohio	7.4 (6.5, 8.3) ^d	4.6 (3.5, 6.1)	7.2 (5.4, 9.5)	$10.6\left(9.0,12.3 ight)^{d}$	5.7 (4.9, 6.7)	$10.8\left(8.0,14.4 ight)^{d}$	$10.5\ (8.6,\ 12.8)^d$
$Oklahoma^{\mathcal{C}}$	8.7 (7.5, 10.0) ^d	6.2 (4.7, 8.2)	9.4 (6.8, 13.0)	11.4 (9.4, 13.7) ^d	7.6 (6.3, 9.3)	9.5 (6.8, 13.0)	11.8 (9.5, 14.6) ^d
Oregon	$7.0\left(6.0, 8.1 ight)^{d}$	4.9 (3.5, 6.9)	9.3 (6.6, 13.1) ^d	10.6 (8.9, 12.6) ^d	6.0 (4.8, 7.6) ^d	9.8 (6.8, 13.8) ^d	9.7 (7.6, 12.3) ^d
Pennsylvania $^{\mathcal{C}}$	7.4 (6.2, 8.7) ^d	3.6 (2.2, 5.9)	8.2 (5.3, 12.4) ^d	10.5 (8.4, 13.0) ^d	5.9 (4.5, 7.6) ^d	7.9 (5.1, 12.0) ^d	9.2 (7.0, 12.2) ^d
Rhode Island	6.9 (5.7, 8.3) ^d	3.2 (2.0, 5.1) ^e	7.6 (4.9, 11.6)	10.5 (8.2, 13.2) ^d	5.7 (4.5, 7.1)	8.6 (5.7, 12.8) ^d	8.8 (6.4, 11.9) ^d
South Carolina c	5.1 (4.4, 6.0) ^d	$3.0\ {(1.9, 4.6)}^{e}$	5.5 (3.7, 8.0)	7.5 (6.1, 9.2) ^d	3.9 (3.1, 4.9)	4.9 (3.4, 7.0)	5.4 (4.0, 7.1)
South Dakota	4.8 (3.6, 6.5)	I	I	8.7 (6.2, 12.0) ^d	3.3 (1.9, 5.7)	I	8.0 (5.0, 12.3) ^d

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or Manu:	Auth	ript	thor Manusc	Aut	cript	Author Manus
hy disability	Hearing	Vision	Cognition	Mobility	Self-care	Independent living
% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
7.1 (6.1, 8.2) ^d	6.4 (4.5, 9.0)	8.2 (6.0, 11.1) ^d	9.6 (7.9, 11.7) ^d	6.4 (5.2, 7.8)	7.6 (5.5, 10.4)	9.1 (7.2, 11.4) ^d
5.0 (5.0, 7.2) ^d	3.4 (2.2, 5.1) ^e	5.2 (3.5, 7.6)	$10.0\left(8.0,12.4 ight)^{d}$	4.9 (3.8, 6.4)	7.2 (4.6, 11.2)	6.9 (4.9, 9.6)
٦	12/21 500	711521031	7	52112 651	7	7

State	Any disability	Hearing	Vision	Cognition	Mobility	Self-care	Independent living	
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	
Tennessee	7.1 (6.1, 8.2) ^d	6.4 (4.5, 9.0)	8.2 (6.0, 11.1) ^d	9.6 (7.9, 11.7) ^d	6.4 (5.2, 7.8)	7.6 (5.5, 10.4)	9.1 (7.2, 11.4) ^d	
Texas	6.0 (5.0, 7.2) ^d	3.4 (2.2, 5.1) ^e	5.2 (3.5, 7.6)	10.0 (8.0, 12.4) ^d	4.9 (3.8, 6.4)	7.2 (4.6, 11.2)	6.9 (4.9, 9.6)	
Utah	8.1 (7.2, 9.1) ^d	4.3 (3.1, 5.9)	7.4 (5.3, 10.3)	12.6 (11.0, 14.4) ^d	5.3 (4.3, 6.5)	9.7 (7.3, 12.8) ^d	11.4 (9.3, 13.9) ^d	
Vermont ^c	4.8 (3.6, 6.4) ^d	I	I	6.9 (4.8, 9.8) ^d	3.5 (2.4, 5.0)	5.7 (3.2, 10.0)	8.5 (5.2, 13.8) ^d	
Virginia	6.5 (5.6, 7.4) ^d	3.5 (2.6, 4.7) ^e	6.2 (4.5, 8.4)	$10.0\left(8.4,11.9 ight)^{d}$	5.2 (4.3, 6.3)	7.0 (5.0, 9.6)	8.5 (6.6, 10.9) ^d	
Washington ^C	7.9 (7.0, 9.0) ^d	5.6 (4.2, 7.4)	8.9 (6.0, 12.9) ^d	11.5 (9.7, 13.6) ^d	6.7 (5.5, 8.0) ^d	8.9 (6.7, 11.6) ^d	$10.6(8.5,13.1)^d$	
West Virginia c	6.1 (5.2, 7.1) ^d	3.9 (2.8, 5.3) ^e	7.2 (5.5, 9.5) ^d	8.6 (6.9, 10.5) ^d	5.2 (4.3, 6.3)	7.6 (5.5, 10.4) ^d	6.9 (5.3, 8.9) ^d	
Wisconsin	7.0 (5.8, 8.5) ^d	5.1 (3.1, 8.3)	8.3 (4.7, 14.5)	$10.6(8.3,13.4)^d$	5.9 (4.4, 7.9)	$10.0\left(6.1,16.0 ight)^{d}$	10.0 (7.3, 13.5) ^d	
Wyoming	8.7 (7.4, 10.3) ^d	5.7 (3.9, 8.3)	6.7 (4.2, 10.5)	13.8 (11.0, 17.2) ^d	6.7 (5.1, 8.7)	6.6 (4.1, 10.4)	9.4 (6.8, 12.9) ^d	
Notes: All estimates are weighted according to BRF	FSS sampling meth	odology. CI: conf	idence interval;:	estimate not present	ed and chi-square	e test not conducted	because of relative stand	lard error >30%.
^a Current e-cigarette user includes persons aged 18	s years who reporte	d currently using	e-cigarettes every d	ay or some days at th	e time of the surv	/ey. Excludes respo	ndents with an unknown	use status.
$b_{\rm Any}$ disability includes persons aged 18 years we status was unknown.	ho reported having	serious difficulty	with vision, hearing	, mobility, cognition	, self-care, or inde	ependent living. Exe	cludes respondents whos	e disability
$^{\mathcal{C}}$ Includes only 2016 and 2017 data because the juri	sdiction did not par	ticipate in the 201	18 survey.					

 $d_{PC0.05}$ for the prevalence of current e-cigarette users among adults with the specific disability compared to current e-cigarette users among adults without the corresponding disability; for these comparisons, the prevalence of current e-cigarette use was higher for adults with than without the disability.

e R<0.05 for the prevalence of current e-cigarette users among adults with hearing disability compared to current e-cigarette users among adults without hearing disability; for these comparisons, the prevalence of current e-cigarette use was lower for adults with than without hearing disability.

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Table 3

State-specific prevalence of current e-cigarette use^a among adults with and without a disability^b aged 18 years or older, by age group—Behavioral Risk Factor Surveillance System, United States, 2016–2018.

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State			C	urrent e-cigarette us	e, % (95% CI)			
- '	18-2	ł years	25-4	4 years	45-64	years	65 y	ears
	Non-disability	Any disability	Non-disability	Any disability	Non-disability	Any disability	Non-disability	Any disability
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
All 50 states and District of Columbia, Median	9.5 (7.3, 12.4)	18.7 (15.0, 23.0) ^d	5.2 (4.2, 6.3)	11.5 (9.4, 14.1) ^d	2.5 (1.9, 3.2)	$5.5(4.5,6.8)^d$	0.8 (0.5, 1.3)	$1.4(0.9, 2.0)^d$
Alabama $^{\mathcal{C}}$	8.8 (6.2, 12.5)	13.6 (8.2, 21.8)	5.6 (4.5, 6.9)	8.1 (6.0, 10.8)	3.3 (2.6, 4.3)	6.5 (5.2, 8.1) ^d	0.7 (0.4, 1.2)	$1.5\left(1.0, 2.2\right)^{d}$
Alaska	8.5 (5.8, 12.3)	15.1 (8.2, 26.1)	5.2 (3.8, 7.1)	$12.3\ (8.0,\ 18.6)^d$	1.5 (1.0, 2.2)	4.0 (2.6, 6.0) ^d	1.0(0.5,1.9)	Ι
Arizona $^{\mathcal{C}}$	9.7 (7.7, 12.1)	13.8 (8.5, 21.5)	5.7 (4.7, 6.8)	14.6 (11.5, 18.3) ^d	2.9 (2.4, 3.5)	6.4 (5.2, 7.9) ^d	$1.0\ (0.7,\ 1.4)$	1.4(1.0, 1.8)
Arkansas	14.1 (9.9, 19.6)		6.4 (4.9, 8.2)	$12.0\left(8.9,16.0 ight)^{d}$	2.7 (2.0, 3.6)	7.2 (5.7, 9.1) ^d	1.2 (0.7, 1.9)	2.1 (1.4, 3.0)
California ^c	6.4 (5.1, 8.0)	14.1 (9.7, 20.1) ^d	3.9 (3.3, 4.5)	6.7 (5.1, 8.8) ^d	1.1 (0.8, 1.5)	$2.6(1.9,3.6)^d$	$0.5\ (0.2,\ 0.8)$	0.7 (0.4, 1.3)
Colorado	13.5 (11.0, 16.5)	29.0 (22.2, 36.9) ^d	6.0 (5.2, 6.9)	14.7 (11.7, 18.2) ^d	2.3 (1.9, 2.8)	7.0 (5.7, 8.7) ^d	1.2 (0.8, 1.8)	2.1 (1.4, 3.0)
Connecticut	10.8 (8.7, 13.2)	21.4 (15.6, 28.8) ^d	4.8 (4.1, 5.7)	9.6 (7.3, 12.5) ^d	1.7 (1.4, 2.0)	5.3 (4.4, 6.5) ^d	$0.6\ (0.4,\ 0.8)$	$1.3\left(0.8, 2.1\right)^{d}$
Delaware	8.3 (6.0, 11.3)	20.9 (14.0, 29.9) ^d	4.4 (3.4, 5.5)	12.8 (9.3, 17.2) ^d	1.9 (1.4, 2.6)	6.9 (5.2, 9.1) ^d	0.9 (0.5, 1.5)	1.3 (0.8, 2.0)
District of Columbia $^{\mathcal{C}}$	5.5 (3.2, 9.5)	Ι	2.4 (1.7, 3.5)	Ι	1.1 (0.7, 1.8)	4.1 (2.7, 6.1) ^d	I	Ι
Florida	10.9 (8.9, 13.4)	15.3 (11.0, 21.0)	5.4 (4.6, 6.4)	11.5 (9.4, 14.1) ^d	2.9 (2.4, 3.4)	6.2 (5.3, 7.3) ^d	1.2 (0.9, 1.7)	1.5 (1.1, 2.0)
Georgia	9.2 (7.3, 11.5)	12.7 (8.8, 18.2)	5.4 (4.5, 6.5)	$10.6\left(8.3,13.4 ight)^{d}$	2.6 (2.1, 3.2)	5.1 (4.1, 6.4) ^d	0.8 (0.5, 1.2)	$1.4\left(1.0, 2.1\right)^{d}$
Hawaii	13.8 (11.7, 16.3)	19.9 (14.4, 27.0)	6.4 (5.6, 7.4)	12.8 (10.0, 16.1) ^d	2.7 (2.2, 3.3)	4.1 (3.0, 5.4) ^d	0.8 (0.5, 1.3)	1.3 (0.8, 2.0)
Idaho	8.7 (6.5, 11.7)	26.4 (17.4, 38.0) ^d	4.5 (3.5, 5.8)	12.0 (8.2, 17.2) ^d	3.0 (2.3, 4.0)	6.9 (5.1, 9.3) ^d		1.8 (1.2, 2.9)
Illinois ^c	7.4 (5.3, 10.1)	24.1 (15.4, 35.5) ^d	4.1 (3.2, 5.4)	12.8 (8.2, 19.5) ^d	2.8 (2.1, 3.7)	5.1 (3.7, 7.0) ^d	I	1.4 (0.8, 2.5)
Indiana	11.2 (9.2, 13.6)	16.6 (11.7, 23.1)	6.6 (5.7, 7.5)	$13.0(10.6,15.7)^d$	3.1 (2.6, 3.6)	6.9 (5.8, 8.0) ^d	1.3 (1.0, 1.8)	1.7 (1.3, 2.3)
Iowa	9.7 (8.1, 11.7)	19.5 (14.4, 25.8) ^d	4.3 (3.6, 5.0)	13.3 (10.6, 16.6) ^d	2.1 (1.7, 2.5)	6.9 (5.6, 8.4) ^d	$0.7\ (0.4,\ 1.1)$	0.8(0.5,1.1)
Kansas	9.2 (7.5, 11.2)	15.6 (11.3, 21.3) ^d	5.5 (4.8, 6.3)	$12.6(10.1,15.5)^d$	2.2 (1.9, 2.6)	$7.2\ (6.0,\ 8.6)^d$	0.8 (0.6, 1.1)	1.5 (1.1, 2.1) ^d

	18-24	l years	25-4	ł years	45-64	years	65 y	ears
	Non-disability	Any disability	Non-disability	Any disability	Non-disability	Any disability	Non-disability	Any disability
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Kentucky ^c	11.3 (8.3, 15.2)	15.2 (10.4, 21.6)	5.8 (4.7, 7.1)	9.8 (7.5, 12.7) ^d	3.3 (2.5, 4.3)	8.3 (6.6, 10.5) ^d		1.6 (0.9, 2.6)
Louisiana	9.9 (7.4, 13.1)	17.7 (12.0, 25.3) ^d	6.8 (5.6, 8.3)	8.7 (6.3, 11.9)	2.5 (1.9, 3.3)	6.1 (4.8, 7.8) ^d	1.0 (0.6, 1.7)	1.0 (0.7, 1.6)
Maine	9.5 (6.4, 13.9)	29.6 (19.1, 42.8) ^d	4.6 (3.7, 5.7)	14.4 (11.0, 18.6) ^d	1.8 (1.4, 2.4)	5.0 (3.9, 6.5) ^d	0.7 (0.5, 1.0)	1.2 (0.7, 2.0)
Maryland	6.8 (5.3, 8.7)	11.8 (8.0, 17.1) ^d	4.1 (3.5, 4.8)	10.4 (8.0, 13.2) ^d	1.7 (1.4, 2.0)	5.1 (4.2, 6.1) ^d	$0.5\ (0.4,\ 0.8)$	$0.9\ (0.7, 1.3)^d$
Massachusetts	8.8 (6.7, 11.4)	17.5 (11.7, 25.4) ^d	4.9 (4.0, 5.9)	10.5 (7.7, 14.0) ^d	1.9 (1.5, 2.5)	5.8 (4.5, 7.5) ^d	I	1.9 (1.1, 3.2)
Michigan	13.5 (11.4, 15.8)	21.9 (17.2, 27.3) ^d	5.0 (4.2, 5.8)	10.6 (8.7, 12.8) ^d	2.4 (2.0, 2.9)	$5.6\left(4.7, 6.8 ight)^{d}$	$1.0\ (0.7,\ 1.4)$	1.2 (0.8, 1.7)
Minnesota	11.5 (10.2, 13.0)	18.7 (15.0, 23.0) ^d	3.8 (3.4, 4.3)	8.2 (6.8, 9.9) ^d	2.2 (1.9, 2.5)	4.4 (3.6, 5.2) ^d	0.7 (0.5, 0.9)	$1.5\left(1.1, 2.0 ight)^{d}$
Mississippi	8.6 (6.3, 11.7)	17.7 (11.7, 25.9) ^d	5.4 (4.4, 6.7)	$10.0\left(7.7,13.0 ight)^{d}$	2.7 (2.1, 3.6)	5.3 (4.2, 6.8) ^d	1.1 (0.6, 1.7)	1.5 (1.0, 2.3)
Missouri	11.6 (9.1, 14.7)	11.8 (7.7, 17.7)	4.8 (3.9, 5.9)	11.9 (8.9, 15.8) ^d	3.3 (2.7, 4.1)	7.0 (5.6, 8.7) ^d	0.8 (0.6, 1.2)	$1.4\left(1.0, 2.0 ight)^{d}$
Montana	9.5 (7.3, 12.4)	22.9 (15.3, 32.8) ^d	4.2 (3.3, 5.3)	$10.8 \ (8.1, \ 14.3)^d$	1.8 (1.3, 2.5)	4.9 (3.6, 6.7) ^d	0.8 (0.5, 1.3)	1.3 (0.8, 2.0)
Nebraska	9.3 (7.8, 11.1)	19.8 (14.9, 25.8) ^d	5.3 (4.6, 6.0)	9.5 (7.3, 12.2) ^d	2.7 (2.2, 3.2)	$5.5(4.5,6.8)^d$	1.1 (0.8, 1.6)	1.5 (1.0, 2.2)
Nevada ^C	11.3 (8.0, 15.8)	17.7 (10.2, 29.1)	5.8 (4.3, 7.8)	12.8 (8.8, 18.4) ^d	3.3 (2.1, 5.1)	5.0 (3.5, 6.9)	I	3.2 (1.9, 5.1)
New Hampshire	11.6 (8.2, 16.3)	19.4 (12.6, 28.7)	6.0 (4.8, 7.6)	14.1 (10.5, 18.8) ^d	1.7 (1.3, 2.2)	5.5 (4.2, 7.2) ^d	0.4 (0.2, 0.7)	$1.3\left(0.8, 2.2\right)^{d}$
New Jersey ^C	9.4 (6.8, 12.9)	19.8 (12.3, 30.3) ^d	3.7 (2.8, 4.8)	12.1 (8.6, 16.7) ^d	2.0 (1.5, 2.6)	4.5 (3.2, 6.2) ^d	0.7~(0.4,1.0)	I
New Mexico ^c	12.4 (9.0, 16.8)	I	4.7 (3.6, 6.2)	13.2 (9.7, 17.7) ^d	2.0 (1.5, 2.8)	3.6 (2.6, 5.1) ^d	0.9 (0.6, 1.5)	1.2 (0.8, 1.9)
New York	9.4 (8.0, 11.1)	19.3 (14.6, 24.9) ^d	4.8 (4.3, 5.4)	10.1 (8.4, 12.1) ^d	2.5 (2.1, 2.9)	$4.1(3.4,4.9)^d$	1.1 (0.7, 1.6)	1.1 (0.7, 1.5)
North Carolina	8.9 (6.8, 11.6)	19.1 (12.4, 28.2) ^d	5.7 (4.7, 6.8)	9.4 (6.9, 12.6) ^d	2.5 (1.9, 3.2)	5.3 (4.0, 7.1) ^d	Ι	1.2 (0.8, 1.9)
North Dakota	13.1 (10.5, 16.3)	20.1 (13.0, 29.6)	4.4 (3.7, 5.4)	11.1 (7.9, 15.2) ^d	1.6 (1.2, 2.0)	4.4 (3.2, 6.1) ^d	0.4 (0.2, 0.7)	
Ohio	10.7 (8.8, 13.0)	18.9 (14.0, 25.0) ^d	5.8 (4.9, 6.8)	13.5 (11.1, 16.4) ^d	3.4 (2.8, 3.9)	6.2 (5.2, 7.5) ^d	0.8 (0.6, 1.1)	1.9 (1.4, 2.6) ^d
$Oklahoma^{\mathcal{C}}$	11.3 (8.2, 15.5)	19.6 (13.0, 28.5)	6.9 (5.7, 8.4)	15.0 (11.8, 18.8) ^d	4.1 (3.3, 5.1)	7.9 (6.4, 9.6) ^d	1.6 (1.1, 2.4)	2.4 (1.7, 3.4)
Oregon	9.0 (7.0, 11.4)	19.9 (14.3, 27.0) ^d	5.3 (4.5, 6.2)	11.0 (8.8, 13.7) ^d	2.3 (1.8, 2.9)	6.7 (5.3, 8.4) ^d	0.6(0.4,1.0)	1.1 (0.6, 1.9)

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Current e-cigarette use, % (95% CI)

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Current e-cigarette use, % (95% CI)

	18-24	years	25-4	4 years	45-64	years	65 y	ears
	Non-disability	Any disability	Non-disability	Any disability	Non-disability	Any disability	Non-disability	Any disability
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Pennsylvania $^{\mathcal{C}}$	6.5 (4.8, 8.8)	15.5 (9.9, 23.4) ^d	4.5 (3.6, 5.6)	15.9 (12.2, 20.4) ^d	2.5 (2.0, 3.2)	6.6 (5.0, 8.6) ^d	0.8 (0.5, 1.4)	1.1 (0.6, 1.8)
Rhode Island	9.5 (6.8, 13.2)	15.0 (8.5, 25.1)	5.3 (4.2, 6.6)	10.5 (7.7, 14.1) ^d	3.2 (2.5, 3.9)	6.6 (5.2, 8.3) ^d	0.5 (0.3, 0.9)	1.9 (1.3, 2.8) ^d
South Carolina ^C	7.3 (5.4, 9.8)	$14.5\ (9.0,\ 22.4)^d$	5.5 (4.6, 6.6)	9.4 (7.2, 12.2) ^d	2.9 (2.3, 3.6)	$4.6\left(3.7, 5.8 ight)^{d}$	0.8 (0.6, 1.2)	1.4 (0.9, 2.0)
South Dakota	8.8 (6.3, 12.2)	20.6 (11.3, 34.8)	4.1 (2.8, 5.8)	$10.3 \ (6.8, 15.1)^d$	2.2 (1.5, 3.1)	2.7 (1.5, 4.6)	0.4 (0.2, 0.7)	
Tennessee	11.6 (8.9, 15.0)	19.7 (13.4, 28.0) ^d	6.1 (5.0, 7.4)	12.3 (9.6, 15.6) ^d	3.0 (2.3, 3.9)	6.6 (5.3, 8.3) ^d	1.2 (0.8, 1.8)	1.4 (0.9, 2.0)
Texas	8.1 (6.3, 10.4)	14.7 (9.5, 22.1)	5.2 (4.2, 6.3)	8.7 (6.6, 11.4) ^d	3.4 (2.6, 4.5)	6.2 (4.7, 8.2) ^d		1.2 (0.7, 2.0)
Utah	10.8 (9.4, 12.3)	23.6 (19.3, 28.5) ^d	5.1 (4.6, 5.8)	12.4 (10.5, 14.6) ^d	1.7 (1.4, 2.1)	5.0 (3.9, 6.5) ^d	0.6(0.3,0.9)	1.0 (0.6, 1.7)
Vermont ^c	5.6 (3.6, 8.5)	I	4.6 (3.3, 6.4)	9.4 (5.7, 15.2)	1.2 (0.8, 1.7)	3.2 (2.2, 4.6) ^d	$0.4\ (0.2,0.7)$	$1.1\ (0.6,1.9)^d$
Virginia	10.4 (8.5, 12.6)	15.6 (11.1, 21.4)	5.8 (5.1, 6.7)	11.4 (9.1, 14.2) ^d	2.1 (1.7, 2.5)	5.7 (4.7, 6.9) ^d	0.8 (0.5, 1.1)	1.2 (0.8, 1.7)
Washington $^{\mathcal{C}}$	8.4 (6.8, 10.2)	22.3 (16.6, 29.2) ^d	4.7 (4.1, 5.5)	11.7 (9.5, 14.4) ^d	2.5 (2.1, 3.0)	7.2 (5.9, 8.7) ^d	$0.7\ (0.5,\ 1.0)$	$1.6\left(1.1, 2.2\right)^{d}$
West Virginia ^d	8.7 (6.1, 12.2)	17.2 (10.7, 26.6)	5.9 (4.8, 7.3)	11.5 (9.0, 14.6) ^d	2.9 (2.2, 3.7)	5.3 (4.3, 6.4) ^d	1.1 (0.6, 1.7)	1.4 (1.0, 2.1)
Wisconsin	11.4 (8.9, 14.5)	18.7 (12.4, 27.1)	5.0 (4.0, 6.2)	$13.7(10.1,18.4)^d$	2.3 (1.7, 3.1)	5.5 (4.0, 7.5) ^d	l	I
Wyoming	14.5 (11.2, 18.5)	22.7 (14.9, 33.0)	5.1 (4.1, 6.4)	17.6 (13.6, 22.4) ^d	2.5 (1.9, 3.2)	6.8 (5.3, 8.7) ^d	0.7 (0.4, 1.2)	1.1 (0.7, 1.9)
Notes: All estimates are weighted according to B	3RFSS sampling meth	odology. CI: confiden	ice interval;: est	imate not presented a	nd chi-square test	not conducted beca	use of relative sta	ndard error >30%.
Current e-cigarette user includes persons aged	18 years who reporte	d currently using e-ci	garettes every day	or some days at the t	me of the survey. I	Excludes responder	ıts with an unknow	/n use status.
^b Any disability includes persons aged 18 years status was unknown.	who reported having	serious difficulty with	ı vision, hearing, n	arobility, cognition, se	lf-care or independ	lent living. Exclude	s respondents who	ose disability
$c_{ m Includes}$ only 2016 and 2017 data because the ju	urisdiction did not par	ticipate in the 2018 st	urvey.					

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d P<0.05 for the prevalence of current e-cigarette users among adults with disabilities compared to current e-cigarette users among adults without disabilities in the corresponding age group.