

OSH/CDC Tobacco Use Supplement Uses and Tools



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Background and Purpose

- Highlight the Office on Smoking and Health's uses of the Tobacco Use Supplement to the Current Population Survey including:
 - Healthy People 2010 Tracking
 - The STATE System
 - The Question Inventory on Tobacco
 - Tracking Progress Toward Elimination of Disparities
 - Publications

Healthy People 2010 Tracking

- The TUS-CPS is the data source for tracking progress toward 100% smoke-free workplaces, Healthy People 2010 Objective 27-12:
- “Increase the proportion of persons covered by indoor worksite policies that prohibit smoking.”

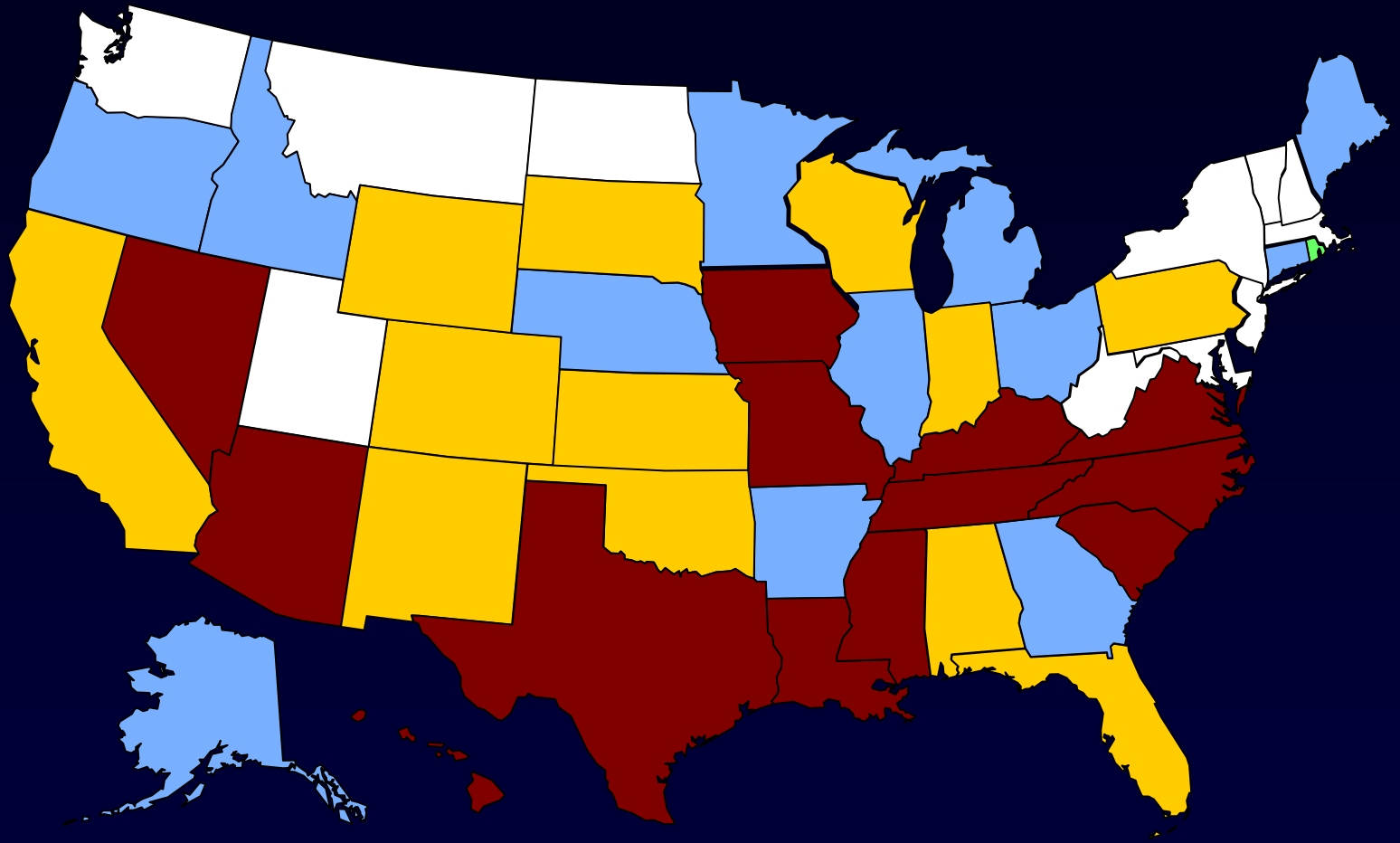
Worksite indoor smoking bans, 2006/2007

55.0-71.5 

71.6-75.5 

75.6-79.8 

75.6-79.8 



The STATE System - CDC/OSHA Data Warehouse

<http://apps.nccd.cdc.gov/StateSystem/index.aspx>

The State Tobacco Activities Tracking and Evaluation (STATE) System is an electronic data warehouse containing up-to-date and historical state-level data on tobacco use prevention and control:

- Behaviors (cigarettes, cigar, pipe, smokeless tobacco use, cessation)
- Demographics (resident population estimates)
- Economics (cigarette sales, agriculture, manufacturing, tobacco settlement revenue)
- Environment (sales to minors, smokefree policies)
- Funding (actual and recommended funding)
- Health Consequences and Costs (state SAMMEC estimates, YPLLs)
- Legislation (advertising, excise taxes, fire safety, licensure, preemption, smokefree indoor air, and youth access)



The STATE System - TUS/CPS

- Current Smoking (overall, gender)
- Cigarette Use (overall, gender, race/ethnicity, age, women of childbearing age, education)
 - Current
 - Everyday
 - Some day
 - Former
 - Never
- Cigar, Pipe, and Smokeless Use—Current, Former, Never (overall, gender)

The STATE System - TUS/CPS *(cont)*

- Environment
 - % Households with Complete Smoking Bans
 - % Employed persons protected by policies prohibiting smoking in indoor work and common areas (overall, gender)

The Question Inventory on Tobacco

<http://apps.nccd.cdc.gov/qit/QuickSearch.aspx>

The Question Inventory on Tobacco is an internet database developed by CDC's Office on Smoking and Health. The database categorizes more than 3400 tobacco-related questions from 19 different tobacco surveys.

This site can be used to:

- Collect information on survey questions used in the past
- Locate publicly available data, questionnaires and documentation for secondary analyses
- Read brief descriptions of each survey's methodology
- Gather ideas for future instrument development

The Question Inventory on Tobacco

<http://apps.nccd.cdc.gov/qit/QuickSearch.aspx>

The Question Inventory on Tobacco provides easy-to-use simple or advanced search capabilities to locate survey questions by:

- Survey
- Year of survey
- Use of categories and keywords
- Full-text searching

The Question Inventory on Tobacco

<http://apps.nccd.cdc.gov/qit/QuickSearch.aspx>

Each survey question in the system provides an answer format and is:

- Linked to other surveys that have used the same or a similar question along with respective answer formats
- Includes years each question was used in each survey
- Includes years for which each survey is currently available in the Question Inventory on Tobacco

Included to date are questions from 19 different health surveys, most of which are national surveys published on or after 1990. The list of questions and surveys is expected to grow as OSH continues to enhance the site and add questions from additional surveys such as state surveys and newer surveys.



Tracking Disparities - Indicators

- Smoking status (current, former, never)
- Use of pipes, cigars, and smokeless tobacco (snuff or chewing tobacco)
- Prevalence of having quit for 1 day or more
- Percent of former smokers among ever smokers (quit ratios)
- Prevalence of having been advised by a doctor to quit smoking
- Prevalence of planning to quit smoking in the next 6 mos
- Prevalence of work site and home smoking bans

Publications

Vol. 56 / No. 20 MMWR 501 State-Specific Prevalence of Smoke-Free Home Rules— United States, 1992–2003

HH Type	1992	2003
Total	43.2%	72.2%
0 smokers	56.8%	83.5%
>= 1 smoker	9.6%	31.8%



State-Specific Prevalence of Smoke-Free Home Rules — United States, 1992–2003

Secondhand smoke (SHS) causes premature death and disease in children and nonsmoking adults (1). The home is the primary source of exposure to SHS for infants and children and a major source of SHS exposure for nonsmoking adults (2). To assess trends in national and state-specific prevalence of home “no smoking” rules (i.e., smoke-free home rules), CDC analyzed data from the Tobacco Use Supplement to the Current Population Survey for 1992–1993, 1998–1999, and 2003. This report summarizes the results of that analysis, which indicated that the national prevalence of households with smoke-free home rules in the United States increased significantly, from 43.2% during 1992–1993 to 72.2% in 2003. During this period, the national prevalence of such rules increased from 9.6% to 31.8% among households with at least one smoker and from 56.8% to 83.5% among households with no smoker. A regression analysis of the rate of change over time indicated that the increase in smoke-free homes during this period was not significantly different for households with at least one smoker compared with households with no smoker. Statistically significant increases in the prevalence of smoke-free home rules were also observed in all states, although variation was observed among states. Comprehensive tobacco-control measures, including 1) evidence-based interventions to help smokers quit, 2) policies making workplaces and public places smoke-free, 3) voluntary rules making homes smoke-free, and 4) initiatives to educate the public regarding the health effects of SHS, are needed to further reduce exposure of nonsmokers to SHS.

The Current Population Survey (CPS) is a continuous monthly household survey administered by the U.S. Census Bureau for the Bureau of Labor Statistics that examines labor-force indicators for the U.S. civilian, noninstitutionalized population aged ≥15 years (2). Since 1992–1993, the National Cancer Institute has sponsored a Tobacco Use Supplement (TUS) to this survey with questions on tobacco use and related topics, including voluntary home smoking rules. CDC has cosponsored the supplement since 2001. The TUS-CPS was conducted in selected months during 1992–1993, 1995–1996, 1998–1999, 2000, 2001–2002, and 2003. Approximately 75% of respondents were contacted by telephone, and 25% of respondents were contacted by personal home visit. The supplement self-response rates for the TUS-CPS ranged from 65% in 2003 to 72% during 1992–1993 (2).^{*} Data

were adjusted for nonresponse and weighted using the household supplement self-response weight. This weight was calculated by summing the self-response weights for all respondents aged ≥15 years and dividing by the rostered number of persons aged ≥15 years to provide national and state prevalences of smoke-free home rules.

Each household member aged ≥15 years was asked, “Which statement best describes the rules about smoking inside your home?” The response options were 1) “No one is allowed to smoke anywhere inside your home,” 2) “Smoking is allowed in some places or at some times inside your home,” or 3) “Smoking is permitted anywhere inside your home.” Excluded from the analysis were households with discrepancies in household members’ responses (e.g., when one respondent reported a smoke-free home rule and another respondent from the same household reported that smoking is allowed inside the home).

From 1992–1993 to 2003, increases occurred nationally and in every state in the percentage of households with complete smoke-free home rules (i.e., no one is allowed to smoke anywhere inside the home) (Table). During 1992–1993, the percentage of households with smoke-free home rules ranged from 25.7% in Kentucky to 69.6% in Utah. In 2003, the percentage ranged from 53.4% in Kentucky to 88.8% in Utah. The state with the smallest increase during this period was Utah, which had the highest prevalence of smoke-free home rules during 1992–1993. Kentucky, the state with the lowest prevalence of smoke-free home rules during 1992–1993, had the largest increase during this period.

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Editorial Note: Revised *Healthy People 2010* objectives call for reducing the proportion of children aged ≤6 years who are exposed regularly (≥4 days per week) to SHS in the home to 6% (objective 27-9) and reducing to 63% the proportion of nonsmokers aged ≥4 years who are exposed to SHS, as measured by having detectable levels of cotinine (a metabolite of nicotine used as a biologic marker for SHS exposure in nonsmokers) in their blood (objective 27-10) (3). The second objective has already been met: approximately 47% of U.S. nonsmokers were exposed to SHS during 1999–2002. In addition, the prevalence of regular exposure of children aged ≤6 years to SHS in the home has declined, from 27% in 1994 to 8% in 2005. The progress made toward realizing these objectives reflects recent decreases in SHS exposure in workplaces, public places, homes, and other settings.

The recently published Surgeon General’s report *The Health Consequences of Involuntary Exposure to Tobacco Smoke* notes

^{*} Additional information available at <http://riskfactor.cancer.gov/studies/tus-cps/info.html>.



Publications in Progress

- In collaboration with Anne Hartman (lead author) and Alison Freeman at EPA, we hope to publish another MMWR article before the end of the year:
State-Specific Prevalence of Smokers' Households Potentially Exposing Children Under 7 Years to Secondhand Smoke: United States, 1992-2003
- Use and awareness of quitlines and other cessation services including physician referral to quitlines, United States 2006-2007

Acknowledgements



Anne Hartman, MS, NCI
James Todd Gibson, BS, IMS

www.cdc.gov/tobacco

The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



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