Tennessee Adult Tobacco Survey

2002

Tennessee Department of Health
Health Promotion/Disease Control
Tobacco Control Program
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Nashville, TN 37247-5210

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Health Promotion and Disease Control

Tobacco Control

This report was produced through a contract between

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And
East Tennessee State University
College of Public and Allied Health

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Introduction

Tennessee was selected by the Centers for Disease Control and Prevention, Office on Smoking and Health, as one of three pilot states to conduct a statewide Adult Tobacco Survey. A geographically stratified random sample of 2,466 Tennessee residents, ages 18 and over, were surveyed, via telephone, on topics such as tobacco use, cessation, clinician counseling, health risk perception and social influences. The results gathered from this first survey will provide vital baseline data for the further development and evaluation of tobacco control programs and policies.

2002 Tennessee Adult Tobacco Survey

Purpose

The purpose of this report is to provide reliable data on adult tobacco use and cessation efforts to create a mechanism for program development and intervention evaluation. It is essential that trends in adult tobacco use, attitudes, and cessation efforts be monitored, as adults are key role models for youth tobacco behaviors. Adults are also important as they establish social norms for tobacco use. Adult cessation efforts have a direct impact on the risk of environmental tobacco smoke that contributes to many smoking related diseases and disability. The objective of this research effort is to provide scientifically valid, Tennessee specific data on knowledge, behaviors, and attitudes related to tobacco. Outcomes will support policy development, advocacy, and intervention program planning/evaluation. The report will support the Tennessee goals of assisting current smokers to quit, preventing new smokers from starting, and to protect all the citizens of Tennessee from second hand environmental tobacco smoke.

Methodology

A Computer Assisted Telephone Interview (CATI) survey was conducted statewide on 2,466 Tennessee residents. The survey instrument was jointly developed and validated by the Office on Smoking and Health at the Centers for Disease Control and Prevention and the Tennessee Department of Health. The instrument consisted of a 43-item questionnaire that included information on tobacco use, cessation, environmental tobacco smoke, risk perception, and social influences. A stratified random sample was drawn using random digit dialing software, based upon county population estimates. Survey administration was conducted by the Social Science Research Institute at the University of Tennessee. In each household, one person was selected at random. The overall response rate was 33.5%.

Informed consent and confidentiality

The Adult Tobacco Survey was completely random and anonymous; therefore, informed consent was not required. The respondents were informed of the voluntary nature of the survey and could end it at any time. Person specific information will never be used.

Weighting

The Adult Tobacco Survey follows a weighting procedure similar to the Behavioral Risk Factor Survey. The BRFSS DSS Weighting Formula is:

FINAL WEIGHT = GEOWT * DENSWT * DESWT * PSWT

Where

GEOWT = Geographic Weight
DENSWT = Density Weight
DESWT = Design Weight
PSWT = Post-Stratification Weight

Fortunately, Genesys employs the "gold standard" of procedures; specifically, the sampling frame consists of all one-plus block numbers in Tennessee. (A "block" is a set of one hundred numbers with the same area code, prefix, and first two digits, e.g., 865-573-34xx, is a block. A "one-plus" block has one or more working numbers in the block) Moreover, Genesys samples these blocks at the same rate. Therefore, it is not necessary to calculate geographic weights or density weights.

Moreover, DESWT, the design weight, is merely

DESWT = 1/NPH * NAD

Where

NPH = the number of personal phone lines coming into the residence (thereby eliminating business lines, fax lines, computer lines, etc.)
NAD = the number of adults in the household

So, the weighting formula we applied was

FINAL WEIGHT = 1/NPH * NAD * PSWT

If NPH was missing, a value of 'one' was imputed.

If NAD was missing, a value of "two" was imputed (since this is the modal response).

Sampling Limitations

According to the 2000 U.S. Census, 3% of Tennessee households were without telephones, making them ineligible for the survey. The data are weighted to reflect the age, sex, and race/ethnic distribution of Tennessee's adult population, and to account for differences in the probability of selection (e.g., households with more than one telephone line have a higher probability of selection), and for non-response.

Data Analysis

Data analysis was done in-house using SPSS PC based statistical software. The survey produced estimates on statewide prevalence of tobacco use and results of tobacco related opinion questions. Estimates for all adults are accurate within $\pm$ 4 percentage points while estimates for characteristics of the smoking population are relatively within $\pm$ 5 percentage points.

2002 Tennessee Adult Tobacco Survey

Executive Summary

Tobacco is responsible for enormous health, economic, and emotional consequences in Tennessee. It has a direct and indirect financial cost in millions of dollars just for health care expenditures alone. It not only is causally related to numerous diseases but also reduces overall productivity in state and local businesses due to days of illness resulting in a loss of workdays. Programs targeting the prevention of smoking and the cessation of tobacco use will be instrumental in reducing the personal and social costs due to tobacco related illness and disability. Preventing and reducing tobacco use will save Tennessee taxpayers millions of dollars and thousands of lives. It is estimated that for every one-dollar invested in prevention programs about 14 dollars are saved in future costs.

Key Findings

- 53.3% of the adults surveyed considered their general health to be very good or excellent.
- 48.4% of the respondents had smoked at least 100 cigarettes in their lifetime.
- 25% of respondents indicated that they still smoke cigarettes on a regular basis.
- Of those respondents that had smoked 100 cigarettes, 51.6% currently smoke everyday or some days.
- The mean number of cigarettes smoked daily by current smokers was 20 (one pack per day).
- 69.4% of current smokers had their first cigarette of the day within an hour of awakening.
- 61.8% of former smokers had not smoked for 10 years or more.
- 49.9% of current smokers had made at least one attempt to quit smoking within the last year.
- Both former and current smokers reported little use of aids (such as medication, classes, or counseling) when quitting or attempting to quit.
- Over half (52.8%) of current smokers were seriously considering stopping smoking in the next six months, while 45.6% were considering stopping within the next 30 days.

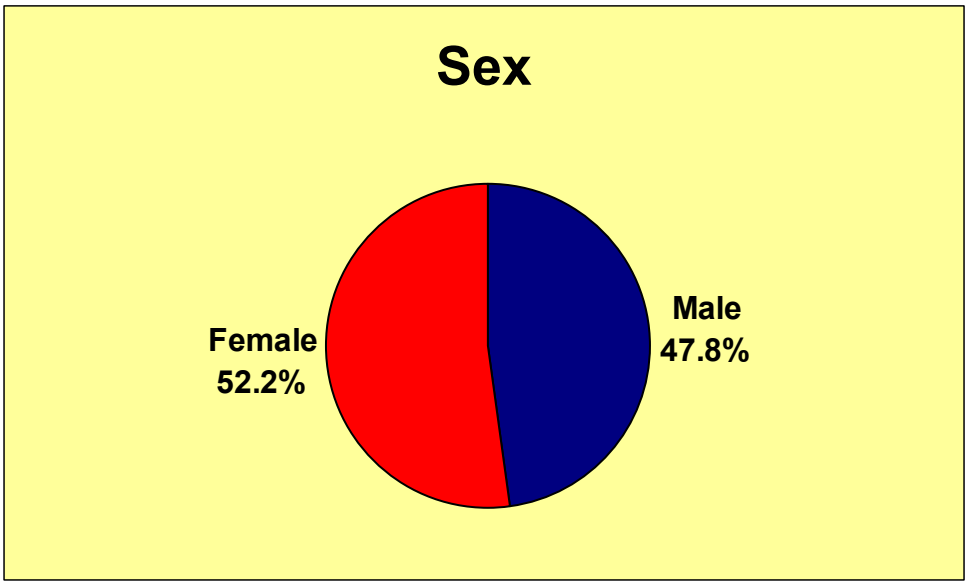
- Of the current smokers that had seen a health professional within the last year, only 55% reported being advised to stop smoking. Of those that were not advised to quit, only 66.7% were asked whether or not they smoked.
- 63.4% of the respondents reported that smoking was not allowed anywhere in the home.
- Of those respondents that worked indoors most of the time, 69.8% reported that smoking was not allowed in any work areas, and 70% reported that smoking was not allowed in any public areas.
- 57.9% of the respondents were of the opinion that smoking should not be allowed in any indoor work areas.
- 46.3% of respondents were of the opinion that smoking should not be allowed in any indoor dining areas of restaurants.
- 60.4% of respondents expressed the opinion that smoking should not be allowed at all in indoor shopping malls.
- 73.8% of respondents disagreed that there is little health benefit to quitting smoking after 20 years.
- 53.0% of those surveyed believed that second hand smoke is very harmful to one's health.
- 73.2% of respondents believed that second hand smoke causes lung cancer in adults.
- 62.1% of respondents reported the belief that breathing second hand smoke causes heart disease in adults.
- Only 18.3% of respondents were aware of the association between second hand smoke and colon cancer.
- 89.6% of those surveyed reported the belief that breathing smoke from other people's cigarettes causes respiratory problems in children.
- Only 27.2% of those surveyed expressed the belief that exposure to second hand smoke is related to sudden infant death syndrome (SIDS).
- The age group from 25 to 54 has the highest rate of current smoking.
- One third of Tennessee households with smoking adults continue to have second hand tobacco smoke exposure to children under the age of ten.
- Tennessee women experience higher cessation rate failures than do Tennessee men.

- Additional public health education related to the dangers of second hand tobacco smoke should target Tennessee parents.
- Awareness of the disease risk related to environmental tobacco smoke is almost universal yet actual behaviors do not occur accordingly.
- Former smokers have less tolerance for environmental tobacco smoke in all age, race, and gender groups.

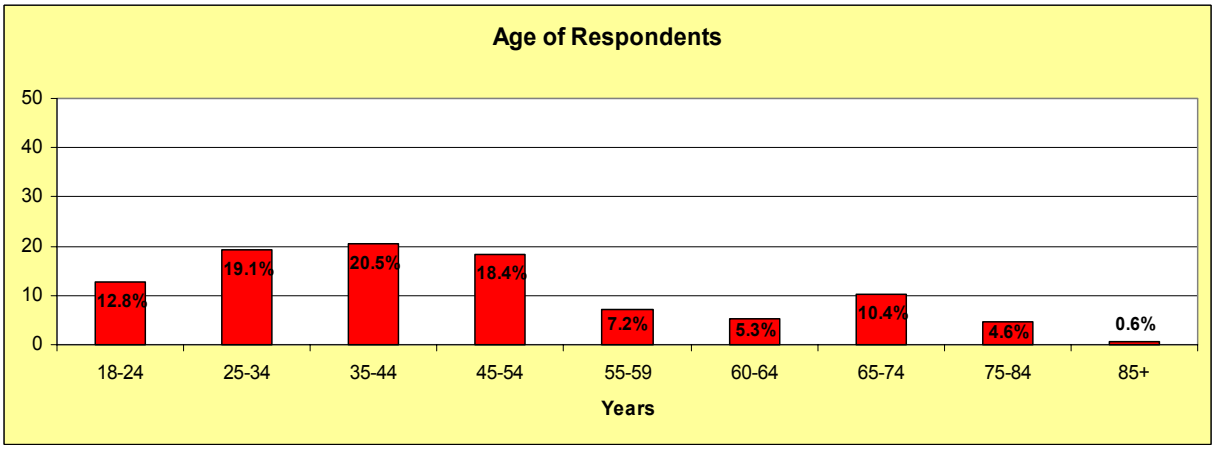
2002 Tennessee Adult Tobacco Survey

Summary Findings

Demographic Profile

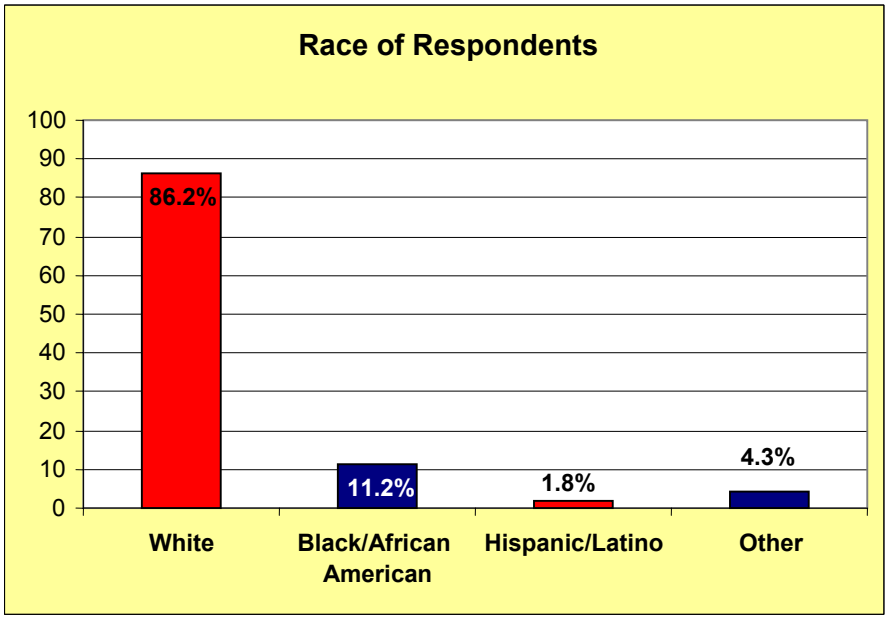


- The sample was weighted to closely reflect the 2000 U.S. Census numbers for male and female population distribution in the State of Tennessee.

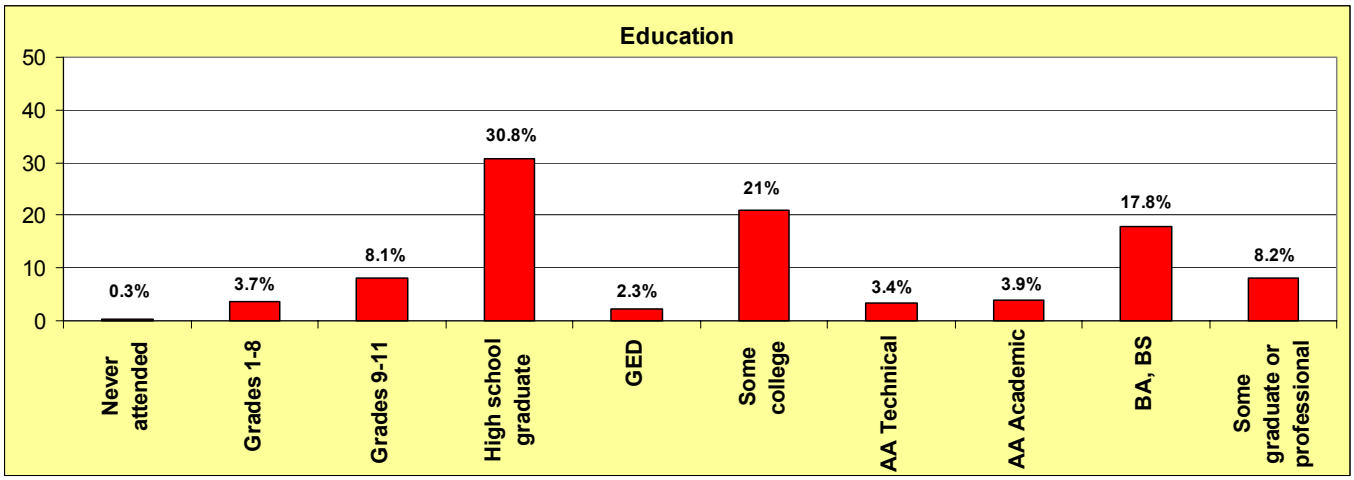


- The majority of respondents (58%) were between the ages of 25 and 54. The sample correlated with the age proportion of Tennessee 2000 census data.

Demographic Profile



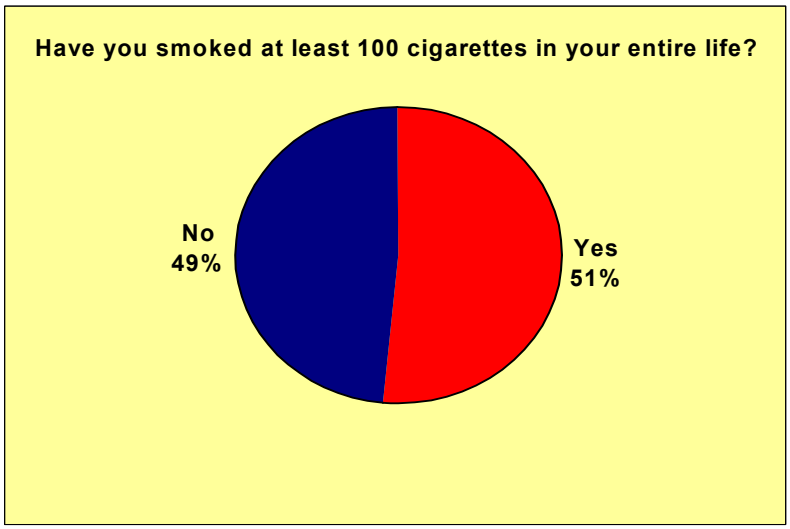
- Racially, the sample closely correlated with the racial breakdown of the state, based upon 2000 U.S. Census data.



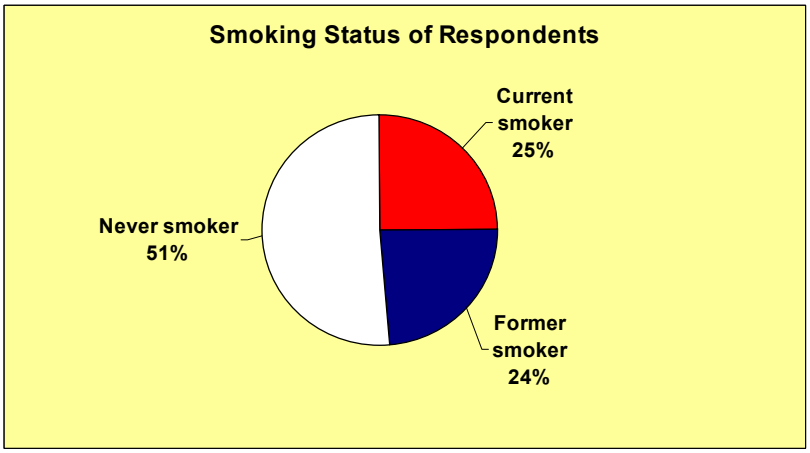
- The majority of the respondents (87.4%) had at least a high school education.

Tobacco Use

This section examines the estimates of current smokers, never smokers and former smokers. Current smokers were identified as having smoked at least 100 cigarettes in their lifetime and were still smoking cigarettes “everyday” or “some days”. Former smokers were identified as having smoked at least 100 cigarettes in their lifetime but now do not smoke at all. The never smoker category included individuals who have not smoked 100 cigarettes in their lifetime.

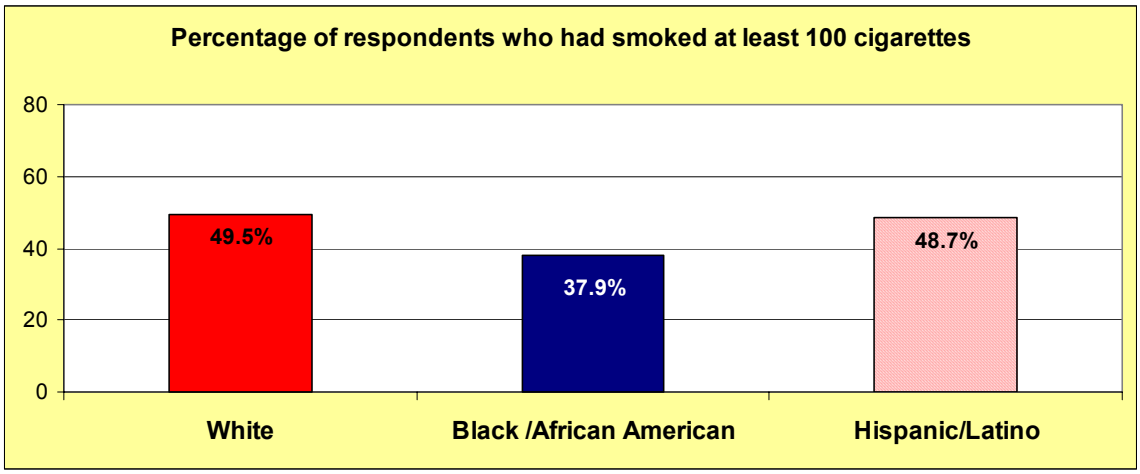


- Slightly over half of the respondents were defined as smokers, having smoked at least 100 cigarettes in their entire lifetime. Of the total respondents, 25% reported continuing tobacco use. This is slightly higher than the estimated national average of 22.8% in 2001.

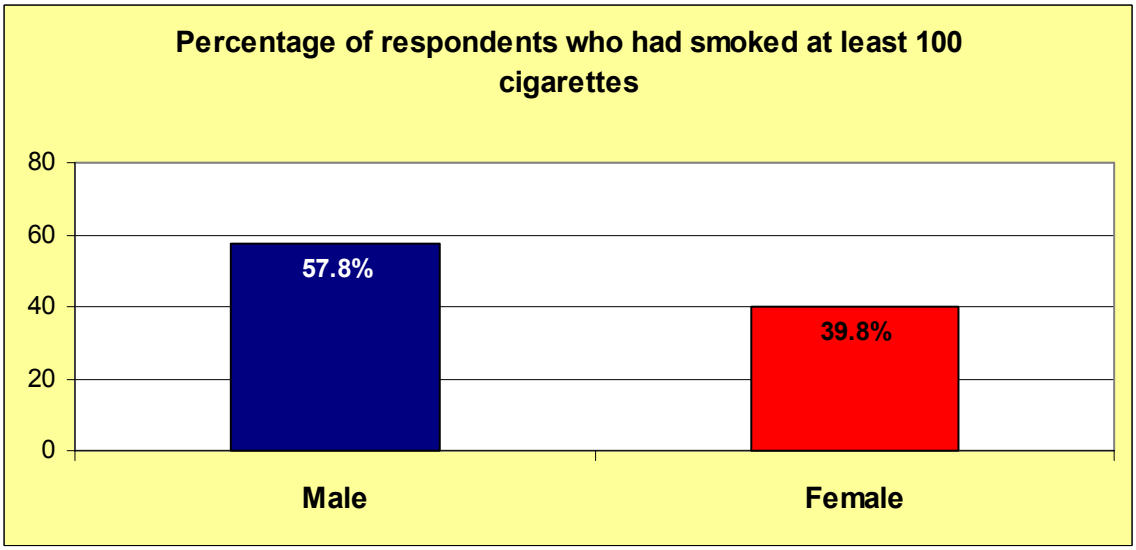


- Survey data reveals that there are currently 25% of Tennessee adults who continue to smoke on a daily basis. Of Tennessee residents, 49% have smoked at some time during their lives.

Tobacco Use

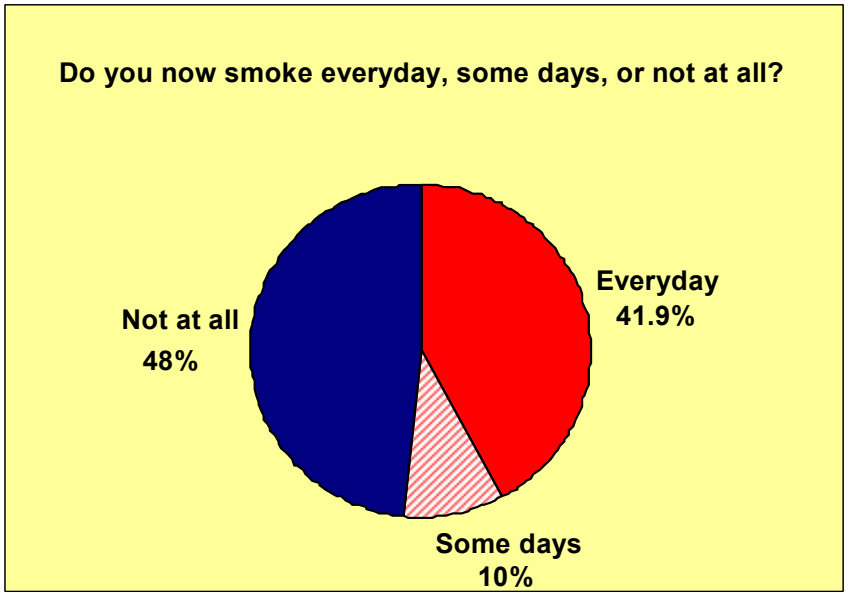


- The analysis of data by race revealed that more whites reported having smoked at least 100 cigarettes than did either blacks or Hispanics.
- Blacks reported the least use, with only 37.9% of respondents reporting having smoked at least 100 cigarettes in their lifetime.

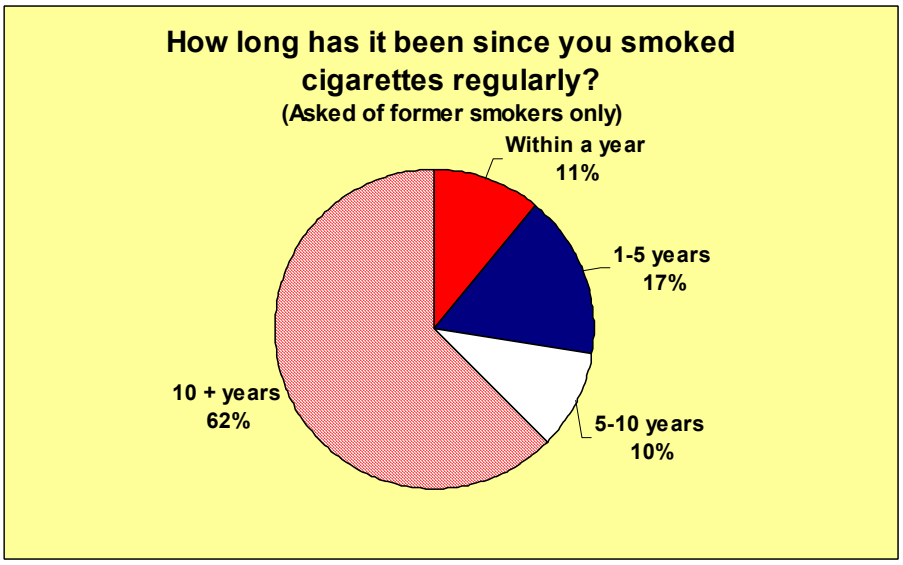


- More males reported having smoked 100 cigarettes than did females. The ratio of male smokers to female smokers was 1.45 to 1.

Tobacco Use

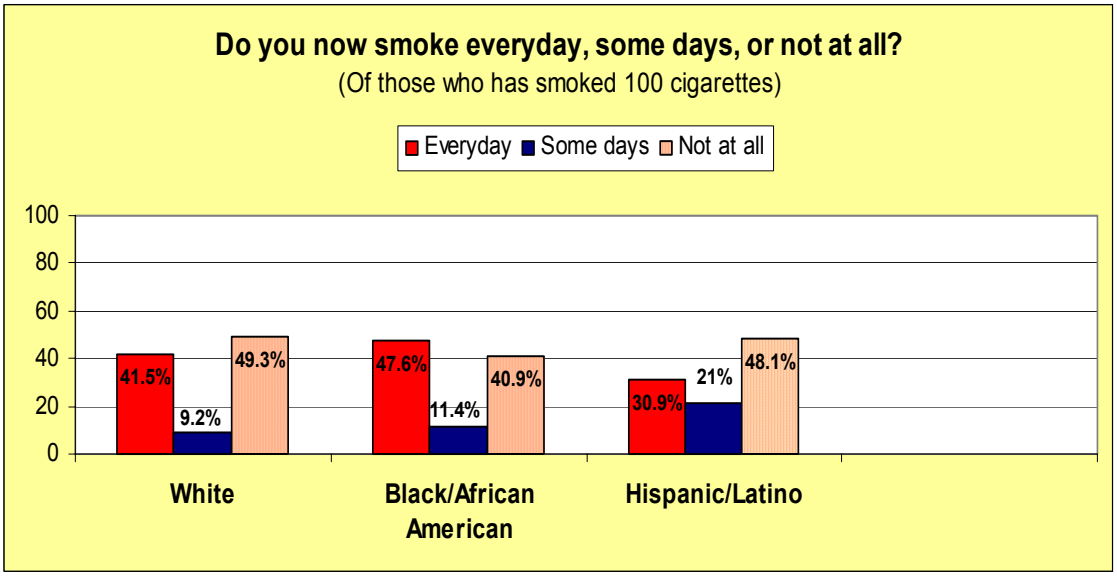


- Of those defined as smokers, nearly half (48%) reported that they no longer smoked at all, while 41.9% reported smoking everyday. The 24% of the sample population who were reported as "former smokers" were asked, "When was the last time you smoked regularly?" From this the following chart was compiled.

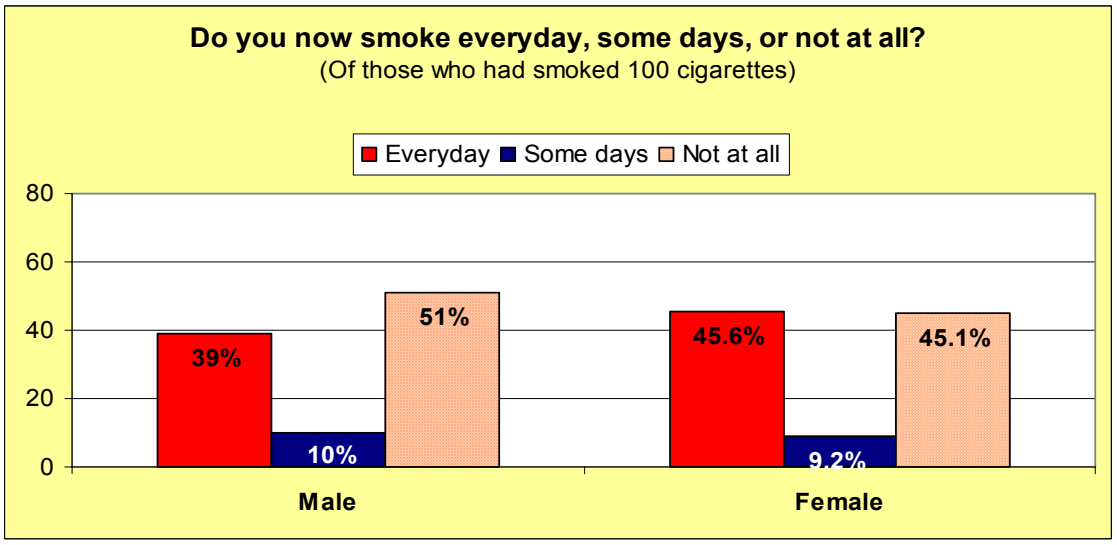


- 62% of former smokers report to have gone ten or more years without smoking

Tobacco Use



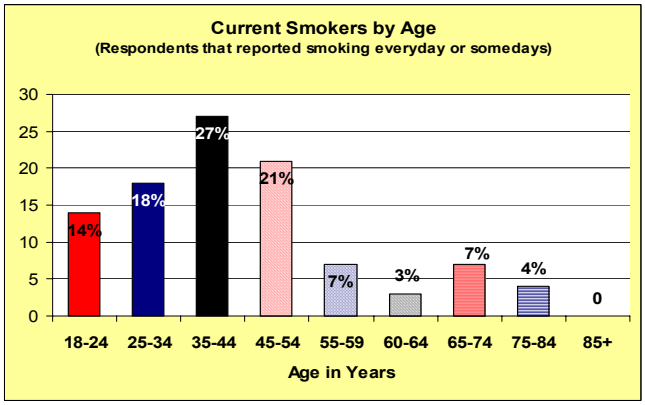
- While there were some differences racially, (Hispanics were more likely to report smoking either some days or not at all), these differences were relatively small.

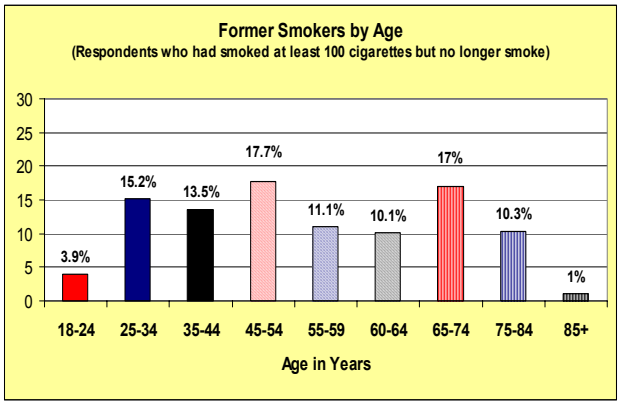


- More females than males reported smoking on a daily basis. The variations in smoking rates were consistent with national trends. This suggests that women may be less likely to be successful in smoking cessation programs. Gender specific cessation efforts should target adult women smokers.

Tobacco Use

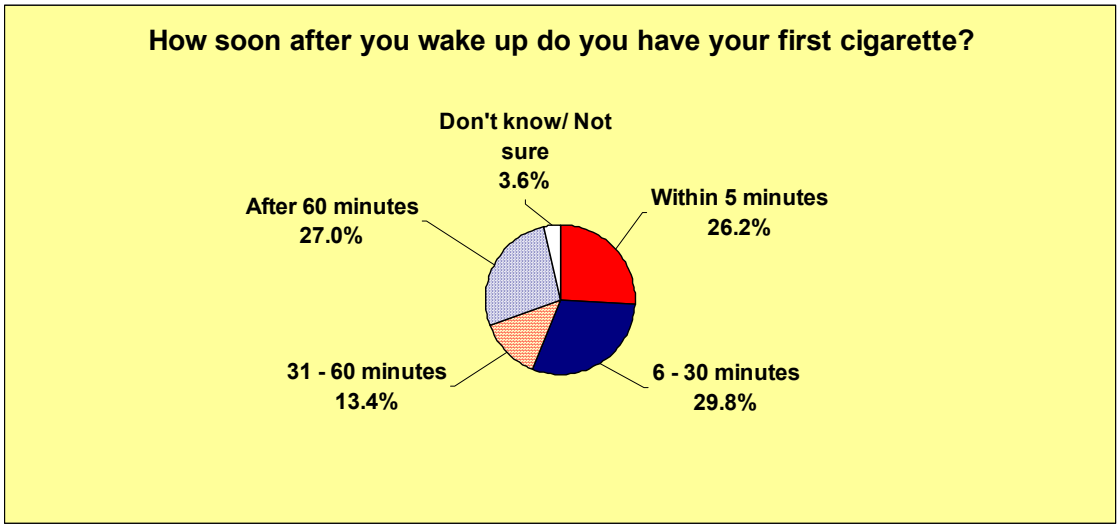
The examination of smoking status by age group reveals a profile, which is important for community and clinical cessation programs.





- The age groups from 25 to 54 have the highest percentage of current smokers in Tennessee.
- The age group with the greatest amount of current smoking is the 35 to 44 category. Cessation programs should target this high-risk population.
- The 45 to 54 age group shows the greatest increase in the percentage of former smokers thus suggesting the Tennesseans in the age group of 35 to 44 have the greatest need for cessation programs and have the highest probability of success.

Tobacco Use



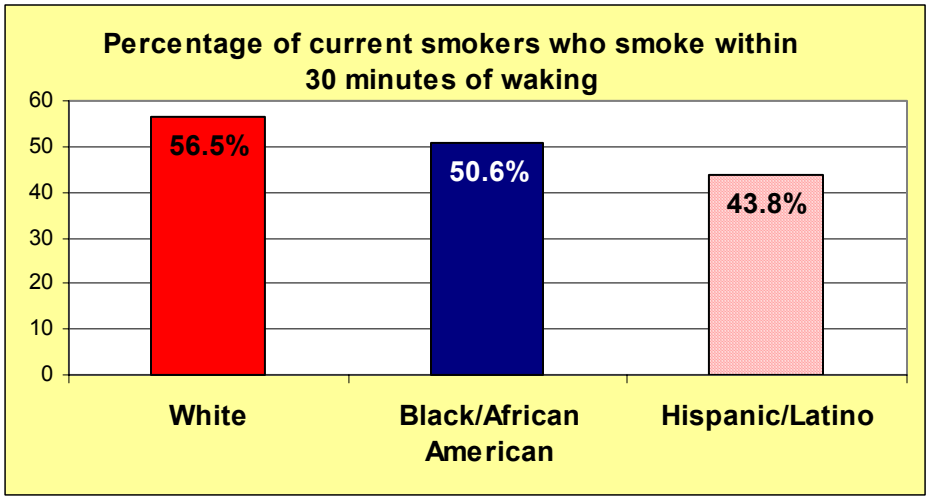
- Of current smokers, 56% of Tennessee smokers reported having their first cigarette within 30 minutes of awakening. It is a method of examining the addictive nature of nicotine and a contributing factor in future cessation efforts. The value of prescription based nicotine replacement therapy impacts the time and intensity of nicotine demand.

- Tennessee smokers average a pack (20) of cigarettes per day.

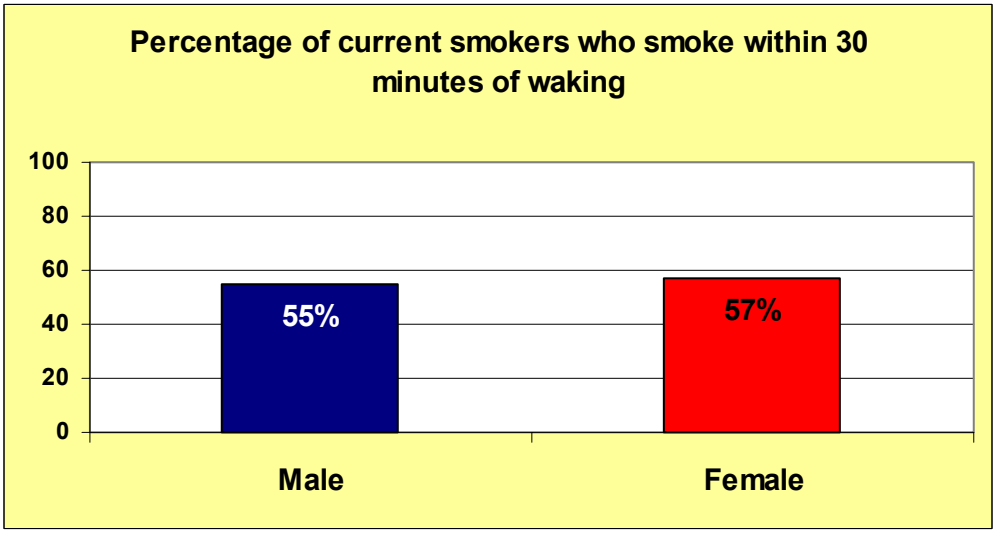
- A widely used indicator of addiction is the amount of time after waking up that a person waits to smoke their first cigarette. Fifty-seven percent of adult Tennessee smokers report that they smoke their first cigarette within 30 minutes of awakening.

- Of Tennessee smokers, 26% report that they smoke their first cigarette within five minutes of waking, an indication of an even greater level of nicotine addiction.

Tobacco Use



- There did not appear to be any significant racial differences with regard to how soon one smokes after waking.

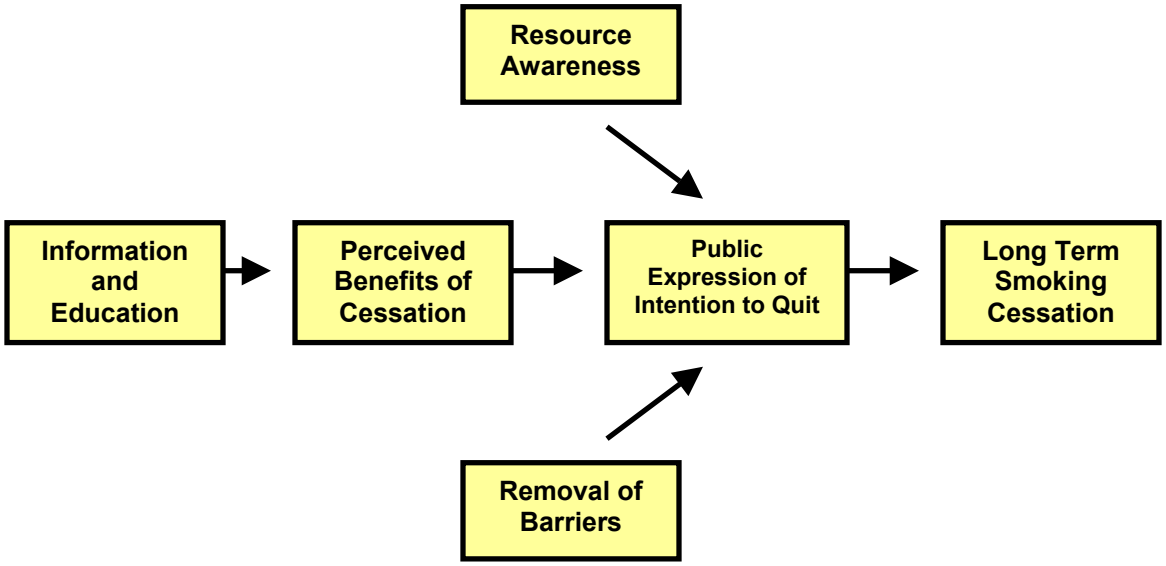


- There were no significant differences between males and females with regard to how soon one smokes after waking.

Tobacco Use

Behavioral change theory dictates that tobacco related and other addictive behaviors are slow to change but do so gradually over time. The models predict that the successful change occurs by a sequence involving exposure to cessation information and education, an awareness and belief that benefits are obtained from cessation, and the public expression of a desire to quit smoking.

Tobacco Cessation Model

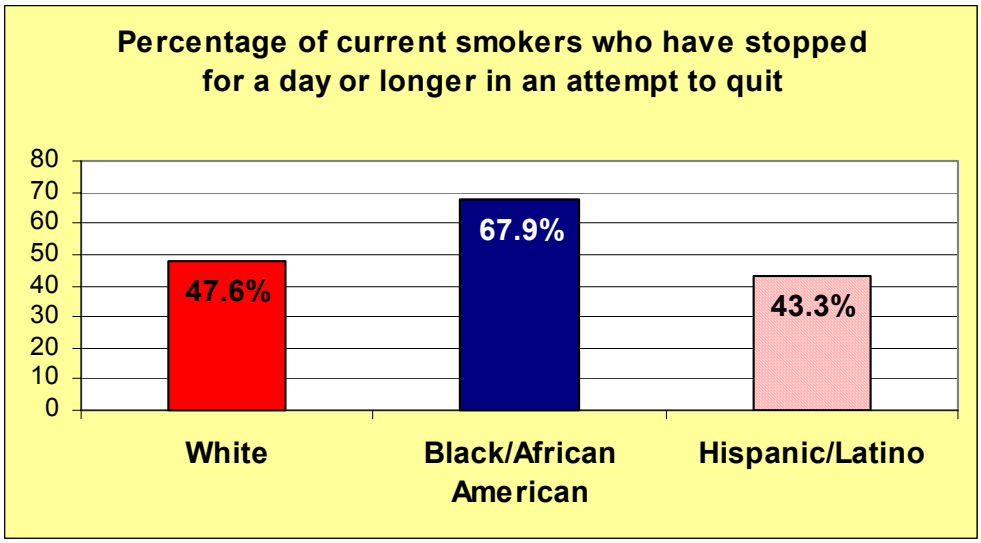


This report focuses on the readiness to make tobacco related behavioral change. Both the Tennessee Youth Tobacco Survey and the Adult Tobacco Survey indicate that over 50% of current smokers have attempted cessation at least one day in the previous year.

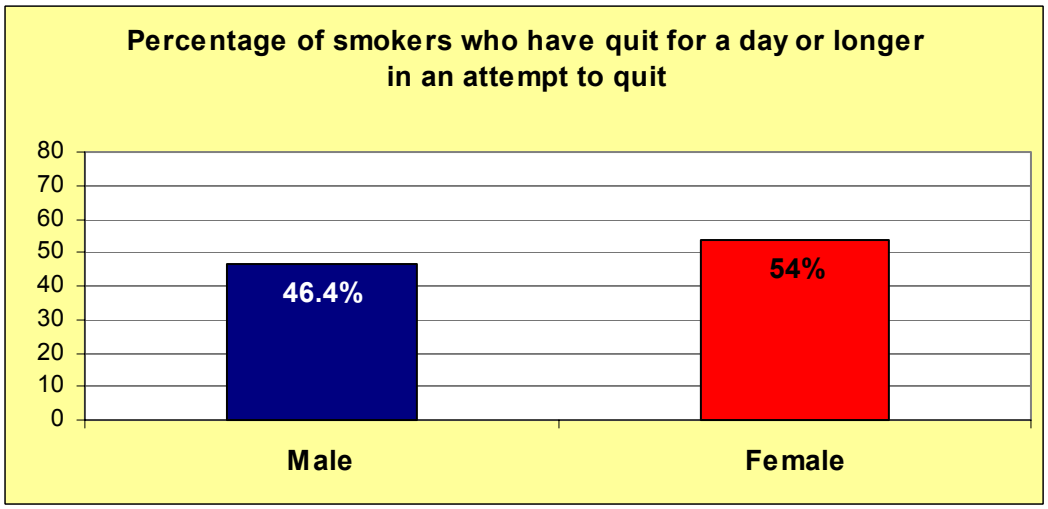
Tobacco Use

- Half of all current smokers reported having made at least one quit attempt within the last year. Research continuously documents that over half of all smokers have tried to quit on at least one previous occasion.

Tobacco Use



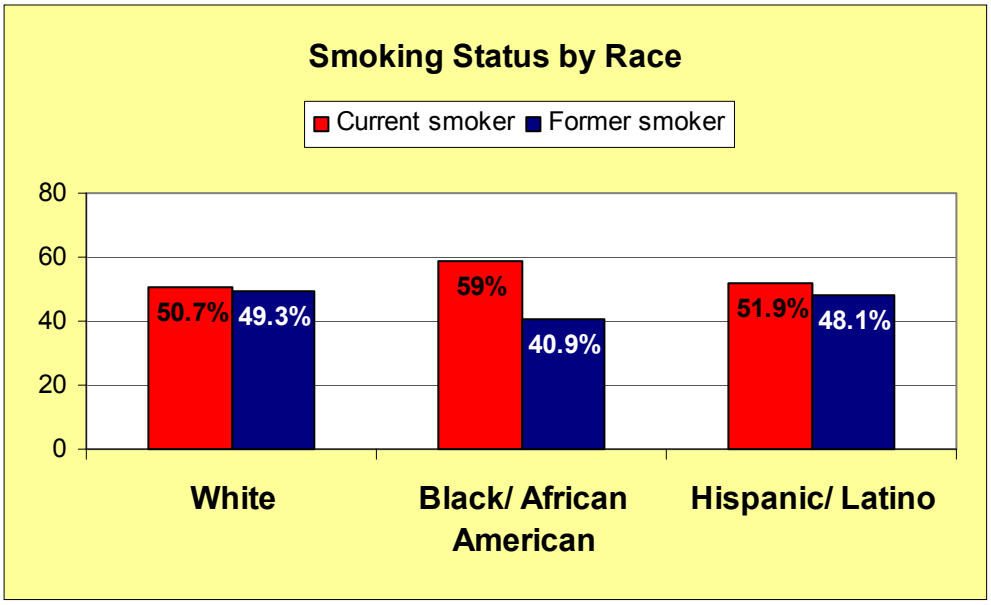
- More blacks reported having made at least one quit attempt within the last year. Whites and Hispanics had significantly lower quit percentages.



- There did not appear to be any significant differences in quit attempts between males versus females.

Tobacco Use

An examination of smoking status by race was done to detect the potential to successfully quit the use of cigarettes.

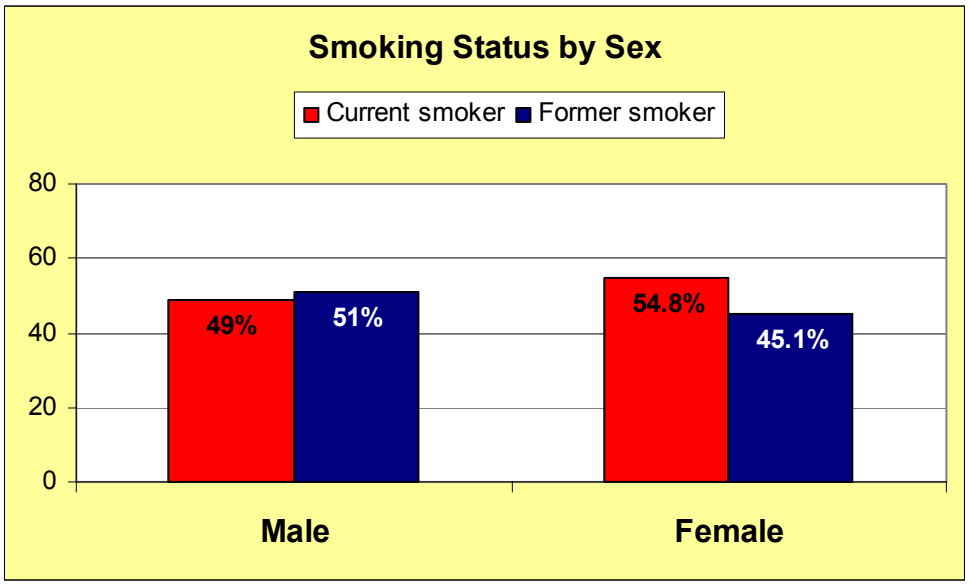


- The greatest variations occur with Black/African American subgroups. This would suggest a higher rate of successful quit attempts.

- White Tennesseans have the lowest success rate for cessation attempts. The minute variance between smokers and former smokers suggest a need for targeted intervention initiatives.

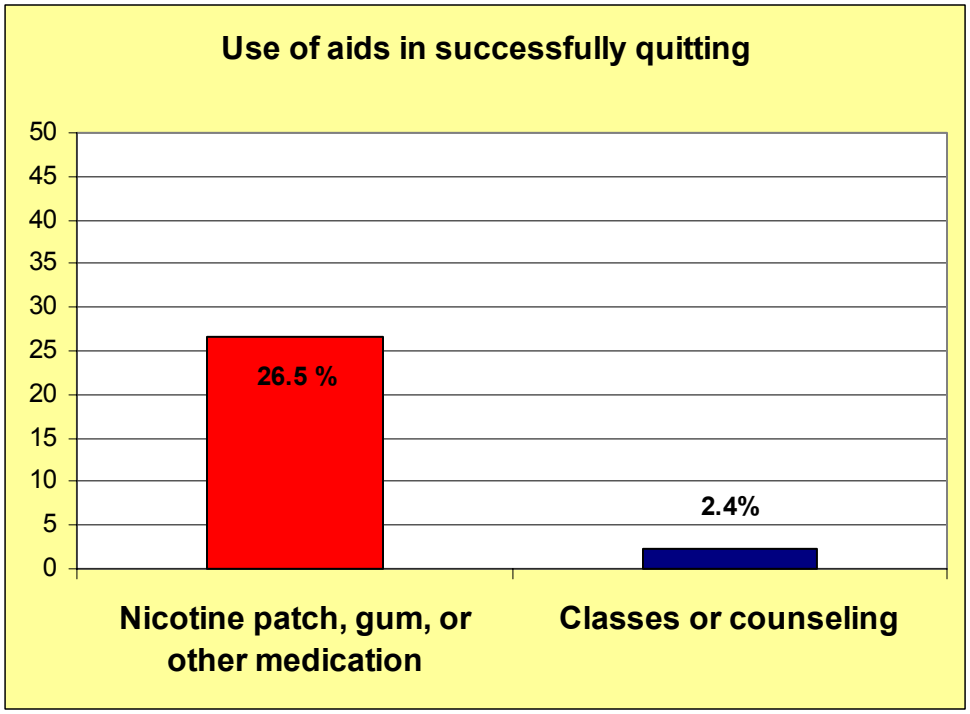
Tobacco Use

The data related to smoking status by gender was enlightening as it documented a lower rate of quit success among Tennessee adult women.



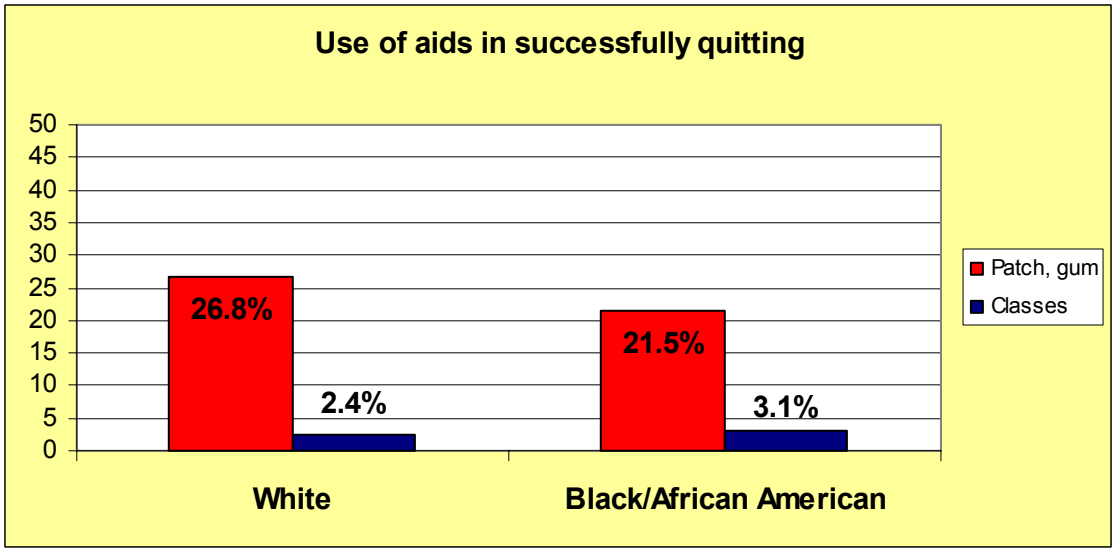
- Female smokers have a more difficult time with smoking cessation when compared to their male counterparts.
- Targeted cessation programs should be made available to adult women in Tennessee.
- Further research is needed to identify barriers to smoking cessation experienced by Tennessee women.

Tobacco Use

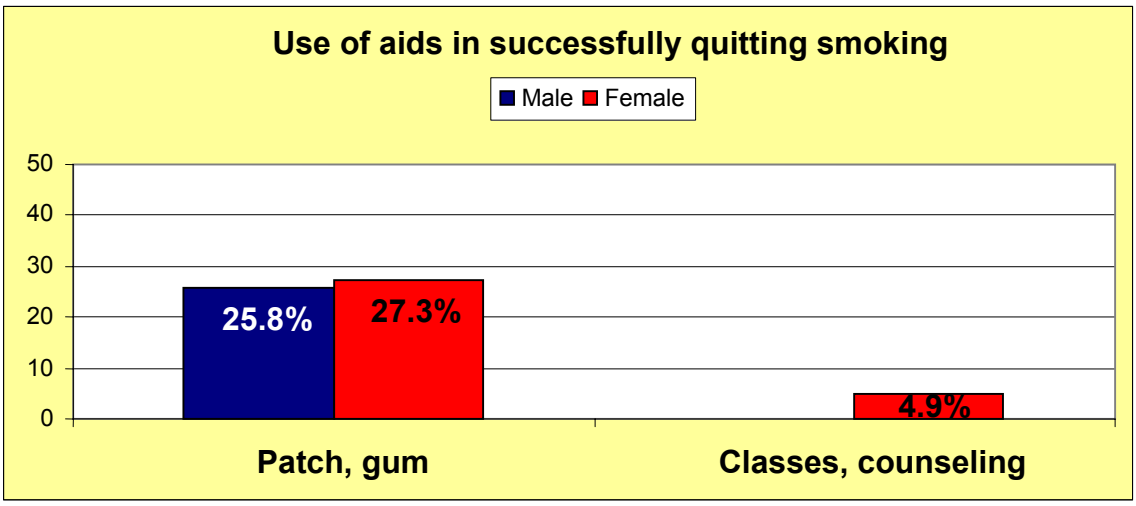


- Respondents who were successful in quitting smoking did not make use of aids with any degree of frequency.
- A little over a quarter (26.5%) of successful quitters used medical interventions, such as a nicotine patch/gum or medication.
- Only 2.4% of successful quitters reported using any type of assistance, such as classes or counseling.

Tobacco Use

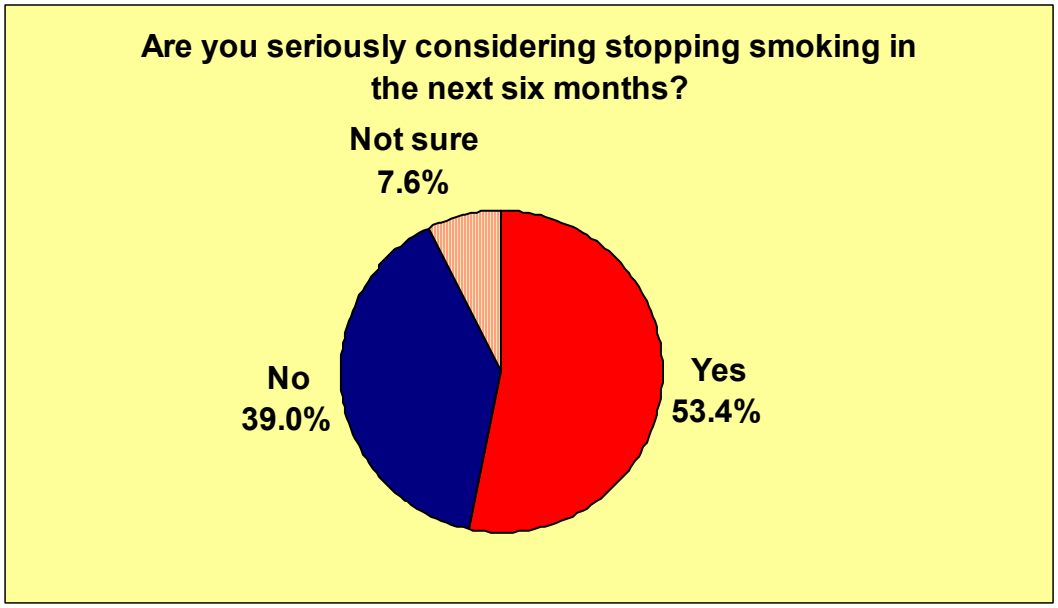


- There was no difference in the use of quitting aids between whites and blacks.
- Hispanics reported no use of either medical interventions or classes.



- There was little difference between males and females in the use of medical interventions to quit smoking.
- Females were much more likely to make use of classes or counseling than were males (reporting <1%).

Tobacco Use



- Over half (53.4%) of current smokers expressed an interest in quitting smoking within the next six months. This is also consistent with previous national surveys, which indicate that over half of all current smokers desire to stop using tobacco products.

- Current smokers readiness to quit can be framed in the model "5 stages of change". The five stages are:

    1. Precontemplation: People not thinking of quitting smoking in the next six months (39% of Adult Tennesseans who smoke).

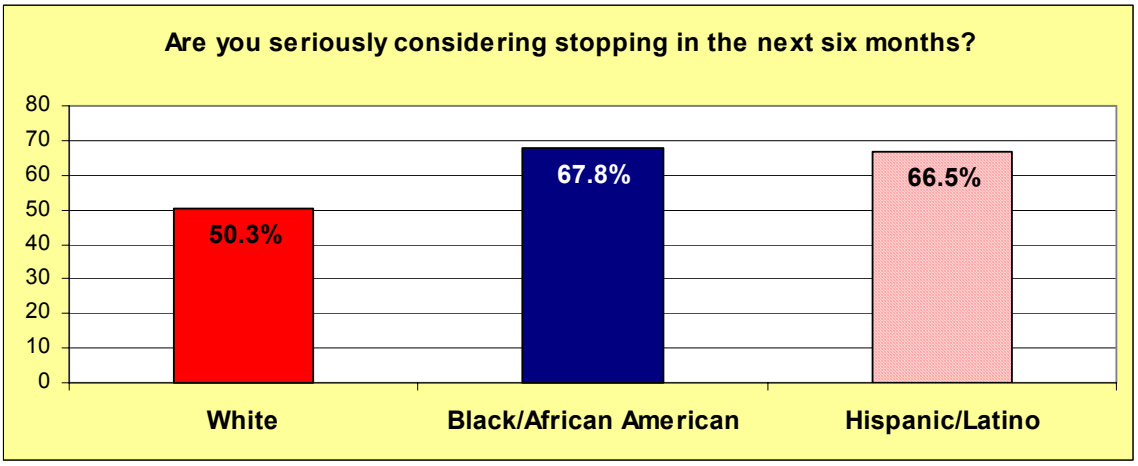
    2. Contemplation: People planning to quit in the next 6 months (53% of Adult Tennesseans who smoke).

    3. Preparation: People who are planning to quit in the next 30 days who have also tried quitting recently (45% of Adult Tennesseans who smoke).

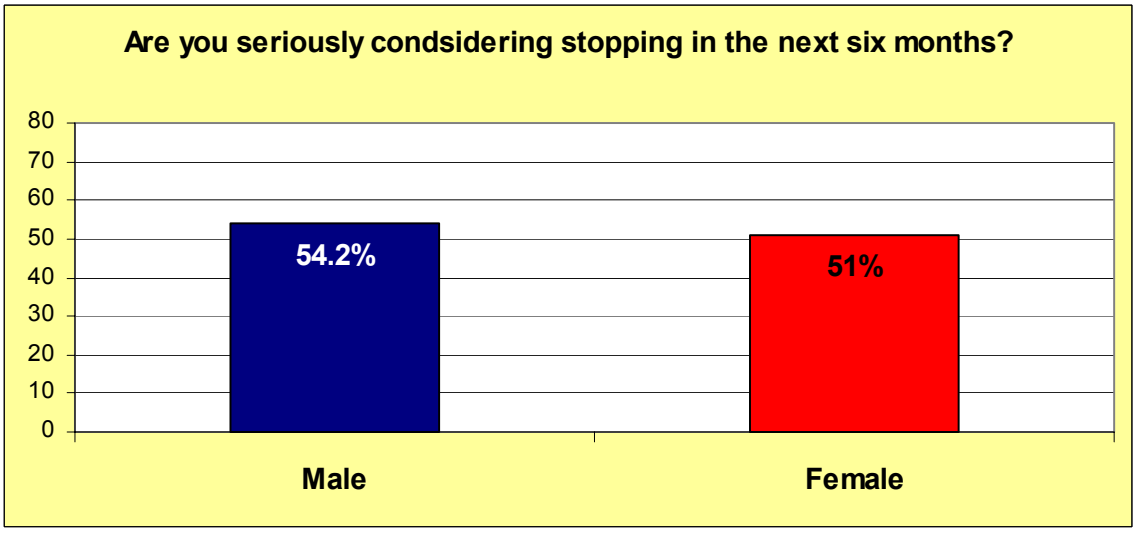
    4. Action: Those who attempt quitting.

    5. Maintenance: Former smokers who remain smoke free.

Tobacco Use

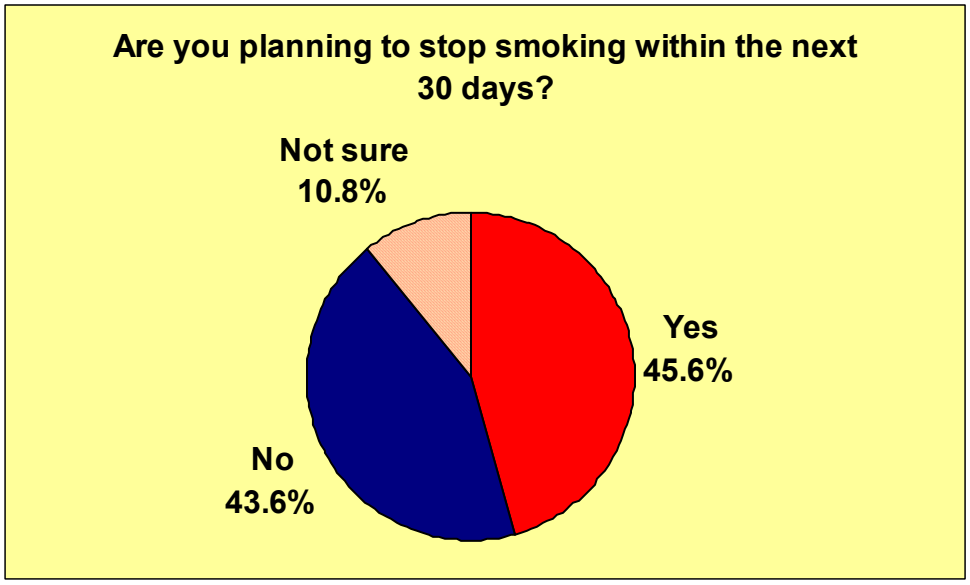


- More blacks and Hispanics reported considering quitting smoking within six months, than did their white counterparts.



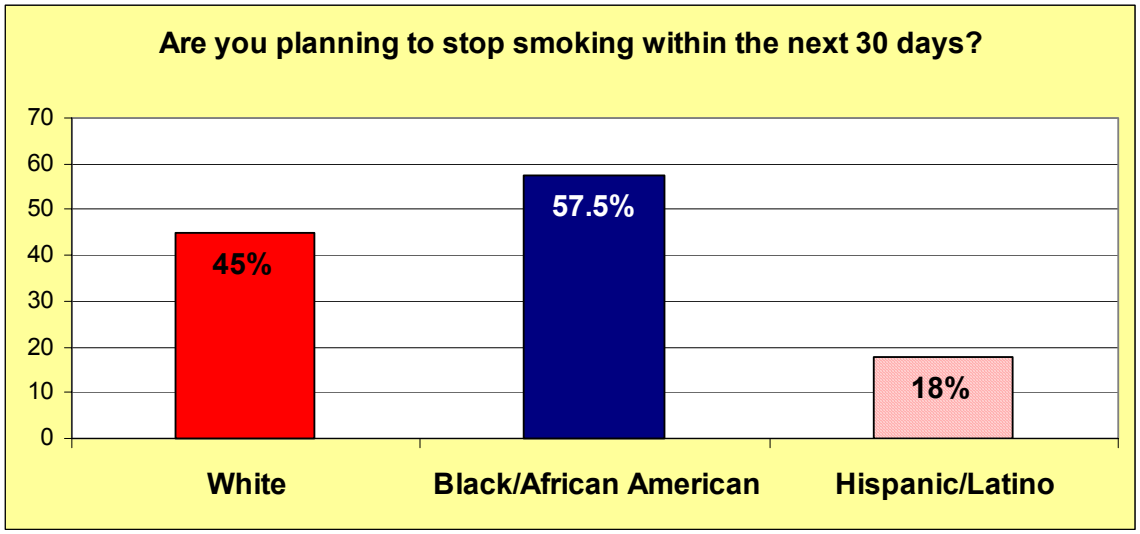
- There were no significant differences between the percentages of males versus females that reported considering quitting smoking in the next six months.

Tobacco Use



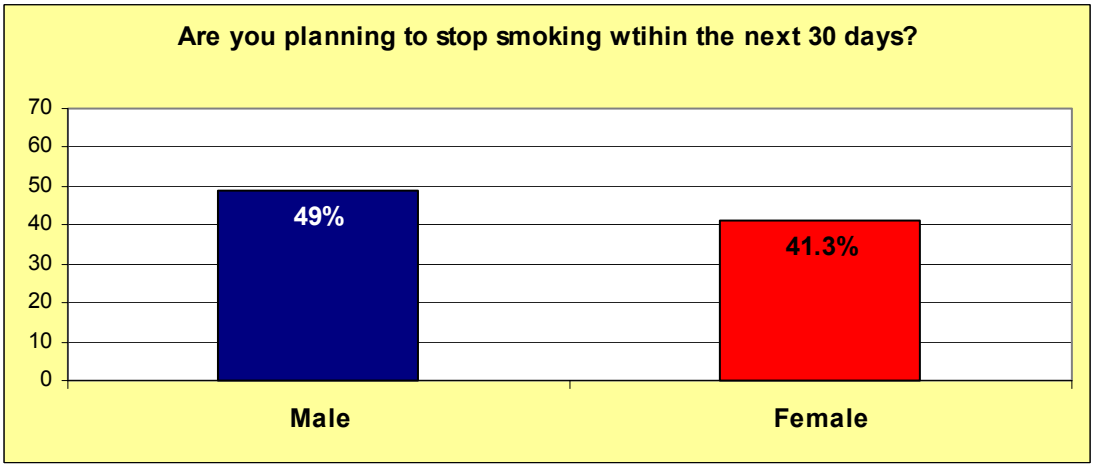
- This question was asked only of those that reported an interest in stopping within six months.
- When asked if they were considering stopping smoking within 30 days, slightly fewer (45.6%) answered in the affirmative.

Tobacco Use



- This question was asked only of those reporting an interest in quitting smoking in the next six months. It is a measure of preparation to quit, a critical stage in Behavioral Change Therapy.

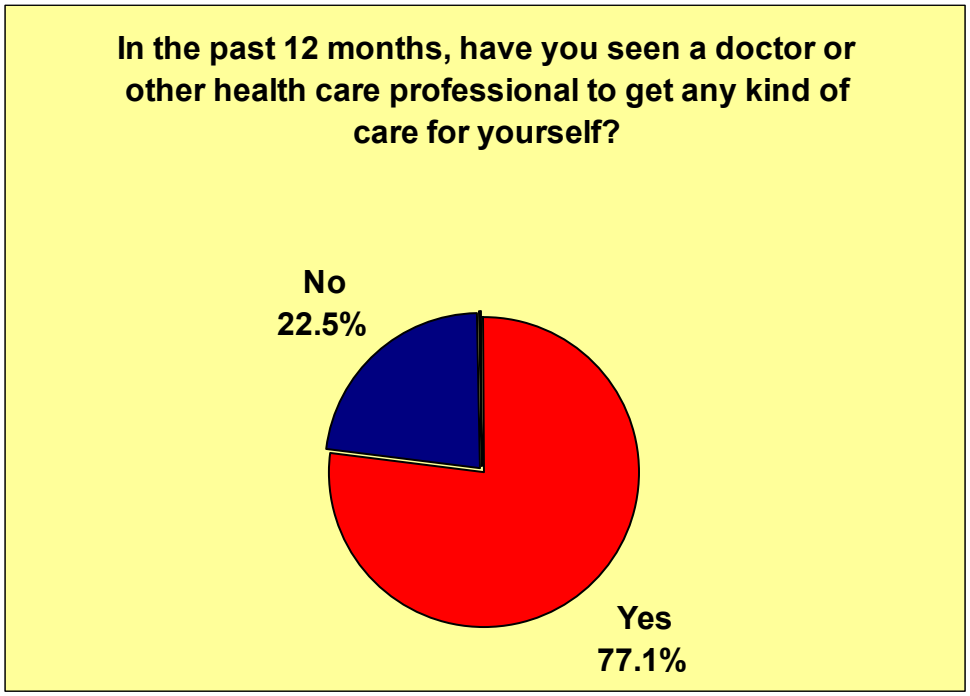
- While the numbers of whites and blacks that were planning to stop within 30 days dropped somewhat, the numbers of Hispanics reporting they were planning to do so dropped dramatically.



- There was no significant difference between males and females when asked about the intent to quit smoking in the immediate future.

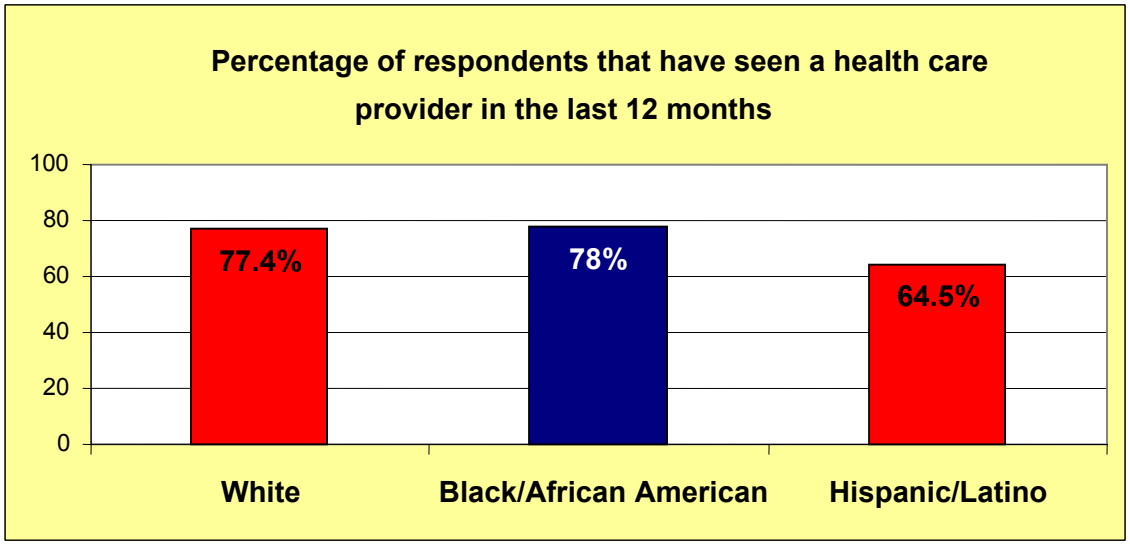
Health Care Provider Counseling

This section examines the rate of healthcare providers in stimulating smoking cessation behaviors by enhancing patient awareness and encouraging behavioral change. Health care providers have a unique opportunity to address tobacco related issues.

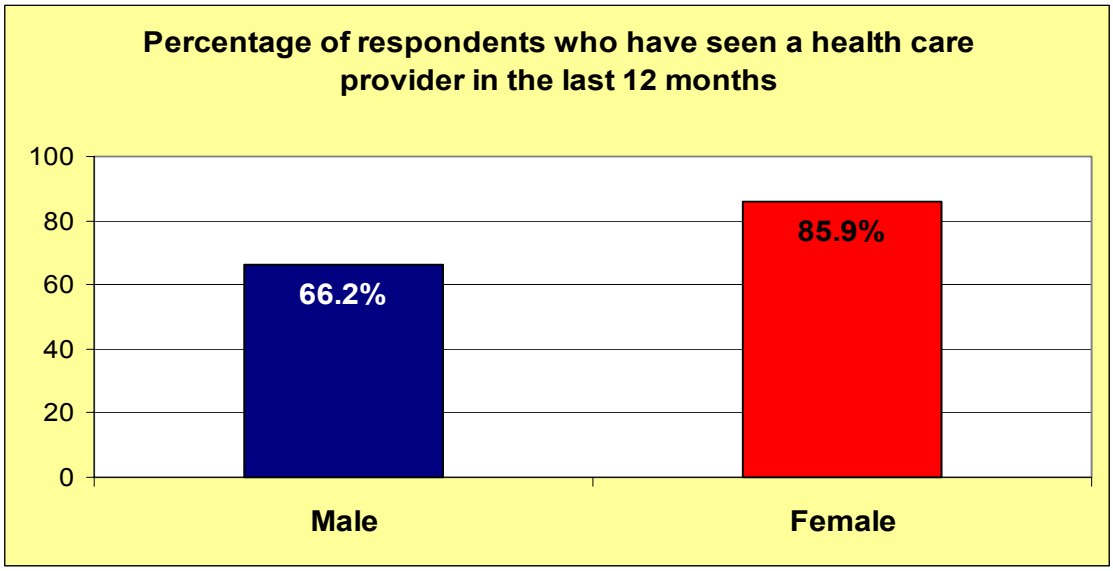


- This question was asked of all respondents.
- The majority of respondents reported having seen a health care provider within the last year.

Health Care Provider Counseling

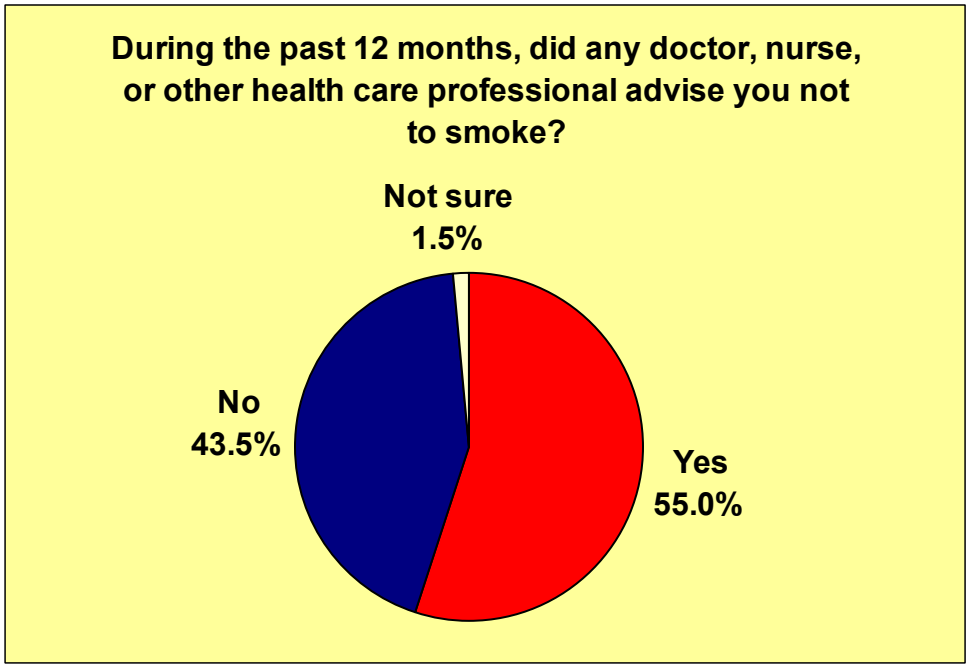


- Slightly fewer Hispanics reported having seen a health care provider in the last year, than did whites or blacks. Overall, almost 75% of respondents had accessed a provider within the previous year.



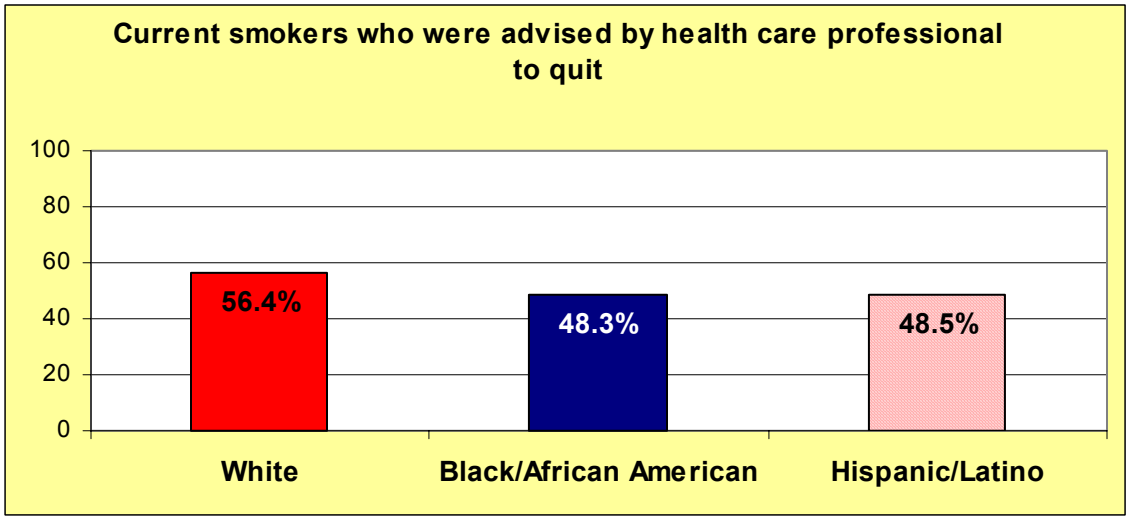
- More females reported having seen a health care provider in the last year than did males. This trend is consistent with national data reflecting use of health care systems by gender. Males seek health care at later periods in the disease process, thus resulting in less favorable outcomes.

Health Care Provider Counseling

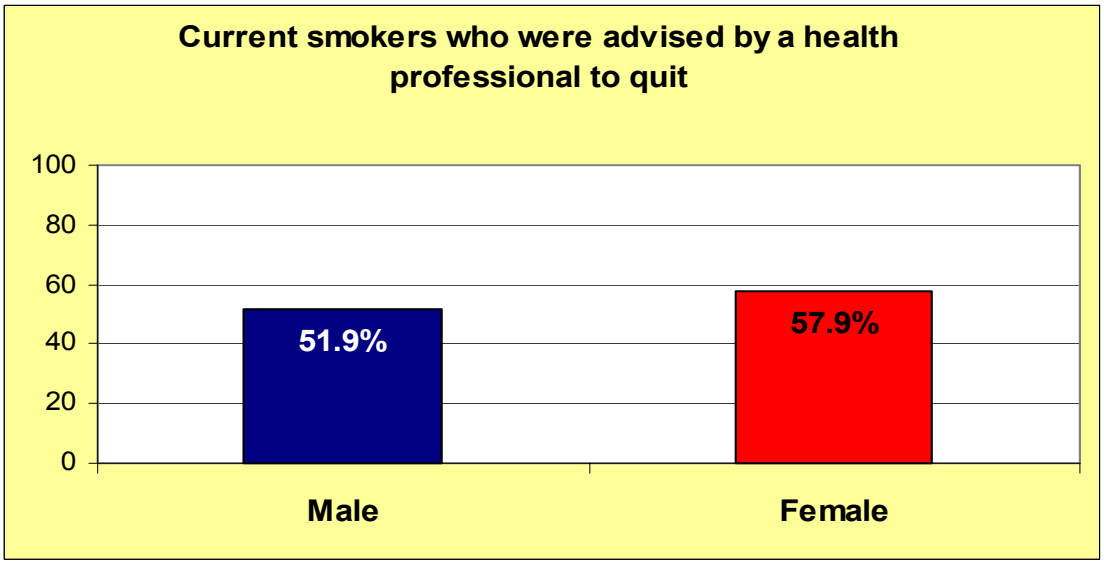


- This question was asked of current smokers that reported having seen a health care provider within the last year.
- Only about half (55%) of current smokers reported having been advised not to smoke by their health care provider.
- Increased patient education opportunities are being missed by 43.5% of health care providers. Provider in-service training should be made more readily available.

Health Care Provider Counseling

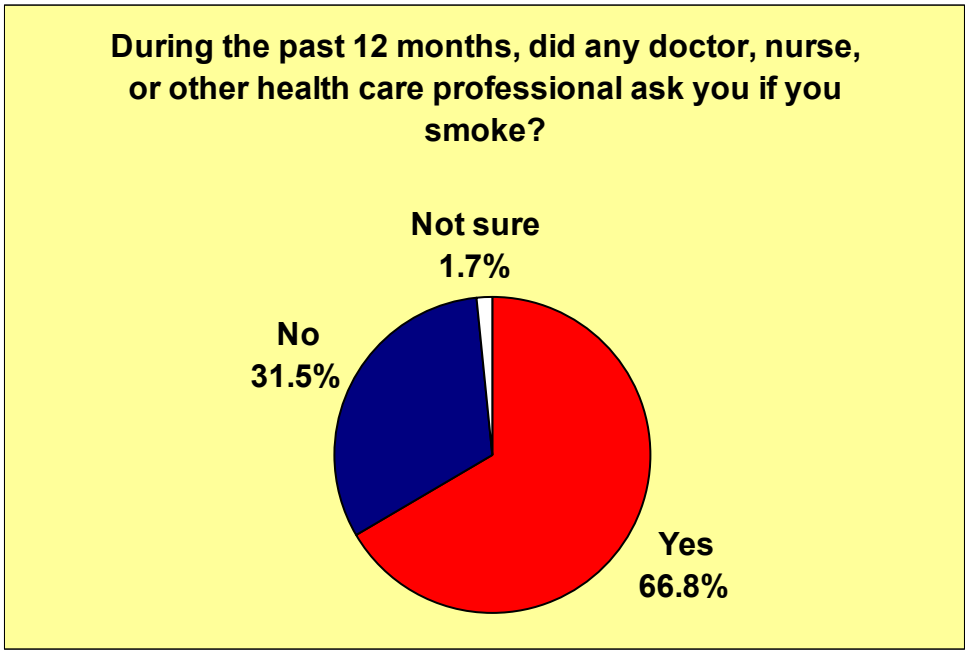


- There were no significant racial differences in whether or not current smokers were advised to stop smoking by their health care provider.



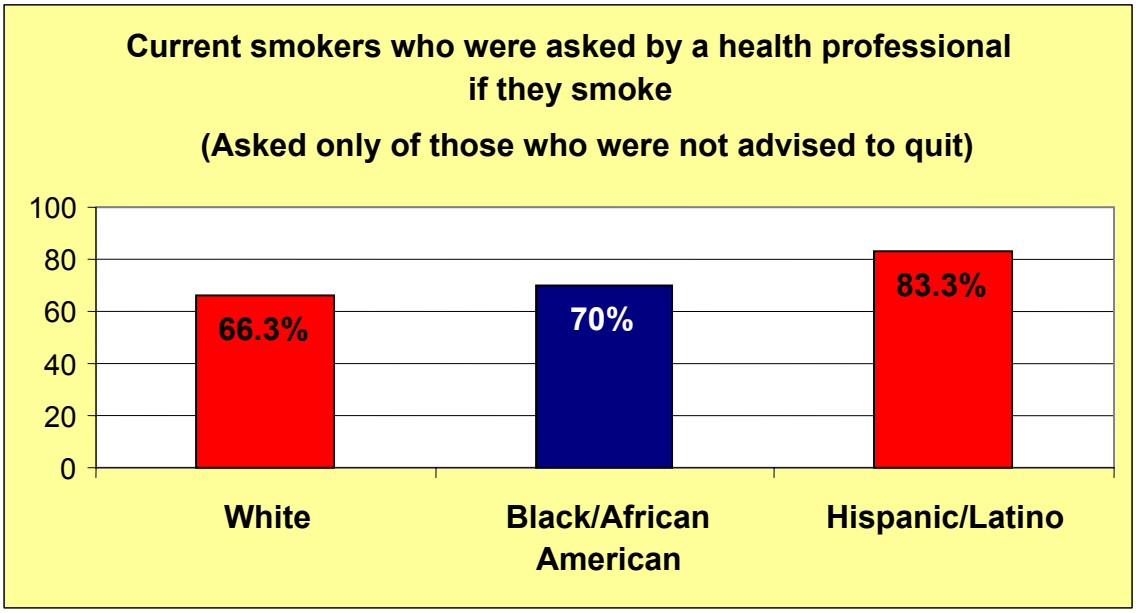
- There were no significant differences between males and females with regard to being advised not to smoke.

Health Care Provider Counseling

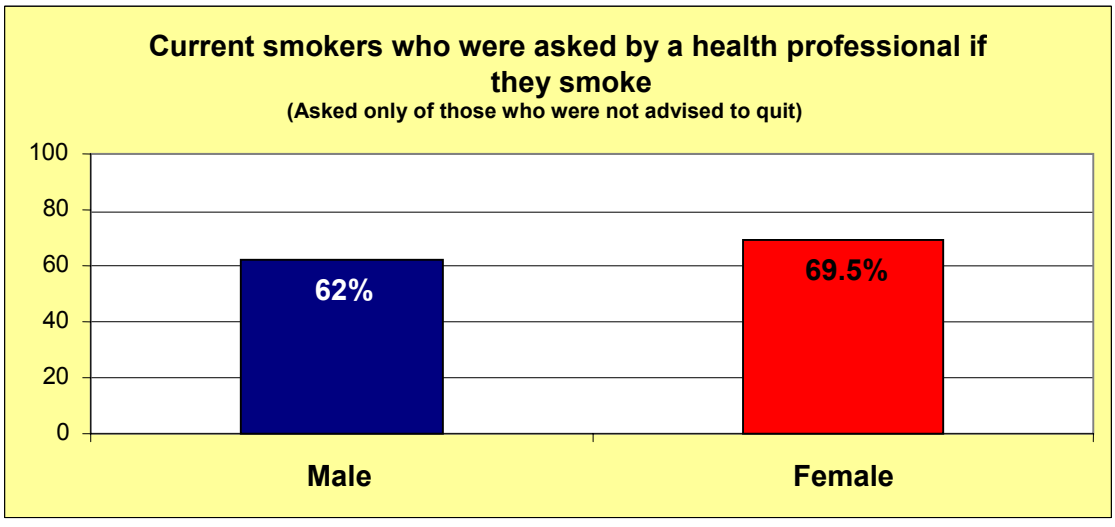


- This question was asked of current smokers who were not specifically advised to quit smoking.
- 31.5% of current smokers were neither advised to quit smoking nor even asked if they smoked.
- Practice protocols and chart awareness should be addressed to stimulate increased tobacco awareness for all levels of health care providers. This would serve to remind practitioners that patient education concerning tobacco use is warranted.

Health Care Provider Counseling

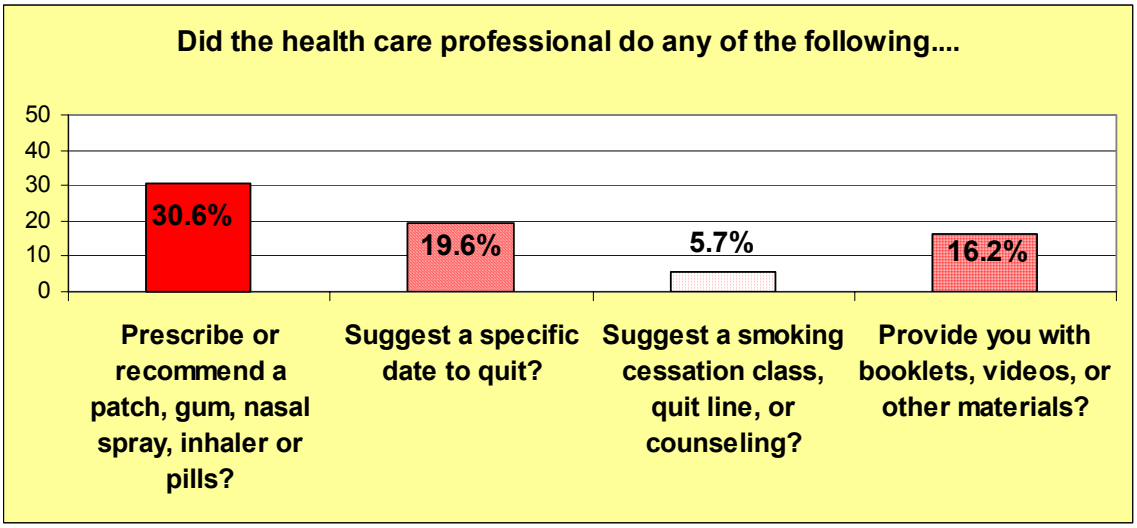


- A greater number of Hispanics reported having been asked if they smoke, than did whites or blacks. There are substantial variations of this component when examined by racial groups.



- There did not appear to be a significant difference in the percentages of males and females that were asked if they smoke.

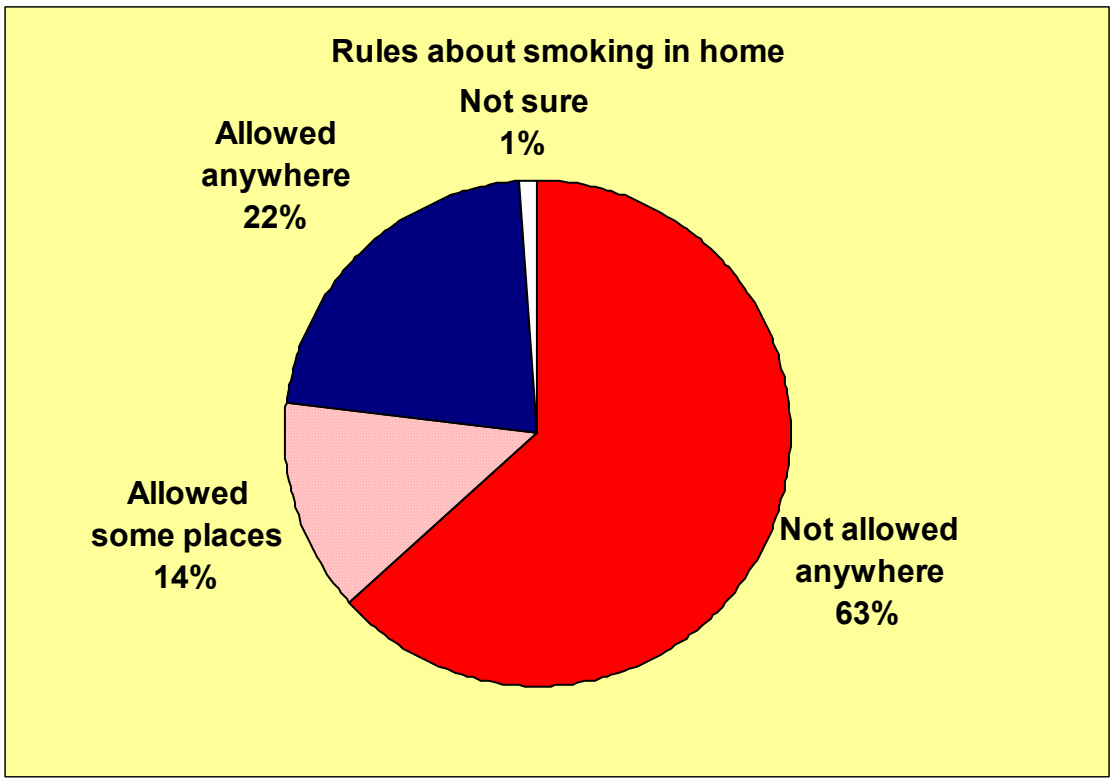
Health Care Professional Counseling



- This question was asked of respondents that reported being advised to quit smoking.
- The type of assistance offered by medical professionals most frequently was a prescription/recommendation for the patch, nicotine gum, nasal spray, an inhaler, or pills such as Zyban.
- The assistance offered/recommended the least was a smoking cessation class, quit line, or counseling.

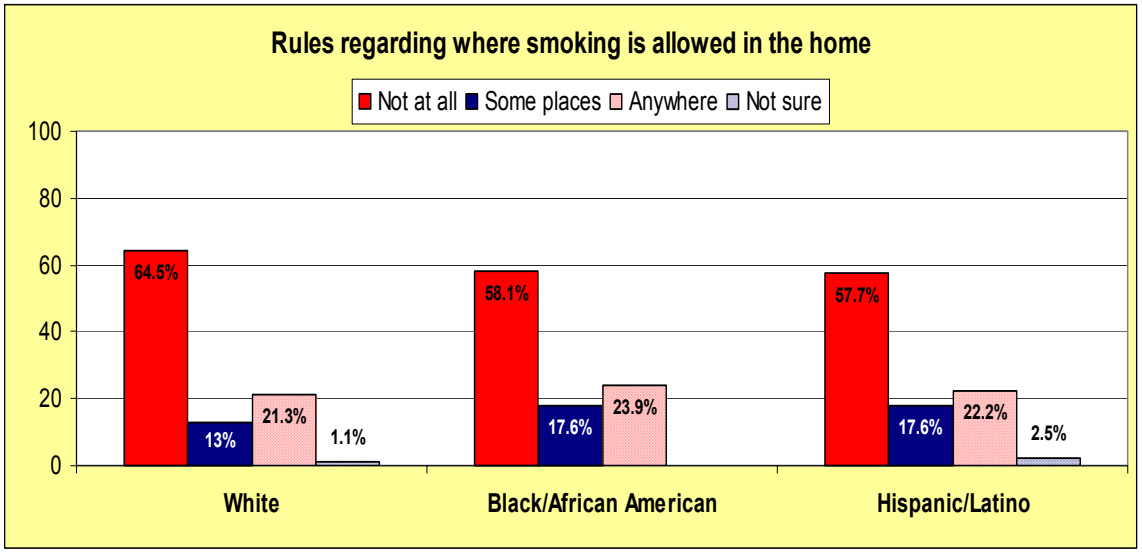
Environmental Tobacco Smoke

This section addresses the issue of risk perception and the linkage to second hand (environmental) tobacco smoke. An estimated 36% of the households in Tennessee allow cigarette smoking and of this proportion 22% approve of smoking anywhere in the home. These results reinforce the need to educate Tennessee adults on the dangers of environmental tobacco smoke.

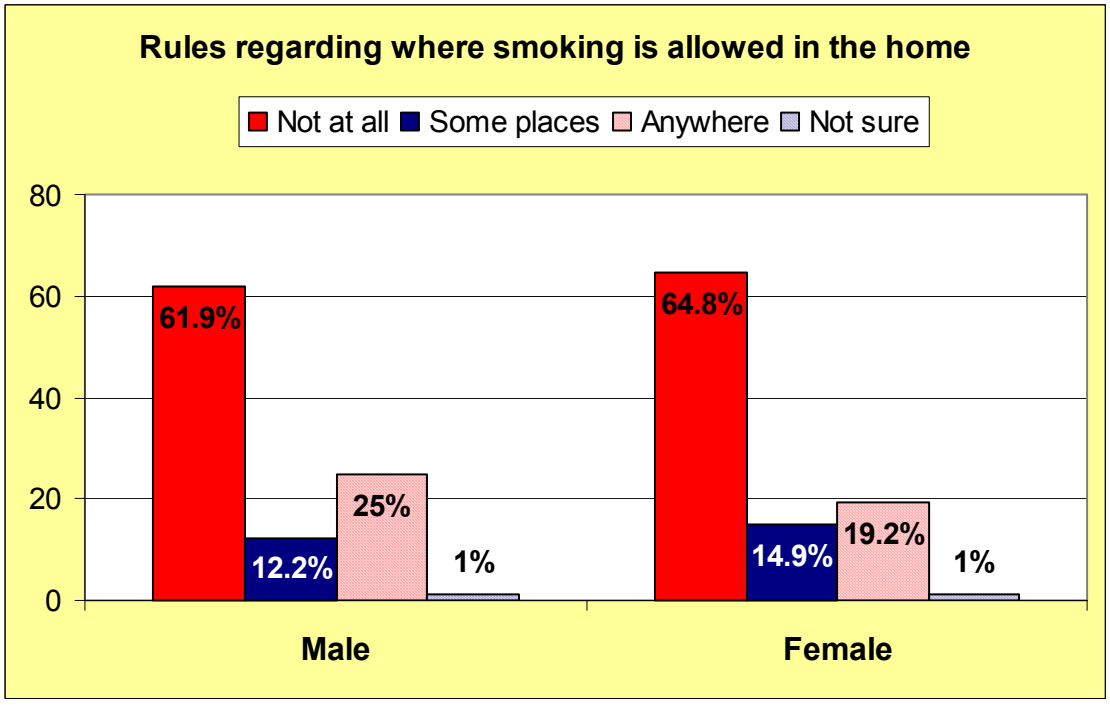


- This question was asked of all respondents.
- Almost two-thirds of the respondents reported that smoking was not allowed anywhere in the home.

Environmental Tobacco Smoke



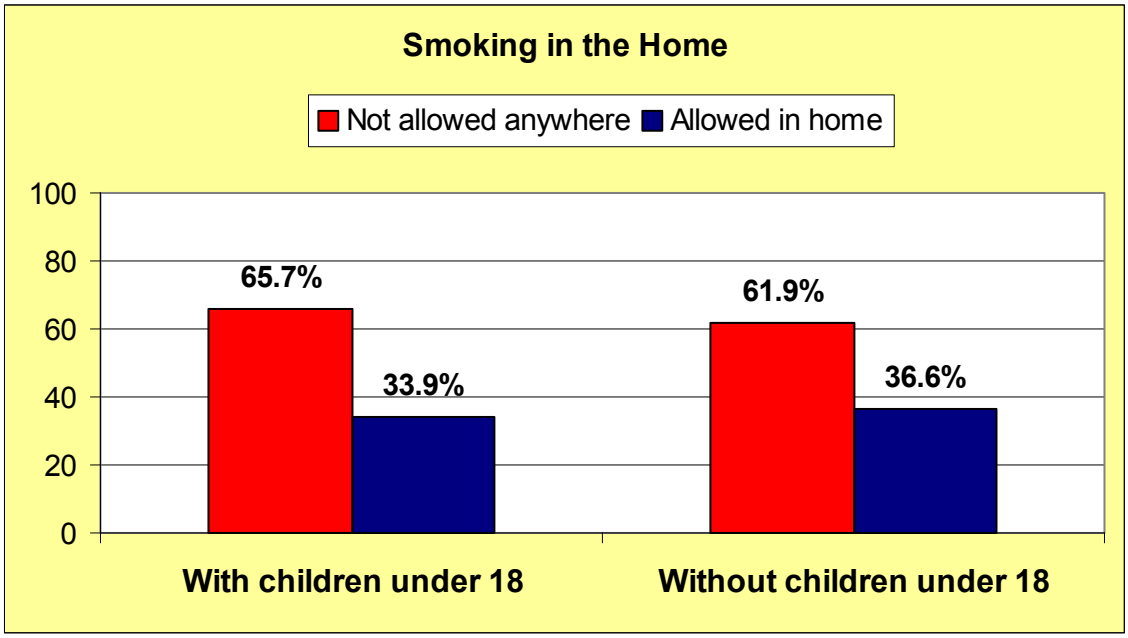
- There were no significant racial differences regarding where smoking is allowed in the home.



- There were no significant differences between males and females with regard to where smoking is allowed in the home. Women report a lower percentage of approval for smoking anywhere in the home.

Environmental Tobacco Smoke

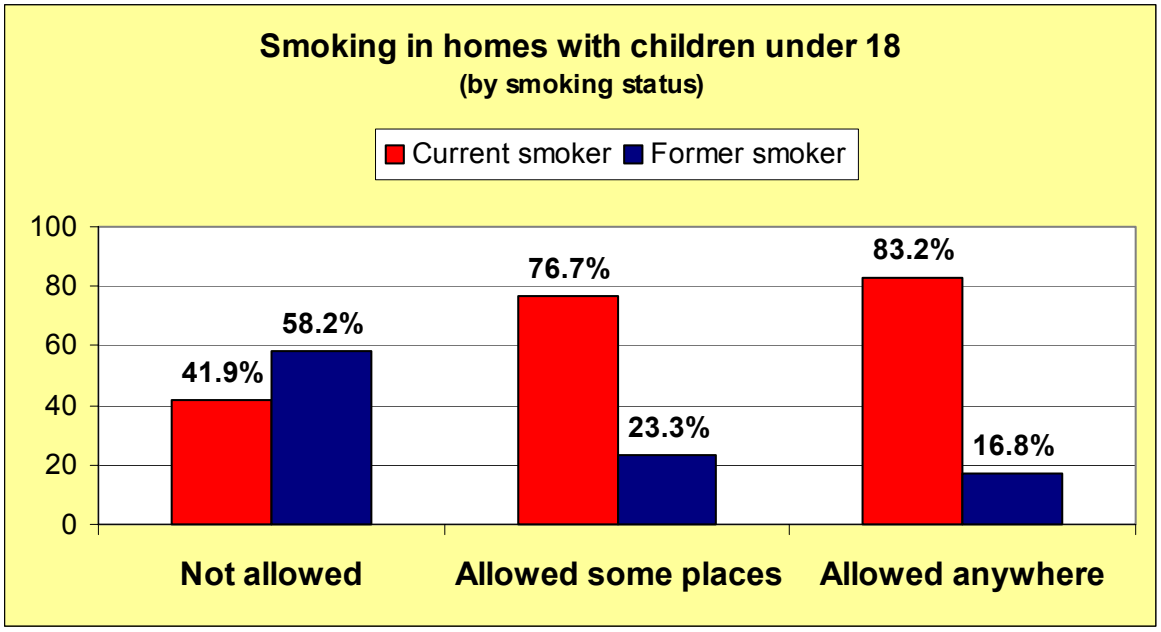
An examination was made of households whom reported at least one adult smoker. The survey sought to determine if the presence or absence of children under the age of 18 had an impact household smoking rules related to environmental tobacco smoke.



- If adult smokers were present in the home there was no significant variation in the smoking rules due to presence or absence of children.
- One third of Tennessee households with smoking adults continue to subject children and adolescents to second hand tobacco smoke.
- The observation that rules against in home smoking are not higher in households with children suggest the value and need for continued education of Tennessee parents.

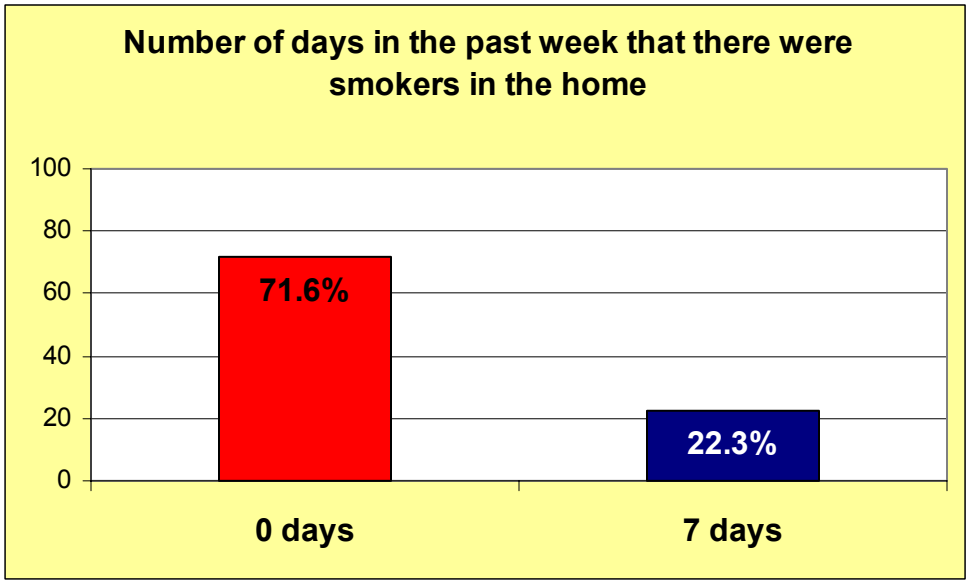
Environmental Tobacco Smoke

A comparison of smoking rules for smokers and former smokers was done to determine if secondhand smoke tolerance levels would be different. Graphs were created that included both the presence and absence of children.



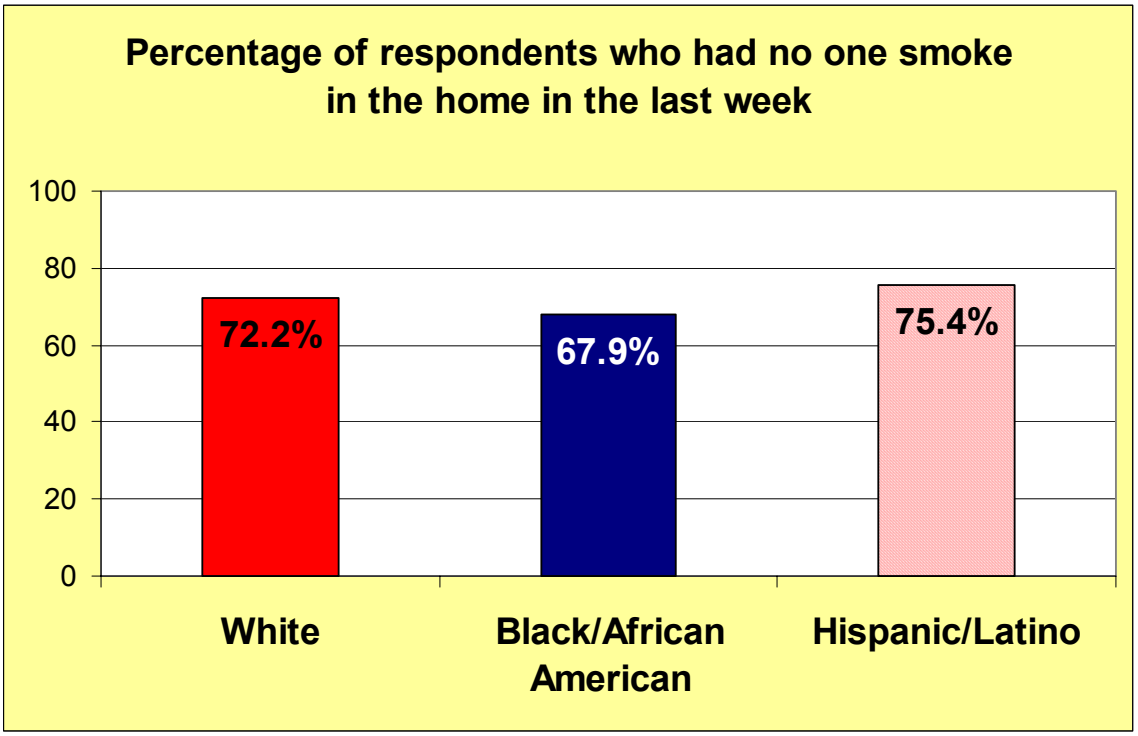
- Former smokers have much more stringent rules forbidding smoke in the home than do current smokers.
- The variation is the greatest when smoking is allowed anywhere.

Environmental Tobacco Smoke

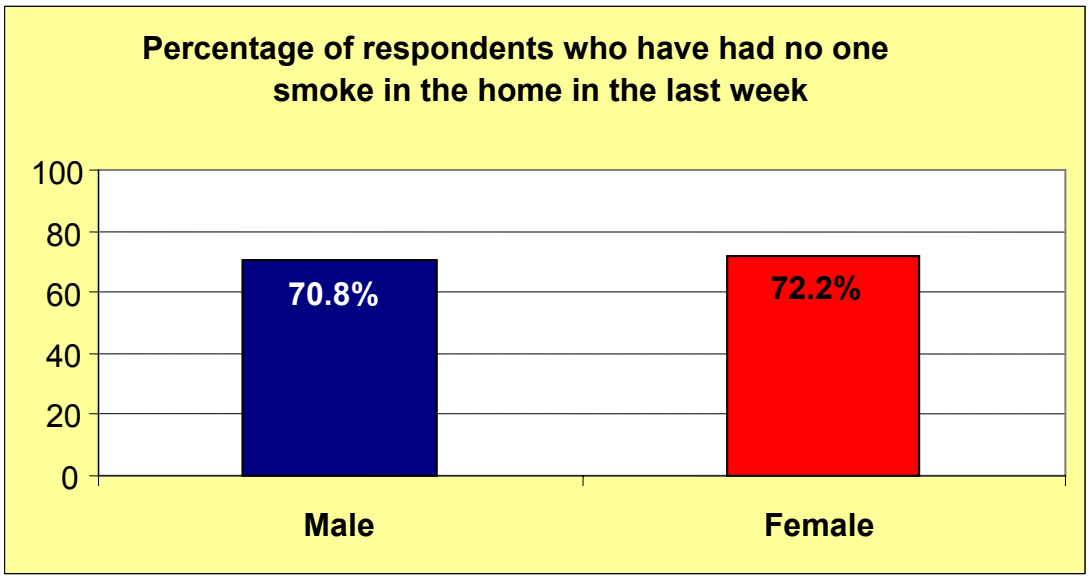


- When asked how many days over the past week that the respondents had someone smoke in the home, the answers were quite polarized. The majority of respondents reported no one smoking in the home in the last week. The next most frequent response was everyday for the last 7 days.

Environmental Tobacco Smoke



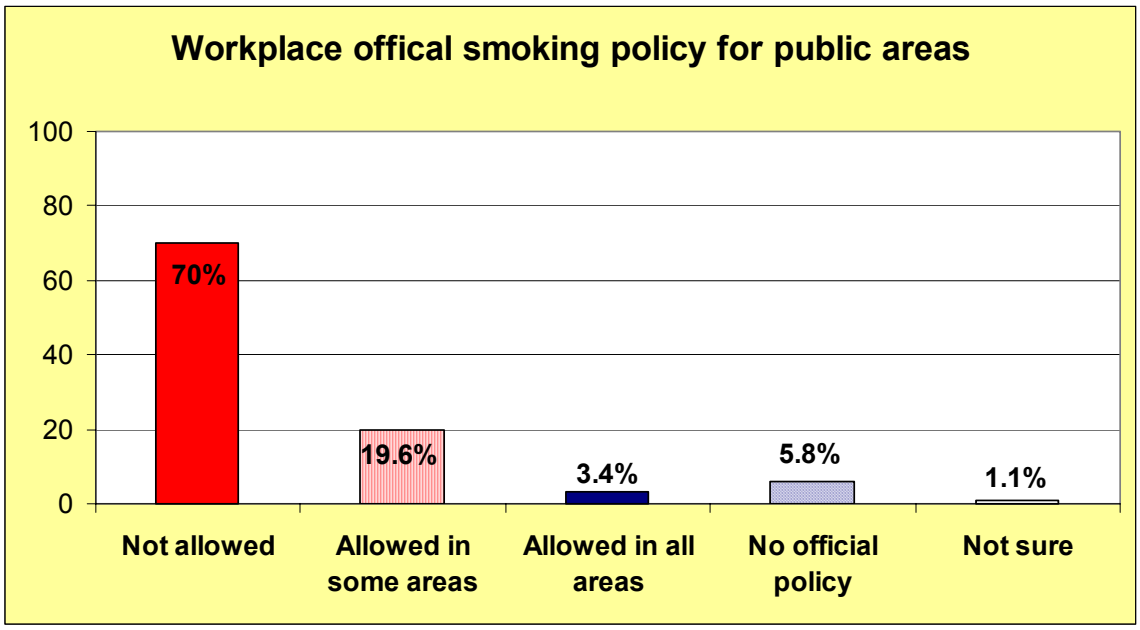
- There were no significant racial differences. Data was consistent among all groups.



- There were no significant differences between the responses of males and females relating to anyone smoking in the home a week prior to the survey.

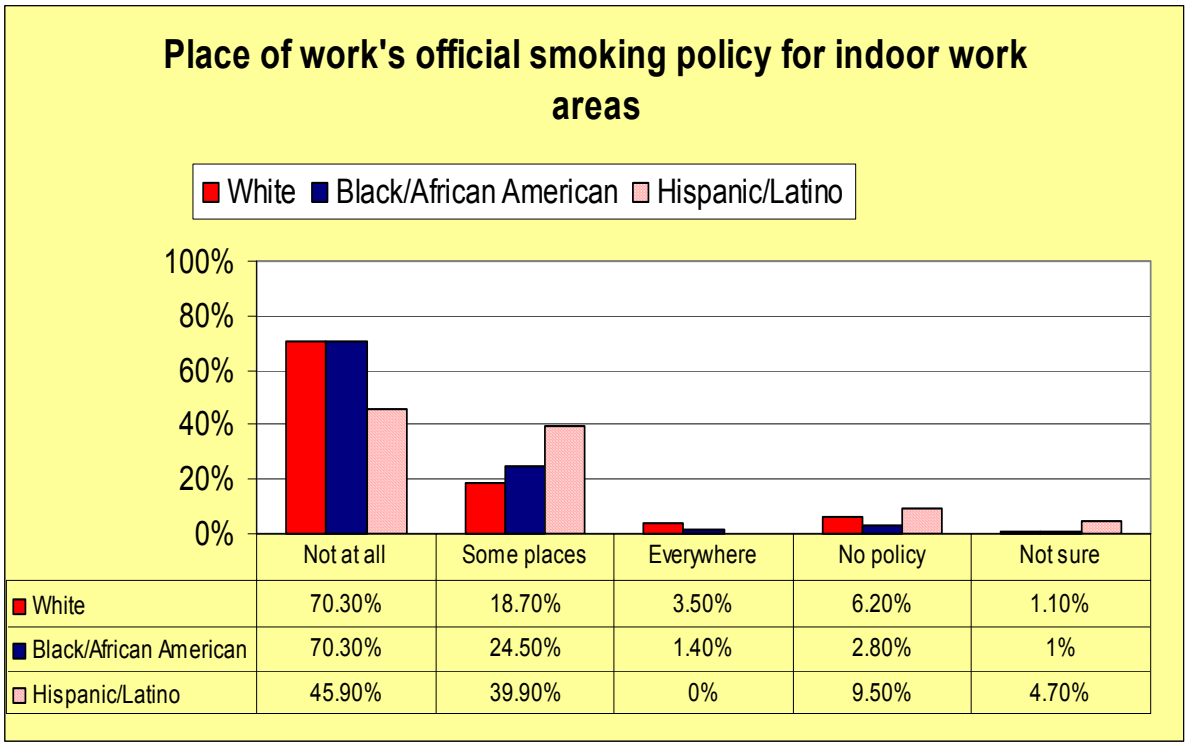
Environmental Tobacco Smoke

An estimated 30% of Tennessee adults who work indoors report that smoking still occurs in work sites. Workplace exposure to tobacco smoke continues to be a problem for Tennessee.



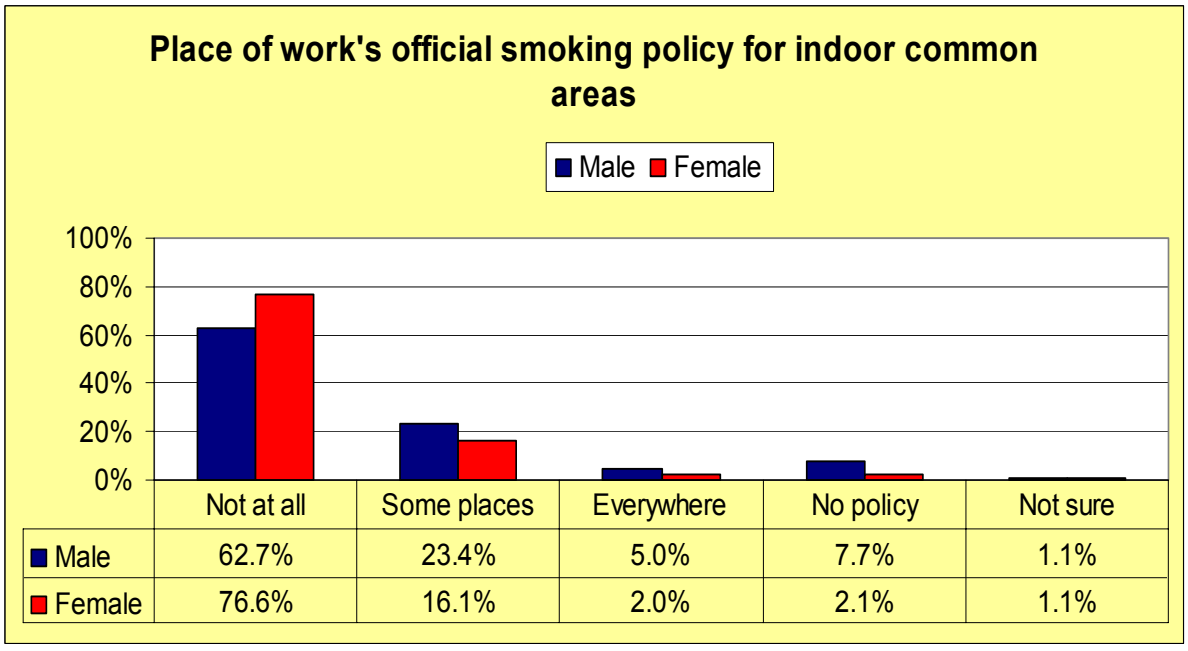
- This question was asked of those respondents who worked inside the majority of the time.
- Most people reported that smoking was not allowed in the public areas of the workplace at all.

Environmental Tobacco Smoke



	Not at all	Some places	Everywhere	No policy	Not sure
White	70.30%	18.70%	3.50%	6.20%	1.10%
Black/African American	70.30%	24.50%	1.40%	2.80%	1%
Hispanic/Latino	45.90%	39.90%	0%	9.50%	4.70%

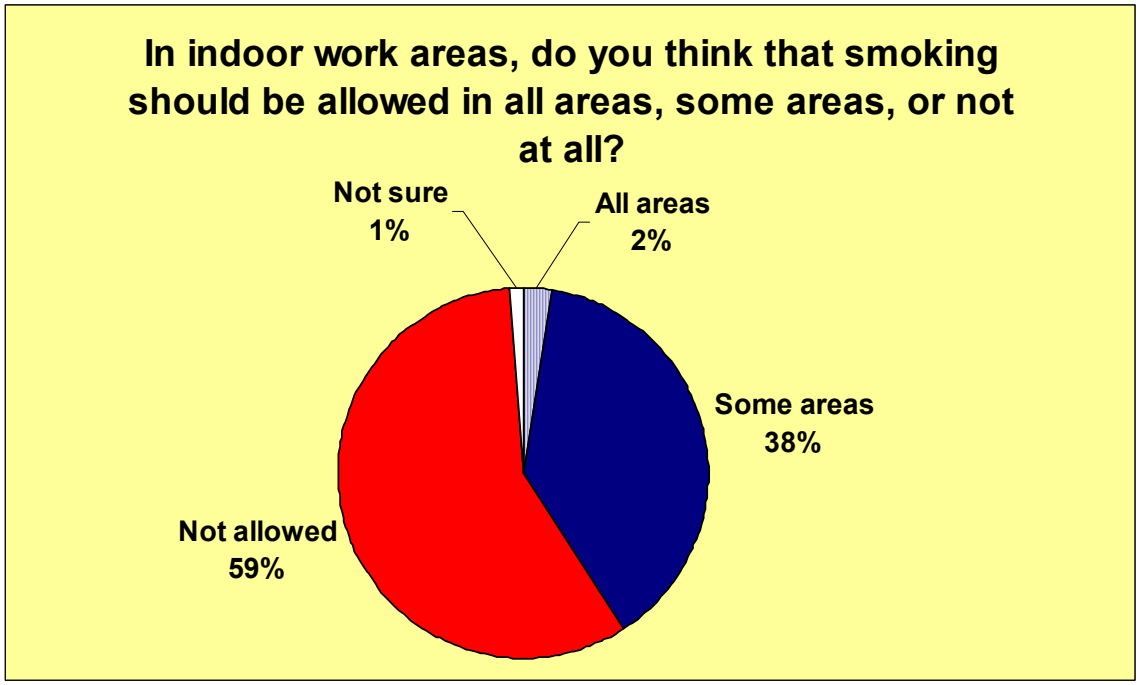
- More Hispanics reported working in environments where smoking was allowed in some places or without an official smoking policy, than did whites or blacks.



	Not at all	Some places	Everywhere	No policy	Not sure
Male	62.7%	23.4%	5.0%	7.7%	1.1%
Female	76.6%	16.1%	2.0%	2.1%	1.1%

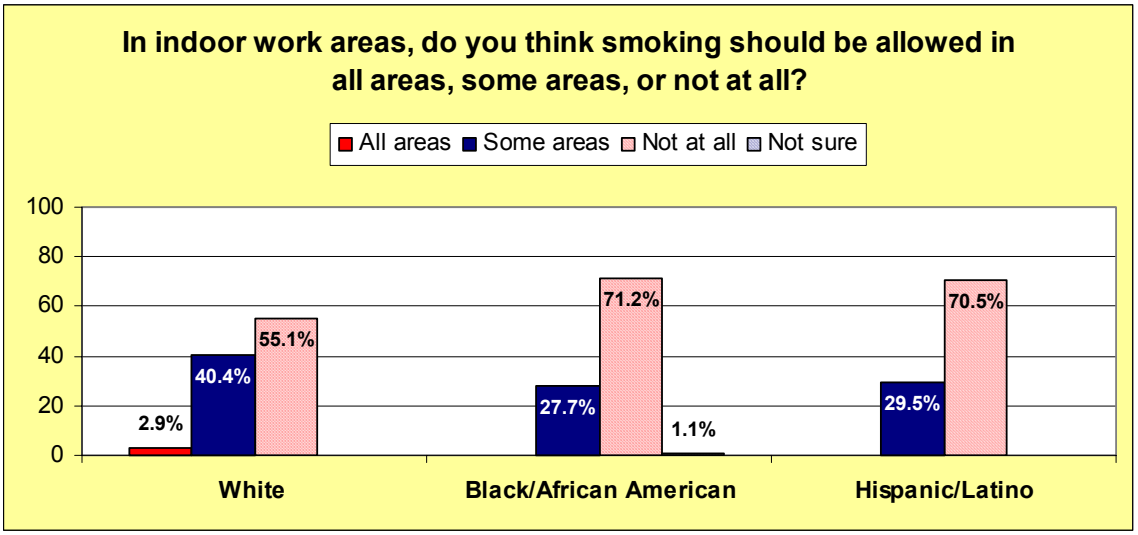
- Substantially more females reported working in environments where smoking was not allowed at all.

Environmental Tobacco Smoke

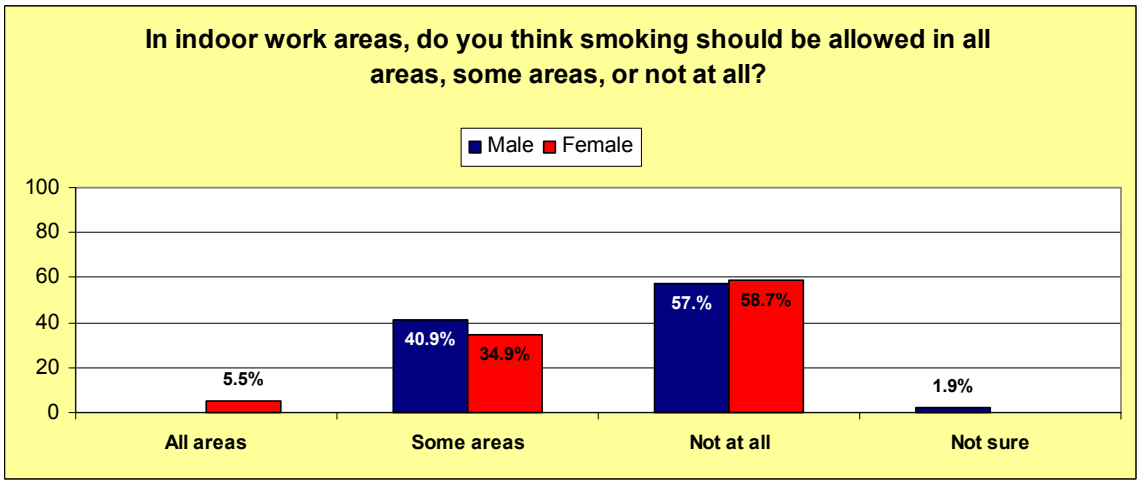


- Over half of the respondents expressed the opinion that smoking should not be allowed at all within any indoor work environments.
- Almost six out of ten Tennessee adults would support a full ban of tobacco use in the workplace.

Environmental Tobacco Smoke



- Fewer whites expressed the opinion that smoking should not be allowed anywhere in indoor work environments than did blacks or Hispanics.

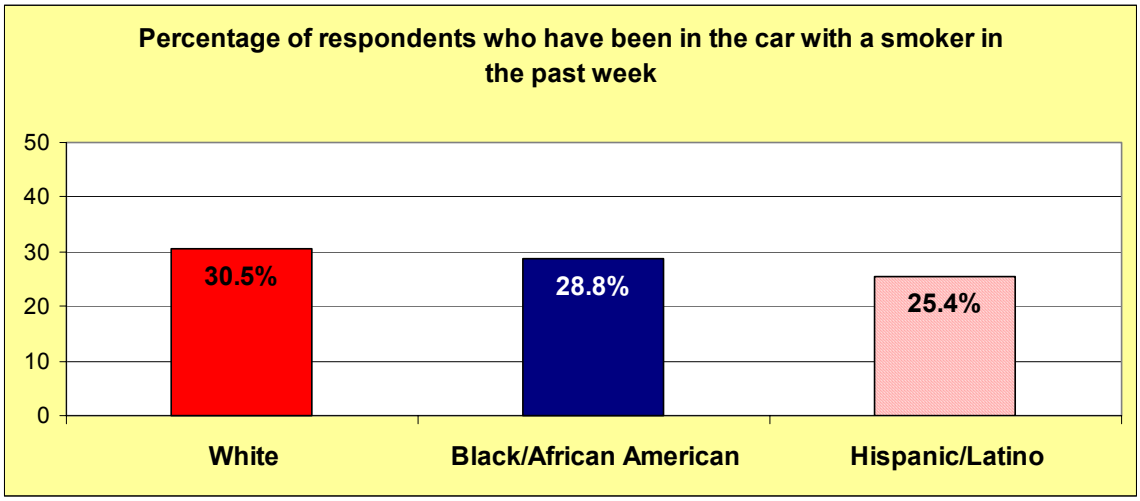


- There were no significant differences between males and females when opinions regarded smoking within indoor work environments were analyzed.

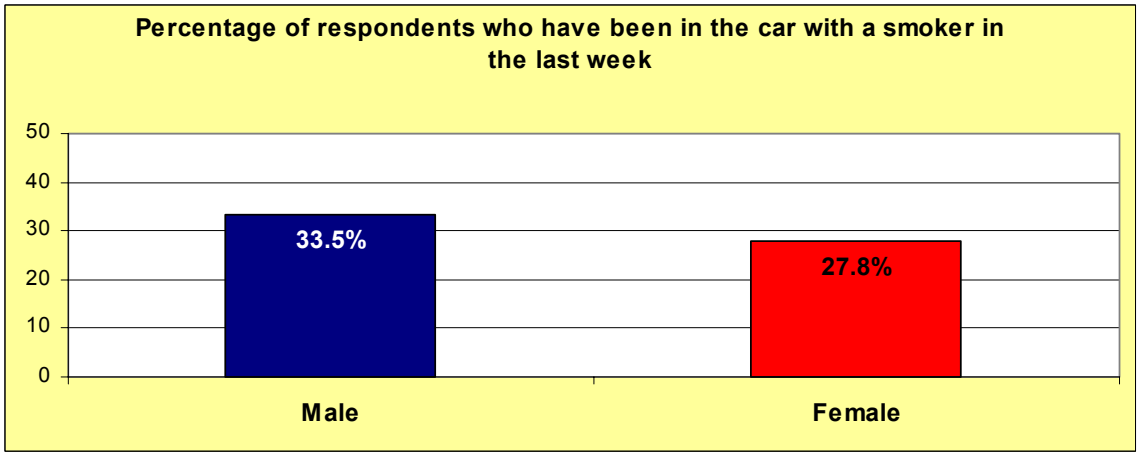
Environmental Tobacco Smoke

- Most respondents (69.3%) reported that they had not been in the car with a smoker in the last week prior to the survey.

Environmental Tobacco Smoke

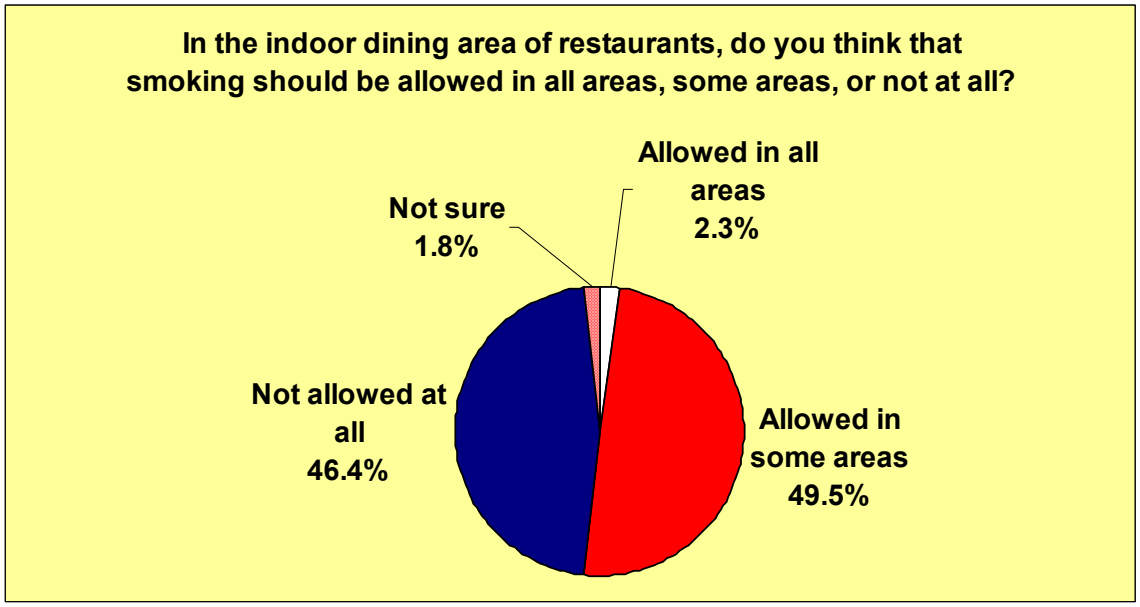


- There were no significant racial differences when the exposure to tobacco smoke in automobiles was examined.



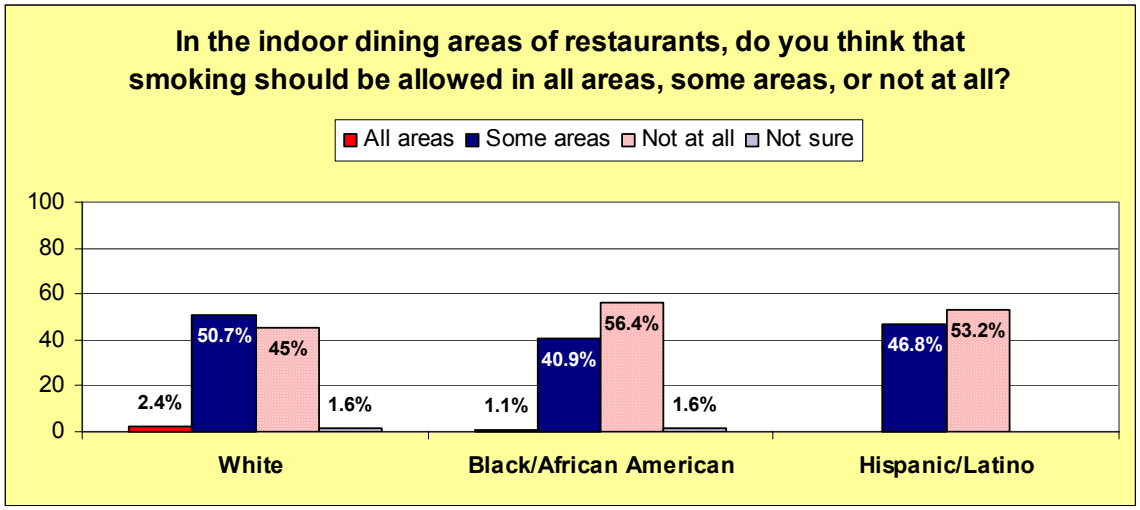
- There were no significant differences between males and females when the exposure to tobacco smoke in automobiles was examined.

Environmental Tobacco Smoke

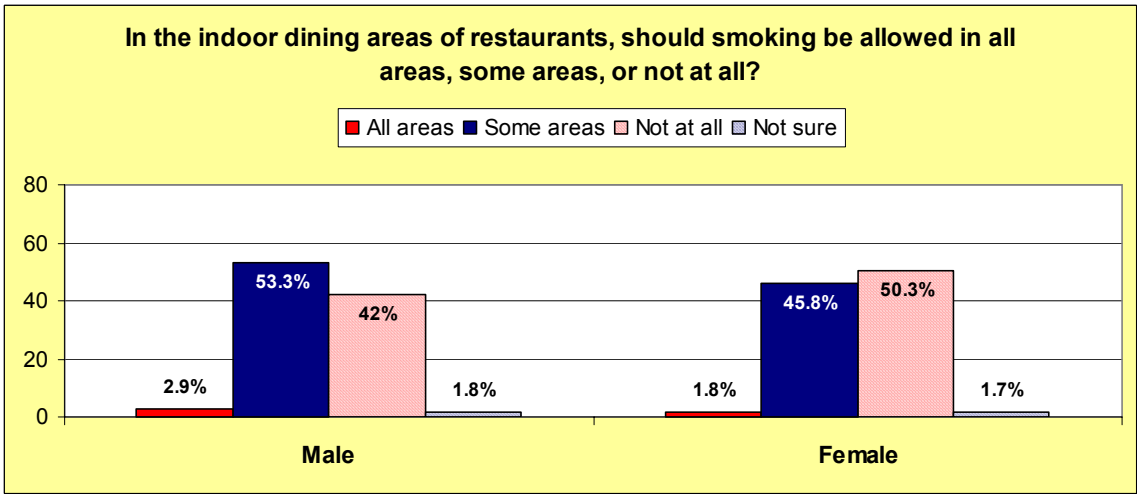


- There was almost an even split between the percentage of respondents that felt smoking should be allowed in some areas of restaurants and those that felt that smoking should not be allowed at all.

Environmental Tobacco Smoke



- There is more support for the ban of smoking in restaurants among both black and Hispanic populations. The support for a total tobacco ban in restaurants among the white population is not as strong.

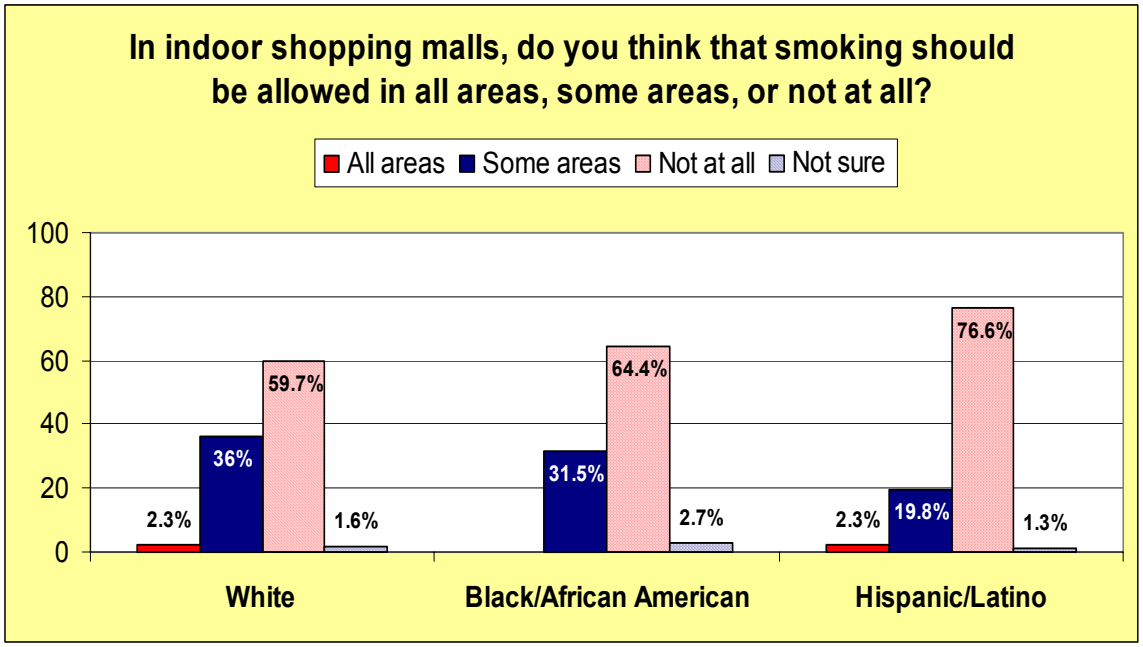


- The gender differences concerning smoking in restaurants show significant gender preferences. Of males, 53% want some smoking areas to be allowed while only 45.8% of women support the same view.

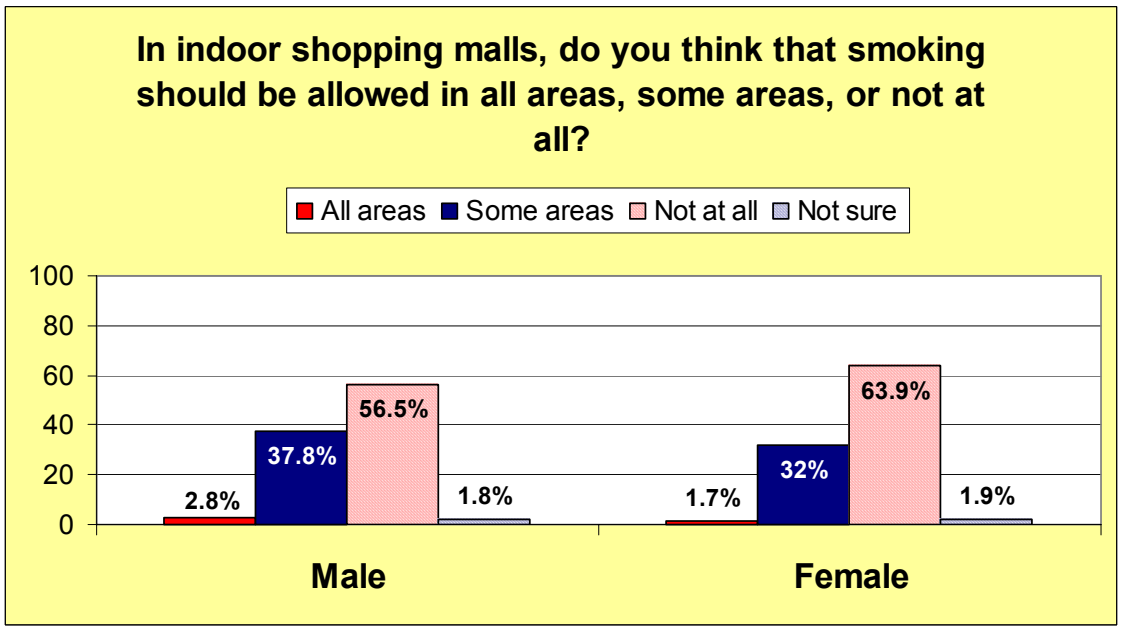
Environmental Tobacco Smoke

- A significant majority of respondents expressed the opinion that smoking should not be allowed at all in indoor shopping malls.

Environmental Tobacco Smoke

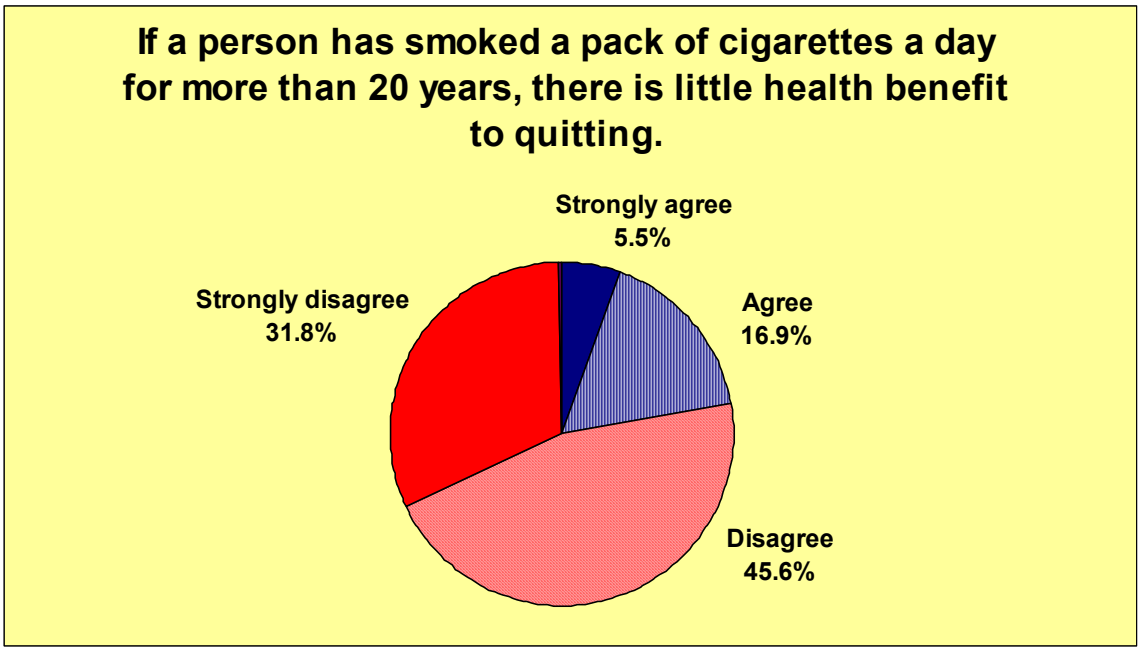


- More Hispanics expressed the opinion that smoking should not be allowed anywhere in indoor shopping malls.



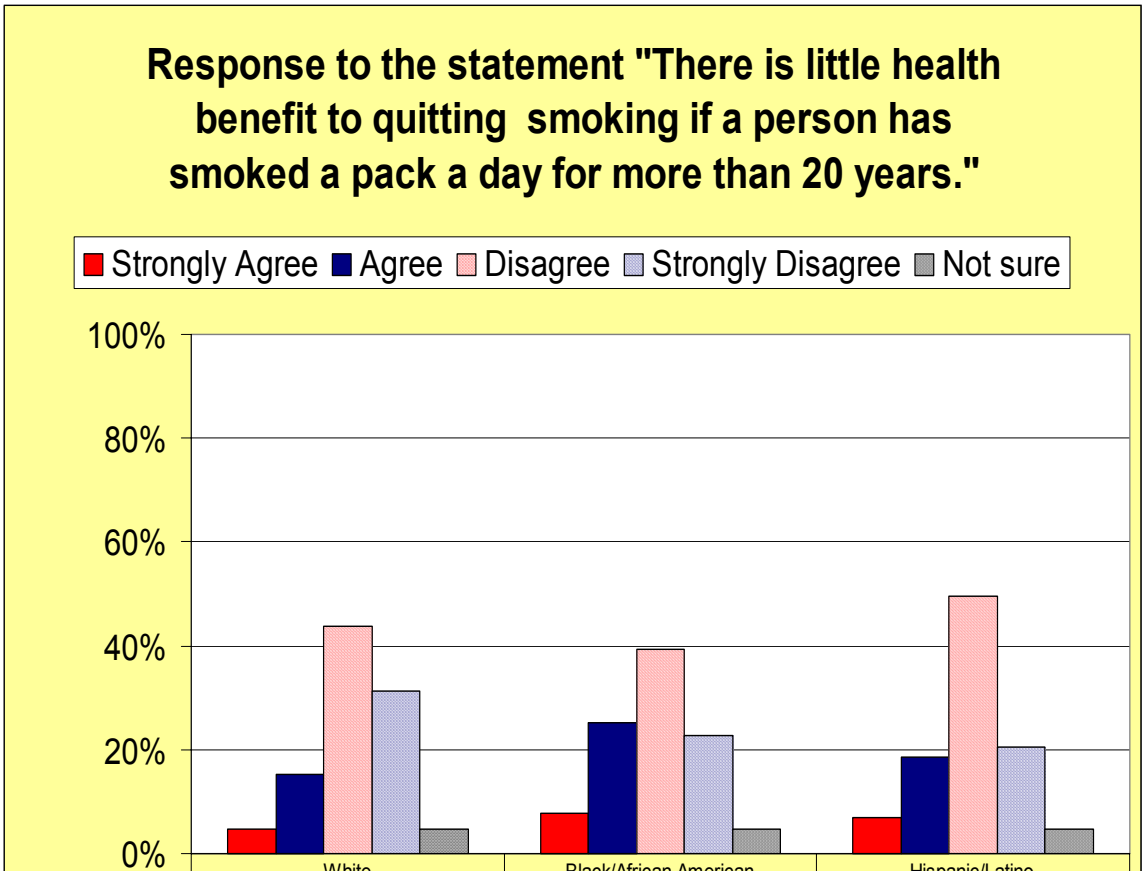
- There were no significant differences between males and females regarding allowing smoking within indoor malls. A majority of both genders support anti-smoking policies for public malls.

Health Risk Perception



- Most people disagreed with the statement that there is little health benefit to quitting after having smoked a pack a day for more than 20 years. The concept that smoking has a negative impact on health and that smokers would benefit from cessation was clearly evident. Almost 77% of respondents reported positive health results would occur if they did not use tobacco.

Health Risk Perception

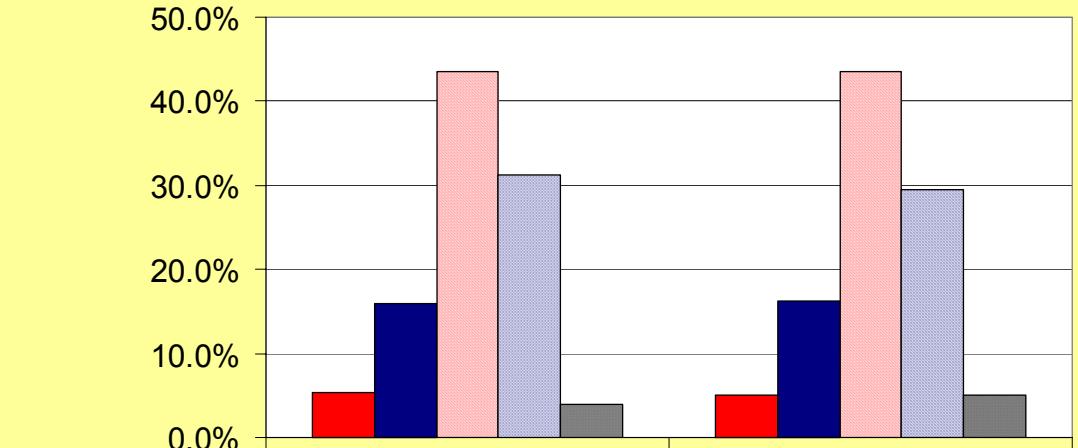


	White	Black/African American	Hispanic/Latino
Strongly Agree	4.8%	7.7%	6.8%
Agree	15.1%	25.1%	18.5%
Disagree	43.9%	39.4%	49.5%
Strongly Disagree	31.3%	22.6%	20.4%
Not sure	4.6%	4.7%	4.8%

- There were no significant racial differences in the perception of risk improvement when an individual successfully quits smoking.

Health Risk Perception

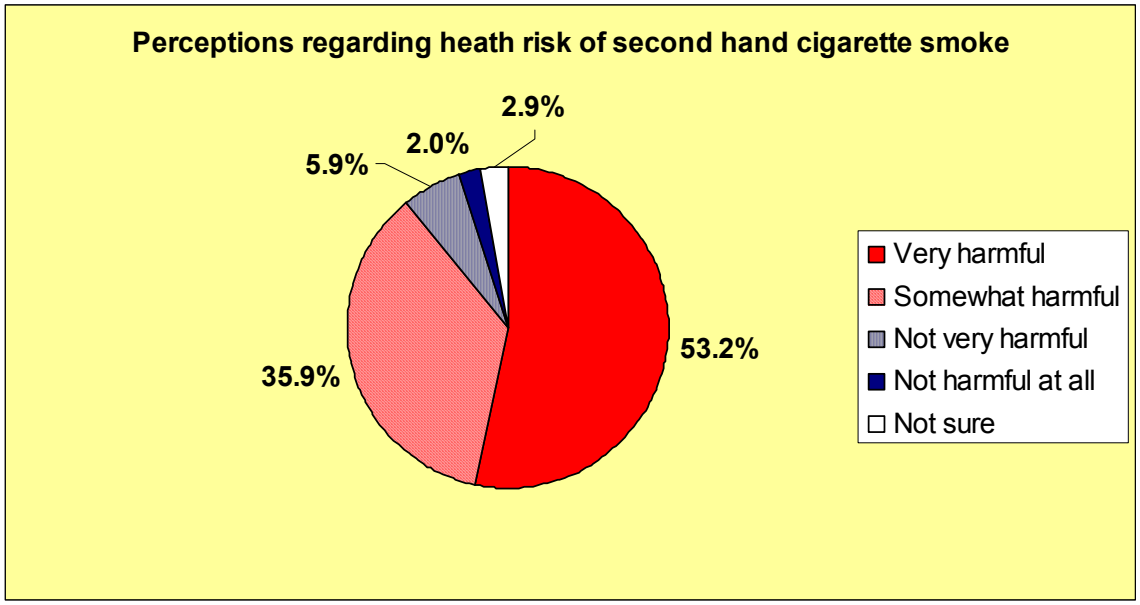
Response to the statement, "There is little health benefit to quitting, if a person has smoked a pack of cigarettes a day for more than 20 years."



	Male	Female
Strongly Agree	5.4%	5.1%
Agree	15.9%	16.3%
Disagree	43.5%	43.5%
Strongly Disagree	31.2%	29.5%
Not sure	3.9%	5.1%

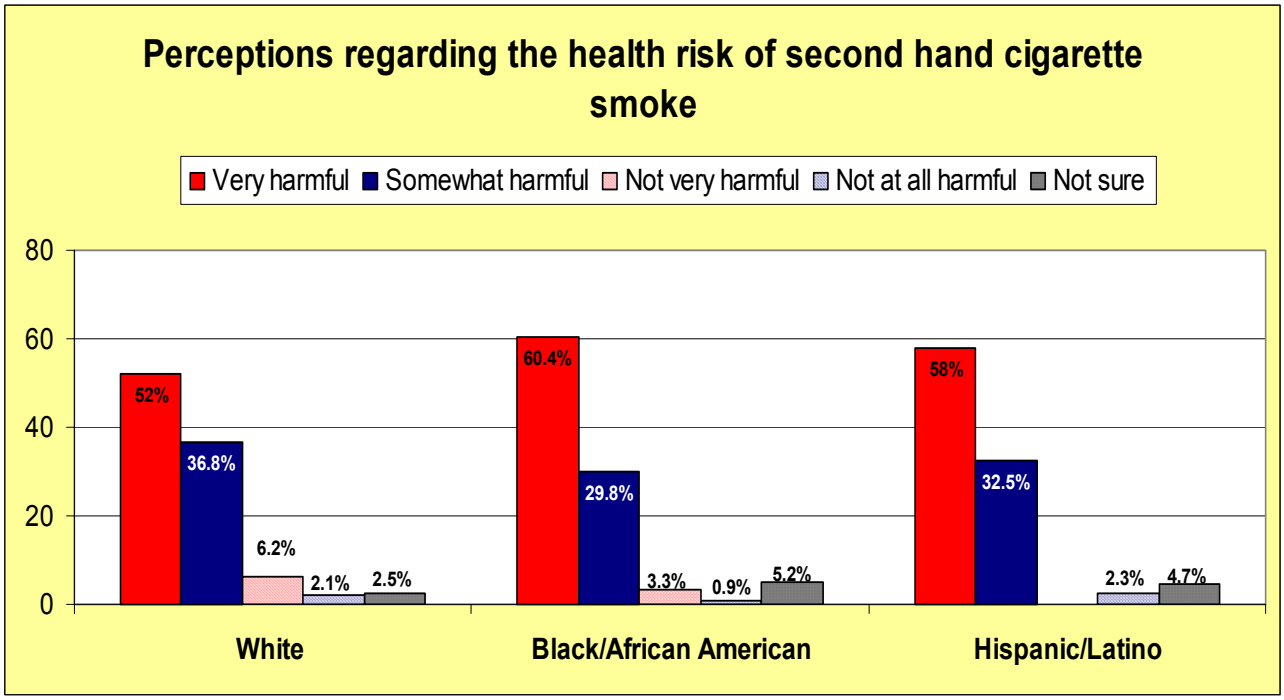
- There were no significant differences between the responses of males and females related to risk perception.

Health Risk Perception

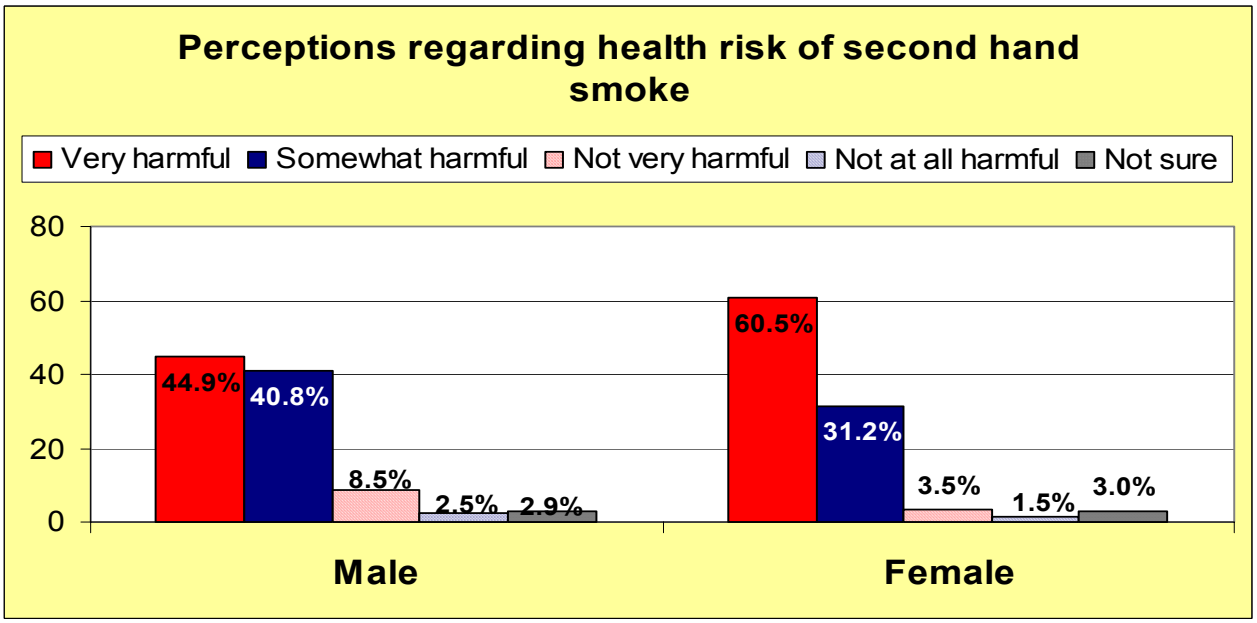


- A majority (91%) of respondents expressed the belief that second hand smoke was, to some degree, harmful to one's health. Tennesseans are aware of the health risks of environmental tobacco smoke.

Health Risk Perception

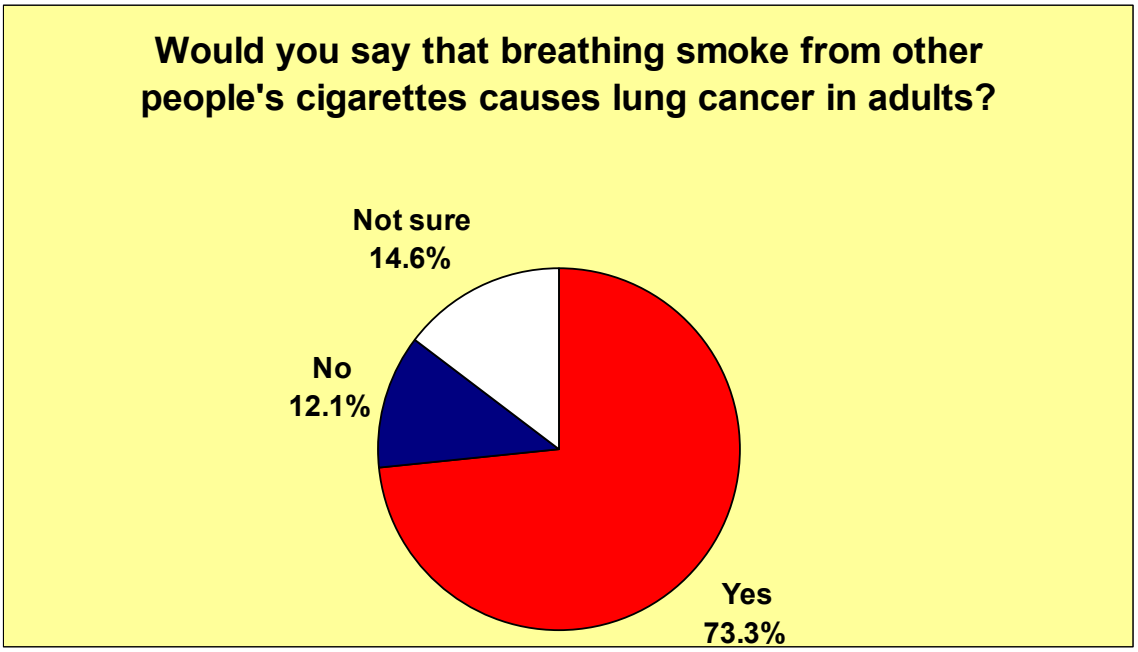


- There were no significant racial differences relative to risk perception from second hand smoke.



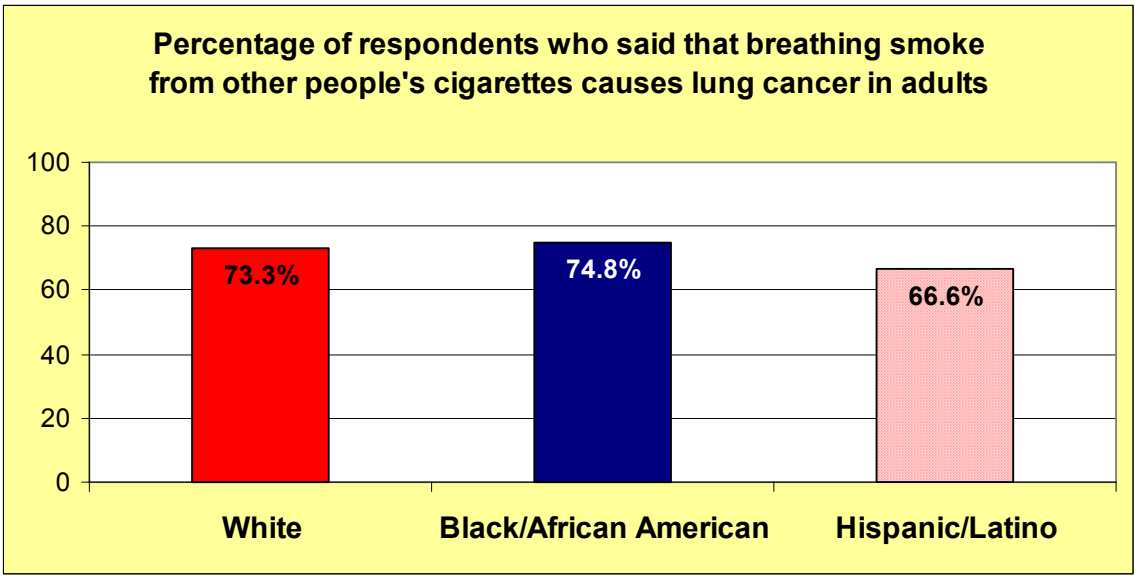
- Females were more likely to express the opinion that second hand smoke was harmful to one's health than were males.

Health Risk Perception

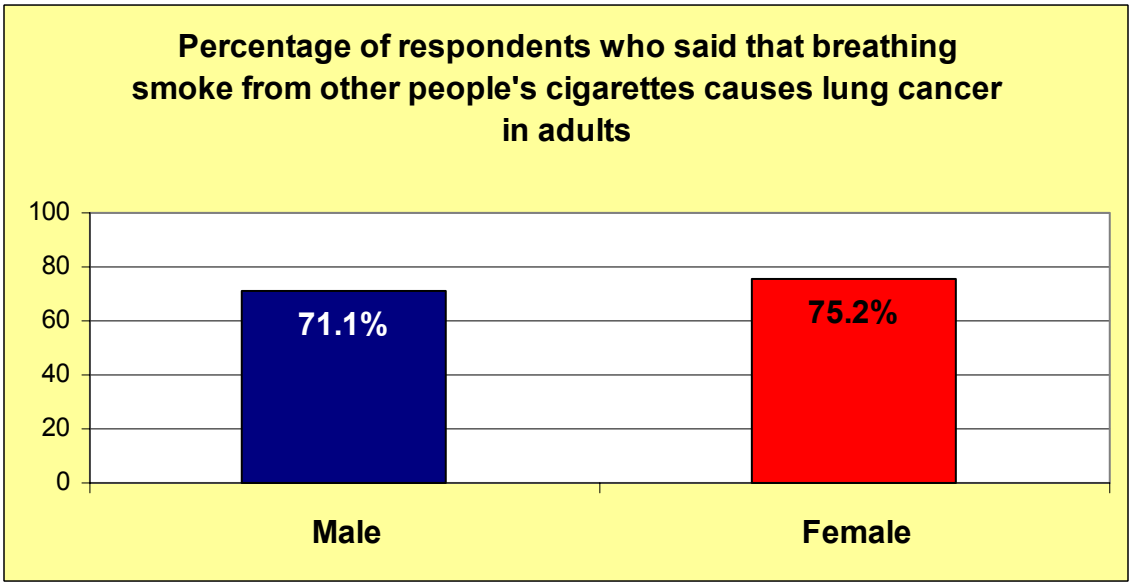


- The majority of respondents (73.3%) reported the belief that second hand smoke causes lung cancer in adults.

Health Risk Perception

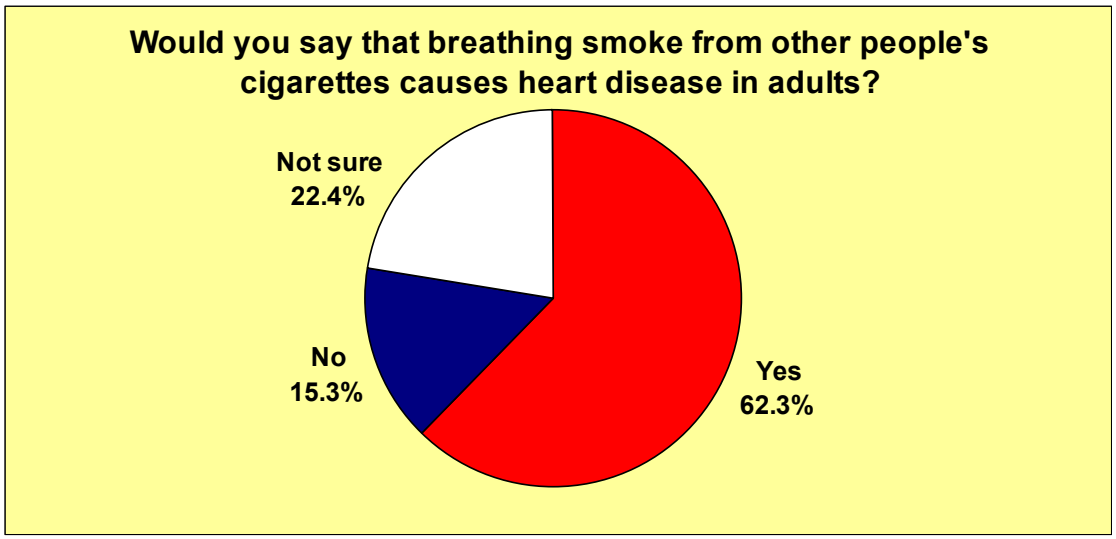


- There were no significant racial differences in risk perception related to the association of lung cancer and second hand smoke.



- There were no significant differences between males and females in risk perception related to the association of lung cancer and second hand smoke.

Health Risk Perception



- The majority of respondents (62.3%) expressed the belief that second hand smoke causes heart disease in adults.

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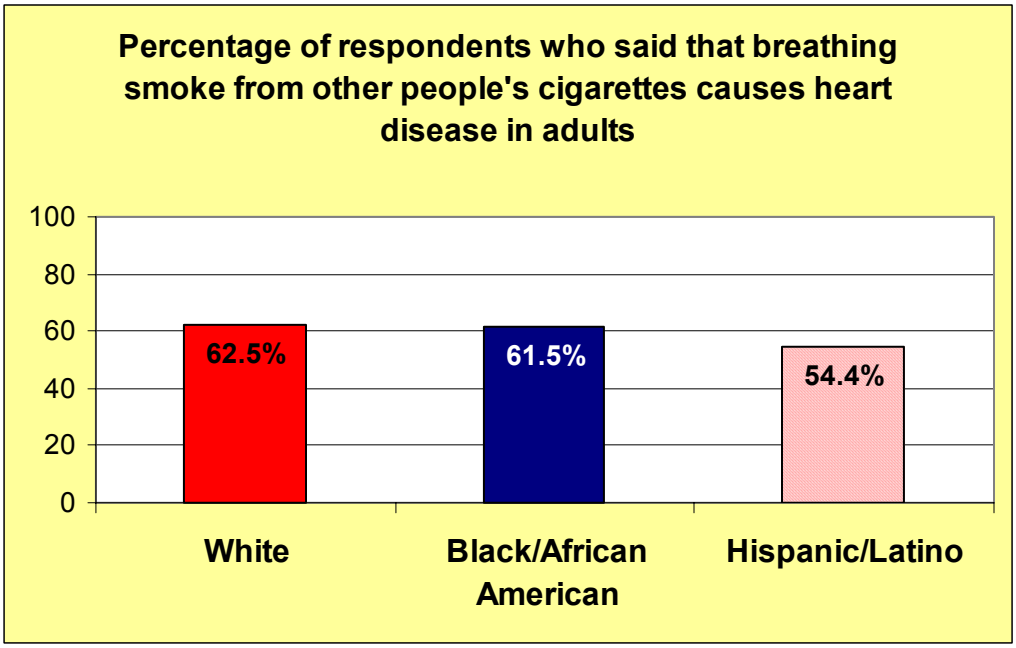
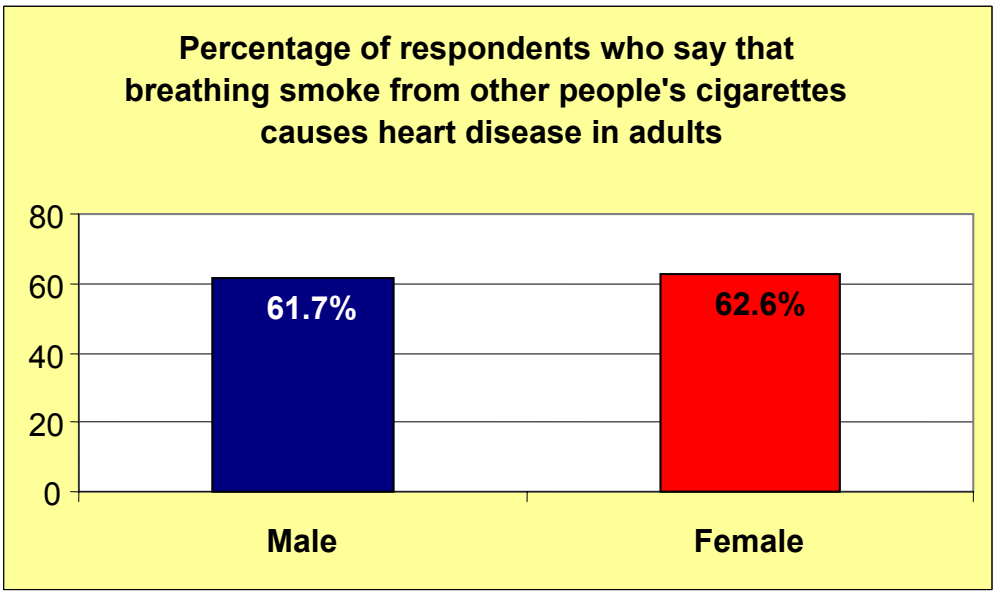


- There were no significant racial differences in the perception that heart disease and second hand smoke are causally associated.



- There were no significant differences in responses between males and females in the perception that heart disease and second hand smoke are causally associated.

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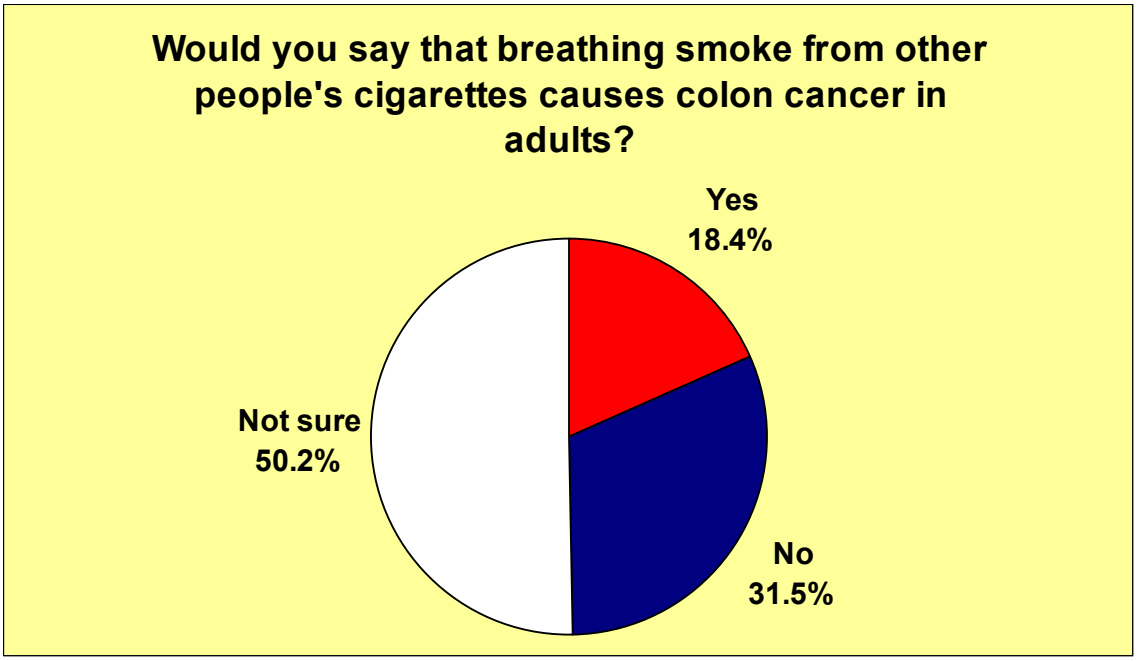

- Slightly over half of the respondents (50.2%) reported that they were not sure or unaware of the association between second hand smoke and colon cancer.

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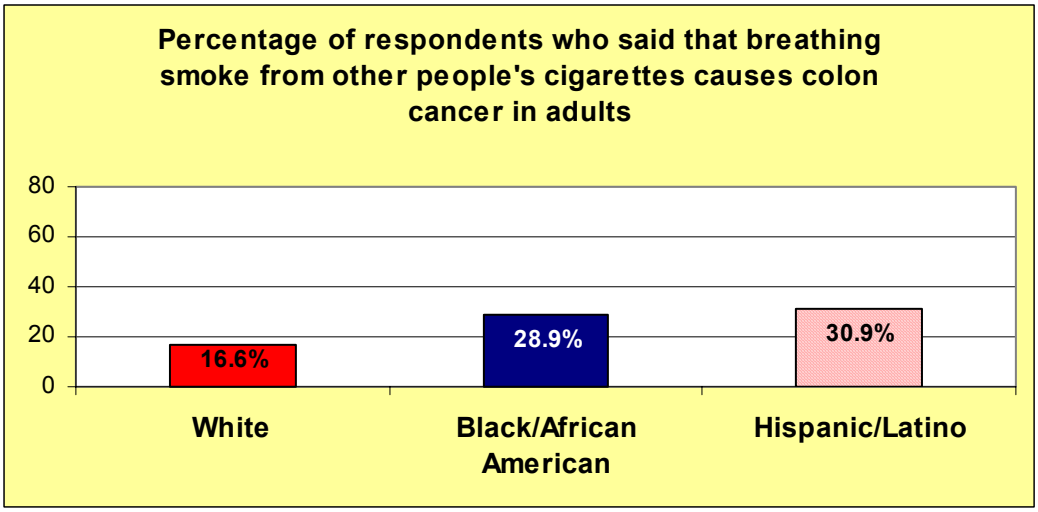
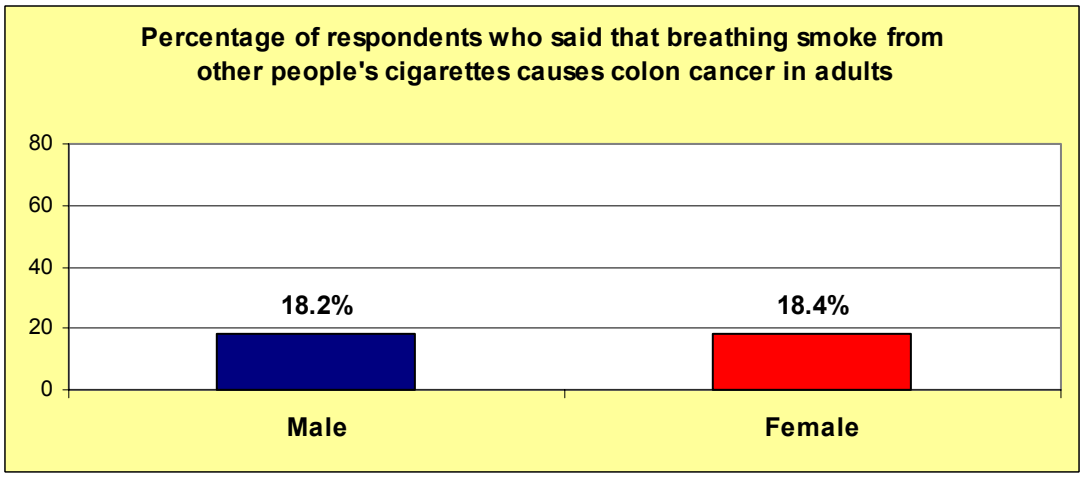


- Whites were less likely to report knowledge of the association between second hand smoke and colon cancer.



- There was no difference in the responses of males and females regarding the perception of colon cancer risk associated with tobacco exposure.

- Additional public health education messages may be needed to increase health awareness.

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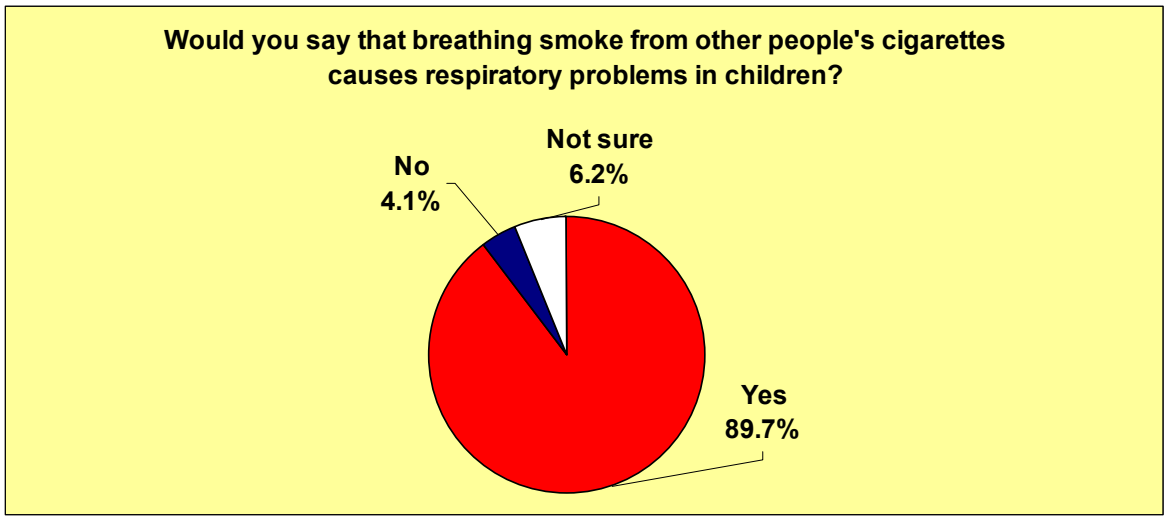

- The majority of respondents were aware of the association between second hand smoke and respiratory problems in children.

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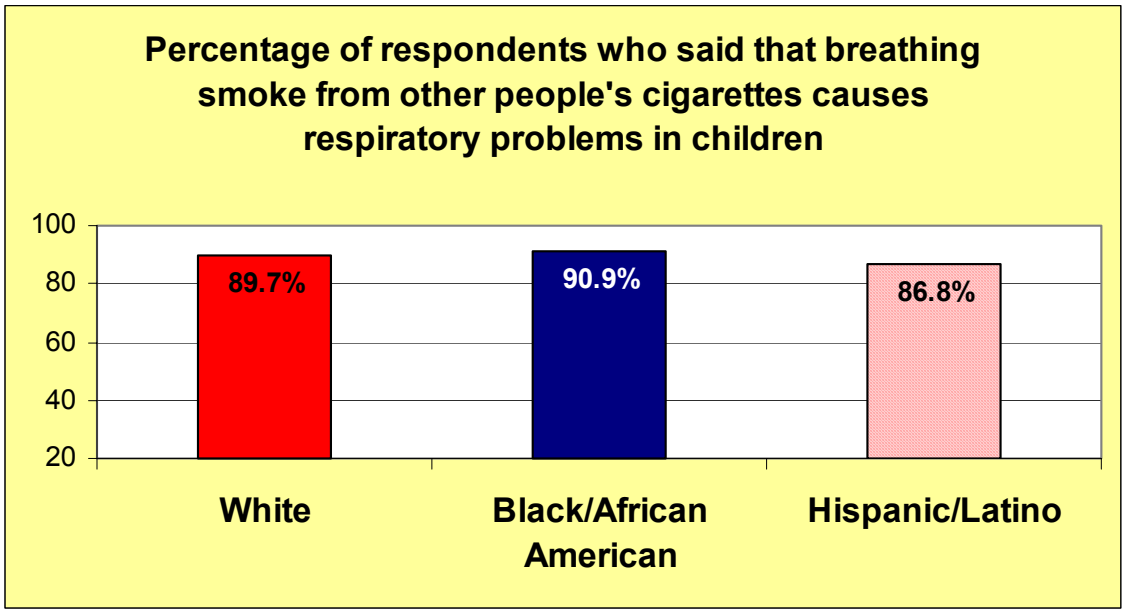
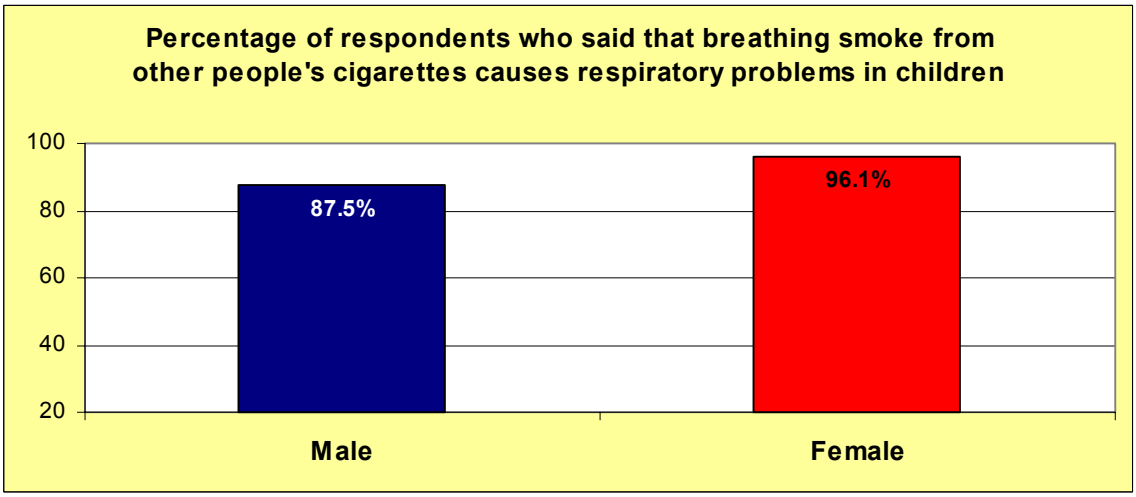
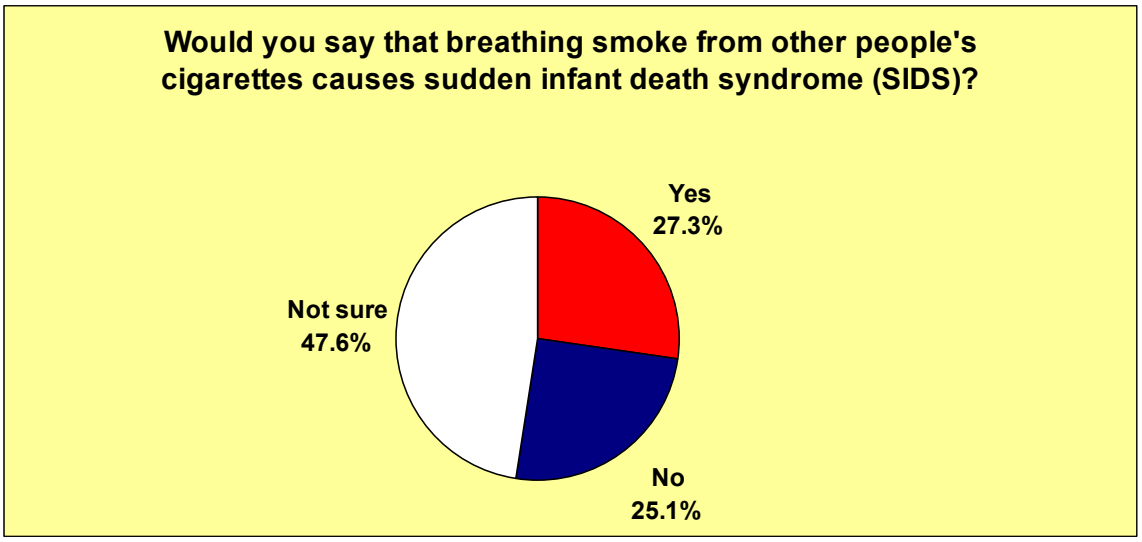


- There were no significant racial differences in the perception of health risk to children exposed to tobacco smoke.



- There were no significant differences in the responses of males and females in the perception of health risk to children exposed to tobacco smoke.

Health Risk Perception



- Nearly half of the respondents were unaware of the association between second hand smoke and SIDS. This is an area that could be targeted for future public health education initiatives.

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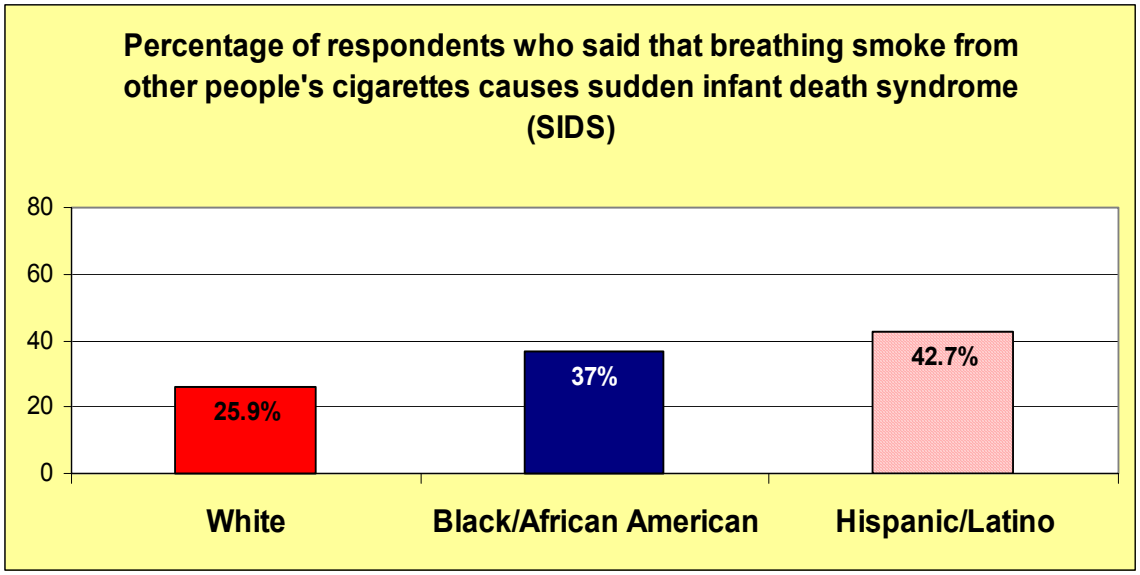
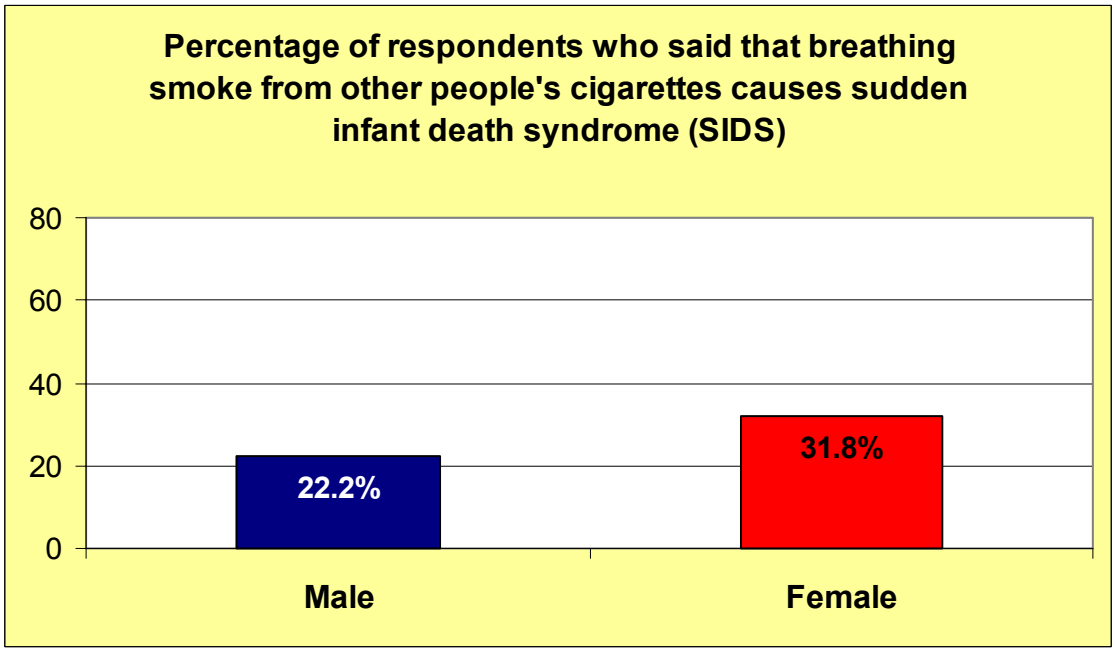


- White respondents were the least likely to report knowledge of the association between second hand smoke and SIDS.



- There was no significant difference in the responses of males and females related to knowledge of the association of SIDS to environmental tobacco smoke.

Policy and Program Implications

The 2002 Tennessee Adult Tobacco Survey has revealed that:

- White women and men have higher tobacco use rates than either non-Hispanic Black or Hispanic citizens.
- The smoking rate is higher in the under 45 age groups and most smokers have tried unsuccessfully to quit smoking at least one time within the previous year.
- Adults with less than a college degree are more at risk from tobacco use. Education is an effective tool to combat tobacco use prevalence.
- Over 50% of current smokers expressed a desire to quit within the next six months. Cessation efforts need to be supported with clinical and community intervention programming.
- Risk perception of tobacco related behaviors and most selected diseases is very high among all Tennessee population subgroups. Knowledge should be reinforced by increasing opportunity to reduce tobacco consumption.

Program and Policy Interventions:

- There are five critical elements in the strategies to prevent and reduce tobacco use. These domains are educational, clinical, economic, regulatory, and social. A comprehensive approach encompassing all five is recommended to prevent and reduce adult tobacco use and create smoke free environments for non-smokers. Adults serve as important role models for youth tobacco norms and are pivotal in developing social and cultural norms.

- Promote smoking prevention and cessation for all adults. Specific suggestions include:
    - Encourage health care providers to follow the *Clinical Practice Guideline for Treating Tobacco Use and Dependence*, including assessing tobacco use at each health care encounter, advising tobacco users to quit, and assisting tobacco users in finding cessation services (clinical domain).

- Establish workplace policies that prohibit smoking to reduce ETS for employees and customers who visit smoke-free workplaces. Creating a smoke-free environment is also likely to reduce daily consumption and/or increase cessation (regulatory domain).
- Create structured support for smoking cessation in the workplace to assist employees to quit smoking and to increase non-smoking norms among employees (social/comprehensive domain).
- Provide and publicize community-based access to smoking cessation programs such as quit lines and educational materials about the benefits of quitting to adults and their families (educational and social domains).
- Address tobacco use in the context of care for all health problems, including providing resources to cope effectively, to limit use of tobacco for coping (clinical and social domains).
- Create an aggressive tobacco cessation program that can be adapted by groups as an element of health care system change.

Surveillance:

- Track tobacco use among 18-29 year-olds in order to assess the effects of current anti-tobacco programs for youth who will be entering young adulthood in the coming years.
- Track use of forms of tobacco other than cigarettes.
- Continue surveillance efforts to develop longitudinal baselines for secular trend analysis in all age groups.

Research:

- Identify factors that explain race/ethnic differences in attitudes about tobacco and tobacco use including social norms about tobacco use and exposure to ETS.
- Assess cohort differences in tobacco use.
- Examine the precursors of tobacco use among adults choosing to start smoking.
- Examine differences in tobacco use and attitudes in rural versus urban populations.

- Measure the relationship between cigarette smoking, other forms of tobacco use, and substance abuse.
- Explore whether tobacco use is associated with other negative health behaviors in order to approach multiple risk factors simultaneously in health promotion campaigns, if indicated.
- Examine the issues of adult role modeling as an influence in social norms and youth tobacco decisions.

Glossary

Cigarette Smoking Status - Classified into “current” (has ever smoked at least 100 cigarettes and now smokes everyday or some days), “former” (has smoked at least 100 cigarettes but currently does not smoke at all) or “never” (has smoked fewer than 100 cigarettes in their lifetime) for descriptive prevalence data.

Ever Smoker - Defined as adults who have smoked at least 100 cigarettes in their entire lifetime.

Current Smoker - Those defined as smokers who currently still smoke everyday or some days.

Former Smoker - A person whom has smoked 100 cigarettes in their lifetime, but does not currently smoke.

Percentage of Daily Smokers and Occasional Smoker - Calculated among all current smokers from the question “Do you now smoke cigarettes everyday, some days or not at all?” Those who report “everyday” are classified as daily/regular smokers and those who report “some days” are classified as occasional smokers.

Number of Cigarettes Smoked Per Day - Asked of daily smokers (“On the average, about how many cigarettes a day do you now smoke?”) and of the occasional smokers (“On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?”). Comparisons were made only for the number of cigarettes smoked for daily smokers, comparing those who smoke fewer than 20 cigarettes daily and those who smoke 20 or more per day.

Quit Attempt - Refers to one’s endeavor to stop smoking for a day or longer

Time Since Quitting Smoking Daily - Calculated for former smokers who had ever smoked daily using responses to the question “About how long has it been since you last smoked cigarettes regularly, that is, daily?”.

Quit Advice - Current smokers are asked if they were advised to quit smoking by a “doctor or other health professional.” Responses are compared for those who were advised more than one year ago and for those who were advised in the past 12 months. The prevalence of current smokers who have ever received advice to quit smoking is also reported.

Whether Quit Attempt Was Made - Asked of current, daily cigarette smokers. The question asks whether the respondent had quit smoking for 24 hours or more in the last 12 months.

References

Centers for Disease Control and Prevention (CDC). (1999) *Best Practices for Comprehensive Tobacco Control Programs - August 1999.* 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.

Treating Tobacco Use and Dependence. Summary, (June 2000). U.S. Public Health Service. http://www.surgeongeneral.gov/tobacco/smokesum.htm