OSH/CDC TUS Uses and Tools



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Background and Purpose

- Highlight the Office on Smoking and Health's uses of the TUS-CPS including:
 - Healthy People 2010 Tracking
 - Providing validity to BRFSS tobacco use measures given differential response rates
 - The STATE System
 - The Question Inventory on Tobacco
 - Tracking Progress Toward Elimination of Disparities
 - Publications



Healthy People 2010 Tracking

The TUS-CPS is the official data source for tracking progress toward 100% smoke-free workplaces, Healthy People 2010 Objective 27-12:

"Increase the proportion of worksites with formal smoking policies that prohibit smoking to 100%."



Comparisons with BRFSS measures

 David Nelson et al have been using TUS-CPS to provide validity to tobacco use measures collected from the BRFSS given the historically lower state response for that survey compared to TUS-CPS.

State smoking prevalence estimates: a comparison of the Behavioral Risk Factor Surveillance System and current population surveys. Am J Public Health 1997 Oct, 87(10):1605-9.

- Median Δ in 1985 < -2.0%</p>
- Median Δ in 1989 < -0.7%
- Median Δ in 1992/1993 < -1.9%</p>

Larger difference among men than women and Blacks vs. Hispanics and Whites



The STATE System - CDC/OSH 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



The STATE System - TUS/CPS data available

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



The STATE System - TUS/CPS (data avail cont)

Environment

- % Households with Complete Smoking Bans
- % Employed persons protected by smokefree policies (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 1,700 tobacco-related questions.

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 14 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-TUS/CPS data available

Reports generated to assist states in identifying disparities (up to 12 subpopulations) for a number of indicators:

- Overall
- Gender
- Race/ethnicity
- Age group
- Education (<= HS, > HS)
- Poverty status (at/above threshold, borderline, above threshold, unknown)
- Occupational Category (white collar, blue collar, farm, service—categories for 2001/2002 and prior years)

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 trying to quit
- Percent of former 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

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 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. Statistically significant increases in the prevalence of smoke-free home rules were also observed in all states, although variation was observed among states.



Vol. 56 / No. 20

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 (1). 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) evidencebased 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 laborforce 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

*Additional information available at http://riskfactor.cancer.gov/studies/tus-cps/

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



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



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www.cdc.gov/tobacco



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