

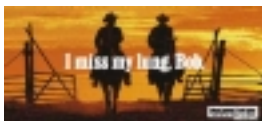
UTAH BRFSS BRIEF

Behavioral Risk Factor Surveillance System

Utah Department of Health

December 2000

WHO'S STILL SMOKING?

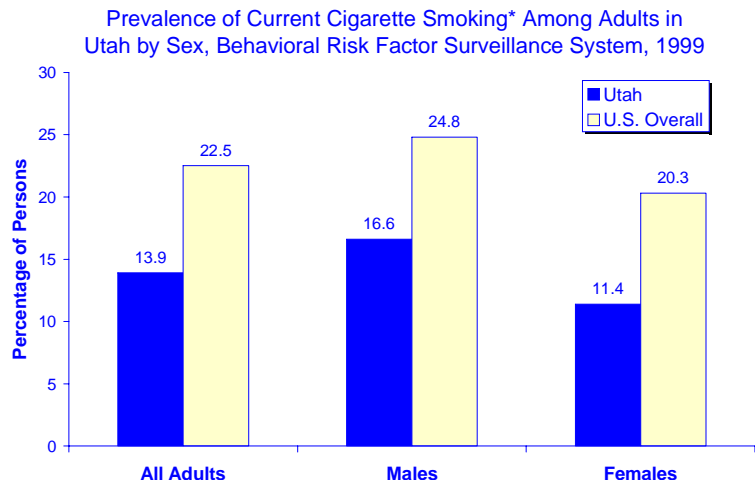


Tobacco use is the single leading cause of preventable illness and death in the United

States. Each year, more than 430,000 Americans die prematurely from smoking-related diseases. Today, nearly a quarter of U.S. adults and about a third of U.S. youth continue to smoke. In addition, smoking rates among young adults between the ages of 18-24 years have increased in recent years. The increases may be attributed to the aging of high school students whose smoking rates were high during the 1990s or an indication of increased initiation of smoking among young adults. Smoking-related disparities also exist among persons of different educational levels and racial and ethnic groups. Smoking prevalence is highest among persons with lower educational attainment (< high school) and among American Indians/Alaskan Natives. If current patterns persist, nearly 25 million U.S. citizens will die prematurely from a smoking-related disease.

In 1999, more than 45.8 million non-institutionalized adults age 18 and older in the United States report smoking everyday or some days (22.5%), including 24.3 million men (24.8%) and 21.5 million women (20.3%). During 1999, roughly 193,000 of those smokers lived in Utah, representing about 14% of Utah's adult population. Utah continues to have the lowest adult smoking rate in the country. However, many other states are steadily catching up. In order to meet the *Healthy People 2010* tobacco-related objectives, Utah will need to continue to develop policies and fund programs that prevent initiation, promote cessation and assure access to proven cessation interventions.

CURRENT CIGARETTE SMOKING



Weighted to provide estimates representative of the adult non-institutionalized population
* Persons age 18 or over who reported having smoked ≥ 100 cigarettes and who reported smoking every day or some days.

THE GREAT AMERICAN SMOKEOUT

Every November the American Cancer Society (ACS) hosts the Great American Smokeout to help smokers quit tobacco use for at least 24 hours, with the hope that smokers will then be able to quit completely. For this year's Great American Smokeout the Utah Department of Health (UDOH) and Channel 2 organized an *Ask the Expert* hotline. Tobacco experts from around the state answered questions about smoking cessation and connected smokers with available resources. More than 1000 Utah tobacco users called and received information and free tobacco quit kits.

“QUIT SMOKING IN THE NEW YEAR

Due to the overwhelming success of the *Ask the Expert* hotline, the Utah Department of Health and Channel 2 will host a second *Ask the Expert* event on January 4, 2001.”

The event will focus on encouraging adults and pregnant women to quit using tobacco. If you have an interest in tobacco cessation and would like to volunteer as an 'expert' or if you would like more information about the event, please contact Lena Dibble in the UDOH Tobacco Control and Prevention Program (telephone 801-538-6917 or email ldibble@doh.state.ut.us), or call the UDOH Tobacco Control and Prevention Program toll free at 1-877-220-3466.

CURRENT CIGARETTE SMOKING

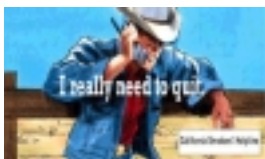
Similar to the overall U.S. prevalence, the smoking prevalence among men was somewhat higher (16.6%) than among women (11.4%) in Utah. Smoking levels did not vary substantially among age groups, except for a decrease in smoking levels for those who were 65 years and older. Due to small sample sizes, little can be understood about smoking behaviors across race/ethnicity groups in Utah. Smoking was greatest among those with less than a high school education.



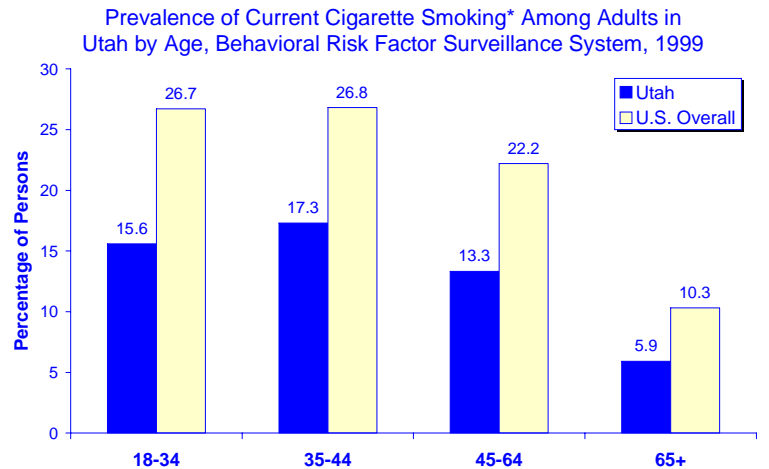
Research has shown that smoking cessation has major and immediate benefits for smokers of all

ages. After one year of quitting cigarettes, the excess risk of heart disease caused by smoking is reduced by about one half. After ten years, the risk of lung disease for former smokers is less than one-half that of a continuing smoker. In 5 to 15 years, the risk of stroke for a former smoker is the same as that of someone who never smoked.

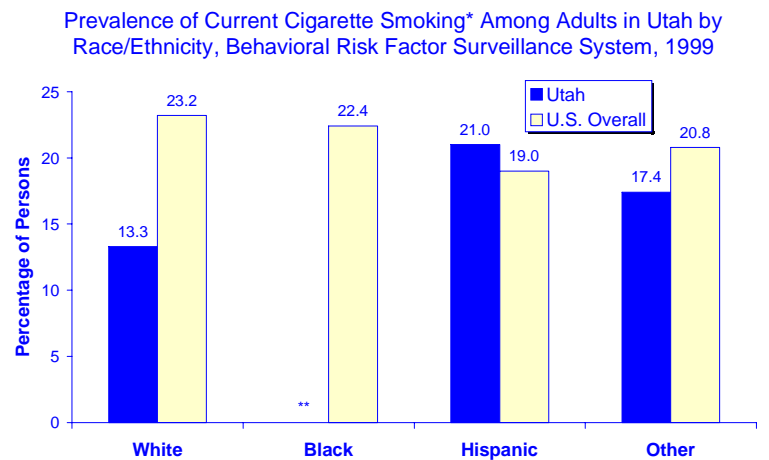
Several methods are available to help smokers quit. Less intensive interventions such as physicians advising their patients to quit smoking can produce cessation rates of 5% to 10%. More intensive interventions that combine both behavioral counseling and pharmacological treatment can produce cessation rates of 20% to 25%.



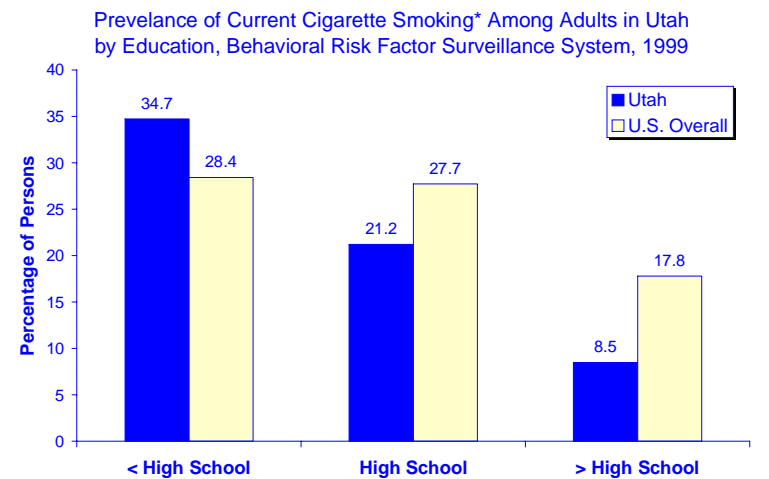
In 1999, about 73,600 (52%) of Utah's current daily smokers reported that they quit smoking for a day or longer in the past 12 months. In Utah, there were few differences between men and women and by educational level in quitting behaviors, but smokers between the ages of 18-34 (69.2%) were more likely to have quit for a day or more than those who were 35-64 years of age (39%).



Weighted to provide estimates representative of the adult non-institutionalized population
* Persons age 18 or over who reported having smoked >100 cigarettes and who reported smoking every day or some days



Weighted to provide estimates representative of the adult non-institutionalized population
* Persons age 18 or over who reported having smoked \geq 100 cigarettes and who reported smoking every day or some days
** Estimates that had <50 respondents in a category are considered unstable and are not shown



Weighted to provide estimates representative of the adult non-institutionalized population
* Persons age 18 or over who reported having smoked \geq 100 cigarettes and who reported smoking every day or some days

Healthy People 2010 is a national health promotion and disease prevention initiative which has established a set of health objectives for the Nation to achieve over the first decade of the new century. *Healthy People 2010* identifies tobacco-related objectives as key for improving the nation's health. The plan targets the reduction of adult tobacco use from 24% in 1997 to 12% by 2010. In addition, it strives to increase smoking cessation attempts by adult smokers from 43% in 1997 to 75% by 2010. Smoking rates among adults could be substantially reduced within the decade if the nation would fully implement tobacco prevention and control approaches proven to be effective. Comprehensive programs have been shown to be effective in reducing average cigarette consumption per person. Such population-based approaches emphasize prevention of initiation, reduction of exposure to environmental tobacco smoke, and system changes to promote smoking cessation.

For more information on tobacco use, prevention and control, please visit the CDC Office on Smoking and Health's Tobacco Information and Prevention Source page at www.cdc.gov/tobacco

and

the Utah Department of Health's Tobacco Prevention and Control Program Website at www.tobaccofreeutah.org

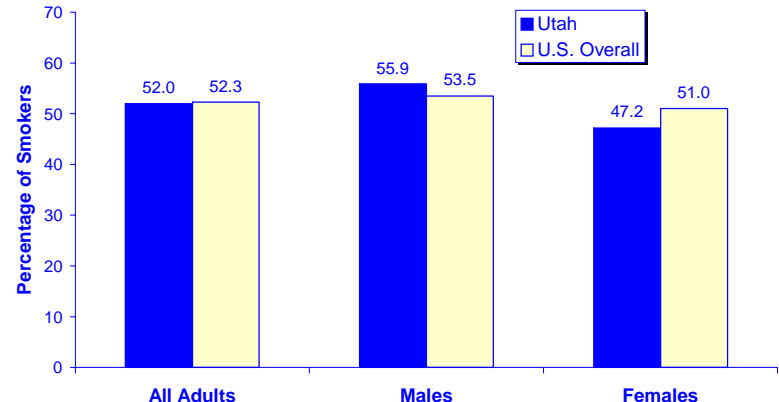
References:

U.S. Department of Health and Human Services. *Healthy People 2010*. (Conference edition in two volumes). Washington (DC): U.S. Department of Health and Human Services; 2000. www.health.gov/healthypeople

U.S. Department of Health and Human Services. *Reducing Tobacco Use: A Report of the Surgeon General*. Atlanta (GA): CDC; 2000. www.cdc.gov/tobacco/sgr_tobacco_use.htm

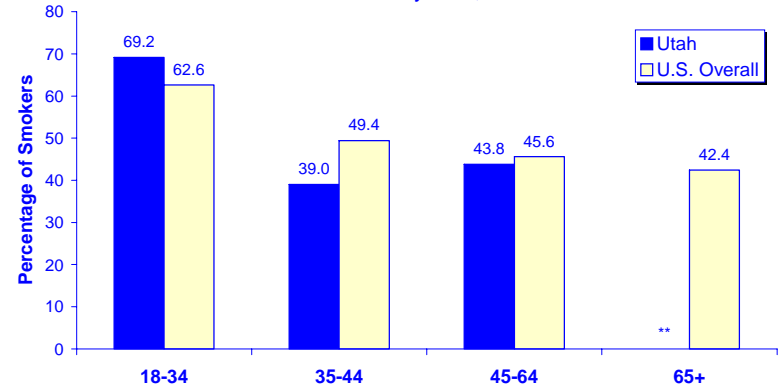
QUIT ATTEMPT

Prevalence of Quit Smoking for One Day or Longer in the Past Year* Among Adults in Utah by Sex, Behavioral Risk Factor Surveillance System, 1999



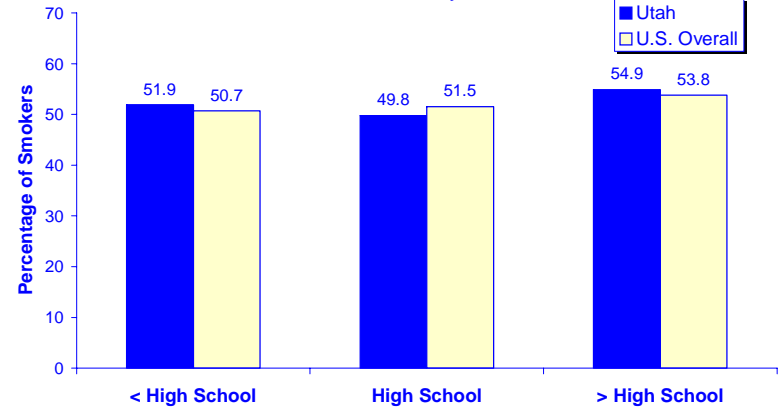
Weighted to provide estimates representative of the adult non-institutionalized population
* Persons age 18 or over who reported having smoked ≥100 cigarettes and who reported smoking every day

Prevalence of Quit Smoking for One Day or Longer in the Past Year* Among Adults in Utah by Age, Behavioral Risk Factor Surveillance System, 1999



Weighted to provide estimates representative of the adult non-institutionalized population
* Persons age 18 or over who reported having smoked ≥100 cigarettes and who reported smoking every day
** Estimates that had <50 respondents in a category are considered unstable and are not shown

Prevalence of Quit Smoking for One Day or Longer in the Past Year* Among Adults in Utah by Education, Behavioral Risk Factor Surveillance System, 1999



Weighted to provide estimates representative of the adult non-institutionalized population
* Persons age 18 or over who reported having smoked ≥100 cigarettes and who reported smoking every day



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The Utah Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing effort by the Utah Department of Health in conjunction with the U.S. Centers for Disease Control and Prevention (CDC) to assess the prevalence of and trends in health-related behaviors in the non-institutionalized Utah adult population aged 18 years and older. The survey is supported in part by funds from Cooperative Agreement No. U58/CCU800572 from the CDC. Data are collected monthly from a random telephone sample of adults living in households with telephones. Utah has participated in the BRFSS continuously since 1984.

The BRFSS questionnaire is developed each year by the CDC in collaboration with participating state agencies. The questionnaire has three parts. The first part is a core set of questions that are asked by all states. The second part consists of a series of topical modules developed by the CDC. States have the option of adding modules as they wish. Utah has used several of the CDC modules. The final part of the questionnaire consists of questions designed and administered by individual states to address issues of local concern. These have been revised annually in Utah to address the needs of as many of Utah's health programs as possible.

Participants in the Utah BRFSS are asked about a wide variety of behaviors such as seat belt use, exercise, tobacco and alcohol consumption, health services utilization and basic demographic information. Participation in the BRFSS is completely anonymous and voluntary. Prior to analyzing the BRFSS data, the sample is weighted so that the age and sex composition match that of the Utah population. This allows the findings to be generalized to the Utah population.

For more information about the Utah BRFSS, contact the Utah BRFSS Coordinator at the Utah Department of Health at (801) 538-6434.
