

Changes from 2000 to 2003 in U.S. Adult Attitudes and Practices Regarding Tobacco Control and Children's Exposure to Environmental Tobacco Smoke (ETS)

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Abstract

Background:

In 2000, we presented findings from a comprehensive survey of United States adults' attitudes and practices regarding tobacco control and children's exposure to second hand smoke (SHS).

Objective:

To monitor changes from 2000 to 2003 in adult knowledge of the health effects of tobacco and SHS on children, and attitudes and practices that restrict children's exposure to tobacco products and SHS in multiple public and private settings in the USA.

Methods: Four consecutive cross-sectional household telephone surveys representing national probability samples of adults from all 50 states were conducted in the summers of 2000 to 2003

Results: Response rates among contacted households for each year of the survey 2000-2003 were (74.9%, 84.2%, 85.5%, and 75.4% respectively). 72.5% of indicators measured improved from 2000 to 2003 (p<.05 for each); support for smoking bans in shopping malls (71.4% to 80.9%), restaurants (61.0% to 69.0%), fast food restaurants (76.8% to 83.8%), outdoor parks (25.0% to 32.4%), and indoor sporting events (77.5% to 83.7%); actual household practices that increased significantly included smoke free homes (69.1% to 76.4%) and smoking not allowed when children are present (83.5% to 88.7%); and actual community practices that increased significantly included smoking prohibitions in indoor shopping malls (75.4% to 79.0%), convenience stores (68.4% to 76.6%), fast food restaurants (52.1% to 68.9%), restaurants (24.5% to 39.0%) and outdoor parks (7.9% to 11.8%). Unchanged from 2000 data, the vast majority of adults recognized the dangers of exposure to SHS from parental smoking (95.0%), yet more than a tenth of households allow indoor smoking in the presence of children (11.3%).

Detailed Methods

Respondents

The Social Climate Survey of Tobacco Control (SCS-TC) was administered to a representative sample of U.S. adults on July-September of 2000 and 2003. For all years, households were selected using random digit dialing procedures. Once a household was reached, the adult to be interviewed was selected by asking to speak with the person in the household who is 18 years of age or older, and who will have the next birthday. The sample was weighted by race and gender within each census region, based on the most current US Census estimates.

Social Climate Survey of Tobacco Control

The SCS-TC is an annual cross-sectional survey designed to operationalize the concept of social climate into a comprehensive set of quantifiable social and environmental indicators across the social institutions that characterize society. These social institutions include 1) family and friendship groups; 2) education; 3) workplace; 4) government and political order; 5) health and medical care; 6) recreation, leisure and sports; and 7) mass culture and communication.

Measures

Two questions from the Behavior Risk Factor Surveillance System (BRFSS) and the National Health Interview Survey (NHIS) were used to assess the current smoking status of respondents. Respondents were asked, "Have you smoked at least 100 cigarettes in your entire life?" Respondents who reported that they had were then asked, "Do you now smoke cigarettes every day, some days, or not at all?" Respondents who reported that they now smoke every day or some days were categorized as current smokers. Three measures assessed knowledge about the dangers of smoking in the presence of children. Respondents indicated their level of agreement or disagreement on a four-point scale with the following statements: 1) Inhaling smoke from a parent's cigarette harms the health of babies and children, 2) Tobacco companies are being truthful when they say that secondhand smoke is not harmful to health, and 3) Children are more likely to smoke if their parents are smokers. Eight questions measured the prevalence of smoking bans in private and public places. Each respondent reported smoking restrictions in the home and provided an assessment of smoking restrictions in public places within the community of the respondent. Note that respondents' definition and accuracy of smoke free public places may vary, and the validity of self report of smoke free public settings is unknown. Ten questions assessed respondents' attitudes and beliefs about ETS.

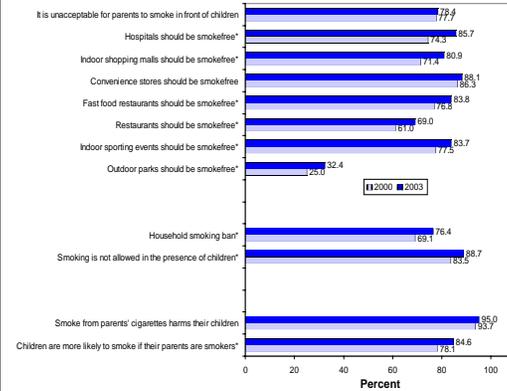
Analyses

Chi-square procedures were used to examine changes from 2000 and 2003. Associations were considered significant at the p<.05 level.

Results: Demographics

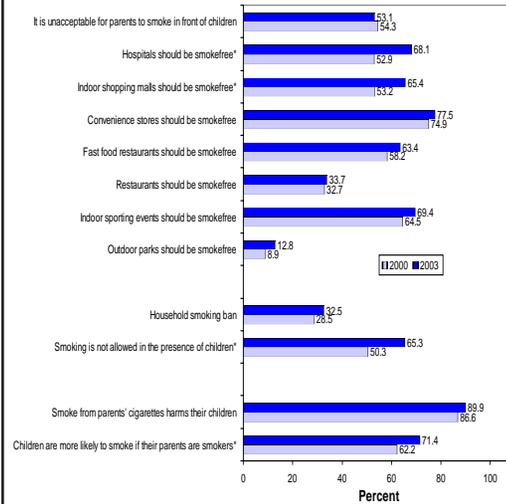
Sample Characteristic	2000		2003	
	Original Sample	Weighted Sample	Original Sample	Weighted Sample
Rural/Urban				
Rural	30.6	29.7	26.0	25.6
Urban	69.4	70.3	74.0	74.4
Smoking Status				
Non-Smoker	76.1	75.9	81.7	81.1
Smoker	23.9	24.1	18.3	18.9
Gender				
Male	39.6	40.5	38.9	47.7
Female	60.3	59.4	60.8	52.0
Race				
White	80.4	76.5	78.9	77.0
African American	9.7	11.8	12.1	11.0
Asian or Pacific Islander	1.7	2.7	1.6	3.4
American Indian or Alaskan Native	1.0	1.8	1.2	2.4
Other Race	0.2	0.2	4.7	4.7
Age				
18-24 years of age	11.6	12.0	11.7	12.0
25-44 years of age	36.4	37.2	35.5	35.7
45-64 years of age	34.1	33.8	35.9	36.3
65 years of age and older	17.9	17.0	16.9	16.0
Education				
Not a high school graduate	9.4	9.1	7.7	7.8
High school graduate	31.7	30.6	28.9	28.5
Some college	25.2	25.7	26.1	25.9
College graduate	33.7	34.6	37.3	37.7
Region				
Northeast	18.4	9.1	17.8	19.0
Midwest	24.4	30.6	24.7	22.4
South	39.6	25.7	39.8	35.8
West	17.6	34.6	17.7	22.7

Results: Responses from All Surveyed



* Chi-square test, p<.05

Results: Responses from Smokers Surveyed



* Chi-square test, p<.05

Conclusions

These data, we believe, have a number of implications for clinical and community interventions. While they demonstrate significant improvement in nearly three-quarters of the indicators of adult attitudes and practices relevant to children's SHS exposure over the past four years, a substantial proportion of homes and automobiles still serve as settings for very intense ETS exposure, and many public settings that children frequent are still not smoke-free. A growing majority of adults in the USA favor restrictions on smoking in public settings, suggesting that many communities across the nation have the public support for much broader public smoking restriction policies.

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