Changes from 2000 to 2002 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 American adults attitudes/practices regarding tobacco control and children's exposure to Environmental Tobacco Smoke (ETS).

Objective:

To monitor changes from 2000 to 2002 in adult knowledge of the health effects of tobacco and ETS on children, and attitudes/practices that restrict children's exposure to tobacco and ETS in multiple public and private settings in the USA.

Design/Methods:

Analyses of data from the cross-sectional household telephone surveys of national probability samples of adults (both parents and non-parents) from all 50 states conducted in the summers of 2000 (N=1501) and 2002 (N=3009). Cross-sectional comparison of data from 2000 and 2002. Results: Cooperation rates were 1501/1876 (75%) in 2000 and 3009/3520 (85%) in 2002. Of 62 tobacco control indicators measured, 264(5%) improved from 2000 to 2002 (p-c.05 for each). There was increased support for smoking bans in shopping malls (71% to 81%), restaurants (61% to 66%), fast food restaurants (77% to 82%), outdoor parks (25% to 38%), and indoor sporting events (78% to 83%). Clean air household practices that increased significantly included smoke free homes (69% to 74%) and not allowing smoking when children are present (84% to 88%). Clean air practices in public places that increased significantly included indoor shopping malls (75% to 79%), convenience stores (68% to 75%), fast food restaurants (52% to 64%), and outdoor parks (6% to 11%). In 2002, 95% of adults recognize the danger of ETS7 from parental smoking and 81% recognize the danger of exposure to ETS in cars. However, a significant percentage of adults continue to expose children to ETS in these settings by allowing smoking in the home (25%) and in the family vehicle (22%).

Detailed Methods

Responden

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 2002. 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

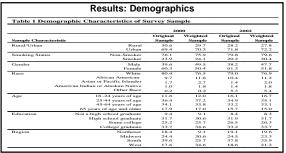
The SCS-TC is an annual cross-sectional survey designed to operationalize the concept of social climate into a comprehensive set of quantifiable social and environmental indicators across the social institutions that characterize society. These social institutions include 1) family and friendship groups;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

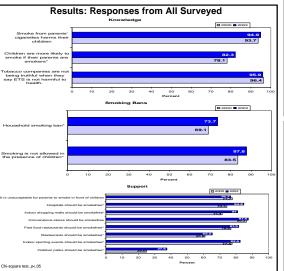
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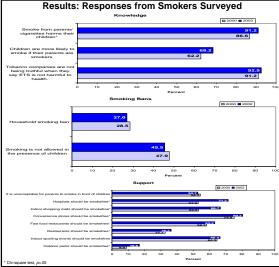
Two questions from the Behavior Risk Factor Surveillance System (BRFSS) and the National Health Interview Survey (NHIS) were used to assess the current smoking status of respondents. Respondents was eased, "Have you smoked at least 100 cigarettes in your entire life?" Respondents who reported that they 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 parents cigarette harms the health of bables and children, 2] Tobacco companies are being truthful when they say that second-and smoke is not harmful to health, and 3) Children are more likely to smoke if their parents are smokers. Seven questions measured the prevalence of smoking bars 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 and yary, and the validity of self report of smoke free public settings is unknown. Nine questions assessed respondents' stitutides and beliefs about ETS.

Analyses

Chi-square procedures were used to examine changes from 2000 and 2002. Associations were considered significant at the p<.05 level.







Conclusions

These data demonstrate significant improvement in adult attitudes and practices relevant to child ETS exposure over the past two years. However, many homes, automobiles and public settings are still not smoke free. While there are more than 10 million adults who report ignorance of or disbelief about the harmful effects of child ETS exposure, a growing majority of adults in the US favor restrictions on smoking in public settings, suggesting that communities may find increasing public support for broad public smoking restrictions.

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