

# POINTS OF INTEREST



## WHO'S A QUITTER?

quit smoking for one day or longer during the past 12 months. The percentage of every day smokers who attempted to quit the addictive habit has seen a steady increase from 51 percent in 1996 to 58 percent in 1999. Male smokers were more likely to have attempted to quit smoking than female smokers; 61 percent compared to 54 percent in 1999.

Tobacco use is the number one cause of preventable disease and death in the United States. Smoking cigarettes causes heart disease, lung and esophageal cancer, and chronic lung disease. Cigarette smoking also contributes to cancers of the bladder, pancreas and kidney, as well as other adverse health outcomes. In 2001, it is expected that smoking related cancers will cause 20,000 deaths in California. Moreover, during that same time, California anticipates over 30,000 new cases of smoking related cancers. However, with an overall decline in smoking prevalence in California since 1985, hope is on the horizon.

Closer inspection of 1999 BRFSS/CATS data by ethnic group further reveals noteworthy trends in the percentage of every day smokers who attempted to quit smoking. Black and Hispanic males attempted to quit more often than white males. White females were less likely than their non-white female counterparts to have made an attempt to quit smoking.

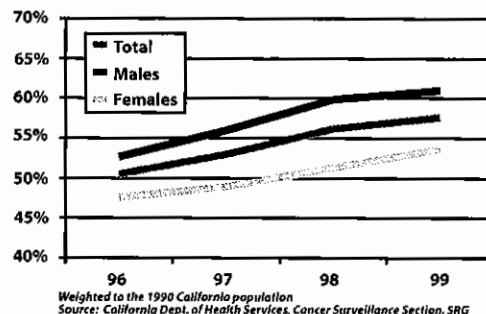
When comparing the percentage of every day smokers who attempted to quit smoking by their education level, an increasing trend was witnessed for males in 1999. For each higher level of educational attainment, the percentage of male respondents who attempted quitting also increased as follows: 57 percent (less than a high school graduation), 60 percent (high school graduate), 62 percent (A.A. degree or some college), and 66 percent (college graduate). Across all levels of education, males were considerably more likely to make a quit attempt than females.

Although these results are encouraging, California adults need to continue to kick the habit. California is among the nation's leaders in smoking cessation as measured by smoking prevalence. Among adults, smoking prevalence was 18 percent in 1999, substantially lower than the nationwide average of 25 percent. Tobacco use kills more people each year than alcohol, cocaine, heroin, homicide, suicide, car accidents, fires and AIDS combined, and remains the number one preventable cause of death and disease. Quitting smoking is the first crucial step in combating and possibly reversing harmful health effects.

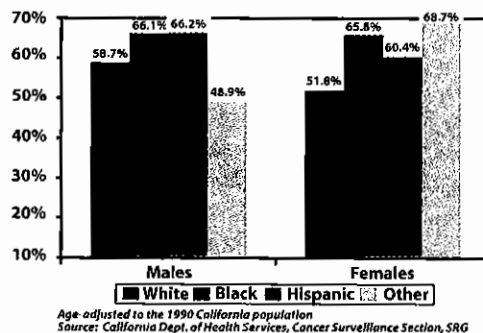
Each year the California Department of Health Services' Tobacco Control Section asks questions concerning tobacco use, cigarette smoking and smoking cessation on the California Behavioral Risk Factor Surveillance System (BRFSS) and the California Adult Tobacco Survey (CATS). Since 1993, the BRFSS and CATS data have been combined to give researchers a larger sample providing more precise estimates of population characteristics such as smoking prevalence. The results discussed throughout this report are for the combined BRFSS/CATS data. Additionally, this data was weighted to the 1990 California population to account for sex, race, and age differences observed between the sample and California population. Specifically, results by racial/ethnic groups have been age-adjusted to the 1990 California population. Analyses are based on a subset of respondents who smoke every day. Therefore, because of small sample sizes, group differences may not be statistically significant.

Beginning in 1996, respondents who smoked every day were asked if they had

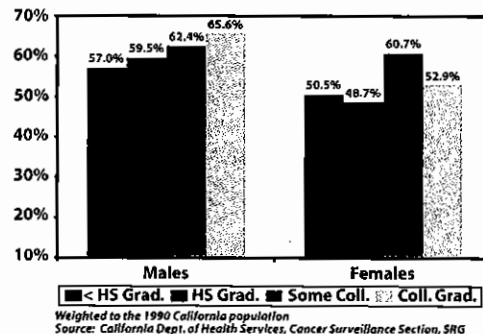
California Adult (18+) Smokers Who Quit Smoking for One Day or Longer in the Past 12 Months by Sex and Year California BRFSS and CATS, 1996-1999



California Adult (18+) Smokers Who Quit Smoking for One Day or Longer in the Past 12 Months by Race/Ethnicity and Sex California BRFSS and CATS, 1999



California Adult (18+) Smokers Who Quit Smoking for One Day or Longer in the Past 12 Months by Education and Sex California BRFSS and CATS, 1999



Sources:  
American Cancer Society, California Division, and Public Health Institute, California Cancer Registry. California Cancer Facts and Figures, 2001. Oakland, CA: American Cancer Society, California Division, September 2000.

Centers for Disease Control. Reducing the Health Consequences of Smoking: 25 Years of Progress. A Report of the Surgeon General. Rockville, MD: US Department of Health and Human Services, 1989. (DHHS Publication No. (CDC) 89-8411).

U.S. Department of Health and Human Services. Reducing Tobacco Use: A Report of the Surgeon General. Atlanta, Georgia: 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, 2000.

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The California Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing effort by the California Department of Health Services in conjunction with the U.S. Centers for Disease Control and Prevention (CDC) and the Public Health Institute to assess the prevalence of and trends in health-related behaviors in the California population aged 18 years and older. It is supported in part by funds from Cooperative Agreement No. U58/CCU910655-06 from CDC, the U.S. Public Health Service (Prevention 2000 Block Grant Funding), and in part by funds from the California Department of Health Services, Tobacco Control Section, and other programs and state departments. Data are collected monthly from a random sample of California adults living in households with telephones. The BRFSS database contains information on Californians from 1984 through the present.

The BRFSS questionnaire is developed each year by the CDC in collaboration with participating state agencies. Whenever possible, questions have been selected from previously conducted national surveys for comparability. The questionnaire has three components. The first component consists of a core set of questions that are administered by all states participating in the BRFSS collection effort.

The second component of the questionnaire consists of a series of topical modules developed by the CDC. States have the option of adding as many modules as they wish to the core questionnaire each year. California has used several of the CDC modules, although the same modules have not been used consistently across all years of the survey.

The final component of the questionnaire consists of questions designed and administered by individual states to address issues of local concern. These have been revised annually in California to address the needs of as many programs as possible. However, the time constraints of a telephone interview have limited the number of questions that can be placed on the survey in any one year.

Participants in the California BRFSS are asked about a wide variety of behaviors such as seat belt use, exercise, weight control, diet, tobacco and alcohol consumption, utilization of cancer screening procedures, and other preventive measures. They also are asked for basic demographic information such as age, race/ethnicity, marital and employment status, household income, and education. Participation in the BRFSS is completely voluntary and anonymous.

The age, race/ethnicity, and sex characteristics of the BRFSS sample differ to some extent from the age, race/ethnicity, and sex characteristics of the California population. Weighting adjustments are used to compensate for these differences. Prior to analyzing the BRFSS data, the sample is weighted so that age, race/ethnicity, and gender composition match that of the California population. This allows the findings to be generalized to the California population.

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