

# Tobacco-Related Disparities in Oklahoma

## Why is Tobacco Important?

When thinking about the impact smoking is having on Oklahoma, it is important to consider not only the number of deaths attributed to smoking and when people die, but also the economic impact smoking has associated with the treatment of smoking-related illnesses.

To accomplish this, SAMMEC (Smoking Attributable Mortality and Morbidity Economic Costs) was developed by the Office of Smoking and Health at the U.S. Centers for Disease Control and Prevention.

It has been estimated that each year in Oklahoma, there is an

average of 5,827 deaths due to smoking (1997-2001). This includes 2,231 cancer deaths, 2,078 cardiovascular deaths, and 1,518 respiratory disease deaths. (Deaths due to secondhand smoke and cigarette-caused fires were not included.)

There were 83,738 years of life lost for each of those deaths that occurred before the age of 65. This included 34,156 years of potential life lost to cancer, 31,587 years to cardiovascular disease, and 17,995 years to respiratory disease.

Economically, nearly \$1.5 billion (\$1,462,187,000) in productivity are lost



annually due to smoking. Approximately \$1 billion (\$908,000,000) are spent annually on adult health care expenditures, including ambulatory care, hospitals, prescription drugs, nursing homes and other expenditures (1998).

Among newborns, it was estimated in 1997 that there was nearly six million additional dollars (\$5,764,723) spent in neonatal costs due to

Provided by: Data Subcommittee of the Oklahoma Task Force to Eliminate Health Disparities and the Oklahoma Turning Point Council

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## Who Smokes?

Among pregnant women, one in three (31.2%) smoked during the three months prior to their pregnancies. Of those, two-thirds were still smoking during the last trimester of their pregnancies. One in four (27%) mothers reported smoking after delivery. (2002 PRAMS)

Men (28.1%) are moderately more likely

than women (24.2%) to report smoking. (2004 BRFSS)

Native Americans are most likely to report smoking (34.9%), followed by African Americans (31.8%), Whites (23.4%) and Hispanics (17.3%). (2004 BRFSS)

Smoking is highly associated with income. The less income an

individual reports, the more likely he or she is to report smoking. More than one-third (36.5%) of those who made less than \$15,000 reported smoking compared to 15.9% of those who made \$75,000 or more [see graph on page 2]. (2004 BRFSS)

Education is also associated with smoking.

Continued page 2

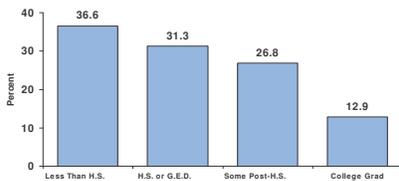
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## Who Smokes? *continued*

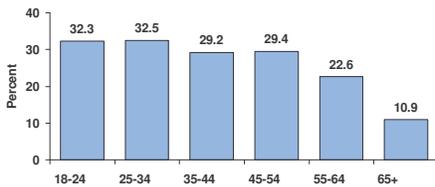
More than one-third (36.6%) of adults (age 18+) with less than a high school diploma report smoking compared to 12.9% of college graduates. (2004 BRFSS)

### Smoking Status by Education



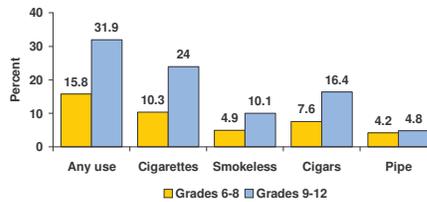
Older adults are less likely to report smoking than younger adults.

### Smoking Status by Age



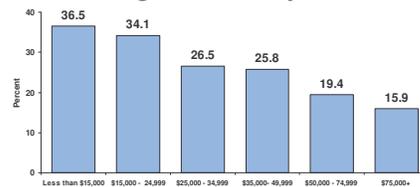
Approximately one in three adults age 18-54 report smoking compared to one in four (22.6%) adults age 55-64 (22.6%) and one in 10 (10.9%). (2004 BRFSS)

### Youth Tobacco Use



High school students (grades 9-12) are more likely than middle school students (grades 6-8) to report using tobacco, be it cigarettes, cigars, pipe or any tobacco. (2002 OYTS)

### Smoking Status by Income



## Health Care Provider Advice

Three of four (73.1%) new mothers reported that a health professional talked to them about smoking while they were pregnant. Health care professionals were more likely to talk to smokers than non-smokers. Those women whose doctors were less likely to talk to them were older (age 35+), were better educated (more than a high school education), or did not use Medicaid to pay for their delivery. (2002 PRAMS)

Among adult smokers who received medical care in the past 12 months, health care providers were more likely to provide advice about smoking to women (72.9%) than men (66.3%). Native Americans were more likely to report receiving advice (76.0%) than Whites (68.9%), African Americans (68.5%) or Hispanics (64.3%). (2003

BRFSS)

Providers were most likely to talk to smokers with mid-level incomes of \$24,000-\$49,999 and less likely to talk to individuals with higher incomes. (2003 BRFSS)

Three of four smokers with a high school diploma reported receiving advice about smoking compared to 70.0% of those with less than a H.S. diploma, 67.6% of those with some post-H.S. courses, and 65.7% of college graduates. (2003 BRFSS)

Providers were more likely to offer advice as smokers got older. Fifty-seven percent of smokers between 18 and 24 years of age reported receiving advice compared to 77% of those age 55 to 64. This decreased to 69% among those age 65 or older. (2003 BRFSS)

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### First Annual Data Report- 9/04

<http://www.health.state.ok.us/commish/HDRReport2004lowres.pdf>

**Other Newsletters:** <http://www.health.state.ok.us/commish/hd/newsletters.html>

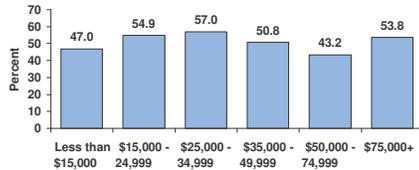
# Who is Quitting?

Male smokers (59.4%) were more likely than female smokers (55.0%) to report that they had quit smoking for at least one day during the last year. (2004 BRFSS)

Three of five Hispanic (63.5%) and African American (61.3%) smokers report they tried to quit for at least one day last year compared to 52.6% of Native Americans. White smokers were least likely to have attempted to quit (49.1%). (2004 BRFSS)

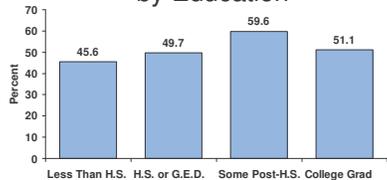
There was no clear association between attempting to quit and income. Reported attempts to quit ranged from 43% among those with an income of less than \$15,000 to 67% among those with an income between \$25,000 and \$34,999. (2004 BRFSS)

## Smokers Who Quit Smoking 1+ Days Last Year by Income



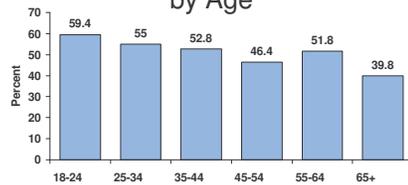
Smokers with less than a high school education were less likely to try to stop than those with more education. Smokers with some post H.S. education (59.6%) were most likely to report they had tried to quit during the past year. (2004 BRFSS)

## Smokers Who Quit Smoking 1+ Days Last Year by Education



Younger smokers were most likely to have attempted to quit in the past year. Three in five (59.4%) of smokers age 18-24 tried compared to 39.8% of those age 65 or older. (2004 BRFSS)

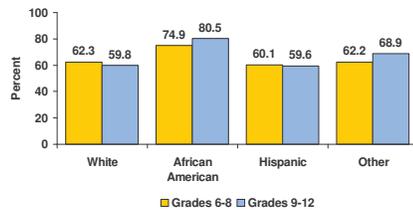
## Smokers Who Quit Smoking 1+ Days Last Year by Age



Among middle and high school students, African American youth were more likely to have attempted cessation compared to White, Hispanic or other youth. (2002 OYTS)

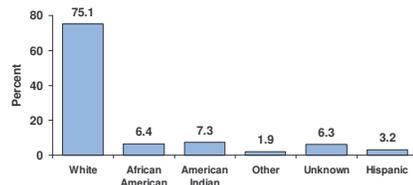
With the exception of the White youth, high school students were more likely to have tried to quit. Rates were very similar between high school and middle school Hispanic youth. (2002 OYTS)

## Youth Tried to Quit Past Year



A tobacco helpline was established in August 2003 and the University of Oklahoma Health Sciences Center College of Public Health was contracted to conduct a survey of the callers.

## Registered Tobacco Helpline Callers by Race/Ethnicity

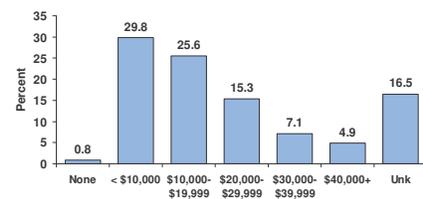


Two-thirds of callers to the registered tobacco helpline were women (65.2%). These individuals spoke to a tobacco specialist and/or received a self-help kit. Three of four callers were White. (8/03-3/05 OUHSC)

Thirty percent of the callers reported less than \$10,000 income. More than

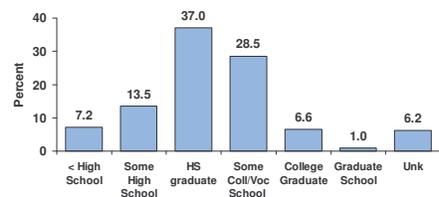
half of the callers reported income less than \$20,000. Five percent of callers reported having incomes of more than \$40,000. A significant number (1 in 6) did not disclose their income to the helpline. (8/03-3/05 OUHSC)

## Registered Tobacco Helpline Callers by Income



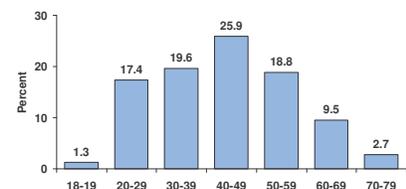
Two-thirds of callers were either H.S. graduates or had additionally attended some college or vocational school. Twenty percent of callers had less than a high school education and less than 8% were college graduates or higher. (8/03-3/05 OUHSC)

## Registered Tobacco Helpline Callers by Education



The age of callers to the helpline spanned all groups. The fewest calls came from the youngest (18-19) and the oldest (70-79) and peaked among callers age of 40 to 49. Approximately 40% of callers were less than 40 years of age and just over 30% were age 50 or older. (8/03-3/05 OUHSC)

## Registered Tobacco Helpline Callers by Age



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Health Care Information  
Division, Oklahoma State  
Department of Health*

## Data Sources

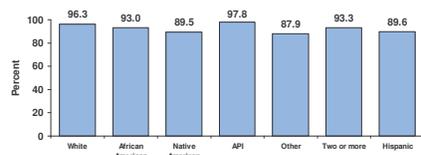
Data for this report was compiled from a variety of sources that collect the information in very different ways.

- Behavioral Risk Factor Surveillance System (BRFSS) - telephone
- Pregnancy Risk Assessment Monitoring System (PRAMS) - mail
- Oklahoma Tobacco Helpline - telephone
- Oklahoma Youth Tobacco Survey (OYTS) - school based

Concerns were expressed at an earlier task force meeting about the efficacy of telephone surveys and whether all racial groups were equally represented given not all households have a phone.

The 2000 Census estimated more than 90% of all households had a telephone available. This figure ranged from 87.9% among those of the “Other” race to 97.8% of the Asian/Pacific Islander race.

Household Telephone Available by Race/Ethnicity of Householder

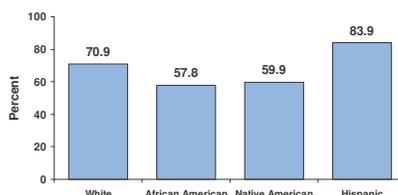


## Secondhand Smoke Exposure

In 2004, 70% of adults reported that no smoking was allowed inside their home (69.2% males, 71.4% females). (2004 BRFSS)

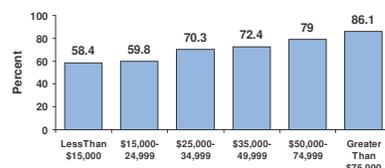
Hispanic adults were most likely to report home smoking bans (83.9%) followed by 70.9% of Whites, 59.9% of Native Americans and 57.8% of African Americans.

No Smoking Inside the Home by Respondent Race/Ethnicity



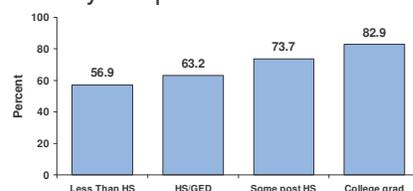
Home smoking bans were more likely to occur among individuals with higher household incomes. Adults with less than \$15,000 were least likely to report there was no smoking allowed in their homes (58.4%) compared to 86.1% of adults with household incomes of \$75,000 or more.

No Smoking Inside the Home by Household Income



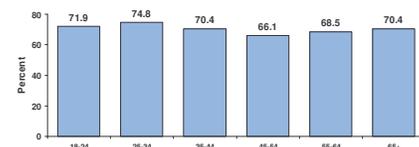
Smoking bans in the home were more likely to be reported by those with higher educations. College graduates were most likely to report banning smoking (82.9%) compared to 56.9% of those with less than a high school education.

No Smoking Inside the Home by Respondent Education



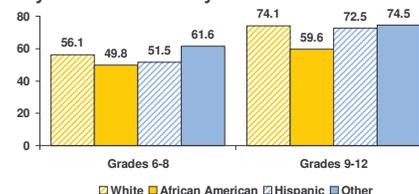
Home smoking bans were relatively consistent across all age groups. Rates ranged from 66.1% among adults age 45-54 to 74.8% among those aged 25 to 34. (2004 BRFSS)

No Smoking Inside the Home by Respondent Age



High school students were more likely to report they had been in a room with someone who was smoking during the past week than middle school students. This was most common among students who were either White or “Other” race. African American students were least likely to report recently being in the room with a smoker. (2002 OYTS)

Youth in Room with Smoker During the Past Week by Race/Ethnicity and School Level



Eighty-three percent of women report their worksites have a no-smoking policy compared to 73% of men. This is most common among White adults (80.5%) compared to 76.5% of Native Americans, 70.3% of African Americans and 69.5% of Hispanics.

No-smoking policies were reported more often by adults with higher household incomes and ranged from 70.6% among those with incomes of less than \$15,000 up to 86.2% among those with incomes of \$75,000 or more. Smoking bans at work increased with age and adults with less than a high school education (64.3%) were least likely to report working somewhere with a smoking ban compared to 88.3% of college graduates. (2004 BRFSS)