

Statistical Brief #7:

Smoking Status of Adults --- United States, 2000

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Introduction

Preventing disease and illness in Americans is one of several strategic goals the Department of Health and Human Services has established to protect and improve the health and well being of the American public. Future reductions in morbidity and mortality will be dependent on improving personal behavioral practices detrimental to health such as smoking.

Starting in 2000 a self-administered questionnaire (SAQ) was added to the Medical Expenditure Panel Survey (MEPS) to collect a battery of health status and satisfaction with health care information. This MEPS Statistical Brief presents preliminary findings based on smoking data obtained from the SAQ. Self-reported data from the SAQ were used in concert with demographic, chronic condition, and preventive care information collected in the core MEPS instrument to describe the prevalence of smoking in the United States.

The SAQ was administered in late 2000 and early 2001. Among eligible persons 18 years and older, self-administered questionnaire information was ascertained for 15,661 adults for a response rate of 87%. Accounting for both the survey and SAQ response rates yields an overall response rate of 61%. The data are nationally representative of the U.S. non-institutionalized civilian population 18 or older. In the self administered questionnaire respondents were asked "Do you currently smoke?" If affirmative a follow-up question was asked: "In the past 12 months did a doctor advise you to quit smoking?" The results presented in this statistical brief are statistically significant at the .05 level. The small level of item nonresponse to the smoking related questions were classified as non-affirmative responses. More information on MEPS can be found on the "What is MEPS" section of the MEPS web site at: www.meps.ahrq.gov.

Findings

In late 2000, early 2001, 23.1% of the adult U.S. civilian non-institutionalized population (46.4 million) currently smoked.

Among the U.S. civilian non-institutionalized population 18 or over, almost a quarter of non-Hispanic blacks (23.6%) and non-Hispanic white and other persons (23.8%) smoked as compared to only 16.8 % of Hispanics. (Figure 1)

Educational status and gender were key factors related to smoking status. Among adults 18 or older, persons with less than a high school education (32.8%) were substantially more likely than those with more than 12 years of education (15.8%) to smoke. (Figure 2)

Slightly over half of all adult smokers were male (54.6%). 28.9% of non-elderly men aged 18-64 were smokers. They were more likely than older males (13.1%), non-elderly women (21.9%) and women aged 65 and older (10.8%) to be reported as current smokers.

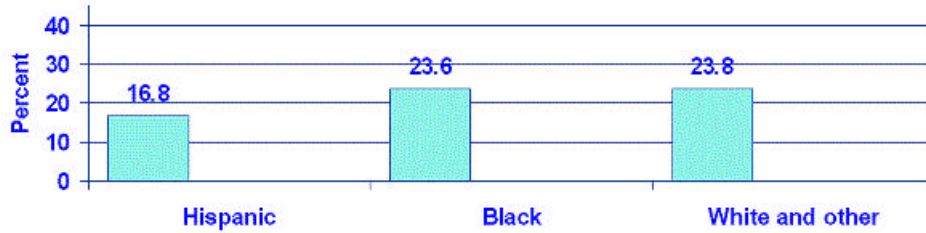
Overall, about 57% of smokers who had a routine check-up in the last 12 months were counseled by a physician to stop smoking. A substantial number of persons with reported physician diagnosed chronic conditions continued to smoke despite their health problems. About 37.9 % of persons with emphysema, 24.8 % of persons with asthma, 20% of persons with hypertension or cardiovascular problems, and 18.5 % of persons with diabetes reported that they currently smoked. (Figure 3) For current smokers with at least one of these conditions, 3 out of 5 were advised by their doctor to stop smoking in the past 12 months.

Persons in fair/poor health were about 1.5 times as likely as persons in excellent or very good health to smoke (26.3% vs. 17.4%).

Briefly Stated

- In late 2000, early 2001, 23.1 % of the U.S. civilian non-institutionalized population aged 18 or over reported that they currently smoked.
- Persons with less than a high school education were more than twice as likely as those with at least some post high school education to be smokers (32.8 % vs. 15.8 %).
- Approximately 57% of current smokers who had a routine check-up in the last 12 months were counseled by a physician to stop smoking.

Figure 1
Percent of persons 18 or older who smoke
by race/ethnicity

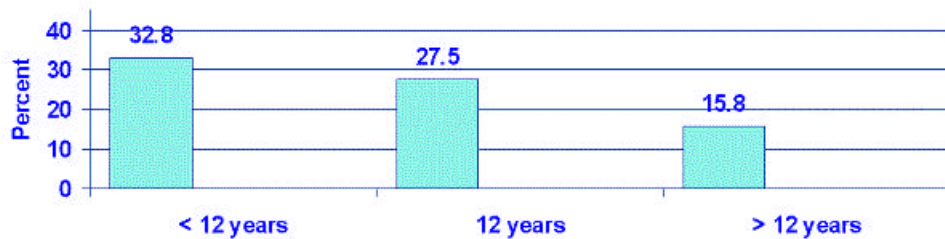


Nearly a quarter of non-Hispanic blacks and non-Hispanic whites smoke.

Source: Center for Cost and Financing Studies, AHRQ, Medical Expenditure Panel Survey, 2000



Figure 2
Percent of persons 18 or older who smoke by educational status

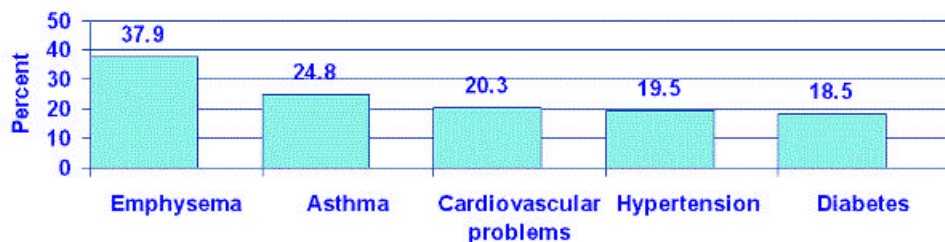


Adults with less than a high school education were more likely to smoke than those with more than 12 years of education.

Source: Center for Cost and Financing Studies, AHRQ, Medical Expenditure Panel Survey, 2000



Figure 3
Percent of persons 18 or older who report specific chronic conditions and who continue to smoke



A substantial number of adults 18 or older that report a physician diagnosed chronic condition (emphysema, asthma, cardiovascular problems, hypertension, or diabetes) continue to smoke.

Source: Center for Cost and Financing Studies, AHRQ, Medical Expenditure Panel Survey, 2000

