

UK HealthCare Survey
Secondhand Smoke Exposure in Kentucky
February 28, 2006

Background

In September 2005, UK HealthCare participated with other Academic Medical Centers in a survey to understand how consumers view Academic Medical Centers. UK HealthCare added additional questions on secondhand smoke (SHS) exposure for the Kentucky sample. Kentucky leads the nation in cigarette smoking,¹ and only 6.9% of Kentuckians are currently protected by 100% smoke-free laws in public places or workplaces.

In 1993, the Environmental Protection Agency (EPA) classified tobacco smoke as a Group A carcinogen, and determined that SHS increases the risk of lung cancer in healthy nonsmokers.² The recently approved California EPA Report identified SHS as a toxic air contaminant (TAC). SHS not only increases the risk of lung cancer but also is a major cause of acute heart disease, respiratory infections, asthma attacks, and decreased lung function in adults.³⁻⁹ Secondhand smoke exposure increases the risk of heart disease by 50-60%, twice the previous estimated risk.^{5, 8, 10} As little as 30 minutes of SHS exposure places individuals at an increased risk for acute heart attack.¹¹ Secondhand smoke exposure increases the risk of developing breast cancer in pre-menopausal women.¹²

Methods

An Internet survey was conducted by MarketTools, a national online consumer panel of more than 2.1 million members nationwide. The sample was recruited off-line and the demographics closely match the 2000 U.S. Census for Kentucky. Participants are the head of the household, 21 years or older, the healthcare decision-maker, and resides in the sponsor's state. For more information on MarketTools, go to www.markettools.com.

The Kentucky sample comprised 593 adults. The margin of error was + or – 3% at the 90% confidence level. The Internet survey was conducted from September 21 through October 10, 2005.

Findings

Exposure to secondhand smoke:

- 34% reported smoking occurred inside their home within the past 30 days.
- Of those who worked outside the home and indoors ($n = 384$), 75% reported that smoking was not allowed anywhere inside the building.
- On average, Kentuckians were exposed to secondhand smoke at work, home, in a car or truck, or anywhere indoors a total of *18.6 hours within the past week*.

Views toward secondhand smoke and smoke-free laws:

- Less than half (43%) believed that secondhand smoke is a serious health hazard.
 - Nonsmokers were more likely than smokers to view secondhand smoke as a serious health hazard (57% vs. 12%).
- Six of 10 (62%) supported a law banning smoking in public places in their community (44% in strong support; 18% somewhat support).
 - Nonsmokers were more likely than smokers to support a 100% smoke-free law (78% vs. 26%).

Gender differences:

- SHS exposure was higher among females than males (20.5 vs. 14.7 hours in the past 7 days).
- Females were more likely to report that smoking was not allowed at work than males (81% vs. 64%).
- Females were more likely than males to believe exposure to secondhand smoke was a serious health hazard (46% vs. 37%).

Children in household differences:

- Those who reported home smoking were just as likely to have children in the home as those who did not report home exposure to secondhand smoke.
- Total reported secondhand smoke exposure did not vary by whether there were children in the household. SHS exposure.

Sample Characteristics

- Two thirds (68%) were female.
- Median age was 41 years.
- Nearly one in four (38%) had children in the household.
- The majority (63%) were married.
- One-third had a college degree or above; 23% had high school education or below.
- The median household income was \$35,300.
- The majority (92%) was Caucasian; 4% were African American.
- 29% were current cigarette smokers.
- Of those who had smoked in the past 12 months, 42% had tried to quit.

References

1. Centers for Disease Control and Prevention. State-specific prevalence of current cigarette smoking among adults--United States, 2003. *Morbidity & Mortality Weekly Report*. 2004;53(44):1035-1037.
2. U.S. Environmental Protection Agency. *Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders*. Washington, DC: U.S. Environmental Protection Agency, Office of Health and Environmental Assessment, Office of Research and Development; 1992. EPA/600/6-90/006F.
3. Jaakkola MS, Jaakkola JJ. Effects of environmental tobacco smoke on the respiratory health of adults. *Scand J Work Environ Health*. 2002;28 Suppl 2:52-70.
4. Radon K, Busching K, Heinrich J, et al. Passive smoking exposure: a risk factor for chronic bronchitis and asthma in adults? *Chest*. Sep 2002;122(3):1086-1090.
5. He J, Vupputuri S, Allen K, Prerost M, Hughes J, Whelton P. Passive smoking and the risk of Coronary Heart Disease -- A meta-Analysis of epidemiologic studies. *New England Journal of Medicine*. 1999;340(12):920-926.
6. Pitsavos C, Panagiotakos DB, Chrysohoou C, et al. Association between exposure to environmental tobacco smoke and the development of acute coronary syndromes: the CARDIO2000 case-control study. *Tob Control*. Sep 2002;11(3):220-225.
7. Taylor AE, Johnson DC, Kazemi H. Environmental tobacco smoke and cardiovascular disease. A position paper from the Council on Cardiopulmonary and Critical Care, American Heart Association. *Circulation*. Aug 1992;86(2):699-702.
8. Law M, Wald N. Environmental tobacco smoke and ischemic heart disease. *Progressive Cardiovascular Disease*. 2003;46(1):31-38.
9. Jaakkola M, Piipari R, Jaakkola N, Jaakkola J. Environmental tobacco smoke and adult-onset asthma: A population-based incident case-control study. *American Journal of Public Health*. 2003;93(12):2055-2060.
10. Whincup P, Gilg J, Emberson J, et al. Passive smoking and risk of coronary heart disease and stroke: Prospective study with cotinine measurement. *BMJ Online First*. June 30, 2004.
11. Otsuka R, Watanabe H, Hirata K, et al. Acute effects of passive smoking on the coronary circulation in healthy young adults. *JAMA*. Jul 25, 2001;286(4):436-441.
12. Hanaoka T, Yamamoto S, Sobue T, Sasaki S, Tsugane S. Active and passive smoking and breast cancer risk in middle-aged Japanese women. *International Journal of Cancer*. 2005;114(2):317-322.