

# Behaviors of Current Smokers Who Received Tobacco Cessation Advice from Healthcare Providers among Florida Adults

*Bureau of Epidemiology*

## Introduction

Cigarette smoking is the leading avoidable cause of preventable morbidity and premature mortality in the United States, and accounts for about 438,000 deaths among adults each year.<sup>1</sup> The prevalence rate of current smoking was 19.8% in 2007 in the United States and 19.3% in Florida (Figure 1 and 2). The 2007 Florida rate is 12% lower than the 2002 rate and 33% lower than the 1986 rate. Several programs like the National Tobacco Control Program and the Florida Tobacco Prevention Program strive to lower the prevalence of smoking. Healthcare providers play a critical role in tobacco cessation efforts.<sup>2</sup> Smoking-cessation treatments are very effective when provided by healthcare providers.<sup>2</sup> Very little is known about the behaviors of Florida adult current smokers who receive advice from a healthcare professional in Florida.

Figure 1. Prevalence of Current Smokers by County, BRFSS, Florida, 2002

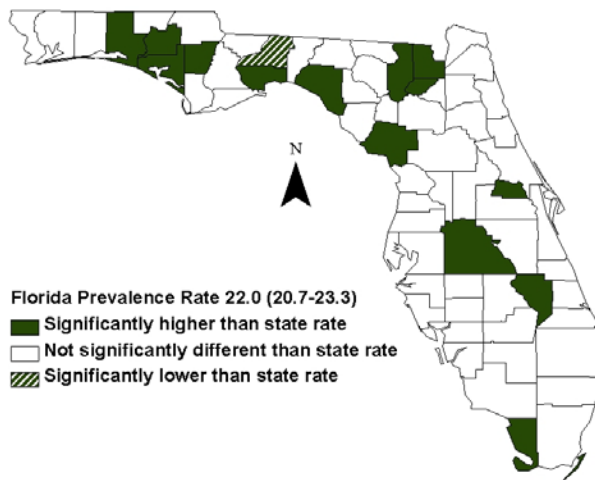
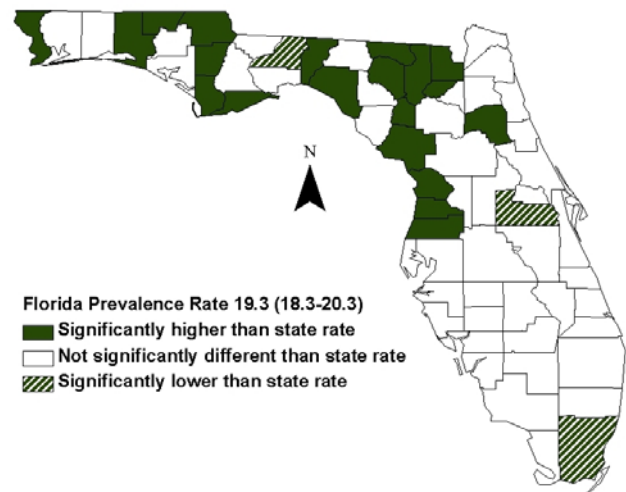


Figure 2. Prevalence of Current Smokers by County, BRFSS, Florida, 2007



## Objective

To examine the behaviors of Florida adults who were current smokers in 2007 and with whom a healthcare provider (physician or dentist) had discussed the dangers of tobacco use in the past 12 months.

## Methods

The Florida Department of Health conducted a cross-sectional Tobacco Call-Back survey of about 5,500 adult current smokers that were identified during a statewide, random Behavioral Risk Factor Surveillance System (BRFSS) survey conducted in 2007 and who agreed to respond to additional survey questions in the future. The survey was conducted to collect information on attitudes and knowledge about tobacco use, readiness to quit, and smoking cessation needs among adults who currently smoke in Florida. Participants who fully or partially completed the survey were included in the analysis. The overall response rate for the tobacco call-back survey was 64% (3,530 participants). Adults who smoked one or more cigarettes during the past 30 days were considered to be current smokers. The behaviors of adult current smokers who received counseling from a healthcare provider (dentist or physician) were examined.

## Results

Of the 3,530 respondents, 3,387 responses were used for this analysis, 99% of whom still currently smoked cigarettes (3,323). Among the 3,323 who currently smoked, 76% saw a doctor or dentist and received advice in the past 12 months prior to the survey and were used as the analysis population (n=2858) (Figure 3). Among those in the analysis, 37% were male, 63% were female, 86% were non-Hispanic whites, 6% were non-Hispanic blacks, and 8% were Hispanics and non-Hispanic other races (Figure 4a and 4b).

Figure 3. Percentage of Current Smokers, by Smoking and Advice Status, Florida, 2007

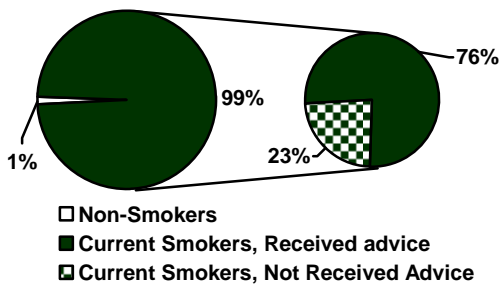


Figure 4a. Percentage of Current Smokers Who Participated in Tobacco Call Back Survey, by Sex, Florida, 2007

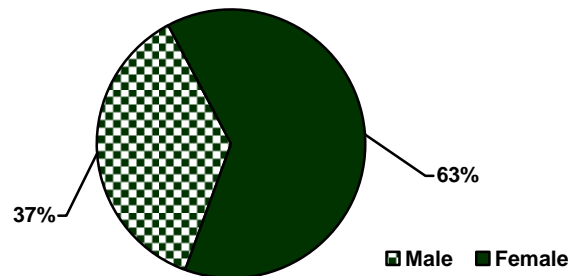


Figure 4b. Percentage of Current Smokers Who Participated in Tobacco Call Back Survey, by Race/Ethnicity Florida, 2007

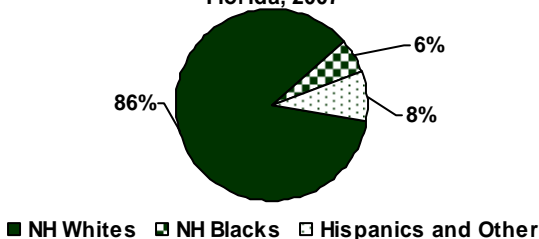
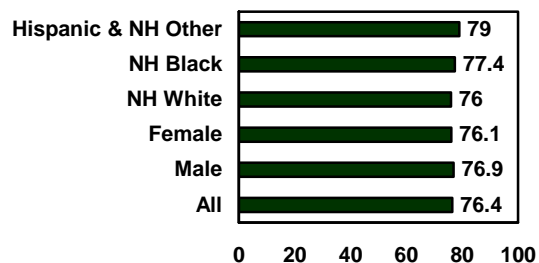


Figure 5. Percentage of Current Smokers Who Received Advice, by Sex, by Race/Ethnicity, Florida, 2007



More than three-fourths of the current smokers who participated in the survey had received advice from their healthcare provider about smoking. The percentage of participants who received advice was greater than that of those who did not receive any advice among both sexes and all race groups (Figure 5).

**(1) Tried to quit smoking completely in the past 12 months:**

- The percentage of current smokers who tried to quit smoking completely during the past 12 months was significantly greater among those who received advice (45.1%) compared to those who did not receive advice (31.2%) (Table 1).
- The percentage of female current smokers who tried to quit smoking completely in the past 12 months (47.8%) was significantly greater than their male counterparts (40.2%) (Table 2).
- A significantly higher percentage of non-Hispanic blacks (61.5%) tried to quit smoking completely in the past 12 months compared to their non-Hispanic white counterparts (44.2%) (Table 3).

	Received advice	No advice received	P-Value
Tried to quit smoking completely in the past 12 months	45.1	31.2	<0.0001
Tried to stop smoking more than one day in past 12 months	51.8	43.5	0.0017
Ever tried to quit smoking completely	74.8	68.7	0.0137
Ever stopped smoking more than one day when trying to quit smoking	93.3	88.2	0.0058
Seriously considering quitting smoking within next six months	61.1	48.6	<0.0001
Interested in quitting smoking	84.8	74.8	<0.0001

**(2) Stopped smoking for more than one day when trying to quit smoking during the past 12 months:**

- The percentage of current smokers who stopped smoking for more than one day when trying to quit smoking during the past 12 months was significantly greater among those who received advice compared to those who did not receive advice (51.8% versus 43.5%) (Table 1).
- The percentage of non-Hispanic blacks (70.1%) who stopped smoking more than one day was significantly higher than that of their non-Hispanic white counterparts (50%) (Table 3).

**(3) Ever tried to quit smoking completely:**

- A higher proportion of smokers who received advice had ever tried to quit smoking completely (74.8%) compared to those who did not receive advice (68.2%) (Table 1).

- The percentage who ever tried to quit smoking completely was significantly higher among non-Hispanic whites compared to their non-Hispanic black counterparts (76.3% versus 54.2%) (Table 3).

	Male	Female	P-Value
Tried to quit smoking completely in the past 12 months	40.2	47.8	0.0010
Tried to stop smoking more than one day in past 12 months	49.5	53.0	
Ever tried to quit smoking completely	73.6	75.6	
Ever stopped smoking more than one day when trying to quit smoking	95.9	91.8	0.0220
Seriously considering quitting smoking within next six months	58.4	62.5	
Interested in quitting smoking	82.4	86.1	0.0269

**(4) Ever stopped smoking more than a day when trying to quit smoking during the past 12 months:**

- Among current smokers, the percentage of adults who ever stopped smoking for more than one day was significantly higher among those who received provider advice compared to their counterparts who did not receive advice (93.3% versus 88.2%) (Table 1).
- The percentage of current smokers who ever stopped smoking more than a day when they tried to quit was significantly higher among males compared to females (95.9% versus 91.8%) (Table 2).

	NH White	NH Black	Hispanic & NH Other	P-Value
Tried to quit smoking completely in the past 12 months	44.2	61.5	44.3	0.0002
Tried to stop smoking more than one day in past 12 months	50.0	70.1	58.7	
Ever tried to quit smoking completely	76.3	54.2	70.5	0.0005
Ever stopped smoking more than one day when trying to quit smoking	93.7	84.6	91.8	
Seriously considering quitting smoking within next six months	60.8	70.1	57.3	0.0464, 0.0323
Interested in quitting smoking	84.6	91.0	82.8	0.0549

**(5) Seriously considering quitting smoking within next six months:**

- More than 60% of current smokers who received advice are seriously considering quitting smoking within the next six months, a significantly higher percentage compared to those who did not receive advice (48.6%) (Table 1).

- The percentage of non-Hispanic blacks (70.1%) who are seriously considering quitting smoking within the next six months was significantly higher than the percentage observed among non-Hispanic whites (60.8%) and Hispanics and non-Hispanic other races (57.3%) (Table 3).

#### **(6) Interest to quit smoking:**

- The percentage of current smokers interested in quitting smoking was higher among those who received advice compared to those who did not, 84.8% versus 74.8% (Table 1).
- Significantly more female (86.1%) current smokers were interested in quitting smoking compared to their male counterparts (82.4%) (Table 2).

#### **(7) Reasons to resume smoking:**

- Among current smokers who did and did not receive advice from a healthcare provider, psychological issues like stress, mood swings, and depression were the most common reasons to start smoking again after quitting.
- Psychological issues were the most common reason to start smoking again among females and non-Hispanic whites.
- Other issues like cravings and weight gain were the most common reason to start smoking again among males and non-Hispanic blacks.

### **Summary**

Overall, 99% of the survey participants were current smokers at the time of survey participation. More females and non-Hispanic whites participated in the survey than any other groups. Three-fourths of the participants received advice from a healthcare provider about the dangers of cigarette smoking.

There were positive associations between exhibiting the quitting behaviors reported and receiving healthcare provider advice. The percentage of current smokers who tried to quit and stopped smoking for more than one day was significantly higher among those who received advice compared to those who did not receive advice. The prevalence of these behaviors varied by sex and race. The percentage of females and the percentage of non-Hispanic blacks who tried to quit smoking completely in the past 12 months were significantly greater compared to their counterparts.

The percentage of current smokers who ever tried to quit, ever stopped smoking for more than one day, and who are seriously considering or interested in quitting smoking were significantly higher among those who received advice compared to those who did not receive advice. The percentage of non-Hispanic whites who ever tried to quit smoking was higher compared to that of their non-Hispanic black counterparts. Psychological issues like stress, mood swings, and depression were the most common reasons to start smoking again after quitting among current smokers. In a similar study among Florida

middle and high school students, no association was found between exhibiting quitting behavior and receiving healthcare provider advice.

**References:**

1. Centers for Disease Control (CDC). Annual smoking-attributable mortality, years of potential life lost, and productivity losses-United States, 1997-2001. MMWR 2005; 54:625-8.
2. Brewster JM, Victor JC, Ashley MJ, Canadian Journal of Public Health, 2007; 98(5):395-9.

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