



A PROFILE OF SOUTHEASTERN PENNSYLVANIA ADULTS WHO SMOKE

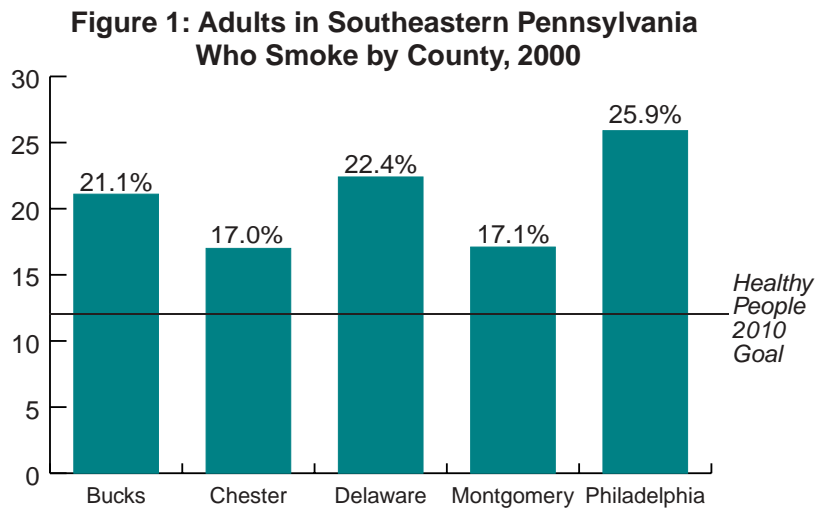
Cigarette smoking causes heart disease, numerous kinds of cancer, and chronic lung disease. Tobacco use is responsible for more than 430,000 deaths per year among adults in the U.S., representing more than 5 million years of potential life lost. Direct medical costs related to smoking total at least \$50 billion per year.¹ For this reason, public health campaigns over the past 30 years have attempted to educate the public about the health risks associated with smoking. In this issue of *AccessNotes*, we examine the health status and demographic characteristics of smokers in order to identify population subgroups most in need of smoking prevention and cessation programs. Data presented are from PHMC's 2000 Southeastern Pennsylvania Household Health Survey, as well as results from prior surveys.

The percentage of adults who smoke tobacco has declined locally; however, a substantial number of adults in Southeastern Pennsylvania (SEPA) continue to smoke. For example:

- More than one in five adults in the region smoke; this represents 614,400 adults in Southeastern Pennsylvania.

- The percentage of adults in Southeastern Pennsylvania who smoke (21.8%) exceeds the Healthy People 2010 goal of 12 percent. This is also true in each of Southeastern Pennsylvania's five counties. (See Figure 1)

- The percentage of adults who smoke varies across the five counties in the region — from a low of 17.0% in Chester and Montgomery Counties to a high of 25.9% in Philadelphia. (See Figure 1)



Source: PHMC's Community Health Data Base, 2000 Southeastern Pennsylvania Household Health Survey

Increased knowledge of the hazards of smoking may have had a positive effect on reducing the number of smokers in the region. For example, trend data for SEPA show that:

- Smoking among adults in SEPA decreased 19.0% in the past 7 years, from 26.8% in 1991 to 21.8% in 2000.

Nationally, anti-smoking advocates have charged tobacco companies with targeting young adults and minority populations in their advertising. Our data for SEPA do show that these subpopulations are more likely to smoke.

- Adults between the ages of 18 and 44 are more than twice as likely to smoke tobacco products as adults ages 65 and older (26.7% versus 9.7%).
- African-American (24.1%) and Latino (22.3%) adults are more likely to smoke than either white (21.4%) or non-Latino (21.8%) adults.

HIGHLIGHTS

FROM THE COMMUNITY

HEALTH DATA BASE

2000

Southeastern Pennsylvania Household Health Survey

PHMC's 2000 Southeastern Pennsylvania Household Health Survey data are available!

For more information on how to access this new survey data, please contact **Siobhan Hawthorne** at (215) 985-2527 or siobhan@phmc.org.

- Adults living at or below 150% of poverty are significantly more likely to smoke (28.6%) than adults living above 150% of poverty (20.4%).

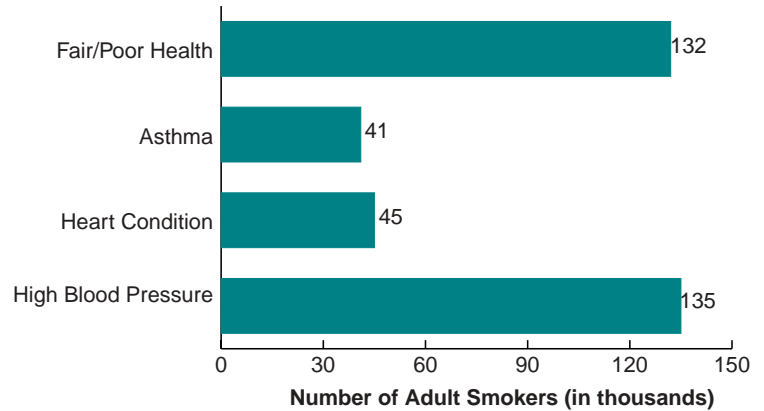
Smoking has repeatedly been linked to poor health status and to the presence of chronic conditions such as emphysema and bronchitis. Because the detrimental effects of smoking on health status are not immediate, persons who smoke often do not realize that their health status is worsening or that their health is in jeopardy.

- **Smoking is a particularly risky behavior for persons who suffer from chronic health conditions such as cardiovascular and respiratory diseases.** Among the 612,400 Southeastern Pennsylvania adults who currently smoke, 135,500 suffer from high blood pressure, 40,600 have asthma, and 45,400 have a heart condition. (See Figure 2)
- Despite their increased risk of developing poor health and smoking-related health conditions, less than half of all adult smokers in the region have had a physical exam in the past year; nearly one-quarter have not had a physical in more than two years.

Exposure to secondhand smoke has serious health effects. Each year, exposure to secondhand smoke causes an estimated 3,000 nonsmokers to die of lung cancer, and 150,000 to 300,000 infants and children under age 18 months to experience lower respiratory tract infections. Studies have also found that secondhand smoke causes heart disease among adults. Nationally, 22 percent of children under age 18 years are exposed to cigarette smoke in their homes.³

- **In Southeastern Pennsylvania, nearly one in three households (30.7%) contains a smoker;** this represents over 427,400 households in the region. The percentage of households with a smoker ranges from a low of 25.1% in Chester County to a

Figure 2: Number of Adult Smokers in Southeastern Pennsylvania with Selected Health Conditions, 2000



Source: PHMC's Community Health Data Base, 2000 Southeastern Pennsylvania Household Health Survey

high of 36.0% in Philadelphia. More than one in three of these households (32.9%) contain at least one child. In addition, the percentage of households in Southeastern Pennsylvania with at least one smoker and a child age six or under (32.0%) exceeds the Healthy People 2010 goal of 27%.

The goals of comprehensive tobacco prevention and reduction efforts include preventing people from starting to use tobacco, helping people quit using tobacco, reducing exposure to secondhand smoke, and identifying and eliminating disparities in tobacco use among population groups. For more information regarding smoking prevalence and correlates, contact **Francine Axler**, Senior Research Associate, at (215) 985-2521 or francine@phmc.org.

¹ U.S. Department of Health and Human Services. *Healthy People 2010 – Conference Edition*. (Washington, D.C.: 1999).

² Ibid.

³ Ibid.



The HDRC is an information service of PHMC's Community Health Data Base created exclusively to meet the data and research needs of community-based nonprofits in Southeastern Pennsylvania.

The HDRC has health data and so much more! Housing statistics, child care issues, mortality, population counts and projections, income level, and many other key statistics are all a part of helping you define what is a healthy community.

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The HDRC is funded by the William Penn Foundation. The service is for small and medium-sized, community-based nonprofits ONLY. A small annual fee is required based on the size of the organization's annual budget.