

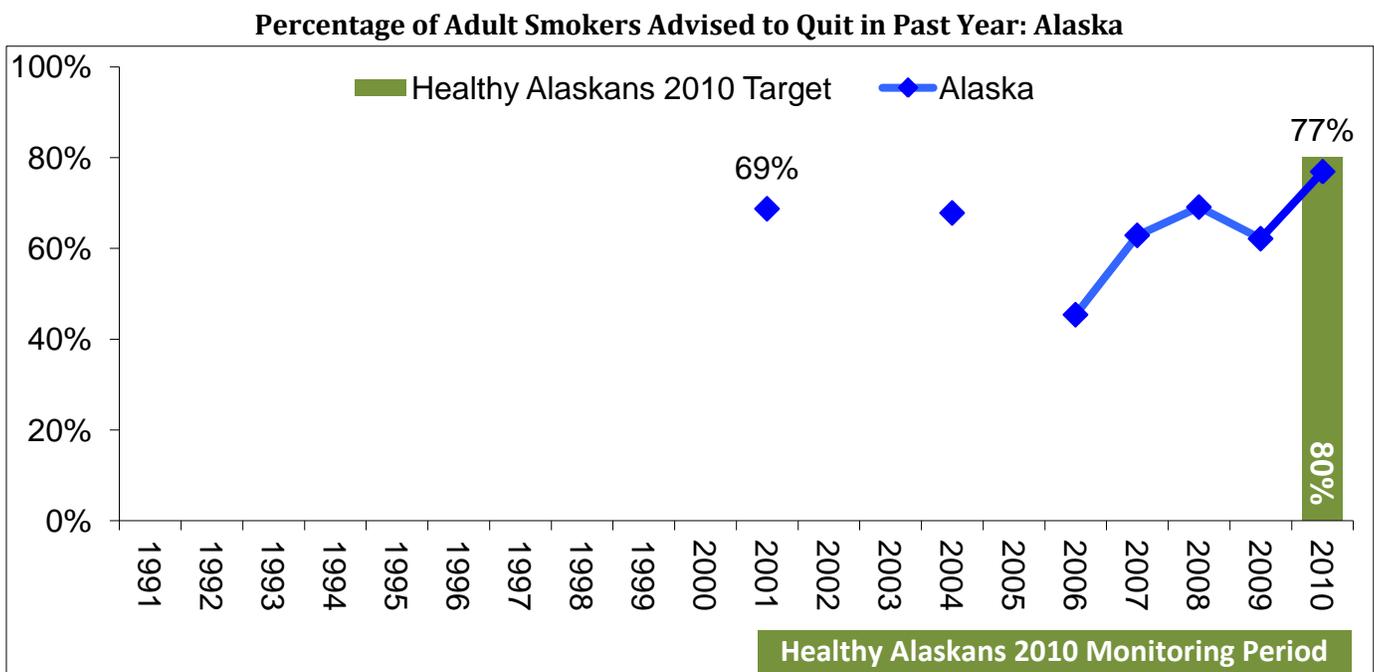
# Alaska Health Status Indicators

## Indicator: *Adult Smokers Advised to Quit*

### Why is this important?

Tobacco use is the leading cause of preventable disease and death in the United States.<sup>1</sup> There have been over 12 million tobacco-related deaths in the United States since the landmark 1964 Surgeon General's report, which broadcast that smoking was a cause of cancer.<sup>2</sup> And smoking kills more than just those who choose to smoke. Exposure to secondhand smoke kills approximately 50,000 Americans every year.<sup>3</sup> The use of tobacco products (both cigarettes and smokeless tobacco products, such as chewing tobacco) is responsible for 30% of all cancer deaths, 21% of all coronary heart disease deaths, and 18% of all stroke deaths.<sup>2</sup> For every one person who dies from tobacco use, another 20 suffer reduced quality of life from tobacco-related illness.<sup>4</sup> In addition, tobacco use costs the US economy more than \$96 billion each year in direct medical expenses and another \$97 billion per year in lost productivity<sup>3</sup>; Alaska's share of these costs are approximately \$546 million annually.<sup>5</sup>

### How are we doing?



The percentage of adult Alaskan smokers who were advised by a healthcare provider to quit in the past year has fluctuated between a low of 45% in 2006 to a high of 77% in 2010.

#### ❖ **How is Alaska Doing Relative to the *Healthy Alaskans 2010* Target?**

The *Healthy Alaskans 2010* target for adult smokers being advised by their healthcare provider to quit is 80% or higher. The prevalence of smokers being advised to quit varied considerably over the *Healthy Alaskans 2010* monitoring period, likely do to small numbers, and approached the target in 2010 with a value of 77%.

**The *Healthy Alaskans 2010* target of 80% has not been met.**

#### ❖ **How does AK compare with the US?**

Comparable US data are not available.

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## ❖ How are different populations affected?

Among adults who have visited a health care provider in the past year (56%), advice to quit did not differ by race/ethnicity, socioeconomic status, or region.

## What is the Alaska Department of Health and Social Services doing to improve this indicator?

In collaboration with partners statewide, the Alaska Tobacco Prevention and Control (TPC) program provides leadership, coordinates resources, and promote efforts that support Alaskans in living healthy and tobacco-free lives. Specifically, the Alaska TPC provides funding and technical assistance for community-based, school-based and tobacco use cessation programs; provides media and other counter-marketing communications statewide; operates a tobacco quit-line that provides cessation counseling and nicotine replacement therapy (NRT) free of charge; ensures the ongoing surveillance of tobacco use trends in Alaska and the evaluation of program efforts; and supports tobacco-free partnership projects in Alaska. Additional information on current tobacco prevention efforts in Alaska is available at: <http://www.hss.state.ak.us/dph/chronic/tobacco/default.htm>.

## Indicator Definition and Notes

Percentage of adult smokers aged 18 years and older who answer “Yes” to both of the following questions:

- *In the past 12 months, have you seen a doctor, nurse, or other health professional to get any kind of care for yourself?*
- *In the past 12 months, has a doctor, nurse, or other health professional advised you to quit smoking?*

Smoking status is indicated by answering “Yes” to the following question: *Have you smoked at least 100 cigarettes in your life?* and answering “Every day” or “Some days” to the following question: *Do you now smoke cigarettes every day, some days, or not at all?*

## Data Sources

Alaska: Alaska Behavioral Risk Factor Surveillance System, Alaska Department of Health and Social Services; US: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention. Alaska data were obtained from the Standard AK BRFSS from 1991 through 2003, and from the Standard and Supplemental AK BRFSS surveys combined from 2004 through 2010. The Supplemental BRFSS survey is conducted using identical methodology as the Standard BRFSS and allows a doubling of the BRFSS sample size for those measures included on both surveys.

## References

1. U.S. Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs-2007*. Atlanta; U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; October 2007.
2. U.S. Department of Health and Human Services. *The Health Consequences of Smoking: A Report of the Surgeon General*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2004.
3. U.S. Centers for Disease Control and Prevention (CDC). Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses-United States 2000-2004. *Morbidity and Mortality Weekly Report (MMWR)* 2008;57(45):1226-1228.
4. U.S. Centers for Disease Control and Prevention (CDC). Cigarette smoking-attributable morbidity-United States, 2000. *Morbidity and Mortality Weekly Report (MMWR)* 2003; 52(35):842-844.
5. U.S. Centers for Disease Control and Prevention (CDC) Smoking-Attributable Mortality, Morbidity, and Economic Costs Application, updated with 2008 medical consumer price index. Available at <http://apps.nccd.cdc.gov/sammecl/>.



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