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L.A. HEALTH *Trends*



CIGARETTE SMOKING AMONG LOS ANGELES COUNTY ADULTS

Cigarette smoking is the leading cause of preventable death in the United States, accounting for an estimated 435,000 deaths each year.¹ Smoking is a major risk factor for cardiovascular disease, respiratory disease, cancers of the lung, pharynx, mouth, esophagus, pancreas, cervix, and bladder, and other problems such as low infant birth weight and Sudden Infant Death Syndrome.

In Los Angeles County, nearly 9,000 lives and \$4.3 billion dollars are lost due to smoking and smoking-related diseases each year.² The leading causes of smoking-related deaths are lung cancer, coronary heart disease, and chronic airways obstruction.

In spite of the continuing health and economic costs, notable progress has been made over the past several years in the fight against smoking. Results from the Los Angeles County Health Survey (LACHS) show a statistically significant decline³ in the prevalence of adult smoking, from 18.2% in 1997 to 14.6% in 2005 (Figure 1).

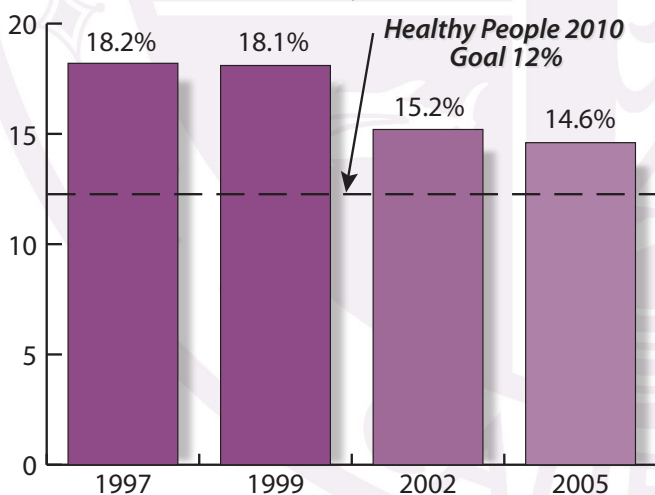
Trends in the Prevalence of Cigarette Smoking between 1997 and 2005 (Table 1)

TABLE 1 Prevalence of Cigarette Smoking Among Adults in Los Angeles County, 1997-2005

	1997 (%)	1999 (%)	2002 (%)	2005 (%)
Los Angeles County	18.2	18.1	15.2	14.6
Males	22.2	22.1	19.7	18.0
Latino	21.9	21.7	19.4	16.6
White	22.7	23.0	18.4	16.9
African-American	21.7	21.8	21.2	26.9
Asian/Pacific Islander	22.8	22.1	22.7	19.5
Females	14.3	14.2	11.1	11.4
Latina	9.7	8.7	7.0	7.3
White	18.4	18.9	15.0	14.1
African-American	19.7	21.0	19.9	22.9
Asian/Pacific Islander	8.9	8.9	6.5	8.0
Age Group				
18-24	17.7	16.9	15.0	11.1
25-29	19.4	16.5	18.1	19.4
30-39	18.3	18.4	15.0	14.5
40-49	20.6	22.3	17.5	16.6
50-59	22.3	21.6	17.2	18.0
60-64	15.1	19.8	14.4	15.9
65+	11.5	10.0	9.1	7.7
Education				
Less than High School	18.6	17.3	14.2	15.2
High School	20.3	22.9	18.6	17.5
Some College	21.2	19.3	17.6	16.0
College/Post-College	14.1	13.3	11.5	11.4
Federal Poverty Level[§]				
Below 100% FPL	19.5	18.3	18.5	17.2
100-199% FPL	20.1	18.7	15.2	15.8
200% or above FPL	17.1	17.8	14.2	13.2

[§] Based on U.S. Census 2003 Federal Poverty Level (FPL) thresholds which for a family of four (2 adults, 2 dependents) correspond to annual incomes of \$18,700 (100% FPL), \$37,300 (200% FPL) and \$56,500 (300% FPL).

FIGURE 1 Prevalence of Smoking Among Adults in Los Angeles County, 1997-2005



1. Mokdad, AH, Marks, JS, Stroup, DF, Gerberding, JL. Actual Causes of Death in the United States, 2000. *JAMA* 2004; 291:1238-1245

2. Max W, Rice DP, Zhang X, Sung H-Y, Miller L. The cost of smoking in California, 1999. Sacramento, CA: California Department of Health Services, 2002

3. Statistically significant ($p < 0.05$) using logistic regression.

- Among both males and females, the prevalence of smoking decreased among Latinos and Whites.
- Although not statistically significant, smoking prevalence increased between 2002 and 2005 among African-American males and females.
- Smoking prevalence decreased across all education levels and among those at or above 100% of the Federal Poverty Level (FPL).

Comparisons in Smoking Prevalence in 2005

(Table 1)

- In 2005, the prevalence of smoking was higher among males than females.
- Among males, prevalence was lower among Latinos and Whites than among African-Americans.
- Among females, prevalence was lower among Latinas, Asians/Pacific Islanders and Whites than among African-Americans.
- Adults 65 years and older had a lower smoking prevalence than adults in other age groups.
- Prevalence of smoking was lower among those living at or above 200% FPL than among those with lower incomes.

Smoking Prevalence by Service Planning Area

(SPA) (Table 2)

- Declines in smoking prevalence were observed in the San Fernando, San Gabriel, and East SPAs.
- In 2005, smoking prevalence was highest in the Antelope Valley SPA and lowest in the East SPA.

Service Planning Area	1997 (%)	1999 (%)	2002 (%)	2005 (%)
Antelope Valley	21.4	24.4	19.3	20.1
San Fernando	18.8	18.1	14.6	14.5
San Gabriel	18.6	15.4	14.3	12.9
Metro	18.8	20.3	16.8	16.4
West	13.3	19.2	13.7	13.3
South	18.9	19.1	15.3	17.3
East	19.0	17.1	14.7	10.7
South Bay	17.4	18.4	16.4	16.7

Relevance of Findings

Pioneering tobacco control efforts in California spearheaded by state and local anti-smoking campaigns have resulted in significant reductions in smoking prevalence for the general population and particular population segments (e.g., Latinos, Whites, those at or above 200% FPL and those with college/graduate degrees). However, LACHS findings show that some population segments (e.g., African-Americans, those with lower education and those living in poverty) have not fully benefited from these efforts.

RECOMMENDATIONS FOR ACTION

- Target tobacco control efforts to specific communities and populations at highest risk; for example African-Americans, those with lower levels of education, and those living below the federal poverty level.
- Change social norms through anti-smoking policies and media campaigns.
- Develop policies that change social attitudes towards smoking; such as decreasing the availability of cigarettes, increasing cigarette taxes, establishing smoke-free public places, and refusing tobacco industry sponsorship.
- Complement policy actions with educational approaches to decrease smoking behavior; such as increasing youth resistance skills to tobacco and conducting campaigns against smoking in the home.
- Educate clinicians and pharmacists to promote cessation to patients who smoke and support non-smoking patients in their decision to remain smoke-free.
- Promote cessation services that combine tobacco education and pharmacologic treatment for smokers with varying levels of dependence and addiction.
- Target young adults and recent initiators before the addiction process is firmly rooted and while long-term health consequences can still be avoided.

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For additional information about the L.A. County Health Survey, visit: www.lapublichealth.org/ha

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