

**Tobacco Attitudes and Media Survey
2008**

prepared for

**Delaware Department of Health and Social Services
Division of Public Health**

by

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Introduction

The Delaware Division of Public Health, together with its partners in government, education, the not-for-profit community, health advocates and healthcare industry, has developed and implemented a comprehensive Tobacco Prevention and Control Program. The program includes school and community-based prevention initiatives; a tobacco prevention social marketing campaign designed to educate Delawareans about tobacco; and cessation services that include a telephone Quitline and website which provide information and assistance to current smokers in their efforts to quit smoking.

The purpose of the Adult Tobacco Survey is to provide independent evaluation data that are used to assess Delaware's progress in attaining the goals of *A Plan for a Tobacco-free Delaware*. The 2008 study replicates, in large part, annual studies conducted in 2002 through 2007.

The survey was administered by the Center for Applied Demography & Survey Research (CADSR) located at the University of Delaware and had three primary objectives. First, the survey measured the prevalence of cigarette smoking and other forms of tobacco use within the state, and information about tobacco users' efforts to quit. Second, data were gathered about exposure to smoke from others, and respondents' opinions about the impact of the Clean Indoor Air Act restricting smoking in indoor public places. Finally, questions were asked to determine the reach of several media campaigns and assess public attitudes toward tobacco use.

The survey was conducted in the spring of 2008 with the majority of the data collected during the month of June. A total of 1,211 adult Delawareans living in households with land line telephones were interviewed. The telephone numbers were generated randomly to insure that both listed and unlisted numbers had an equal chance of being selected to participate. This is commonly referred to as random digit dialing. Up to 15 attempts were made to contact a potential respondent at each telephone number. Once it was ascertained that the number connected to a private residence, a random adult was chosen from among all adults in the household and that person was asked to participate. Adults living in institutional settings such as college dormitories and prisons were excluded from the sample. Approximately 67% of those respondents selected were willing to participate and complete the survey.

The sample was selected as a simple random sample of the State of Delaware. Of those interviewed, 180 were from Kent County, 740 were from New Castle County, and 291 were from

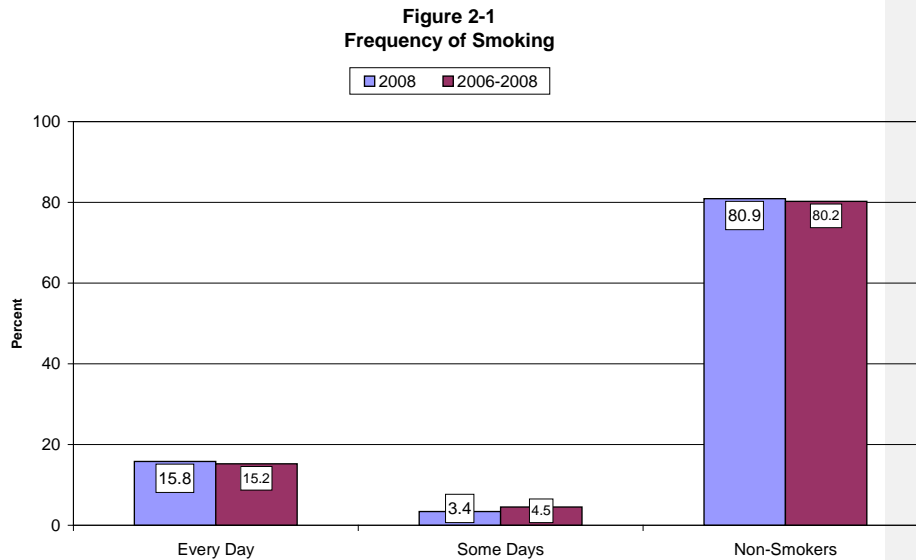
Sussex County. Overall, the unweighted distribution was similar to that of the households reported in the 2007 American Community Survey (ACS) with a few exceptions. Female respondents comprised 62.8% of the sample. Respondents who were 65 years of age or older accounted for nearly 26.2% of the sample in contrast to 13.5% reported by the ACS. Conversely, respondents in the 18-24 year-old sub-population were under-represented in the sample, with 18-24 year olds comprising a scanty 4.2% compared to the 9.9% reported by the ACS. To account for these differences, the data were weighted to reflect the number of adults by age, gender, and county within the state's estimated population. The analyses presented in this document were conducted utilizing the weighted data so that the sample data more accurately correspond to the state population. The final sample size was 1,184. Twenty seven of the respondents did not supply critical demographic information required for weighting the data and were thereby excluded from the study.

Given the sample size of 1,184 and assuming that only sampling error is at issue, the confidence interval around the estimates for the full sample using a yes-no response will average $\pm 2.85\%$ at the 95% confidence level. Since the sub-sample of smokers is substantially smaller, the confidence intervals will average $\pm 6.5\%$. For county level analysis, there will be substantial differences in the results since the study calls for a simple random sample of the state. In Kent County the confidence interval for a yes-no response at the 95% confidence level is $\pm 7.3\%$. Comparable intervals for New Castle and Sussex counties are $\pm 3.6\%$ and $\pm 5.7\%$ respectively. Finally, there are situations where there may be more than two response categories such as yes, no, and maybe. In this case the confidence intervals will expand by about 12%.

This report has three major sections following this brief introduction. In the first section, the current status of smoking in Delaware is addressed. Information about exposure to second-hand smoke is discussed in the next section. Finally, the third section focuses on data gathered about the public's awareness of the current media campaign and reaction to tobacco advertisements. The report concludes with some general observations gleaned from the results of the 2008 survey.

Smoking in Delaware

Respondents were asked how often they currently smoked. This question separates people into one of three groups: (1) every day smokers, (2) some day smokers, and (3) current non-smokers. The results are summarized in Figure 2-1.



Source: Center for Applied Demography & Survey Research, University of Delaware

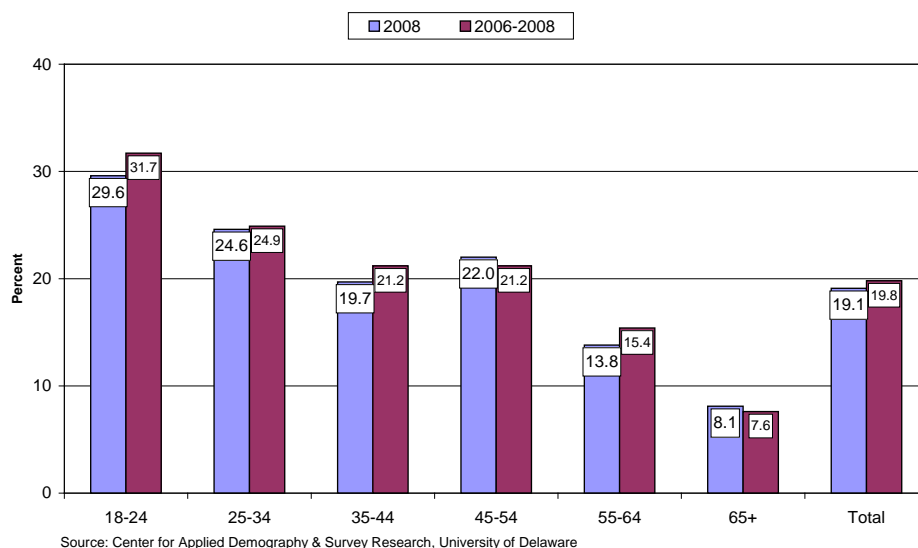
The figure shows that 19.2% of adult Delawareans currently smoke. (This proportion is not significantly different than the results from the 2007 BRFSS survey (20.3%).) Of those that are smokers, about 82% smoke every day (104,008). After examining the distribution of those that smoke on “some days” (22,125 adults), these smokers, in general, are smoking only one or two days out of the week. The 2008 data shows that everyday smokers increase while someday smokers decrease compared with the three-year average (2006-2008)¹. Overall, the 2008 data are

¹ Data were aggregated from the last three Adult Tobacco Surveys (2006, 2007, and 2008) to produce a very stable estimate to compare against the current year. These estimates are labeled 2006-2008 in the tables.

slightly lower than the three-year average indicating a slight decline in the percentage of smokers in the most recent survey.

One useful way of looking at the prevalence of smoking is to examine the data using the demographic characteristics of the respondents. The first characteristic of interest is displayed in Figure 2-2 below and shows the prevalence of smoking by age group. In general, smoking is greatest among the 18-24 year old population, but steadily declines with age. The 2008 data for the two youngest age groups is lower than the 3-year average in contrast to the 2007 survey. By comparison, the 2008 data is slightly higher than the 3-year average among the 65 and older population compared to the 2007 survey. This difference is most likely due to random variation.

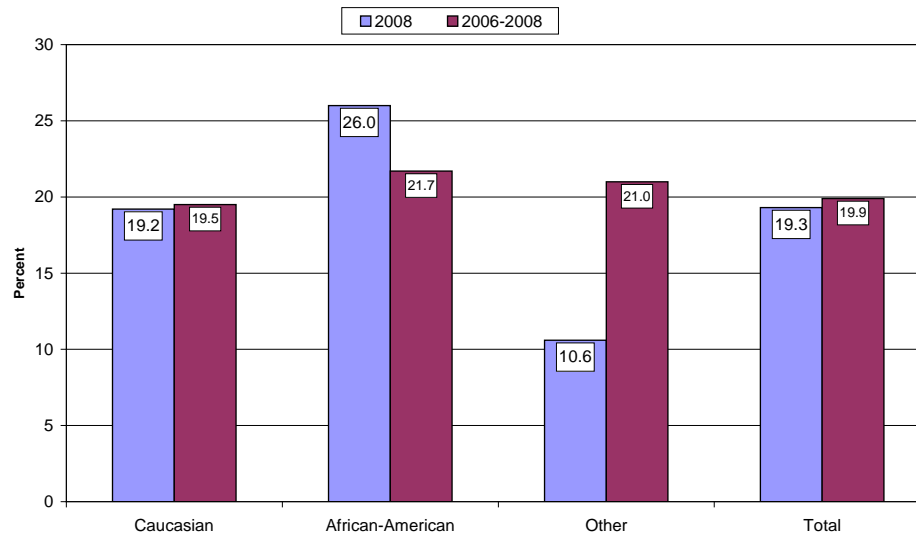
Figure 2-2
Percentage Smoking by Age Group



The next two charts, Figure 2-3 and Figure 2-4 below, address the relationship between smoking and race and gender, respectively. The 2008 data reflect a 5% increase in the percentage of African-American who smoke compared with the 2007 data. Likewise, the trend data from 2006-2008 shows African-Americans are slightly more likely to smoke than Caucasians or other racial groups suggesting smoking is on the rise among Delaware's African American population.

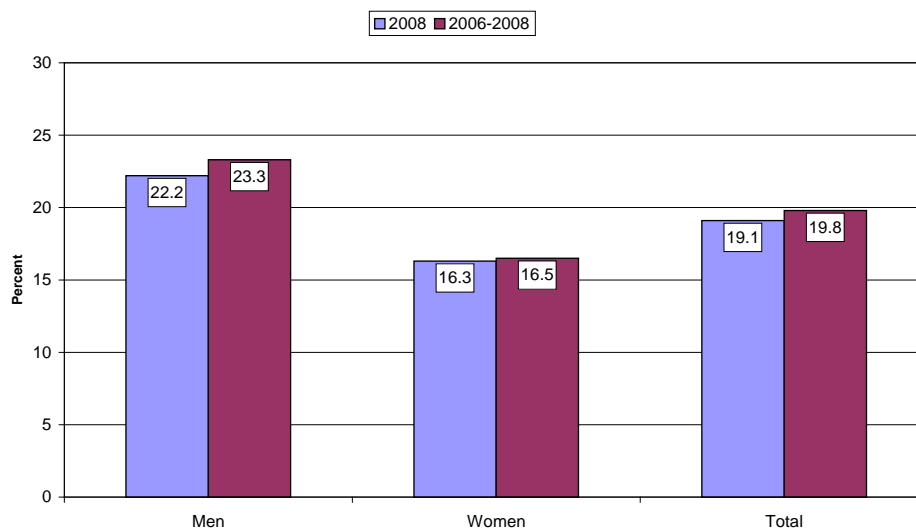
The 2008 data reflect that the percentage of the population who smoke among other racial groups decreased substantially compared to 2007, but the trend data is consistent.

Figure 2-3
Percentage Smoking by Race



Source: Center for Applied Demography & Survey Research, University of Delaware

Figure 2-4
Percentage Smoking by Gender



Source: Center for Applied Demography & Survey Research, University of Delaware

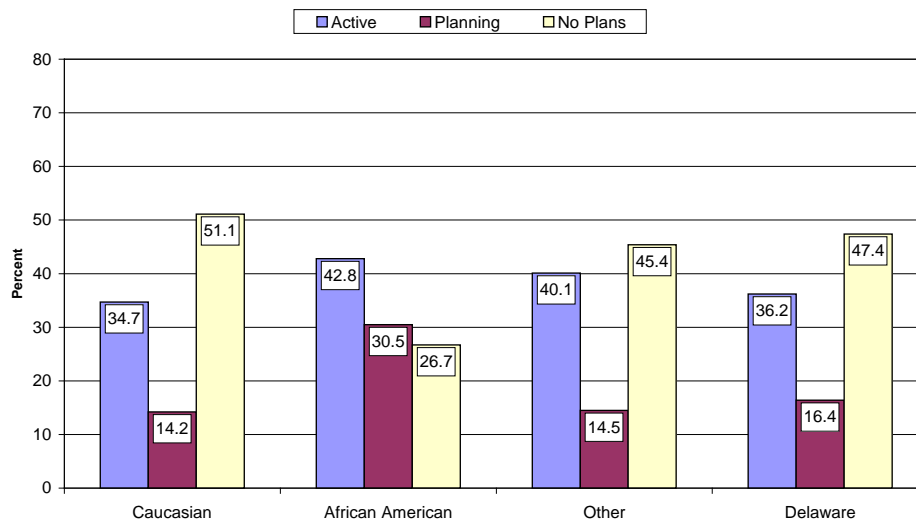
Men are more likely to smoke than women. Figure 2-4 above shows that the difference is about 5.9% in 2008, higher than 3.5 % in 2007. The gap between male smokers and female smokers is growing in this state. The current estimate for men is below the 3-year trend line indicating reduced smoking among Delaware's adult male population. The current estimate for women in 2008 is approximately the same as the 3-year trend line, suggesting that rates of smoking among Delaware's adult female population are holding steady.

Among the population of smokers, there is always a number who are in the process of quitting or who plan to quit smoking in the near future. In the 2006-2008 trend data shown below (Figure 2-5), African American smokers were substantially more likely to respond that they were actively trying to quit smoking when compared with Caucasians². However, the current estimate for each racial group who were actively quitting reduced, while the current estimate for each

² This result is not found in the 2008 survey where the two groups were essentially the same.

racial group who were planning to quit smoking in the next 30 days is greater than in previous years.

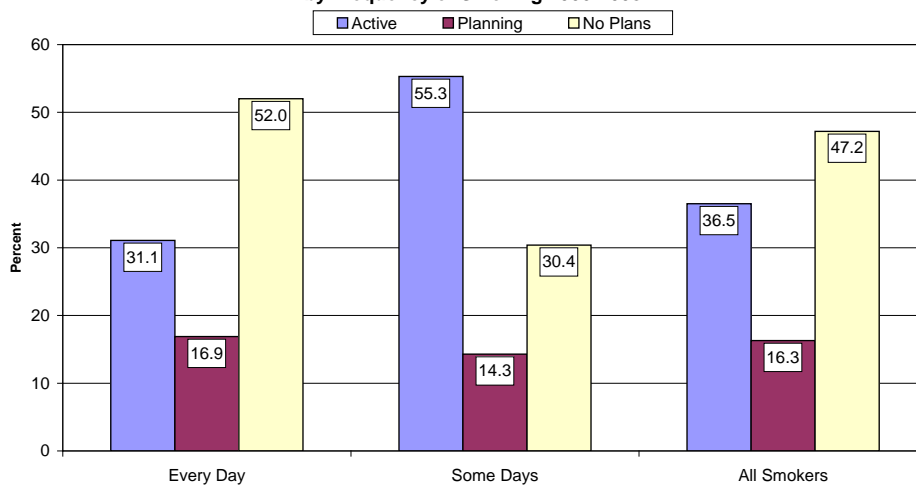
Figure 2-5
Planning or Actively Trying to Quit Smoking by Race in 2006-2008



Source: Center for Applied Demography & Survey Research, University of Delaware

The data displayed in Figure 2-6 show that “every-day” smokers (48.0%) are significantly less likely to say that they are trying or going to quit smoking in the next 30 days than “some-day” smokers (69.6%). “Some-day” smokers are clearly in this status because they are actively trying to quit as opposed to just planning to quit.

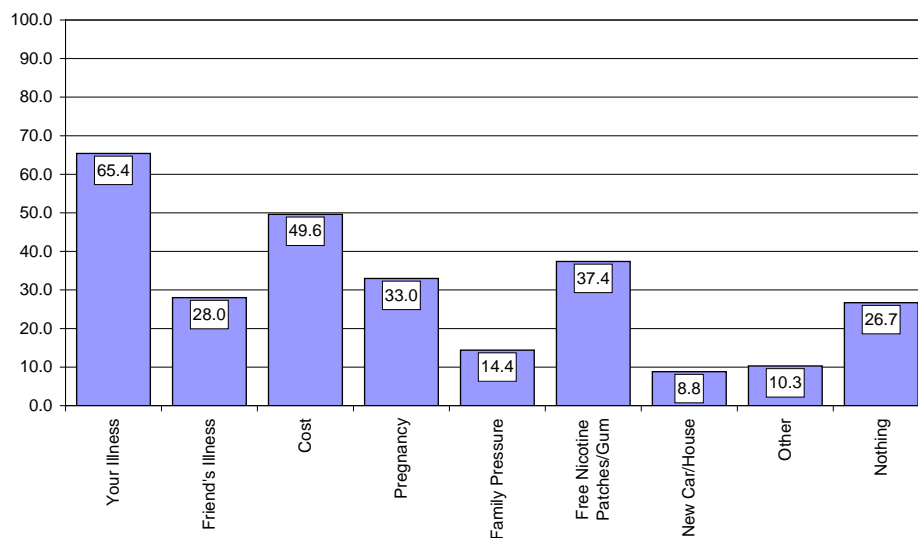
Figure 2-6
Planning or Actively Trying to Quit Smoking
by Frequency of Smoking 2006-2008



Source: Center for Applied Demography & Survey Research, University of Delaware

Current smokers who were not actively trying to quit and who did not plan to quit within the next 30 days were asked if any of a series of conditions would encourage them to stop smoking. These results are shown in Figure 2-9, below. Clearly, smoking-related illness is the strongest motivation for quitting. Cost is also a strong consideration. If the cost of cigarettes became too expensive, approximately 50% of smokers who are not already trying or planning to quit say they would be motivated to quit. In addition, offering free nicotine patches or gum, both of which normally would be an expense, are also seen as motivational tools; 37.4% of smokers would consider quitting if they were offered free nicotine patches or gum. Compared to 2007, about 20% fewer smokers who are not trying to quit said they would consider quitting if they or someone they live with became pregnant. Likewise, the influence of a friend's smoking-related illness as a motivational factor to quit smoking decreased to 28%, down from 51.5% in 2007. Fourteen percent or fewer of this group indicated that other factors such "pressure from family or friends" or "purchase of a new home or car" would motivate them to consider quitting. About 27% of smokers who are not already trying to quit reported that "nothing would make them quit".

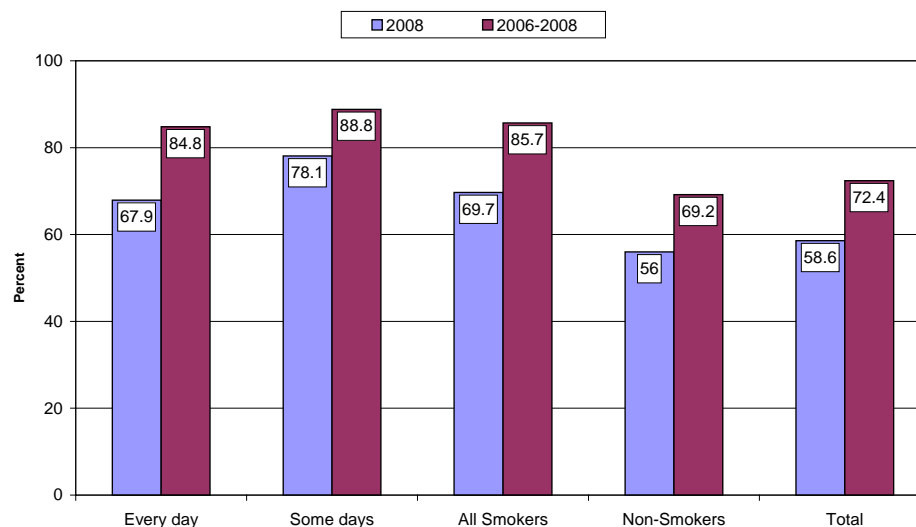
Figure 2-9
Which Conditions Would Motivate You to Stop Smoking?



Respondents were also asked if their health insurance or their prescription benefits would help defray the cost of tobacco cessation services/products. Less than 28% of smokers were confident about either and over 30% of smokers simply had no knowledge about their coverage. Over 10% of smokers did not have health insurance or prescription benefits to cover the cost of either services or the cost of tobacco cessation products.

One of the tools used in the program to reduce smoking in Delaware is the “Quitline”. It is a service provided through a toll-free number designed to assist those who would like to stop smoking. Figure 2-8 shows that about 70% of smokers, the primary target for this service, are aware of the Quitline. However, all of the measurements are lower than those observed in the 2006-2008 average.

Figure 2-8
Aware of "Quitline" Message by Frequency of Smoking



Source: Center for Applied Demography & Survey Research, University of Delaware

Even from this brief look at smoking in Delaware, as derived from the survey, it is possible to make several observations. First, the results of the 2008 survey reflect that over half (56.3%) of all smokers (including every day and some-day smokers) are trying to quit smoking. Some-day smokers comprise 17.5% of all smokers, and 73.7% are trying to quit while every-day smokers comprise 82.5% and over 50% (53.2%) are trying to quit.

The second point is that 70% of smokers are aware of the Quitline, lower than last year (91%). Awareness of the 2008 Quitline program has decreased over the last three years in all categories. But, it is interesting to note that smokers as a group are more aware of the Quitline than non-smokers. Moreover, although according to the trend line data the difference between this year (2006-2008) and last year (2005-2007) is not obvious, it is still important to evaluate the budget distribution to each media source of the 2008 Quitline Program for better effectiveness.

The 2008 survey results show that while about 46% of adults have tried smoking (to the level of 100 or more cigarettes) at some point during their lives, only 19% are current smokers. Further reductions in the smoking prevalence are most likely to come from individuals who are

actively trying to quit or planning to quit during the next 30 days. If just 20% of this “ready to quit” group are successful in quitting during the next year, smoking prevalence will be reduced to 17.2% in 2009.³

Promising populations to target for smoking cessation interventions are some-day smokers and young adults, ages 18-24. More than 3/4 of these population sub-groups have indicated that they are actively quitting or are planning to quit smoking within 30 days. Strategies that are most likely to catch the attention of smokers who are currently not motivated to quit are those that focus on the health consequences of tobacco use, raising the price of tobacco products, and providing free cessation products.

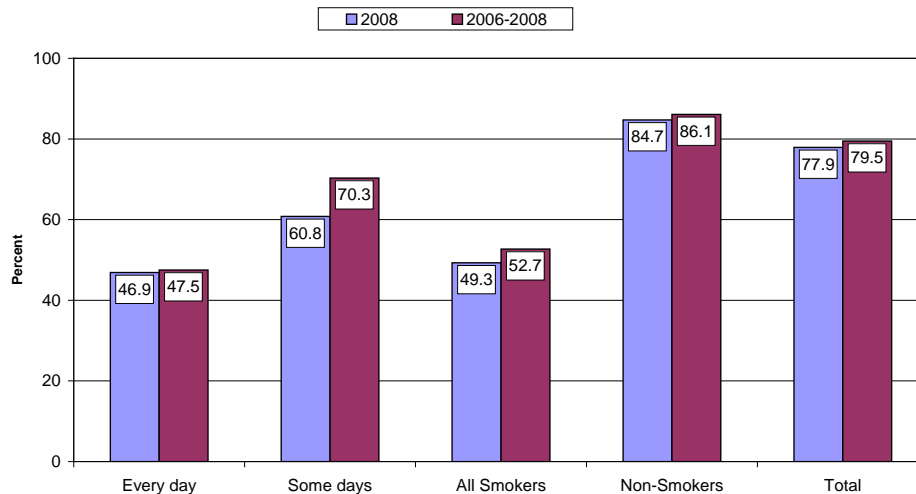
In the next part of this report, the focus will shift to second-hand smoke and the interaction of non-smokers with the smoking environment.

³ The calculation of the 2009 smoking prevalence projection is: (Current Prevalence)- (Annual quit rate estimate)(% adult population who are everyday smokers who are ready to quit + % adult population who are some day smokers who are ready to quit) = (.192) – (.20)((.483*.158) + (.682*.034)).

Second-Hand Smoke

During the past decade, health agencies have focused attention on the prevalence and health risks of second-hand smoke in work places, homes, and public facilities. In the past several years the focus has been on developing policies that protect employees and the public in places such as restaurants, nightclubs, bars and casinos. The Delaware Clean Indoor Air Act that went into effect on November 27, 2002 prohibiting smoking indoors in all public places and other places of work in the state has had a direct effect on exposure to second-hand smoke. This year's survey addressed exposure to second-hand smoke at home and in other areas not covered by the legislation. The key findings are provided in this section.

Figure 3-1
Percent with No Other Smokers at Home by Frequency of Smoking



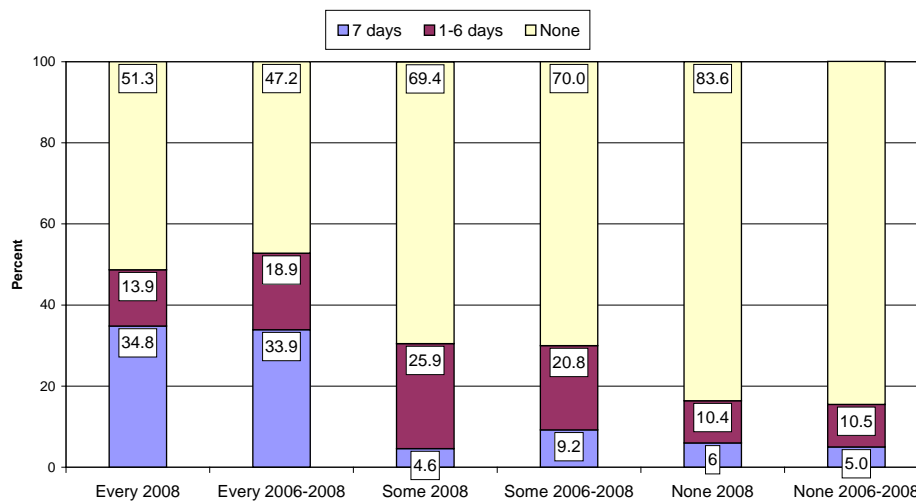
Source: Center for Applied Demography & Survey Research, University of Delaware

In Figure 3-1 above, 47% of everyday smokers are the only persons in their households that smoke while 85% of non-smokers live without a smoker in the household. Overall, over 76.1% of the households in Delaware are smoke free, at least from the occupants, i.e. not considering visitors. All of these data are comparable to those in the 2006-2008 trend data.

In order to get some idea of the magnitude of the exposure, respondents were asked how many days per week they were exposed to other people's tobacco smoke. Those results are found

in Figure 3-2 below. The figure shows that **the 35%** of “every day” smokers who live with another smoker are exposed to smoke seven days a week. This falls **to 5%** for “some day” smokers and **6%** for non-smokers. Thus, frequent smokers are also exposed to substantially higher amounts of second-hand smoke in addition to their own. The figure shows that these relationships are fairly stable across the three surveys.

Figure 3-2
Days per Week of Exposure to Other's Smoke
at Home by Frequency of Smoking



Source: Center for Applied Demography & Survey Research, University of Delaware

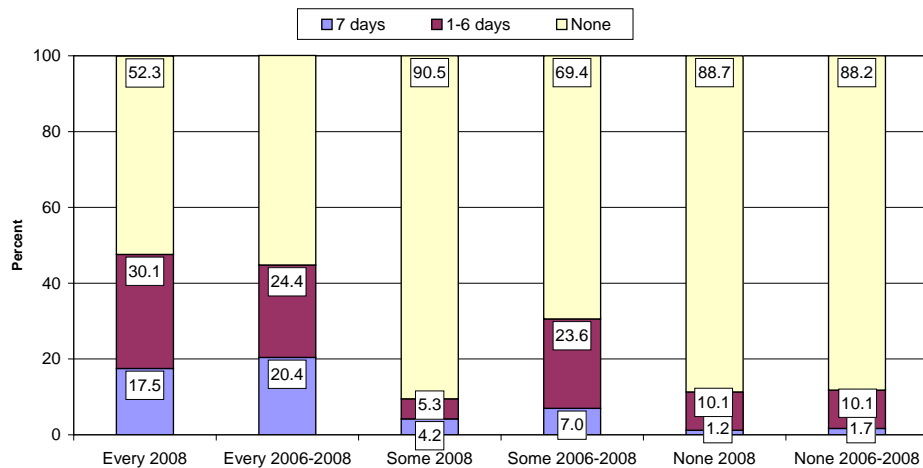
Using these data it is possible to arrive at an estimate of exposure to smoke in the home. The estimates are shown in Table 3-1, below. About 30% of the total population is exposed to smoke at home. This is similar to the estimate of 31% of the households that have someone who smokes.

Table 3-1
Upper Estimates of Exposure to Smoking at Home
by Age Group

Age Group	Exposed	Not Exposed	Total	Percent Exposed
0-4	18,000	39,000	57,000	32.0%
5-9	15,000	40,000	55,000	26.7%
10-14	16,000	40,000	56,000	29.4%
15-17	9,000	28,000	37,000	24.8%
18+ (non-smokers)	68,000	457,000	525,000	12.9%
18+ (smokers)	134,000	0	134,000	100.0%
Total	260,000	604,000	864,000	30.1%

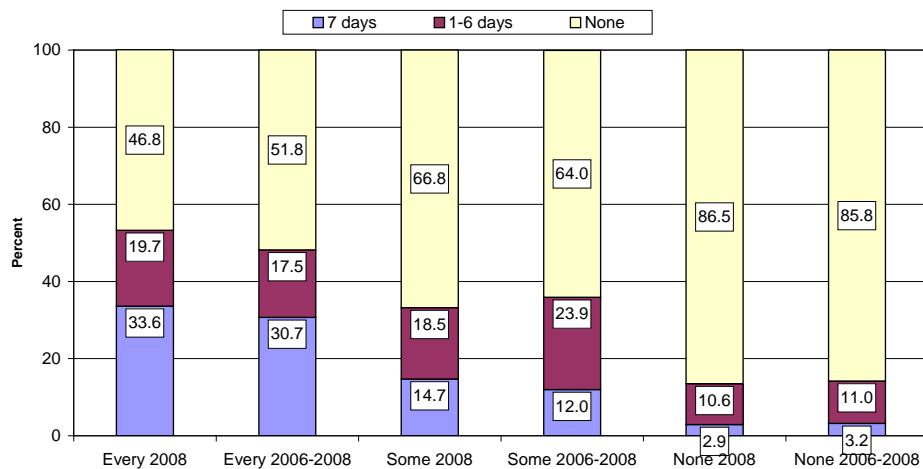
Source: Center for Applied Demography & Survey Research, University of Delaware

Figure 3-3
Days per Week of Exposure to Smoke
in a Motor Vehicle by Frequency of Smoking



Source: Center for Applied Demography & Survey Research, University of Delaware

Figure 3-4
Days per Week of Exposure to Other's Smoke
at Work by Frequency of Smoking



Source: Center for Applied Demography & Survey Research, University of Delaware

Respondents were also asked about the number of children in their households. Smokers are less likely to live alone and are slightly more likely to live with children (46.8%) than non-smokers (39%). In fact, some 92,971 children (23.6%) are likely to be exposed to second-hand smoke at home. However, all of these estimates should be considered as upper limits. Over half (52.6%) of all respondents who smoked said that they did not allow smoking in their home. Non-smokers were much more likely to rule out smoking at home (81.7%).

Respondents were asked if they were exposed to other people's tobacco smoke while in a motor vehicle. The results found in Figure 3-3 above indicate slightly lower levels of exposure than observed at home. For non-smokers the exposure is almost 4% lower in a vehicle than at home.

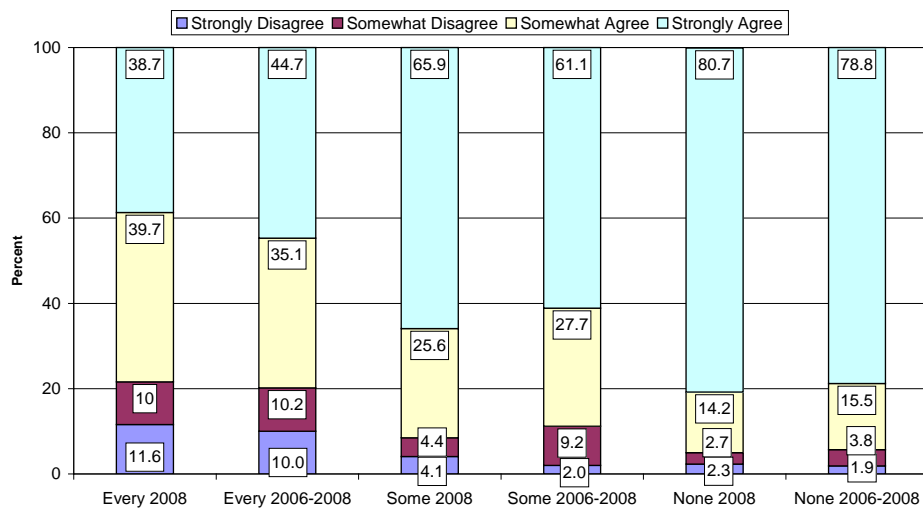
Another location where people can be exposed to second-hand smoke is at work. Respondents were asked how many days of the week they were exposed to other people's tobacco smoke at work. 18% of respondents reported being exposed to other people's tobacco smoke at work in the past week. Of these, 60% were exposed in an outside work area, and 19% were exposed from smokers near a building entrance.

Non-smokers are less likely to avoid smoke at work than at home.⁴ The total number of non-smokers who are exposed at work but not at home is estimated to be 52,000. This reduces the total number of people who are not exposed to second-hand smoke from 604,000 (see Table 3-1) to 552,000 or 64% of the population. Figure 3-4 shows decreasing exposure in 2008 compared to the time series.

In addition to being asked about personal exposure to other people's tobacco smoke, respondents were asked if people should be protected from second-hand smoke. More than 95% of all non-smokers who participated in this survey agreed with the proposition, 81% of smokers also agreed. The 2008 estimate and the 2006-2008 time series are close as shown in Figure 3-5 below. ??

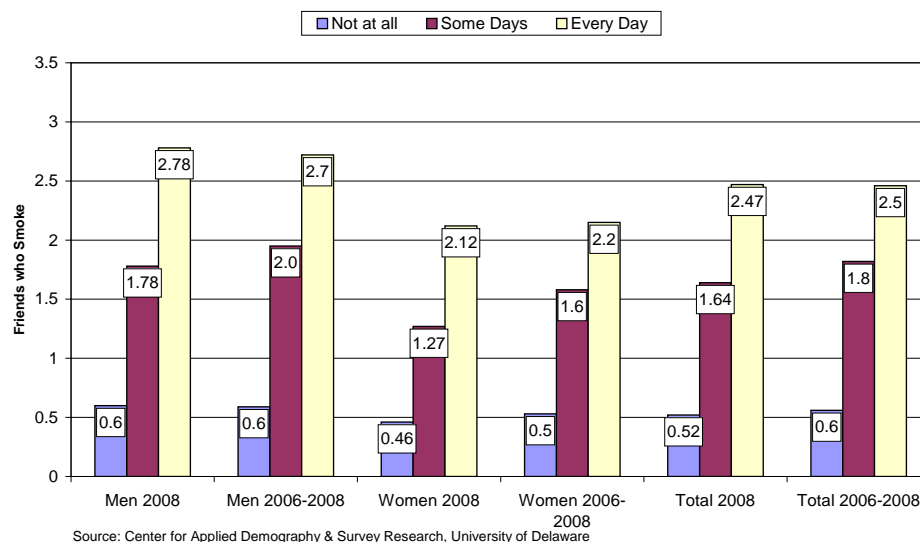
⁴ A substantial number of Delawareans work outside the state, work outdoors, or work at home. They would not be affected by the Clean Indoor Air Act.

Figure 3-5
People Should be Protected from Second-hand Smoke
by Frequency of Smoking



Source: Center for Applied Demography & Survey Research, University of Delaware

Figure 3-6
Number of Friends Who Smoke (0-4) by Frequency of Smoking



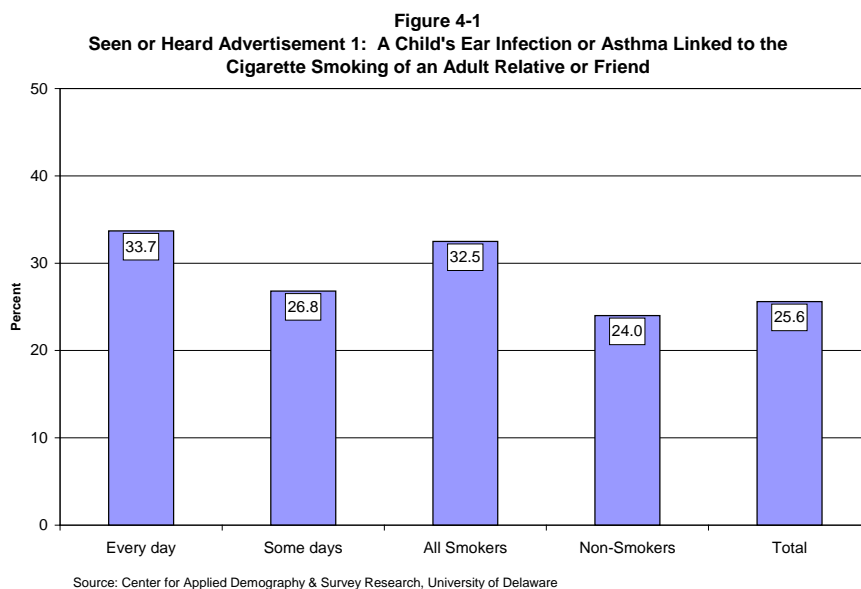
Smokers are more likely to have friends that smoke than non-smokers (see Figure 3-6 above). Smokers on average have 2.5 smoking friends compared to non-smokers who average 0.5 smoking friends. These findings vary little by gender and are consistent across all three years as is clearly shown in the graph.

In summary, the data presented in this section show that a significant number of Delawareans are exposed to second-hand smoke at home, in a vehicle, or at work. Fortunately, both smokers and non-smokers are in agreement that people should be protected from second-hand smoke.

The next section deals exclusively with the tobacco media campaign that is intended to promote the Delaware Quitline service and to inform people about second-hand smoke.

Tobacco and the Media

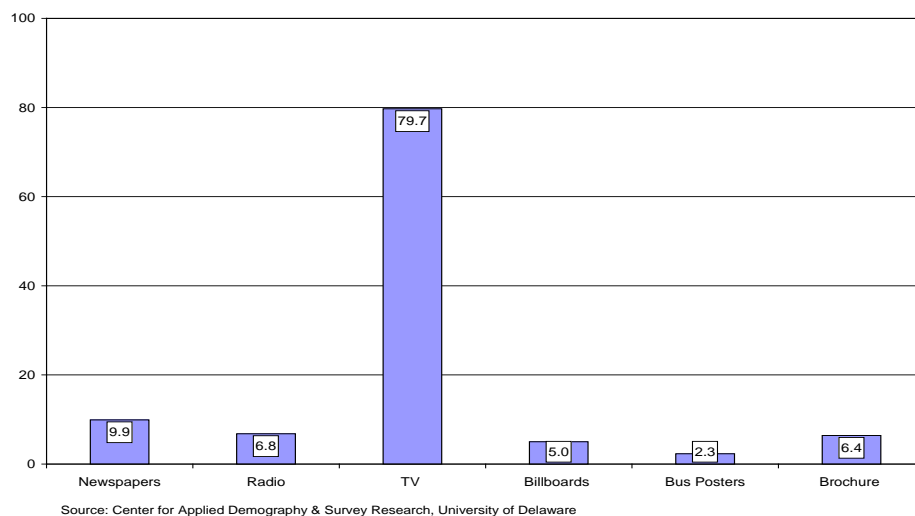
The final objective of the Tobacco Attitudes and Media Survey was to assess the degree to which the current media program was reaching adult Delawareans. While awareness doesn't necessarily translate into action, it is a necessary first step. The survey is used to assess the visibility of the media campaign and to learn how people obtain information about health issues and services. Finally, the reaction of respondents to tobacco advertisements was addressed.



The program launched a social marketing campaign encouraging people not to smoke inside their homes because of the dangers of second hand smoke. More than 25% of all adult Delawareans have seen or heard the messages during the past month (see Figure 4-1 above). Smokers who are the major targets are more aware of the media than non-smokers.

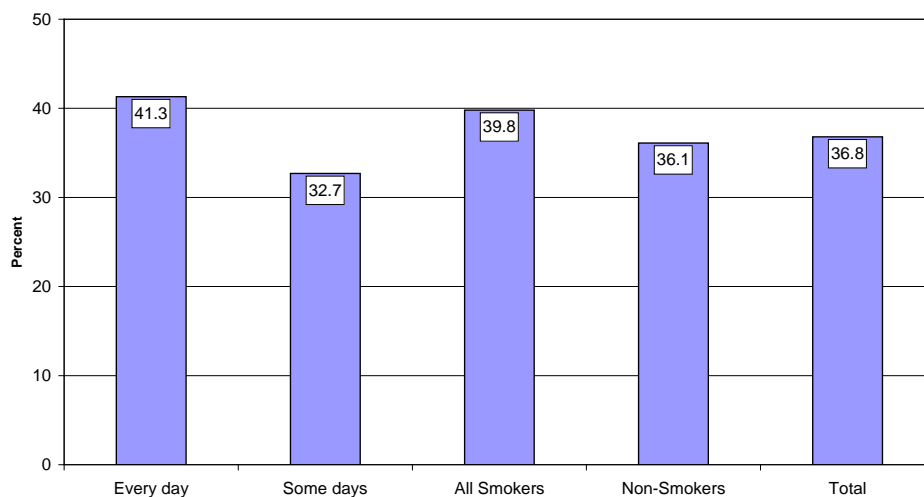
While the respondents reported hearing the messages about smoking indoors from a variety of sources, almost all reported hearing the message on television, about 80% (see Figure 4-2, below). The rest of the sources, with the exception of bus posters, were reported higher than 5%. The pervasiveness of television explains this differential. It also suggests that while the costs are higher, television advertising is the most effective means of reaching most Delawareans. Slightly less than 4% of those that heard the messages heard them from a source other than television, while about 79.7% heard the information only on television. More than 23% of those who viewed the advertisement and currently allow some smoking in their home considered changing their current policy.

Figure 4-2
Source of Messages about Advertisement 1



This survey asked the respondents “Have you seen or heard an advertisement that begins with a mother and daughter, where the girl hears her mother’s conversation as “Blah, blah, blah, blah, BLAH”? Later, when a classmate invites the girl to smoke with her, she refuses.” 37% adult Delawareans have seen or heard the messages during the past month (see Figure 4-3 below). 40% smokers who are the major targets are more aware of the media.

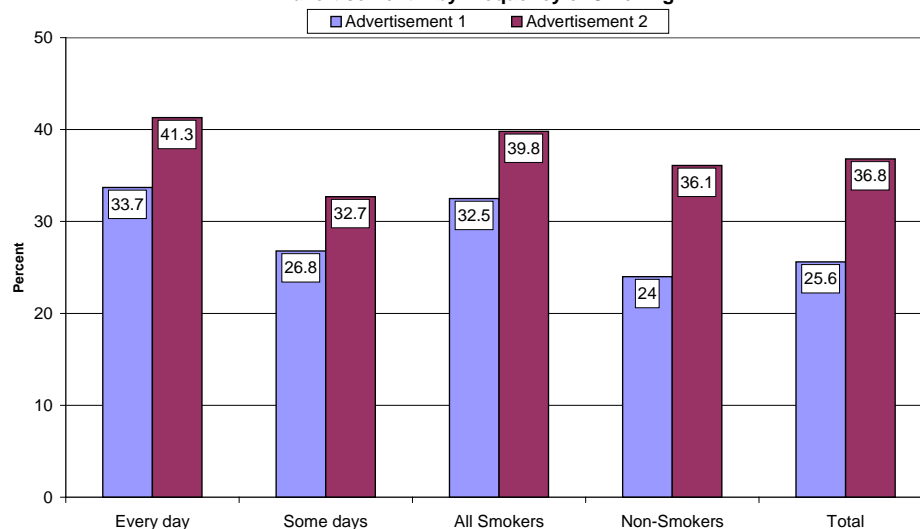
Figure 4-3
Seen or Heard Advertisement 2: A girl refuses a classmate's smoking invitation
because of her mother's conversation



Source: Center for Applied Demography & Survey Research, University of Delaware

More than 10 % adult Delawareans have seen or heard the second advertisement compared with the first one (See figure 4-4 below). More than 7% smokers are more aware of the second advertisement. It is necessary to evaluate the source of messages and the budget distribution between the two advertisements.

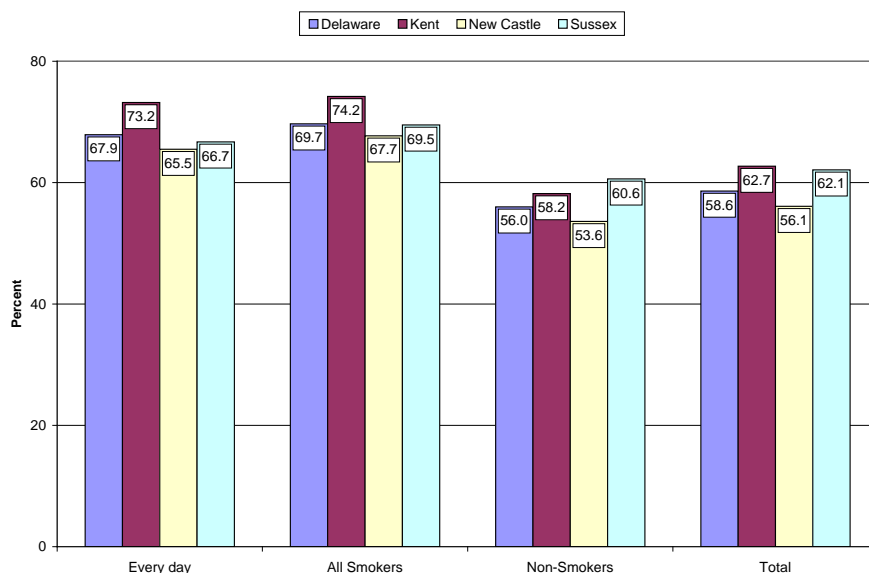
Figure 4-4
Differences between Advertisement 1 and
Advertisement 2 by Frequency of Smoking



Source: Center for Applied Demography & Survey Research, University of Delaware

In the first section of this report, it was reported that more than 59% of adult Delawareans had heard of the Delaware Quitline. Furthermore, “some days” smokers were the most familiar with the program. One additional question was asked about the Quitline later in the survey. Respondents were asked specifically if they had seen or heard advertisements about the Delaware Quitline. The results are found in Figure 4-5 below.

Figure 4-5
Heard "Delaware Quitline" Message by Frequency of Smoking

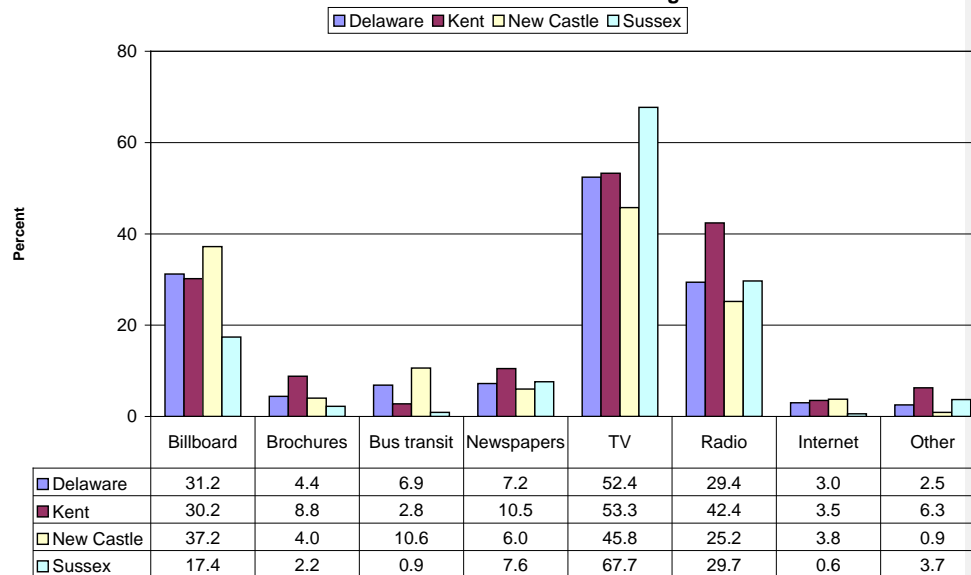


Source: Center for Applied Demography & Survey Research, University of Delaware

Because of the narrowing of the question to just a portion of the media campaign and the length of time of the reference period (one month), awareness is about half of the campaign overall with 62% of the respondents replying affirmatively. Residents of Kent and Sussex counties were more likely to have seen that specific material than those living in New Castle County. Overall, 70% of all smokers reported hearing the message.

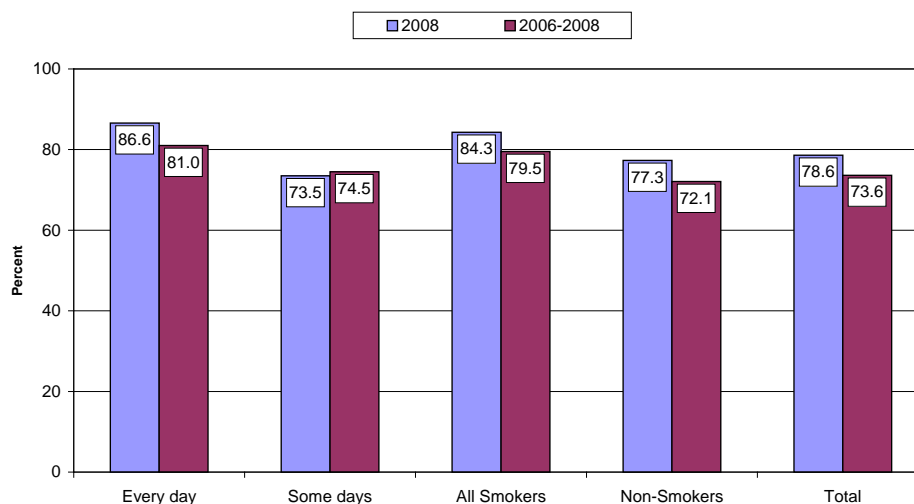
Respondents who had heard or seen the "Delaware Quitline" message, were asked where they had heard or seen the material. Although television was the most likely source as is shown in Figure 4-6 below, radio (29%) and billboards (31%) were also identified as significant sources.

Figure 4-6
Source of "Delaware Quitline" Message



Source: Center for Applied Demography & Survey Research, University of Delaware

Figure 4-7
What Percent of Delaware's Adults Think
That 30% or More of Delaware's Adults Smoke?



Source: Center for Applied Demography & Survey Research, University of Delaware

In one final question respondents were asked to estimate the percentage of adult Delawareans that smoke. This survey estimated that percentage to be 20%. In Figure 4-7, above, it is clear that the respondents have a different perception.

Although only 20% of adult Delawareans currently smoke, more than 75% of the respondents think that 30% or more of the adult population smokes, while less than 6% underestimate smokers. Smokers are the furthest off the mark suggesting that they think their numbers are much larger than they actually are. It's important to remember that smokers are more likely to live with someone who smokes and has many more friends that smoke. Men and women were equally off the mark. It may be useful to consider adding the correct percentage of 20% to the current educational campaign.

Finally respondents were asked to express an opinion about four smoking-related issues. First, 74.2% of non-smokers said they minded being around people who were smoking. Second, 32% of the respondents and 72% of smokers mistakenly thought that smoking helped to relieve stress.

Observations

This research had three primary objectives. First, the survey was to measure the prevalence of smoking within the state. Second, it was to gather information about exposure to second-hand smoke. Finally, it was to measure both the reach of the media campaign that stresses the danger of second-hand smoke and attitudes toward tobacco company advertising. All three objectives were accomplished. The highlights from the 2008 survey are provided below:

- Just over 19% of adult Delawareans reported smoking.
- More than 22% of adult men reported smoking in comparison with 16% of adult women.
- About 46% of all adult Delawareans have smoked at some point in their lives, but only 19% are currently smoking.
- Of those that are currently smoking, more than half (53%) are trying to quit or have plans to quit. Among “every day” smokers 48% are trying or planning to quit. Those most likely to be planning to quit smoking are the “some day” smokers (68%).
- 33% respondents are trying to quit smoking by themselves. “Stopped all at once-Cold Turkey” and “Nicotine Gum” are also significant methods they are using.
- More than 60% smokers have ever used “Stopped all at once-Cold Turkey” to quit smoking. 13% tried to quit by themselves and 9% used “Nicotine patch”.
- Less than 70% of “every day” smokers reported awareness of the Delaware Quitline, less than last year. This indicator alone would suggest that the media campaign needs to be evaluated.
- Almost 48% of “every day” smokers live in a house where one or more other people smoke. This contrasts with 16% for people who report being non-smokers.
- Almost 29% of children are at risk of exposure to second-hand smoke at home unless some or all smokers choose not to smoke at home.
- Approximately 11% of adult non-smokers are exposed to second-hand smoke in a motor vehicle.
- About 18% of adult Delawareans are exposed to second-hand smoke at work. However this exposure rate has fallen from 32% in 2002. The vast majority of exposure is in outdoor work sites and entry-ways, although some exposure at indoor settings is still occurring, despite the state law. Exposure at work is far higher for smokers than for non-smokers.
- An additional 76,310 people are exposed to second-hand smoke at work that are not exposed at home.

-
- In general, smokers tend to live with people that smoke, work at places that permit smoking somewhere on the premises, and have three friends that smoke.
 - Over 90% of adult Delawareans feel that people should be protected from second-hand smoke.
 - About 26% of adult Delawareans reported seeing or hearing about the dangers of indoor smoke.
 - Almost 59% reported hearing/seeing the Delaware Quitline message in the past month.
 - The principal sources of this information were television, radio, and billboards.
 - In general, people tend to over estimate the proportion of adult Delawareans who smoke. More than three quarters of the population and substantially more smokers think that more than 30% of adult Delawareans smoke when the actual percentage is around 20%.

APPENDIX

TOBACCO ATTITUDES AND MEDIA SURVEY 2008

Questionnaire

**TOBACCO ATTITUDES AND MEDIA SURVEY
2008**

Hello, I'm [interviewer name] calling from the University of Delaware. We are conducting a survey of Delaware residents on behalf of the Delaware Division of Public Health about tobacco-related behavior, attitudes and issues. Your phone number was chosen randomly by the computer to be included in our study.

Is this [phone number]?

Yes

No [interviewer redials the phone number]

Is this a cell phone?

Yes

No ["Thank you but we are only interviewing land line telephones and private residences."]

Is this a private residence?

Yes

No ["Thank you but we are only interviewing private residences."]

We need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

How many of these adults are men?

How many of these adults are women?

[number of men and number of women are tabulated and the CATI software randomly selects one individual from among all adults in the household]

The person in your household I need to speak with is the [selected respondent – e.g., oldest female], are you the [selected respondent]?

We really appreciate your participation in this study. The survey will last only about ten minutes. Your answers will be completely confidential and no response will be identified with you personally. You may refuse to answer any question in the survey. The interview may be monitored for quality assurance purposes, but all information obtained in this study will be confidential.

S1) In what county do you live?

Kent

New Castle

Sussex

SECTION A

QA1) Have you smoked at least one hundred cigarettes in your entire life?

Yes

No

DK

Refused

QA2) Do you now smoke cigarettes every day, some days, or not at all?

Every day

Some days

Not at all [Skip to A6]

DK
Refused

If everyday:

QA2a) On average, how many cigarettes do you smoke a day?

Enter value _____

DK Refused

If some days:

QA2b) In the past week, on how many days did you smoke?

Enter value _____

DK Refused

QA2c) On the days that you smoked, what is the average number of cigarettes you smoked per day?

Enter value _____

DK
Refused

QA3) How long have you smoked cigarettes?

Under 6 months
6 months to a year
1 to 2 years
2-10 years
more than 10 years
DK
Refused

QA4) In the past 6 months, would you say you have been smoking . . . :

Fewer cigarettes [Go to A5]
About the same number [Skip to A6]
More cigarettes [Skip to A6]
DK
Refused

QA5) Why are you smoking less now?

Personal Health
Cost
Policies that restrict smoking [Do not read choices]
Family/friends health
Pressure from family/friends
Pregnant
Role model
Trying to Quit
DK
Refused

QA6) Do you currently use chewing tobacco, snus or snuff everyday, some days or not at all?

Every day
Some days
Not at all
DK
Refused

Every Day
Some Days
Less than once a month
Not at all [& if “No” to QA1 and “Not at all” to QA2 and “Less than once a month or
“Not at all” to QA6, go to QA10,]
DK
Refused

Other: specify_____

Comment [D2]: Note—this refers to the current QA8, and may need to be changed with renumbering.

Refused

QA8a) What method or methods did you use to help you quit tobacco use? Please respond regardless of whether or not the attempt was successful. [Do not read response options] [Check all methods mentioned.]

I have never used tobacco products [Skip to QA8]

I have never tried to quit using tobacco

By my self

Stopped all at once-**Cold turkey**

Switched to a lower tar or nicotine cigarettes

Gradually cut back on cigarettes

Followed instructions in a pamphlet or a book

Counseling

Delaware quitline

Other telephone counseling

Cessation class

Stop smoking clinic

Individual counseling by a health professional

Other personal counseling

Doctor's advice (tips)

Group support

Internet support

DE Quitnet

Prescription or medication

Chantix

Bupropion, Wellbutrin or Zyban

Nicotine replacement,

Nicorette lozenge

Nicotine gum,

Nicotine inhaler

Nicotine nasal spray,

Nicotine patch

Used other methods

Acupuncture

Hypnosis

Other: specify _____

Comment [D3]: Lisa/Ed: The response options have been grouped under generic headings in bold (which may serve as response options if the respondent does not provide a more specific reply). The list is ordered alphabetically according to these headings. We'd appreciate your input if you think another grouping/organization method works better.

Comment [D4]: Note—this refers to the current QA8, and may need to be changed with renumbering.

QA 9) Are you planning to stop smoking or to stop using any other tobacco product within the next thirty days?

Yes [Go to A8]

No

DK

Refused

If no to above question:

QA9a) Would any of the following motivate you to think about quitting? [Check a response for each item below]

Yes No Don't Know Refused or Not Applicable

You were diagnosed with a major smoking-related illness such as heart attack, emphysema, or cancer.

Someone close to you had major smoking-related illness

If the cost of cigarettes became too expensive

If you or someone you live with became pregnant
Pressure from family or friends
If someone offered you free nicotine patches or gum
You purchased a new car or home.
Other _____

[INTERVIEWER: *If no to all above, read:*]

Nothing would motivate me to think about quitting

QA10) Does your health insurance cover the cost of services such as counseling or classes to help quit smoking?

Yes
Yes, Partly
No
I don't have health insurance
DK
Refused

QA11) Does your prescription benefit cover the cost of tobacco cessation products such as Nicotine gum, patch, Chantix or Wellbutrin? [If asked to clarify, "Other tobacco cessation products may include Nicotine inhaler or nasal spray, Nicorette lozenges, Bupropion or Zyban but not hypnosis or acupuncture."]

Yes
Yes, Partly
No
I don't have prescription benefits
DK
Refused

QA12) Have you ever used your health insurance or prescription benefit to cover tobacco cessation services or products for yourself or a family member?

Yes
No, my request was denied
No
DK
Refused

QA13) Do you know about the Delaware "Quitline" program with a toll-free number to help quit smoking?

Yes
No
DK
Refused

SECTION B

ENVIRONMENTAL TOBACCO SMOKE (ETS) EXPOSURE

QB1) NOT including yourself, how many members of your household currently smoke?

Enter a value ____
DK
Refused

QB2) During the past SEVEN DAYS, when you were at HOME, how many days were you exposed to other family members' or visitors' tobacco smoke?

Enter a value ____

DK

Refused

QB3) Which statement best describes the rules about smoking inside your home?

Please Read:

Smoking is not allowed anywhere inside your home

Smoking is allowed in some places or at some times

Smoking is allowed anywhere inside the home

OR

There are no rules about smoking inside the home

Don't Read:

Don't know/not sure

Refused

QB4) During the past SEVEN DAYS, when you were in a motor vehicle, how many days were you exposed to other people's tobacco smoke?

Enter a value ____

DK

Refused

QB5) During the past SEVEN DAYS, when you were at WORK, how many days were you exposed to other people's tobacco smoke?

Enter a value ____ [If 0, skip to QB6]

DK

N/A – I do not work

Refused

QB5A) You said you were exposed to other's people smoke at work, was your exposure in Delaware?

Yes [Go to QB5B]

No [Go to QB6]

DK [Go to QB6]

Refused [Go to QB6]

QB5B) Was your primary exposure to other people's tobacco smoke...

Please read:

In an outdoors work area

From smokers near a building entrance

Indoors

At home because that is where I work

Other _____

DK

Refused

QB6) How strongly do you agree or disagree with the following statement: "people should be protected from second-hand smoke". Do you . . .

Strongly disagree

Somewhat disagree

Somewhat agree

Strongly agree

DK

Refused

Delaware's Clean Indoor Air Act –which prohibits smoking in indoor public places such as bars, restaurants and workplaces – is five years old. The purpose of the law was to protect Delaware residents from secondhand smoke.

QB7) Would you agree or disagree with the following statement: "The law has helped protect people from second hand smoke."?

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree
- DK
- Refused

QB8) Would you say the overall impact of the Clean Indoor Air Act on your quality of life has been:

- Very positive
- Somewhat positive
- None/ No impact
- Somewhat negative
- Very Negative
- DK
- Refused

QB9) How many of your four best friends are smokers?

- Enter a value ____
- DK
- Refused

SECTION C DEMOGRAPHICS

QC1) I just need to verify, are you male or female?

- Male
- Female
- Refused

QC2) Please tell me your age.

- Enter a value ____
- 99+
- Refused

QC3) Do you have children under 18 years of age, living in your household?

- Yes
- No (Skip to C5)
- DK (Skip to C5)
- Refused (Skip to C5)

QC4) How many children are there in this household under 18 that are . . .

- Less than 5 years old
- 5 to 9 years old
- 10 to 14 years old
- 15 to 17 years old
- Refused

Comment [D5]: If only one child under 18, please read "child" in place of "children" in NEW item QD5.

QC5) What is the highest grade or year of school you have completed?

- Eighth grade or less
- Some high school (grades 9-11)
- Grade 12 (High School grad or GED)
- Some technical school
- Technical school graduate
- Some college
- College graduate
- Postgraduate or professional degree
- Refused

EMPLOY What is your current employment status? I am going to read a list of alternatives. Please choose the first that applies. Are you currently... [after first option is selected, skip to Q6]

- A student employed for wages part-time or full time?
- A student?
- Employed for wages part-time or full time?
- Self-employed?
- Out of work for more than a year?
- Out of work for less than a year?
- A homemaker?
- Retired? or
- Unable to work?
- DK
- Refused

QC6) Are you Hispanic or Latino?

- Yes
- No
- DK/Not sure
- Refused

QC7) Which one or more of the following would you say is your race?

- White
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian, Alaska Native, or
- Other [specify:] _____
- Don't Know/Not Sure
- Refused

If more than one response to QC7 or QC7=Other, DK/NS or Refused:

QC7a) Which one of these groups would you say best represents your race?

- White
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian, Alaska Native, or
- Other [specify:] _____
- Don't Know/Not Sure
- Refused

QC8) How long have you lived in Delaware?

- All my life
- Less than 12 months
- 1 - 2 years
- 3 - 4 years
- 5 - 9 years
- 10 or more years
- DK
- Refused

QC9) Is your annual household income from all sources?

- Under \$15,000
- \$15,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$44,999
- \$45,000 to \$54,999
- \$55,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 or more
- DK
- Refused

QC10) Do you have more than one residential telephone number in your household? (Do not include cell phones or numbers that are only used by a computer or fax machine.)

- Yes
- No
- DK
- Refused

QC10 Value) If yes to QC10, how many residential (not business, computer or fax lines) telephone numbers do you have?

Enter a value ____

SECTION D MASS MEDIA AND TOBACCO

The next set of questions is about your exposure to media advertising related to tobacco. By media, we mean radio, television, newspapers and billboards.

QD1) In the past month, have you seen or heard any advertisements where a child's ear infection or asthma is linked to the cigarette smoking of an adult relative or friend?

- Yes
- No [Go to QD4]
- DK [Go to QD4]
- Refused [Go to QD4]

QD2) Where did you see or hear these messages? [*Check all that apply*]

- Newspaper ads or special inserts
- Heard radio ads
- Seen TV ads
- Billboards
- Bus transit
- Brochure

QD3) If smoking is currently allowed in your home, after seeing this advertisement did you consider not allowing smoking inside of your home?

Yes
No
NA

QD4) In the past month, have you seen or heard an advertisement where a mother is talking to her daughter and all you hear is “Blah, blah, blah, blah, BLAH”? Later, when a classmate invites the girl her to smoke, she remembers her mother's words loud and clear.

Yes
No [Go to QD4]
DK [Go to QD4]
Refused [Go to QD4]

QD5) As a result of this advertisement, did you talk to your children or other youth about smoking?

Yes
No, I spoke with them about ... (any other prevention issues such as sex, drugs, bullying or school violence, etc.)
No
DK
Refused

Comment [D6]: Please read ‘child’ if parent responded only one child under 18 in item QC4.

QD4) In the past month, have you seen or heard any advertisements promoting the Delaware Quitline ?

Yes
No (Skip to QD6)
DK (Skip to QD6)
Refused (Skip to QD6)

QD5) Where have you seen or heard it? On a . . . [check all that apply]

Billboard
Brochure
Bus transit
Newspaper ads or special inserts
TV
Radio
Internet
Other

QD5Other) If said OTHER to QD4: Where did you see or hear about it?

Enter response _____

QD8) When you look for information about health or health services, what source do you use most often?

Television
Radio
Newspaper
Magazines
Internet
Health care provider (This includes for example, Doctor, Dentist, Nurse, Pharmacist, Acupuncture provider, Chiropractor etc.)
Other
DK
Refused

QD9) In your opinion, what percent of Delaware adults currently smoke cigarettes:

Enter Percentage _____%

DK

Refused

Do you agree or disagree with the following statements:

QD10a) I personally don't mind being around people who are smoking?

Agree

Disagree

Don't Know

Refused

QD10b) Cigarette smoking helps reduce stress?

Agree

Disagree

Don't Know

Refused

That's all the questions we have. Thank you for your time and effort.