

TUS-CPS Linkages and Unique Aspects

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http://appliedresearch.cancer.gov/studies/tus-cps/

U.S. DEPARTMENT
OF HEALTH AND
HUMAN SERVICES

National Institutes of Health

Background/Purpose

- NCI sponsors the Tobacco Use Supplement (TUS) to the Census Bureau's / Bureau
 of Labor Statistics' Current Population Survey (CPS)
- The TUS has been administered 1992-2011, about every 3 years
- Data are available for <u>public use</u> to:
 - Monitor tobacco control progress
 - Conduct tobacco-related research
 - Evaluate tobacco control programs
 - Examine health disparities



- Key source of state, some local, as well as national level data on:
 - Cigarette and other tobacco use including emerging products

CURRENT POPULATION SURVEY

- Related social norms and attitudes
- Intervention and policy

Methods

- Large nationally representative address-based household sample
- Civilian non-institutionalized population ages 15+ (18+ since 2007)
- Yields 240,000 individual respondents for each survey cycle
- Mostly self reports yielding about 180,000 self respondents
- 64% of interviews conducted by telephone and 36% in-person

Topics

Current and past use of tobacco

- Cigarettes
- Cigars (all types, most recently also flavored)
- Pipes (most recently regular and hookah separately)
- Smokeless (snuff, chew, dip, most recently snus)
- Emerging products ("harm reduction," most recently, dissolvables and E-cigarettes)
- Menthol cigarette use
- Workplace and home smoke-free policies
- Attitudes towards smoke-free policies in public places and cars
- Cost of cigarettes and purchase location
- Physician/dentist advice to quit smoking
- Interest and attempts to quit
- Treatment methods to curb tobacco use

Unique Aspects (1)

- Economic and occupation patterns, e.g., raising the cigarette excise tax impact; mortality cost to smokers
 - See U. S. CBO June 2012 Report, Pub. No. 4036
 - See Viscusi and Hersch. Health Econ 2008;27:943-958
- Examine tobacco-related health disparities, e.g., using the NCI Health Disparities Calculator "HD*Calc"
 - See http://healthservices.cancer.gov/tools/hdcalc.html
- Data suitable for longitudinal analysis, e.g., TUS-CPS series
 Feb. 2002-Feb. 2003, May 2010-May 2011
 - See http://appliedresearch.cancer.gov/studies/tus-cps/TUS-CPS_overlap.pdf



Unique Aspects (2)

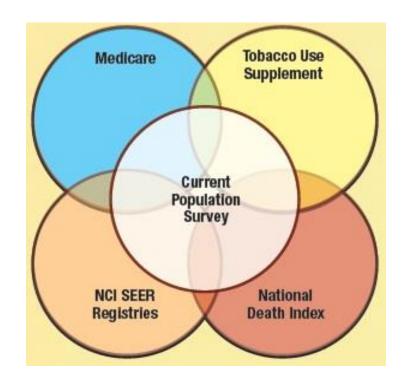
- Allows detailed data to be used in modeling, indirectly linking to other ecological summary data, e.g., by state, media markets
 - Effects of smoking-related television advertising on adult smoking and intentions to quit, linking television ratings for top US media markets to TUS-CPS data (Emery et. al. APHA April 2012;102(4):751-757)
- Special direct linkages to disease outcomes data with National Longitudinal Mortality Study (NLMS)
- Direct linkage to other CPS Supplement data
 - See http://www.census.gov/cps/about/supplemental.html and http://www.census.gov/aboutus/surveyabstracts.pdf

Unique Linkages to Outcome and Other CPS Supplement Data

Linkage to longitudinal disease outcome data through NLMS

- NLMS uses the CPS March Annual Social and Economic Supplement (ASEC) as its core
- Linkages of ASEC data to TUS through the CPS panel design
- CPS data are then linked to National Death Index (NDI), NCI SEER Cancer Registry, and CMS Medicare
- Provides cause-specific mortality, cancer incidence and survival, and Medicare comorbidity, treatment, and cost data
- For example, examine health disparity associations with prospective lung cancer and COPD mortality outcomes adjusting for smoking status (Lewis et. al. Int J Tuberc Lung Dis 2009;13(8):1008-1014)
- See http://surveillance.cancer.gov/disparities/nlms/

NLMS Linkages



Unique Linkages to Outcome and Other CPS Supplement Data

- Linkage to ASEC providing detailed economic, occupational, social, and health insurance data
 - For example, examine effect of Medicaid coverage of tobacco dependence treatments on quitting attempts and intention to quit by Medicaid smokers (Liu. Public Health 2010;124:553-558)
 - See http://www.census.gov/apsd/techdoc/cps/cpsmar10.pdf
- Linkage to the American Time Use Survey (ATUS) sponsored by BLS provides estimates of the amount of time that Americans spend in various primary activities for a given day of the week based on a 24 hr. activity diary
 - Sample is drawn from CPS samples one month after they have completed their panel participation
 - Useful for tracking the pattern of smoking during a 24 hr. period to the extent that smoking is a primary activity
 - Provide information about pattern of daily activity for smokers, former smokers, and never smokers (e.g., Song 2012)
 - See http://www.bls.gov/tus/datafiles 2010.htm
- Linkage to the Voting and Registration Supplement can provide data about a person's ability to influence policy
 - Can examine influence of TUS attitudes to smoking in public places with state smoke-free laws and participation in voting
 - (Hersch et. al. Economic Inquiry July 2004;42(3):455-468)
 See http://www.census.gov/hhes/www/socdemo/voting

Various Uses of Direct Linkages

Tobacco Treatment Medicaid Coverage and Attempted Quitting

Table 2 – Relationship between Medicaid coverage of
tobacco dependence treatment and attempted quitting
and intention to quit

Coverage	Attempted to quit in the past 12 months	Intention to quit in the next 6 months	Intention to quit in the next 30 days
Covered, no copayments	35.47%	49.49%	23.12%
Covered, require copayments	32.86%	44.61%	19.02%
No coverage	28.54%	41.16%	18.06%

Data are from Current Population Survey — Tobacco Use Supplements 1996—2007.

Various Uses of Direct Linkages

Table 1 Proportion of Respondents with Non-zero Smoking Time in the ATUS by Smoking Status from the TUS-CPS

	Proportion		
Never smoker	.0056 (.0014)		
Current smoker	.0940*** (.0082)		
Former smoker	.0044 (.0015)		
Number of observations	16,327		

Notes: Standard errors are in parentheses. The results are weighted using the ATUS final weight. Compared with the proportion of respondents who are never smokers, the difference is * Statistically significant at the .10 level; ** Statistically significant at the .01 level; ** Statistically significant at the .01 level.

Table 2 Average Minutes Spent per Day on Activities by Sex and Smoking Status

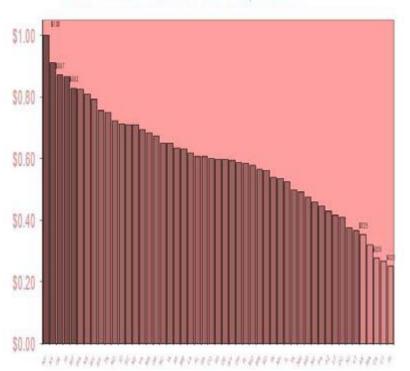
		Men			Women	
	Never	Current	Former	Never	Current	Former
	smoker	smoker	smoker	smoker	smoker	smoker
Watching	155.29	207.58***	202.59***	135.27	176.20***	159.14***
television	(3.42)	(7.09)	(4.97)	(2.31)	(6.48)	(4.52)
Sports	24.88	18.99	24.37	13.62	9.46**	11.69
	(1.51)	(3.35)	(2.27)	(.70)	(1.58)	(1.19)
Education	10.03	6.57	2.48***	14.29	6.81**	4.77***
	(1.63)	(1.73)	(.80)	(2.06)	(2.29)	(.90)
Number of observations	3,839	1,187	1,779	6,262	1,422	1,838

Notes: Standard errors are in parentheses. The results are weighted using the ATUS final weight. Compared with the average minutes spent per day by never smokers, the difference is * Statistically significant at the .05 level; *** Statistically significant at the .01 level; *** Statistically significant at the .01 level;

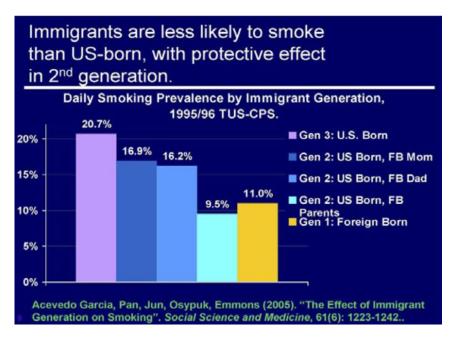
Various Uses of Unique Aspects

State Cost Differences

TBOT Minus TUS-CPS Price, 2006/07



Tobacco Use Disparities by Immigration Status



Various Uses of Unique Aspects

TUS Longitudinal Data: Smokeless/Cigarette Use

Figure 1A. Annual Quit Rate for Smoking or for Smoking and Snus in MONICA Project (5-13 years), Sweden

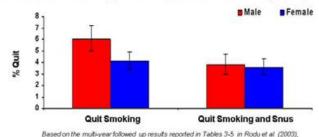
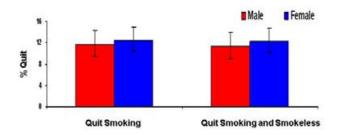
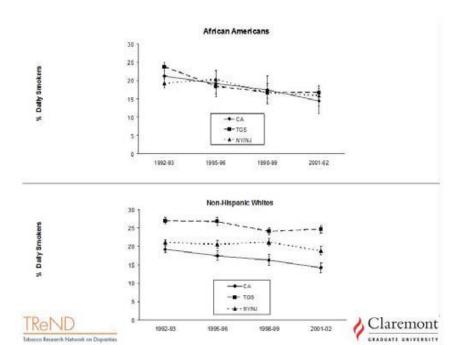


Figure 1B. Percent of 2002 Smokers Who Quit Smoking or Quit Both Smoking and Smokeless In 2003, U.S.



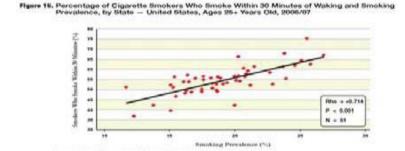
Health Disparities and Policy

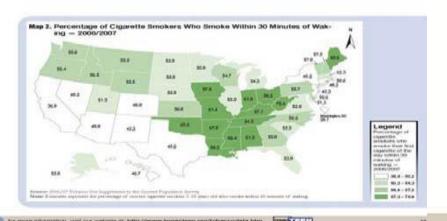


Various Uses of Unique Aspects

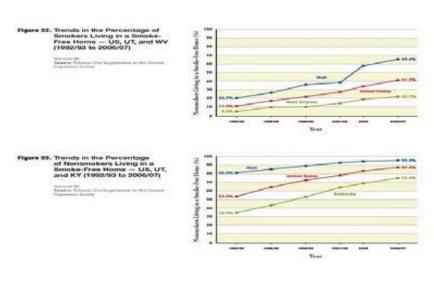
Robert Wood Johnson Foundation Chartbook- http://www.impacteen.org/tobaccodata.htm







Home Smoking Rules by State

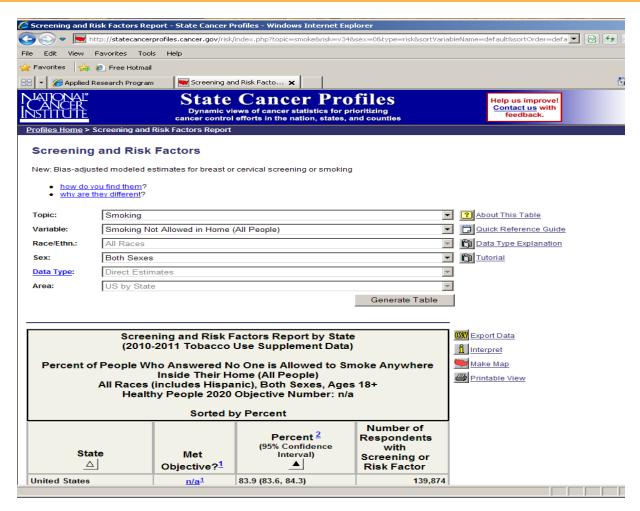


Various Uses of Unique Aspects and Indirect Linkages

State Cancer Profiles Website http://statecancerprofiles.cancer.gov/

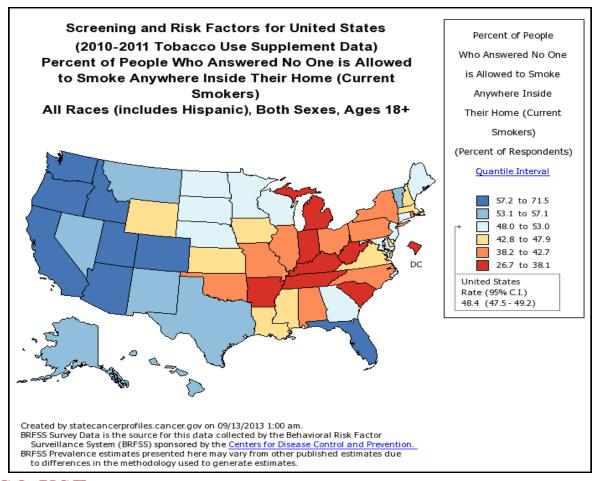


For Total U.S. and By State Table Generation http://statecancerprofiles.cancer.gov/risk/



Various Uses of Unique Aspects and Indirect Linkages

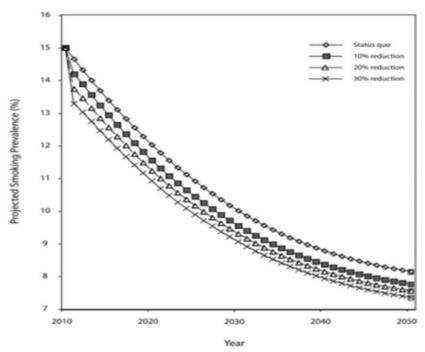
State Cancer Profiles



Various Uses of Unique Aspects and Indirect Linkages

Modeling Smoking Prevalence if Menthol is Banned

FIGURE 1 Smoking prevalence if menthol is banned under 3 scenarios (10%, 20%, and 30% change in initiation and cessation), projected from 2010 to 2050: United States



Lew, D. T. et al. Am J Public Health 2011;101:1236-1240

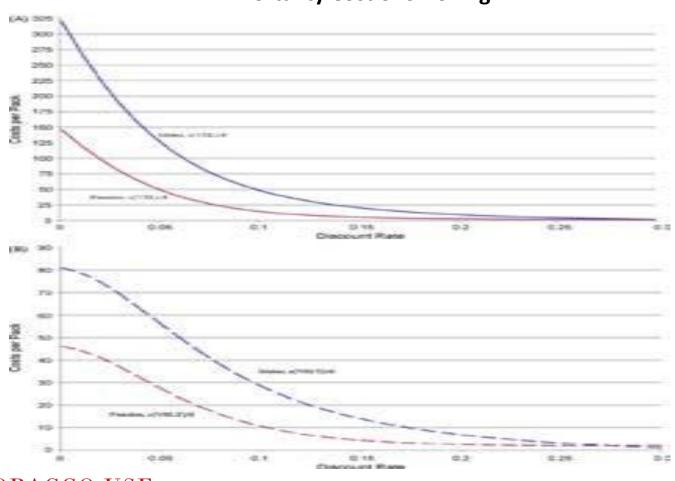




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Various Uses of Unique Aspects and Direct and Indirect Linkages

Mortality Cost of Smoking



Resources

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Prevalence & Policies in 50 States 🚱

More About Tobacco Control

Research at NCI

· Accompanying codebook & more information

For publications, workshops, presentations, and general information about the TUS-CPS, please visit:

http://appliedresearch.cancer.gov/studies/tus-cps/

For questions, please contact

http://appliedresearch. cancer.gov/about/ contact.html



monitor tobacco control progress:

evaluate tobacco control programs.

· conduct tobacco-related research, including tobacco health disparities; and

Uses and results from TUS-CPS data can be found on this Web site. In addition, TUS-

CPS data has been included in several of NCI's Tobacco Control Monographs, NCI's

recently in the 2012 Congressional Budget Office report "Raising the Excise Tax on Cigarettes: Effects on Health and the Federal Budget". See Reports and Publications Using the TUS-CPS for a list of about 200 publications describing past TUS-CPS

Trends in Cancer Progress Reports, several of the Surgeon General's Reports on tobacco control topics, Healthy People (HP) 2010 and 2020 reports, and most

TOBACCO USE SUPPLEMENT **CURRENT POPULATION SURVEY**

findings or utilizing some of the TUS-CPS data in conjunction with other health survey, registry, or other outcome data.

Published Manuscripts

The TUS-CPS data have been published in about 200 manuscripts in an array of peer-reviewed journals.





