HEALTH PROMOTION CANADA / PROMOTION DE LA SANTÉ CANADA

Pan-Canadian Health Promoter Competencies' Toolkit – Product Example: Retrieve and Synthesize Population Health Status Information (Competency 2.1)

DEFINING AND QUANTIFYING A SPECIFIC HEALTH ISSUE

1. **Write a short statement about the health issue or data problem you are interested in.**

Tobacco use remains the single most preventable cause of disease and premature death. Although smoking rates in Peel have declined over the last 10 years, daily and occasional cigarette smoking rates, by gender, are the highest among males aged 19 – 29. What cessation and health promotion strategies are most effective to engage this population and drive them to quit smoking supports and resources?

2. **Identify and gather data that will show the size and scope of the problem.**

   In February 2012 the Tobacco Transition Years Strategy was initiated to address the *Living Tobacco-Free* program priority goal, which is to reduce the prevalence of smoking in Peel.
   In the first year the working group developed the following reports:
   - Current State Assessment Report
   - Summary of Youth Tobacco Programming Report

   The information in these reports builds on the work done in the *Burden of Tobacco: The Use and Consequences of Tobacco in Peel, 2012* report.

   In addition the *US Surgeon General Report 2012 - Preventing Tobacco Use Among Youth and Young Adults* was reviewed.

3. **What factors (e.g., risk factors, behaviours and health determinants) are you aware of that are related to your health issue?**

• Being male • Being a young adult • Being a non immigrant • Being white • Being in a job where smoking is more prevalent • Being exposed to second hand smoke • Being involved in risky behaviours such as binge drinking and substance abuse • Being in social settings where there is smoking and alcohol use • Being affected with a psychiatric disorder • Having less than secondary school education

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4. Use data to describe your health issue.

a. Describe the issue using data for "person" characteristics (e.g., age, sex, income, education, immigrant status, ethnicity, country of birth etc.).

- The highest prevalence of smoking in Peel (30.5%) occurs among adult males between 19 – 29 years old (CCHS, 2009/2010)
- A daily pattern of smoking is established by the time males are 19 years old (Burden of Tobacco (page 42), Peel Public Health, 2012). Additionally, males become daily smokers at a younger age than females, and are also heavier smokers than females (Burden of Tobacco (Table 5.1), Peel Public Health, 2012)
- The prevalence of current smoking among males jumps 6 fold from the teen years to the 20s (Burden of Tobacco (Figure 5.8), Peel Public Health, 2012)
- Males who are divorced or separated are 3.2 times more likely to be current smokers than those individuals who are single (CCHS, 2007/2008)
- Among current male smokers aged 19 – 29 years of age, 56% of respondents completed at least some post secondary education (CCHS, 2003 to 2009/2010 Combined)
- Males with lower educational attainment have a higher rate of smoking (2 times higher if less than secondary school, 1.4 times higher if completed high school) compared with those who are post-secondary school graduates (Burden of Tobacco (Figure 5.5), Peel Public Health, 2012)
- Rates of smoking are highest among those who self identify as White (21.6%) compared to all other ethnic groups (Burden of Tobacco (Figure 5.10), Peel Public Health, 2012)
- Amongst 19 – 29 year males, income level is not a statistically significant predictor of smoking status (CCHS, 2003 to 2009/2010 Combined)
- In youth and young adults, smoking status is associated with the onset of other risky behaviours, such as binge drinking and substance abuse (Davis CG. Risks associated with tobacco use in youth aged 15 – 19: Analysis drawn from the 2004 Canadian addiction survey. Ottawa: Canadian Centre on Substance Abuse; 2006 October)
- Among 19 – 29 year olds, a significantly higher proportion of current smokers (54.1%) are weekly drinkers as compared to non-smokers (30.4%) (Burden of Tobacco (Figure 5.12), Peel Public Health, 2012)
- Among 19 – 29 years olds, the prevalence of binge drinking for current smokers (45.8%) is significantly higher than non-smokers (19.8%) (Burden of Tobacco (Figure 5.13), Peel Public Health, 2012)
- Rates of smoking are significantly higher in those affected with psychiatric disorders (i.e. depression and schizophrenia) (Kalman D, Morissette SB, George TP. Comorbidity of smoking in patients with psychiatric and substance use disorders. Am J Addict. 2005 Mar-Apr;14(2):106-23)
- Youth aged 12 – 19 and young adults aged 20 – 29 have a high number of quit attempts (5.1 and 4.6 respectively) for a 24-hr period (Burden of Tobacco (Figure 8.2), Peel Public Health, 2012)
- Amongst youth (12 – 19) and young adults (20 – 29) who are former smokers - 74% and 32%, respectively, quit within the last year (Burden of Tobacco, (Figure 8.4), Peel Public Health, 2012)

b. Describe the issue using data for "place" characteristics (e.g., Peel, Peel municipalities, data zones, Ontario).

- In 2009/2010, 15% of the Peel population or 167,700 people were reported to be current smokers (Burden of Tobacco (Table 5.3), Peel Public Health, 2012)
- In Peel, the proportion of those aged 12 to 18 who are never-smokers, increased to a high of 89.6% in 2009/2010 (Burden of Tobacco (Figure 5.5), Peel Public Health, 2012); however by the time an individual is in their 20s, the rate of current smoking among males is six times higher compared to those aged 12 to 18 years (Burden of Tobacco (Figure 5.8), Peel Public Health, 2012)
- The proportion of young adults aged 19 – 29 who are exposed to ETS in public spaces is significantly higher than other age groups at 25% (Burden of Tobacco (Figure 6.5), Peel Public Health, 2012)
- In Peel, recent immigrant 19-29 year old males had a higher proportion of current smokers than non-immigrants; however, this difference was not found to be statistically significant, and the trend was not the same in Ontario (CCHS, 2003 to 2009/2010, data provided by Epidemiology on October 4, 2013)
- In Peel, the largest proportion of employed smokers is among those aged 20 -29 years old (36,000 people) (CCHS, 2009/2010)
- In Peel, among individuals who self-identified as being homosexual or bisexual, the smoking prevalence of those aged 18 to 59 and those aged 25 to 44, was found to be 24.3%* (use with caution) and 32.6%* (use with caution) respectively. These prevalences are not statistically different than the percentage of heterosexual smokers at 21.7% (CCHS, 2003 to 2011/2012, data provided by Epidemiology on December 3, 2013)

c. Use data to describe how the issue has changed over "time".

- In Peel, overall smoking rates have declined from 19.6% to 15.1% between 2000/2001 and 2009/2010 (Burden of Tobacco (Table 5.3), Peel Public Health, 2012)
- The prevalence of current smoking in males has dropped from 25.5% in 2003 to 19.5% in 2009/2010 (Burden of Tobacco (Figure 5.3), Peel Public Health, 2012) however the prevalence in 19 – 29 yr old adult males is significantly higher at 30.5% (CCHS, 2009/2010)

d. Describe the relationship between the health issue and potential risk factors.

- In youth and young adults, smoking status is associated with the onset of other risky behaviours, such as binge drinking and substance abuse (Davis CG. Risks associated with tobacco use in youth aged 15 – 19: Analysis drawn from the 2004 Canadian addiction survey. Ottawa: Canadian Centre on Substance Abuse; 2006 October)
- Both the social setting and the concurrence of smoking and drinking are important when considering how youth and young adults transition from occasional smokers to current smokers (Davis CG. Risks associated with tobacco use in youth aged 15 – 19: Analysis drawn from the 2004 Canadian addiction survey. Ottawa: Canadian Centre on Substance Abuse; 2006 October)
- Rates of smoking are significantly higher in those affected with psychiatric disorders (i.e. depression and schizophrenia) (Kalman D, Morissette SB, George TP. Comorbidity of smoking in patients with psychiatric and substance use disorders. Am J Addict. 2005 Mar-Apr;14(2):106-23)
- Individuals who consume alcohol weekly are more likely to be smokers than those who do not consume alcohol weekly (males adjusted OR: 1.34, CI: 1.04)*
- Inactive individuals are more likely to be smokers than active individuals (males adjusted OR: 1.45, CI: 1.10, 1.92)*
- Individuals exposed to second hand smoke at home are more likely to be smokers than individuals who are not exposed to second hand smoke at home (males adjusted OR: 4.36, CI: 2.91, 6.53)*

* (Burden of Tobacco (Figure 5.*), Peel Public Health, 2012)

5. Are there gaps or pieces of information missing from the data?

☑ **Yes** ☐ **No**

Describe

Cessation Gaps

- Understanding the barriers to youth and young adult cessation
- Cessation methods amongst Peel residents, particularly young adults aged 19 – 29 including how they are accessed/prescribed, and effectiveness
- Further details on the reach and impact of *Leave the Pack Behind* cessation initiatives at the UTM and Sheridan College
- Peel Health's role in the promotion and support of community-based cessation programs (i.e. *Break it off, Crush the Crave*)
- Reach and impact of some community-based programs in Peel such as *SHL, Quit and get Fit, SOR*
- Screening of smokers and treatment options, including reach and impact, provided to patients at primary care settings in Peel
- Tobacco screening and referrals via Peel Health Programs, reach and impact of these programs, and consistent documentation

Emerging Trend Gaps

- Knowledge of alternate tobacco product use in Peel

- Knowledge of contraband tobacco use in Peel amongst general Peel population including contraband seizures in Peel
- Knowledge of social media use prevalence and perceptions amongst Peel males aged 19 – 29
- Research on the use of social media and mobile phone technology as a public health communication tool for tobacco use cessation
- Peel Health's role in the promotion of existing social media tools for tobacco use cessation
- Mass media/social marketing campaigns addressing tobacco cessation

Heath Knowledge, Attitudes and Behaviours

- Understanding their level of knowledge of health issues, how young adults access health information and what motivates them to utilize supports and resources

Information on each of these areas will be gathered through the Tobacco Use Survey and Tobacco Mixed Methods Study.

6. Describe any data limitations or data quality issues.

CCHS Data

- Data in the CCHS are mostly based on self-reported data, while some are based on proxy data (someone else has answered on behalf of the respondent). As such, both types are subject to social desirability bias, especially given the stigma associated with smoking and mental health issues. These data are also subject to recall bias, which may underestimate the true proportion of current smokers in the community because they are unable to accurately report the regularity of their smoking habits.
- Anyone with a mood disorder or serious mental health concern is less likely to voluntarily participate in this type of survey, and may even be excluded by design, as the CCHS is not asked of individuals who live in any kind of institution
- Individuals who did not speak, read, write or understand English or did not have a home phone were excluded

7. Synthesize your analysis and summarize your findings by pulling out the key messages. List out what you feel are the key pieces of information from your data review. Include any health disparities that may exist.

- Compared to 2000/2001, Peel's smoking rate has declined significantly to 15% (Burden of Tobacco (Figure 5.3 and Table 5.3), Peel Public Health, 2012); however, adult males aged 19 – 29 years have the highest prevalence of smoking in Peel at 30.5% (CCHS, 2009/2010)
- The proportion of youth who have never smoked is high among those aged 12 to 15 years. By the time a person is in their 20s, the rate of current smoking among males is six times higher compared to those aged 12 to 19 years (Burden of Tobacco (page 59), Peel Public Health, 2012)
- Current smokers aged 20 – 29 have a strong interest in quitting smoking with 57% having quit smoking for at least 24 hours (Burden of Tobacco (Table 8.2), Peel Public Health, 2012) and making an average number of 4.6 quit attempts within a 24-hour period (Burden of Tobacco (Figure 8.2), Peel Public Health, 2012). However, we do not have an understanding of why they are unable to sustain their quit attempts.
- The proportion of young adults aged 19 – 29 who are exposed to ETS in public spaces is significantly higher than other age groups at 25% (Burden of Tobacco (Figure 6.5), Peel Public Health, 2012)
- Both the social setting and the concurrence of smoking and drinking are important when considering how youth and young adults transition from occasional smokers to current smokers (Davis CG. Risks associated with tobacco use in youth aged 15 – 19: Analysis drawn from the 2004 Canadian addiction survey. Ottawa: Canadian Centre on Substance Abuse; 2006 October)
- In Peel, the largest proportion of employed smokers is among those aged 20 -29 years old (36,000 people) (CCHS, 2009/2010)

8. Use the information from Questions 1 through 7 to develop a concise statement of your issue.

Although the prevalence of current smokers in Peel has been reduced from 19.6% in 2000/2001, to 15.1% in 2009/2010, the rate of smoking amongst males aged 19 to 29 is significantly higher at 30.5%; thus contributing to the ongoing rise in health care expenses associated with tobacco-related morbidities and mortalities in Peel.

This presents an opportunity for the implementation of evidence-informed cessation and health promotion strategies that align with strategic priority goals to reduce the burden of tobacco use within this population.

9. Describe the next steps for your team/program area

The Youth and Young Adult Tobacco Cessation Workgroup is currently undertaking the program planning and evaluation (PPE) process to ensure a systematic and evidence-informed approach to strategy development. Information from this Data for Action Tool will help guide the Youth and Young Adult Tobacco Cessation Strategy.