

# TOBACCO USE CESSATION IN THE MILITARY HEALTH SYSTEM (MHS)

## A National Quality Management Program Special Study

*“Nineteen percent of study respondents were smokers. Fifty-two percent of smokers were advised to quit on one or more occasion.”*

### Why study Tobacco Use Cessation?

Despite widespread knowledge of the hazards associated with tobacco use, smoking is common among the United States adult population. More than 25 percent of adults continue to smoke, while the Department of Defense (DoD) Survey of Health-Related Behaviors Among Military Personnel reported the prevalence of cigarette smoking among military personnel to be about 29 percent (DoD, 1998).

Tobacco use and its associated health and economic burdens are growing concerns worldwide. In the U.S., cigarette smoking is the single most preventable cause of disease, disability, and death. Smoking is responsible for 87 percent of lung cancer cases and for most cases of emphysema and chronic bronchitis. (CDC, 2002). In addition to the proven health risks to smokers, exposure to passive cigarette smoke is associated with elevated risks of cancer, coronary heart disease, and other diseases (EPA, 2002).

### What was the methodology?

Using data from the 2001 fourth quarter Health Care Survey of DoD Beneficiaries (HCSDB), this study examined the self-reported rate of smoking and the rate of smokers being advised to quit smoking by a health care provider. Although the HCSDB used the Consumer Assessment of Health Plans (CAHPS®) 2.0H items for smoking cessation, the survey administration protocol was not the same as specified in the HEDIS 2002 Technical Specifications. Therefore, external benchmarks were not available for comparison.

### What were the results?

Nineteen percent of survey respondents reported to be current smokers with 14 percent reporting daily use of cigarettes. In comparison, similar studies suggest

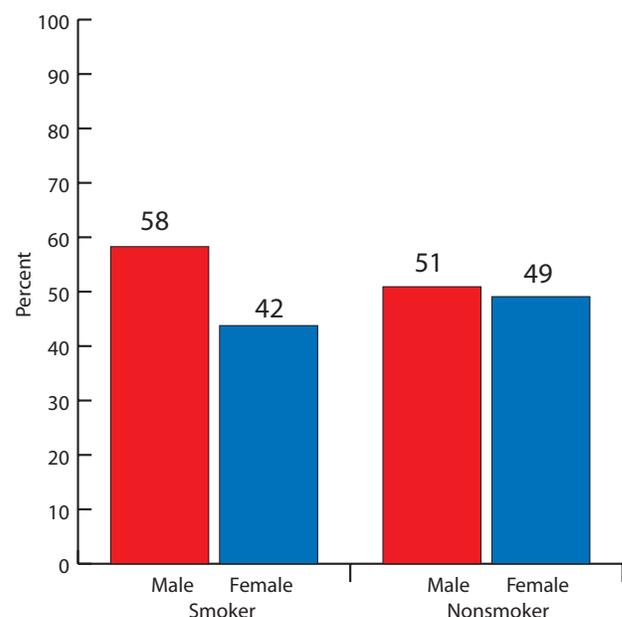
smoking rates of approximately 25 percent for the general population. Results were also compared for gender, age, and race differences.

Approximately 50 percent of the cohort reported smoking at some time in their lives. Only 30 percent had quit, most over a year ago. Additionally, 20 percent of smokers had not visited a clinic in the past year. Slightly more than half of the approximately one million smokers were estimated to have been advised to quit on at least one health care visit in the past 12 months. Additional details by gender, age and race are below.

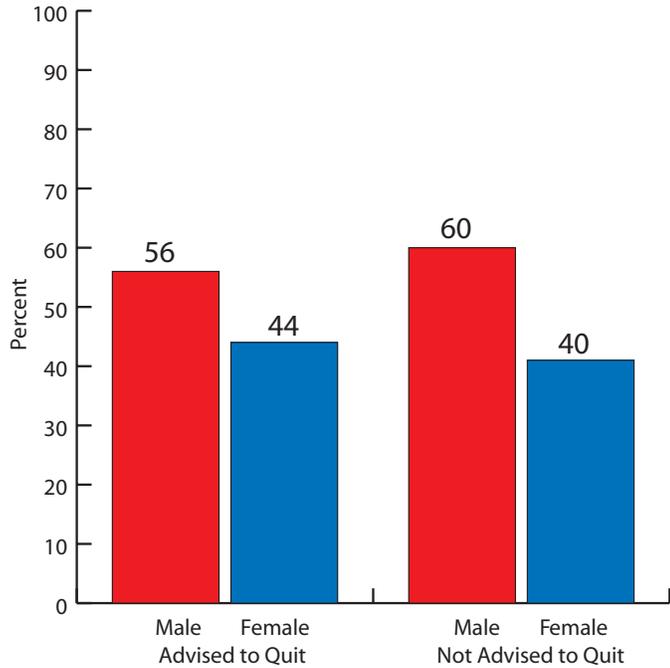
#### GENDER

- Fifty-eight percent of smokers were male, in comparison to 51 percent of the non-smoker group (Figure 1).
- Forty-four percent of beneficiaries advised to quit were women. In comparison, 40 percent of the group not advised to quit were women (Figure 2).

Figure 1: Smokers vs. Nonsmokers by Gender



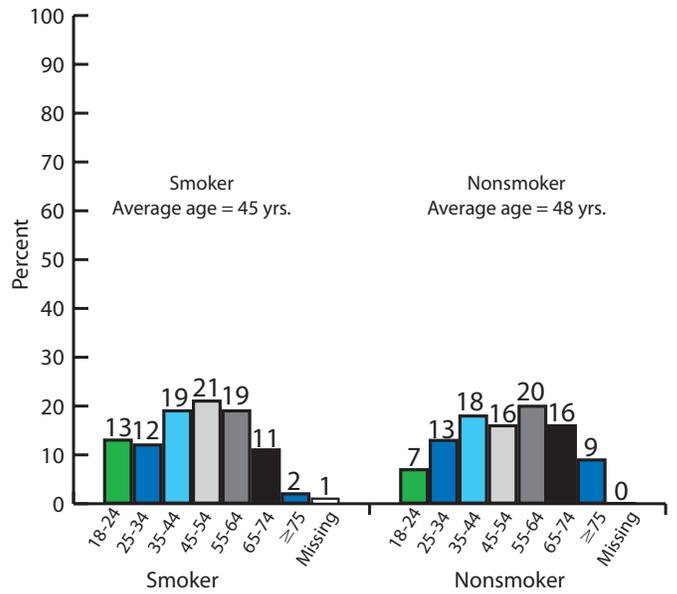
**Figure 2: Smokers Advised to Quit vs. Smokers Not Advised to Quit by Gender**



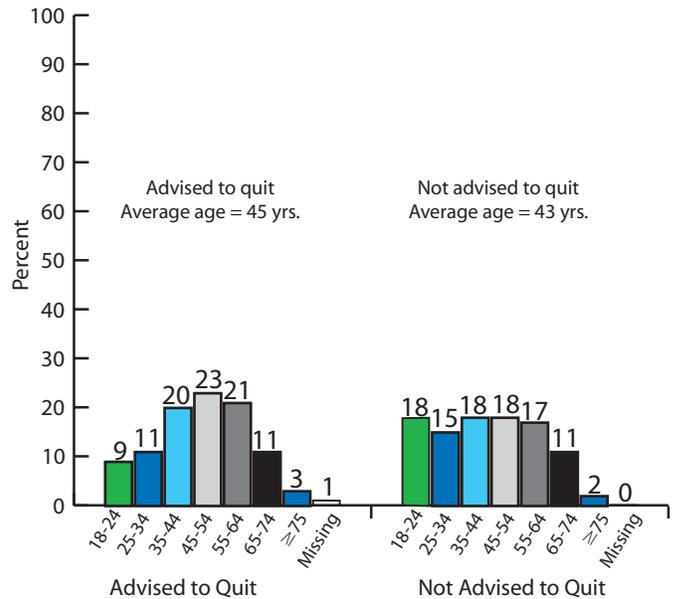
**AGE**

- Smokers were, on average, 45 years of age. Approximately 25 percent of smokers were less than 35 years of age; 32 percent were 55 years of age and older. In comparison, nonsmokers tended to be older, with only 20 percent reporting being less than 35 years of age and 45 percent reporting being 55 years of age and older. On average, nonsmokers were 48 years of age (Figure 3).
- Smokers not advised to quit were younger (33 percent were less than 35 years of age) than smokers advised to quit where 20 percent were less than 35 years of age. The average age of a smoker not advised to quit was 43 years of age (Figure 4).

**Figure 3: Smokers vs. Nonsmokers by Age**



**Figure 4: Smokers Advised to Quit vs. Smokers Not Advised to Quit by Age**



## RACE

- Smokers and nonsmokers were similar in terms of racial composition (Figure 5).
- Smokers not advised to quit included larger proportions of African Americans, Hispanics and Pacific Islanders than the group of smokers advised to quit (11 percent vs. 8 percent and 3 percent vs. 1 percent, respectively) (Figure 6).

Figure 5: Smokers vs. Nonsmokers by Race

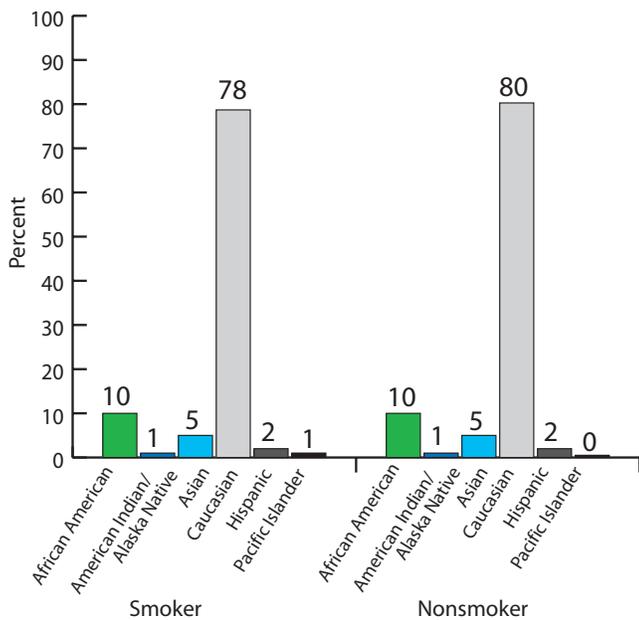
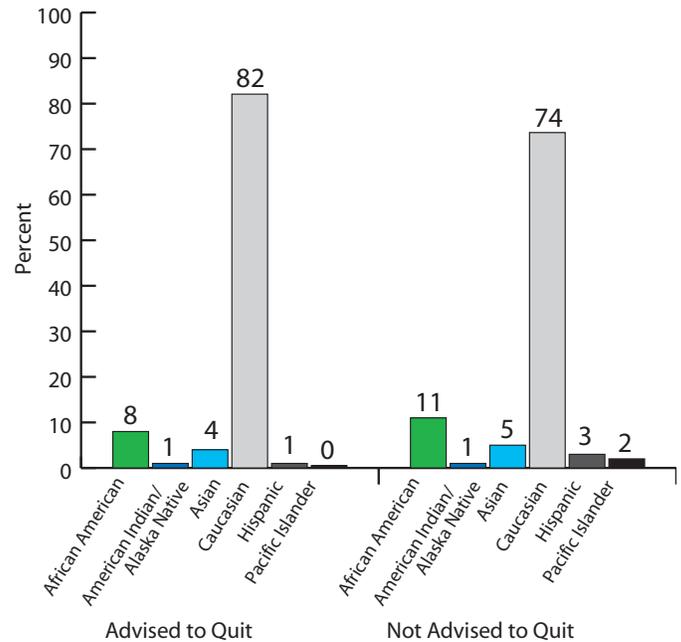


Figure 6: Smokers Advised to Quit vs. Smokers Not Advised to Quit by Race (chi-square = 26.4; p = 0.0002)



## Conclusions and Recommendations

Information from this study can help the MHS align tobacco use cessation programs and measurement activities to support the national goals as set forth by the CDC. Two goals—promoting quitting and identifying and eliminating the disparities among different population groups—are certainly within reach of the DoD. In addition, the MHS should consider the following recommendations:

- Focus efforts to eliminate or reduce tobacco use among those groups identified as having lower rates of cessation advice received.
- Given that smokers report lower numbers of clinic visits, the MHS may want to consider adjunct means of reaching smokers who do not regularly visit health facilities. Such outreach efforts could include a stop-smoking telephone helpline, Web site resources on tobacco use cessation, or community-based efforts.

- The MHS could consider contacting successful quitters and recruiting them as mentors for persons trying to give up tobacco products.
- Redesign HCSDB survey questions to better capture required information regarding all forms of tobacco use and efforts to help individuals to stop using this substance.
- Restudy tobacco use, prevention and cessation efforts within the DoD after the redesigned collection instrument is fielded. This study should measure the effectiveness of clinical practice guideline (CPG) implementation and progress toward the CDC goals listed above.

### Study Limitations

- The survey dataset included only general questions about cigarette smoking and did not address use of other tobacco products.
- While the survey did ask respondents whether they were advised to quit smoking during the previous year, it did not ask respondents to specify in what context that advice was given.
- Study results are not comparable to NCQA HEDIS benchmarks. Although the study items were taken from the Consumer Assessment of Health Plans<sup>®</sup> 2.0H survey, the survey was not administered using HEDIS protocols. Secondly, this study examined all smokers regardless of enrollment status. Finally, HEDIS defined smokers included beneficiaries who were either self-reported current smokers or recent quitters (of less than 12 months duration); while in this study, the cohort included only self-identified current smokers.

### References

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USPHS, Achievements in Tobacco Cessation: Case Studies: June 2000. Available at: [www.surgeongeneral.gov/tobacco/smcasest.htm](http://www.surgeongeneral.gov/tobacco/smcasest.htm)

### Where to go for more information?

**Army:** COL Stacey Young-McCaughan  
[stacey.young-mccaughan@cen.amedd.army.mil](mailto:stacey.young-mccaughan@cen.amedd.army.mil)

**Navy:** CDR Ken Yew  
[ksyew@us.med.navy.mil](mailto:ksyew@us.med.navy.mil)

**Air Force:** Lt Col Kimberly P. May  
[kimberly.may@pentagon.af.mil](mailto:kimberly.may@pentagon.af.mil)

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