

**National Tobacco Control Program Fact Sheets**  
**Data Sources and Methodologies**  
**CDC Office on Smoking and Health**

**March 2018**

The National Tobacco Control Program (NTCP) state fact sheets highlight national data. States often conduct state-level surveys that may be helpful to understand the full scope of tobacco use in a particular state. For more detailed information, please contact the state health department at [https://www.cdc.gov/tobacco/stateandcommunity/tobacco\\_control\\_programs/ntcp/index.htm](https://www.cdc.gov/tobacco/stateandcommunity/tobacco_control_programs/ntcp/index.htm) which provides a map with links to all the NCTP programs.

**Percent of Adults Currently Smoking Cigarettes**

- Definition: Adult current cigarette smokers were defined as respondents who had smoked  $\geq 100$  cigarettes during their lifetime and responded "every day" or "some days" to the question, "Do you now smoke cigarettes every day, some days, or not at all?"
- Data Year(s): 2016
- Methods: Data are rounded to the nearest tenth. For more information about methods, please visit [https://www.cdc.gov/brfss/data\\_documentation/index.htm](https://www.cdc.gov/brfss/data_documentation/index.htm).
- Source of Data: Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System (BRFSS). Available at <http://www.cdc.gov/brfss/>. Dataset available at: <https://chronicdata.cdc.gov/Survey-Data/Behavioral-Risk-Factor-Data-Tobacco-Use-2011-to-pr/wsas-xwh5>.

**Percent of Youth Currently Using Any Tobacco Product**

- Definition: Percent of high school students who reported using cigarettes, smokeless tobacco, cigars, or electronic vapor products on at least 1 day during the 30 days before the survey.
- Indicator Label: Currently used tobacco
- Data Year(s): 2015
- Methods: Data are rounded to the nearest tenth. If state data were not available, national estimates were used instead (labeled U.S. data). For more information about methodology, please visit <https://www.cdc.gov/healthyyouth/data/yrbs/methods.htm>.
- Source of Data: Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance System (YRBSS). Available at <http://www.cdc.gov/yrbs/index.htm>.

**Percent of Youth Currently Using Any Tobacco Product – California**

- Definition: Percent of high school students who reported using cigarettes, big cigars, little cigars or cigarillos, hookah, smokeless tobacco, or electronic cigarettes on at least 1 day during the 30 days before the survey.
- Indicator Label: Currently used tobacco
- Data Year(s): 2016

- Methods: Data are rounded to the nearest tenth. If state data were not available, national estimates were used instead (labeled U.S. data). For more information about methodology, please visit <https://www.cdc.gov/healthyyouth/data/yrbs/methods.htm>.
- Source of Data: California Department of Public Health, California Tobacco Control Program. California Student Tobacco Survey, 2015-2016. Sacramento, CA: California Department of Public Health, California Tobacco Control Program; 2016.

### **Percent of Youth Currently Smoking Cigarettes**

- Definition: Percent of high school students who reported smoking cigarettes on at least 1 day during the 30 days before the survey.
- Indicator Label: Currently smoked cigarettes
- Data Year(s): 2015
- Methods: Data are rounded to the nearest tenth. If state data were not available, national estimates were used instead (labeled U.S. data). For more information about methodology, please visit <https://www.cdc.gov/healthyyouth/data/yrbs/methods.htm>.
- Source of Data: Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance System (YRBSS). Available at <http://www.cdc.gov/yrbs/>.

### **Percent of Youth Currently Smoking Cigarettes - California**

- Definition: Percent of high school students who reported smoking cigarettes on at least 1 day during the 30 days before the survey.
- Indicator Label: Currently smoked cigarettes
- Data Year(s): 2016
- Methods: Data are rounded to the nearest tenth. If state data were not available, national estimates were used instead (labeled U.S. data). For more information about methodology, please visit <https://www.cdc.gov/healthyyouth/data/yrbs/methods.htm>.
- Source of Data: California Department of Public Health, California Tobacco Control Program. California Student Tobacco Survey, 2015-2016. Sacramento, CA: California Department of Public Health, California Tobacco Control Program; 2016. Available at <https://data.chhs.ca.gov/dataset/proportion-of-high-school-students-who-smoked-cigarettes-in-the-past-30-days-lghc-indicator-13>.

### **Smoking Attributable Deaths**

- Definition: Average annual number of deaths over a specified time period based on diseases for which the U.S. Surgeon General has determined that cigarette smoking is a causal factor.
- Data Year(s): 2005-2009
- Methods: Average annual estimates are presented for 2005-2009 and are based deaths in adults aged 35 years and older from 23 diseases for which the U.S. Surgeon General has determined that cigarette smoking is a causal factor (SGR 2014). Smoking attributable

deaths are estimated based on methods described by Levin (1953). Deaths attributable to use of other tobacco products (e.g., cigars, pipes, smokeless tobacco) are not included. Deaths from fires and deaths attributable to exposure to secondhand smoke also are not included. Total deaths are unrounded. For more information about methodology, please visit <https://chronicdata.cdc.gov/Health-Consequences-and-Costs/Smoking-Attributable-Mortality-Morbidity-and-Econo/w47j-r23n>.

- Source of Data: Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs — 2014. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014. Available at [https://www.cdc.gov/tobacco/stateandcommunity/best\\_practices/](https://www.cdc.gov/tobacco/stateandcommunity/best_practices/).

### **Healthcare Costs Due to Smoking**

- Definition: Healthcare costs due to smoking, or smoking attributable expenditures (SAEs), are excess health care expenditures attributable to cigarette smoking, by type of service, among adults ages 19 years of age and older.
- Data Year(s): 2009
- Methods: The combined annual expenditures for 2009 in the five SAE categories (Ambulatory, Prescription Drugs, Hospital, Nursing Home and Other) attributed to diseases where cigarette smoking is a primary risk factor. For more information about methodology, please visit <https://chronicdata.cdc.gov/Health-Consequences-and-Costs/Smoking-Attributable-Mortality-Morbidity-and-Econo/3kjq-j5dm>.
- Source of Data: Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs — 2014. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014. Available at [https://www.cdc.gov/tobacco/stateandcommunity/best\\_practices/](https://www.cdc.gov/tobacco/stateandcommunity/best_practices/).

### **National Tobacco Control Program Funding**

- Definition: Total fiscal year state funding received from CDC
- Data Year(s): FY 2017
- Methods: In FY 2017, CDC supported comprehensive tobacco control programs in all 50 states, the District of Columbia, 8 US territories or jurisdictions, and 12 tribal organizations. In addition, CDC provided funding to states and territories to ensure and expand state quitline capacity. Data were calculated by combining the FY2017 state Prevention and Public Health Fund (PPHF) dollars with FY2017 National Tobacco Control Program funding from the annual Budget Authority for total state funding in FY2017. For the purposes of this report, data in thousands are rounded to the nearest thousands. Data in millions are rounded to the nearest hundred thousand.

- Source of Data: Office on Smoking and Health, Centers for Disease Control and Prevention. For more information, visit <https://www.cdc.gov/tobacco/about/osh/program-funding/index.htm>

### ***Tips from Former Smokers (Tips®) Campaign Call Volume***

- Definition: Changes in call volume to 1-800-QUIT NOW during the *Tip*® campaign expressed as total calls during the campaign and percent increase in call volume during the campaign compared to an estimated baseline call volume.
- Data Year(s): 2016, 2017
- To assess the immediate impact of the 2017 *Tip*® campaign, CDC constructed multivariable linear regression models based on National Cancer Institute call volume data from October 1<sup>st</sup>, 2016 – December 31<sup>st</sup>, 2017. We utilized these models to estimate an average weekly baseline call volume for the 29 weeks that the 2017 campaign was on air, from January 9<sup>th</sup> – July 30<sup>th</sup>, 2017 for each state. The model predicted baseline can be interpreted as what weekly call volume would have been on average from January 9<sup>th</sup> – July 30<sup>th</sup>, 2017 had the *Tips*® campaign not aired. The number of additional calls generated by the campaign was calculated by subtracting the average weekly baseline call volume from the model’s predicted call volume based on the actual campaign implementation. We then divided the estimated call volume generated by the *Tips*® campaign by our predicted baseline call volume to calculate the percent increase in call volume. Please note that 1-800-QUIT-NOW call volume estimates represent call attempts, not completed calls. In addition, some state quitlines maintain and promote other numbers besides 1-800-QUIT-NOW.
- Source of Data: Data provided by the National Cancer Institute to the Office on Smoking and Health, Centers for Disease Control and Prevention. Calculations performed by CDC. Unpublished data.
- Notes: Preliminary data.