

Smoking in the Home

A. RRFSS Provincial Sample Pilot Project (PSPP)

The RRFSS PSPP is intended to provide reliable and representative estimates for 2011 RRFSS indicators for Ontario as a whole, and in so doing:

- Provide a valid comparator for local health unit results for selected indicators;
- Allow for a reduction in RRFSS "core" content;
- Provide a more flexible, timely system by which to collect provincially-relevant risk factor surveillance data than is currently available.

The provincial sample includes over 1800 interviews, with the number of interviews proportionate to the size of the health units' populations. Within households, the adult with the most recent birthday is selected to participate in the survey.

B. PSPP Evaluation

The evaluation of the RRFSS PSPP is supported by Locally-Driven Collaborative Project funding through Public Health Ontario.

The purpose of the PSPP evaluation is to summarize the implementation and results of the RRFSS PSPP, documenting what worked well and why, what the challenges were, what the benefits of the PSPP were and whether or not they were worth the costs.

The information will be used to inform decisions related to future provincial sampling in RRFSS.

C. Data Collection

January – April 2011

(Sudbury; Leeds, Grenville and Lanark)

January – December 2011

(Ontario; Brant; Chatham-Kent; Durham Region; Haldimand-Norfolk; Haliburton, Kawartha, Pine Ridge; Halton; Ottawa and Simcoe Muskoka District)

Only RRFSS participating health units who asked this module and agreed to share their data have been included in this report.

PURPOSE OF MODULE

The purpose of this RRFSS module is to assess the progress toward smoke-free homes.

KEY FINDINGS

- In 2011 in Ontario, residents did not smoke inside 91% (95% CI, 90-93) of households, visitors were not allowed to smoke in 85% (95% CI, 84-87) of households, and 84% (95% CI, 82-85) of households were entirely smoke-free (see Figure 1).

Children

- In 2011, the proportion of smoke-free homes in Ontario was significantly greater when the household included children under the ages of 6, 12 and 16 (see Figure 2).
- In 2011, there was no significant difference in the proportion of smoke-free homes in Ontario based on the age of the children residing in the household; ages 6, 12 and 16 (see Figure 2).

Health Unit

- In 2011, the proportion of total smoke-free homes was significantly lower in Haldimand-Norfolk and Sudbury than in Ontario. The proportion was significantly higher in Halton than in Ontario (see Table 1 and Figure 3).
- In 2011, the proportion of homes that were not smoke-free was significantly greater in Haldimand-Norfolk and Sudbury than in Ontario. The proportion was significantly lower in Halton than in Ontario (see Table 1 and Figure 3).

Figure 1: Smoking in the Home, Ontario Households, 2011

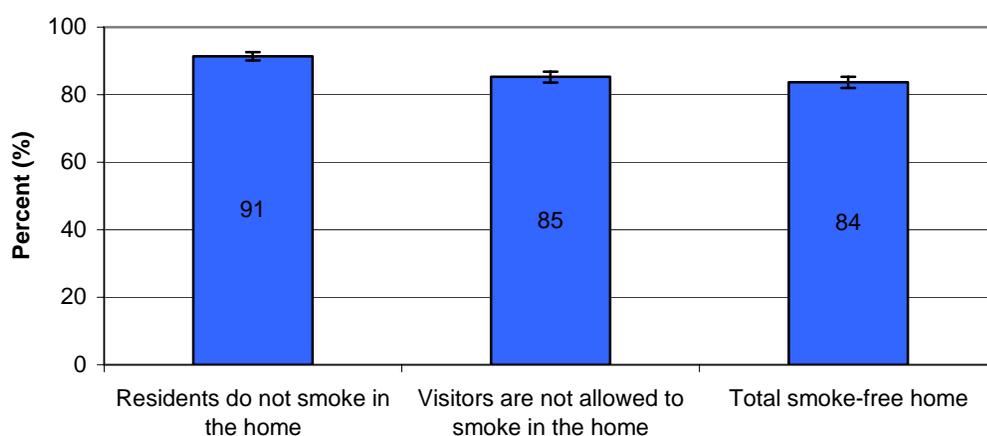
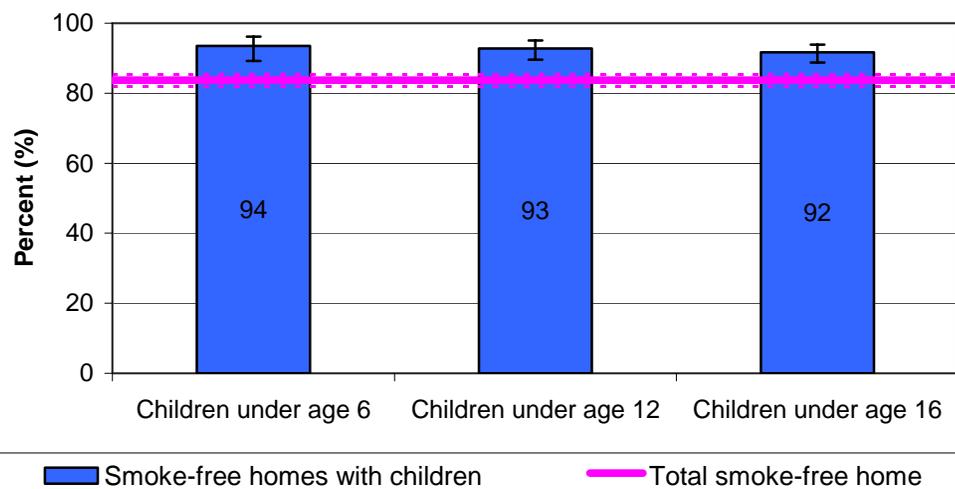


Figure 2: Total Smoke-Free Homes, Ontario Households, Households with Children Compared to All Households, 2011



C. Definitions

A 95% confidence interval (CI) refers to the range of values that has a 95% chance of including the 'true' estimate. A large CI means that there is a large amount of variability or imprecision. When CI's do not overlap, estimates are significantly different. CI's were selected as the measure of significance due to their conservative nature and transparency; there is less chance of incorrectly identifying a significant difference, which is important given the multiple tests of significance. CI's are reported in brackets or presented as \pm in the graphs.

Coefficient of variation (CV) refers to the precision of the estimate. When the CV is between 16.6 and 33.3, the estimate should be interpreted with caution because of high variability and has been marked with an asterisk (*). Estimates with a CV of 33.3 or greater are not reportable.

D. Limitations

RRFSS results are self-reported and may not necessarily be recalled accurately. Individuals not living in households (such as those in prison, hospitals, or the homeless) are excluded. Similarly, individuals who live in a household without a landline telephone (about 12% of all Ontario households¹) will not be reached through RRFSS. Thus the percentages may not represent the true estimates for the general population as respondents may have different characteristics than people who have not been included in the survey.

Provincial results were weighted to account for the actual distribution of adults among health units in Ontario. Estimates were multiplied by the 2006 population for the health unit to adjust for this difference.

Ottawa data has not been adjusted to account for the French oversample.

Don't know and refused responses were excluded from the analysis.

Non-rounded estimates and confidence intervals were used when determining significant differences; however, rounded numbers were used for the presentation of data, thus estimates may not total 100 and confidence intervals may appear to overlap.

E. References

¹ Statistics Canada (2011). Residential Telephone Service Survey 2010 (RTSS), from <http://www.statcan.gc.ca/dailyquotidien/110607/dq110607d-eng.htm>.

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Table 1: Total Smoke-Free Homes, Ontario Households, By Health Unit, 2011

Health Unit/Province	Smoke-Free Homes		Not Smoke-Free Homes	
	Percent (95% CI)	↑↓	Percent (95% CI)	↑↓
ONTARIO	84 (82-85)	-	16 (15-18)	-
Brant	83 (81-85)		17 (15-19)	
Chatham-Kent	82 (80-84)		18 (16-21)	
Durham Region	86 (84-87)		14 (13-16)	
Haldimand-Norfolk	80 (78-82)	↓	20 (18-23)	↑
Haliburton, Kawartha, Pine Ridge	83 (81-85)		17 (15-19)	
Halton	90 (88-92)	↑	10 (9-12)	↓
Leeds, Grenville and Lanark	81 (76-85)		19 (15-24)	
Ottawa	85 (82-87)		16 (14-18)	
Simcoe-Muskoka District	85 (82-87)		15 (13-18)	
Sudbury	77 (73-81)	↓	23 (19-27)	↑

↓ Health Unit was significantly lower than Ontario ↑ Health Unit was significantly higher than Ontario

Figure 3: Total Smoke-Free Homes, Ontario Households, By Health Unit, 2011

