Putting Together the Local Tobacco Control and Prevention Puzzle

Introducing the 2010 Program and Funding Guidelines for Comprehensive Local Tobacco Control Programs so that LHDs can expand and strengthen their tobacco control programs.

August 10, 2010

NACCHO
National Association of County & City Health Officials
History of Guidelines

- **1999**: Centers for Disease Control and Prevention (CDC) develops Best Practices
- **2001**: NACCHO publishes Guidelines to address the realities of tobacco programming at the local level
- **2007**: CDC updates Best Practices
- **2010**: NACCHO updates Guidelines
# 2001 vs. 2010 Guidelines

<table>
<thead>
<tr>
<th>2001</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 9 components</td>
<td>• 5 components</td>
</tr>
</tbody>
</table>

**New for 2010:**
- Examples from LHDs across the country
- Discussion of tobacco control as part of larger chronic disease paradigm
- New funding calculations
- Connection to WHO’s MPOWER policy framework
- Accreditation domains connection
- Local funding information
- Allows locals to calculate needs based on federal and national guidance in line with state best practices
- Allows states to consider comprehensive program needs when putting out local solicitations
- Shows how states and locals have worked together

New and Improved!
Evidence Base
Local Response

- Response to the tobacco problem varies widely depending on availability of funds
- Local politics and pressure from the tobacco industry have also influenced the degree of government involvement
Pieces of the Puzzle: Comprehensive Local Tobacco Control Programs

- Community Interventions
- Health Communications
- Cessation Interventions
- Surveillance & Evaluation
- Program Administration
- Budgeting
Effective community programs involve and influence people in their homes, work places, schools, and public places.

Community interventions influence societal organizations, systems, networks, and social norms to help many people make behavior changes.

Sources: CDC (2007); CDC (2000b)
Community Involvement

- To achieve individual behavior change, whole communities must change the way tobacco products are marketed, sold, and used.
- Changing policies takes the involvement of community partners and buy-in from local decision-makers.
- Local coalitions have been a powerful and effective tool.

Sources: CDC (2007); CDC (2000b)
Disproportionate Burden

Specific populations experience a disproportionate health and economic burden from tobacco use and exposure to secondhand smoke:

- Racial and ethnic minorities
- Women
- Youth
- Blue-collar workers
- People with less formal education

Examples of Community Interventions

- Establishing partnerships with local organizations
- Educating decision-makers about changing systems and environments to de-normalize tobacco use
- Encouraging policies that support tobacco use prevention and cessation
Examples of Community Interventions (continued)

- Educating parents on the hazards of secondhand smoke to children
- Promoting smoke-free restaurants and bars
- Engaging youth in the planning of tobacco control activities
**School-Based Community Interventions**

- Developing and implementing tobacco-free school grounds policies
- Promoting risk-reduction curricula, teacher training, and in-school cessation support services
Enforcement-Focused Community Interventions

- Conducting vendor and retail organization education
- Employing retailer compliance checks to reduce tobacco sales to youth
- Investigating and penalizing those that violate clean indoor air laws
More Spending = Less Smoking
Basis for Funding Recommendations

- Per capita funding estimates were used for all program components.
- Spending recommendations for the 2010 Guidelines are based on funding formulas adjusted for LHDs.
- The Guidelines include “recommended funding levels” in addition to funding ranges based on a number of factors.
NACCHO Tobacco Control Program

Funding Table

1. Register on the NACCHO Website at


3. Click on the “…xls” file link in the “Download this Tool” box on the right side of page
### NACCHO Funding Table

#### Step 1. Select a state.

#### Step 2. Select a county.

#### Step 3. Accept or replace values in yellow cells below.

<table>
<thead>
<tr>
<th>State/County</th>
<th>District of Columbia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Area</td>
<td>Total Recommended Funding</td>
</tr>
<tr>
<td>Community Interventions</td>
<td>$1,574,076</td>
</tr>
<tr>
<td>Health Communication Interventions</td>
<td>$1,574,076</td>
</tr>
<tr>
<td>Cessation Interventions</td>
<td>$1,574,076</td>
</tr>
<tr>
<td>Surveillance and Evaluation</td>
<td>$1,574,076</td>
</tr>
<tr>
<td>Program Admin &amp; Management</td>
<td>$1,574,076</td>
</tr>
</tbody>
</table>

#### Estimated County Total Population

591,833

#### Estimated County Population (2008, Census Bureau)

97,510

#### Estimated Number of Students, Pre-K to 12, Public and Private

63,925

#### Estimated Number of Community Interventions

16.6%

#### Estimated Cessation Interventions

478,837

#### Estimated County (5-18 Population) (2008, Census Bureau)

97,510

#### Estimated County (5-18 Population) (2008, Census Bureau)

97,510

#### To fill the tables to your screen:

2. Click on View, Zoom, Fit selection, and OK.
3. The contents will be resized to fill your screen.

Select destination and press ENTER or choose Paste.
Indiana’s Story

Jane
Gov. Daniels
Rick and Marie
Indiana Tobacco Prevention and Cessation State Agency

- ITPC was established by the Indiana General Assembly in 2000 and opened as a state agency in January 2001.

- Our Vision is to:
  - Significantly improve health of Hoosiers
  - Reduce tobacco-related diseases
  - Reduce economic costs to Indiana
Partnerships

- Indiana Tobacco Prevention and Cessation
- Community Based Partnerships
- Minority Based Partnerships
- Statewide Partnerships
ITPC’s Philosophy

- Science-based, evidence-based and data-driven
- Change happens “inside” Hoosier Communities
- Must reach people where they live, work, worship and play
- Policy drives behavior change
- Media drives attitude and belief change
Impact of a Comprehensive Approach: Youth and Adult Smoking Rates in NYC

Source: CDC. Decline in Smoking Prevalence -- New York City, 2002—2006. MMWR. 2007. 56(24);604-608; and New York City Department of Health and Mental Hygiene.
ITPC
Comprehensive Tobacco Control

1. Community Based Programs Focusing on Policy and Systems Change
2. Cessation
3. Statewide Public Education
4. Evaluation
5. Administration and Management
Community-Based Strategy

- 4 Statewide Goal/ Priority Areas
  - Reduce Youth Smoking
  - Increase Adult Cessation
  - Decrease Exposure to Secondhand Smoke
  - Increase and Maintain the Infrastructure for Tobacco Control
A Community Paradigm Shift to Policy

- Jane
- Director
- Partnership for Healthier
- Johnson County
Community-Based Strategy

- Community Determines Grant Lead Agency
  - Health Departments
  - Hospitals and Hospital Foundations
  - Boys & Girls Clubs
  - YMCA
  - Economic Development Corporations
  - Local Government
  - Local Community Organizations 501-c-3
  - Universities
Community-Based Strategy

- Partners Apply Every 2 Years for Grant
- 15 Community Indicators for Local Workplans
- Contract Deliverables for Selected Indicators
- Coalition Driven (Over 2400 Local Organizations Involved Statewide)
- Quarterly Fiscal Reporting
- Monthly Program Reporting
A Community Paradigm Shift to Policy

- Smokefree Franklin is Open for Business
- Greenwood smoke free
- All school districts in Johnson County tobacco free campuses
- All hospitals operate with tobacco free grounds
- Education of all policymakers including state legislative delegation
SHS Policy Change
Local Partners

- Build Database of Supporters
- Educate Grassroots and Grasstops
- Educate Stakeholders and Policymakers
- Hold Events to Build Support
- Earned and Paid Media
- Communication Across all Sectors
- Policy Advocacy
- Implementation Campaign
Gov. Mitch Daniels
Health Change through Policy
Policy Change Drives Behavior Change

- Gov. Mitch Daniels
- Governor of State of Indiana
Protection, Prevention and Peace of Mind: The Governor’s Plan for A Healthier Indiana

- Make cigarettes more expensive
- Use 100% of revenue for health care initiatives
  - Reduce smoking
  - Immunize children
  - Provide health coverage for uninsured Hoosiers
Why Make Cigarettes More Expensive?

- Indiana cannot be healthy with a high rate of smoking
- We cannot have a low rate of smoking with some of the cheapest cigarettes in America
- NOT to raise state revenue
The Local Role State Policy Change
The Local Role

State Policy Change

- Education for local legislative delegations
- Media stories, letters-to-the-editor, op-eds, editorial board visits
- Grassroots outreach
- Securing testimony for state house hearings
- Holding town hall meetings
- Demonstrating public support
Indiana Legislators Learning About “new” Tobacco Industry Marketing to Young Women

April 18, 2007 
5:30pm - 8:30pm
5:30-6:30 - Networking and Silent Auction 
6:30-8:00 - Presentation and Open Forum
8:00-8:30 - Networking
Indiana Historical Society 
450 West Ohio Street 
Indianapolis, IN 46202

First Lady Chele Daniels, Honorary Chair

State Health Commissioner Judy Monroe, M.D., is convening powerful Indiana women to give them the knowledge and tools to stand up for women’s health, influence others, and inspire action. Victoria Almeida with National Campaign for Tobacco-Free Kids, will share information on how the tobacco companies are targeting women. Register by April 13, 2007 to Abigail Kelly at abkelly@isdh.in.gov

Black and White Business Attire

Office of Women’s Health 
2 North Meridian Street 
Indianapolis, Indiana 46204 
317.234.0382
Call to Action
Piggybacking on the Tax Increase

TIME 2 QUIT
"There's never been a better time to quit."
Call to Action: Physicians and Dentists

- Advise your patients to quit now
- Enroll as a “Indiana Tobacco Quitline Preferred Provider”
  - Refer to Quitline
  - Use Quitline Fax Referral System
Call to Action: Employers

- Help your employees make a quit attempt
- Enroll as a “Indiana Tobacco Quitline Preferred Provider”
  - Refer to Quitline
  - Use Quitline Fax Referral System
Call to Action: Tobacco Users

- Make a Quit Attempt
  - Call the Quitline for help in setting up your personal quit plan
  - See your doctor or dentist for a prescription to help you quit

TIME 2 QUIT

"There’s never been a better time to quit."
Cessation Systems Change: Indiana Tobacco Quitline

- Promote ITQ through paid media efforts.
- Promote ITQ regularly through local ITPC partners.
- Promote ITQ through health care providers. Set up fax referrals with hospitals, clinics, and health centers.
- Promote ITQ through employers. Set up fax referrals through HR systems.
Rick
Telling Marie’s Story

Carrying the Message from Lake Michigan to the Ohio River Valley
Kokomo ADS Here
Become Media Savvy

- Focus first and far most on earned media through strong media advocacy outreach
- Use social media tools for reaching the young adults who will help with your advocacy efforts
- Use paid media if you have enough money to make an impact
- To be effective, paid media has to make the consumer uncomfortable
- Find experts to help with paid media
Please Contact Us!

- Karla S. Sneegas, MPH
  Executive Director

- Indiana Tobacco Prevention & Cessation

  - ksneegas@itpc.in.gov
  - www.quitnowindiana.org
  - www.itpc.in.gov
  - FB - Quit Now Indiana
Evidence and Impact of Tobacco Control Policies

Michael A. Tynan
Public Health Analyst, Office on Smoking and Health
About 443,000 U.S. Deaths per Year Attributable to Cigarette Smoking

- Lung Cancer: 128,900
- Ischemic Heart Disease: 126,000
- Chronic Obstructive Pulmonary Disease: 92,900
- Other Cancers: 35,500
- Stroke: 15,900
- Other Diagnoses: 44,000

Every year:
- $96 billion in medical costs
- $97 billion in lost productivity

*Average number of deaths, 2000-2004
Smoking and Secondhand Smoke Damages the Entire Human Body

<table>
<thead>
<tr>
<th>Smoking CANCERS</th>
<th>Smoking CHRONIC DISEASES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Larynx</td>
<td>Stroke</td>
</tr>
<tr>
<td>Oropharynx</td>
<td>Blindness, Cataracts</td>
</tr>
<tr>
<td>Oesophagus</td>
<td>Periodontitis</td>
</tr>
<tr>
<td>Trachea, bronchus or lung</td>
<td>Aortic aneurysm</td>
</tr>
<tr>
<td>Acute myeloid leukemia</td>
<td>Coronary heart disease</td>
</tr>
<tr>
<td>Stomach</td>
<td>Pneumonia</td>
</tr>
<tr>
<td>Pancreas</td>
<td>Atherosclerotic peripheral vascular disease</td>
</tr>
<tr>
<td>Kidney and Ureter</td>
<td>Chronic obstructive pulmonary disease (COPD), asthma, and other respiratory effects</td>
</tr>
<tr>
<td>Colon*</td>
<td>Hip fractures</td>
</tr>
<tr>
<td>Cervix</td>
<td>Reproductive effects in women (including reduced fertility)</td>
</tr>
<tr>
<td>Bladder</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Secondhand Smoke CHILDREN</th>
<th>Secondhand Smoke ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brain tumours*</td>
<td>Stroke*</td>
</tr>
<tr>
<td>Middle ear disease</td>
<td>Nasal irritation, Nasal sinus cancer*</td>
</tr>
<tr>
<td>Lymphoma*</td>
<td>Breast cancer*</td>
</tr>
<tr>
<td>Respiratory symptoms, Impaired lung function</td>
<td>Coronary heart disease</td>
</tr>
<tr>
<td>Asthma*</td>
<td>Lung cancer</td>
</tr>
<tr>
<td>Sudden Infant Death Syndrome (SIDS)</td>
<td>Atherosclerosis*</td>
</tr>
<tr>
<td>Leukemia*</td>
<td>Chronic obstructive pulmonary disease (COPD)<em>, Chronic respiratory symptoms</em>, Asthma*, Impaired lung function*</td>
</tr>
<tr>
<td>Lower respiratory illness</td>
<td>Reproductive effects in women: Low birth weight; Pre-term delivery*</td>
</tr>
</tbody>
</table>

* Evidence of causation: suggestive
Evidence of causation: sufficient

Current Cigarette Smoking by High School Students and Adults – United States, 1965-2007


** Total population adults who were current cigarette smokers, National Health Interview Surveys, 1965-2006.
Cigarette Smoking in the U.S. Adult 18 Years and Over, 2008

Persons who have smoked at least 100 cigarettes in lifetime and currently report smoking everyday or some days. Behavioral Risk Factor Surveillance Survey, NCCDPHP, CDC.
Heart Disease Death Rates, U.S. 2000 – 2004

Heart Disease Death Rates, 2000-2004
Adults Ages 35 Years and Older by County

CDC Division of Heart Disease and Stroke Prevention
Tobacco Industry is Outspending Prevention Efforts 20:1 – 2007

State Tobacco Revenue (taxes and settlement funds) $22.3 billion

Tobacco Industry Marketing & Promotion Expenditures $12.5 billion

Total CDC-Recommended Spending Level $3.7 billion

State Tobacco Program Budgets $0.6 billion

Sources: Campaign for Tobacco Free Kids, American Heart Ass’n, American Cancer Soc., American Lung Ass’n, SmokeLess States National Tobacco Policy Initiative
Evidence-Based Interventions

- Sustained funding of comprehensive programs
- Excise tax increases
- 100% smoke-free policies
- Aggressive media campaigns
- Cessation access
- Comprehensive ad restrictions
Factors that Affect Health

Socioeconomic Factors

Changing the Context to make individuals’ default decisions healthy

Long-lasting Protective Interventions

Clinical Interventions

Counseling & Education

Examples

Eat healthy, be physically active

Rx for high blood pressure, high cholesterol, diabetes

Immunizations, brief intervention, cessation treatment, colonoscopy

Fluoridation, 0g trans fat, iodization, smoke-free laws, tobacco tax

Poverty, education, housing, inequality
U.S. Cigarette Sales and Cigarette Prices, 1970 – 2007

Source: ImpacTeen Chartbook: Cigarette Smoking Prevalence and Policies in the 50 States.
State Cigarette Excise Tax Rates – Dec 31, 2006

Source: CDC, Office on Smoking and Health. State Tobacco Activities Tracking and Evaluation (STATE) System.
State Cigarette Excise Tax Rates – July 1, 2010

Source: CDC, Office on Smoking and Health. State Tobacco Activities Tracking and Evaluation (STATE) System.
Indoor Air Quality Before and After Implementing a Smokefree Law

The outdoor ambient air quality standard for small particulate matter (PM 2.5) is 35 µg/m³. There is no indoor standard.

Proportion of U.S. Population Covered by Local and State Smoke-Free Laws, 2000-2009

100 million Americans continue to be exposed to secondhand smoke

Population figures are as of December 31 of each given year. All population figures are from the United States Census.

Source: American Nonsmokers’ Rights Foundation.
State Smoke-Free Indoor Air Laws for Private Worksites, Restaurants, and Bars

Laws in effect as of July 5, 2010*

Ban in worksites, restaurants, and bars (n=25)
Ban in two of three locations (n=5)
Less comprehensive or no restrictions (n=21)

Source: CDC, Office on Smoking and Health. State Tobacco Activities Tracking and Evaluation (STATE) System.
*Enacted legislation is not yet effective in Kansas, Wisconsin.
State Smoke-Free Indoor Air Laws for Private Worksites, Restaurants, and Bars

Laws in effect as of July 5, 2010*

Source: CDC, Office on Smoking and Health. State Tobacco Activities Tracking and Evaluation (STATE) System.

*Enacted legislation is not yet effective in Kansas, Wisconsin.
Aggressive Media Campaigns

- Reduce youth initiation
- Encourage cessation
- Increase negative attitudes toward tobacco use

http://www.youtube.com/watch?v=SfAxUpeVhCg
Impact of Combined Interventions on Adult and Youth Smoking Prevalence in New York City

![Graph showing the impact of combined interventions on smoking prevalence in New York City from 1994 to 2008. The graph includes data points for both adults and youth, with interventions marked by arrows.]

- **City and State tax increases**
- **Smoke-free workplace**
- **TV ad campaign**

Lung and Bronchus Age-Adjusted Cancer Incidence Rates, 1988-2003

Rates are per 100,000 and age-adjusted to the 2000 U.S. standard (19 age groups).
* The EAPC is significantly different from zero (p<0.05).
OPPORTUNITIES MOVING FORWARD
Family Smoking Prevention and Tobacco Control Act of 2009

- On June 22, 2009, President Obama signed legislation granting the FDA the authority to regulate:
  - CONTENT of tobacco products
  - MARKETING of tobacco products
  - SALES of tobacco products
FDA Timeline

- **August 2009**: Established Center for Tobacco Products
- **September 2009**: Ban on Flavored Cigarettes
- **January 2010**: Industry Ingredient Submission Begins
- **March 2010**: Reissued 1996 Rule
- **March 2010**: First meeting of Tobacco Products Scientific Advisory Committee (TPSAC)
FDA Timeline

- June 2010: Ban on misleading terms (light, low, mild)
- June 2010: New Smokeless Warning Labels
- June 2010: 1996 Rule takes effect
- March 2011: TPSAC Findings on Menthol
- June 2011: New Rules for Cigarette Warning Labels
FDA legislation mandates new graphic warnings must comprise the top 50% of the front and back of cigarette packs.

Rules must be issued no later than June 2011.

New warnings will take effect 15 months later.
Questions?

Michael A. Tynan
mtynan@cdc.gov
Public Health Analyst, Office on Smoking and Health

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333
Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov Web: www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.