

Colorado**Strategies to Prevent Premature Deaths from Smoking****Public Health Problem**

Tobacco use, the leading cause of preventable death in the nation, kills an estimated 4,616 Coloradans each year. Additionally, more than 47,500 high school students smoke—with 5,800 becoming new smokers daily -- and 193,000 Colorado children are exposed to secondhand smoke in their homes. Vigorous, science-based strategies were required to prevent the thousands of premature deaths that result from cigarette smoking in the state.

Program Example

Colorado's State Education and Prevention Partnership (STEPP), which was created to combat this serious public health issue, administers a grant program to nonprofit organizations and government agencies working in tobacco control in the state. Currently funded annually with approximately \$26 million from excise taxes obtained through a voter ballot initiative, STEPP provides programs and policies that are comprehensive, evidence-based, culturally appropriate, and cost effective.

OSH has provided consultation and guidance to assist Colorado with evaluating and publishing data regarding its program efforts. During the past three years, strong collaboration with community partners led to enactment of a statewide comprehensive smoke-free air law—strengthened this past year with the removal of the casino exemption. (All Colorado casinos were required to be smokefree by January 1, 2008.)

Highlights of the program contributions include

- Providing a significant impact on reducing tobacco-related disparities in the mental health population with the publication of *Smoking Cessation for Persons with Mental Illness: A Toolkit for Mental Health Providers*, in collaboration with the University of Colorado at Denver.
- Creating innovative media campaigns to reach and empower young adults as a result of extensive market research through focus groups with 18-to-24-year-olds. Uniquely designed web pages such as www.ownyourC.com, www.quitdoingit.com, and www.fixnixer.com have increased calls to the state's quitline from young adults by 40%.
- Designing and implementing one of the first online cessation tools for teenagers and young adults that allows users to customize a 21-day quitting program utilizing text messages and e-mail. While this tool will be formally evaluated in 2008, it has already become one of the leading models of youth cessation for other states.

Implications and Impact

As a result of an integrated, evidence-based program, Colorado now ranks 9th in the nation for the lowest adult prevalence rate, up from a ranking of 14th in 2005. Adult smoking rates currently stand at 17.9%, which is a drop from 22.3% in 2001—and which surpasses the 2006 national average of 20.1%. The high school youth smoking rate in 2006 stands at 14.6%, compared with 18.2% in 2001, thus surpassing the CDC *Healthy People 2010* goal of 16%. The program's quitline has a six-month quit rate of 38%, and substantial changes in attitudes toward smoking are reflected by 81% of Coloradans implementing smoke-free home rules.

New Jersey**Secondhand Smoke Exposure in Atlantic City Casinos****Public Health Problem**

On April 15, 2006, New Jersey implemented one of the nation's most comprehensive laws to protect its population from the dangers of exposure to secondhand smoke. Although the law applied to the vast majority of New Jersey worksites (including all restaurants and bars), a few significant exemptions existed. The most notable of these exemptions was for the gaming areas of the state's casinos located in Atlantic City. Utilizing evidence collected and evaluated by experts over the past several years from across the country, advocates, working in concert with the state Comprehensive Tobacco Control Program (CTCP), began to address and remove the casino exemption throughout FY 2007.

The need to close this loophole is clear when one considers that, in 2006 more than 44,500 people were employed by Atlantic City's casinos—making these employees the largest group of indoor workers in the state not completely protected from exposure to secondhand smoke. Advocates felt strongly that these employees deserved the same protection as all other workers in New Jersey.

Program Example

OSH provided technical assistance and training that enabled CTCP to effectively develop rules for implementing the law and to conduct data-collection activities. Concurrently, advocates such as the Atlantic County Smoke-Free Coalition, New Jersey Group Against Smoking Pollution, Americans for Nonsmokers' Rights, and individuals such as Vincent Rennich (a 25-year veteran of the casino industry) were actively educating casino employees and operators about the need for smoke-free environments. OSH staff actively monitored these initiatives and provided resources and linkages as needed to aid local efforts. To reinforce the education campaigns, these same organizations also worked with the Atlantic City Council state lawmakers to adopt state or local regulations to further restrict smoking on the exempted casino gaming floors.

Implications and Impact

These 2007 advocacy efforts resulted in two significant successes. The New Jersey State Senate introduced a bill early in the current legislative cycle to completely ban smoking in casinos. While this bill is still being considered, the Atlantic City Council has adopted a policy that requires casinos to restrict smoking to just 25% of their gaming floors. The combination of this local policy (made possible by CTCP's education efforts that resulted in the removal of preemptive language from the state smoke-free workplace law) and the advocacy efforts of local groups have been important contributors to the decisions made by 7 of the 11 Atlantic City casinos to completely ban smoking on their gaming floors, thereby protecting thousands of employees from exposure to secondhand smoke. While more work is still needed, this is a significant step in changing the perceived social norm of smoking in New Jersey casinos as well as in Nevada, Louisiana, Mississippi, and in locations across the country with both Native American and nonnative-owned gaming establishments.

New York**Reducing the Health Impact of Tobacco Use****Public Health Problem**

Cigarette smoking is the leading cause of preventable death in New York state, killing an estimated 25,500 people each year. In an effort to effect measurable impact in reducing the health impact of tobacco use, the state needed a comprehensive, evidence-based tobacco control program.

Program Example

New York established a comprehensive, aggressive, and effective tobacco control program built on a foundation of community partnerships throughout the state that utilized evidence-based strategies from CDC's *Guide to Community Preventive Services*. OSH provided guidance to New York, helping initiate program efforts with a workshop on *Community Guide* recommendations and through continued consultation. Over the past seven years, the program has successfully implemented strong smoke-free legislation, maintained support for taxes to keep the price of tobacco high, worked to increase access to effective cessation services and motivate smokers to quit, and worked to change social norms around tobacco use in the community. Currently funded at approximately \$85.5 million (New York had been funded at about \$40 million annually from state and federal sources for its first five years), the program has published four evaluation reports that monitor progress and provide recommendations for strengthening impact.

Highlights of program contributions include the following:

- Implementing the *Public Health Guidelines* on treating tobacco use, New York established 19 cessation centers in 2005 to engage health care organizations in systems changes and refer patients to the state's quitline. During the first half of 2007, the New York state smokers quitline managed a call volume of more than 96,000 calls.
- New York City reported in the June 22, 2007, issue of the *MMWR*, significant decreases in adult smoking prevalence among men and Hispanics in conjunction with a television-based media campaign that used graphic imagery to illustrate the health effects of smoking. The campaign was implemented within the context of comprehensive, sustained, evidence-based state and local tobacco control programs.
- The state's Tobacco Control Program and the New York State Fair worked together to ban tobacco company sponsorship and advertising at the 2007 State Fair.
- Youth engaged in the state's "Reality Check" program were involved in removing tobacco advertisements from four key magazines most commonly found in school libraries.

Implications and Impact

The program's ambitious goal of one million fewer smokers by 2010 has been adopted as an agency priority endorsed by the governor. To share results and contribute to the science of tobacco control, the program's staff published three studies in *Tobacco Control*, the *American Journal of Public Health*, and *MMWR* in 2007 based on New York's tobacco control work.

As a result of these sustained and evidence-based programmatic efforts, New York's youth and adult smoking rates are at their lowest levels on record—18.2% for adults and 16.3% for high school students. Adult smoking rates are declining faster in New York than in the rest of the nation, where overall prevalence numbers appear to have stalled.

Oklahoma

Underutilization of the Oklahoma Tobacco Helpline

Public Health Problem

Oklahoma ranks second in the nation in terms of the number of American Indian/Alaska Natives (AI/AN) residing in a state, and AI/AN populations comprise the largest ethnic group in Oklahoma. Of current adult smokers in Oklahoma, 31.4% are AI/AN, making this the largest ethnic percentage of smokers in the state. In FY 2005, it was determined that Oklahoma's Tobacco Helpline was underutilized by members of the Cherokee Nation. With AI/AN populations being disproportionately affected by tobacco-related disparities and disease, particularly in Oklahoma, this public health issue needed to be addressed.

Program Example

In response to the underutilization of the Oklahoma Tobacco Helpline, the Cherokee Nation implemented a tailored, targeted, and culturally appropriate campaign to inform its AI/AN population about the Helpline. In partnership with the state's Department of Health Tobacco Control Program, OSH provided consistent monthly technical assistance calls through the implementation of the program and facilitated networking between the Cherokee Nation and health department to reach this underserved population. OSH staff encouraged collaboration with the state, not only through the Tobacco Control Program, but also by capitalizing on the fact that the Cherokee Nation is a CDC Steps grantee. Because Steps communities are funded to implement chronic disease prevention and health promotion activities to address obesity, diabetes, asthma, and their related risk behaviors (like tobacco use), OSH encouraged the Cherokee Nation to link with the state regarding its chronic disease programs.

Specific components of the targeted campaign were as follows:

- Development of Cherokee-specific Tobacco Helpline billboards. AI/AN-specific billboards were developed, pilot tested, and placed within 5 of 14 jurisdictional areas.
- Promotion of the Oklahoma Tobacco Helpline in print media and through distribution of other materials. The quitline phone number was published monthly in the tribal newspaper, which has a circulation more than 100,000.
- Culturally appropriate education provided to the Tobacco Helpline vendor. Oklahoma provided education to its Helpline vendor Free and Clear regarding the issue of commercial-versus-ceremonial use of tobacco. Subsequently, the vendor tailored messages to acknowledge the ceremonial importance of tobacco.

Implications and Impact

As a result of the successes in 2006, the state and the tribe have increased efforts toward cessation. Through the partnership with the Oklahoma Tobacco Helpline, the Cherokee Nation has seen an increase in the number of calls from the 14-county Tribal Jurisdiction Service Area to the quitline. Data indicates that the number of calls to the Helpline from members of AI/AN populations increased from 85 in 2004 to 545 in 2006. Calls from this population increased from 15.2% in 2004 to 22.5% of the total calls to the Helpline in 2006; in one county, an overall increase in call volume of 60% occurred.

South Carolina

Smoking Bans and Restrictions to Protection the Public from Secondhand Smoke

Public Health Problem

As recommended by the *Guide to Community Preventive Services*, smoking bans and restrictions are effective interventions to protect the public from the dangers of exposure to secondhand smoke. In line with this recommendation, *Healthy People 2010* calls for no state to have preemptive tobacco control laws in place by 2010. This call to action ensures that communities retain the ability to pass and enact the strongest possible protection from secondhand smoke, particularly when this protection is not provided under a statewide law. Avoiding preemption is also important because, in general, advocacy and public health organizations have resisted efforts to seek a statewide smoke-free air law until a state has had some critical mass of local ordinances in place for some time. Unfortunately, state preemption of smoke-free policies exist in several states—including South Carolina—preventing local governments from exercising their authority to enact appropriate laws for their communities.

Program Example

In South Carolina, local governments cannot regulate tobacco products more strictly than the state. However, health advocates have begun successfully passing local smoke-free air policies that will protect the health of South Carolinians. OSH has provided ongoing technical assistance to the state's Department of Health to help it educate communities, partners, and decision makers on the negative health effects of exposure to secondhand smoke and the science behind strong policies to protect the public's health.

For example, in late 2006, a 100% smoke-free workplace law in the town of Sullivan's Island, the first of its kind in the state, was upheld against a legal challenge based on preemption. This paved the way for other local communities, such as Greenville, Charleston, Columbia, Hilton Head Island, Bluffton, Liberty, Beaufort County, and Aiken County, to exercise local control and enact smoke-free laws in 2007. (However, two Circuit Court judges split on the question of this local control, and the issue is currently under review by the state Supreme Court.) One of the most significant policy changes in the state occurred when Surfside Beach, one of the state's most popular tourist destinations, passed a smoke-free ordinance in July. The ordinance includes smoke-free walkovers to the beach and the beach itself.

Even as local communities began adopting effective policy changes to reduce exposure to secondhand smoke, state activities were occurring to undermine these efforts by reinforcing statewide preemption through state legislation and prohibiting future ordinances from enactment. Partners such as the American Cancer Society, the American Lung Association, the American Heart Association, the South Carolina African-American Tobacco Control Network, the South Carolina Tobacco Collaborative, and others organized, mobilized, and succeeded in stopping a bill this past legislative session.

Implications and Impact

A state previously hindered from implementing effective strategies to reduce the public's exposure to secondhand smoke made history by passing smoke-free air policies at the local level in 2007. These efforts are educating the public on the dangers of secondhand smoke, as well as increasing support for stronger protection.