Tennessee Tobacco Settlement
Health Councils Planning Meeting
Tennessee Public Health Association
September 12, 2103
Session Objectives

• Identify facts regarding tobacco use and its relationship to county and state tobacco-related disease data
• Describe intervention programs presented by the Rising Stars team
• Share “local wisdom” about factors and program efforts
• Contribute to county Tobacco Settlement plans
Session Process

• Introductory comments – Bruce Behringer
• Why these three targets for Tobacco Settlement Program? – Panel of TDH experts
• What are we facing in confronting years of tobacco advertising? – Woody McMillin
• BREAK
• Local factors worksheet
• Findings about effective practices – Rising Stars Team
• In put for your county plan
• Summary and invitation to additional sessions
Mission and Vision

**Mission**
To protect, promote and improve the health and prosperity of people in Tennessee.

**Vision**
A recognized and trusted leader, partnering and engaging to make Tennessee one of the nation’s ten healthiest states.
Tennessee Tobacco Settlement

• Funding to states from tobacco companies that acknowledged damage done to people’s health and prosperity from tobacco use

• Governor Haslam and General Assembly agreed to appropriate $5 million per year for three years allocated to Tennessee Department of Health to prevent long-term harm and costs
Principles and promises

• Keep it local
  • All counties involved and get money
  • County plans resulting from local assessments and evaluation of previous tobacco prevention efforts
  • Engage health council for community input and decision making

• Stay focused on prevention through choosing three limited problems
• Engage field and content experts in program design
• Include strong evaluation
Roll-out initial messaging

• Tennessee has disproportionately high percentages of tobacco use which negatively contribute to poor health

• Tobacco Settlement programs will
  • “Move needles” with help from all counties
  • Use community-based protection strategies to prevent tobacco use and protect most vulnerable from its impacts
  • Improve TDH organizational performance
  • Demonstrate effective and efficient use of public dollars
Progress in Tennessee’s State Health Ranking - The Vision: To be in nation’s top ten healthiest states

2008 2009 2010 2011 2012
Overall Rank 48 44 42 41 39
Determinants 48 42 39 37 35
Outcomes 47 45 44 42 43

Many of Tennessee’s rankings in national bottom quintile are linked to Sedentary Lifestyle (#48)

Statistically significant improvements over five years in:
- Early prenatal care
- Cancer death rate
- Cardiovascular death rate
- Preventable hospitalizations
- Low birth weight percentage
- Air pollution
- High school graduation percent

Only 5 of 25 measures did not improve from 2008-2012.

Tobacco Prevention and Control Efforts

The Tobacco Control Program works to improve the quality of life for all Tennesseans by preventing and reducing disease, disability, and death caused by tobacco use.

Accomplishments to date

- Received 60,491 calls to Tobacco Quitline since inception in August, 2006. Calls continue to increase each year.
- 19,314 callers completed the intake process and 13,016 enrolled in the iCanQuit tobacco cessation program since inception. Between 27-37% of callers report quitting (2012).
- Implemented an enhanced media campaign including billboards, street side posters, bus ads, bus shelter and bench ads, rest room and convenience store posters and radio spots.
- Conducted tobacco control advocacy spokesperson trainings in Jackson, Murfreesboro and Knoxville Tennessee.
- Staff collectively reached over 20,000 people and disseminated over 50,000 materials. (Tobacco Quit Cards, Brochures and Posters).

The 2007 Tobacco Prevention initiative included:

- Non-smoker protection Act
- Increase in Cigarette tax
- Special state appropriations for community-based initiatives

Proposed future actions supported through Federal CDC funds

- Multi-media campaign to expand use of Tennessee Tobacco Quitline based on “The Cost of Cigarettes”
- Focus on the CDC’s National Tobacco Control Program Goals: prevent initiation of tobacco use by young people; eliminate nonsmokers’ exposure to secondhand smoke; promote quitting among adults and young people; identify and eliminate tobacco-related disparities.
- Education and advocacy trainings on tobacco use prevention
- Promote use of Tennessee Tobacco Quitline and advancing its efforts to encourage quitting among tobacco users
- Consider regional prevalence-weighted approach to prevention interventions guided by health councils and partners.

Source: Tennessee Behavioral Risk Factor Surveillance System (BRFSS)
*The 2011 BRFSS had substantial methodological changes; it is not comparable to previous years
Roll-out initial messaging

- Communities have intuition, experience and expertise in helping to identify programs that work. County health councils and expectations of roles play this role for TDH.
- TDH can not address tobacco issues alone. We must be a trusted leader and partner.
- Focus is necessary – we can’t change everything. Focus on protecting the most vulnerable.
Two challenges in reducing long-term suffering and costs form tobacco use

1. Help people not to begin the habit *(primary prevention)*

2. Help those addicted to tobacco use to stop *(cessation or secondary prevention)*
The reality

- Secondary prevention (cessation) services are now covered through insurance
  - TennCare
  - Medicare
  - Private group insurance polices
  - New policies established through Health Insurance Exchanges
- Primary prevention services have no source of payment. Tennessee Tobacco Settlement Program funding being used to support these services.
Three primary prevention targets

• Eliminate smoking during pregnancy ... reduces very expensive hospital care for low birth weight babies

• Reduce infants and children’s exposure to secondhand smoke ... reduces childhood ear infections and asthma and related medical costs

• Prevent child and adolescent tobacco use ... Never start: reduces long-term burdens and costs to adult heart disease, diabetes, chronic lung disease, asthma and some cancers
Why do people use tobacco products?

Write three reasons on an index card on your table.
Clarifying our goals: What do we want to change?

Changing Knowledge
- Are people aware of harmful effects of tobacco use?
- What other information do they believe about tobacco use?

Changing Attitudes
- What do people really believe about impacts?
- How do their beliefs affect their behaviors?

Changing Habits
- Which behaviors become related to or control a tobacco use habit?
- How do situations and settings contribute?
“Units of practice” that you can target to make a difference

**Individuals**
- Pregnant mothers, children, caregivers
- Families

**Groups**
- Playgrounds, events
- Health care practices

**Community**
- Schools
- Coalitions
- County/state policies
Department of Health Panel
Why these three targets for Tobacco Settlement Program?

• **Pregnancy smoking** - Kelly Luskin, Women’s Nurse Practitioner
• **Second hand smoking around little children** – Michael Warren, MD, Family Health and Wellness
• **Helping children not start tobacco use** - Horace Pulse, Tennessee Tobacco Program
What are we facing when considering knowledge, attitude and behavior changes for tobacco use?

Woody McMillin
Director
Communication and Media Relations
BREAK
County Worksheet, Page 1

• Answer two questions
  • What are the most important knowledge, attitudes and behaviors related to tobacco use to address?
    • Pregnancy smoking
    • Second hand smoke around little children
    • Helping school children not to start tobacco use
  • What are three most important things in your county that promote or resist tobacco use?
• We will collect worksheets at end of Session, make copies and return to you on Friday AM
Build on what we know: Rising Stars Team

- Produce a summary of lessons learned from previous efforts about effective practices in US, particularly in Tennessee.
- Team members include a mix of regional/county tobacco coordinators and central office tobacco program specialists.

**Members**
- Misty Claude – Mid Cumberland
- Emily Darnell - South Central
- Jan Frechette – Southeast
- Barbara Kelly – West
- Rebecca Morris - Nashville
- Sharon T. Rice – Northeast
- Lacanas Jordan – Central
- Horace Pulse – Central
- Kimothy Warren – Central
- Kate A. Weiland – Central
Rising Stars Findings

• Senior Team Leader - Mary Jane Dewey

• Pregnancy smoking – Kate Weiland

• Second hand smoke around infants and young children – Rebecca Morris

• Helping school children to not start tobacco use – Kimothy Warren
Choose one of the three topics

Identify one or two goals: what do you want to change?

Identify which effective practices interest you
  • Why do you think it would work?
  • What barriers might you face?
County Worksheet, Page 2

• Who is already working on this in your county?

• Are there any current or previous actions?

• What additional information could we provide to be helpful?

• Please turn these worksheets in at end of Session 10
Discussion points

• Your county plan will use a “Logic Model” to plan and evaluate the projects and program.

• Turn in your worksheet at end of this Session or during Session 10. We will copy and return to you on Friday.
Additional opportunities to help

• Session 10 Thursday PM
  • Blend your thoughts with ideas that emerged from other morning Tobacco Settlement messaging workshop
  • Share ideas for multi-county/regional/state campaigns
• Session 17 Friday AM as discussion time on your ideas