

Healthy People 2020: Who's Leading the Leading Health Indicators?



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U.S. Department of Health and Human
Services

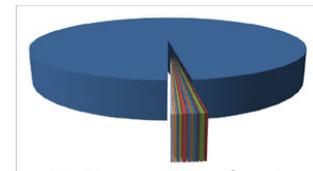


Who's Leading the Leading Health Indicators?



- **Leading Health Indicators are:**
 - Critical health issues that, if addressed appropriately, will dramatically reduce the leading causes of preventable deaths and illnesses
 - Linked to specific Healthy People objectives
 - Intended to motivate action to improve the health of the entire population

1200 Healthy People objectives



LHIs are a subset of
Healthy People
objectives



Who's Leading the Leading Health Indicators?

Healthy People
2020

Featured Speakers:

- **Carter Blakey**– Deputy Director, Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services
- **Brian King, PhD, MPH** - Deputy Director for Research Translation, Office on Smoking and Health, Centers for Disease Control and Prevention
- **Molly Moilanen, MPP** - Director of Public Affairs , ClearWay Minnesota
- **Laura Oliven** - Tobacco Control Manager, Minnesota Department of Health



Office of Disease Prevention
and Health Promotion

Carter Blakey

Deputy Director, Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services



Tobacco Use and Secondhand Smoke Exposure

- Tobacco use is the single most preventable cause of disease, disability, and death in the United States.
- Tobacco use of any form causes serious health conditions including: lung cancer, heart disease, stroke, pregnancy complications, gum disease and vision problems.
- Secondhand smoke causes serious health consequences in both children and adults.

Tobacco Leading Health Indicators

Healthy People
2020

- Adult cigarette smoking (TU-1.1)
- Adolescent cigarette smoking in past 30 days (TU-2.2)

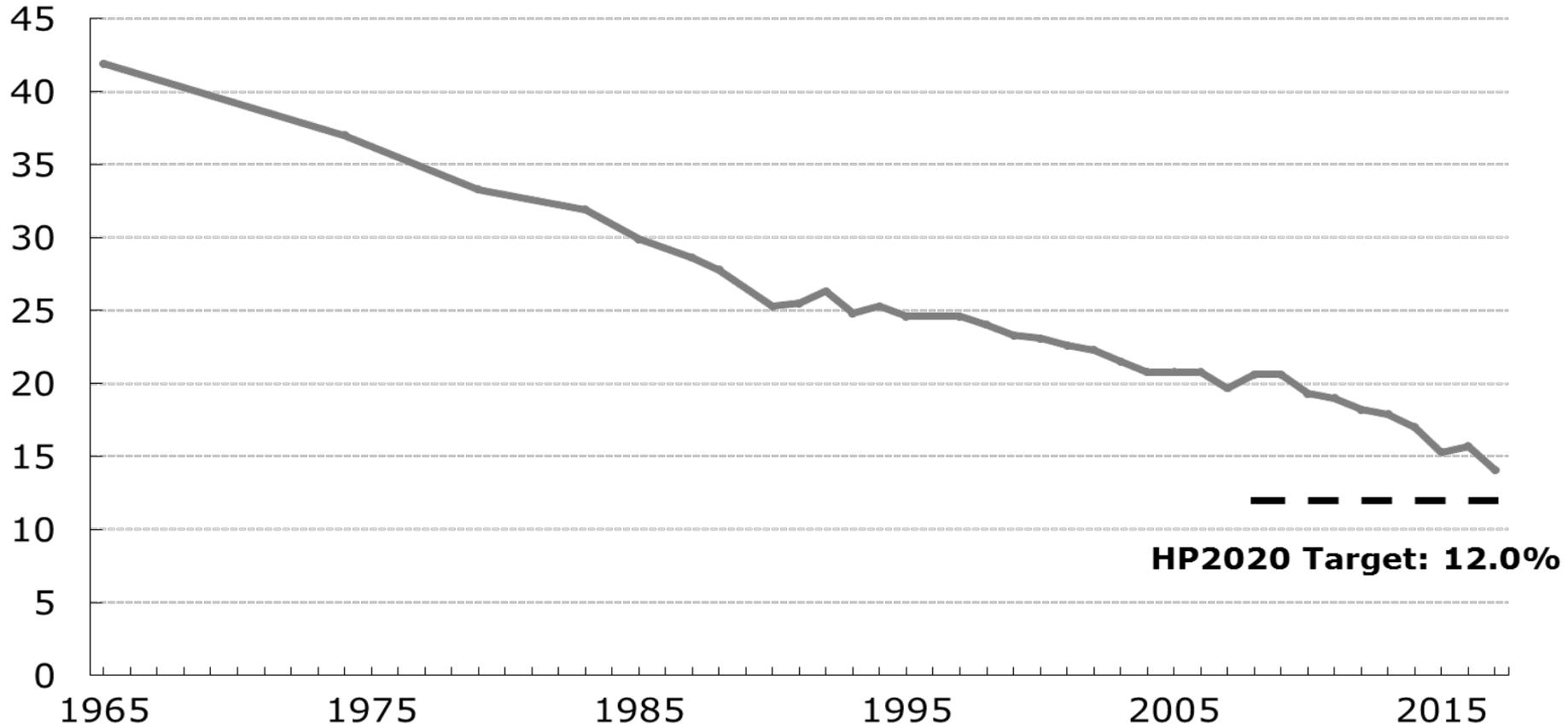


ODPHP

Office of Disease Prevention
and Health Promotion

Current Cigarette Smoking, Adults 18+ Years, 1965–2017

Percent



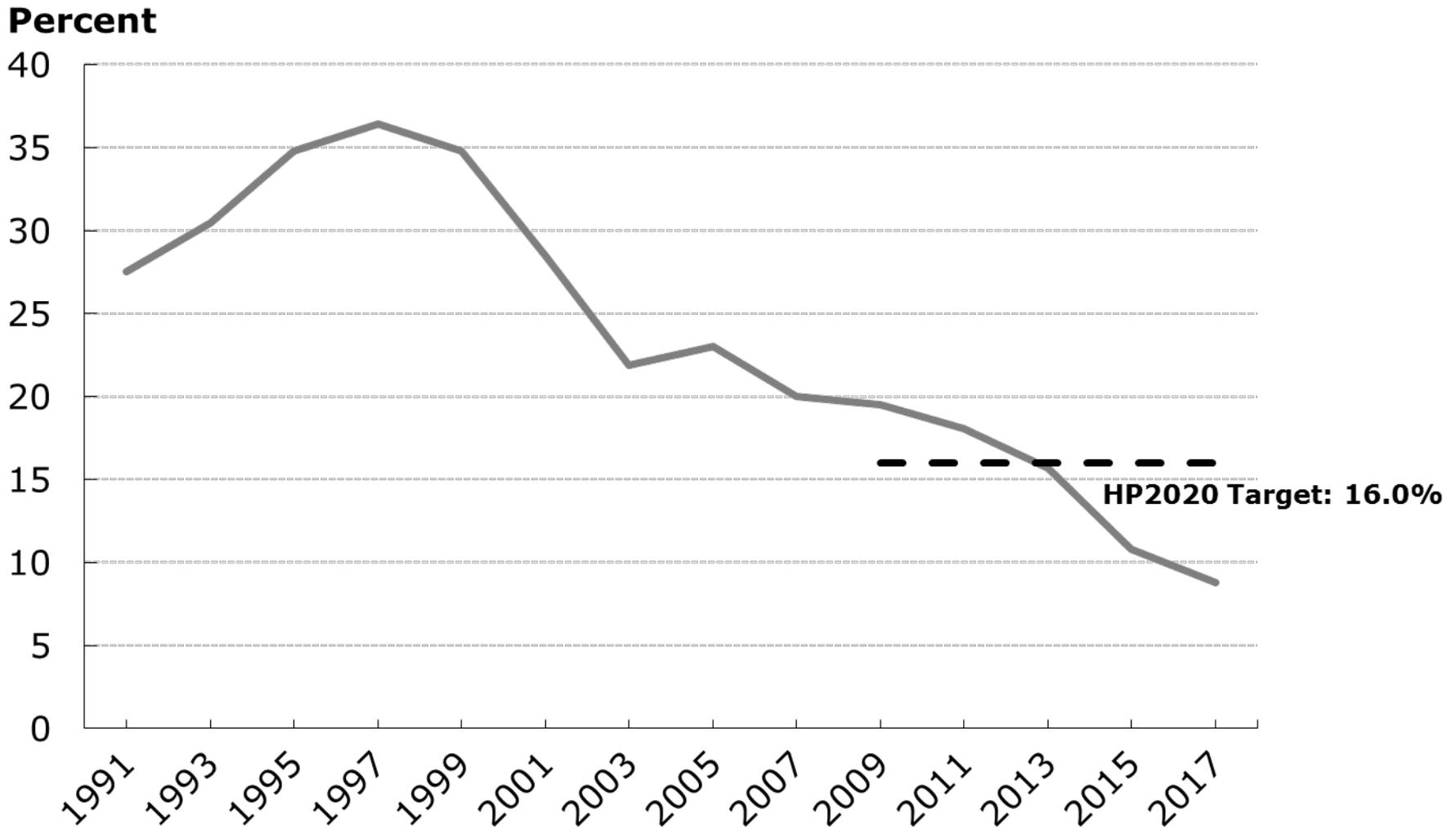
HP2020 Target: 12.0%

NOTES: Data are for adults 18+ who have smoked at least 100 cigarettes in their lifetime and currently report smoking every day or some days. Data are age adjusted to the 2000 standard population. Data prior to 1997 are not strictly comparable with data for later years due to the 1997 questionnaire redesign.

SOURCE: National Health Interview Survey (NHIS), CDC/NCHS.

Obj. TU-1.1
Decrease desired

Cigarette Smoking in Past Month, Students in Grades 9–12, 1991–2017



NOTES: Data are for students in grades 9–12 who smoked cigarettes on 1 or more of the 30 days preceding the survey.

Objs. TU-2.2
Decrease desired

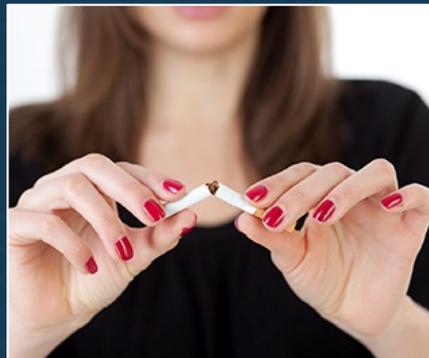
SOURCE: Youth Risk Behavior Surveillance System (YRBSS), CDC/NCHHSTP.

TOBACCO PREVENTION AND CONTROL IN THE UNITED STATES:

Where We've Been, Where We Are, and Where We're Headed

BRIAN A. KING, PHD, MPH | DEPUTY DIRECTOR FOR RESEARCH TRANSLATION

Healthy People 2020 Tobacco Use Leading Indicators Webinar • March 21, 2019 • 12 p.m.



Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Office on Smoking and Health



CDC'S OFFICE ON SMOKING AND HEALTH

The CDC is the lead federal agency for comprehensive tobacco prevention and control efforts

CDC's Office on Smoking and Health works to:



Prevent initiation of tobacco use among youth and young adults



Promote tobacco use cessation among adults and youth



Eliminate exposure to secondhand smoke



Identify and **eliminate** tobacco-related disparities

CDC's National Tobacco Control Program (NTCP) was developed to encourage coordinated, national efforts to reduce tobacco-related disease and death. CDC is the only federal agency that provides funding to help support all 50 states, 8 U.S. territories, and the District of Columbia's comprehensive tobacco control efforts.

CDC funds:

50

states and DC

12

tribal support organizations

8

U.S. territories

8

national networks representing populations most impacted

Tobacco use is the leading cause of preventable disease, disability, and death in the United States.



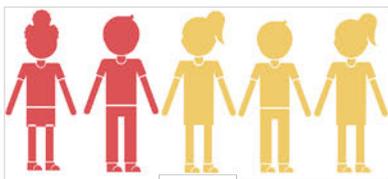
34M

An estimated **34.3 million** U.S. adults smoked in 2017.¹



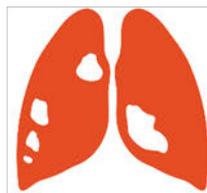
480,000

Cigarette smoking and secondhand smoke exposure kill about **480,000** people in the U.S. each year.¹



2 in 5

About **two in every five children** are exposed to secondhand smoke.³



1 vs. 30

For every one smoking-related death, **at least 30** people live with a serious smoking-related illness.^{2,4}



\$300B

Each year, cigarette smoking costs the US more than **\$300 billion**, including \$170 billion in direct medical costs and \$156 billion in lost productivity.^{2,4}

Sources:

1. Wang TW, Asman K, Gentzke AS, et al. Tobacco Product Use Among Adults — U.S., 2017. MMWR Morb Mortal Wkly Rep 2018;67:1225–1232. DOI: <http://dx.doi.org/10.15585/mmwr.mm6744a2>.
2. U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. (https://www.cdc.gov/tobacco/data_statistics/sgr/50th-anniversary/index.htm) Atlanta, 2014.
3. Tsai J, Homa DM, Gentzke AS, et al. Exposure to Secondhand Smoke Among Nonsmokers — U.S., 1988–2014. MMWR Morb Mortal Wkly Rep 2018;67:1342–1346. DOI: <http://dx.doi.org/10.15585/mmwr.mm6748a3>
4. Xu X, Bishop EE, Kennedy SM, Simpson SA, Pechacek TF. Annual healthcare spending attributable to cigarette smoking: an update. Am J Prev Med 2015; 48(3):326-33.

YOUTH AND TOBACCO USE

Youth use of tobacco in any form is unsafe.



If smoking continues at the current rate among youth in this country, **5.6 million of today's Americans younger than 18 will die early from a smoking-related illness.**¹



Nearly **9 out of 10** cigarette smokers first tried smoking by age 18, and 98% first try smoking by age 26.¹

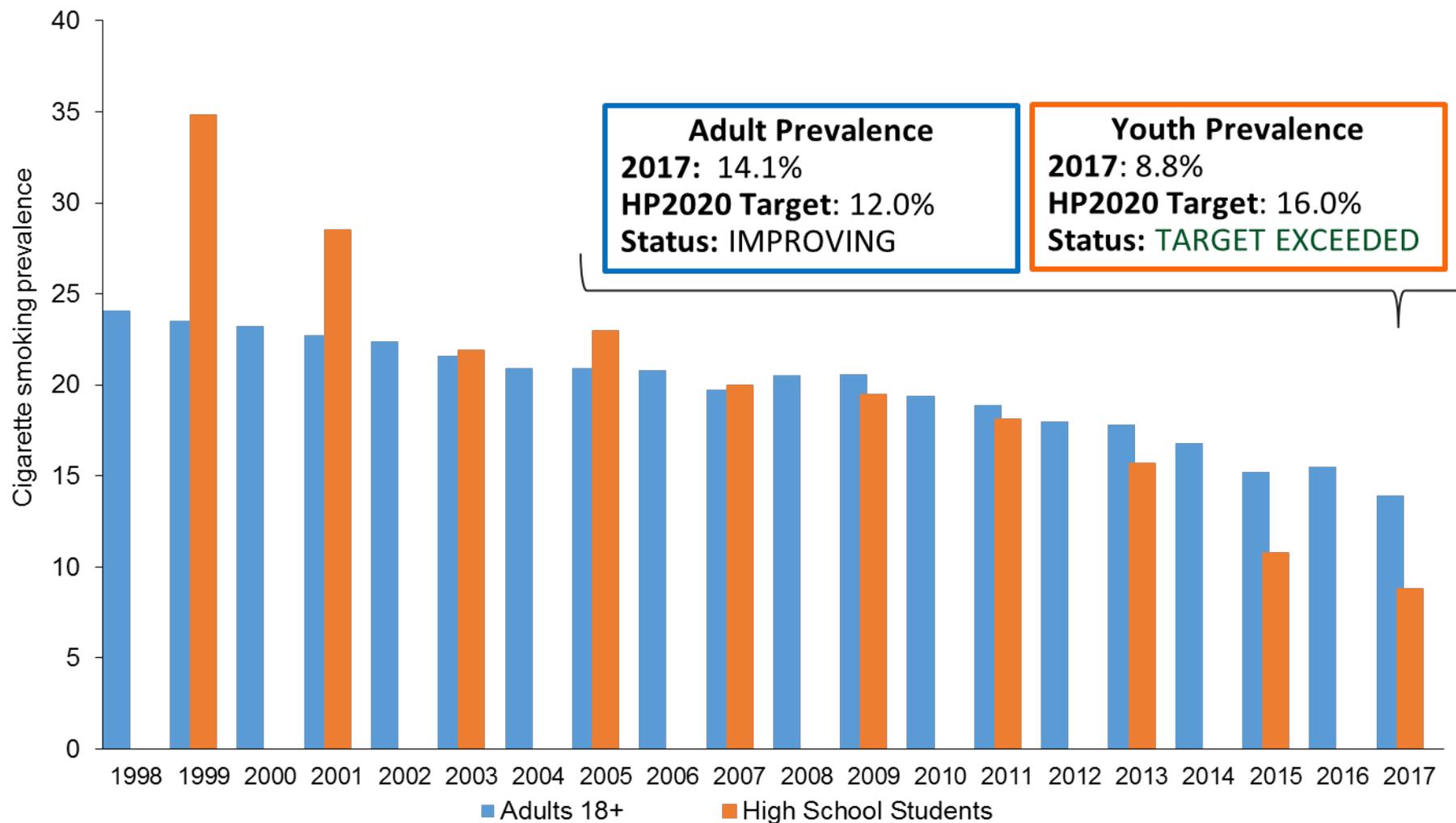


Each day in the United States, about **2,000 youth under 18 years of age** smoke their first cigarette, and more than 300 youth under 18 years of age become daily cigarette smokers.^{2,3}

Sources:

1. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta: HHS, CDC, NCCDPHP, OSH, 2014.
2. [2017 National Survey on Drug Use And Health: Detailed Tables External](#). Substance Abuse and Mental Health Data Archive [accessed 28 Feb 2019].
3. "Smoking and Kids" Fact Sheet. Washington, D.C.: Campaign for Tobacco-Free Kids, March 5, 2019. <https://www.tobaccofreekids.org/assets/factsheets/0001.pdf>

Good News: Cigarette Smoking Is Down



Sources: Adult cigarette smoking prevalence data are from the National Health Interview Survey.
High school cigarette smoking prevalence data are from the National Youth Risk Behavior Survey.

Bad News: Disparities Persist

Current cigarette smoking among U.S. Adults – 2017



Race/Ethnicity

24.0% American Indians/
Alaska Natives
15.2% White



Education Level

36.8% GED
4.1% Graduate
degree



Annual Household Income

21.4% <\$35,000
7.6% ≥\$100,000



Health Insurance Coverage

24.7% Uninsured
24.5% Medicaid
10.5% Private
8.7% Medicare



Disability/Limitation

20.7% Yes
13.3% No



Sexual Orientation

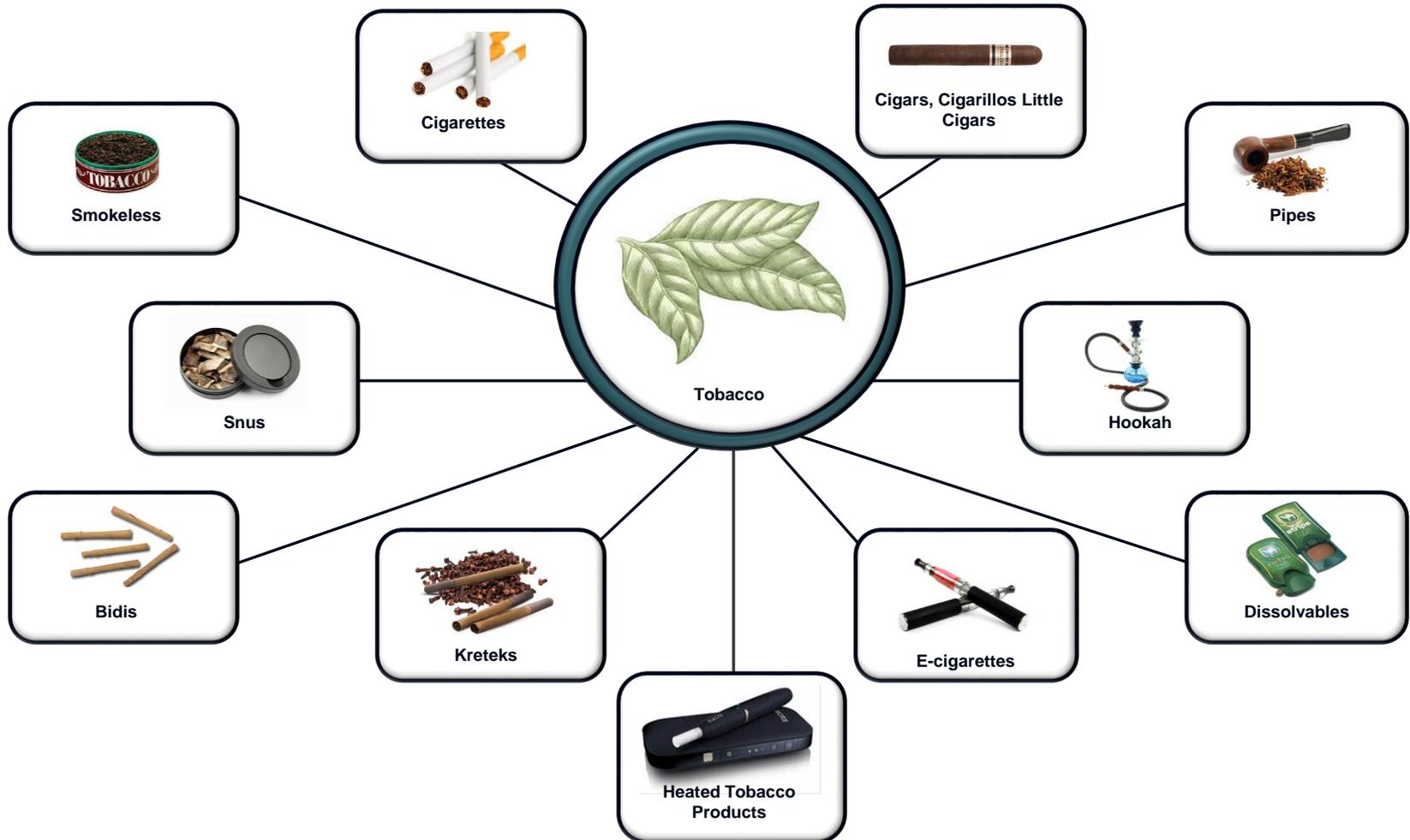
20.3% Lesbian/Gay/Bisexual
13.7% Heterosexual



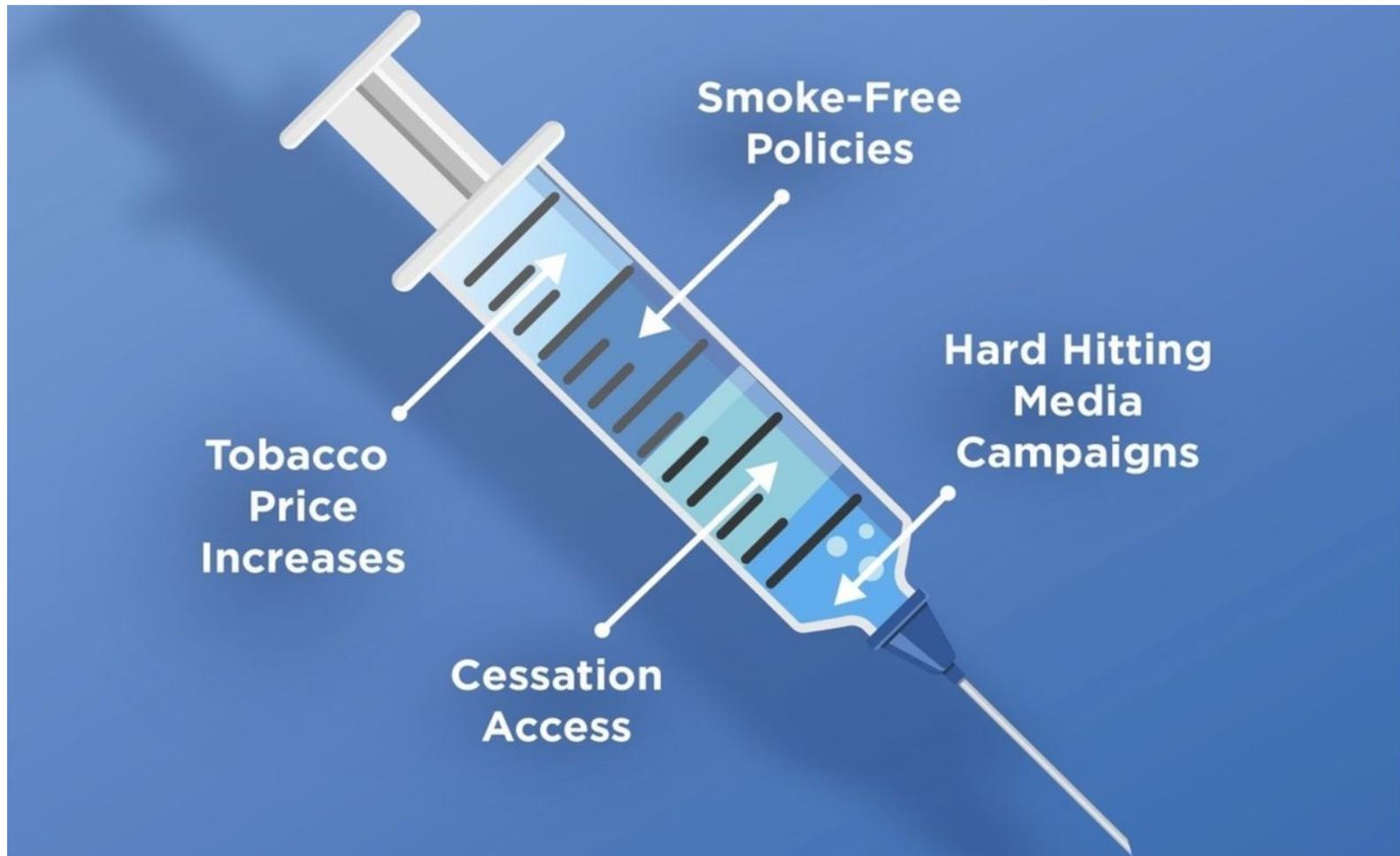
Serious Psychological Distress

35.2% Yes
13.2% No

The Tobacco Product Landscape Is Evolving

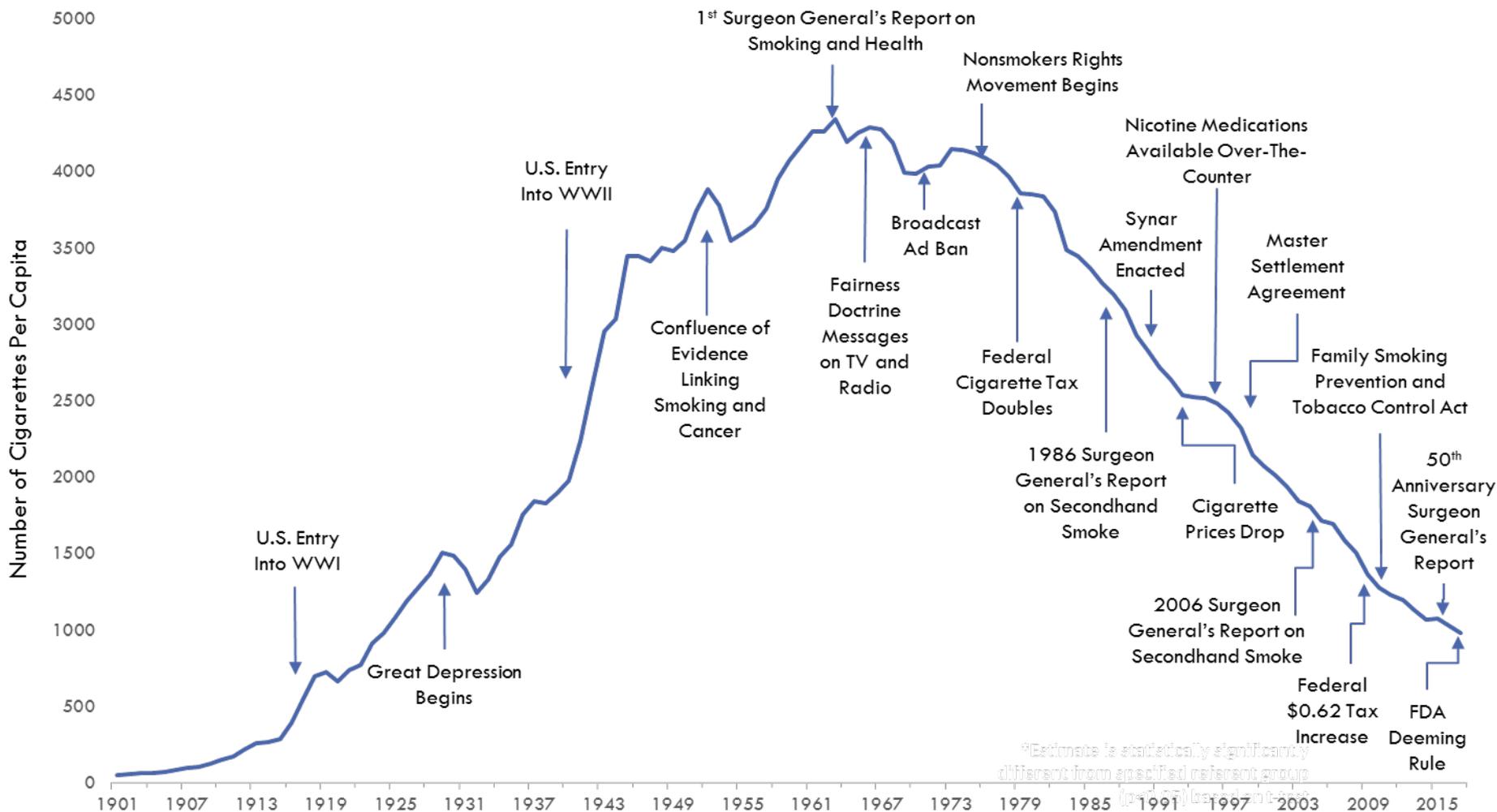


TOBACCO CONTROL VACCINE



Source: King BA, Graffunder C. The Tobacco Control Vaccine: a population-based framework for preventing tobacco-related disease and death. *Tobacco Control* 2018;27:123-124.

Adult Per Capita Cigarette Consumption and Major Smoking-and-Health Events—U.S., 1900–2017



Sources: Adapted from Warner 1985 with permission from Massachusetts Medical Society, © 1985; U.S. Department of Health and Human Services 1989; Creek et al. 1994; U.S. Department of Agriculture 2000; U.S. Census Bureau 2017; U.S. Department of the Treasury 2017.



Tobacco Control Vaccine Booster: Opportunities to Modernize Proven Interventions



Tobacco 21



**Smoke-free
Multiunit
Housing**



**Tobacco-free
College**



E-cigarettes



**Tobacco-free
Pharmacies**



e-Referrals



**Tobacco-free
Sports**



Digital Media



**Restrictions on
Flavors**



**Alternative
Pricing Policies**

A SMOKEFREE LIFESTYLE IS SOMETHING TO SMILE ABOUT.



Key Takeaways

1 Tobacco use is the leading cause of preventable disease, disability, and death.

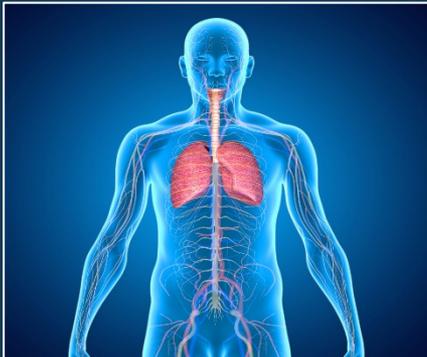
2 Most tobacco product use begins during adolescence.

3 Tobacco control has the luxury of over a half century of experience. We know what works.

4 The tobacco product landscape continues to diversify. We must modernize tobacco control strategies to adapt to these changes.



www.cdc.gov/tobacco



Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Office on Smoking and Health

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.





Molly Moilanen, MPP

Vice President

ClearWay MinnesotaSM



Laura Oliven, MPP

Tobacco Control Manager

Minnesota Department of Health

Minnesota's Tobacco Control Landscape

Comprehensive
Clean Indoor
Air

High Tobacco
Taxes

Local Policy
Authority



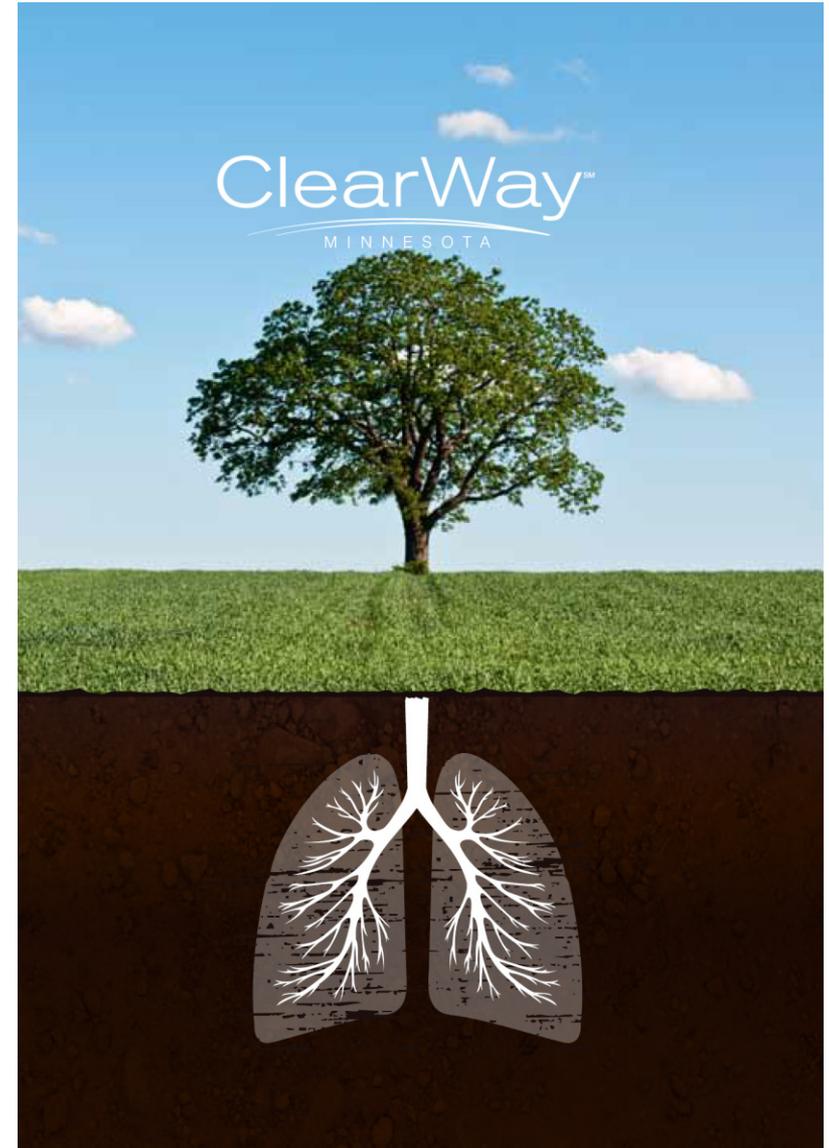


Minnesota's 2013 Tobacco Tax: A Success Story

Molly Moilanen
Vice President
ClearWay MinnesotaSM

About Us

- Established 1998
- Nonprofit
- \$202 million
- 25-year mission
- Reduce harm of tobacco



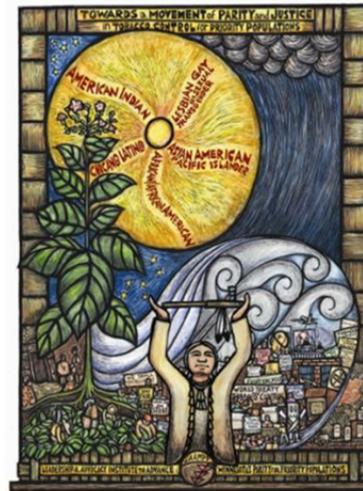
Our Programs



1-888-354-PLAN

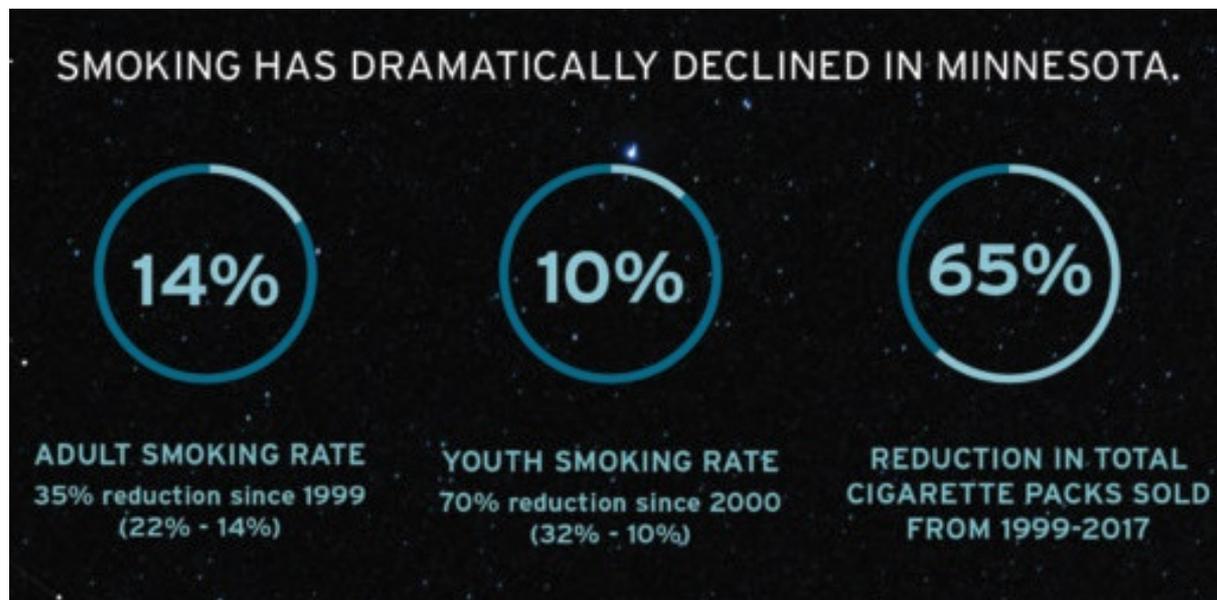
quitplan.com

- Cessation
- Priority Populations
- Mass Media
- Public Policy
- Research
- Partnerships



20-Year Smoking Impact

- 37.5% Decline in Adult Smoking Rate
- 70% Decline in Youth Smoking Rate
- 65% Decline Cigarette Pack Sales



20-Year Health Impact

REDUCING CIGARETTE SMOKING HAS SAVED LIVES.



4,560

cancers prevented



31,691

fewer hospitalizations for
cardiovascular disease and diabetes



12,881

fewer respiratory disease
hospitalizations



4,118

smoking-attributable
deaths prevented

Thanks to ClearWay Minnesota and our partners, thousands of Minnesota families have grandparents, parents, children, friends and coworkers who have been spared the death and disease caused by tobacco use.

20 YEARS

ClearWay
MINNESOTA

20-Year Economic Impact

REDUCING CIGARETTE SMOKING HAS SAVED MONEY.

**\$2.4
BILLION***

GAINED IN WORKER
PRODUCTIVITY



**\$2.7
BILLION***

LESS SPENT ON
MEDICAL CARE
(about \$484 per Minnesotan)

TOTAL = \$5.1 BILLION* (about \$914 per Minnesotan)
*All figures adjusted for inflation

The benefits of prevention and cessation accrue gradually, so these numbers will grow as people who quit or never started over the past 20 years live longer and enjoy better health.



20 YEARS

ClearWay
MINNESOTA

Success Story: 2013 Tobacco Tax Campaign

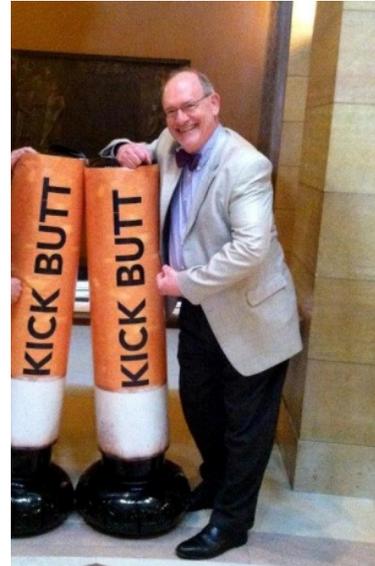


Reduce Tobacco's Harm in Minnesota



How We Did It

- Comprehensive Campaign:
 - Strong coalition, champions
 - Media (paid, earned & social)
 - Grassroots support
 - Direct lobbying
- Strong Messengers:
 - Priority populations
 - Youth

A vertical stack of five children's heads, from a toddler at the bottom to a young boy at the top, is positioned to the left of a lit cigarette. The cigarette is oriented vertically, with the filter at the top and the tip at the bottom. A green checkmark is next to the children's stack, and an empty square box is next to the cigarette.

Choose kids.

Raising the tobacco tax should be an easy choice for our leaders. A \$1.50 tobacco tax increase would prevent more than 47,000 Minnesota kids from becoming smokers. Research shows the more cigarettes cost, the less people smoke, especially kids. Let's choose to protect kids, not tobacco company profits.

LET'S RAISE THE TOBACCO TAX. LET'S RAISE IT FOR HEALTH.

Call **888-NOW-I-CAN** to tell Minnesota's leaders to choose kids.

A row of logos at the bottom of the advertisement, including the Minnesota state logo, the American Heart Association, the American Lung Association, the MN Department of Health logo, the ClearWay Minnesota logo, and the RAISE IT FOR HEALTH logo.

Signed into Law May 2013



Highest tobacco tax increase in state history and second-highest nationally.

Policy Highlights



Up \$1.60 + indexing



Closed "little cigar" loophole



Min. tax on moist snuff



Increased tax on OTPs



Tax on premium cigars

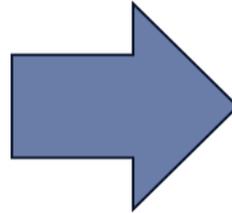


Revenue study

Minnesota's Tax Ranking

Cigarette excise tax

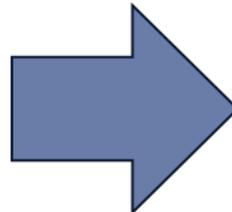
\$1.23



\$2.83
(\$3.04)

National ranking

28th



7th
(8th)

Governor's Support



Results: Biggest-Ever Drop in Youth & Adult Smoking Rates

Record Low Adult Smoking Rate*

- 14.4% (2014)
- Down from 16.1% (2010)

Significant Decline in Young-Adult Smoking (18-24 years)*

- 15.3% (2014)
- Down from 21.8% (2010)

Record Low High-School Smoking Rate**

- 10.6% (2014)
- Down from 18.1% (2011)

Sources: *= MATS, **= MYTS



Smokers' Response to 2013 Tax

Thought about quitting: 60.8%

Made a quit attempt: 44.2%

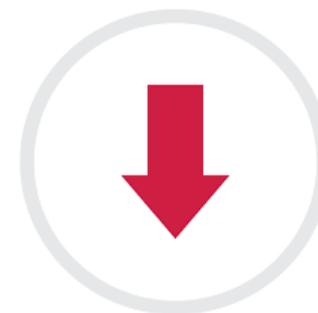
Cut down on cigarettes: 48.1%



**Smoking is expensive.
Quitting is FREE.**

FREE gum, patches & lozenges for eligible smokers.


QUITPLAN
quitplan.com



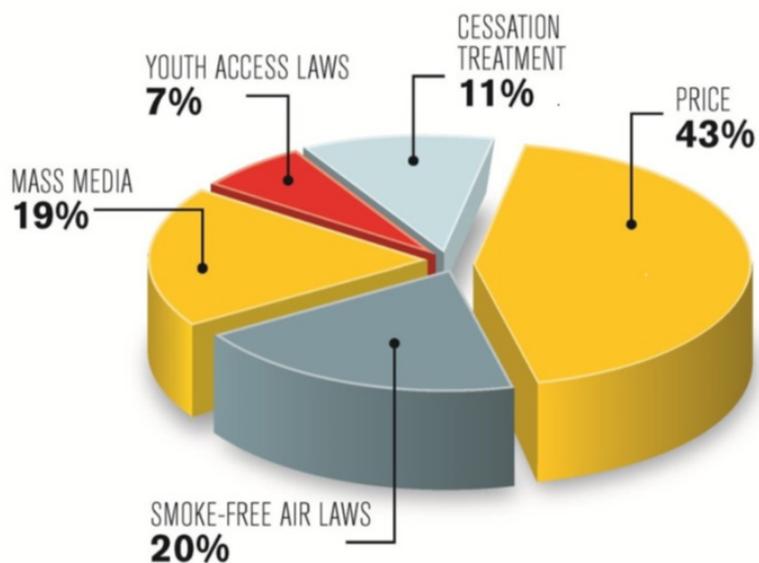
Results: Adults Quitting

The year after the 2013 tax increase,
**15 percent of smokers
successfully quit.**



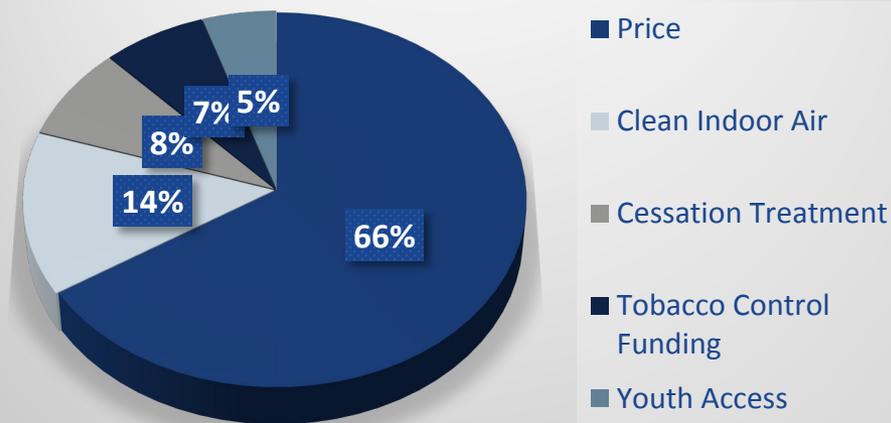
Results: Growing Impact of Price

SimSmoke 1



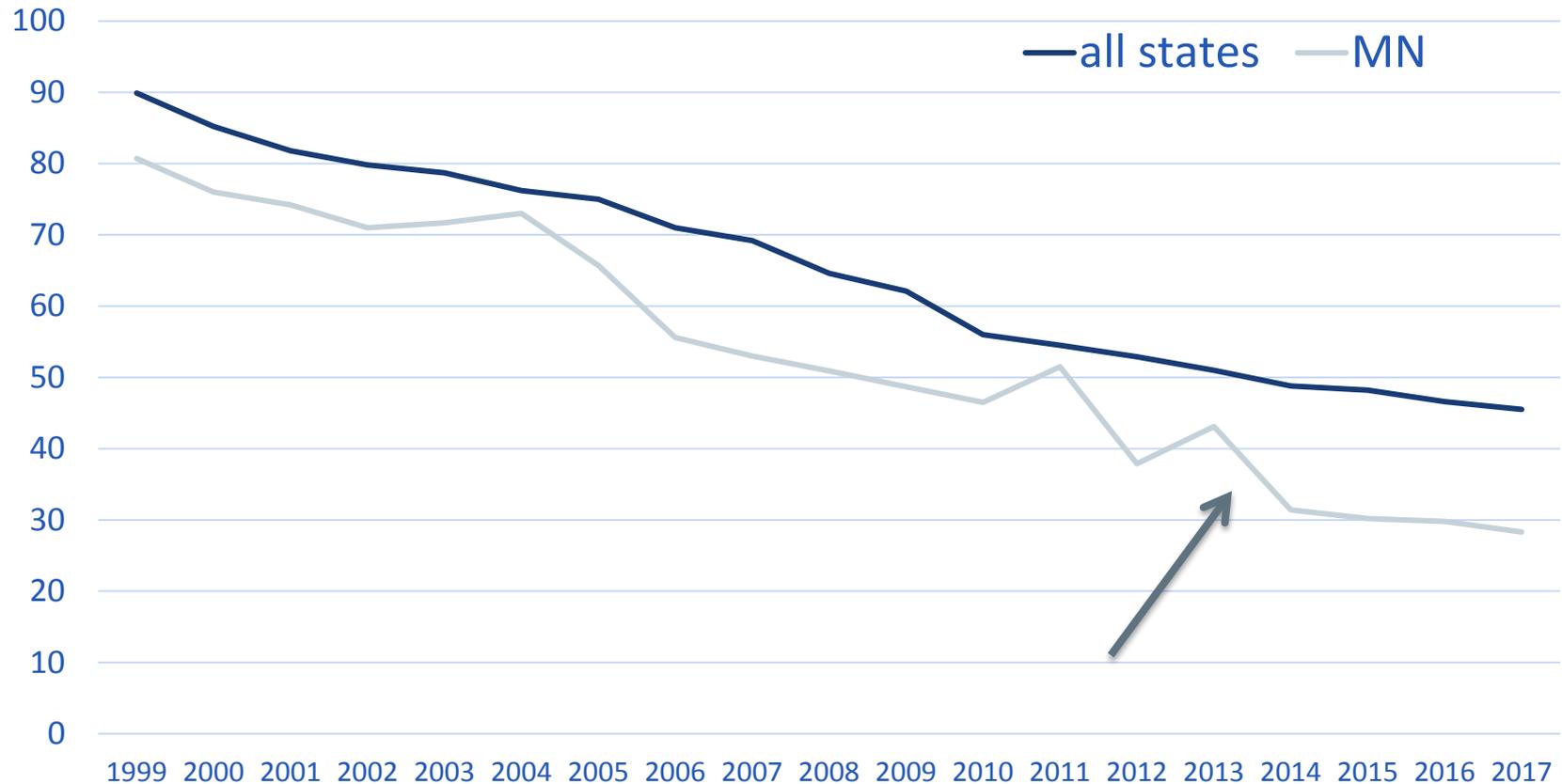
THE IMPACT OF INDIVIDUAL TOBACCO CONTROL PROGRAMS: 1993 TO 2011

SimSmoke 2



RELATIVE IMPACT OF POLICIES 1993 to 2017

65% Decline Cigarette Pack Sales



Source: Tax Burden Report, 2017

Despite Progress, Challenges Remain

- Tobacco use = leading cause of preventable death & disease
- Adult smoking rate stalled at 14%
- Youth tobacco use increased for the first time in a generation
- Major disparities remain
- ClearWay Minnesota ending by 2022





MINNESOTANS FOR A
**SMOKE-FREE
GENERATION**

Coalition Policy Priorities

- 1) Increase price
- 2) Fund prevention & cessation
- 3) Raise sales age to 21
- 4) Restrict sale of flavored products

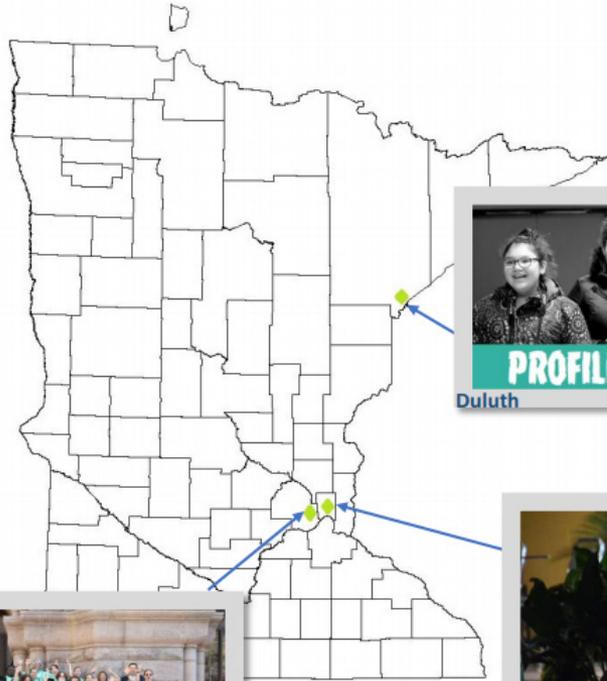


Local Leadership Continues

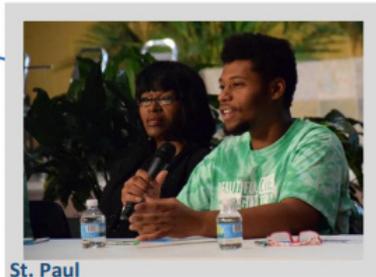
- 56 cities/counties prohibit e-cigarette use where smoking is banned.
- 23 cities and counties have passed Tobacco 21.
- Nine cities restrict the sales of flavored tobacco products.
 - Six of those cities restrict sales of **all** flavored tobacco products (including menthol) to adult-only stores.



Menthol



Duluth



St. Paul



Minneapolis

BEAUTIFUL LIE
UGLY TRUTH

ABOUT MENTHOL TOBACCO



**“I don’t believe the lie
the tobacco companies
try to sell me.”**

The truth is: 44 percent of
Minnesota high school students
who smoke use menthol.

www.BeautifulLieUglyTruth.org



State Efforts to Address Youth Tobacco Use

Laura Oliven | Tobacco Control Manager

Comprehensive Tobacco Control

Components of a Comprehensive Program

State and Community Interventions

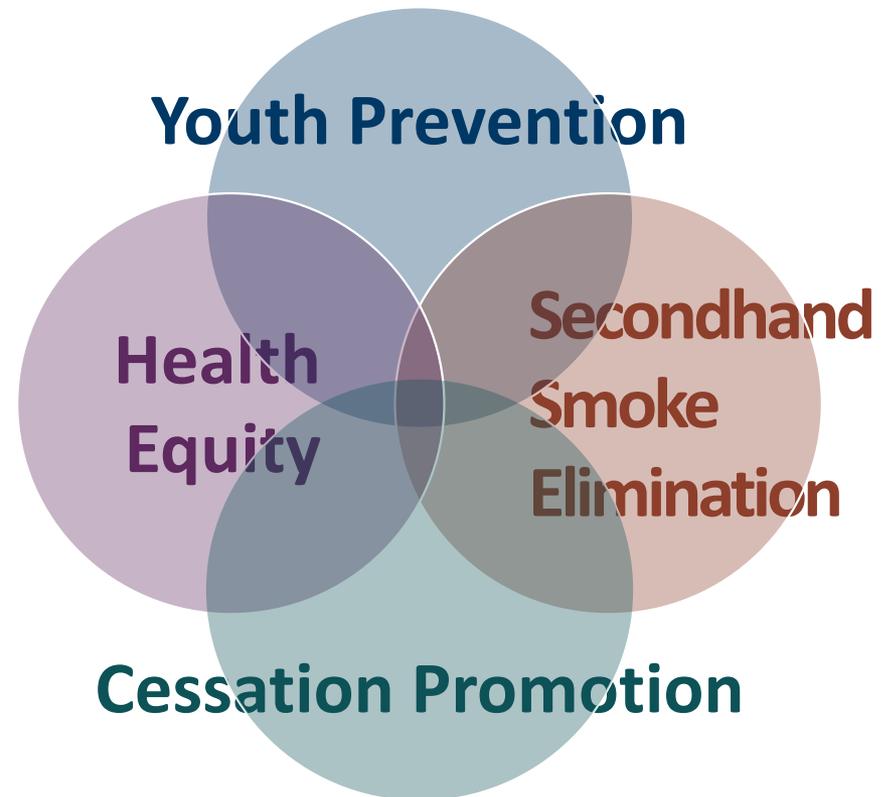
Cessation Interventions

Mass-Reach Health Communications

Surveillance and Evaluation

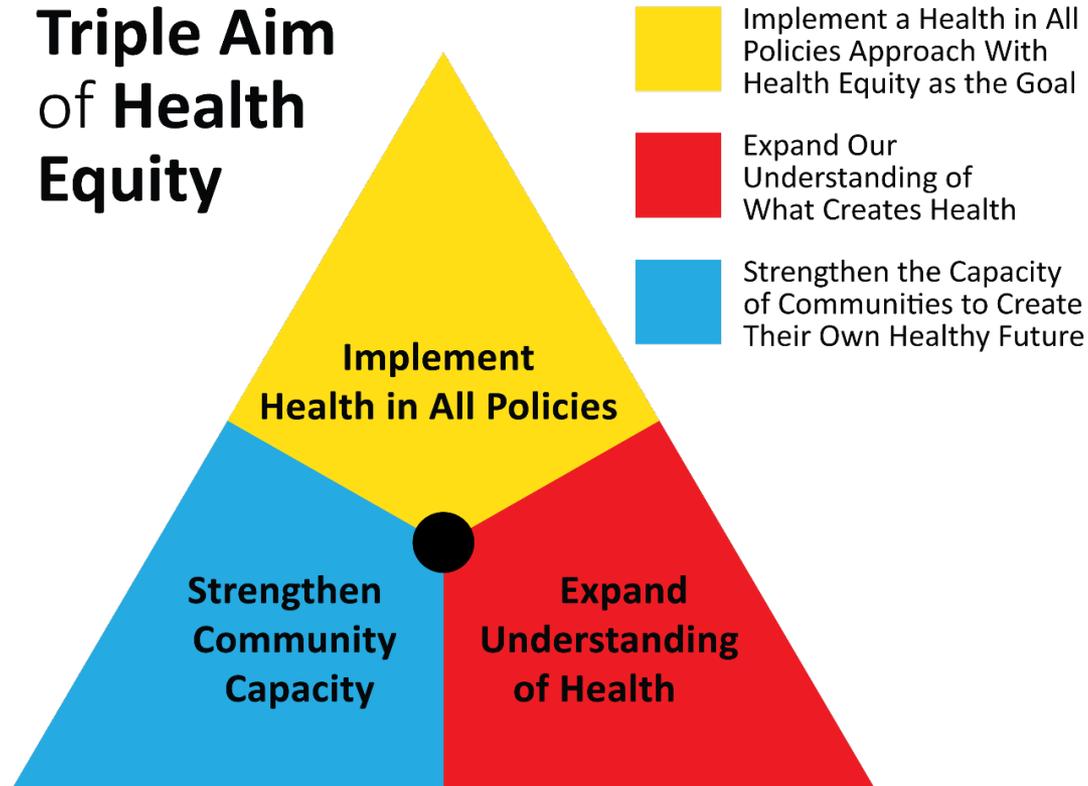
Infrastructure, Administration, and Management

Program Goals



Minnesota's Approach to Equity and Tobacco Control

Triple Aim of Health Equity



Grantee Networks



Statewide Health
Improvement Partnership
(SHIP)

Tobacco-Free
Communities Grant
Program (TFC)

Tribal Grants

Extensive Technical Assistance and Training

Policy, systems,
and environmental
change process

Community
Outreach and
Education

Retailer mapping
and store
assessment

Organizational
capacity building
and skill
development

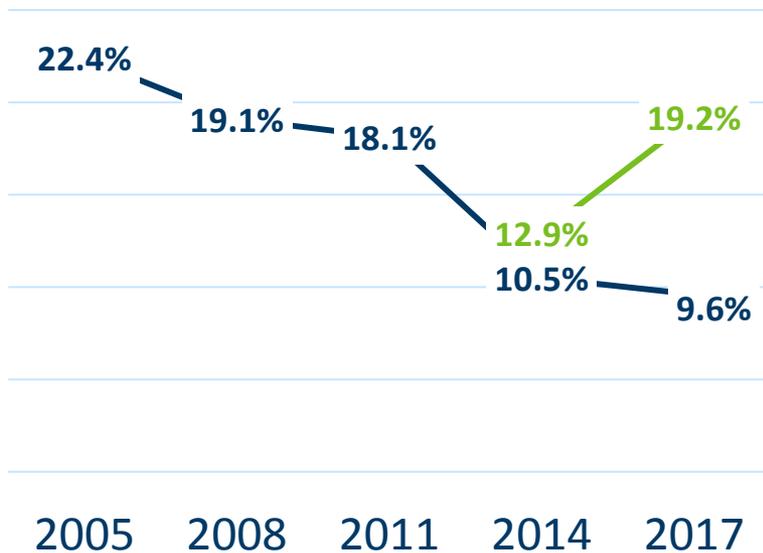
Protecting youth by reducing access to tobacco and industry marketing



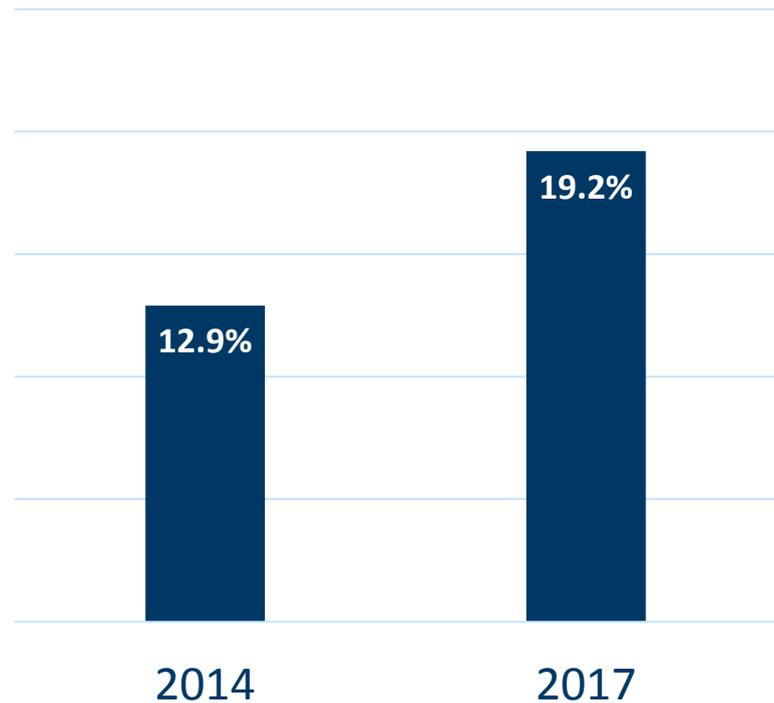
Youth Tobacco Use

Percent of high school students who used various tobacco products in the past 30 days, by type of product: 2005-2017

—cigarettes —e-cigarettes



Percent of high school students who used e-cigarettes in past 30 days



A Changing Risk Environment

High concentration of nicotine and new nicotine salt technology

Unfettered marketing on social media

Fruit and other flavors

Widespread availability where kids shop



Increased Risk of Smoking

4x greater odds
of smoking

Nicotine Advisory



Health Advisory

NICOTINE AND THE ESCALATING RISK OF ADDICTION FOR YOUTH

October 8, 2018

Youth e-cigarette use has risen dramatically in Minnesota in the last three years, with an almost 50 percent increase in high school student e-cigarette use since 2014.¹ This is a major public health concern. Youth use of nicotine increases their risk of addiction, and can make them more susceptible to addiction to tobacco products and other substances in the future. The Minnesota Department of Health recommends immediate action requiring the participation of parents, educators, health care providers, and policy makers.

Nicotine primes the adolescent brain for addiction.

Addiction is a form of learning, where the brain learns to connect a stimulus (for example, smoking a cigarette or e-cigarette) with a response (feelings of pleasure and calming of cravings).² Each time a new skill or memory is learned, stronger connections – or synapses – are built between brain cells. Young people build synapses faster than adults. Nicotine changes the way these synapses are formed. **Youth exposed to nicotine are at higher risk for addiction than are adults because youth brains are still forming and making permanent connections.**^{3,4,5} Studies show that symptoms of nicotine addiction can appear among youth within only a few days or weeks after smoking initiation.^{6,7} The use of nicotine in e-cigarettes—nearly all of which contain nicotine^{8,9,10}—and other tobacco products primes the adolescent brain for addiction. This could have significant public health consequences, including potentially increasing the risk for youth of future addiction.²

Youth who are exposed to nicotine are more likely to use other substances.

Receptors in the brain are stimulated by exposure to nicotine, which triggers a rewarding effect on the brain. These receptors respond to and enhance the effects of nicotine and other drugs. The more adolescents are exposed to nicotine, the greater the sense of enjoyment because the effects of nicotine and other drugs are made stronger by repeated exposure. This effect increases the likelihood that youth will develop a dependence on those drugs.^{3,4,11} For example, studies have found that young adults who smoke cigarettes or who use e-cigarettes are much more likely to binge drink than non-smokers.^{11,12} More recent studies have identified similar patterns between use of nicotine and use of other drugs, including marijuana, cocaine, and methamphetamines.^{13,14,15,16,17,18,19,20}

New e-cigarette technologies pose greater risks for youth.

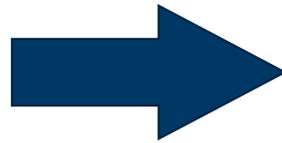
Popular e-cigarettes like JUUL have developed new technologies utilizing nicotine salts that are absorbed into the body more effectively and come in record-high levels of nicotine. According to the

Highlights the damaging health consequences to young brains

Warns that early nicotine exposure increases susceptibility to long-term addiction

Includes action steps for parents, health care providers, school staff, and policy makers

School Outreach



Letter to
Minnesota
Schools

Toolkit for
School
Staff



Addressing Student Use of E-cigarettes and other Vaping Products

For the first time since 2000, overall youth tobacco use has increased in Minnesota. The rapid uptake of e-cigarettes and other vaping devices has suddenly reversed a trend of declining teen tobacco use in Minnesota, and recent data show one in five high school students use e-cigarettes, a nearly 50 percent increase since 2014.

This toolkit provides tools and resources for Minnesota school staff, including administrators, educators, teachers and health services staff, who are working to address the use of e-cigarettes and other vaping products in schools. This toolkit outlines opportunities for action that can be taken by various school staff, along with resources and tools to help.

E-cigarettes and other Vaping Products

E-cigarettes are battery-powered devices that allow users to inhale, or vape, aerosolized liquid (e-juice). E-cigarettes, "vapes", vape or hookah pens, e-pipes, and other vaping products recently surpassed conventional cigarettes as the most commonly used tobacco product among youth¹⁾ so it is critical that public health officials and the general public understand the potential risks of using them.

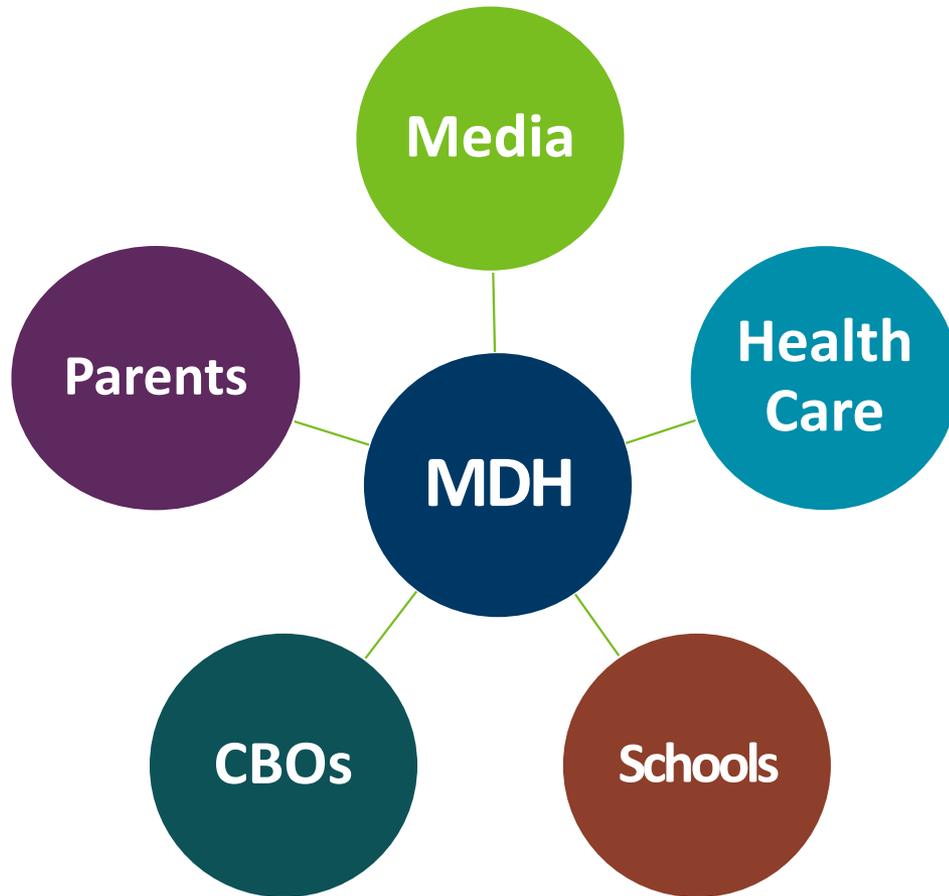


Usually all e-cigarettes contain nicotine.²⁾ Nicotine is highly addictive and can harm the developing adolescent brain.³⁻⁵⁾ Because the brain is still developing until about age 25, youth and young adult exposure to nicotine can lead to addiction and disrupt attention and learning.⁶⁾ No amount of nicotine is safe for youth.

Learn more about e-cigarettes and nicotine

- [Health Risks of Nicotine for Youth](#) – Minnesota Department of Health
- [E-cigarettes and other Vaping Products](#) – Minnesota Department of Health
- [Factsheet: Youth Tobacco Use Rises for First Time in 17 Years \(PDF\)](#) – Minnesota Department of Health
- [E-Cigs 2.0: The Next Generation \(PDF\)](#) – Association for Non smokers – Minnesota

Activating Partners



Grantee and Partner Toolkit

- Talking points
- Data highlights
- Q&A
- Sample communications
- Key resources

Media Push



4 PSA's messaged to parents

- **Dangers of nicotine:** talk to your kids
- **Products like JUUL:** be aware of devices kids use
- **Industry targeting:** be aware of how your kids are targeted
- **Dangers of nicotine:** set an example by not using

Available at
[youtube.com/user/MNDeptofHealth](https://www.youtube.com/user/MNDeptofHealth)



Local Leadership

56 communities prohibit e-cigarette use where smoking is banned.

23 communities have passed Tobacco 21.

Nine cities restrict the sales of flavored tobacco products.

- Six of those cities restrict sales of **all** flavored tobacco products (including menthol) to adult-only stores.



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Short Term

- Media Reach and Web Traffic
- Feedback from Partners and Grantees

Long Term

- 2019 Minnesota Student Survey
- 2020 Minnesota Youth Tobacco Survey

health.mn.gov/tobacco

Roundtable Discussion



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