Healthy People 2020: Who’s Leading the Leading Health Indicators?
“Who’s Leading the Leading Health Indicators?”

- 11th installment of the monthly series, “Who’s Leading the Leading Health Indicators?”
- Highlight organizations using evidence-based approaches to address one of the Healthy People 2020 Leading Health Indicator (LHI) topics.
Webinar Participants

- Howard K. Koh, MD, MPH
  Assistant Secretary for Health, HHS

- Edward Sondik, PhD
  Director, National Center for Health Statistics, HHS

- Kirsten Aird, MPH
  Senior Policy Analyst, Oregon Public Health Division

- Tim McAfee, MD, MPH (Panelist)
  Director, Office on Smoking and Health, HHS
What are the Leading Health Indicators (LHIs)?

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.
The Tobacco Leading Health Indicators are:

- Adults who are current cigarette smokers
- Adolescents who smoked cigarettes in the past 30 days
Impact & Context: Tobacco

- Leading cause of premature and preventable death in our nation.
- Each day, tobacco use costs the United States:
  - 1,200 lives
  - $260 million in direct medical spending
  - $270 million in lost productivity
Causes of Death:
Tobacco

About 443,000 U.S. Deaths Attributable Each Year to Cigarette Smoking*

- Lung Cancer: 128,900 (29%)
- Ischemic Heart Disease: 126,000 (28%)
- Chronic Obstructive Pulmonary Disease: 92,900 (21%)
- Other Diagnoses: 44,000 (10%)
- Stroke: 15,900 (4%)
- Other Cancers: 35,300 (8%)
Current Cigarette Smoking Among Adults Aged 18 Years and Over, 1965-2011

Notes: Data are for persons who have smoked at least 100 cigarettes in lifetime and currently report smoking everyday 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.

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Current Cigarette Smoking Among Adults Aged 18 Years and Over by Sex, 1965-2011

Notes: Data are for persons who have smoked at least 100 cigarettes in lifetime and currently report smoking everyday 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.
Current Cigarette Smoking Among Adults Aged 18 Years and Over by Race/Ethnicity, 2011

Notes: Data are for persons who have smoked at least 100 cigarettes in lifetime and currently report smoking everyday or some days. Black and White exclude persons of Hispanic origin. Persons of Hispanic origin may be any race. American Indian includes Alaska Native. Respondents were asked to select one or more races. Data for the single race categories shown are for persons who reported only one racial group. Data are age adjusted to the 2000 standard population.

Source: National Health Interview Survey (NHIS), CDC/NCHS.
Leading Health Indicators: Tobacco
Reducing tobacco use in Oregon

November 20, 2012

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Senior Policy Analyst
Oregon Public Health Division, Health Promotion and Chronic Disease Prevention Section
Oregon’s Tobacco Prevention Program

- Funded in 1996 by a ballot measure, which:
  - Raised the tax on cigarettes; and
  - Dedicated 10 percent to tobacco prevention and education.

- Comprehensive approach
  - “Experiencing” the message in multiple ways changes behavior

- 3 primary goals
  - Keep kids from starting to tobacco
  - Protect people from secondhand smoke
  - Help people quit tobacco
Tobacco Prevention and Education Program Initiatives

- Monitoring and tracking tobacco use and policies
- Environmental strategies to protect people from exposure and access to tobacco
- Offer support to quit tobacco
- Awareness and education messages warn of the dangers of tobacco
- Minimize exposure of tobacco advertising and promotion
- Maintain a sustainable, evidence-based tobacco prevention and education program
Examples of program components

- **Monitoring tobacco use and policies:** Collecting data from the Department of Revenue on the sale of cigarettes to monitor consumption.
- **Protecting people from secondhand smoke:** Oregon implements a statewide comprehensive smoke free workplace law with few exemptions.
- **Help to Quit access and promotion:** The Oregon Tobacco Quit Line provides free counseling and medicine to help smokers quit.
- **Public awareness and education:** TPEP coordinates statewide educational campaigns through broadcast, print, online, and outdoor media to counter tobacco industry marketing and motivate people to quit.
- **Community programs:** County health departments and tribal tobacco prevention and education programs engage partners and leaders at the community level to reduce tobacco use through environmental changes.
Smoking among Oregon adults by social determinants of health, 2011

- High school: 28%
- College grad: 7%
- HH income <$15K: 33%
- HH income $15K+: 10%
- Medicaid insurance: 31%
- Other health: 14%
Intention to Quit Smoking by SES, Oregon, 2007

Not Low SES
- Do not want to quit: 19%
- Plan to quit in 6 months: 46%
- Plan to quit in 30 days: 36%

Low SES
- Do not want to quit: 25%
- Plan to quit in 6 months: 36%
- Plan to quit in 30 days: 40%

Oregon BRFSS 2007
Tobacco Control Integration Project (TCIP)

What the Tobacco Prevention and Education Program (TPEP) knows about tobacco control

+ What Oregon’s health and social services agencies know about their clients and workforce
TCIP 2-Year Goals

• To increase 100% tobacco-free or smokefree policies in facilities serving clients

• To increase policies requiring promotion of, access to and delivery of cessation resources to clients and employees

• To implement a hard hitting counter-advertising campaign targeted to people struggling to get by

• To raise the price of tobacco by 10%
TCIP Guiding Principles

1. Tobacco control projects arise from within each division and are guided by people within that division.

2. TCIP's priorities are to implement systems, procedures, and policies that assist employees and populations served by these agencies in reducing tobacco use.

3. TCIP Steering Committee members share information and lessons learned, with each other and throughout DHS/OHA.
Tobacco Control Integration Project Model

**Tobacco-use reduction policy**
- Cessation resources
- Tobacco free campus

**Partnerships**
- Authority
- Buy in
- Leadership
- Access
- Direction

**Point of accessed services**
- Client service centers
- Field offices
- Contracted facilities

DHS
Oregon Department of Human Services

TOBACCO FREE OREGON

Oregon Health Authority
Tobacco Freedom Activities

- Quit line buttons on health and social service websites
- Peer-to-peer tobacco dependence recovery training and materials for Peer Specialist and care services staff
- Art contest for the art work of the tobacco-free signs
- Community drop-in centers providing tobacco cessation groups
Tobacco Freedom Policy Outcomes

Success from early adopters:

- Engaged residents and staff in policy implementation from the beginning and increased cooperation from staff and residents
- Collaborated with local county tobacco prevention and education programs
- Developed champions from residents who were successful at quitting tobacco
Tobacco Freedom Policy Outcomes

- Created an environment focused on wellness
- Facility staff made sure the residents providers knew about the policy and planned ahead for NRT.
- Counseling sessions were scheduled daily for residents to stop by and talk about their challenges
Per capita cigarette pack sales, Oregon vs. rest of U.S., FY 1993–2011

- Oregonians pass Measure 44, raising the tobacco tax and funding the Tobacco Prevention and Education Program (TPEP)
- TPEP shut down for six months and restarted with funding cut by 60%
- TPEP funding restored to voter-approved Measure 44 level

Orzechowski and Walker (2011) The Tax Burden on Tobacco
Contact Information

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Tobacco Freedom website and resources for consumers, facilities and providers:
Roundtable Discussion

Please take a moment to fill out our brief survey.
Cigarette Use in Past Month Among Students in Grades 9-12, 1991-2011

Percent

1991 1993 1995 1997 1999 2001 2003 2005 2007 2009 2011

HP2020 Target: 16.0

Note: Cigarette use is defined as using cigarettes on 1 or more of the 30 days.
Source: Youth Risk Behavior Surveillance System (YRBSS), CDC/NCCDPHP
Cigarette Use in Past Month Among Students in Grades 9-12 by Grade, 2011

Note: Cigarette use is defined as using cigarettes on 1 or more of the 30 days.
Source: Youth Risk Behavior Surveillance System (YRBSS), CDC/NCCDPHP

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Immediate impact of a comprehensive approach: youth and adult smoking rates in NYC

Source: BRFSS 1993 – 2001; NYC Community Health Survey 2002 – 2010; and NYC YRBS 2001 - 2010
Combustible Tobacco Consumption 2000-2011

Source: Authors calculations from: CDC. Consumption of Cigarettes and Combustible Tobacco — United States, 2000–2011. MMWR. August 3, 2012 / 61(30);565-569
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