

# Welcome!

Office for State, Tribal, Local and Territorial Support  
presents...



## *CDC Vital Signs:* Adult Smoking in the U.S.

September 13, 2011  
2:00pm – 3:00pm EST



Centers for Disease Control and Prevention  
Office for State, Tribal, Local and Territorial Support

# Agenda

2:00 pm	Welcome & Introduction	Greg Holzman, MD, MPH Deputy Director, OSTLTS, CDC
2:02 pm	Speaker	Mamie Jennings Mabery, MA, MLn
	Introductions	Knowledge Management Branch, OSTLTS
2:04 pm	<i>Vital Signs</i> Overview	Terry F. Pechacek, PhD Associate Director for Science, Office on Smoking and Health, CDC
2:10 pm	Presentations	Jeffrey Willett, PhD Research Scientist, New York State Department of Health Director, New York Tobacco Control Program
		Karen DeLeeuw, MSW Director, Center for Healthy Living and Chronic Disease Prevention, Colorado Department of Public Health and Environment
2:30 pm	Q&A and Discussion	Mamie Jennings Mabery, MA, MLn
2:55 pm	Wrap – up	Greg Holzman, MD, MPH
3:00 pm	End of call	



**CDC VitalSigns™ Teleconference**  
**to support STLT efforts and build momentum around the monthly release of CDC *Vital Signs***





**Terry F. Pechacek, PhD**  
*Associate Director for Science*  
**CDC's Office on Smoking and Health**

# Key Messages

- ❑ An overall decrease in adult smoking prevalence
- ❑ Change has not been consistent year-to-year
- ❑ Comprehensive tobacco control programs could accelerate decline

Morbidity and Mortality Weekly Report

Vital Signs: Current Cigarette Smoking Among Adults Aged ≥18 Years—United States, 2005–2010

On September 6, 2011, this report was posted as an MMWR Early Release on the MMWR website (<http://www.cdc.gov/mmwr>).

Abstract

**Vital signs™**  
September 2011

**1 in 5**  
Nearly 1 in 5 adults (45.3 million) smokes. Among all adults, smoking declined from 20.9% in 2005 to 19.3% in 2010.

**8%**  
Smokers are smoking less. Among adult daily smokers, the percentage who smoke 30 or more cigarettes per day dropped from 43% in 2005 to 8% in 2010.

**50%**  
Half of adults who continue to smoke will die from smoking-related causes.

**Adult Smoking in the US**

Tobacco use remains the single largest preventable cause of disease, disability, and death in the US. Some people who smoke every day are smoking fewer cigarettes; however, even occasional smoking causes harm. The percentage of American adults who smoke decreased from 20.9% in 2005 to 19.3% in 2010. That translates to 3 million fewer smokers than there would have been with no decline. But almost 1 in 5 adults still smoke. Reducing tobacco use is a winnable battle—a public health priority with known, effective actions for success. A combination of smoke-free laws, cigarette price increases, access to proven quitting treatments and services, and hard-hitting media campaigns reduces health care costs and saves lives.

→ See page 4

Want to learn more? Visit <http://www.cdc.gov/vitalsigns>

National Center for Chronic Disease Prevention and Health Promotion  
Office on Smoking and Health



# **Tobacco Use is the Single Largest Preventable Cause of Death and Disease in the United States**

- ❑ **Health consequences of tobacco use**
  - Heart disease
  - Multiple types of cancer
  - Pulmonary disease
  - Adverse reproductive effect
  - Chronic health conditions
- ❑ **443,000 Americans die each year**
- ❑ **Smoking costs United States \$193 billion in medical expenses and lost productivity**

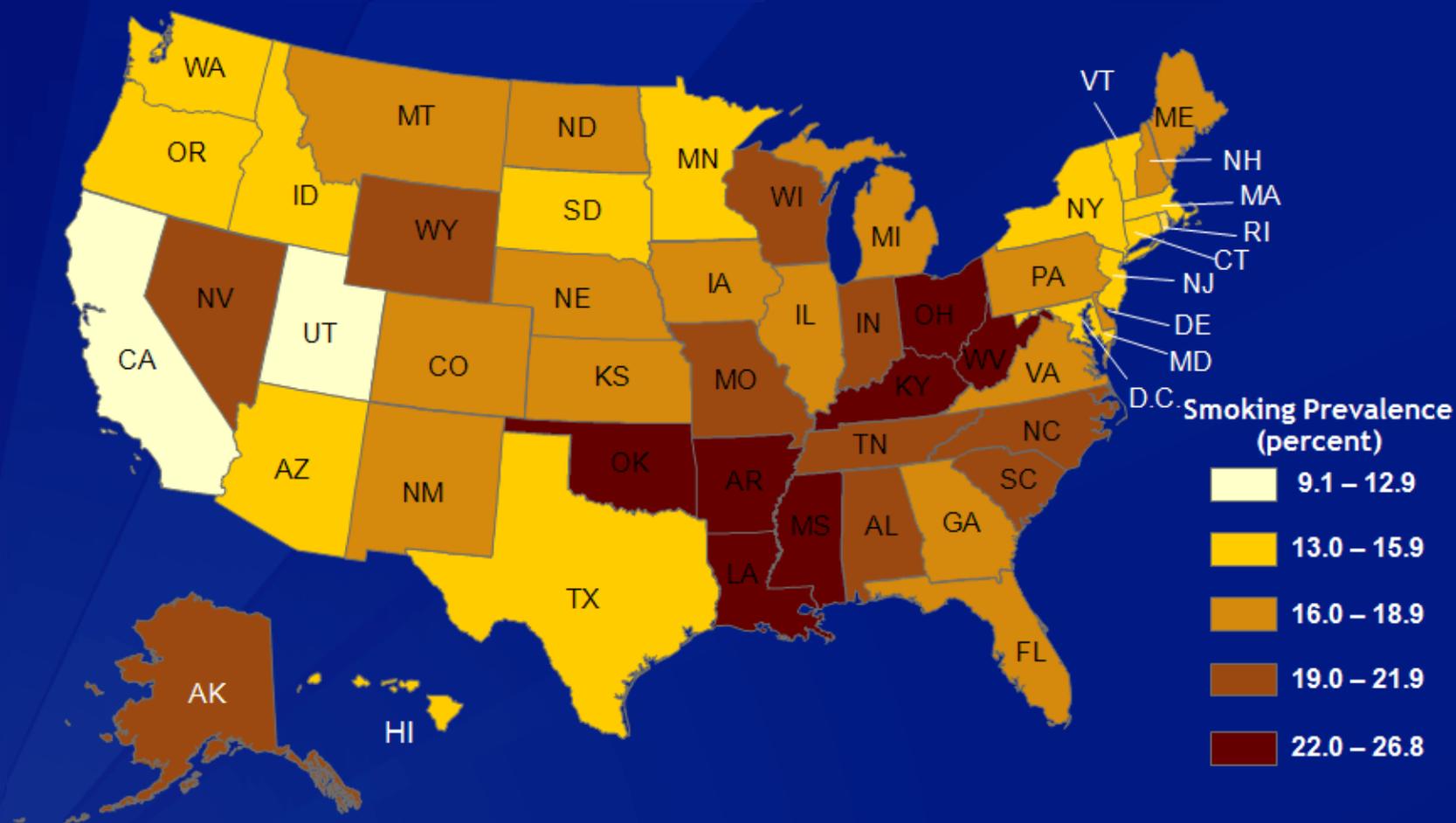
# U.S. Adult Smoking Prevalence, 2010

- ❑ **About 19.3% adults are current smokers: 45.3 million**
  - 78.2% smoked every day: 35.4 million
  - 21.8% smoked some days: 9.9 million
- ❑ **More men than women smoke**
  - 21.5% men
  - 17.3% women
- ❑ **Highest prevalence among adults**
  - Ages 25-44: 22%
  - Ages 45-64: 21.1%

# Adult Smoking by Race/Ethnicity, Poverty Status

- ❑ **Highest prevalence among racial/ethnic groups**
  - Non-Hispanic American Indians and Alaska Natives: 31.4%
  - Non-Hispanic whites: 21%
  - Non-Hispanic blacks: 20.6%
- ❑ **Prevalence by poverty status**
  - Below poverty level: 28.9%
  - Above poverty level: 18.3%

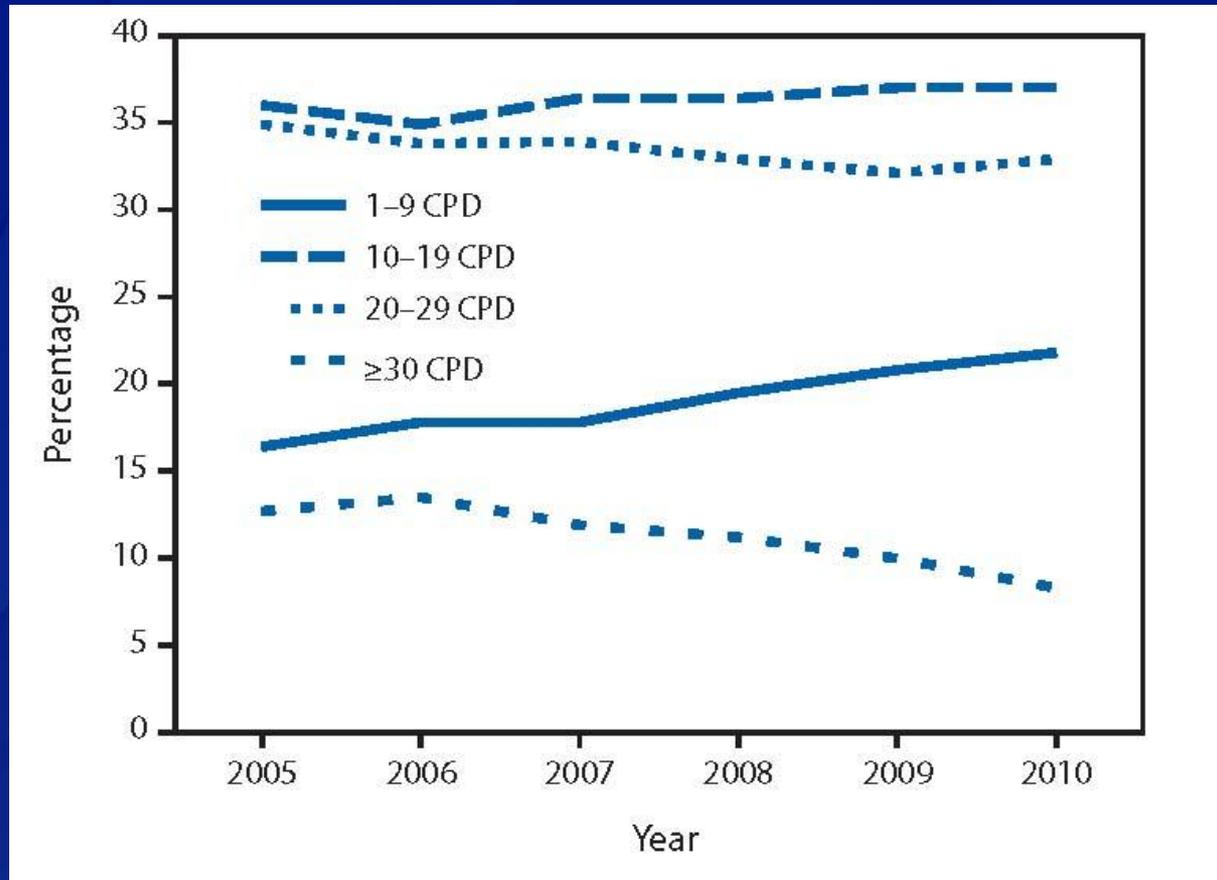
# Current Adult Cigarette Smoking by State, 2010



## **Decline in Current Adult Smoking, 2005-2010**

- Current smoking declined from 20.9% to 19.3%**
  - 3 million fewer smokers
  - Decline not uniform across population
- No population group had a significant increase in smoking prevalence**

# Percentage of Daily Smokers Aged $\geq 18$ years, by Number of Cigarettes Smoked Per Day (CPD), 2005-2010



# Healthy People 2020 Objective



- ❑ **If prevalence rate continues, *Healthy People* objective of 12% will not be met**
  
- ❑ **We know what works**
  - Tobacco price increases
  - Graphic health warnings
  - 100% smoke-free policies with cessation treatments and services



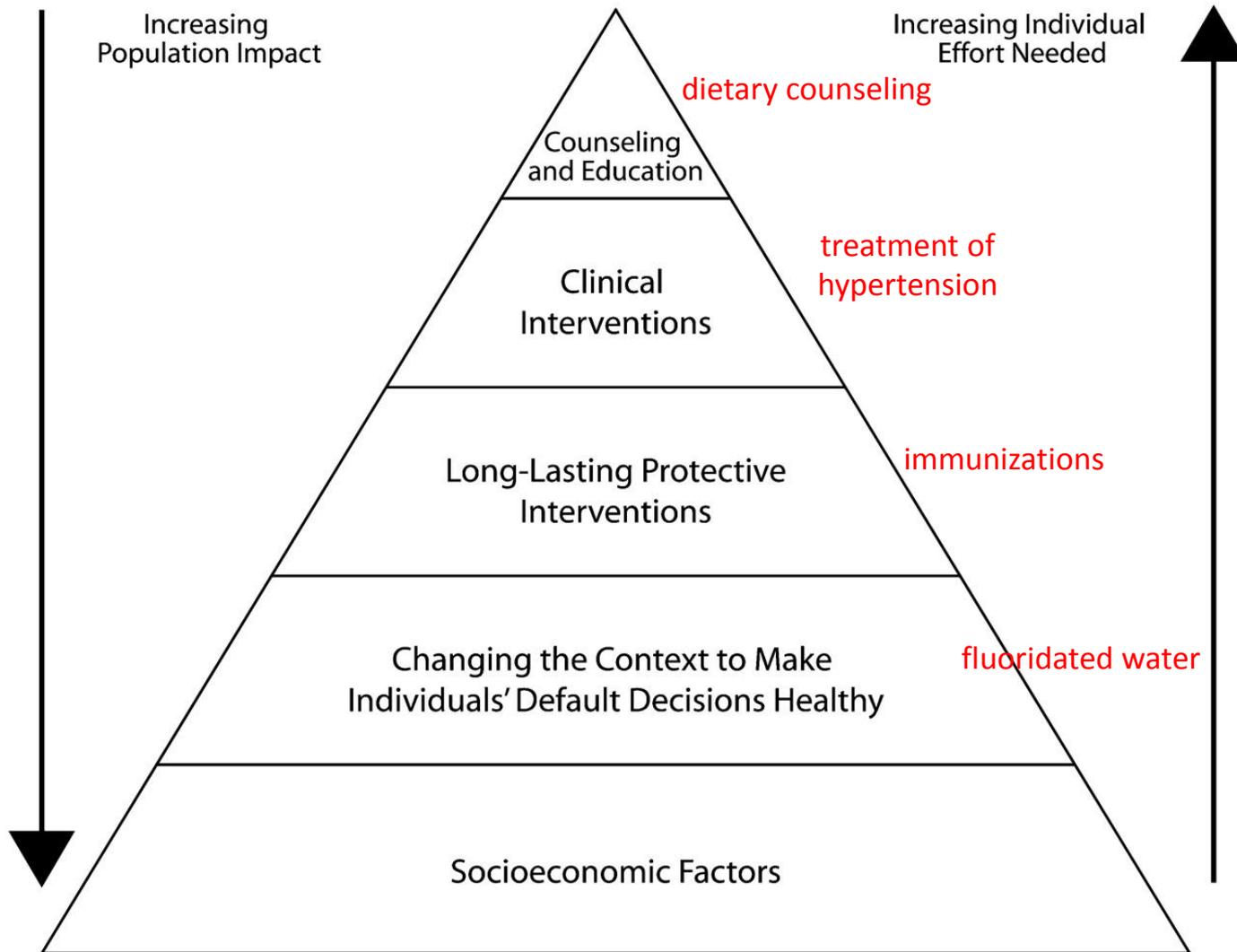
# New York State *Vital Signs* Presentation

Jeffrey Willett, PhD

Research Scientist, New York State Department of Health

Director, New York Tobacco Control Program

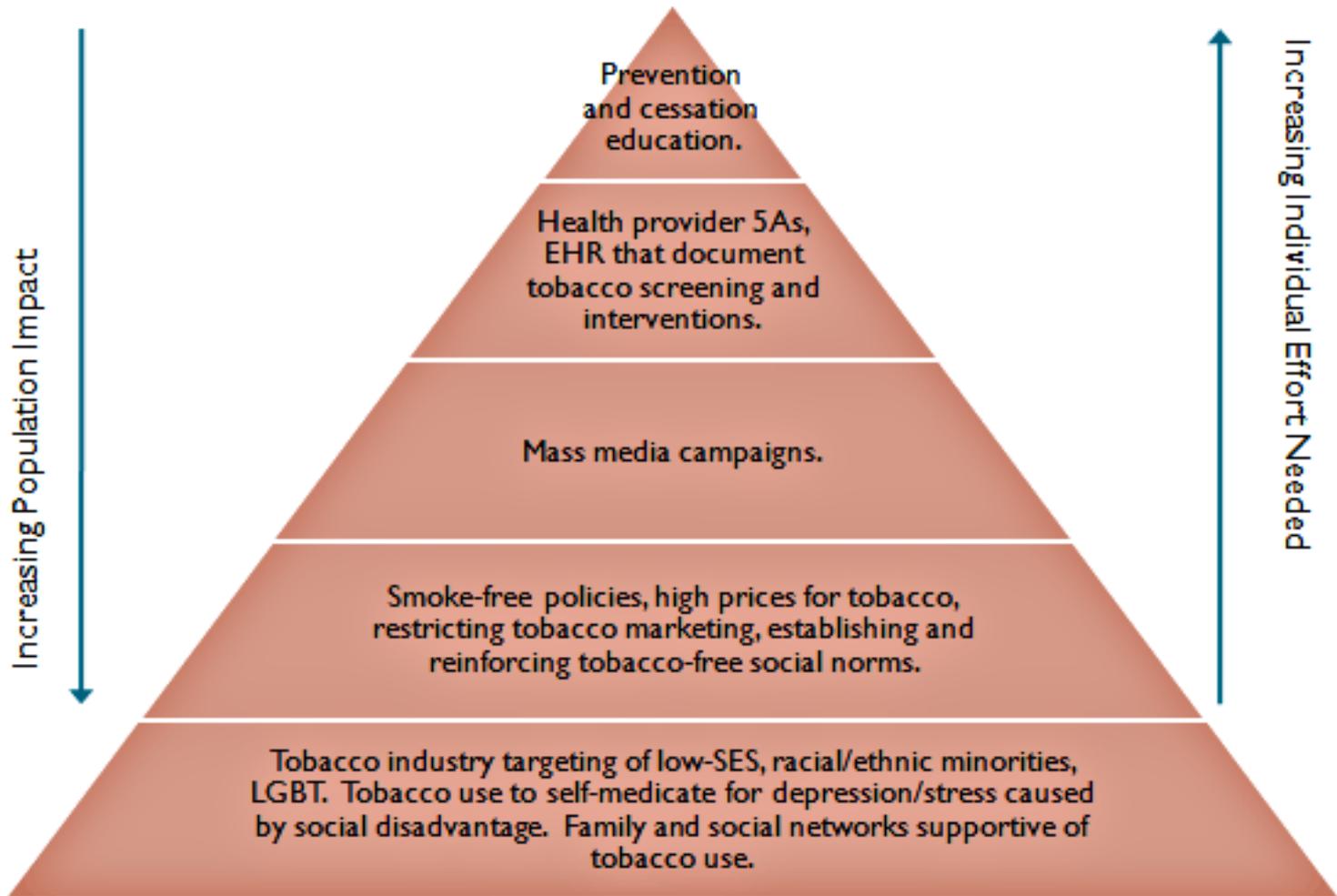
# The Health Impact Pyramid



Frieden, T. R. Am J Public Health 2010;100:590-595



# NYS Tobacco Control Program Health Impact Pyramid



Community programs are essential for advancing and implementing powerful tobacco control interventions.

Best Practices  
for Comprehensive  
Tobacco Control Programs

User  
Guide

COALITIONS

State and Community Interventions



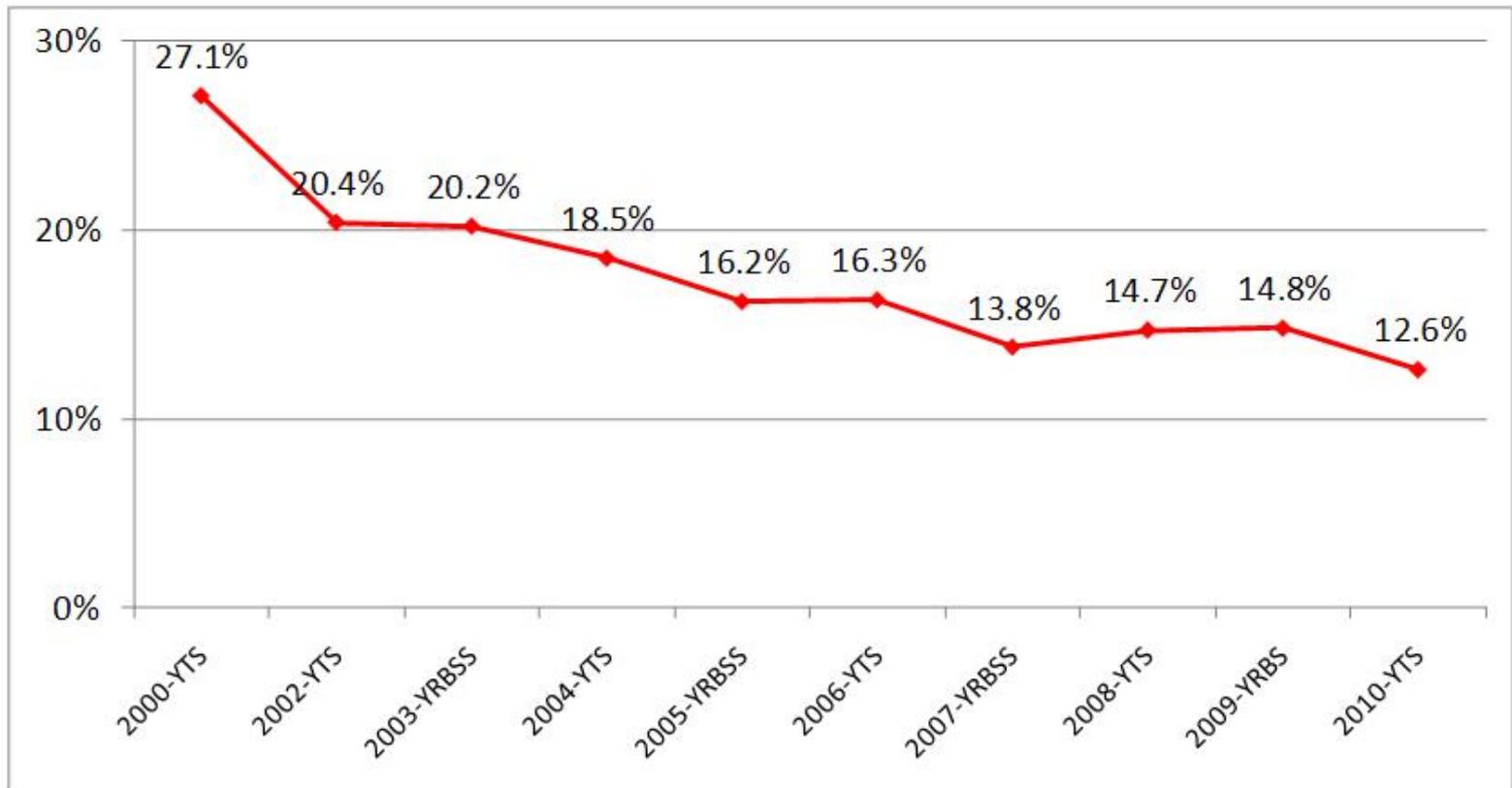
# Community Change Model



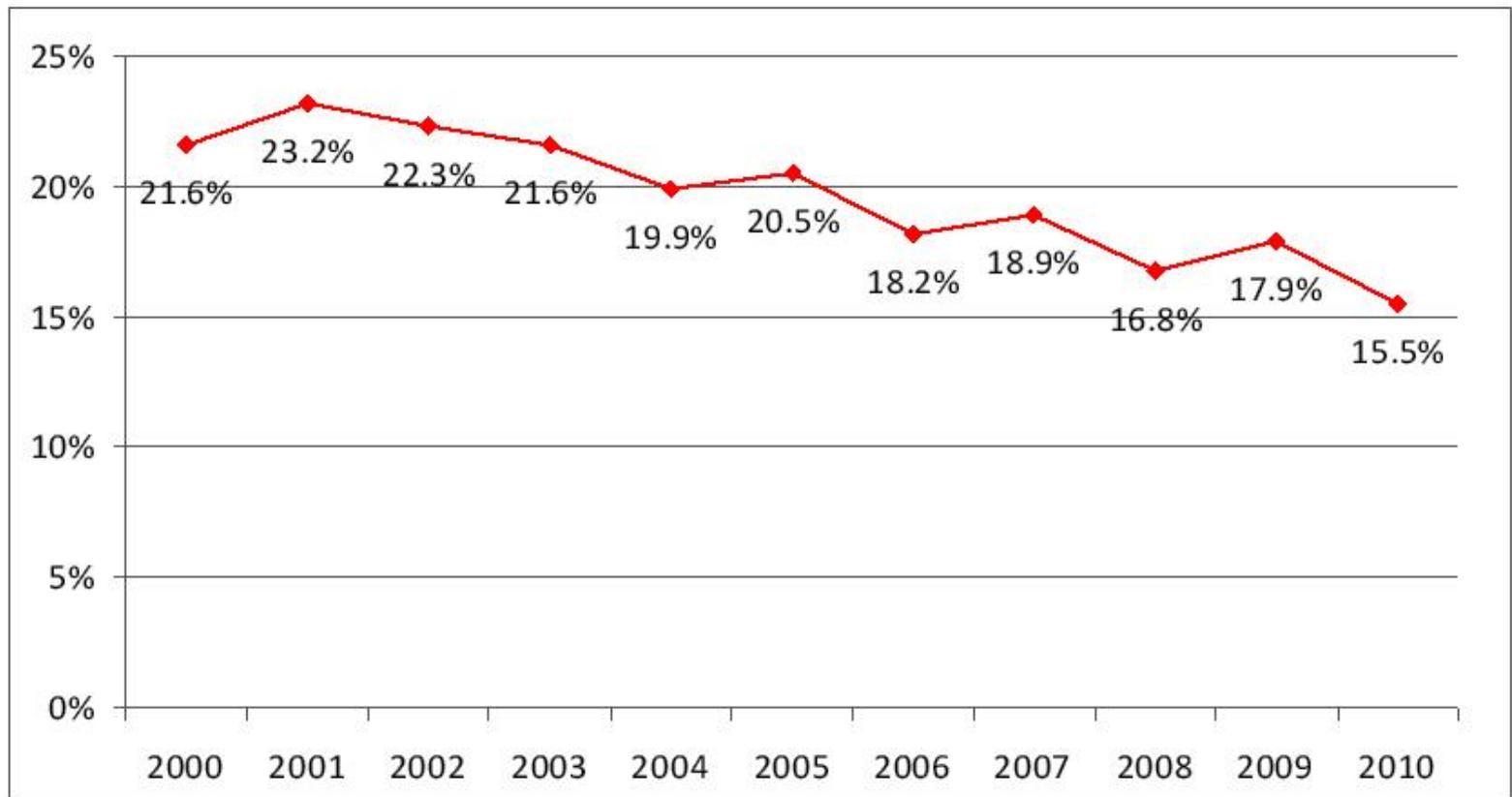
# Successes

- Smoke-free policies
  - Clean Indoor Air Act (statewide)
  - Expanding protection (community)
- Retail environment
  - High product prices (statewide)
  - Restricting tobacco marketing (community)
- Health communications
  - Paid media (statewide)
  - Media advocacy / earned media (community)
- Smoking cessation
  - Medicaid benefits (statewide)
  - Clinician training (community)

# PERCENTAGE OF NEW YORK HIGH SCHOOL STUDENTS WHO CURRENTLY SMOKE, 2000-2010



# PERCENTAGE OF NEW YORK ADULTS WHO CURRENTLY SMOKE, BRFSS 2000-2010



# Tobacco Use – A Winnable Battle

- Clear public health threat
- Evidence-based interventions
- Best practices framework
- Tobacco-related revenue

# Colorado *Vital Signs* Presentation

**Karen DeLeeuw, MSW**

Director, Center for Healthy Living and Chronic Disease Prevention,  
Colorado Department of Public Health and Environment

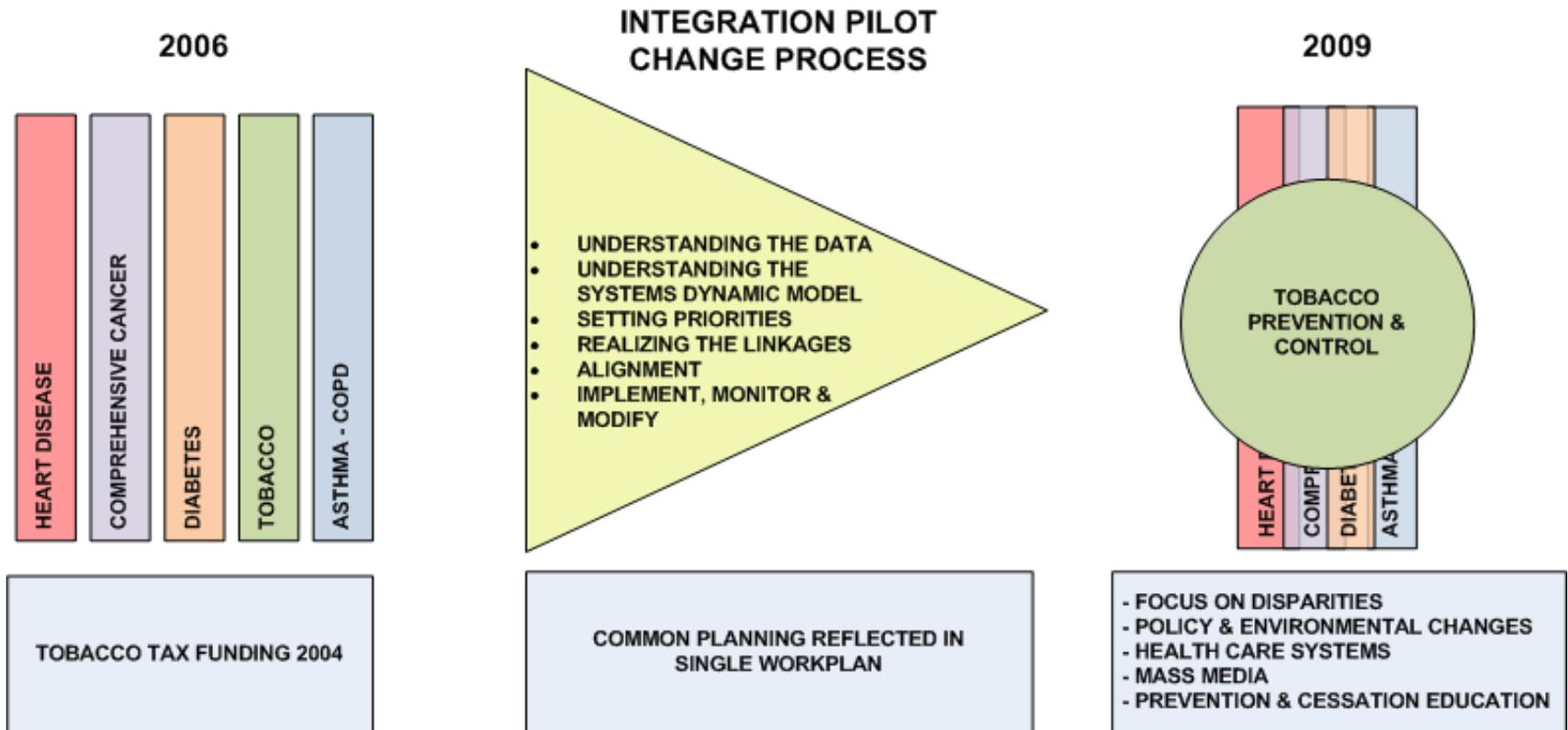
# Brief History

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- ▶ 2006 - Prevention Services Division reorganized to better align related program
  - ▶ Barriers to resource sharing identified
- ▶ 2008 - Colorado selected to participate in integration demonstration pilot
  - ▶ Developed one collective mission for all chronic disease programs
  - ▶ Initiated one annual planning process
  - ▶ Submitted one integrated work plan to CDC
- ▶ 2009 - Recognition of need to establish priorities
  - ▶ Tobacco Prevention & Control



# Overview of Integrated Planning



# Data – Understanding the Burden of Tobacco

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- ▶ Tobacco use causes
  - ▶ Cancer
  - ▶ Heart disease
  - ▶ Lung diseases
  - ▶ Premature birth, low birth weight, stillbirth, and infant death
- ▶ Secondhand smoke causes
  - ▶ Heart disease and lung cancer
  - ▶ Severe asthma attacks
  - ▶ Respiratory infections
  - ▶ Ear infections
  - ▶ Sudden infant death syndrome (SIDS)
- ▶ Tobacco use is the single most preventable cause of death and disease in the United States
- ▶ Each year, approximately 443,000 Americans die from tobacco-related illnesses
- ▶ Tobacco use costs the U.S. \$193 billion annually in direct medical expenses and lost productivity

# Impact of Reducing Cigarette Smoking on Chronic Disease

## Cancers

- 80-90% of lung
- 30-50% of colon
- 75% of oral (w/ alcohol)
- Cancers of the bladder  
cervix, esophagus, larynx,  
kidney & pancreas

## COPD

- 90% of Chronic  
Obstructive Pulmonary  
Disease

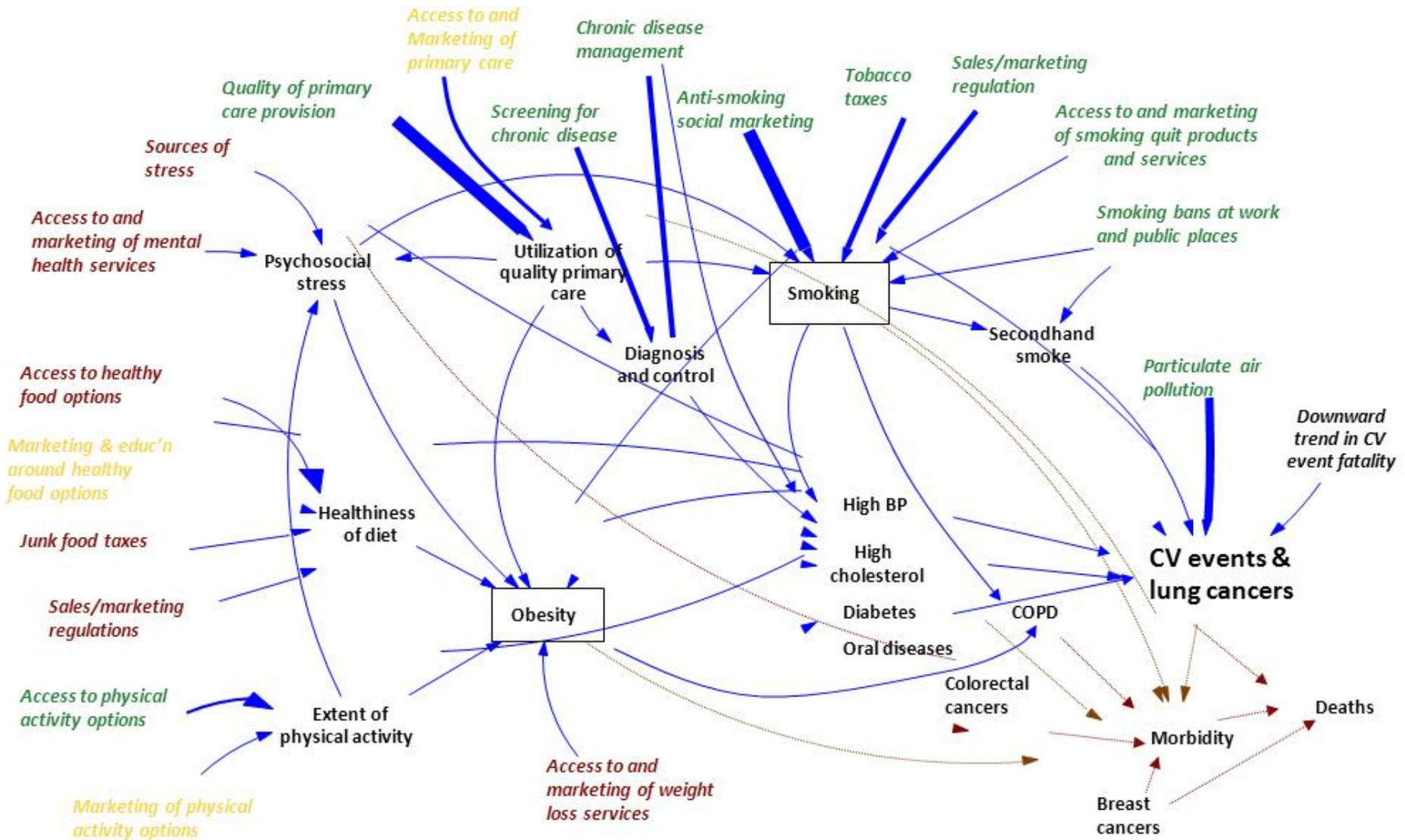
## CVD

- 2-4 x risk of coronary heart  
disease
- 2 x risk of sudden cardiac  
death
- Abdominal aortic aneurysm
- Strokes
- Atherosclerosis &  
congestive heart failure

## Diabetes

- Leads to neuropathy &  
peripheral artery disease
- Smoking increases the risk of  
amputation by 2 – 10 times

# A Chronic Disease System Dynamics Map



# Conclusion from Planning

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- ▶ Categorical programs can not reach categorical goals without preventing and reducing tobacco use
- ▶ Importance of primary prevention
- ▶ Tobacco control has proven strategies, esp. policy and environmental change
- ▶ Made sense for tobacco control to be a priority = all programs support



# Outcomes – Some Examples

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- ▶ All CD program managers “fluent” in tobacco control
- ▶ All CD coalitions engaged in tobacco related policy initiatives
- ▶ All CD screening programs assess for tobacco use and refer
- ▶ CD programs are more willing to provide resources to support tobacco control initiatives



# Parting Thoughts

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- ▶ This is an iterative, demanding processes
- ▶ Don't need to be in the integration pilot
- ▶ Given the upcoming consolidated chronic diseases funding and numerous rapidly changing external conditions, I would encourage every state to see the need for more integrated approaches, streamlined processes, setting priorities and aligning resources as the immediate critical challenge



# ***CDC Vital Signs* Electronic Media Resources**

**Become a fan on Facebook**

**<http://www.facebook.com/cdc>**

**Follow us on Twitter**

**<http://twitter.com/cdcgov/>**

**Syndicate *Vital Signs* on your website**

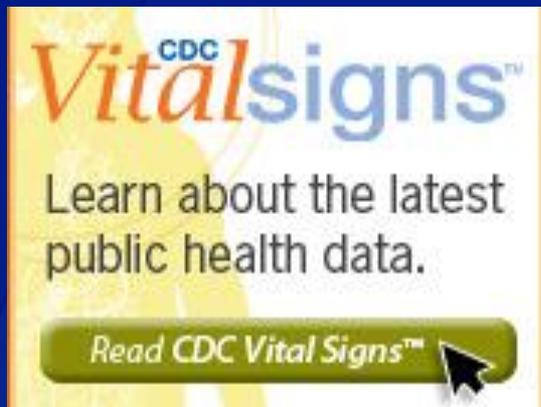
**<http://tools.cdc.gov/register/cart.aspx>**

***Vital Signs* interactive buttons and banners**

**<http://www.cdc.gov/vitalsigns/SocialMedia.html>**



**Provide feedback on this teleconference:**  
**[OSTLTSFeedback@cdc.gov](mailto:OSTLTSFeedback@cdc.gov)**



Please mark your calendars  
for the next OSTLTS **Town Hall**  
**Teleconference:**  
**October 11, 2011**  
**2:00pm – 3:00pm EST**

**For more information please contact Centers for Disease Control and Prevention**

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Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348  
E-mail: [cdcinfo@cdc.gov](mailto:cdcinfo@cdc.gov) Web: [www.cdc.gov](http://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.

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