WELCOME

Winning the Battle: Impacting Tobacco Control in the Real World

Wednesday, May 9, 2012

Artwork by Annie R. © 2009 American Academy of Pediatrics (AAP) Children's Art Contest. Support for the 2009 and 2010 AAP Children's Art Contest was from the Flight Attendant Medical Research Institute.
Continuing Medical Education Credit

• The American Academy of Pediatrics (AAP) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

• The AAP designates this live activity for a maximum of 1.25 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

• This activity is acceptable for a maximum of 1.25 AAP credits. These credits can be applied toward the AAP CME/CPD Award available to Fellows and Candidate Members of the American Academy of Pediatrics.

• The American Academy of Physician Assistants accepts AMA PRA Category 1 Credits™ from organizations accredited by the ACCME.

• This program is accredited for 1.25 NAPNAP CE contact hours of which 0 contain Pharmacology (Rx) content per the National Association of Pediatric Nurse Practitioners Continuing Education Guidelines.
At the conclusion of this activity, participants should be able to:

• Explain ways to combat other advocacy, lobbying, and education efforts that undermine tobacco control at the state and national levels.
• Describe strategies and successes in advancing tobacco control policy changes at the state and national levels.
• Identify potential sources of pushback to tobacco control policies at the local level.
• Articulate strategies and successes to further tobacco control initiatives, programs, and policies at the community level.
• Describe how to engage members of the medical community to further tobacco control efforts at the community, state, and national levels.
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Disclosure Statement

• Neither I nor any member of my immediate family has a financial relationship or interest (currently or within the past 12 months) with any entity producing health care goods or services consumed by, or used on, patients related to the content of this CME activity.

• I do not intend to discuss an unapproved/investigative use of a commercial product/device.
Registration Question Slide 1-
Do you consider yourself an advocate?

- Yes: 92%
- Not Sure: 5%
- No: 3%
Registration Question Slide 2-

Have you ever engaged in advocacy or education with decision makers at the national, state, or community level?

- Yes - at the community level: 110
- Yes - at the state level: 92
- Yes - at the national level: 38
- No: 28
- Not Sure: 7
Registration Question Slide 3-
Have you ever encountered opposition when trying to promote tobacco control programs, initiatives, or policies?

- Yes- from policy and decision makers: 117
- Yes- from community members: 87
- Yes- but not sure from who/what organization: 9
- Yes- from Industry: 0
- No: 29
- Not sure: 17
Why is advocacy important?

• The most effective mechanism to achieve long-term impacts
• Effective vehicle for the community to demand industry accountability
• Educates community members and policy makers on the issue
• Removes the focus from the individual
Advocacy: Not necessarily
The middle ground

• Can be simple
• Can be quick and easy
• Sometimes effective, sometimes not
Prevention is key

• 19.3% of adults 18+ are current cigarette smokers
• 443,000 deaths per year, 8.6 million illnesses
• Economic Impacts

• Winnable Battles

• Communities Putting Prevention to Work

http://www.cdc.gov/chronicdisease/resources/publications/aag/osh.htm
Especially with younger populations

- 90% of smokers start by 18
- More susceptible to outside influence
- Emerging products pose unique challenge
- Tailored mass-media campaigns
- Change social norms
- Price increases
When tobacco control funding increases, high school smoking decreases

Source: Project ImpacTEEN; University of Illinois at Chicago; State University of New York at Buffalo; Youth Risk Behavior Survey, 1993-2009.
* Adjusted to 2009 CPI.
† High school students (grades 9-12) who smoked on 1 or more of the 30 days preceding the survey.
Think Physician

- Trusted source
- Credibility
- Relatable examples
- Science
Lessons learned in the field

Robert Berger, MSJ
Deputy Director
California Community Transformation Initiative
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Why should pediatricians & other docs get involved in local policy efforts?

For physicians:
• Broadening their impact on community’s health.
• Championing causes they most care about.
• Raising their profile in the community.

For their potential partners:
• Opportunity to add a credible, influential voice.
• Putting focus on the health impact to children and families.
• Preempting opposition that comes with issues of less concern.
Ways for pediatricians to get involved in local efforts

• At the AAP chapter level

• With other organizational partners
  – Voluntary health & other agencies, coalitions around specific health issues, foundations involved w/ advocacy

• At the individual, group, departmental or organizational level
Example at the Chapter Level:
Putting smoke-free multi-unit housing on the map in LA County

Please join us for:
Clearing the Air On Smoke-Free Apartments and Condos

A research and policy forum to educate and inform communities, featuring:

- The latest science, from leading researchers including Dr. Jonathan Samet and Dr. Jonathan Winickoff
- Insights from tobacco control advocates, elected officials and policy experts

Wednesday, Nov. 16, 2011
11:00 am - 2:00 pm
(A social reception will begin at 10:00 am, which you are welcome to attend)

Children's Hospital Los Angeles
4650 Sunset Boulevard
Los Angeles, CA 90027

Lunch will be provided.
By invitation only, space limited. RSVP by Nov. 4th.
Contact Martin Apola - 213-355-7903
marapola@chr.ucla.edu

Made possible by funding from the Department of Health and Human Services through the Los Angeles County Department of Public Health.
Example at the individual level:
Helping lead a movement in your own backyard
Example at the individual level:
Providing expert testimony at a public hearing as city looks to expand outdoor protections

SMOKE-FREE HERMOSA BEACH OUTDOOR DINING AREA HEARING
Thursday, June 23, 2011 - Council Chambers, City Hall
1315 Valley Drive
6:30 – 8:00 p.m.

Expert Presentations

• Dr. Mary Eno, M.D., M.P.H, Chief of Addiction Medicine, Kaiser Permanente South Bay; Content Expert, Addiction Medicine, National Board of Medical Examiners
• Dr. Richard Merrick, M.D., Addiction Specialist; Retired, Kaiser Permanente South Bay; Board Member, National Council on Alcoholism and Drug Dependence of South Bay
• Dr. Virender Rehan, M.D., Chief, Division of Neonatology, Professor of Pediatrics, Harbor UCLA
• Mr. Robert Berger, Director, Los Angeles County Project TRUST, the LA County Tobacco Control & Prevention Program's Communities Putting Prevention to Work grant.
• Ms. Joan Waddell, Tobacco Director, National Council on Alcoholism and Drug Dependency South Bay
• Mayor Barry Brucker, City of Beverly Hills
Other ways to get involved

- Media spokesperson
- Letters to editor/op-ed
- Presentations to community groups/schools
Tips for physician advocates

• Knowing your issue from both sides
• Vetting your potential partners
• Understanding your guidelines on education vs. advocacy vs. lobbying
Tips for individuals and organizations looking to engage physicians

• Identify potential partners
  – Local AAP chapter
  – Online research
  – Community or press relations at hospitals

• Know the doctor’s background & interests

• Respect their time and be selective in your asks

• Brief them on aspects of issue they may not be familiar with
Thank you and good luck!

Robert Berger
robert.berger@phi.org
Bronson Frick
Associate Director
Americans for Nonsmokers’ Rights
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Imagine...

Raising a Smokefree Generation

Evidence-based tobacco control policies make it possible to achieve health prevention outcomes at population-wide levels.
From Sections to

• 1970’s/80’s = Nonsmoking Sections

• 1990’s = Clean Indoor Air Policies
  – Separately enclosed, separately ventilated rooms were acceptable

• 2000 = 100% Smokefree Indoor Environments
  – No separation, ventilation, exemptions for small businesses, etc.
  – 2002, smokefree gambling provisions more common.

These shifts toward stronger provisions were supported by a combination of public demand and the science on the health effects of secondhand smoke.
Opportunist Movement

• Learned while doing
  – Science on SHS was nonexistent in 1970’s and scarce in the 1980’s.
  – Few “major” public health groups and fewer funders supported the nonsmokers’ rights movement.
  – Experimented with state vs. local laws.
  – Took advantage of opportunities where they existed; more reactive than proactive policy development.

Result: Great lessons on how to run a campaign, messaging, and how to enact and implement laws, but did we unintentionally leave communities/populations behind?
Smokefree Air Challenge

• Third place: Kentucky and Indiana

• Second place: Mississippi and Missouri

• First place: Alabama and California

*Local leads the way; smaller cities, tribes, campuses, etc. tend to move first!*
Good News: Policy Accomplishments

At least **3,149** local and/or state/territory/commonwealth hospitals, healthcare systems, and clinics have adopted **100% smokefree campus grounds** policies that protect all employees, visitors, and patients from secondhand smoke exposure within their campuses.

At least **704** 100% smokefree college campuses with no exemptions. Residential housing facilities are included, where they exist.
More Policy Accomplishments

At least 127 communities have enacted 100% smokefree beach laws.

At least 207 communities and 6 states/commonwealths have enacted a 100% smokefree outdoor dining law.

At least 602 communities and Puerto Rico have enacted a 100% smokefree parks law.
The industry appears to have resigned itself to the wave of anti-smoking measures being passed in big gambling states - including Nevada and New Jersey. Although casinos in some states have been granted special status, Fahrenkopf said he didn't expect those exemptions to last long.

"A year or two down the road there's not any public facility you're going to be able to smoke a cigarette in and that includes us," he said.

Fahrenkopf said any restrictions applied to commercial casinos should also be imposed on American Indian casinos.

"We think that ought to go across the board," he said.
U.S. Population Covered by 100% Smokefree Air Laws

In Non-Hospitality Workplaces (W), Restaurants (R), and Bars (B):
2003-2011
Implications of Inequities

• Workers left behind
• Challenge of strengthening laws to close gaps
  – Won’t see measureable increase in protections, yet how can one justify leaving some workers behind?

Disproportionate disease rates by ethnicity
Health Disparities

• By race or by low socio-economic status, increased incidence of:
  – Heart disease
  – Stroke
  – Cancer
  – respiratory diseases including asthma and COPD

• All related to tobacco use and/or exposure to secondhand smoke.
Number of Deaths Due to Diseases of the Heart per 100,000 Population, 2008

statehealthfacts.org
Your source for state health data
Number of Deaths Caused by Stroke and other Cerebrovascular Diseases per 100,000 Population, 2008

source: statehealthfacts.org
Tobacco Industry Interference

World No Tobacco Day 2012

RICO case against Big Tobacco
Big Tobacco: Still the Bully on the Block

- Fighting FDA graphic warning labels, menthol
- Suing countries like Australia
- Fighting the remedies in DOJ racketeering verdict
- Trying to sabotage FCTC global treaty
- Already spent more than $20 million to oppose California Prop 29
- Creating and funding more front groups, new products
- Legions of lobbyists
- Wants to seem like just another big business – not a pariah
CALIFORNIANS VOTE NO JUNE 5th AND STOP THE $1 TAX INCREASE

CA SMOKERS AND DIPPERS! VOTE "NO" ON PROP 29!

ABOUT US
Citizens for Tobacco Rights is a group of adult smokers and dippers joining together to learn more about and take action on issues they care about. It is supported by Philip Morris USA, U.S. Smokeless Tobacco Company and John Middleton.

NATIONAL BLOG POST
Ballot Initiatives: Another Way Your Taxes Go Up
Did you know that legislation is not...

STATE BLOG POST
Find out what's going on in your state.
Opposition Messages

What can we expect from the opposition?
At the policy stage, expect the opposition to become especially active!

- Predictions of Economic Doom & Gloom
- Attacks on Science
- Letters about Smokers’ Rights
- “What about Business Owners Rights?!”
- Secret meetings with Council

PAID MEDIA
Opposition Messaging

Be prepared for:
1. Attacks on Science
2. Negative Economic Impact
3. Business and Individual Rights Infringement
4. Ventilation, other “alternatives”

Opposition’s Goal =
Divert Discussion Away from Health
REMEMBER... RETURN THE DEBATE TO YOUR MESSAGES

Economics
Business Rights
Personal Choice
Personal Liberty

Health!
&
The Right to Breathe!
Medical Professional involvement is key to tobacco control success

• Polling and focus groups show that doctors are one of the most persuasive messengers on tobacco prevention issues. (Policymakers are the least).

• You have a special voice in the community discussion.
Ideas for Involvement

- **Work with a coalition** – other health groups and partners can help with policy details, media and community engagement planning, logistics, and other heavy lifting.
Media helps share your voice.

- **Editorial board visits** (usually with a coalition partner)
- **Speakers Bureau activities** (for example with kids, community events, press conferences, testimony). Remember your stethoscope and lab coat!
- **Letter to the editor**
- **Appear in ad** with testimonial (for ex: “the city council has the power to save more lives with one vote than I have saved in my entire career”)
- **Telling compelling stories** of treating tobacco-related ailments
WHAT WORKS:

• First and foremost, emphasize the right of everyone to breathe clean air

• Continue to emphasize the dangers of secondhand smoke, including the health effects and exposure to specific chemicals and carcinogens

• Raise awareness of the impact of secondhand smoke on workers, emphasizing fairness and the right of all workers to breathe clean air

• Highlight the support of major public health groups

• Avoid kid-only messaging. Effective policies protect children, families, and adults.
WHAT TO AVOID:

• Don’t let them draw you off-message. Defense is the art of losing slowly. Play on our turf (health), even in the face of opposition arguments on the economic impact of smoke-free laws.

• There is no need to get too creative – stick with what works.

• There is no need to exaggerate the health effects of secondhand smoke – stick with the facts.

• There is no need to convince people that THEY will be harmed by short-term exposure in a bar or restaurant – people just need to understand that secondhand smoke is a health hazard (see effective messages on specific health effects and chemicals).
WHAT TO AVOID (CONT.):

• Don’t focus on specific venues – this is about making ALL public places and workplaces smoke-free.

• Don’t change the message because you think people are tired of it. Your 100th time saying “everyone has the right to breathe clean air” will be someone else’s first time hearing it.
ANR is here to help!

• Provide resources, tools, and strategic information to
  – Plan and execute policy and education campaigns
  – Track industry or allied opposition tactics
  – Message development
  – Illustrate policy trends via ordinance lists and maps

www.no-smoke.org
Thank you!

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ANRandANRF – YouTube
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Want more?

• Advocacy leadership training- 2013

• Next webinar: Systems change in pediatric practice- CEASE program- June/July
AAP Richmond Center

• Visit us: www.aap.org/richmondcenter
  – Audience-specific information
  – State-specific resources
  – Funding opportunities
  – Tobacco control listserv
  – Downloadable PowerPoint presentations
  – Pediatric tobacco control resource guide

• Contact us: richmondcenter@aap.org