

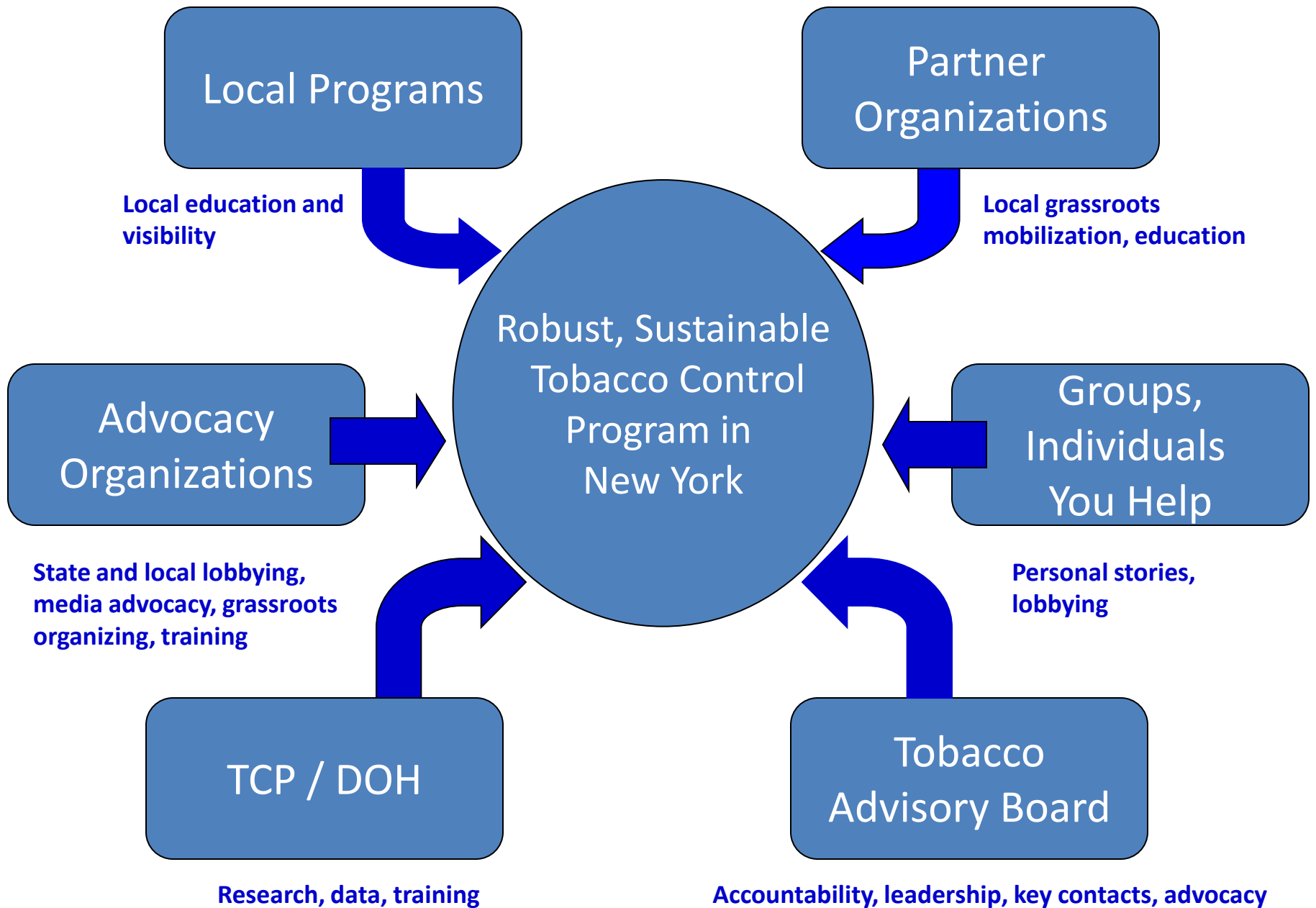
# Partnering to Sustain New York's Tobacco Control Program

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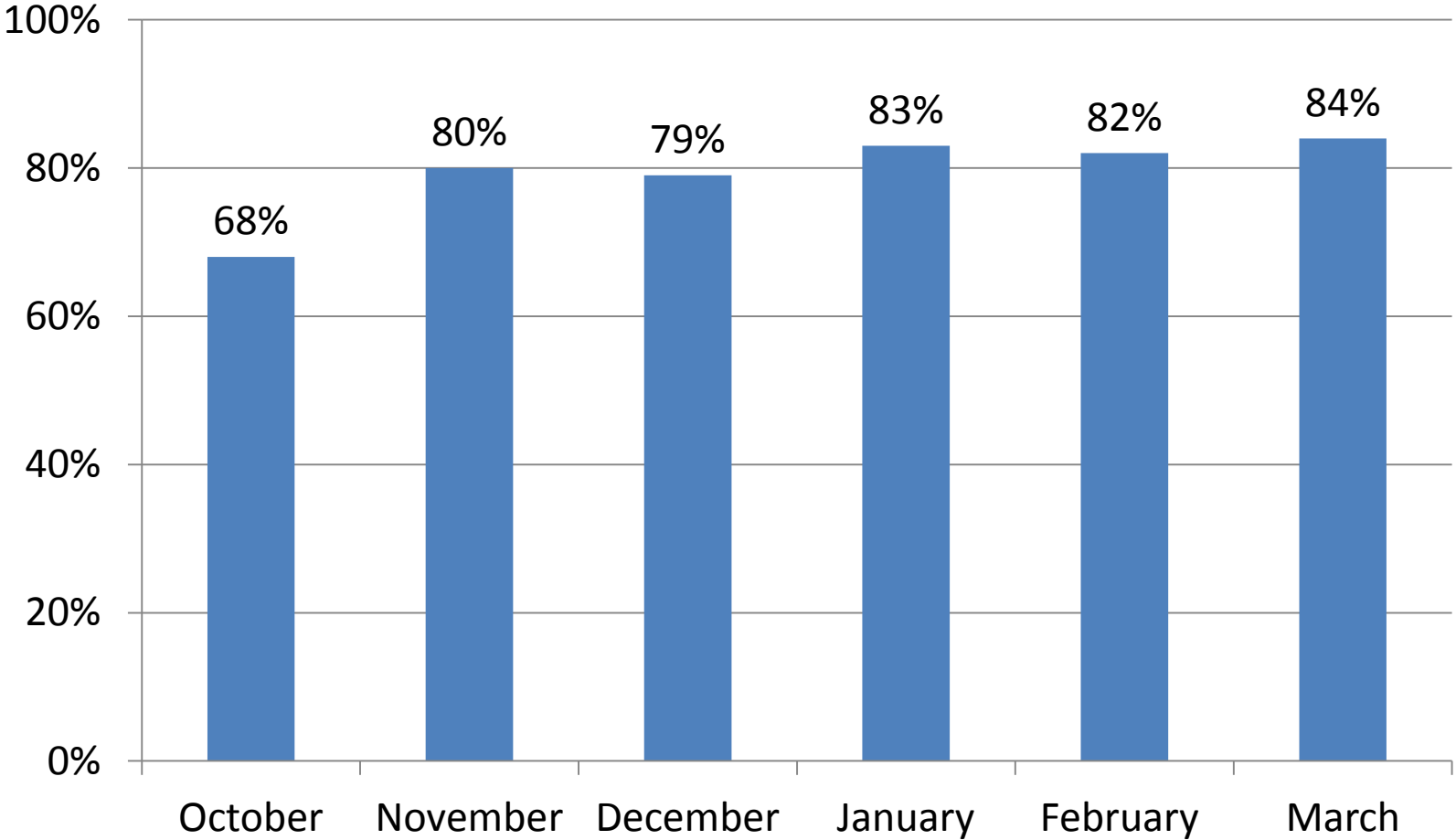
# Health Department Role

- Data Dissemination
  - StatShots, RTI Evaluation Reports, Press Releases
- Requiring Grantees to Engage in Communication Activities
- Maintaining Open Lines of Communication with Tobacco Control Community

# Grantee / Contractor Role

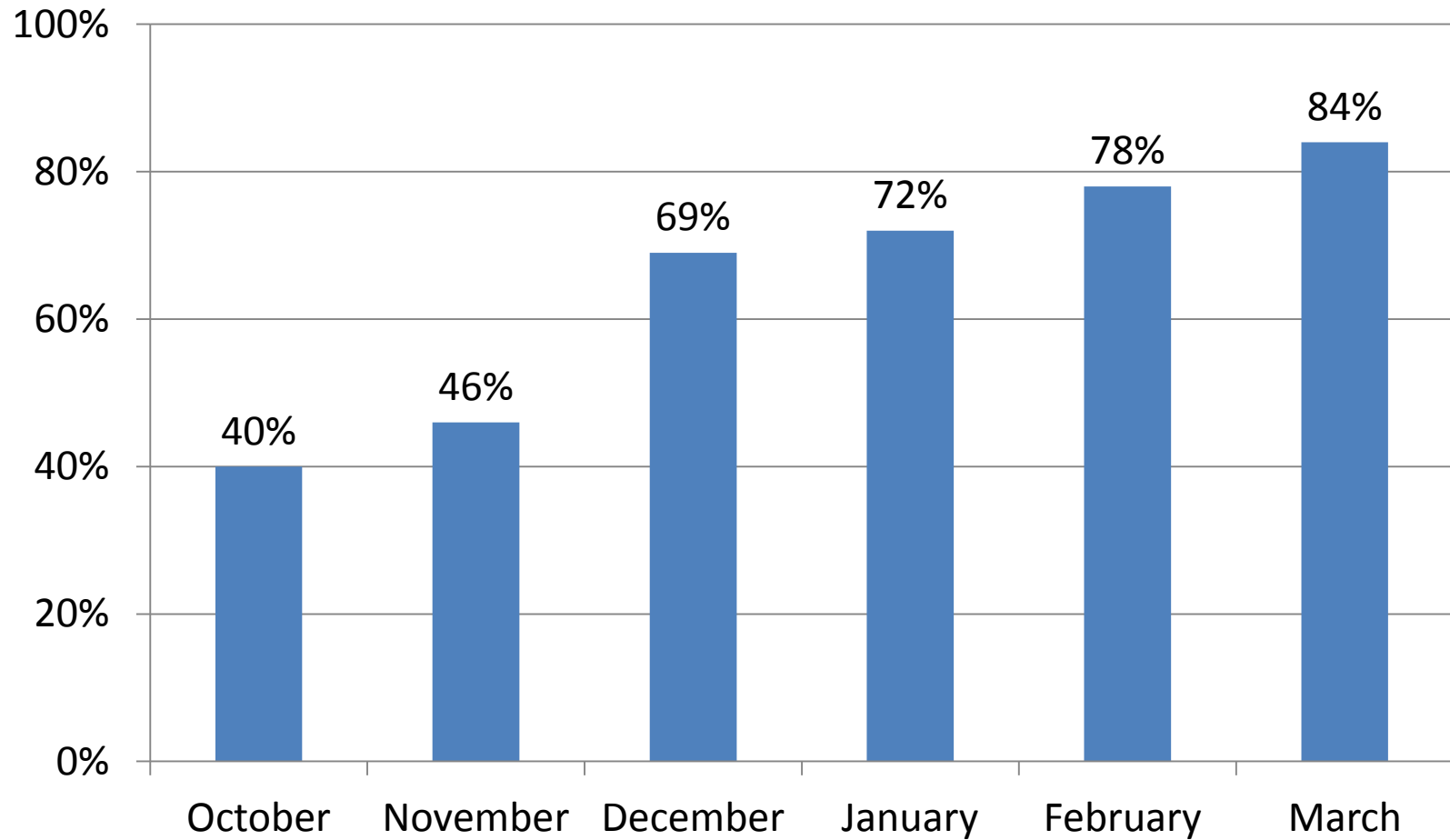
- Engaging the Media
- Mobilizing Community Champions and Local Spokespeople
- Communicating with Legislators
  - Meetings and materials
- Maintaining Direct Relationships with Advocates

# Distributed materials to media – 2010-2011 Sustainability Season



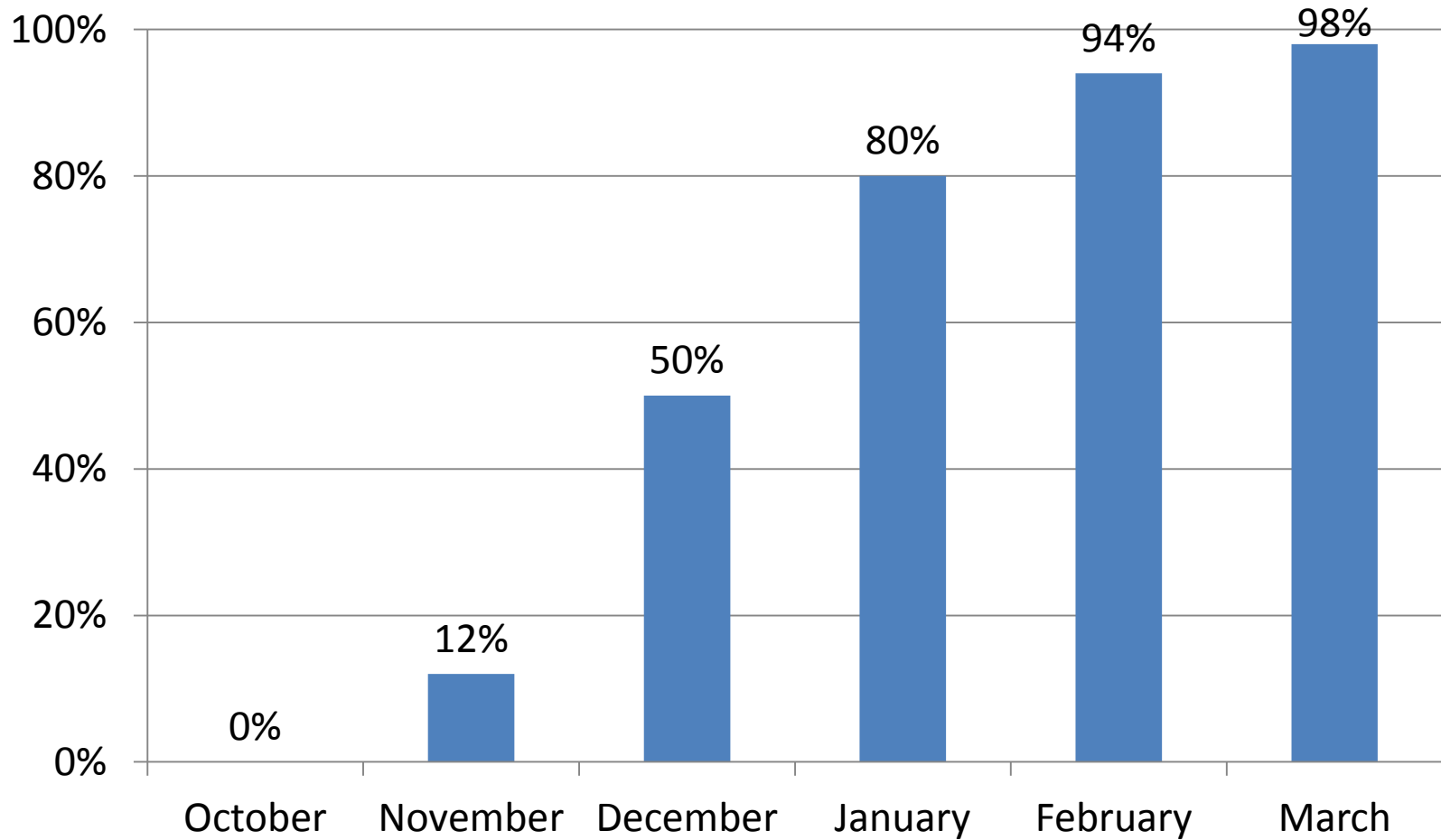
Source: CAT System

# Activated partners for earned media— 2010-2011 Sustainability Season



Source: CAT System

# At least one meeting with a legislator – Cumulative November through March



Source: CAT System

# Advocates Role

- Developing and Disseminating Key Messages
- Effectively Using Data
- Legislative Ask - Lobbying
- Maintaining Open Lines of Communication with Tobacco Control Program

# UP IN SMOKE:

## NEW YORK REAPS BILLIONS IN REVENUE FROM TOBACCO WHILE SHORT CHANGING ANTI-SMOKING PROGRAMS

### ENDORSED BY:

- AMERICAN CANCER SOCIETY
- AMERICAN HEART ASSOCIATION
- AMERICAN LUNG ASSOCIATION IN NEW YORK
- CAMPAIGN FOR TOBACCO-FREE KIDS
- LEAGUE OF WOMEN VOTERS/N.Y.S.
- NEW YORK PUBLIC INTEREST RESEARCH GROUP

September 2011

## UP IN SMOKE: EXECUTIVE SUMMARY

Since 1999, New York has raised billions of dollars in tobacco revenues, largely resulting from several significant increases in the state's tax on tobacco products. These hikes in taxes act as an important deterrent to smoking by adults and children. However, those benefits are severely undercut because the state uses little of those revenues to fund smoking cessation and anti-tobacco public education programs.

This report examines the inadequacy of New York's anti-smoking efforts in light of the significant resources available. We find that only a tiny fraction of revenue the state derives from tobacco use is being used for tobacco control efforts, and that the state is spending far less than recommended by the federal government. As a result, the potential public health benefits and savings that would be realized through robust funding of tobacco control programs are going "Up In Smoke."

### ► FINDINGS:

- New York has raised \$10.5 billion in tobacco revenues over the past six years, yet less than four percent has been spent on tobacco control programs. To be clear, only about four pennies of every dollar raised by tobacco taxes goes to help people quit smoking. This inadequate spending stands in stark contrast to previous promises made by public officials to invest these state dollars in tobacco control.
- In the current fiscal year, New York will spend on tobacco control only 16 percent of the amount recommended by the Centers for Disease Control and Prevention. *In addition, over the past three years funding for the tobacco control program has been cut in half.*
- Tobacco use takes a terrible toll on New York. In 2009, 25,400 lives were prematurely lost due to tobacco use. In addition, the state lost an estimated \$8.17 billion in health care costs and \$2.7 billion in Medicaid costs as a result of tobacco use.
- Tobacco control programs have been proven to reduce youth smoking and help current smokers to quit.
- When more adequately funded, the New York tobacco control programs achieved successes in the effort to curb tobacco use, especially in preventing young people from becoming smokers. Teenage and adult tobacco use rates have fallen faster in New York than in the U.S. as a whole. In 2010, 12.6 percent of teenagers, and 15.5 percent of adults, were smokers.
- Limited funding prevents the Tobacco Use Prevention and Control Program from reaching the most vulnerable populations with the highest rates of smoking. Increasingly, the burden of tobacco taxes falls most heavily on those least able to pay.

### ► RECOMMENDATIONS:

- New York should spend a dime in every dollar of revenue from tobacco sales on tobacco control. New York must fulfill its promises to use tobacco revenues for programs to help smokers to quit and to keep children from smoking. We recommend **incrementally increasing Tobacco Program Funding to the CDC-recommended level of \$254 million per year**. The program's annual budget should be increased to \$100 million in 2012-13 and then, as its capacity grows, increased by \$50 million every year until it reaches the target appropriation.
- **Target more resources to adult cessation.** Achieving near-term reductions in tobacco use rates, and the incidence of tobacco-caused disease, will best be accomplished by encouraging adult smokers to quit and providing resources to help them succeed. Only by motivating smokers to attempt to quit smoking and providing the pressure, resources, and support to make those attempts successful will near-term smoking rates decline, disease rates decline, premature deaths decline, and economic savings accrue. Most smokers want to quit, and encouraging and assisting adult cessation is a cost-effective tobacco control strategy.
- **Increase community level interventions, especially in disadvantaged urban neighborhoods and rural areas.** To change social norms a program must be well integrated into a community. Program personnel must understand and, preferably, live in, the communities they work in. At least one-third of any budget increase should be directed to increasing the level of community activity.
- **Increase funding for anti-smoking media messages.** As quickly as possible, the TCP should increase its media budget and target messages to those, such as the poor and non-English speakers, that the program has not been reaching.
- **Develop and implement strategies for reaching those with mental illness or addictive disorders:** People with mental illness smoke at a rate almost twice that of the general public. Increasingly, tobacco use is concentrated in this population, and if the problem is not addressed now, the burden of tobacco use will increasingly fall on those least able to absorb it.

## Sustainability Talking Points

### The Problem

- New York has raised \$10.5 billion in tobacco revenues over the past six years, yet less than four percent has been spent on tobacco control programs. Only about four pennies of every dollar raised by tobacco taxes goes to help people quit smoking.
- Over the past three years funding for the tobacco control program has been cut in half. In the current fiscal year, New York will spend on tobacco control a mere two percent of tobacco revenues, and only 16 percent of the amount recommended by the Centers for Disease Control and Prevention.
- Tobacco use takes a terrible toll on New York. In 2009, 25,400 lives were prematurely lost due to tobacco use. Tobacco costs New Yorkers an estimated \$8.17 billion in health care costs, including \$2.7 billion in Medicaid costs as a result of tobacco use.
- Tobacco control programs have been proven to reduce youth smoking and help current smokers to quit. When more adequately funded, the New York tobacco control programs achieved successes in the effort to curb tobacco use, especially in preventing young people from becoming smokers. Teenage and adult tobacco use rates have fallen faster in New York than in the U.S. as a whole. In 2010, 12.6 percent of teenagers, and 15.5 percent of adults, were smokers.
- Limited funding prevents the Tobacco Use Prevention and Control Program from reaching the most vulnerable populations with the highest rates of smoking. Increasingly, the burden of tobacco taxes falls most heavily on those least able to pay.

### What We Could Do with More Resources

- Target more resources to adult cessation. Achieving near-term reductions in tobacco use rates, and the incidence of tobacco-caused disease, will best be accomplished by encouraging adult smokers to quit and providing resources to help them succeed. Only by motivating smokers to attempt to quit smoking and providing the pressure, resources, and support to make those attempts successful will near-term smoking rates decline, disease rates decline, premature deaths decline, and economic savings accrue. Most smokers want to quit, and encouraging and assisting adult cessation is a cost-effective tobacco control strategy.
- Increase community level interventions, especially in disadvantaged urban neighborhoods and rural areas. To change social norms a program must be well integrated into a community. Program personnel must understand and, preferably, live in the communities they work in.
- Increase funding for anti-smoking media messages, and target messages to those, such as the poor, those living in rural areas, and non-English speakers, that the program has not been reaching.
- Develop and implement strategies for reaching those with mental illness or addictive disorders: People with mental illness smoke at a rate almost twice that of the general public. Increasingly, tobacco use is concentrated in this population, and if the problem is not addressed now, the burden of tobacco use will increasingly fall on those least able to absorb it.

# Five Conversations Your Legislators Want to Have

Real-life stories  
that personalize  
the issue

*Not lobbying*



Your visibility and  
momentum as a  
group

*Not lobbying*

General local  
statistics

*Not lobbying*

How state &  
fed money is  
being spent in  
the district

*Not lobbying*

What specific  
legislative  
action would  
make you  
happy

*Lobbying!!*



## Legislative Calendar

- January - Governor delivers SOS, Legislature convenes
- Late January - Executive Budget proposal is introduced
- February - Health budget hearings are held
- March - Budget negotiations continue
- April 1 - State budget due

## Sustainability Calendar

- June - Meet with partners to develop sustainability plan
- July - September - Prepare materials (data, messages, reports)
- October - Training for grantees/contractors
- November- March - Sustainability Activities

