

# **CDC/OSH and TTAC Tobacco-Related Disparities Call**

**January 28, 2010**

## **Objectives**

- Discuss OSH updates
- Overview of MPOWER in addressing tobacco-related disparities
- Overview of MAPPS
- Discuss the impact of taxes on the low SES community
- Describe NYS point of sale activities

**Welcome & Introduction of Speakers-** Debra Morris, TTAC

**OSH Update-** Brenda Richards

Dr. Ursula Bauer was selected to serve as the director for the National Center for Chronic Disease Prevention and Health Promotion. Dr. Bauer comes from the New York State Department of Health where she served as the director of the Division of Chronic Disease and Injury Prevention, and formerly as the director of their Tobacco Control Program. Dr. Kevin Collins will be leaving OSH to serve as the temporary deputy branch chief for the Division of Nutrition, Physical Activity and Obesity.

The OSH Disparities Toolkit has been reviewed by staff from several states and is now receiving final edits at this time. The toolkit should be finalized and ready to distribute by the end of the year. The second and third series of the Best Practices User Guide are in production. OSH is currently working on the final edits for the Tobacco Pricing Policy User Guide with an anticipated release date of late spring 2010.

After the disparities call last November, an evaluation survey was distributed to the disparities conference call listserv. The survey was used to assess participants' thoughts on the relevance and overall usefulness of the calls. Twenty-two respondents offered their input. Of those respondents, the majority indicated that the calls were relevant, and around half indicated that they participated on all of the calls. Those who could not participate mentioned that a heavy workload prevented them from participating on the calls. The majority felt that the calls occurred in adequate frequency and were a good forum to share information. One common request was to have more time for discussion and possibly have a call that allowed open discussion on a given topic. Another common request was to keep the calls at one hour in length.

**Overview of MPOWER in Addressing Tobacco-Related Disparities-** Brick Lancaster, MA, CHES, Chief, Program Services Branch, Office on Smoking and Health

MPOWER, a technical package combining evidence based and highly effective strategies, was originally developed to help countries improve their results, and provides the “how to” component of tobacco control and prevention. A comprehensive statewide tobacco control program is a coordinated effort to establish smoke-free policies and norms, decrease affordability of tobacco products, minimize tobacco advertising and promotion, control access to tobacco products, and promote and assist tobacco users to quit. The MPOWER acronym stands for the following:

- **M**onitor tobacco use and prevention policies. It indicates how best to tailor policies.
- **P**rotect people from tobacco smoke. Evidence shows that smoke free laws do not harm businesses and are typically popular with the public.
- **O**ffer help to quit tobacco use. Reports show that approximately 75% of tobacco users want to quit. The combination of counseling and medication can double the chance of success for a smoker who wants to quit.
- **W**arn about the dangers of tobacco. Hard hitting anti-tobacco ads and pack warnings are proven to reduce the number of children who initiate tobacco use and reduce the number of people who are currently smokers.
- **E**nforce bans on tobacco advertising, promotion and sponsorship.
- **R**aise taxes on tobacco. Raising tobacco taxes is the most effective step in reducing tobacco use among the young and the poor. Raising taxes also increases government revenues.

With the most recent and developed best practices, there has been more focus on relating them to disparities. For example, when considering state and community interventions, efforts have been focused on funding local organizations to reach diverse populations, supporting participation in coalitions, and funding multi-cultural organizations and networks. When developing cessation interventions, more focus has been put on developing culturally appropriate and translated materials, and providing access to multi-lingual quitline counselors. MPOWER actions will help the field as a whole to have a proactive critical tool for planning and implementing science based policy and systems change within communities.

**Overview of MAPPs**- Monica Eischen, Team Lead, Program Services Branch, Office on Smoking and Health

MAPPs provides details on what needs to be implemented at the state and community level related to best practices. The acronym stands for Media, Access, Point of Purchase, Price, and Social Support and Services.

Media

These funds are to be used in relation to media strategies. Funds would go towards helping states and communities to put restrictions around certain types of tobacco media and advertising. Reports show that hard-hitting, visceral counter-advertising, aimed at countering advertisements that associate tobacco with pleasant qualities, does help people give up tobacco.

Access

Limiting access to tobacco includes usage bans, which refer to 100% smoke-free policies or tobacco-free policies in restaurants, bars, schools, workplaces, etc. Zoning restrictions are an area of policy that can be utilized based on changes from the FDA regulations. These restrictions limit where tobacco can be advertised, how much advertising is allowed, how large the advertisements are, and the amount and location of the product advertisements. This particular component is pertinent to addressing disparities as it allows us to go into communities that have a plethora of ads targeting specific populations. Zoning restrictions will allow communities to limit the amount of sales by limiting the amount of licenses as well.

Price

These efforts are focused around using evidence based pricing strategies to discourage tobacco use and banning free samples and price discounts from the tobacco industry. The new user guide on tobacco pricing policies will address these strategies.

Social Support and Services

Approximately \$44 million of ARRA is being used for all 50 states and Puerto Rico to advance the quitline and increase cessation services.

**Impact of Taxes on Low SES Communities**- Janet Porter, Program Director, Break Free Alliance

The Break Free Alliance is one of six national networks funded by CDC's Office on Smoking and Health and serves as a resource and national partner in tobacco control and prevention. They recently released a report on tobacco taxes and the impact on low SES communities to serve as a resource to provide recommendations for advocates on how to utilize tobacco taxes in low SES communities.

The first section of the report provides a general overview of tobacco use prevalence in low SES populations. Higher tobacco use rates are seen among those with a high school education or less, and individuals within the lower income brackets. The report also addresses the issue of “regressivity”, where the poor pay a higher percentage of their income in taxes than the rich. Tobacco taxes are considered to be regressive, but they are extremely beneficial and are important policy tools that can be used to reduce smoking among all population groups.

Current data shows that higher taxes produce significant reductions in tobacco consumption among lower income populations. However, other data indicates that when the price of tobacco goes up, many individuals in the poor communities will continue to smoke. They either switch to cheaper brands or they begin to roll their own cigarettes. Therefore, it is imperative that cessation resources are well-communicated and readily available to members of the community.

Ms. Porter indicated that a strong area of focus should be on using generated revenues from tax increases for tobacco prevention and control programs in poor communities. These revenues should be used for anti-tobacco programs that target low SES communities and focus on preventing youth initiation.

#### General Recommendations from Report

- Advocate for and support tobacco tax increases and push to have the resulting revenues put back into tobacco control and prevention programs within low SES communities.
- Couple tobacco tax increases with appropriate cessation resources. Affordability and addiction are two different things. Tax increases alone cannot be viewed as a cessation method.
- Monitor tobacco industry advertising marketing tactics in low SES communities.

The Break Free Alliance report is available for download at the following website:

[http://healthedcouncil.org/breakfreealliance/pdf/Break%20Free%20Alliance\\_Tobacco%20Tax%20doc.pdf](http://healthedcouncil.org/breakfreealliance/pdf/Break%20Free%20Alliance_Tobacco%20Tax%20doc.pdf)

#### **NYS Point of Sale Activities-** Rachel Iverson, Associate Director, NYS Tobacco Control Program

The New York State Tobacco Control Program’s retail initiative strategy works to raise awareness and build support for eventual elimination of tobacco advertising and sales in the retail environment. They utilize a three-pronged approach for their retail initiative strategy: (1) work with retailers to voluntarily reduce, rearrange, or eliminate tobacco advertising and product placement, (2) work with municipalities to pass resolutions calling on local retailers to reduce, rearrange, or eliminate tobacco advertising and product placement, and (3) Tobacco Control Program contractors call on large grocery store chains to eliminate tobacco product sales and product placement.

Approximately 18.8% of New York State tobacco sales revenue is from grocery store tobacco sales. Nationally, only 2% of total revenue from grocery stores that sell tobacco is from the sale of tobacco products. Hence, eliminating tobacco sales in grocery stores would not have a debilitating effect on the revenue that grocery stores bring in. Part of the Grocery Store Initiative involves community coalitions placing ads that either raise awareness or represent a call for action. One ad shows a number of food items- vegetables, eggs, bread, etc- and a pile of cigarettes in the center. The caption reads: *Which item doesn't belong?* Another ad directs people to [www.GetMadAboutAds.org](http://www.GetMadAboutAds.org).

Similarly, only 9.2% of New York State tobacco sales revenue is from pharmacies, and nationally, only 1.9% of total revenue from pharmacies that sell tobacco is from the sale of tobacco products. Selling tobacco products in pharmacies is in direct conflict with the service that is provided.

#### Key Accomplishments of the NYS TCP

- In 2008, Wegman's Food Markets eliminated all tobacco sales in their stores in New York and nationally. While the New York State Tobacco Control Program was not involved in the Wegman success, they celebrated their success and highlighted what the store did by running ads in prominent newspapers and publishing op-ed pieces in order to put pressure on other grocery stores to do the same.
- In the Spring of 2008, Price Chopper Supermarkets agreed to cover their in-store tobacco displays with opaque doors
- A number of smaller grocery store chains in New York have eliminated all tobacco sales in a number of their stores or have placed tobacco products behind customer service counters. NYS TCP is active in highlighting these stores by holding press events and writing letters to the editors of local newspapers.
- While not related to efforts by the NYS TCP, the New York City Health department worked to amend the New York City health code to require postings of tobacco health warnings and smoking cessation information anywhere tobacco is sold, produced, or distributed. The warnings are visual depictions of the health consequences of using tobacco. These postings are provided for free to retail stores in multiple different languages.

Unfortunately, recent RATS (Retail Advertising Tracking Survey) trends data shows that the voluntary only approach has not been very successful in eliminating interior and exterior tobacco ads in stores, and in fact, over the past four years there has been a statistically significant increase in tobacco ads.

#### Future Goals and Next Steps

- Letters to the editor and other earned media to support legislation banning the sale of tobacco products in all pharmacies by 3/31/11 advanced by the Senate and Assembly Health Committees.

- Advance the Point of Sale Initiative through:
  - Requiring community coalitions to increase advocacy with retail decision makers
  - Increasing community education
  - Increasing paid media targeted towards eliminating tobacco sales and advertising
  - Increasing monitoring and assessing communities and
  - Increasing policymaker education.
- Focus on ARRA supported goals:
  - Create a New York law that bans the display of tobacco products inside all non-adult-only retail establishments
  - Support a legislation that restricts the number of retail tobacco licenses in New York State.

### **General Announcements**

- The Break Free Alliance has an upcoming conference on promising practices from the field. The conference will be held on April 27<sup>th</sup> and 28<sup>th</sup> in New Orleans. Early registration will close on February 5<sup>th</sup>. Late registration will continue through April 19.

<http://www.healthedcouncil.org/>

### **Closing**

- Please email [ttac@sph.emory.edu](mailto:ttac@sph.emory.edu) with any additional questions
- A Call Evaluation survey will be sent out by email after this call
- The PowerPoint slides and minutes from this call will be posted on the TCN website.
- **The next call will be scheduled for March 4th. Please keep an eye out for further information in late February for this call.**