

# Comprehensive Smoking Prevention Programs

*Legislator Policy Brief*

# The Healthy States Initiative

*A partnership to promote public health*

The Healthy States Initiative helps state leaders access the information they need to make informed decisions on public health issues. The initiative brings together state legislators, Centers for Disease Control and Prevention (CDC) officials, state health department officials and public health experts to share information and to identify innovative solutions.

The Council of State Governments' partners in the initiative are the National Black Caucus of State Legislators (NBCSL) and the National Hispanic Caucus of State Legislators (NHCSL). These organizations enhance information-sharing with state legislators and policymakers on critical public health issues.

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## Why public health?

State legislators play a vital role in determining the structure and resources available to state and local agencies dedicated to protecting the public's health. Public health agencies educate the public and offer interventions across a wide spectrum of public health issues including:

- Ensuring that children and at-risk adults are immunized against deadly diseases;
- Assisting victims of chronic conditions such as cancer, heart disease and asthma;
- Preventing disease and disability resulting from interactions between people and the environment;
- Researching how HIV/AIDS infections and other sexually transmitted diseases can be prevented;
- Promoting the health and well-being of people with disabilities; and
- Working with schools to prevent risky behavior among children, adolescents and young adults.

## Information resources for state policymakers

New information resources produced under this initiative include:

- Healthy States Web site. This unique Web site offers information and resources on many public health issues. Visit <http://www.healthystates.csg.org> to get information, sign up for publications and view other information on the initiative.
- Health Policy Highlights and Healthy States e-weekly. Each week, this free weekly electronic newsletter brings the latest public health news, resources, reports and upcoming events straight to your inbox.
- Healthy States Quarterly. CSG publishes a free quarterly newsletter covering public health legislative and policy trends, innovative best practices from the executive and legislative branches, current research and information on Healthy States activities.
- Forums and Web Conferences. Web conferences are offered to allow public health experts, legislators and legislative staff to interact on priority public health issues. Forums include educational sessions on public health issues, new legislator training and roundtable discussions with peers and public health experts.
- Healthy States Publications. New resources will assist state legislators interested in public health topics, including obesity and chronic disease prevention, HIV/AIDS and sexually transmitted disease prevention, vaccines, health disparities and school health.

## For more information

If you are interested in the learning opportunities available through the Healthy States Initiative, visit <http://www.healthystates.csg.org>, <http://www.nbcsl.org> or <http://www.nhcsl.org>.

# Comprehensive Smoking Prevention Programs

## Overview

As the leading preventable cause of death in the United States, smoking results in an estimated 438,000 deaths and \$92 billion in lost productivity each year. For every person who dies, there are 20 more living with a smoking-related disease. With an additional \$75 billion spent on health care, smoking costs more than \$167 billion annually.<sup>1</sup> This issue brief provides state policymakers with key background information about smoking and identifies proven and cost-effective prevention strategies for states.

### What Do Legislators Need To Know About Smoking?

Smoking harms nearly every organ in the body, but its effects on the lungs and heart are particularly devastating: the three leading causes of smoking-attributable deaths are lung cancer, chronic obstructive pulmonary disease (COPD) and coronary heart disease. The Centers for Disease Control and Prevention (CDC) reports that between 1997 and 2001, smoking-related illnesses resulted in 438,000 premature deaths and 5.5 million years of “potential life lost,” a measure of premature mortality.<sup>1</sup> An estimated 20.9 percent of all adults (45.1 million people) smoke cigarettes in the United States.<sup>2</sup>

Youth smoking rates began declining steadily in 1997, but from 2002 to 2005 this decline appears to have stalled.<sup>3,4</sup> Reasons for the stall may include reductions in funds for tobacco prevention, increases in tobacco industry advertising and promotion from \$6 billion in 1997 to more than \$15 billion in 2003, and the glamorization of smoking in films, which influences youth initiation.<sup>5</sup> Likewise, there was no observed change in adult smoking rates between 2004 and 2005.<sup>6</sup>

Smoking levels vary widely among different ethnicities, with American Indians/Alaska Natives having the highest prevalence (32 percent are smokers), followed by whites (21.9 percent), African-Americans (21.5 percent), Hispanics (16.2 percent) and Asians (13.3 percent).<sup>3</sup> Cigarette smoking is more common among adults who live below the poverty level (29.9 percent) than those living at or above it (20.6 percent). It is also more common among men (23.9 percent) than women (18.1 percent).<sup>3</sup>

There is sound evidence that comprehensive tobacco control programs are effective in reducing the human and financial costs of smoking. In order to decrease the impact of smoking-related disease and death on public health and the economy, every state should implement comprehensive tobacco-control programs. Successful state policy initiatives have incorporated such elements as smokefree indoor air policies, tobacco product price increases, youth tobacco sales restrictions, anti-tobacco media campaigns and community-based support services such as telephone quit lines.

### What Can State Legislators Do To Help Prevent Smoking?

State legislators play a crucial role in protecting the public’s health and decreasing health care costs by supporting comprehensive tobacco control programs, which reduce disease, disability and death related to tobacco use. The five goals of a comprehensive program are:

- To prevent youth and young adults from beginning to use tobacco.
- To promote retailer compliance with youth tobacco sales restrictions combined with other interventions to decrease minors’ ability to buy tobacco.
- To promote tobacco cessation.
- To eliminate exposure to secondhand smoke.
- To identify and eliminate in the use and impact of tobacco disparities.

# Actions for State Legislators

## Demonstrate Leadership

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- Support legislation for evidence-based interventions such as cigarette tax increases, smokefree indoor air policies and funding for comprehensive tobacco control programs.
- Create or serve on a statewide tobacco control task force.
- Actively and publicly support efforts to prevent youth tobacco use and provide assistance to adults who want to quit.

## Prevent Initial Tobacco Use Among Young People

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- Increase the price of tobacco products. There is strong evidence to indicate that increasing the price of tobacco is an effective deterrent to youth smoking.<sup>7</sup>
- Support statewide media campaigns to prevent smoking. Increasing mass media campaigns and other strategies are effective ways to decrease youth tobacco use.<sup>8</sup>
- Target young people in smoking prevention efforts—90 percent of smokers start before the age of 21 and 65 percent start before the age of 19.<sup>9</sup>
- School programs can reduce smoking among children by 25 to 60 percent.<sup>10</sup>
- Support school-based programs in conjunction with community enforcement of youth tobacco sales restrictions or other interventions such as stronger local laws directed at retailers, active enforcement of retailer sales laws and retailer education with reinforcement to decrease minors' access to tobacco.

## Promote Cessation Among Young People and Adults

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- Expand the services available through statewide quit lines to assist in smoking cessation. When combined with educational approaches and/or medical therapies, telephone quit lines can effectively help smokers quit.<sup>11</sup>
- Cut costs or offer free nicotine replacement therapies and encourage health care providers to screen for and treat tobacco use at every visit, which can improve outcomes for underserved and uninsured populations.<sup>12</sup>
- Encourage clinicians to screen for tobacco use and offer cessation counseling, which is highly cost-effective. All the service costs can be recovered through long-term health care cost savings.<sup>13</sup>

## Eliminate Exposure To Secondhand Smoke

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- Protect the health of nonsmokers. Each year, the effects of secondhand smoke cost an estimated \$10 billion.<sup>14</sup> An estimated 3,000 nonsmokers die from lung cancer and tens of thousands die from heart disease.<sup>15</sup>
- Protect restaurant and bar workers from secondhand smoke. Studies have found that they are less likely than other workers to be protected by smokefree workplace policies and more likely to be exposed to high levels of secondhand smoke on the job.<sup>16</sup> Smokefree policies and regulations do not have an adverse economic impact on the hospitality industry, multiple studies have shown.<sup>17</sup>
- Ban smoking in public places and workplaces. Smoking bans not only protect nonsmokers from secondhand smoke, they also reduce current smokers' tobacco use and encourage cessation.<sup>18</sup>

## Identify and Eliminate Health Disparities Related To Tobacco Use

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- Review Behavioral Risk Factor Surveillance System (BRFSS) data in your state related to specific population groups. Smoking rates are not evenly distributed—higher smoking rates, for example, are associated with fewer years of education and lower incomes.<sup>19</sup>
- Provide smoking cessation services, including telephone quit lines and medications, free or at reduced cost to increase use, thus reducing the financial burden of smoking-related illnesses on state health insurance programs.
- Establish and fund multicultural organizations and networks to collect data and implement culturally appropriate interventions to increase the capacity of minority communities to plan and address tobacco as a priority issue.<sup>20</sup>
- Support efforts to prevent the tobacco industry from using cigarette marketing campaigns that target specific groups.
- Ensure that anti-tobacco programs are tailored to serve all populations, taking into account varying cultural characteristics.
- Support faith-based cessation programs that offer one-on-one counseling, culturally appropriate self-help materials and communitywide activities.

# State Policy Examples

## Clearing the Air in California

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As the longest running large tobacco control program, California is reaping the benefits of cleaner indoor air and reductions in youth and adult smoking rates. The California Tobacco Control Program was associated with 33,000 fewer deaths from heart disease<sup>21</sup> and an estimated \$8 billion in savings from 1989 through 1997.<sup>22</sup> California's program features the combined efforts of local health departments and community-based organizations, a statewide media campaign, quit lines, restrictions on where smoking is allowed and restrictions on the marketing of tobacco products. It is also associated with lung and bronchus cancer rates that declined three times faster than the rest of the nation from 1988-2001.<sup>22</sup>

*<http://www.dhs.ca.gov/tobacco/default.htm>*

## Making the Grade in Maine

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When the American Lung Association released its annual State Tobacco Control report card in January 2006, Maine became the first state ever to receive an "A" in each of the four categories: tobacco prevention spending, cigarette tax, smoke-free air and youth access.<sup>23</sup> Maine, which in 2005 had the highest funded prevention program in the nation in relation to the CDC's Best Practices minimum recommended funding, reduced smoking rates among middle school students by 64 percent and by 59 percent among high school students between 1997 and 2005.<sup>24</sup> Maine's tobacco prevention program, which is entirely funded with tobacco settlement money, consists of a statewide counter-marketing media campaign; cessation services, which include a quit line and medication program, as well as training for health professionals; funding for community-based organizations; enforcement activities related to youth access and clean indoor air; training for retailers to assist in complying with youth access laws; and local youth advocacy programs.

*<http://www.tobaccofreemaine.org/aboutptm.html>*

## Saving Lives and Money in New York

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In 2003, both New York City and the state implemented comprehensive smoke-free workplace laws that included restaurants and bars. While these have been highly successful in improving air quality and reducing secondhand smoke exposure, they are only one part of New York's comprehensive tobacco control program. In addition to clean indoor air laws, New Yorkers benefit from state policies that:

- fund community-based organizations to fight tobacco use at the local level;
- maintain high excise taxes on tobacco products;
- produce aggressive, emotionally powerful media campaigns to motivate smokers to quit and discourage others from starting; and
- offer cessation assistance, such as quit lines, reduced-cost nicotine replacement products and tobacco use screening by physicians.

Rigorous evaluation standards included in the law that created New York's tobacco prevention program are providing strong evidence that tobacco control saves lives and money.

*<http://www.health.state.ny.us/nysdoh/smoking/main.htm>*

## Decreasing Youth Smoking in West Virginia

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Long in the top six states with highest adult and youth smoking rates, West Virginia's comprehensive tobacco prevention program significantly reduced the youth smoking prevalence from 42.2 percent in 1999 to 28.5 percent in 2003 and there is evidence that rates continue to decrease. In addition to efforts to control youth smoking, West Virginia's Division of Tobacco Prevention (DTP) funds prevention activities related to clean indoor air and cessation. All but one of 55 counties in West Virginia are covered by clean indoor air regulations and cessation services—such as quit lines, nicotine replacement therapy and counseling sessions—are provided at no charge to all uninsured West Virginia residents and at a reduced cost to those with insurance. West Virginia also requires evaluation of DTP's tobacco prevention efforts to ensure that they are science-based, responsive to communities and accountable to state policymakers.

*<http://www.wvdhr.org/bph/oehp/tobacco/index.htm>*

# Advice from a State Legislator

## *Want to Fight Smoking in Your State?*



*Pete Grannis  
New York State Assembly*

Assemblymember Pete Grannis, a veteran anti-smoking champion and legislator since 1974, represents part of Manhattan in New York's State Assembly. Grannis serves on the Assembly's Health Committee and was a co-author of the state's clean indoor air and cigarette fire safety acts.

### His Advice To State Legislators:

- **Start with data for particular groups.** Identify how smoking impacts different constituent or interest groups and share that data with the group. For example, finding out how secondhand smoke affects people suffering from asthma can be a powerful motivation for that group to help out with anti-smoking efforts.
- **Build effective coalitions.** For the efforts in New York, "we relied heavily on the cancer, heart and lung associations, on local government, public health officials and even the New York state restaurant association," said Grannis, describing the coalition behind a successful effort in 2003 to expand the state's clean indoor air act to include restaurants and bars.
- **Generate favorable editorial and news coverage.** According to Grannis, getting strong support from newspaper editorials and favorable news coverage helped to build a large, effective coalition in New York.
- **Relevant, timely information is key.** "While our opponents warned of the catastrophic impacts [of a smoking ban for restaurants and bars], we went ahead with our efforts," said Grannis. Proponents of the ban pushed forward because they were armed with solid information about financial impacts from previous efforts in California and Boston.

Source: Healthy States September 2005 Web Conference, "No Ifs, Ands or Butts: Proven Anti-Smoking Strategies for States." Archive and issue brief available at <http://www.healthystates.csg.org/Events+and+Conferences/Web+Conferences/Smoking+Web+Conference.htm>.

### Want to Know More?

*We'll help you find experts to talk to about this topic*

If you would like to explore this topic in greater depth, contact us at the Healthy States Initiative and we'll help you connect with...

- an expert on this issue from the CDC.
- fellow state legislators who have worked on this issue.
- other public health champions or officials who are respected authorities on this issue.

Send your inquiry to <http://www.healthystates.csg.org/> (keyword: inquiry) or call the health policy group at (859) 244-8000 and let us help you find the advice and resources you need.

# Advice from a Public Health Official

## *What Works in Tobacco Control?*

*Dr. Ursula Bauer  
Director, New York's Tobacco Control Program*



Dr. Ursula Bauer, a chronic disease epidemiologist by training, has been working in the field of tobacco control, surveillance and education since 1995. Bauer has been the director of the Tobacco Control Program for the State Health Department in New York since 2001.

### Her Advice To State Legislators:

- **Make tobacco use difficult.** “Keep the price high, keep the product out of view or inaccessible and restrict where and how tobacco may be used or sold.”
- **Protect nonsmokers.** “Nearly 80 percent of New Yorkers favor our clean indoor air law, including almost half of smokers. We know that restaurant and bar workers have less exposure to secondhand smoke, and that the nonsmoking public in general and youth in particular are reporting less exposure to secondhand smoke since our clean indoor air laws went into effect.”
- **Fund community-based organizations.** These organizations, Bauer said, “take tobacco control action locally. They challenge and counter tobacco advertising and promotion in our stores and on our streets, even in our schools, businesses, homes and health care institutions. They educate community members and decision makers about the health and economic impact of tobacco use and mobilize citizens to demand protection from tobacco smoke.”
- **Mandate evaluation of your tobacco control program.** “As a result of the evaluation requirement in the law that created New York’s tobacco control program, we’re accumulating evidence about the effectiveness of our own tobacco control efforts even as researchers across the country and around the world continue to add to the overwhelming evidence that investment in tobacco control saves lives and money.”

Source: Healthy States September 2005 Web Conference, “No Ifs, Ands or Butts: Proven Anti-Smoking Strategies for States.” Archive and issue brief available at <http://www.healthystates.csg.org/Events+and+Conferences/Web+Conferences/Smoking+Web+Conference.htm>.

# Key Facts and Terms

## Health and Economic Impact

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- Cigarette smoking is the leading cause of preventable disease and death in the United States, resulting in approximately 438,000 deaths annually and 5.5 million years of potential life lost. For every person who dies, there are 20 more living with a smoking-related disease.<sup>1</sup>
- An estimated 35,000 Americans die of heart disease and another 3,000 die from lung cancer each year as a result of exposure to secondhand smoke.<sup>15</sup>
- Eliminating smoking during pregnancy may lead to a 10 percent reduction in all infant deaths.<sup>25</sup>
- Each year an estimated 150,000 to 300,000 children younger than 18 months of age have lower respiratory tract infections from exposure to secondhand smoke.<sup>26</sup>
- Smoking-related illnesses are responsible for \$75 billion in health care costs and \$92 billion in lost productivity each year, for a combined \$167 billion.<sup>1</sup>
- About 14 percent of all Medicaid expenditures are for smoking-related illnesses.<sup>27</sup>
- An estimated 45.1 million people smoke cigarettes in the United States. Approximately 20 billion packs of cigarettes were sold in the U.S. in 2002. Each pack cost the nation an estimated \$8.61 in medical care costs and lost productivity.<sup>28</sup>

## Health Disparities

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- Higher smoking rates are associated with fewer years of education and lower incomes, which in turn are associated with decreased access to health care.<sup>19</sup>
- In 2005, cigarette smoking was highest among American Indians/Alaska Natives (32 percent), followed by whites (21.9 percent), African-Americans (21.5 percent), Hispanics (16.2 percent) and Asians (13.3 percent). It is more common among men (23.9 percent) than women (18.1 percent).<sup>2</sup>
- The three leading causes of death among minorities (heart disease, cancer and stroke) are results of smoking and tobacco usage.<sup>29</sup>
- Within minority communities, barriers to smoking cessation are financial, lingual and logistical. Minorities often have less access to primary health care providers who would encourage smoking cessation.<sup>30</sup> Organizations such as the National Black Leadership Initiative on Cancer and the National Hispanic Leadership Initiative on Cancer seek to reduce barriers that limit the access of minorities to services.<sup>31</sup>
- Tobacco companies target minorities, especially the African-American and Hispanic communities, in their marketing efforts by sponsoring athletic, cultural and entertainment events and advertising on billboards and in magazines.<sup>32</sup>
- Involvement of community-based organizations is an effective means to increase the capacity of minority communities to plan and make tobacco control a priority.<sup>33</sup>

Studies have consistently concluded that when properly funded and implemented, comprehensive smoking prevention and cessation programs reduce smoking among both youth and adults. Specific programs that have been proven effective are described below. The first seven of the following interventions are recommended in the CDC's "Guide to Community Preventive Services: Tobacco Use Prevention and Control", and the first three are proven to be the most effective strategies.

- **Price Increases.** Increasing the price of tobacco products has been shown to decrease tobacco use initiation and increase cessation. Young people, African-Americans and low-income adults are particularly sensitive to price increases.
- **Mass Media.** Sustained public education campaigns using advertising and mass media in combination with culturally appropriate community-based services, quit lines and other interventions have been proven effective in decreasing initiation and increasing cessation.
- **Smoking Bans and Restrictions.** As of January 2007, smokefree laws that include restaurants and bars are in force in 13 states—California, Colorado, Connecticut, Delaware, Hawaii, Maine, Massachusetts, New Jersey, New York, Ohio, Rhode Island, Vermont and Washington—plus the District of Columbia and Puerto Rico. Five other states—Arkansas, Florida, Idaho, Louisiana and Nevada—have smokefree laws that exempt stand-alone bars.<sup>34</sup> Studies have shown that smoking bans in workplaces lead to an average reduction in secondhand smoke exposure of 72 percent.<sup>35</sup> Arkansas and Louisiana also passed laws to prohibit smoking in cars with young children. Vermont and Washington have prohibited foster parents from smoking in the presence of children in the home and car.<sup>36</sup>
- **Telephone-Supported Cessation.** Quit lines have been shown to be effective tools for assisting smokers to quit. When paired with other interventions such as patient education, provider-delivered counseling and nicotine replacement therapy, cessation rates increase.
- **Community Mobilization Efforts.** Assessing tobacco retailer compliance with youth sales restriction laws and disseminating the findings, combined with additional interventions such as stronger local laws directed at the retail distribution of tobacco, active enforcement of retailer state laws and retailer education with reinforcement are recommended as effective in reducing tobacco use among youth.
- **Provider Reminders and Education.** Effective efforts to increase the number of patients who quit and the number who are advised to quit by their providers include:
  - Reminders to providers to screen for tobacco use among their patients and discuss the risks and dangers of tobacco use with them;
  - Education programs for providers on methods for helping their patients quit; and
  - Physician-provided, culturally-appropriate patient education materials.<sup>37</sup>
- **Reducing Patient Costs.** Programs that reduce out-of-pocket costs for smoking cessation products are effective in increasing both the number of patients who use cessation therapies and the number of patients who successfully quit. These programs are 100 percent cost-effective considering potential savings from avoided inpatient, outpatient, laboratory, radiology and pharmacy services.
- **Faith-Based Programs.** In religious communities, church-based cessation programs have proven effective. These programs should offer one-on-one counseling, culturally appropriate self-help materials and community-wide activities, which seek to communicate effective cessation guidelines.<sup>38,39</sup>

More information about these interventions is available in the "Guide to Community Preventive Services": <http://www.thecommunityguide.org/tobacco>.

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# Resources

## CDC's Tobacco Information and Prevention Source

<http://www.cdc.gov/tobacco>

## CDC's Sustaining State Funding for Tobacco Control Web site

<http://www.cdc.gov/tobacco/sustainingstates/index.htm>

## CDC's Best Practices for Comprehensive Tobacco Control Programs

[http://www.cdc.gov/tobacco/research\\_data/stat\\_nat\\_data/bestprac.pdf](http://www.cdc.gov/tobacco/research_data/stat_nat_data/bestprac.pdf)

## CDC's State Tobacco Activities and Tracking Evaluation System (STATE System)

<http://www.cdc.gov/tobacco/STATEsystem>

## CDC's Surgeon General's Reports on Smoking

<http://www.cdc.gov/tobacco/sgr/index.htm>

## Healthy States Initiative's Smoking and Health Web Page

<http://www.healthystates.csg.org/Public+Health+Issues/Smoking+and+Health/>

## Healthy States Initiative's Smoking and Health Web Conference Archive and Issue Brief

<http://www.healthystates.csg.org/Events+and+Conferences/Web+Conferences/Smoking+Web+Conference.htm>

## Healthy States Initiative's State Official's Guide to Wellness

<http://www.healthystates.csg.org/NR/rdonlyres/D48FC4CD-1F7A-4CB6-A5B5-8DBF4ED500CC/0/WellnessSOG2006.pdf>

## Healthy States Initiative's TrendsAlert: Costs of Chronic Diseases: What Are States Facing?

[http://www.healthystates.csg.org/NR/rdonlyres/E42141D1-4D47-4119-BFF4-A2E7FE81C698/0/Trends\\_Alert.pdf](http://www.healthystates.csg.org/NR/rdonlyres/E42141D1-4D47-4119-BFF4-A2E7FE81C698/0/Trends_Alert.pdf)

## Healthy States Initiative's TrendsAlert: Using Sound Science to Prevent Chronic Disease: State Policy Implications

<http://www.healthystates.csg.org/NR/rdonlyres/CCA2258C-F4A5-41DE-9B26-0D22A09CD228/0/TAUsingSciencetoPreventChronicDisease.pdf>

## American Cancer Society's Tobacco and Cancer Web Page

[http://www.cancer.org/docroot/PED/ped\\_10.asp?sitearea=PED&level=1](http://www.cancer.org/docroot/PED/ped_10.asp?sitearea=PED&level=1)

## American Heart Association

<http://www.americanheart.org>

## American Legacy Foundation

<http://www.americanlegacy.org>

## American Lung Association

<http://www.lungusa.org>

## Campaign for Tobacco Free Kids

<http://www.tobaccofreekids.org>

# Preventing Diseases:

## *Policies that work based on the research evidence*

### **1) Promote healthy eating.**

Policies that give kids healthier food choices at school can help curb rising rates of youth obesity. Ensuring that every neighborhood has access to healthy foods will improve the nutrition of many Americans.

### **2) Get people moving.**

Policies that encourage more physical activity among kids and adults have been proven to reduce rates of obesity and to help prevent other chronic diseases.

### **3) Discourage smoking.**

Policies that support comprehensive tobacco control programs—those which combine school-based, community-based and media interventions—are extremely effective at curbing smoking and reducing the incidence of cancer and heart disease.

### **4) Encourage prevention coverage.**

Policies that encourage health insurers to cover the costs of recommended preventive screenings, tests and vaccinations are proven to increase the rates of people taking preventive action.

### **5) Promote health screenings.**

Policies that promote—through worksite wellness programs and media campaigns—the importance of health screenings in primary care settings are proven to help reduce rates of chronic disease.

### **6) Protect kids' smiles.**

Policies that promote the use of dental sealants for kids in schools and community water fluoridation are proven to dramatically reduce oral diseases.

### **7) Require childhood immunizations.**

Requiring immunizations for school and child care settings reduces illness and prevents further transmission of those diseases among children. Scientific, economic and social concerns should be addressed when policies to mandate immunizations are considered.

### **8) Encourage immunizations for adults.**

Policies that support and encourage immunizations of adults, including college students and health care workers, reduce illness, hospitalizations and deaths.

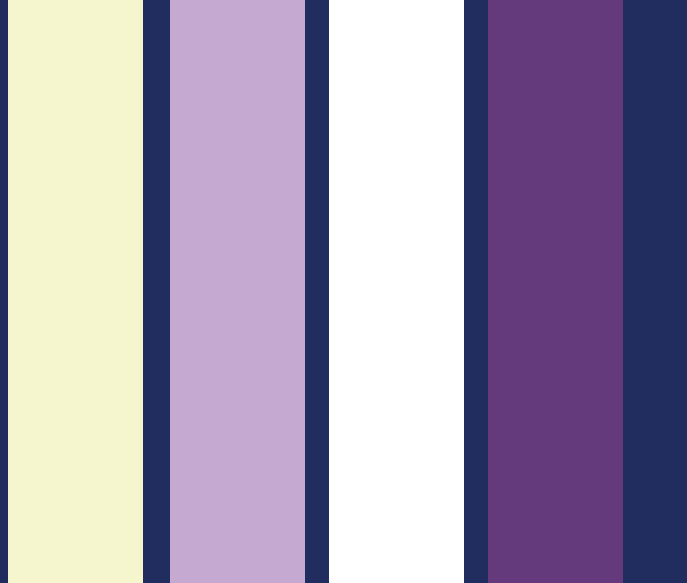
### **9) Make chlamydia screenings routine.**

Screening and treating chlamydia, the most common sexually transmitted bacterial infection, will help protect sexually active young women against infertility and other complications of pelvic inflammatory disease (PID) that are caused by chlamydia.

### **10) Promote routine HIV testing.**

Making HIV testing part of routine medical care for those aged 13 to 64 can foster earlier detection of HIV infection among the quarter of a million Americans who do not know they are infected.

Learn more about these and other proven prevention strategies at <http://www.ahrq.gov/clinic/uspstfix.htm>, <http://www.thecommunityguide.org/policymakers.html> and [http://www.prevent.org/images/stories/health\\_policy.pdf](http://www.prevent.org/images/stories/health_policy.pdf).



The Council of State Governments' (CSG) Healthy States Initiative is designed to help state leaders make informed decisions on public health issues. The enterprise brings together state legislators, officials from the Centers for Disease Control and Prevention, state health department officials, and public health experts to share information, analyze trends, identify innovative responses, and provide expert advice on public health issues. CSG's partners in the initiative are the National Black Caucus of State Legislators and the National Hispanic Caucus of State Legislators.

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