



Forging AHEAD

Our mission is to utilize evidence-based strategies for tobacco control surveillance, evaluation, program management, communication, resource development, and advance policies promoting tobacco-free Louisiana.



Louisiana Tobacco
Control Program

Annual Report 2010





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Executive Summary

Louisiana's current smoking and tobacco profile is associated with overall diminished health and negative economic impact. Yet, through a diverse set of programs and policies, and a creative approach to leveraging resources, the Louisiana Tobacco Control Program (LTCP) is steadily reducing the burden of tobacco and improving the wellbeing of people and communities throughout the state. This 2010 LTCP Annual Report provides a profile, current through December 2010, of the scope of Louisiana's tobacco problem, the LTCP practices for promoting a tobacco-free Louisiana, and expectations for the future.

Tobacco use is a major public health issue for the State of Louisiana. Cigarette smoking accounted for 6,500 deaths per year from 2000 through 2004. Secondhand smoke causes disease and premature death in adults and children who do not smoke, and smokeless tobacco carries its own set of health risks. In 2010, the Campaign for Tobacco-Free Kids estimated that 109,000 Louisiana youth alive today will ultimately die from smoking. In addition, America's Health Ratings® ranked Louisiana 41st for adult smoking prevalence and 49th for overall health. Furthermore, it is estimated (Rumberger) that smoking costs Louisiana more than \$5 billion each year in medical expenditures, losses in workplace productivity, and losses to premature death.

The Louisiana Tobacco Control Program (LTCP) was established to address this situation. It is a state program within the Louisiana Department of Health and Hospitals Office of Public Health, under the direction of the Bureau of Primary Care and Rural Health's Chronic Disease Prevention and Control Unit. Its mission is to utilize evidence-based strategies in tobacco control surveillance, evaluation, program management, communication, and resource development to advance policies promoting a tobacco-free Louisiana. The LTCP operates through partnerships and collaborations to eliminate secondhand smoke exposure, promote tobacco cessation, prevent initiation of tobacco use among young people, and eliminate tobacco-related health disparities.

The Louisiana Tobacco Control Program is funded primarily through a five-year cooperative agreement with the Centers for Disease Control and Prevention Office on Smoking and Health (CDC-OSH), and follows CDC-OSH *Best Practices* recommendations for program operations by simultaneously focusing efforts on: Administration and Management, Community Interventions, Cessation Interventions, Health Communications, and Surveillance and Evaluation.



Administration and Management

The LTCP operates with a well qualified six-member staff consisting of a program manager, two program monitors, a policy analyst, an epidemiologist, and a public information officer. The LTCP also shares access to a clinical advisor, and contracts with community partners, regional community capacity building grantees, media consultants, a disparities consultant, the Louisiana School Boards Association, the Louisiana Public Health Institute/The Louisiana Campaign for Tobacco-Free Living and the Pennington Biomedical Research Center Evaluation Team. The LTCP fiscal year 2010 operating budget was \$1,630,250. Of this, the LTCP received \$1,101,612 from CDC, \$500,000 from the LA Tobacco Master Settlement Agreement, and \$28,638 in American Recovery & Reinvestment Act project funding.

The LTCP has assumed a leadership role in the coordination of both the Louisiana Tobacco Cessation Consortium and the Louisiana Tobacco-Related Health Disparities Coalition. LTCP staff members serve as the state representatives to the Coalition for a Tobacco-Free Louisiana, the Louisiana Asthma Collaborative, and the Louisiana Heart Disease and Stroke Program's Advisory Board. In addition, the LTCP has close ties to The Louisiana Campaign for Tobacco-Free Living, The Louisiana Department of Education, and The Healthy Communities Initiative. These avenues of cooperation are effectively impacting communities throughout the state.

Community Interventions

The LTCP recognizes the value of community interventions to reach, educate, and influence a variety of populations throughout the state. The LTCP has developed a variety of community-based projects and programs that target local schools, hospitals, youth groups, community organizations, leaders and policy makers, including:

- Communities Putting Prevention to Work: State and Territory Initiative
- Community Partnership Initiative
- Louisiana Tobacco-Free Schools Initiative
- Tobacco-Related Health Disparities Program

Together, these interventions have and will influence the implementation of tobacco-free policies in schools and hospitals, increase use of tobacco cessation services, and address the needs of Louisiana's disparate populations.



Tobacco Cessation

The LTCP's Tobacco Cessation Program is in place to promote a tobacco-free lifestyle and to assist with the difficulties of breaking a nicotine addiction. It is accomplishing this through: (1) health care provider outreach, (2) tobacco Quitline services, and (3) policies that promote cessation services. Current projects include:

- Addressing Tobacco in Managed Care Survey
- Project H.E.A.L.
- Louisiana Tobacco Quitline
- Fax-to-Quit Louisiana
- Outreach to Health Care Providers

The LTCP has influenced and assisted hospitals to implement tobacco-free policies and increase cessation services, and has also trained more than 500 health care providers in Public Health Service Clinical Practice Guidelines and the Fax-to-Quit program.





Health Communications

Communication interventions can be highly influential at shaping social norms and in this context, reducing tobacco use. The LTCP has been working with The Louisiana Campaign for Tobacco-Free Living and its media contractor to utilize the power of media by creating culturally-sensitive health messages to reach and impact communities and populations throughout the state. A major

outcome of this effort is the “Quit With Us, LA” community outreach campaign and website, www.QuitWithUsLA.org. Other outcomes include strong relationships with local media to build credibility and gain earned media time; participation in recognized observance days (e.g. Great American Smoke Out); and the operation and management of www.LaTobaccoControl.com.

Surveillance and Evaluation

The LTCP habitually collects, monitors, analyzes, and utilizes quantitative and qualitative data to establish programmatic strategies and determine project effectiveness. The LTCP draws on the following systems of surveillance:

- Behavioral Risk Factor Surveillance System
- Youth Tobacco Survey
- Campaign for Tobacco-Free Kids
- Smoking-Attributable Mortality, Morbidity, and Economic Costs

This year, the LTCP has contracted with Pennington Biomedical Research Center for evaluation of several LTCP programs and projects.



The Future

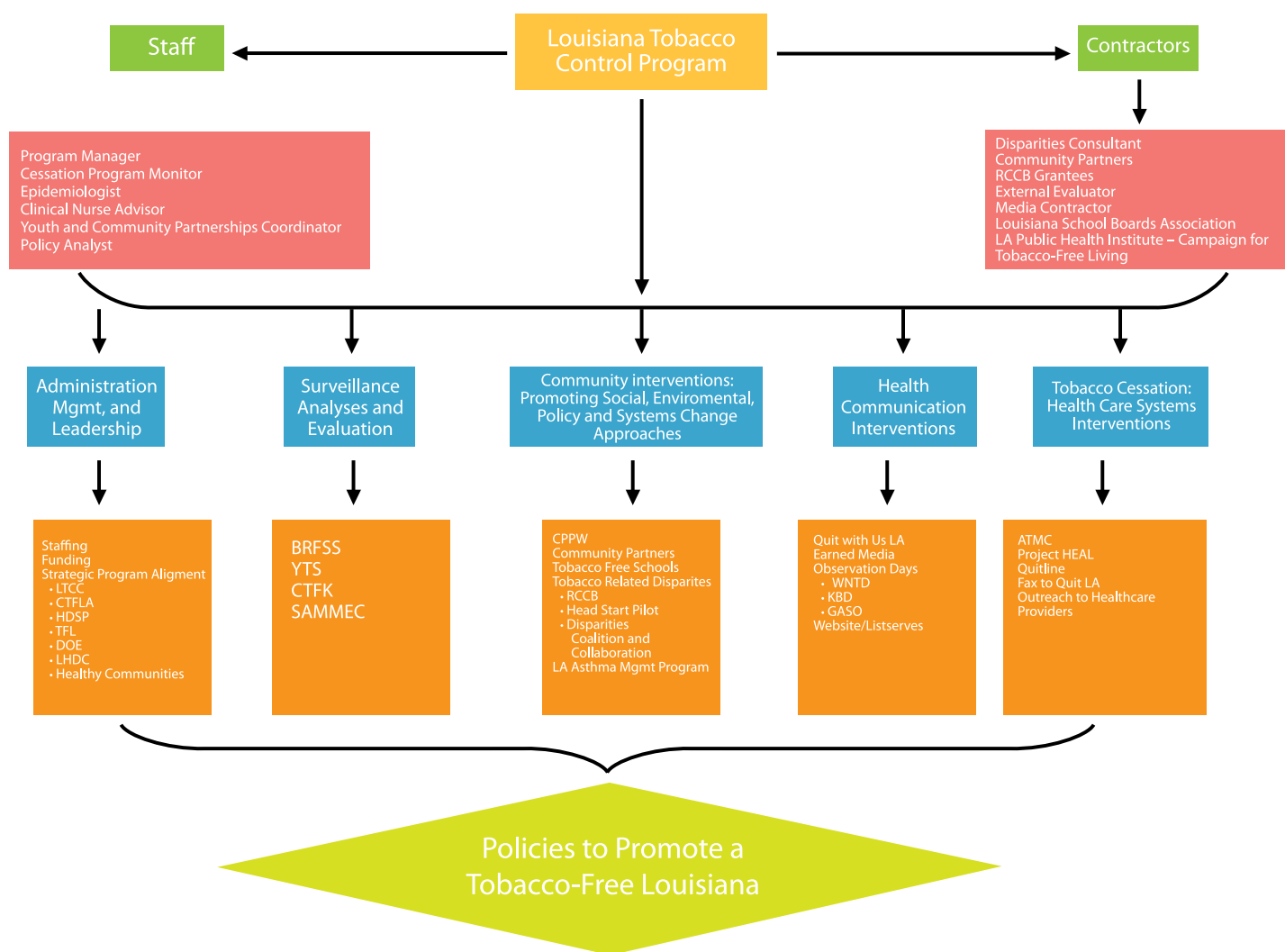
Over the next few years, the LTCP will focus on: (1) sustaining momentum of the tobacco-free movement, (2) building community capacity that coincides with CDC’s Best Practices, and (3) increasing collaboration across related Chronic Disease Prevention programs. The LTCP will undergo continuous updates to keep pace with emerging products, trends, and research, and to maintain its

status as a nationally-recognized state tobacco program. Now and in the future, the LTCP will use cutting-edge information, evidence-based practices, energy and creativity to promote tobacco-free living, health, and wellbeing to the residents and communities of Louisiana.



Executive Summary

Annual Report Organizational Diagram



Introduction



Tobacco use continues to be a major public health issue for the State of Louisiana. Tobacco, an addictive substance, is consumed in many forms – all of which are harmful to the user. The most popular form, the cigarette, threatens non-users as well. Tobacco use is a primary risk factor for illness and death, and is associated with a significant financial burden. Yet, each day individuals of all ages, races, and backgrounds begin to smoke on a routine basis.

The Louisiana Tobacco Control Program (LTCP) was established to address this situation. The LTCP is a state program within the Louisiana Department of Health and Hospitals Office of Public Health, under the direction of the Bureau of Primary Care and Rural Health's Chronic Disease Prevention and Control Unit. The mission of the LTCP is to utilize evidence-based strategies in tobacco control surveillance, evaluation, program management, communication, and resource development to advance policies promoting a tobacco-free Louisiana. The LTCP vision is to create a tobacco-free Louisiana by working through statewide partnerships to eliminate secondhand smoke exposure, promote smoking cessation among youth and adults, prevent initiation of tobacco use among young people, and identify and eliminate tobacco-related disparities among populations. The LTCP promotes and assists with the implementation of environmental and population-based public health policies that reduce the burden of tobacco use.

As is the case throughout the nation, the State of Louisiana continues to be challenged by the current economic environment and the need to operate under restricted fiscal conditions. However, this year the LTCP received a federal boost in the form of State Supplemental Funding under the American Recovery and Reinvestment Act's Communities Putting Prevention to Work (CPPW) Initiative. Further encouraged by the momentum of the Family Smoking Prevention and Control Act and the promise of new health promotion strategies resulting from the Patient Protection and Affordable Care Act, the LTCP is using the CPPW support as an opportunity to build new partnerships and implement model community programs. This annual report will

provide a profile, current through December 2010, of the scope of Louisiana's tobacco problem, the LTCP practices for promoting a tobacco-free Louisiana, and expectations for the future.



Burden of Tobacco in Louisiana

Cigarette smoking is the single greatest modifiable risk factor for morbidity and death in the United States. Tobacco use accounted for 18.1% of all deaths in 2000, followed by poor diet and physical inactivity (16.6%), and alcohol consumption (3.5%) (Mokdad et al., 2004). Cigarette smoking has been linked to an increased risk of several diseases, including:

- Lung cancer,
- Lip and mouth cancer,
- Esophageal cancer,
- Respiratory disease,
- Ischemic heart disease, and
- Stroke.

The use of smokeless tobacco such as dipping or chewing also carries significant health risks (United States Department of Health and Human Services, National Institute of Dental and Craniofacial Research; 2010). The risks include:

- Cancer of the mouth,
- Decay of exposed tooth roots,
- Pulling away of the gums from the teeth, and
- White patches or red sores in the mouth that can turn to cancer.

Mortality from common cancer-related diseases, coupled with knowledge about the number of new cases of tobacco-related diseases diagnosed in a year (incidence) provides a solid understanding of the burden. Further, an estimate of the economic toll that tobacco is placing on the State provides further insights into the overall impacts tobacco has on the citizens of Louisiana.

Mortality

Smoking can cause several types of cancer, cardiovascular disease, chronic respiratory disease and other diseases, all of which lead to increases in mortality rates in the population. Smoking attributable mortality (SAM) rates are computed by multiplying the total number of deaths in adults ≥ 35 years of age from 19 diseases caused by cigarette smoking by estimates of the percentage of each disease that is attributable to smoking. Between 2000 and 2004, smoking in Louisiana accounted for 6500 deaths per year (4099 in men and 2401 in women) (CDC, 2009).

Smoking-attributable years of potential life lost (YPLL) are estimated by multiplying sex- and age-specific SAM by remaining life expectancy at the time of death. The YPLL attributable to smoking in Louisiana is 95,770 for the years 2000-2004 (59,497 in men and 36,273 in women) (CDC, 2009). Figure 1 below presents the average annual SAM rates per 100,000 population for Louisiana compared to the median rates for all states for the years 2000-2004. In Louisiana, between the periods 1996-1999 and

2000-2004, the SAM rates decreased by 10% in men, but remained higher than the median rates reported in other states. Over this same period, the SAM rates in women remained relatively stable (CDC, 2009).

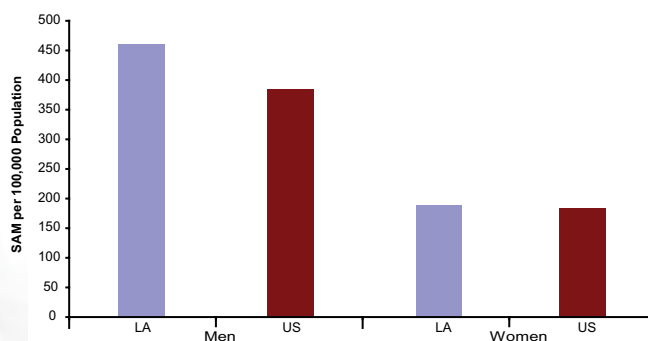


Figure 1. Average annual Smoking Attributable Mortality rates per 100,000 population, Louisiana and United States, 2000-2004.

Lung Cancer Mortality

Smoking is a major risk factor for developing lung cancer and subsequent mortality. The graph presented in Figure 2 below presents age-standardized mortality rates from lung cancer in men and women in Louisiana from 1999-2006 (United States Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; 2010a). Similar to trends in SAM, the age-adjusted lung cancer death rates have decreased more in men than in women in recent years.

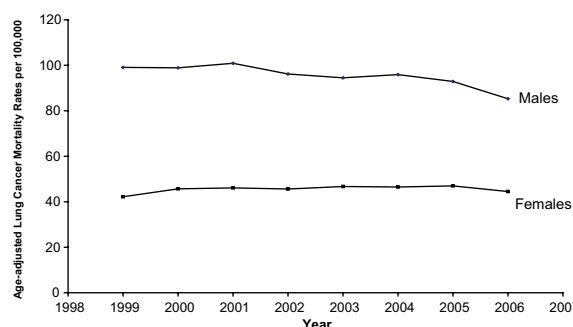


Figure 2. Age-standardized mortality rates from lung cancer in men and women in Louisiana, 1999-2006.

Morbidity

Lung Cancer Incidence

The graph presented in Figure 3 presents age-standardized lung cancer incidence rates per 100,000 population from 1999 to 2006 in males and females in Louisiana (United States Department of Health and Human Services, Centers for Disease Control and

Prevention and Prevention and National Cancer Institute; 2010). The trends in the incidence (new cases) of lung cancer are similar to the trends observed in mortality rates from lung cancer [Figure 2].

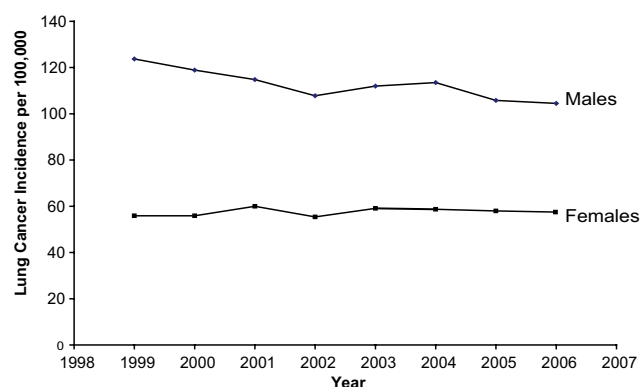


Figure 3. Age-standardized lung cancer incidence rates in men and women in Louisiana, 1999-2006.

Economic Burden

In Louisiana, the direct costs to the economy attributable to smoking are estimated to be in excess of \$5 billion each year (in 2009 dollars). These costs include direct medical expenditures of \$1.7 billion, workplace productivity losses of \$864 million, and premature death losses of \$2.4 billion (Rumberger et al., 2010).

Health Care Costs

The direct medical expenditures attributable to smoking and smoking-related events in Louisiana in 2009 are estimated to be \$1.7 billion (Rumberger et al., 2010). Figure 4 below illustrates the expenditures broken down by cost components. The greatest cost-component is hospital care, which accounts for 55% of the total expenditures, followed by prescription medications at 17% and ambulatory care at 15% (Rumberger et al., 2010).

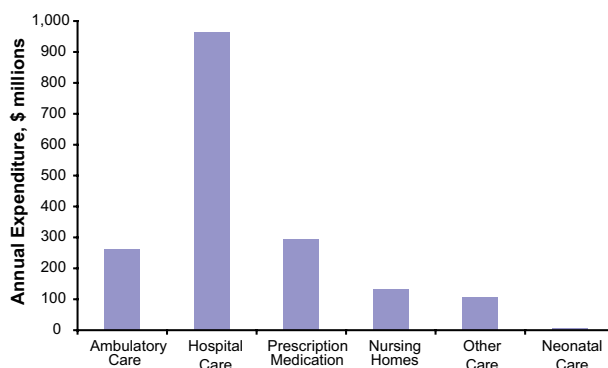


Figure 4. Cost components of the direct medical expenditures attributable to smoking in LA, 2009.

Productivity

There are two major cost components associated with loss of productivity related to smoking: premature death and workplace productivity. The total combined losses in productivity have been estimated to be on the order of \$3.3 billion annually in Louisiana (Rumberger et al., 2010). Of this total, premature death accounts for \$2.4 billion and loss of workplace productivity accounts for \$864 million. The figure below presents the major costs associated with loss of productivity in Louisiana (Rumberger et al., 2010).

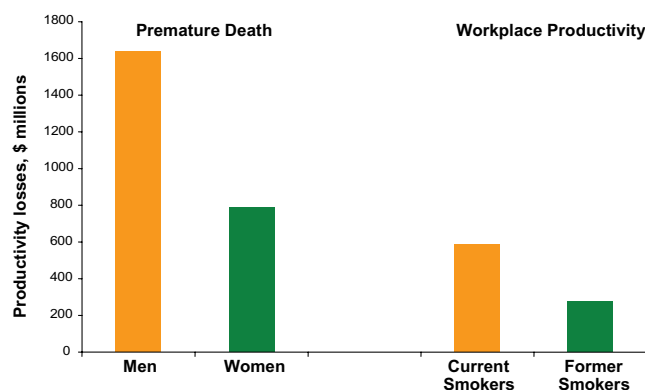


Figure 5. Loss of productivity from premature death and in the workplace attributable to smoking in LA, 2009.

Secondhand Smoke

In addition to the tobacco burden among smokers, involuntary exposure to secondhand smoke causes disease and premature death in both adults and children who do not smoke (United States Department of Health and Human Services. 2006). Secondhand smoke is particularly harmful, as concentrations of many toxic chemicals are higher in secondhand smoke than in the smoke inhaled by smokers. It is estimated that 45 million adults smoke cigarettes in the United States, which exposes 126 million non-smoking Americans, including 22 million children between 3 and 11 years of age, to secondhand smoke (United States Department of Health and Human Services. 2006). A recent international study has estimates that 13,600 deaths in 2004 were attributable to secondhand smoke in the Americas (includes Canada, USA and Cuba) (Oberger et al., 2010).

The health impacts of secondhand smoke include:

- lung cancer;
- heart disease;
- acute respiratory problems;
- sudden infant death syndrome; and
- respiratory infections, ear problems, and more severe asthma in children.

Prevalence–Smoking/Tobacco Use



Adults

Over the past decade, the United States has been experiencing a slow downward trend in smoking prevalence among adults. This has not been the case in Louisiana. Between 2008 and 2009, the prevalence of smoking among adults in Louisiana increased from 20.4% to 22.2%. In 2010, due in large part to its smoking profile, the State of

Louisiana was ranked 49th by America's Health Ratings®. In both Louisiana and the nation, smoking and tobacco use varies with age, gender, race, education, and income levels.

In 2008, Louisiana's smoking prevalence was highest (23.3%) for adults between the ages of 35-54, and lowest (10.9%) for those 65 years or older. In 2009, smoking prevalence increased among younger adults such that it was highest (29%) for the group of 25-34 year olds. The 65+ population maintained the lowest smoking prevalence at 10.9%. During this period, relative to the nation, Louisiana had a higher prevalence of smokers among all age groups except 18-24 years olds (18.9% vs. 23.1%) [Figure 6].

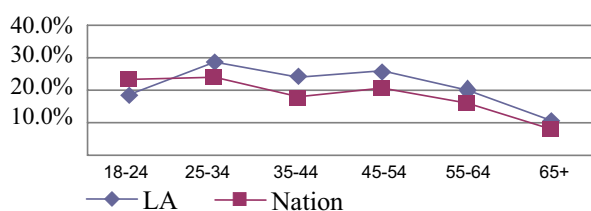


Figure 6. Smoking Prevalence by Age, Louisiana and United States, 2009

A gender difference in smoking prevalence also exists. Historically, in Louisiana and the nation, smoking prevalence has been higher among men than among women. From 2008 to 2009, this was also the case. However, while the national average smoking prevalence for both males and females is decreasing, Louisiana's is actually increasing. In Louisiana in 2008, 23.4% of men and 17.7% of women were cigarette smokers; in 2009, 25.1% of men and 19.3% of women were cigarette smokers [Figure 7].

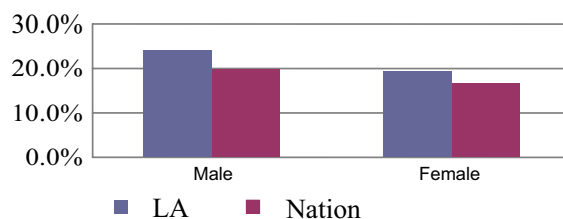


Figure 7. Smoking Prevalence by Gender Louisiana and United States, 2009

Education is associated with smoking such that as education levels increase, the prevalence of smoking decreases. This relationship applies to Louisiana and the nation. However, relative to the nation, the prevalence of smoking among non-college graduates is higher in Louisiana. Among college graduates, the smoking prevalence in Louisiana and the nation during 2008 and 2009, has been 12%; in 2009, the overall adult smoking prevalence in the United States is 17.9% [Figure 8].

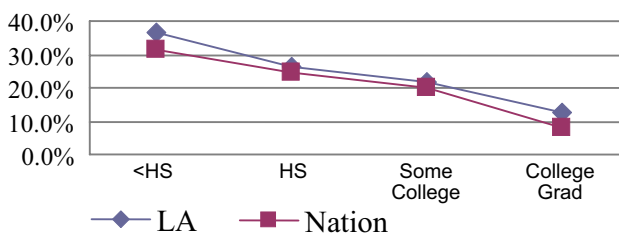


Figure 8. Smoking Prevalence by Education, Louisiana and United States, 2009

During the 2008-2009 period, the association of smoking with income level generally parallels that of smoking to education for Louisiana but not for the nation as a whole. In 2009, Louisiana's smoking prevalence for the adults with income > \$50,000 was approximately 16% while adults with an income of < \$15,000 had a smoking prevalence of approximately 30%. An exception to this pattern was with the middle income group (\$25,000 - \$34,999) in which smoking prevalence increased from 22.5% in 2008 to 29.6% in 2009. In contrast, in 2009 the nation experienced a 63% increase (12.9% to 21%) in smoking among the highest income group (\$50,000+) [Figure 9].

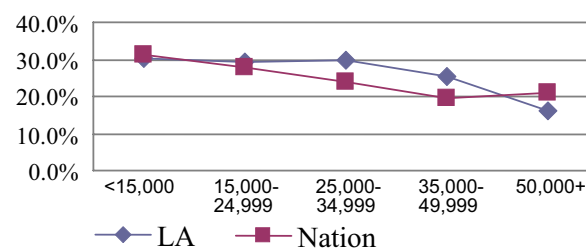


Figure 9. Smoking Prevalence by Income, Louisiana and United States, 2009.

There are small, but noticeable differences in smoking prevalence among Whites, Blacks, Hispanics, and others. Across these racial groups, during the 2008-2009 period, smoking prevalence was higher in Louisiana than the nation as a whole. Within Louisiana, the prevalence of smoking among both Whites and Blacks increased slightly (from 21% to 22.1% among whites, and 19.8% to 21.4% among Blacks). In Louisiana, the group of "others" has the highest smoking prevalence (23.6%) while the smoking prevalence for Hispanics (21.2%), Whites and Blacks were all similar to each other. Nationally, the smoking prevalence among

Blacks (20.5%) is higher than among Whites (17.2%), Others (17.1%), and Hispanics (15.6%) [Figure 10].

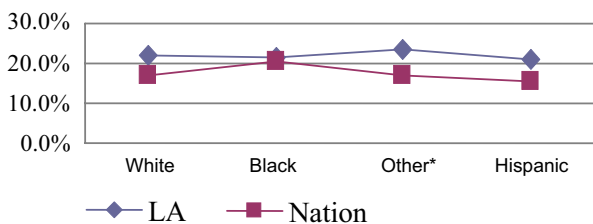


Figure 10. Smoking Prevalence by Race, Louisiana and United States, 2009.

Youth



Smoking remains a public health hazard throughout the state, particularly among specific demographics. Characterizing the associations between smoking and populations has enabled the LTCP to target tobacco programs and activities more effectively.

Smoking and tobacco use among Louisiana's youth is disturbingly high. According to the Campaign for

Tobacco-Free Kids (CTFK), nearly 109,000 Louisiana youth alive today will ultimately die from smoking. In addition, approximately 6,900 youth will lose at least one parent to a smoking-attributable death. Nicotine addiction is just as powerful among youth as among adults, and the CTFK has further estimated that each year, 6,700 youth will become new regular, daily smokers, purchasing approximately 12 million packs of cigarettes.

The smoking prevalence among Louisiana's high school students surpasses the national average and the smoking prevalence of middle school students is more than twice the national average. According to the 2009 LA Youth Tobacco Survey (YTS), 11% of middle and 19% of high school students are current smokers [Figures 11, 12]. These levels have remained consistent since 2007. According to the 2009 National Youth Tobacco Survey, 11.7% of students in grades 6th – 12th were current smokers. This breaks down to 17.2% of high school students and 5.2% middle school students.

In addition to smoking, there is a high level of smokeless tobacco use. In Louisiana, from 2008-2009, use of smokeless tobacco increased from 6% to 8% among middle school students and from 9% to 10% among high school students [Figures 11, 12]. Nationwide in

2009, the prevalence of smokeless tobacco use was 2.6% among middle school students and 6.7% among high school students. The LTCP has been reaching out to this age group, and there is cause for optimism. In 2009, approximately 50% of Louisiana's youth who smoke reported that they wanted to quit [Figure 13]. In 2009, 25% of middle school students and 16% of high school students participated in a smoking cessation program [Figure 13]. The LTCP is continuously developing its programs and services to fit the needs and social norms of Louisiana's young tobacco users.

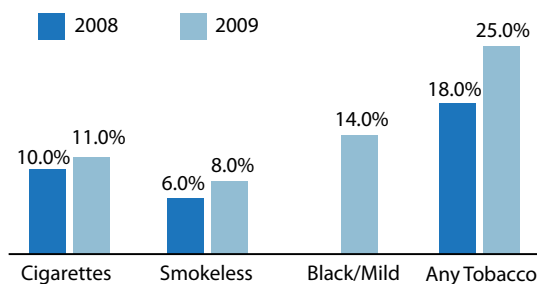


Figure 11. Prevalence of Tobacco use by Middle School Students, LA Youth Tobacco Survey, 2008 and 2009.

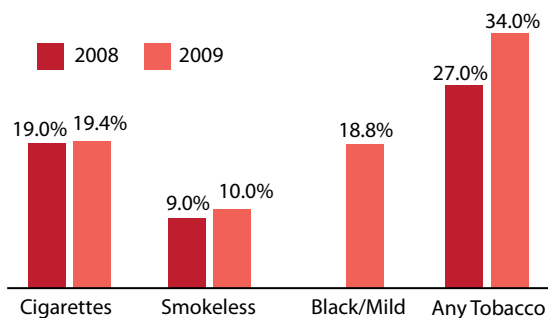


Figure 12. Prevalence of Tobacco use by High School Students, LA Youth Tobacco Survey, 2008 and 2009.

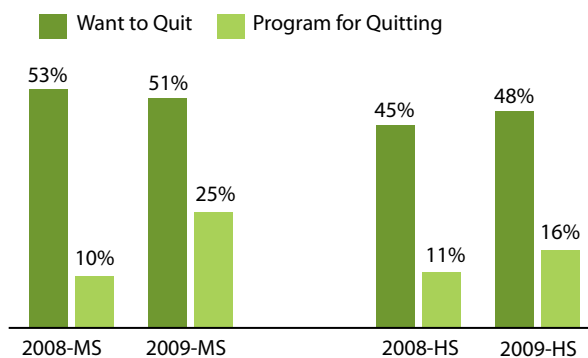


Figure 13. Middle and High School Students who want to Quit Smoking and Enrolled in a Cessation Program, LA Youth Tobacco Survey, 2008 and 2009

*In Louisiana, "others" refers to: Asian, American Indian, Alaskan Native, Pacific Islander, and Native Hawaiian population/residents. Together these groups make up 2% of Louisiana's population.

Tobacco Policies

As with the tobacco control programs throughout the United States, the LTCP has been making an effort to support and promote new and existing tobacco-related guidelines and policies to provide for environmental changes that promote healthy behaviors. In 2006, Louisiana passed Act 815 (the Smoke-Free Air Act), which prohibits smoking in work places and public spaces except stand-alone bars and casinos; and Act 838, which prohibits smoking in vehicles in which children under the age of 13 are present. The LTCP has been educating the citizens of

Louisiana about the dangers of secondhand smoke exposure and providing technical assistance to local municipalities and businesses interested in strengthening and enforcing these environmental smoke-free policies.

Louisiana's current smoking and tobacco profile is associated with overall diminished health and negative economic impact. Yet, through a diverse set of programs and policies, and a creative approach to leveraging resources, the LTCP is steadily reducing the burden of tobacco and improving the wellbeing of people and communities throughout the state.



Promoting a Tobacco-Free Louisiana



The Louisiana Tobacco Control Program is funded through a cooperative agreement from the Centers for Disease Control and Prevention Office on Smoking and Health (CDC-OSH). As part of its support, the CDC has compiled a listing of evidence-based Best Practices (CDC, 2007). The CDC suggests that state comprehensive tobacco control programs simultaneously focus efforts on: administration and management, community interventions, cessation interventions, health communications, and surveillance and evaluation (CDC, 2007). The LTCP strives to incorporate Best Practices in every aspect of its operations.

ADMINISTRATION and MANAGEMENT

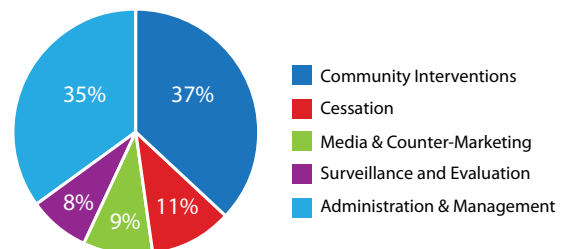
The time and resources necessary to implement effective population-based interventions must be calculated, managed, and monitored. The CDC states that “internal capacity within the state health department is essential for program sustainability, efficacy, and efficiency.” In other words, an adequate number of qualified staff is imperative for effective coordination of multifaceted projects and initiatives. The LTCP implements a variety of community, cessation, and communication interventions aimed at changing tobacco behaviors and protecting the public from secondhand smoke.

Staffing

The LTCP is administered within the Chronic Disease Prevention and Control Unit. The program operates with a six-member staff, each of whom has received or is currently pursuing post-graduate education in Public Health or Public Administration. The LTCP staff includes a program manager; two program monitors who coordinate specific interventions related to cessation, youth, and community/health disparities initiatives; one policy analyst; one epidemiologist; and one public information officer. The LTCP also share a registered nurse clinical advisor with other chronic disease programs, who advises the program’s cessation interventions. To further expand program capabilities, the LTCP contracts with community partners, regional community capacity building grantees, media consultants, a disparities consultant, the Louisiana School Boards Association, the Louisiana Public Health Institute’s The Louisiana Campaign for Tobacco Free Living, and the Pennington Biomedical Research Center External Evaluation Team.

Funding

The LTCP fiscal year 2010 operating budget is \$1,630,250, most of which is through the CDC Office on Smoking and Health. Under a five-year cooperative agreement that began in 2009, the LTCP is receiving \$1,101,612 from the CDC. It also receives an annual allocation of \$500,000 from the Louisiana Tobacco Master Settlement Agreement. Over the next three years, it will be receiving a total of \$1,512,120 ARRA project funding, \$28,638 of which was received in 2010. Figure 14 summarizes the distribution of these funds.



Categories	% of Budget	Funding
Community Interventions	37%	\$ 596,680.00
Cessation	11%	\$ 180,000.00
Media and Counter-Marketing	9%	\$ 149,000.00
Surveillance and Evaluation	8%	\$ 132,138.00
Administration and Management	35%	\$ 572,432.00
100%		
Total Budget		\$ 1,630,250.00

Figure 14. LTCP funding overview – Fiscal Year 2010.



Strategic Program Alignment

Guided by the goals and objectives of the current strategic plan, the LTCP actively initiates partnerships and opportunities for collaboration. The LTCP engages in both traditional and non-traditional partnerships from within DHH and throughout the State. The LTCP has assumed a leadership role in the coordination of both the Louisiana Tobacco Cessation Consortium and the Louisiana Tobacco-Related Health Disparities Collaborative (p.18). LTCP staff members serve as the state representatives to the Coalition for a Tobacco-Free Louisiana, the Louisiana Asthma Collaborative, and the Louisiana Heart Disease and Stroke Program's Advisory Board. In addition, the LTCP has close ties to The Louisiana Campaign for Tobacco-Free Living, The Louisiana Department of Education, and the Healthy Communities Initiative.

■ **The Louisiana Tobacco Cessation Consortium [LTCC]:** This Consortium is a collaborative union among professionals that utilizes the principles of Partnerships, Programs and Policy to expand the effectiveness of statewide tobacco cessation services. The mission of the Louisiana Tobacco Cessation Consortium is to be an advocate for the increased availability, utilization and effectiveness of Louisiana's cessation services by seeking out and fostering relationships with traditional and non-traditional partners. To realize the mission, LTCC partners with stakeholders to strengthen relationships between state agencies, healthcare providers, researchers and non-profit organizations to promote programs and services with the purpose of reducing tobacco use throughout the State of Louisiana. Through its varied partnerships, LTCC is able to research policy development for

a systems-level implementation of tobacco cessation services, promote policies that support cessation services and increase the utilization of Louisiana cessation services: Louisiana Tobacco Quitline and Fax-to-Quit LA.

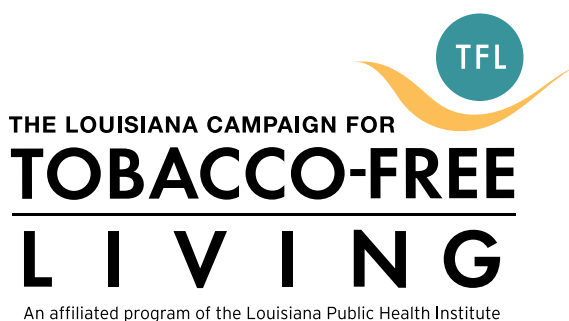
■ **The Coalition for a Tobacco-Free Louisiana [CTFLA]:** This Coalition serves as the statewide political advocacy for tobacco free policies. Members of this coalition provide consultation on the implementation of action plans for policy development. This group provides technical assistance to community coalitions to strengthen local laws and generate support for statewide policy changes. Coalition members also educate the state's policy makers on best policy practices to reduce the tobacco burden.

■ **Louisiana Heart Disease and Stroke Program [HDSP]:** This is a CDC-funded partnership to promote the prevention and control of heart disease and stroke and the elimination of related health disparities. It began in 1999 to improve surveillance and interventions for heart disease, stroke and related risk factors. In July 2009, the program partnered with Ochsner Medical Center (New Orleans) and the American Heart Association to implement a telestroke network in Southeast Louisiana. This permits the same expert diagnosis and treatment decisions in the emergency rooms of the six participating hospitals. Program evaluation data is currently being collected.

This program has also provided a worksite wellness pilot for approximately 900 employees housed in the Louisiana Department of Health and Hospitals' (DHH) Bienville Building. During 2010, with funds from the Governor's Council on Physical Fitness and Sports, employees were offered free health screenings and an on-line health risk assessment; follow-up screenings are planned for early 2011. Other wellness activities have included after work exercise classes, lunchtime walking groups, adding healthier vending options, and monthly "Lunch and Learn" seminars.



Promoting a Tobacco-Free Louisiana



■ **The Louisiana Campaign for Tobacco-Free Living [TFL]** (an affiliate of the Louisiana Public Health Institute): This is a statewide tobacco control program that has been a formally integrated partner with LTCP since 2007. TFL provides statewide coordination of existing tobacco control initiatives; funding for innovative community-based tobacco control programming; a statewide media campaign; administration of a state hospital system cessation program; and monitoring and evaluation of program impacts and outcomes. TFL is funded by the state excise tax. It has a population-level focus and promotes collaborative leadership, community mobilization, and policy and environmental change as a means to a healthier, 100% tobacco-free Louisiana.

■ **The Louisiana Department of Education [DOE]:** The LTCP collaborates with the Department of Education to implement the Louisiana Tobacco-Free Schools Program; co-administer the Youth Tobacco Survey and the Youth Risk Behavior Survey; and access CDC School Health Profiles. This partnership also permits coordination of the LTCP tobacco agenda with Safe and Healthy Schools activities.

■ **Louisiana Health Disparities Collaborative [LHDC]:** This partnership between the Chronic Disease Prevention and Control Program and the Louisiana Primary Care Association; began in 2009 to assist health centers improve functional and clinical outcomes in patients with diabetes and/or cardiovascular disease. A “systems change” approach, utilizing the Chronic Disease Electronic Management System was implemented to track patient status, care, and progress. The LTCP joined the collaborative to integrate tobacco cessation interventions in conjunction with chronic disease management. Clinic staff were trained to document patient tobacco use, offer cessation interventions, and arrange for follow up. LTCP’s Fax-to-Quit LA program (p. 19) and Project H.E.A.L./Tobacco-Free campus policies (p. 19) have been included in this effort.

To date, this highly integrated approach to diabetes and cardiovascular disease management has been successfully implemented in three Federally Qualified Health Centers: Southwest-Opelousas, Capital City-Baton Rouge, and Tensas- St Joseph; all three campuses are 100% tobacco-free.



■ **Healthy Communities:** The Healthy Communities Initiative was developed by the Louisiana Department of Health and Hospitals to decrease chronic diseases and improve overall health and well-being. Many chronic diseases stem from modifiable risk factors such as poor diet, physical inactivity, and tobacco use. This project builds community capacity and provides resources to promote change related to policy, environment, and public health systems.

A Healthy Communities intervention intended to help combat childhood obesity is currently being implemented in Bissonet Plaza Elementary (Jefferson Parish), in collaboration with Xavier University. This involves participation in the YMCA’s Trim Kids program, consisting of a variety of weight management strategies for during school, after school, and at home. Jefferson Parish is also participating in the LTCP’s Schools Putting Prevention to Work initiative. Staff, teachers and parents have been working together to develop new school health policies that provide healthier lunch menus, limited snacks and vending products, nutrition education, increased physical activity, and a 100% Tobacco-Free campus policy.

Community Interventions



Community Interventions are an essential component of comprehensive tobacco control programs. They are an effective means of reaching a variety of populations with messages and actions that support tobacco prevention, cessation, and the creation of tobacco-free environments. The LTCP recognizes the value of community interventions to educate and influence, and has developed a variety of projects and programs that reach out to local schools, hospitals, youth groups, community organizations, leaders and policy makers

Communities Putting Prevention to Work

The Communities Putting Prevention to Work: State and Territory Initiative (CPPW) is part of a two year [January 2010 through December 2011] comprehensive wellness promotion and chronic disease prevention program, funded through the American Recovery and Reinvestment Act of 2009. Under this Initiative, the LTCP has received \$1,512,120 to pursue activities in two predetermined areas: (1) Statewide Policy and Environmental Change - \$741,000 (2) Tobacco Cessation through Quitlines and Media - \$771,040.

The Statewide Policy and Environmental Change component is designed to foster policy activities that support and institutionalize healthy behaviors related to obesity control, nutrition, physical activity, and tobacco control and prevention. To this end, the LTCP has partnered with the Louisiana School Board Association, the Louisiana Council on Obesity Prevention and Management,

and the Department of Education to develop *Schools Putting Prevention to Work* - a program to provide a mini-grant and technical assistance to 27 of Louisiana's 69 school districts to draft and implement a comprehensive district-wide school wellness policy that supports 100% tobacco-free schools, good nutrition, and sufficient physical activity. As of December 2010, the 27 school districts have been selected through a grant application process; project leaders from each participating school district have attended a training program; each district has established an active school health advisory council to advance policy development; and each district has organized a kick-off event to communicate the health and wellness message to students, staff, parents, and communities.

The Tobacco Cessation through Quitlines and Media component is a campaign designed to expand the quality, capacity, and utilization of tobacco quitlines in conjunction with smoking cessation media campaigns. To this end, the LTCP has partnered with the Louisiana Public Health Institute's Campaign for Tobacco-Free Living to target pregnant smokers through two primary strategies: (1) the development of a media campaign targeting pregnant smokers in an effort to increase their knowledge of the harmful effects of smoking during pregnancy, and provide them with referral information for evidence-based Quitline cessation services. This includes the addition of content addressing tobacco and pregnancy issues onto Quit With Us LA, the statewide tobacco cessation website. (2) The training of clinicians who care for pregnant women to incorporate Public Health Service tobacco dependence guidelines and the Fax-to-Quit LA program into clinical practice. To motivate cessation among any smoker, the LTCP/TFL partnership has also launched a statewide media campaign consisting of a series of emotional and graphic billboard messages depicting the harmful effects of smoking and tobacco use, and providing Quitline contact information, in addition to a radio campaign targeting pregnant women. To date, the media campaign has been planned and initiated, the training workshop "Brief Treatment of the Tobacco Dependent Patient" has reached over 57 maternal/child health care providers with more trainings planned, and a contract for Quitline evaluation has been secured.

■ **Community Partnerships**

Community partnerships are an effective approach to extending the reach of the LTCP to communities throughout the state. The LTCP Community Partnership Initiative is in the second half of its third year. To date, community partners have been responsible for completing activities in community mobilization, policy and advocacy, school-based prevention, counter-marketing, and program support. During this 2010-2011 contract year, community partners are expected to assist public school districts with the development and implementation of 100% tobacco-free school policies.

Promoting a Tobacco-Free Louisiana

Community partners are present in each of Louisiana's nine Department of Health and Hospital administrative regions [Figure 15] where they focus their efforts on:

- Providing tobacco education to communities community leaders;
- Publicizing the Louisiana Smoke-Free Air Act (Act 815);
- Implementing strategies in schools and communities to prevent tobacco use among youth;
- Training youth and peer leaders on tobacco marketing/counter marketing and advocacy;
- Participating in community coalitions that address tobacco issues;
- Informing policy makers on smoke-free/tobacco-free environments
- Promoting tobacco cessation within communities;
- Assisting health care providers and systems to provide cessation services; and
- Addressing tobacco-related health disparities.



Figure 15. Louisiana Tobacco Control Program Community Partners by Region: 2010-2011.

The LTCP Community Partners have had major successes in their educational outreach activities to schools and communities. They have promoted 1-800-QUIT-NOW services to hundreds of groups and individuals and they have influenced the adoption of smoke-free or tobacco-free policies in schools and hospitals

■ Tobacco-Free Schools

The Louisiana Tobacco-Free Schools Initiative is the LTCP's comprehensive plan to eliminate tobacco in Louisiana's schools through a variety of programs and policies. The program is based on the CDC Guidelines for School Health Programs to Prevent Tobacco Use and Addiction, which emphasizes the effectiveness of a seven-prong approach: Policy, Instruction, Curriculum, Training, Family Involvement, Cessation, and Evaluation.

The LTCP is approaching the Tobacco-Free Schools Initiative through its Community Partners, as well as through its partnerships with the Louisiana Department of Education, the Louisiana School Boards Association, and Communities Putting Prevention to Work grant, and a variety of regional/local coalitions. This year, these collaborations have resulted in four new comprehensive tobacco-free policies.

■ Tobacco-Related Health Disparities

The LTCP's Disparities Program oversees a group of four initiatives that have been developed to address the needs of disparate populations. Currently, these populations include youth and young adults, those with low socioeconomic status, and those living in rural communities. The specific initiatives are summarized as follows:

• Regional Community Capacity Building (RCCB) 18-24

Straight to Work (STW): Since July 2008, the LTCP has funded two projects through a request for proposal process. These projects use a community action model (CAM) to mobilize community members and agencies toward implementing policies, programs, or organizational practices that support environmental change in an effort to counter pro-tobacco influences in the community. The projects under the RCCB initiative target 18-24 year olds who have left high school and/or are entering the workforce, community or technical colleges, vocational or trade schools. Successes have included: smoking policy changes on the Baton Rouge Community College Campus and plans for a smoke-free Delgado Community College Campus in New Orleans.

• **Head Start Pilot Initiative:** In 2010, the LTCP and the Louisiana Department of Children and Family Services' Head Start Collaboration, under the auspices of the American Legacy Foundation, began a pilot program in six Louisiana parishes, intended to establish a tobacco-free environment for all Head Start students, families, and staff. A system change approach was used to address tobacco-use by family and staff members. This consisted of staff training on motivational interviewing to address smoking in the home, and education on tobacco's health consequences – including secondhand smoke. To date, this effort has resulted in revisions to registration forms in four parishes, to

identify family members who use tobacco. Additionally, there is a mechanism in place to refer these families to cessation resources in their communities. LTCP is currently incorporating the pilot's outcomes into recommendations for statewide implementation by community partnership grantees. This will assist local Head Starts to become tobacco-free and to provide cessation resources to low socioeconomic status families.

• **Louisiana Tobacco Control Program (LTCP), Louisiana Asthma Management and Prevention Program (LAMP), and Head Start Collaboration:** The purpose of this initiative is to decrease asthma attacks and missed days of school/work for students and their parents/caregivers. This is to be achieved through the identification of the prevalence and severity of asthma among Louisiana Head Start participants, and by creating a smoke-free environment where children live, learn, travel, and play. This project is intended to be implemented as an educational program. Currently, a Head Start curriculum for asthma and tobacco use that targets staff, families and children is under development.

• **Louisiana Tobacco-Related Health Disparities Coalition:** This multi-year initiative is an effort to eliminate the primary factors contributing to the current smoking prevalence: socioeconomic status, cultural characteristics, acculturation, stress, targeted advertising, and varying capacities of communities to mount effective tobacco control initiatives. Evolving from a work group to a coalition and finally to a collaborative, this project directs its efforts at creating tobacco-free environments by targeting mothers (Head Start, pediatricians, WIC, MCH -SBIRT), daycare centers (Childcare Health Consultants- DHH), Louisiana Community Colleges/ State Level Boards (Regional Community Capacity Building-RCCB), Louisiana Medicaid, Tobacco-Free Schools (School Wellness), and Tobacco-Free Health care Facilities (Project H.E.A.L). A key goal of this collaboration is to serve as an advisory group for the strategic planning process addressing tobacco-related health disparities statewide for the period of 2013-2015.

Tobacco Cessation



The LTCP's Tobacco Cessation Program is in place to promote a tobacco-free lifestyle and to assist with the difficulties of breaking a nicotine addiction. As recommended by the U.S. Public Health Service (Fiore), the LTCP uses three evidence-based approaches to increasing access to cessation services: (1) health care provider outreach – to increase adherence to public health service clinical practice guidelines in treating tobacco dependence; (2) tobacco Quitline services; and (3) policies that promote cessation services. As part of health care provider outreach, the LTCP maintains a leadership role in *The Louisiana Tobacco Cessation Consortium* (p. 14), which advocates for “the increased availability, utilization and effectiveness of Louisiana’s cessation services by seeking out and fostering relationships with traditional and non-traditional

partners and ensuring a constant grounding in Centers for Disease Control and Prevention identified ‘Best Practices’. The LTCP is currently promoting cessation through a range of projects and services targeting groups and individuals throughout the state.

- **Addressing Tobacco in Managed Care Survey [ATCM]:** This survey, conducted in 2007 as a collaboration between the LTCP and the Louisiana Association of Hospital Plans, was an initial step toward the adoption of effective tobacco prevention and cessation interventions among Louisiana’s health insurers. Only six insurers participated. Among those six, at that time in Louisiana:
- Four insurers provided full coverage for one cessation pharmacotherapy;
 - Two insurers provided full coverage for cessation interventions;
 - One insurer informed its members about telephone cessation services;
 - Two insurers allowed accepted self-referral to cessation counseling services;
 - Three insurers had established clinical guidelines for identifying and treating tobacco dependence;
 - One insurer provided strategies to address tobacco cessation for children and during: pregnancy, the post partum period, chronic illness treatment, or hospitalization; and
 - No insurer dealt with tobacco cessation for adolescents.

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Health insurers are under no obligation to modify cessation benefits. Rather, these results reinforce the directions of the LTCP's Cessation Program efforts.

■ **Project H.E.A.L.:** This is a policy initiative to eliminate the lethal effects of tobacco use and exposure to second-hand smoke, and to improve community access to tobacco cessation services. Project H.E.A.L. (Help Empower All of Louisiana) was designed by the LTCP as an effort to assist health care facilities transition to 100% tobacco-free campuses. As part of this project, the LTCP developed, printed and made available to all hospitals/health care facilities, a Project H.E.A.L. manual. This is a step-by-step guide and tool kit, detailing the process of implementation of a tobacco-free campus policy. The manual includes sample policies; employee surveys to gauge the need for cessation services/referrals; cessation service information cards targeting employees and patients; patient and visitor consent forms to strengthen the expectation that patients and visitors will abide by the hospital's new tobacco policy; and tobacco-free signage templates.

Project H.E.A.L. has been pilot tested in seven Louisiana critical access hospitals. It was found to be successful at assisting hospitals to implement both a tobacco-free campus policy and comprehensive cessation services. Currently, 23 hospitals in Louisiana have a 100% tobacco-free campus policy. In addition, nine hospitals have a smoke-free campus policy. The LTCP is now working on reaching Louisiana's rural hospitals with Project H.E.A.L.

■ **The Louisiana Tobacco Quitline:** The Louisiana Tobacco Quitline, 1-800-QUIT-NOW, is a free, confidential, 24-hour helpline that links individuals who want to quit using tobacco with trained Quit Coaches®. The Quitline is funded by the LTCP and The Louisiana Campaign for Tobacco-Free Living; it is administered by Free & Clear, Inc.

Louisiana's Quitline services are available to all residents, 13+ years of age, who are ready to quit using tobacco within the next 30 days. Callers to the quitline receive an individualized Quit Plan that includes telephone coaching sessions, self-help materials, and web coach assistance (added earlier this year) geared toward youth and young adults. Telephone services are available in more than 170 languages and to the hearing impaired (TTY and TDD accommodations are available). Family, friends, and health care providers of a potential quitter can receive self-help/support materials by calling the Quitline. Quitline provides specialized materials for adolescents between the ages of 13 and 17, pregnant women, spit tobacco users, and for those with chronic medical conditions. Quitline utilization reports are closely monitored by LTCP for continuous quality improvement.

In October 2010, the LTCP received supplementary federal

funds to be used, over a two-year period, for smoking cessation and wellness programs for state employees. The LTCP provided technical assistance to the Office of Group Benefits to design a cessation benefits plan and to use this funding stream to subsidize the quitline counseling costs to Louisiana state employees.

■ **The Fax-to-Quit Louisiana:** This program is a health systems approach to cessation promotion, designed to manageably incorporate the *Public Health Service Clinical Practice Guidelines in Treating Tobacco Use* into clinical practice. Fax-to-Quit Louisiana is supported by the LTCP and the Louisiana Campaign for Tobacco-Free Living. It works by linking individuals who are trying to quit tobacco habits to Quitline services via their health care provider.

Under this program, a clinician faxes patient information to a Quitline Registration Intake Specialist who then contacts the individual to schedule coaching sessions. Health care providers can become certified Fax-to-Quit Louisiana providers by completing an online training, available at Quit With Us LA. The training covers the Brief Intervention (ASK, ADVISE, and REFER) and system protocols including patient consent, and HIPAA compliance/confidentiality. Trained providers receive a program manual and sample materials.

Through a partnership with the Tobacco Control Initiative within the LSU Health Systems, the Fax-to-Quit program has effectively reached Louisiana's low SES and rural populations. LTCP is also assisting Critical Access Hospitals and Federally Qualified Health Centers in implementing supplementary tobacco cessation services. Through recent improvements in the Quitline/Fax-to-Quit monitoring and reporting system, the LTCP has been able to track use by individuals with chronic diseases and is beginning to develop initiatives that integrate tobacco cessation with diabetes, asthma and heart disease programs.

■ **Outreach to Health Care Providers:** Health care providers have a unique opportunity to influence tobacco cessation. Smokers cite a doctor's advice to quit as an important motivator; in conjunction with counseling and pharmacotherapy, quit rates greatly improve; 70% of smokers visit a primary care setting each year (Fiore). To improve the capacity of clinicians and health systems in promoting evidence-based cessation messages and services, the LTCP conducts health care provider outreach and training on an ongoing basis. To date, LTCP has trained more than 500 health care providers in Public Health Service Clinical Practice Guidelines and state cessation programs (Quitline/Fax-to-Quit). In addition, 20 health care professionals have received supplementary intensive training to become tobacco treatment specialists; they are currently serving as members of the Louisiana Tobacco Cessation Consortium Advisory Council.

Health Communications

Communication interventions can be highly influential at shaping social norms and in this context, reducing tobacco use. The correct message, appropriately targeted can stimulate public support for tobacco control, creating a climate of readiness for community-based tobacco programs and policy efforts. The LTCP has been working with The Louisiana Campaign for Tobacco-Free Living and its media contractor to utilize the power of media by creating culturally-sensitive health messages to reach and impact communities and populations throughout the state. An outcome of this effort is “Quit With Us, LA.”



■ **Quit With Us, LA - Cessation Campaign:** In 2007, the “Quit With Us, LA” brand was created through a joint effort of the LTCP and The Louisiana Campaign for Tobacco-Free Living. Since its inception in 2008, LTCP has used

“Quit With Us, LA” to label its cessation effort and to represent a grassroots community outreach effort. The cessation website, www.QuitWithUsLA.ORG, is maintained as a public resource, and links to other online resources including free statewide and national cessation programs and information for health care providers.

The LTCP staff maintains a system of initiative-specific communication plans based on target audiences, effective media vehicles, activity objectives, and specific messages. The plans have considered the effectiveness of existing media campaigns, assessments of other states’ experiences, and testing by media consultants. The plans are continually updated in response to feedback from audience and partnering coalitions.

The LTCP’s target audiences include: youth, health care providers, community advocates, low SES and rural populations, and African Americans. The LTCP has embraced new technology (websites, social media) without neglecting the value of local/personal interactions. A social marketing model will be developed for future campaigns; LTCP’s current approach to communications is to work through partnerships and the Internet.

■ **Earned Media:** The LTCP recognizes that earned media coverage is an economical and powerful tool for a comprehensive communications program. Relative to paid advertising, earned media messages, which are generally delivered by a local source (newspaper columnist/ TV anchor), tend to convey more credibility among the LTCP’s target demographic. As such, the LTCP encourages its partners throughout the state to build relationships with media representatives and inform local media of LTCP related activities. Utilizing earned media for tobacco communications is helping the LTCP sustain an influential, cost-effective message delivery system.

■ **Observance Days:** As part of LTCP’s efforts at communication and counter-marketing of tobacco, community partners throughout the state have been contracted to organize community events in observance of World No Tobacco Day, Kick Butts Day, and the Great American Smoke-Out. These events are opportunities to reach out to youth and adults with messages of health and empowerment through a tobacco-free lifestyle.

- World No Tobacco Day is a global event, created by the World Health Organization to draw attention to the widespread use and the negative health effects of tobacco. It is held each year on May 31, during which time everyone is encouraged to abstain from all tobacco products.
- Kick Butts Day is a national event sponsored by the Campaign for Tobacco-Free Kids as a day of activism. Held annually in March, Kick Butts Day consists of activities designed to engage and empower the nation’s youth to speak up and take action against Big Tobacco.
- Great American Smokeout is a national, annual event sponsored by the American Cancer Society. It is held on the third Thursday of November during which smokers are encouraged to stop smoking for the one day – and maybe permanently.

Observance day community events have included radio PSAs, TV news coverage, newspaper press releases, and articles, health fairs, presentations, and distribution of educational materials, rallies and leadership workshops, murals, songwriting and essay competitions, kickball tournaments, and a day of smoke-free bars.

■ **Websites and List-Serves:** The LTCP operates an external website, through the Department of Health and Hospitals, to share reports, achievements, event schedules, and general information. The LTCP website, www.LaTobaccoControl.com, is managed by the LTCP public information officer and is kept updated in real time. This allows staff to post the latest reports, current events, and meeting minutes for community viewing. A list-serve of contractors, partners, and stakeholders is maintained to relay pertinent information through emails and website links.



Surveillance & Evaluation



Systematic surveillance and project evaluation are a Best-Practices recommendation for use by comprehensive tobacco programs throughout the country. Surveillance and evaluation involve collecting, monitoring, analyzing, and utilizing quantitative and qualitative data. The LTCP incorporates these informational practices to establish programmatic strategies and to determine project effectiveness. The LTCP draws on several systems of surveillance:

■ **Behavioral Risk Factor Surveillance System (BRFSS):** This is the largest, on-going telephone health survey in the world. It is conducted annually by the Centers for Disease Control and Prevention (CDC), in all states and several territories. This survey is administered to a random sample of non-institutionalized adults who have a land line telephone in their home; cell phone numbers are not currently used in this sampling frame. Louisiana uses the information gathered from this survey to track overall smoking prevalence among various demographic groups. In addition, it is used to assess changes and trends over time. BRFSS is the primary tool in both Louisiana and the nation for the monitoring and tracking of adult smoking prevalence and patterns.

■ **Youth Tobacco Survey (YTS):** This is a general statewide survey; it is conducted on alternate years in Louisiana, where it has been modified and designated as the Louisiana Youth Tobacco Survey. It is given to a random sample of 6th-12th grade public or charter school students throughout the state. The YTS is a self-administered survey comprised of questions regarding student's tobacco-related behaviors, cessation attempts, attitudes, knowledge, secondhand smoke exposure, media influence, and awareness. The Louisiana YTS provides valuable baseline and target data for middle and high school students and is used to help guide and evaluate youth tobacco prevention efforts and cessation campaigns within Louisiana. The LTCP conducts this survey in the spring in

cooperation with the CDC, the Louisiana Department of Education (DOE), Louisiana Campaign for Tobacco Free Living (TFL), Macro International, and partners from local school districts. The YTS is the primary tool used within and between states to monitor and compare youth smoking prevalence and trends.

■ **Campaign for Tobacco-Free Kids (CTFK):** This is a national organization that serves as a resource to governments, the public, and the media to reduce tobacco use and exposure to secondhand smoke. The LTCP uses CTFK resources to help assess the impact of tobacco and the tobacco industry on youth and adult populations. CTFK maintains state specific fact sheets detailing tobacco's toll and tobacco funding. The LTCP uses this information to develop briefs for department heads, legislatures, and other stakeholders. CTFK materials further support a means of relaying to a variety of audiences, the health and economic costs and consequences of tobacco on the lives and wellbeing of Louisiana's children, youth, and adults.

■ **Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC):** This is an online resource that provides for annual estimates of national and state specific health-related economic consequences of smoking among adults. This includes:

- Smoking-Attributable Mortality: the number of deaths that can be attributed to smoking
- Smoking-Attributable Years of Potential Life Lost: the number of years that are prematurely lost due to smoking
- Smoking-Attributable Health Care Expenditures: the health care costs of smokers/former smokers in excess of never smokers
- Smoking-Attributable Productivity Costs: the lost earnings of paid/unpaid labor due to premature smoking-related death

A Maternal and Child Health application provides for estimating some of these categories for infants. The LTCP uses this resource to illustrate the impact of tobacco on individuals and the state and demonstrate the economic impact of tobacco on the state's health care system. SAMMEC estimations lend valuable support to LTCP project and budget proposals.

The LTCP habitually builds evaluation components into all projects and services. This year, the LTCP has also contracted with an evaluation team at Pennington Biomedical Research Center to make an in depth appraisal of the many community partnerships, to assist with the development of a variety of tobacco-related surveys and reports, and work closely with the design, implementation, and assessments of the Communities Putting Prevention to Work objectives. By utilizing surveillance and evaluation processes, the LTCP has positioned itself for effective decision making and judicious resource allocation.

The Future



Throughout 2010, the LTCP has been developing innovative projects and unique collaborations that encourage individuals to engage in tobacco-free lifestyles, and assist communities with creating tobacco-free environments. Over the next few years, the LTCP staff will build on these activities, paying specific attention to three major focus areas:

1. sustaining momentum of the tobacco-free movement;
2. building community capacity that coincides with CDC's Best Practices; and
3. increasing collaboration across related Chronic Disease Prevention programs.

The LTCP intends to increase staff capacity to address these critical areas and maintain its status as a nationally recognized state tobacco control program.

The LTCP strives to influence the implementation of tobacco-free policies through community interventions, cessation interventions, and strategies that address health equity. The LTCP will be continuously updating educational information to keep pace with emerging products, trends, and research. This will include the demystification of e-cigarettes, which are marketed as a cessation device; review of developments in new smokeless tobacco products; and recognition of third-hand smoke as an additional public health threat. Now and in the future, the LTCP will use cutting-edge information, evidence-based practices, energy and creativity to promote health and well being to each Louisiana resident by advocating and directing the tobacco-free movement to all communities within this state.



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The LTCP operates through partnerships and collaborations to eliminate secondhand smoke exposure, promote tobacco cessation, prevent initiation of tobacco use among young people, and eliminate tobacco-related health disparities.



**DEPARTMENT OF
HEALTH**

AND HOSPITALS

Tobacco Control Program

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