

The Role of Tobacco Surveillance to obtain Policy, Systems, and Environmental Changes

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Objective

To analyze tobacco use in Georgia to influence policy, systems and environmental changes as tools to reduce its burden on health outcomes

Introduction

Tobacco use is the leading cause of preventable illness and deaths in Georgia. About 10.1% of deaths among adults in Georgia are linked to smoking related illnesses. Most first use of cigarettes occurs by age 18 (87%), with nearly all-first use by 26 years of age (98%). Although cigarette smoking has declined significantly since 1964, very large disparities in tobacco use remain across different sub-groups of the population. Multiple environmental, psychological, and social factors have been associated with tobacco use, including race and ethnicity, age, SES, educational accomplishment, gender, and sexual orientation. These factors within the social environment have a huge influence on motivation to begin and to continue using tobacco products for not just the individual but also certain community group within the population. Established in 2000, Georgia Tobacco Use Prevention Program (GTUPP) is a program designed to meet the overall goal of reducing the health and economic burden associated with tobacco use for all members of the community. By working with various partners, GTUPP plans, implements and evaluates policy, systems, and environmental changes designed to reduce tobacco-related illnesses and deaths. Best practice strategies focus on the following goals: preventing the initiation of tobacco use among young people; promoting quitting among young people and adults (e.g. Georgia Tobacco Quit Line (GTQL)); eliminating exposure to secondhand tobacco smoke; and identifying and eliminating the disparities related to tobacco use among various population groups.

Methods

The following data collection tools were used to educate community members, local coalition groups and policy decision makers on the burden of tobacco use in Georgia: Youth Tobacco Survey (YTS), Youth Risk Behavioral Survey (YRBS) and Behavioral Risk Factor Surveillance System (BRFSS). These tools allows public health professionals to create messaging needed to reach different stakeholders. The following are examples of key data points that were used to influence policy, systems, and environmental change: 27,000 of middle school students and 79,000 of high school currently use tobacco (cigarettes, smokeless tobacco or cigars). Approximately 32,400 of middle school students and 72,900 of high school students say they have tried smoking electronic cigarettes (e-cigarettes). Smoking prevalence among adult males 740,000 is significantly higher than among females 510,000, and the overall smoking prevalence is highest among adults' ages 25-34 years 292,000.

Results

Currently, the following policies have been adopted as a result of using surveillance to educate policy decision makers and multi-sector groups in the community at large: 116 school district are 100% tobacco free, 28 parks and recreation are 100% tobacco/smoke free, 46 colleges/universities are tobacco free, 6 cities in Georgia

have a comprehensive smoke free air law, 65 multi-unit housing (private/public) are smoke free, and 132 hospitals are tobacco free. Between June 2015 and July 2016, over 15,000 Georgia tobacco users used the GTQL services to make a quit attempt, and healthcare providers through a systems change referral approach referred 13% of the users to the GTQL.

Conclusions

Working with schools (K-12), parks, colleges/universities, hospitals, worksites, and municipalities to adopt tobacco free policies and promote cessation services provides an opportunity for all members of the community to be tobacco free. As tobacco use is associated with chronic diseases it is imperative to engage all members of the community in tobacco free living. Removing avoidable structural and social barriers and equally implementing tobacco use prevention programs and policies is essential.

Keywords

Tobacco Surveillance; Policy, Systems and Environmental Changes; Chronic Disease Prevention

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References

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