Welcome

Office for State, Tribal, Local and Territorial Support

presents . . .

CDC Vital Signs

Partnering to Reduce Tobacco-Related Cancers

November 15, 2016

2:00–3:00 pm (ET)
2:00 pm  Welcome & Introductions  J.T. Theofilos, MBA
Team Lead for Partnerships and Stakeholder Engagement for the Public Health Associate Program, Office for State, Tribal, Local and Territorial Support, CDC

2:05 pm  Vital Signs Overview  S. Jane Henley, MSPH
Epidemiologist, Cancer Surveillance Branch, Division of Cancer Prevention and Control, National Center for Chronic Disease Prevention and Health Promotion, CDC

2:10 pm  Presentations  Donna Williams, DrPH
Director, Louisiana Cancer Prevention and Control Programs; Associate Dean for Public Health Practice, Louisiana State University Health Sciences Center School of Public Health

Richard Mousseau, MS
Director of Community Health Prevention Programs, Great Plains Tribal Chairmen’s Health Board

2:30 pm  Q&A and Discussion  J.T. Theofilos, MBA

2:55 pm  Wrap-up

3:00 pm  End of Call
Vital Signs Teleconference

to support STLT efforts and build momentum around the monthly release of CDC Vital Signs
Disparities in Tobacco-Related Cancer Incidence and Mortality — United States, 2004–2013

S. Jane Henley, MSPH
Epidemiologist, Cancer Surveillance Branch, Division of Cancer Prevention and Control

*Vital Signs* Town Hall Teleconference
November 15, 2016
Cancer and Tobacco Use

Tobacco use is the leading preventable cause of cancer and cancer death.

Since 1990 more than 1 million tobacco-related cancer deaths have been avoided because of:

- comprehensive cancer and tobacco control programs
- early detection of cancer
- improvements in cancer treatment
Tobacco Use Causes Many Cancers

Tobacco use* causes cancer throughout the body.

- Mouth and throat (oral cavity and pharynx)
- Voice box (larynx)
- Acute myeloid leukemia
- Kidney and renal pelvis
- Uterine cervix
- Urinary bladder
- Esophagus
- Lung, bronchus, and trachea
- Liver
- Stomach
- Pancreas
- Colon and rectum

* Tobacco use includes smoked (cigarettes and cigars) and smokeless (snuff and chewing tobacco) tobacco products that, to date, have been shown to cause cancer.
Methods

- **Cancer incidence and death data**
  - CDC’s National Program of Cancer Registries and the National Cancer Institute’s Surveillance, Epidemiology, and End Results (SEER) Program.
  - CDC’s National Cancer for Health Statistics National Vital Statistics System.

- **Current tobacco-related cancer incidence and death rates**
  - Examined disparities by sex; age; race; ethnicity; county-level poverty, educational attainment, and rural/urban continuum; U.S. Census region; state; and cancer site.
Number, Rate, and Trends of Tobacco-Related Cancer Cases and Deaths — United States

- **New cases**
  - 666,000 new tobacco-related cancer cases each year 2009–2013
  - 40% of the 1.5 million cancer cases diagnosed every year
  - 193 tobacco-related cancer cases per 100,000 persons
  - Decreased 1.3% per year 2004–2013

- **Deaths**
  - 343,000 tobacco-related cancer deaths each year 2009–2013
  - 158,000 lung cancer deaths
  - 100 tobacco-related cancer deaths per 100,000 persons
  - Decreased 1.6% per year 2004–2013
  - 167,000 cancer deaths caused by cigarette smoking (30% of all cancer deaths)

Source: MMWR, 2016
Tobacco Related Cancers are Higher and Decreasing More Slowly Among Some Groups

Source: MMWR, 2016
Some States Have a Higher Burden of Tobacco-Related Cancers

When states make greater and longer investments in comprehensive cancer and tobacco control programs, fewer people use tobacco and get or die from tobacco-related cancers.

• Source: MMWR, 2016
We Are Making Progress

Tobacco-related cancer deaths have decreased over time.

But people are still dying from preventable cancers caused by tobacco use.

Comprehensive, Evidence-Based Interventions Can Reduce Tobacco Use and Cancer

States and communities can

- Support comprehensive cancer control programs focusing on cancer prevention, education, screening, quality of care, support for cancer survivors, and good health for all.
- Fund comprehensive tobacco prevention and control programs at CDC-recommended levels.
- Make tobacco cessation treatments more available to people who want to quit.
- Protect nonsmokers from secondhand smoke in all indoor public places and worksites.
Comprehensive Cancer Control

An approach that brings together key partners and organizations to develop a plan to reduce the number of community members who get or die from cancer

- Set up and convene cancer coalitions
- Develop data-driven cancer control plans
- Implement and evaluate cancer control plans

CDC’s National Comprehensive Cancer Control Program began in 1998.

Source: https://www.cdc.gov/cancer/ncccp
CDC Funds 65 Comprehensive Cancer Control Programs in States, DC, Tribes, and Territories

Each cancer plan includes activities that—

- Encourage people to make healthy choices.
- Educate people about cancer screening tests.
- Increase access to good cancer care and reduce health disparities.
- Make sure people who survive cancer live well.

• Source: [https://www.cdc.gov/cancer/ncccp](https://www.cdc.gov/cancer/ncccp)
Comprehensive Cancer Control Programs Can Reduce the Burden from Tobacco-Related Cancers

Source: https://www.cdc.gov/cancer/ncccp
Thank You
https://www.cdc.gov/cancer

For more information, contact
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E-mail: cdcinfo@cdc.gov  Web: https://www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
Smoke-free NOLA and Beyond

Donna L. Williams, DrPH
Director

Louisiana Cancer Prevention & Control Programs
Coalition for a Tobacco Free Louisiana
Preemption

2006 Louisiana Smokefree Air Act

"Nothing in the law above shall be construed to restrict the power of any parish, city, town, or village to adopt and enforce additional local laws, ordinances, or regulations that comply with at least the minimum applicable standards to establish smokefree public places as set forth above."
Our Role?
Louisiana’s Problem: In Dollars and Cents

$1.47 Billion
Annual Louisiana health care costs directly caused by smoking

$663 Million
Portion covered by the state Medicaid program

$649 per Household
Louisiana residents’ state and federal burden from smoking-caused government expenditures

$2.05 Billion
Louisiana smoking-caused productivity losses

Tobacco Use Facts

- 22.1% of Louisiana adults smoke, which gives us a rank of 8th in the United States in smoking prevalence.

- Tobacco use causes 80% of lung cancer deaths and is linked to a number of other cancers, chronic diseases and adverse health conditions. It is estimated that almost a third of all cancer deaths (30%) are attributable to tobacco use.

- African Americans are disproportionately affected by lung cancer compared to other racial/ethnic groups, and tobacco use is highest among African American men.

Youth Smoking in Louisiana and Nationwide

- Almost a quarter (21.8%) of Louisiana high school students smoke. The national average is 19.5%.

- 20% of male high school students use smokeless or spit tobacco. The national average is 15%.

- Louisiana’s tax of 36 cents on a pack of cigarettes is currently 49th out of 51 states (including DC).

- Every 10% increase in the price of cigarettes reduces youth smoking by about 7% and total consumption by about 4%.

- From the Surgeon General’s report on smoking in 2012: “A majority of the existing research suggests that the effects of price on smoking prevalence involve both a decrease in initiation of smoking among youth and an increase in cessation among young adults.” (pg. 707)
Targeted Social Media
Our Own Posts

Why Tobacco Smoke Sucks:
1 in 5 Americans Will Die a Smoking-Related Death This Year*

Are you really more afraid of Ebola? Only one person in the U.S. has died of Ebola as of October, 2014.

*CDC
Why Tobacco Smoke Sucks: Each Year, Smoking Costs Every Louisiana Household... *

Smoking-caused state and federal expenditures have to come from somebody – and that would be you.

*$Louisiana Comprehensive Cancer Control Program

$649

Why Tobacco Smoke Sucks: Smokers More Likely to Be Rejected in Online Dating *

In 2013, Match.com found 89% of participants prefer to date a non-smoker, while the Hinge dating app found that men who identified themselves as smokers were 61% more likely to be rejected.

*Huffington Post
Materials from Others

Louisiana Cancer Prevention shared Campaign for Tobacco-Free Kids’s video.
December 17, 2015

In honor of the new Star Wars movie coming out - a throwback to a Star Wars themed PSA about the dangers of smoking.

16,934 Views

Campaign for Tobacco-Free Kids
December 17, 2015

A long time ago, in a galaxy far, far away, two droids shared an important message about the dangers of smoking. Before you enjoy #TheForceAwakens, enjoy this v...

CDC Tobacco Free
March 14

LIFE WITHOUT CIGARETTES IS AAAAAHHH-MAIZNG!

Treat yourself to a smokefree life.
Latest Research

Over 127,700 people in the U.S. die every year due to smoking-related lung cancer. More than 7,000 of these deaths are due to secondhand smoke.

If the evidence of the harms of secondhand smoke wasn't enough for you before...

UC HealthNews: Study Links Secondhand Smoke Exposure to Motor Impairment in Children

Secondhand tobacco smoke exposure was significantly associated with motor impairment in a study of children living in the Appalachian region of Ohio and West...
Successes

Smoke-free

- New Orleans
- Hammond
- Ouachita Parish (county)
- Alexandria
DO’s

• Just the facts, ma’am
• Be a resource
• Be aware of your political climate
• Be aware of competing priorities
Donna L. Williams, DrPH
dwilli3@lsuhsc.edu
Reducing Tobacco-related cancers by implementing a 5A’s Training Program

Richard Mousseau, MS

Director

Prevention Programs

Great Plains Tribal Chairmen’s Health Board
Northern Plains Comprehensive Cancer Control Program (NPCCCP)

Funded as a Cooperative Agreement

Provides support services to ND, SD, NE, and IA

- 17 Tribes and One Service Area
- 170,000 people
Great Plains AI/AN
Commercial Tobacco Prevalence

10 of the 18 Great Plains Area Tribes aggregate data
Over 60% are Current Smokers
Great Plains AI/AN vs. NHW Tobacco-Related Cancers

Source: GPTCHB Community Health Profile: Great Plains Tribal Epidemiology Center, 2015. SEERStat 1990-2013 Great Plains Area Tribal Communities.
Healthy People 2020 Framework

Tobacco Use Prevalence:
Implementing policies to reduce tobacco use and initiation among youth and adults.

Health Systems Changes:
Adopting policies and strategies to increase access, affordability, and use of smoking cessation services and treatments.

Social and Environmental Changes:
Establishing policies to reduce exposure to secondhand smoke, increase the cost of tobacco, restrict tobacco advertising, and reducing illegal sales to minors.
The Great Plains Area Office in Aberdeen, South Dakota, works in conjunction with its 19 Indian Health Service Units and Tribal managed Service Units to provide health care to approximately 122,000 Native Americans located in North Dakota, South Dakota, Nebraska, and Iowa.

Great Plains Area IHS also provides health services to approximately 6,000 Native Americans who are not counted in the user population of the Area.
Tobacco-using Patients Who Have Received Tobacco Cessation Intervention Within The Past Year (2004-2012)

Note: 2004 & 2005 measure logic: AI/AN patients (age 5+) screened for tobacco use within the past year.
Evidence-based training provides a foundation to understand tobacco dependence, tobacco dependence treatment, and methods and techniques to deliver evidence-based interventions to AI/AN who use tobacco.

Individuals will be equipped to proactively implement the recommendations of the US Public Health Service Clinical Practice Guideline: Treating Tobacco Use and Dependence.

Over 300 trained 5A’s Tobacco Cessation Facilitators in Great Plains Region trained since 2012.
More than the 5 A’s: Implementing a Commercial Tobacco Cessation Intervention in Tribal Communities

- Designed for community-based programs
- Workbook will help you develop a plan for implementing the 5 A’s intervention in your Tribal community
- Created by Red Star with support provided by Inter Tribal Council of Michigan through a cooperative agreement from the CDC REACH MNO project.
American Indian Commercial Tobacco Program (AICTP)

AI/AN National Quit Line:

- Up to 10 coaching calls per quit attempt with a dedicated Native coach.
- 8 weeks of nicotine replacement therapy with combination medication as an option.
- Open to men, women, and elders of all ages and tribal nations.

Call: 1-855-372-0037 or https://americanindian.quitlogix.org/
Smoking Cessation Resources

Other Cessation Resources:

- Centers for Disease Control and Prevention
  http://www.cdc.gov/

- National Native Network
  http://www.keepitsacred.itcmi.org/

- Red Star
  http://www.redstar1.org/
Contact Information

If you have additional questions or would like more information please contact me:

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CDC *Vital Signs* Electronic Media Resources

Become a fan on Facebook

www.facebook.com/cdc

Follow us on Twitter

twitter.com/CDCgov/

Syndicate *Vital Signs* on your website

https://tools.cdc.gov/medialibrary/index.aspx#/results

*Vital Signs* interactive buttons and banners

The Prevention Status Reports (PSRs) highlight—for all 50 states and the District of Columbia—the status of public health policies and practices designed to address 10 important public health problems and concerns.

www.cdc.gov/psr/
Provide feedback on this teleconference: OSTLTSFeedback@cdc.gov

Please mark your calendars for the next Vital Signs Town Hall Teleconference

December 13, 2016
2:00–3:00 pm (ET)

For more information, please contact Centers for Disease Control and Prevention.

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