ALABAMA COMPREHENSIVE TOBACCO USE PREVENTION AND CONTROL PLAN

2000 - The New Millennium
Acknowledgements

In 1998, under the leadership of co-chairs Dr. Jack Hataway and Dr. David Reynolds, the Alabama Tobacco Use Prevention and Control Task Force (Appendix A) was convened to develop a State Plan for tobacco control. In 2000, the Task Force was reconvened through a grant from the Robert Wood Johnson Foundation to the American Lung Association of Alabama for the purpose of revising and updating the State Plan to conform with the Centers for Disease Control and Prevention’s Best Practices for Comprehensive Tobacco Control Programs (August 1999).

Special thanks are given to the following people who contributed their valuable time and efforts in order to complete this plan.

Task Force Co-Chairs
Dr. David Reynolds, Pediatrician
Dr. C. Jack Hataway, Director of Chronic Disease Prevention, Alabama Department of Public Health

Original Work Group Co-Chairs
School Work Group
Dr. Joyce Moore, Alabama State Department of Education (retired)
Penny Deavers, Alabama State Department of Education

Merchant Education Work Group
Jan Byrne, Alabama Alcoholic Beverage Control Board

Communities Work Group
Vee Stalker, University of Alabama at Birmingham School of Public Health
Lydia Cheney, University of Alabama at Birmingham Comprehensive Cancer Center

Environmental Tobacco Smoke Work Group
Dr. Dan Ireland, Alabama Citizens Action Program
Dr. Aubrey Taylor, University of South Alabama College of Medicine

Cessation Work Group
Dr. Myra Crawford, University of Alabama at Birmingham School of Medicine
David Laven, Alabama Pharmacy Association

Comprehensive State Plan 2000 Revision Editorial Committee
Karla S. Sneegas, Consultant, Karla Sneegas, Inc.
Ronald Pearsall, Executive Director, American Lung Association of Alabama
Janet Windle, Project Supervisor, American Lung Association of Alabama
Dr. Larry Hardin, Project Director, University of Alabama at Birmingham School of Public Health
Barbara McCollum, University of Alabama at Birmingham Lung Health Center
Dr. Brian Geiger, University of Alabama at Birmingham School of Education
Diane Beeson, Director, Tobacco Use Prevention and Control Branch, Alabama Department of Public Health

In addition, the Task Force appreciates the efforts of the Alabama Department of Public Health, Dr. Donald E. Williamson, State Health Officer, for convening the Task Force, and the staff of the Tobacco Branch for coordinating the meeting and assisting with the final draft of the document.

Finally, sincerest appreciation is given to Jordanka Lazarevic, Communication Director, Madeleine Solomon, Grant Liaison Officer, and Peter Hillebrand, Project Coordinator, American Medical Association SmokeLess States Special Opportunities Grant Program, for their invaluable assistance in completing this project.
# Table of Contents

Introduction ................................................................................2
Executive Summary ....................................................................4
The Facts.....................................................................................6
  The Toll of Tobacco in Alabama .........................................7
  The Economic Burden of Tobacco on Alabama.........................8
The Challenge ............................................................................9
  Prevention............................................................................10
  Tobacco Dependency..........................................................15
  Environmental Tobacco Smoke .........................................20
References .................................................................................24
Strategic Planning Guide .........................................................25
Contact Information.................................................................27

Appendices

  Appendix A: Alabama Tobacco Use Prevention and Control Task Force ........................................28

  Appendix B: Alabama Public Health Areas and Tobacco Control Coordinators .........................30

  Appendix C: CDC Funding Recommendations ............32
Introduction

Tobacco use is not just a nuisance or a “rite of passage” for children. The truth is that this deadly product addicts 19,000 Alabama youth each year. It is time to grasp the reality of what tobacco is doing to Alabama’s well-being.
The Alabama Tobacco Use Prevention and Control Task Force is a network of organizations and agencies sharing a common vision of protecting and improving the health of all Alabamians. We are committed to creating a healthier Alabama-one where fewer children become addicted to tobacco, fewer people are exposed to secondhand smoke, and all tobacco users can find the help they need to quit and remain tobacco free.

Alabama needs an aggressive program to focus on our alarmingly high smoking rate, the senseless deaths resulting from tobacco use, and the exorbitant cost tobacco use places on our state. We have created this comprehensive tobacco prevention and control plan to guide state and community leaders in understanding the burden tobacco use places on Alabama and to provide a framework for initiatives to address the problem at the state and local levels.

The magnitude of this public health problem demands comprehensive state and local action that is highly coordinated and sustained over many years.

Social and environmental changes are imperative in order to:
- Help Alabama children fight and prevent tobacco addiction;
- Help Alabama youth and adults quit tobacco addiction; and
- Help Alabama citizens breathe healthy air.

Model initiatives in other states have demonstrated remarkable success. Recent results from the Florida Youth Tobacco Survey show a 54 percent decline in middle school tobacco use over the past two years and a 24 percent drop among high school students. However, for a program to be successful in Alabama, a commitment must be made to recognize the burden placed on our citizens by tobacco use and to commit resources to adequately address the problem.

This plan consists of:
- An overview of the health and economic burdens of tobacco use on our state;
- An outline of Alabama’s tobacco use reduction goals;
- Alabama’s comprehensive plan for 2000-2005;
- A planning document for organizations interested in tobacco prevention and control activities;
- CDC recommendations for funding a comprehensive plan for Alabama (Appendix C).
Executive Summary

The Facts

Tobacco use in Alabama is a major public health concern. Nationally, smoking kills more people than alcohol, AIDS, motor vehicle crashes, illegal drugs, murders, and suicides combined. In Alabama alone, 7,000 people die annually from tobacco-related causes. These include not only smoking, but also fires caused by smoking, exposure to secondhand smoke, and smokeless tobacco use. Approximately 24% of Alabama adults are regular smokers. Among our youth, 35% percent of high school students smoke, and 22% of high school males use smokeless tobacco. Current estimates place the number of children and teens under age 18 who will die from tobacco related illnesses (if current trends continue) at over 83,000. Nearly 19,000 Alabama youth become daily smokers each year. The problem of youth tobacco use is compounded by illegal sales of tobacco products to minors under the age of 19. There are 8.6 million packs of cigarettes sold to Alabama children every year, despite a strict youth access to tobacco law (Alabama Act 97-423).

In addition to problems resulting from smoking and chewing, serious adverse health effects result from exposure to secondhand smoke, or environmental tobacco smoke (ETS). In Alabama, approximately 289,000 children are exposed to ETS in the home, making them especially vulnerable to its effects. Exposure to ETS has been linked to lung cancer, heart attacks, low birth weight infants, sudden infant death syndrome (SIDS), bronchitis, pneumonia, asthma and other chronic respiratory problems.

Finally, tobacco is an economic burden on our state. Smokers, businesses, nonsmokers, and society bear the cost of the increased health care expenditures that result from elevated insurance premiums and taxes to support Medicare and Medicaid programs. In addition, tobacco-related illnesses mean lost productivity for businesses due to increased absenteeism and early death.

It is estimated that smoking costs Alabama $800 million a year!

The Challenge

The public health challenge before us is to improve the health of Alabama citizens by reducing the rates of illness and death caused by tobacco use. This can only be accomplished through a comprehensive effort that addresses preventing tobacco use by children and youth, methods of helping youth and adults quit tobacco, and issues related to eliminating environmental tobacco smoke.

Alabama’s comprehensive plan for tobacco use prevention and control was developed using lessons learned from successful tobacco control efforts in other states and set forth in the Centers for Disease Control and Prevention’s Best Practices for Comprehensive Tobacco Control Programs (August 1999). The Plan approaches the problem by focusing on three major areas: Prevention, Tobacco Dependency, and Environmental Tobacco Smoke. By identifying attainable goals and objectives in each area, the Plan offers opportunities for local coalitions of health professionals, public health workers, educators, businesses and other interested citizens to develop individual action plans to meet the goals. Inherent in each is the development and implementation of evaluation systems to track activities and provide accountability.
Alabama’s Comprehensive Tobacco Use Prevention and Control Plan Goals and Objectives

**Prevention:**

- Implement guidelines for school health programs to prevent tobacco use and addiction in 100% of Alabama’s public schools by the year 2005.
- Establish community-based coalitions and partnerships throughout Alabama so that all communities are involved in tobacco control initiatives by the year 2003.
- Enforce laws to comply with the Federal Synar Amendment that requires illegal sales of tobacco to be consistently less than 20% by the year 2003.

**Tobacco Dependency:**

- Provide effective, age-appropriate youth tobacco cessation programs in all 11 Public Health Areas by the year 2005.
- Encourage all tobacco-free businesses to establish procedures for providing employees access to cessation programs by the year 2005.
- Reduce the prevalence of tobacco use among identified special populations by:
  - promoting smoking cessation during pregnancy so that at least 50% of women who are cigarette smokers at the time they become pregnant quit smoking early in pregnancy and maintain abstinence for the remainder of pregnancy by the year 2005.
  - developing and disseminating culturally appropriate cessation information among Alabama’s African-American, Native American, Asian American and Hispanic populations in all 11 Public Health Areas by the year 2003; and targeting males aged 12-24 so that no more than 4% use smokeless tobacco by the year 2005.
- Increase to at least 50% the proportion of health care providers (physicians, dentists, nurses, dental hygienists, mental health professionals, social workers, psychologists, pharmacists, medical assistants, physician assistants, and home health care aides) who routinely advise cessation, document charts, and provide assistance and follow-up for their tobacco-using patients by the year 2005.
- Increase to 75% the proportion of health plans in Alabama that offer coverage to include counseling by health care providers, cessation classes, prescriptions for nicotine replacement therapies, and other cessation services for treatment of nicotine dependency by the year 2005.

**Environmental Tobacco Smoke:**

- Significantly reduce or eliminate exposure to environmental tobacco smoke in:
  - government buildings by supporting the passage of at least one smoke-free ordinance in each of the 11 Public Health Areas by 2005;
  - schools by supporting and advocating for 100% compliance to the state mandated tobacco-free schools policy by 2005; and
  - other public areas by sponsoring ongoing public education campaigns in all 11 Public Health Areas by the year 2003.
- Significantly reduce or eliminate exposure to environmental tobacco smoke in:
  - worksites and businesses through the promotion of smoke-free policies in at least 80% of Alabama businesses by the year 2005;
  - restaurants through the promotion of at least one voluntary smoke-free restaurant policy or local ordinance in each Public Health Area district by the year 2005.
- Increase to 80% the proportion of children who live in smoke-free home environments by the year 2005.
The Facts

83,000 Alabama youth now under 18 will die from smoking if current trends continue.
The Toll of Tobacco in Alabama

While adult smoking has generally been decreasing throughout the country in recent years, these declines have slowed or stopped. In contrast, smoking among youth increased steadily throughout much of the 1990s. National underage smoking rates remain at historically high levels. Over the past ten years, the number of youth under 18 in the U.S. who become new daily smokers each year has risen by more than 70 percent.

Smoking kills more people than alcohol, AIDS, motor vehicle crashes, illegal drugs, murders, and suicides combined — and thousands more die from other tobacco-related causes — such as fires caused by smoking (more than 1,000 deaths/year nationwide), exposure to secondhand smoke (more than 40,000 deaths), and smokeless tobacco use. Published research studies have found that:

• children and youth are three times more sensitive to tobacco advertising than adults;
• children and youth are more likely to be influenced to smoke by cigarette marketing than by peer pressure;
• one-third of underage experimentation with smoking is attributable to tobacco company advertising.7

Tobacco Use in Alabama

- High school students who smoke: 35.0%
- High school males who use smokeless tobacco: 22.0%
- Number of youth (under 18) who become new daily smokers each year: 19,000
- Children exposed to secondhand smoke at home: 289,000
- Number of packs of cigarettes illegally sold to youth in Alabama each year: 8.6 million
- Adults in Alabama who smoke: 24.0%

Deaths in Alabama From Smoking

- Number of people who die each year in Alabama from smoking: 7,000
- Number of Alabama youth now under 18 who will die from smoking (if current trends continue): 83,000

Tobacco Industry Influence

- Annual tobacco industry advertising & marketing expenditures nationwide: $5.2 billion
- Estimated portion spent for Alabama advertising each year: $84 million
Smokers, businesses, non-smokers, and society bear the cost of the increased health care expenditures resulting from smoking—elevated insurance premiums and taxes to support Medicare and Medicaid programs. In addition, lost productivity from increased absenteeism and early death are costs from smoking.

Tobacco use costs Alabama $800 million every year! The annual expense for caring for babies with health problems caused by mothers smoking or being exposed to secondhand smoke during pregnancy is estimated to be between $25 and $74 million. Alabama could reduce its health care cost dramatically simply by reducing the costs associated with smoking during pregnancy.

### Tobacco-Caused Health Care Expenditures in Alabama And Related Federal-State Tax Burdens on Each State’s Citizens

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost (millions/year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Annual Tobacco Company Settlement Payments to Alabama</td>
<td>$117</td>
</tr>
<tr>
<td>All Tobacco-Caused Health Expenditures in State</td>
<td>$800</td>
</tr>
<tr>
<td>State &amp; Federal Tax Burden From Tobacco-Caused Health Costs</td>
<td>$460</td>
</tr>
<tr>
<td>Each Household’s State Federal Tax Burden from Tobacco-Caused Health</td>
<td>$280</td>
</tr>
</tbody>
</table>

Additional health care expenditures caused by tobacco include the costs related to direct exposure to secondhand smoke, smoking-caused fires, and smokeless tobacco use. Non-health costs attributed to tobacco use include direct residential and commercial property losses from fires caused by cigarettes or cigars (more than $500 million nationwide); productivity losses from absences, on-the-job performance declines, and early termination of employment caused by tobacco-related health problems ($40+ billion per year nationwide); and the costs of the extra cleaning and maintenance made necessary by tobacco smoke, smokeless tobacco spit, and tobacco-related litter (about $4+ billion per year nationwide for commercial establishments alone). Alabama’s pro-rata share of these costs, based on population, is at least $640.0 million per year.
The Challenge

Alabama’s Plan for Tobacco Prevention and Control

To protect and improve the health of Alabamians, a task force consisting of over sixty major organizations worked together over the past two years to formulate a plan for addressing the reduction of tobacco-use in Alabama. The Alabama Tobacco Use Prevention and Control Task Force was formed to provide a forum where strategies could be developed, coordinated, and implemented to prevent initiation of tobacco use, decrease current tobacco use, and reduce the exposure to tobacco smoke.

The Task Force set three overall goals for tobacco prevention and control in Alabama.

1. Prevent youth (under age 19) from becoming users of tobacco products.

2. Promote treatment of tobacco dependency through promotion of and increased access to cessation programs.

3. Reduce exposure to secondhand tobacco smoke.

In 1999, the state of Alabama established two targeted tobacco use objectives as part of a package of health objectives to reach by the year 2010. These objectives are set nationally through a prevention agenda for the Nation called Healthy People 2010. Tobacco use is one of several priority areas identified as critical to improving the health of Americans through preventative strategies.

Alabama’s Tobacco Use Objectives for 2010 are:

- **Reduce to 13 percent the proportion of Alabamians aged 18 and older who smoke cigarettes and reduce to 3 percent adults who use smokeless tobacco.**

<table>
<thead>
<tr>
<th>1997 Baseline</th>
<th>2010 Target</th>
<th>National Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigarette smoking</td>
<td>23%</td>
<td>13%</td>
</tr>
<tr>
<td>Smokeless tobacco</td>
<td>5.3%</td>
<td>3%</td>
</tr>
</tbody>
</table>

- **Reduce to 25 percent the proportion of Alabamians in grades 9-12 who have used tobacco products in the past 30 days.**

<table>
<thead>
<tr>
<th>1997 Baseline</th>
<th>2010 Target</th>
<th>National Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigarette smoking</td>
<td>36%</td>
<td>25%</td>
</tr>
<tr>
<td>Smokeless tobacco</td>
<td>9%</td>
<td>5%</td>
</tr>
</tbody>
</table>
PREVENTION: Help Alabama Children Fight Tobacco Addiction
Tobacco use causes disability, disease and death. Nine out of ten smokers begin smoking before their 18th birthday. Experimentation with tobacco is occurring as early as age seven and initiation into a life-long addiction to tobacco use almost always occurs during adolescence. According to the Centers for Disease Control and Prevention, 83,404 Alabama youth are projected to die prematurely from smoking. By preventing the initiation of smoking and other tobacco use during the early years, Alabama can reduce the direct and indirect costs of tobacco use, including premature death from tobacco-related diseases.

Teen smoking is one of the few early warning signs we have in public health. Numerous studies indicate that tobacco is a gateway drug. The use of tobacco makes a child more likely to experiment with other drugs, such as alcohol, marijuana or cocaine.

Alabama’s prevention plan focuses on three key components:

1. **Prevention through Schools.** The Youth Risk Behavior Survey, conducted every other year in Alabama schools for grades 9-12, does not show a reduction in tobacco use from 1996 to 1998. School-based tobacco education should include effective and evaluated tobacco use reduction curricula that are compatible with the Health Literacy Goals and Content Standard established by the Health Education Course of Study. The Alabama Administrative Code requires that all school property be tobacco free. Youth must be actively involved in all prevention efforts, from planning to implementation and evaluation, in order for these efforts to be more effective.

2. **Prevention through Public Awareness Education and Community Mobilization.** Community groups are able to advocate for policy changes and work to create tobacco-free environments. Youth and adult volunteers can generate local media action, distribute information and sponsor events that can decrease the acceptance of tobacco in their community. By empowering community groups to be advocates for tobacco control, local policies can be developed to establish tobacco-free places and to eliminate tobacco promotion in places where youth are likely to congregate. Efforts should be made to pass policies, ordinances and legislation to support tobacco-free communities.

3. **Prevention through Merchant Education and Public Awareness of the Youth Access to Tobacco Products Law:** Reducing the sale of tobacco to minors can only be accomplished through a multifaceted approach. Enforcement of Alabama Act 97-423, the youth access to tobacco products law, is a critical aspect to preventing sales of tobacco to minors under the age of 19. This can be accomplished through education of the general public, youth, the law enforcement community, retailers, and the judicial system.
• More than 1 in 3 Alabama youth are smoking daily. Some youth start smoking as early as age 7.¹²

• Every year, 19,000 Alabama youth become new daily smokers.¹³

• 8.6 million packs of cigarettes are sold illegally in Alabama each year.¹⁴

• Current estimates show that 22% of high school males in Alabama use spit tobacco.¹⁵

• 83,404 of Alabama’s current youth will die from smoking if our current trends continue.¹⁶

• Tobacco use opens the door to other drug use and dangerous behaviors. Youth who smoke are:

  5.7 times more likely to try other drugs
  11.4 times more likely to use marijuana
  6 times more likely to drink and drive
  2.8 times more likely to carry a weapon
  2.5 times more likely to attempt suicide¹⁷
Recommended Actions and Outcomes:

Implement guidelines for school health programs to prevent tobacco use and addiction in 100% of Alabama’s public schools by the year 2005.

- Compile a list of evidence-based tobacco use prevention curricula available to schools in Alabama to teach refusal skills and the harmful effects of tobacco use.
- Assess educational programs currently in use in selected schools to determine which could be used statewide.
- Develop a matrix of how tobacco prevention curricula meet the required course of study by the Alabama Department of Education.
- Implement tobacco prevention curricula, through collaboration with the State Department of Education.
- Provide culturally appropriate materials and resources where they are needed.
- Sponsor meetings between county health departments, schools, and local organizations to determine strategies for involving the community in tobacco use prevention education.
- Collaborate with the State Department of Education to improve compliance rates with the Safe and Drug Free Schools mandate that all public school buildings and properties be tobacco-free.
- Collaborate with the Department of Education and educational organizations to monitor tobacco policy changes and policy enforcement in Alabama’s public schools.
- Identify youth willing to serve on the state and local tobacco use prevention and control coalitions.
- Involve and recruit traditional and non-traditional youth leaders and special interest groups to be involved in tobacco prevention efforts within schools.
- Develop and implement an evaluation component, for use in schools, to determine the effectiveness of tobacco use prevention programs.
- Develop and implement strategies to make use of the media in promoting youth tobacco use prevention.
2. **Establish community-based coalitions and partnerships throughout Alabama so that all communities are involved in tobacco control initiatives by the year 2003.**

- Fund grants to communities to organize and maintain community-based coalitions and partnerships that will address tobacco prevention and control.
- Build public awareness of the problems related to youth tobacco use.
  - Conduct ongoing local youth tobacco use prevention campaigns in each of the 11 Public Health Areas.
  - Partner with local media to educate the public and promote prevention efforts.
  - Sponsor community events to increase the awareness of tobacco-related issues.
- Recruit community leaders to be involved in tobacco prevention efforts. Citizen volunteers should represent education, the retired, faith communities, minority populations, professional organizations, service groups, small and large businesses, parents, youth, law enforcement, and others.
- Train community leaders, via satellite teleconference and other methods, to form and maintain local tobacco use prevention and control coalitions to:
  - Design and support programs to decrease tobacco use among youth.
  - Increase access to effective cessation programs for adults and youth.
  - Increase public awareness of the benefits of a tobacco-free lifestyle.
  - Increase the number of tobacco-free environments.
- Develop and maintain a resource directory listing organizations and individuals involved with tobacco use prevention.
- Sponsor tobacco-use prevention and control conferences to share latest technologies, research findings, and tobacco control initiatives.
- Establish evaluation systems and procedures to monitor efforts of community-based coalitions.

3. **Enforce laws to comply with the Federal Synar Amendment that requires illegal sales of tobacco to be consistently less than 20% by the year 2003.**

- Increase education about FDA and state tobacco sales laws and the consequences of violating those laws to store owners.
- Develop and implement a plan to educate clerks about Act 97-423, the youth access to tobacco law, and its consequences for clerks who sell tobacco products.
- Develop and implement a plan to educate the public, the law enforcement community, and the judicial system about Act 97-423, the youth access to tobacco law, and its consequences for retailers who sell tobacco products.
- Develop and implement a plan to publicly recognize merchants who comply with the law.
- Develop and implement strategies to involve the media in public and merchant education regarding youth access to tobacco.
- Establish evaluation systems and procedures to monitor merchant education, compliance and public awareness efforts.
Nicotine is a powerfully addictive drug. Because tobacco use is both emotionally and physically addictive, quitting can be very difficult and usually requires many attempts before succeeding. To quit, smokers must not only overcome their physiological dependence on nicotine but also cut their strong psychological and social ties to using tobacco. Quitting without outside help is extremely difficult, and getting effective assistance is not easy.
Alabama’s comprehensive plan focuses on four key areas:

1. **Help Youth.** According to the Surgeon General, almost ninety percent of adult smokers began smoking at or before age eighteen. A recent meeting on teen tobacco use cessation convened by the CDC concluded that many young people try to quit on their own but are unable to do so. One study found that 78% of 6-12th graders who tried to quit had failed. Programs to help school aged youth quit tobacco must be initiated in order to reach children and teenagers before their tobacco use has become a strong and deadly addiction.

2. **Help Working Adults.** Among adults, tobacco dependency programs appear to be most effective when coordinated with other tobacco control efforts that can increase smokers’ readiness and willingness to quit. Individuals may be more likely to want to quit smoking if they work in companies with strong work site tobacco-free policies and are exposed to repeated anti-smoking messages in the media.

3. **Help Special Populations.** Certain populations within our state tend to be under served by tobacco dependency programs. The Alabama Tobacco Use Prevention and Control Task Force has identified the African-American, Native American, Asian-American, and Hispanic populations as under served in Alabama. In addition, there are immediate needs for smoking cessation programs for pregnant women, as well as programs to help males aged 16-24 quit using smokeless tobacco.

4. **Inform the Public.** According to studies published in the *Journal of the American Medical Association*, the *American Journal of Medicine*, and the *New England Journal of Medicine*, there are several key elements of successful cessation programs for tobacco dependency. In order to increase the effectiveness of these programs, clinicians must be trained to assess patients’ smoking status and provide appropriate interventions; the availability of cessation products and services should be promoted; and effective treatments should be made more affordable. Cessation services can be provided through primary health care providers, schools, government agencies, community organizations, and telephone and/or computer “quitlines”.

---

---

---

---
Recommended Actions and Outcomes

1. Provide effective, age-appropriate youth tobacco cessation programs in all 11 Public Health Areas by the year 2005.
   - Assess and evaluate current tobacco use cessation programs available to youth for cultural and age-appropriateness, quit rates, and reduction rates. Disseminate the information to students, parents, and school officials.
   - Encourage the development of partnerships to implement youth cessation programs in schools throughout the state.
   - Conduct ongoing public education campaigns in each of the 11 Public Health Areas emphasizing the benefits of cessation and the availability of programs for youth. Include counter-marketing and media strategies to communicate cessation messages to school populations.
   - Establish evaluation systems and procedures to track youth cessation programs, public education campaigns, and their effectiveness.

2. Encourage all tobacco-free businesses to establish procedures for providing employees access to cessation programs by the year 2005.
   - Provide assistance for those businesses interested in implementing tobacco cessation programs by developing and disseminating referral information, identifying and training personnel responsible for the programs, and publicizing the programs.
   - Establish evaluation systems and procedures to track worksite cessation efforts.

Helping adults quit smoking protects their children from secondhand smoke and can reduce the number of newborn babies who suffer and die because their mothers smoked.23

Treating tobacco dependency is more cost-effective than other common procedures such as treatment of high blood pressure or high cholesterol.20,21,22
3. Reduce the prevalence of tobacco use among identified special populations by:
   a) promoting smoking cessation during pregnancy so that at least 50% of women who are cigarette smokers at the time they become pregnant quit smoking early in pregnancy and maintain abstinence for the remainder of pregnancy by the year 2005;
   b) developing and disseminating culturally appropriate cessation information among Alabama’s African-American, Native American, Asian American and Hispanic populations in all 11 Public Health Areas by the year 2003; and
   c) targeting males aged 12-24 so that no more than 4% use smokeless tobacco by the year 2005.

- Review tobacco-use cessation materials to assess availability, cultural sensitivity, appropriateness and effectiveness for all target populations.
- Conduct focus groups to test materials.
- Partner with health care providers, women’s community support programs, health wellness programs, and others to provide cessation program referral information for pregnant women.
- Distribute cessation materials through agencies and medical facilities in all areas of the state that serve multi-cultural and multi-racial populations.
- Develop and disseminate materials regarding smokeless tobacco dependency among those serving young males: health providers; dental hygienists; coaches, athletic trainers, and officials; clergy; and other interested parties.
- Establish evaluation systems and procedures to track tobacco quit rates among all target populations.
- Implement ongoing public education campaigns emphasizing the benefits of quitting and the availability of programs for tobacco dependency in all 11 Public Health Areas by the year 2005.
- Incorporate the use of counter marketing and media strategies in ongoing public education campaigns. Conduct television, radio, and print media campaigns designed to increase the awareness of the benefits of quitting tobacco as well as methods for quitting.
- Develop marketing and outreach materials to accompany media campaigns for schools, businesses, churches, and communities.
- Publicize the Alabama State Tobacco Use Prevention and Control Plan using a variety of media strategies.
- Establish evaluation systems and procedures to track public education campaigns.
4. When a person quits smoking, within two weeks to three months their lung function increases up to 30%.

5. Increase to at least 50% the proportion of health care providers (physicians, dentists, nurses, dental hygienists, mental health professionals, social workers, psychologists, pharmacists, medical assistants, physician assistants, and home health care aides) who routinely advise cessation, document charts, and provide assistance and follow-up for all tobacco-using patients by the year 2005.
   • Identify providers who currently integrate tobacco use intervention with their patients on a routine basis.
   • Develop and implement systems to track health care providers who desire more information about integrating tobacco use intervention with their patients.
   • Provide health care providers with a list of community-based resources.
   • Develop and disseminate information to health professionals through continuing education conferences and satellite broadcasts.
   • Establish or improve evaluation systems and procedures to track quit rates.

Increase to 75% the proportion of health plans in Alabama that offer coverage to include counseling by health care providers, cessation classes, prescriptions for nicotine replacement therapies, and other cessation services for treatment of nicotine dependency by the year 2005.
   • Develop and disseminate information to policy makers at health plan organizations to promote access to and coverage for tobacco dependency products and programs that benefit both patients and health care practitioners.
   • Encourage the coverage and funding of comprehensive nicotine addiction services, including counseling and prescriptions for nicotine dependent patients.

When a person quits smoking, after a year the risk of developing heart disease is cut in half.25
ENVIRONMENTAL TOBACCO SMOKE: Help Alabama Citizens Breathe Healthy Air

Smoking is the single most preventable cause of disease and death in the United States, killing more people every year than AIDS, alcohol, car accidents, murders, suicides, drugs, and fires – combined. It is no longer just a matter of personal choice, but has become a major public health issue, posing a serious health risk for nonsmokers as well as smokers.

ETS is classified as a Class A carcinogen (one that causes cancer in humans) in the same category as asbestos and radon.

Nearly 9 of 10 nonsmoking Americans are exposed to environmental tobacco smoke.
Alabama’s comprehensive plan focuses on three major areas:

1. **ETS in the home.** Children are especially vulnerable to the effects of secondhand tobacco smoke. Ventilation systems in homes cannot filter and circulate air well enough to eliminate ETS.34 A strong public education effort is needed to help parents understand how to safeguard their children against the adverse effects of ETS.

2. **ETS in worksites and businesses.** By encouraging and supporting policies that restrict smoking and by offering assistance to businesses wishing to develop and implement policies, the worksite environment can be made healthier for employees and customers. A recent study found that laws restricting smoking from public places, like the work environment, lowered cigarette use.32 In addition, CDC found broad public support for smoke-free restaurants.33

   For a child who spends one hour in the care of a smoking adult, it is as if the child smoked three cigarettes.35,36

   Workers exposed to secondhand smoke on the job are 34% more likely to get lung cancer.37

3. **ETS in government buildings, schools, and other public places.** There is currently no method of tracking the number of municipalities and counties in Alabama with smoke-free policies or ordinances. There is a need to determine the status of policies in the state while encouraging the implementation of these policies on a broader basis.

   Schools are mandated through the statewide Safe Schools Policy to be tobacco-free, but compliance with the policy varies. Efforts must be made to encourage schools to comply fully with the existing requirement that all school facilities, buildings, vehicles, and events be 100% tobacco-free.

   Smoke-filled rooms can have up to six times the air pollution as a busy highway.38
Recommended Actions and Outcomes:

1. Significantly reduce or eliminate exposure to environmental tobacco smoke in:
   a) government buildings by supporting the passage of at least one smoke-free ordinance in each of the 11 Public Health Areas by 2005;
   b) schools by supporting and advocating for 100% compliance to the state mandated tobacco-free schools policy by 2005;
   c) other public areas by sponsoring ongoing public education campaigns in all 11 Public Health Areas by the year 2003.

   • Support ordinances that prohibit smoking in government buildings in all 11 Public Health Areas by the year 2005.
     ■ Establish a system to track the number of policies and regulations restricting ETS in government buildings.
     ■ Provide information and assistance to cities that are revising current local clean indoor air policies or initiating new ones.
   • Support and advocate for 100% compliance with state mandates requiring that all school facilities, property, vehicles and events be tobacco-free by the year 2005.
     ■ Partner with state and local school boards to disseminate information on the state mandated tobacco-free requirements.
     ■ Develop partnerships among local tobacco prevention coalitions, health and youth organizations, and Parent/Teacher Organizations to develop innovative programs to increase the awareness of the harmful effects of ETS to youth.
     • Conduct annual public education campaigns focusing on the hazards of ETS in all 11 Public Health Areas by the year 2003.

   • Promote and advocate for policies prohibiting or restricting tobacco use in at least 80% of worksites and businesses by the year 2005.
     ■ Establish systems to track the status of policies and regulations restricting ETS in at least 500 businesses with more than 100 employees by January 2001.
     ■ Develop and disseminate information to businesses that are interested in developing tobacco-free policies and offer assistance in their efforts to implement tobacco-free policies.
   • Promote and advocate for voluntary policies and local ordinances prohibiting smoking in restaurants in each Public Health Area by the year 2005.

2. Significantly reduce or eliminate exposure to environmental tobacco smoke in:
   a) worksites and businesses through the promotion of smoke-free policies in at least 80% of Alabama businesses by the year 2005;
   b) restaurants through the promotion of at least one voluntary smoke-free restaurant policy or local ordinance in each Public Health Area by the year 2005.

   • Promote and advocate for policies prohibiting or restricting tobacco use in at least 80% of worksites and businesses by the year 2005.
     ■ Establish systems to track the status of policies and regulations restricting ETS in at least 500 businesses with more than 100 employees by January 2001.
     ■ Develop and disseminate information to businesses that are interested in developing tobacco-free policies and offer assistance in their efforts to implement tobacco-free policies.
   • Promote and advocate for voluntary policies and local ordinances prohibiting smoking in restaurants in each Public Health Area by the year 2005.
Exposure to 
ETS increases 
nonsmokers’ risk 
for lung cancer 
and heart 
disease.\textsuperscript{29,30}

Among children, 
ETS is also 
associated with 
serious respiratory 
problems, 
including asthma, 
pneumonia, and 
bronchitis, as well 
as sudden infant 
death syndrome 
(SIDS), and low 
birth weight.\textsuperscript{31}

- Establish systems to track smoke-free restaurants in eight metropolitan areas (Birmingham, Decatur, Huntsville, Dothan, Gadsden, Mobile, Montgomery, and Tuscaloosa) and the Gulf Coast tourist area (Gulf Shores, Orange Beach and Perdido) by the year 2003.
- Develop and publish a “Smoke Free Dining Guide” for each of these areas.
- Publicly recognize restaurants that provide a 100% smoke-free environment and offer encouragement and assistance to those interested in developing smoke-free policies.
- Develop and disseminate information and materials for smoke-free restaurant campaigns.

3 Increase to 80% the proportion of children who live in smoke-free home environments by the year 2005.

- Disseminate information and conduct presentations on the harmful health effects of ETS to Parent/Teacher Organizations and other organizations that reach parents.
- Encourage pediatricians, family physicians, and health care professionals to inquire about secondhand smoke exposure in the home and advise reduction in secondhand smoke exposure for the patient and family.
- Provide in-service education for Medicaid management care coordinators on the health effects of ETS.
- Develop a protocol for counseling clients on eliminating ETS exposure.
- Develop and disseminate ETS information that is culturally appropriate to clients enrolled in the Medicaid Management Care program.
- Provide information on ETS to all providers who enroll patients in the “All Kids Insurance Program”.
- Develop and implement systems to track the number of ETS messages presented by health care providers.
- Disseminate information on the links between exposure to ETS and health problems in children to physicians, nurses and other health care professionals.
- Promote and advocate for the inclusion of ETS information in the curriculum for health care providers, including pediatricians, family physicians, nurses, and other health care professionals.
- Partner with colleges and universities to offer in-service training opportunities on ETS for health care professionals.
References

6 National Center for Tobacco-Free Kids, ibid.
10 Centers for Disease Control and Prevention (1999). State and National Tobacco Control Highlights.
13 Ibid
14 Ibid
15 Centers for Disease Control and Prevention, ibid.
16 Ibid
23 Mayo Clinic, ibid.
31 Mayo Clinic, ibid.
35 Studies conducted by Katherine Hammond, PhD, Associate Professor of Environmental Health Sciences, University of California Berkeley, School of Public Health.
This plan is intended to be a starting point for annual planning and future discussions. Advocacy through your organization is an integral part of achieving Alabama's Tobacco Use Objectives. This plan depends on your commitment to action!

Circle the Objectives that would best dovetail into your organization’s mission.

Prevention:
- Implement guidelines for school health programs to prevent tobacco use and addiction in 100% of Alabama’s public schools by the year 2005.
- Establish community-based coalitions and partnerships throughout Alabama so that all communities are involved in tobacco control initiatives by the year 2003.
- Enforce Alabama’s youth access laws so that illegal tobacco sales are consistently under 20%, thereby in compliance with the Federal Synar Amendment, by the year 2003.

Tobacco Dependency:
- Provide effective, age-appropriate youth tobacco cessation programs in all 11 Public Health Areas by the year 2005.
- Encourage all tobacco-free businesses to establish procedures for providing employees access to cessation programs by the year 2005.
- Reduce the prevalence of tobacco use among identified special populations by:
  a) promoting smoking cessation during pregnancy so that at least 50% of women who are cigarette smokers at the time they become pregnant quit smoking early in pregnancy and maintain abstinence for the remainder of pregnancy by the year 2005;
  b) developing and disseminating culturally appropriate cessation information among Alabama’s African-American, Native American, Asian American and Hispanic populations in all 11 Public Health Areas by the year 2003; and
  c) targeting males aged 12-24 so that no more than 4% use smokeless tobacco by the year 2005.
- Increase to at least 50% the proportion of health care providers (physicians, dentists, nurses, dental hygienists, mental health professionals, social workers, psychologists, pharmacists, medical assistants, physician assistants, and home health care aides) who routinely advise cessation, document charts, and provide assistance and follow-up for their tobacco-using patients by the year 2005.
• Increase to 75% the proportion of health plans in Alabama that offer coverage for treatment of nicotine dependency by the year 2005 (including counseling by health care providers, cessation classes, prescriptions for nicotine replacement therapies, and other cessation services).

**Environmental Tobacco Smoke:**

• Significantly reduce or eliminate exposure to environmental tobacco smoke in:
  a) government buildings by supporting the passage of at least one smoke-free ordinance in each of the 11 Public Health Areas by 2005;
  b) schools by supporting and advocating for 100% compliance to the state mandated tobacco-free schools policy by 2005;
  c) other public areas by sponsoring ongoing public education campaigns in all 11 Public Health Areas by the year 2003.

• Significantly reduce or eliminate exposure to environmental tobacco smoke in:
  a) worksites and businesses through the promotion of smoke-free policies in at least 80% of Alabama businesses by the year 2005;
  b) restaurants through the promotion of at least one voluntary smoke-free restaurant policy or local ordinance in each public health district by the year 2005.

• Increase to 80% the proportion of children who live in smoke-free home environments by the year 2005.

### 2. Considering one of the Plan objectives on which you would like to work, list three improvements you could see for your organization if this objective were achieved.

__________________________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________________________

### 3. Review one of the objectives you have selected. List three specific ways in which your organization could help achieve this objective.

__________________________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________________________

### 4. What resources does your organization bring to this Task Force (i.e., Membership, staff, money, reputation, facilities, press contacts, allies, etc.)?

__________________________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________________________

### 5. How would working on this tobacco prevention and control issue strengthen your organization?

__________________________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________________________________
Want More Information?

If you are concerned about tobacco use, particularly among our youth, you can help make a difference!

By partnering with the Coalition for a Tobacco Free Alabama, or a local affiliate, you are joining in a statewide effort to save thousands of lives each year. We invite you to request more information, become a part of our communication link, or join our coalition.

Simply fill out the information form and mail it to us. If you have an immediate information request, you can call the local coordinator in your area (Listed in Appendix B).

6. What obstacles might you need to overcome for your organization to buy into supporting this issue? Identify which are the toughest to overcome. List who and what has the power to overcome these obstacles.

7. What are your first three steps for incorporating the Alabama Tobacco Use Prevention and Control Plan into your organization’s plan of work? Be specific.

8. What short-term victories do you need to accomplish in order to achieve this policy goal?

9. What short-term tasks are necessary in order to accomplish each victory?
# Appendix A

## Alabama Tobacco Use Prevention and Control Task Force

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marilyn Archibald</td>
<td>Tuscaloosa County Health Department</td>
</tr>
<tr>
<td>Laurie Eldridge Auffant</td>
<td>Alabama Department of Public Health</td>
</tr>
<tr>
<td>Linda Baker</td>
<td>United Health Care of Alabama</td>
</tr>
<tr>
<td>Charles Baugh</td>
<td>ABC Board</td>
</tr>
<tr>
<td>Senator Rodger Bedford</td>
<td>Alabama State Senate</td>
</tr>
<tr>
<td>Diane Haupt-Beeson</td>
<td>Alabama Department of Public Health</td>
</tr>
<tr>
<td>Raymond Bell</td>
<td>Office of the Lieutenant Governor</td>
</tr>
<tr>
<td>Dr. Ed Belue</td>
<td>Shelby County Public Schools</td>
</tr>
<tr>
<td>Dr. Bruce A. Berger</td>
<td>Auburn University School of Pharmacy</td>
</tr>
<tr>
<td>Christine (Chris) Bess</td>
<td>Alabama State Department of Education</td>
</tr>
<tr>
<td>Rosemary Blackmon</td>
<td>Alabama Hospital Association</td>
</tr>
<tr>
<td>Syble Brindley</td>
<td>The Gift of Life Foundation</td>
</tr>
<tr>
<td>Ellen Brooks</td>
<td>15th Judicial Court, District Attorney</td>
</tr>
<tr>
<td>Bobby Bryan</td>
<td>Alabama Department of Public Health</td>
</tr>
<tr>
<td>Reggie Bulger</td>
<td>Baptist Health Systems</td>
</tr>
<tr>
<td>Judith Butterfield</td>
<td>COSA-NCADD</td>
</tr>
<tr>
<td>Jan Byrne</td>
<td>ABC Board, Enforcement Division</td>
</tr>
<tr>
<td>Lydia Cheney</td>
<td>UAB Comprehensive Cancer Center</td>
</tr>
<tr>
<td>Gregory D. Cochran</td>
<td>Alabama League of Municipalities</td>
</tr>
<tr>
<td>Janice Cook</td>
<td>Alabama Department of Public Health</td>
</tr>
<tr>
<td>Dr. Myra Crawford</td>
<td>UAB School of Medicine</td>
</tr>
<tr>
<td>Dr. A. Conan Davis</td>
<td>Bureau of Family Health Services</td>
</tr>
<tr>
<td>Penny Deavers</td>
<td>Alabama State Department of Education</td>
</tr>
<tr>
<td>Donna Dickey</td>
<td>Alabama PTA</td>
</tr>
<tr>
<td>Teri Dingler</td>
<td>Medical Society of Montgomery County</td>
</tr>
<tr>
<td>Denise Donald</td>
<td>Alabama Department of Public Health</td>
</tr>
<tr>
<td>Katrina V. Duck</td>
<td>Baldwin County Board of Education</td>
</tr>
<tr>
<td>Barbara Dunham</td>
<td>Alabama Department of Public Health</td>
</tr>
<tr>
<td>Laurie Eldridge</td>
<td>Alabama Department of Public Health</td>
</tr>
<tr>
<td>Sen. Vivian Davis</td>
<td>Alabama State Senate Figures</td>
</tr>
<tr>
<td>Jeanette Free</td>
<td>Office of Professional and Support Services</td>
</tr>
<tr>
<td>Miriam Gaines</td>
<td>Alabama Department of Public Health</td>
</tr>
<tr>
<td>Dr. Brian Geiger</td>
<td>UAB School of Education</td>
</tr>
<tr>
<td>Sherry George</td>
<td>Alabama Department of Public Health</td>
</tr>
<tr>
<td>Phyllis Gilchrist</td>
<td>Alabama Department of Public Health</td>
</tr>
<tr>
<td>Connie Lewin</td>
<td>Goldsby Urban Ministries, Inc.</td>
</tr>
<tr>
<td>Mary Gomillion</td>
<td>Alabama Department of Public Health</td>
</tr>
<tr>
<td>Virginia Guy</td>
<td>Drug Education Council, Inc.</td>
</tr>
<tr>
<td>Ethel Hall</td>
<td>Alabama State Board of Education</td>
</tr>
<tr>
<td>Dollie Hambrick</td>
<td>Alabama Department of Public Health</td>
</tr>
<tr>
<td>Dr. Larry Hardin</td>
<td>UAB School of Public Health</td>
</tr>
<tr>
<td>Dr. Susan Harding</td>
<td>UAB</td>
</tr>
<tr>
<td>Barbara Harrell</td>
<td>Alabama Department of Public Health</td>
</tr>
<tr>
<td>Anne Hartline</td>
<td>Hoover City Schools</td>
</tr>
<tr>
<td>Dr. Jack Hataway</td>
<td>Alabama Department of Public Health</td>
</tr>
<tr>
<td>Lisa E. Hollingsworth</td>
<td>Cardio-Thoracic and Vascular Surgical Associates, PA.</td>
</tr>
<tr>
<td>Dale Huffman</td>
<td>Alabama Oilmen's Association Alabama Association of Convenience Stores</td>
</tr>
<tr>
<td>Dr. James Hunter</td>
<td>Mobile Diagnostic Center</td>
</tr>
<tr>
<td>Dr. Dan Ireland</td>
<td>ALCAP</td>
</tr>
<tr>
<td>Jim Jeffrey</td>
<td>Vestavia Hills Board of Education</td>
</tr>
<tr>
<td>Anita Jones</td>
<td>Alabama Society for Respiratory Care</td>
</tr>
<tr>
<td>Gaye Joyner</td>
<td>Jefferson County Department of Health</td>
</tr>
<tr>
<td>Dr. Cary J. Kuhlman</td>
<td>Medical Association of the State of Alabama</td>
</tr>
<tr>
<td>Name</td>
<td>Affiliation</td>
</tr>
<tr>
<td>------------------------------</td>
<td>-------------------------------------------------------</td>
</tr>
<tr>
<td>Bill Lateulere</td>
<td>March of Dimes</td>
</tr>
<tr>
<td>David Laven</td>
<td>Alabama Pharmacy Association</td>
</tr>
<tr>
<td>Linda Ward Lee</td>
<td>100 Black Women, Jefferson County Chapter</td>
</tr>
<tr>
<td>Wally Lowery</td>
<td>Administrative Office of the Courts</td>
</tr>
<tr>
<td>Dr. David Macrina</td>
<td>UAB School of Education</td>
</tr>
<tr>
<td>Dr. Vic McLean</td>
<td>Medical Association of the State of Alabama</td>
</tr>
<tr>
<td>Dr. Jim McVay</td>
<td>Alabama Department of Public Health</td>
</tr>
<tr>
<td>Jim Mercer</td>
<td></td>
</tr>
<tr>
<td>Dr. Holley Midgely</td>
<td>Alabama Academy of Family Physicians</td>
</tr>
<tr>
<td>Steve Mitchell</td>
<td>GlaxoWellcome, Inc.</td>
</tr>
<tr>
<td>Joyce Moore</td>
<td>Alabama State Department of Education</td>
</tr>
<tr>
<td>Gay Allen Morgan</td>
<td>Alabama State Department of Education</td>
</tr>
<tr>
<td>Deidre Munnerlyn</td>
<td>Alabama Department of Public Health</td>
</tr>
<tr>
<td>Alice Murphy</td>
<td>COSA-NCADD</td>
</tr>
<tr>
<td>Dr. Ira Myers</td>
<td>Retired physician</td>
</tr>
<tr>
<td>Michelle Ohme</td>
<td>American Heart Association</td>
</tr>
<tr>
<td>Ronald Pearsall</td>
<td>American Lung Association of Alabama</td>
</tr>
<tr>
<td>Tom Phillips</td>
<td>Alabama Department of Public Health</td>
</tr>
<tr>
<td>Vandlyn W. Pierre</td>
<td>Drug Education Council, Inc.</td>
</tr>
<tr>
<td>O’Neill Pollingue</td>
<td>Alabama Department of Mental Health and Retardation</td>
</tr>
<tr>
<td>Beth Powell</td>
<td>Alabama PTA</td>
</tr>
<tr>
<td>Dale Quinney</td>
<td>Center for Health Statistics</td>
</tr>
<tr>
<td>Dr. David Reynolds</td>
<td>Pediatrician</td>
</tr>
<tr>
<td>Barry Riddle</td>
<td>Alabama Department of Public Health</td>
</tr>
<tr>
<td>Charlene Roberson</td>
<td>Alabama State Nurses Association</td>
</tr>
<tr>
<td>Sgt. John Roberts</td>
<td>ABC Board Enforcement Division</td>
</tr>
<tr>
<td>Karen Roberts</td>
<td>UAB Student</td>
</tr>
<tr>
<td>Patsy Ruff</td>
<td>LinCare, Inc.</td>
</tr>
<tr>
<td>Judy Ryals</td>
<td>Alabama State Department of Education</td>
</tr>
<tr>
<td>Vivian Ryan</td>
<td>GlaxoWellcome, Inc.</td>
</tr>
<tr>
<td>Ara Rylle</td>
<td>Alabama Department of Public Health</td>
</tr>
<tr>
<td>Mary Scisney</td>
<td>Alabama Department of Public Health</td>
</tr>
<tr>
<td>Jean Scott</td>
<td>American Cancer Society</td>
</tr>
<tr>
<td>April Sells</td>
<td>Poarch Creek Indians</td>
</tr>
<tr>
<td>Aarol Sheehan</td>
<td>Alabama Department of Public Health</td>
</tr>
<tr>
<td>Arnita L. Shepherd</td>
<td>Alabama Department of Public Health</td>
</tr>
<tr>
<td>Dianne Smith-Yoder</td>
<td>Alabama Department of Public Health</td>
</tr>
<tr>
<td>Dr. Asa Sparks</td>
<td>Alabama State Department of Education</td>
</tr>
<tr>
<td>June Springer</td>
<td>PRIDE</td>
</tr>
<tr>
<td>Dr. Kathleen Tajeau</td>
<td>Alabama Cooperative Extension Services</td>
</tr>
<tr>
<td>Dr. Aubrey Taylor</td>
<td>University of South Alabama Department of Physiology</td>
</tr>
<tr>
<td>Dr. Herman A. Taylor</td>
<td>UAB Cardiovascular Disease</td>
</tr>
<tr>
<td>Charles Thomas</td>
<td>Alabama Department of Public Health</td>
</tr>
<tr>
<td>Linda Tilley</td>
<td>VOICES for Alabama’s Children</td>
</tr>
<tr>
<td>Ruth Underwood</td>
<td>Alabama Department of Public Health</td>
</tr>
<tr>
<td>Kathy Vincent</td>
<td>Alabama Department of Public Health</td>
</tr>
<tr>
<td>Lorita Vinson</td>
<td>Alliance for Alcohol and Drug Abuse</td>
</tr>
<tr>
<td>Dr. John Waterbor</td>
<td>UAB School of Public Health</td>
</tr>
<tr>
<td>Maxine Wheeler</td>
<td>ABC Board</td>
</tr>
<tr>
<td>H. Pennington Whiteside</td>
<td>UAB School of Medicine</td>
</tr>
<tr>
<td>Dr. Donald Williamson</td>
<td>Alabama Department of Public Health</td>
</tr>
<tr>
<td>Janet Windle</td>
<td>American Lung Association of Alabama</td>
</tr>
<tr>
<td>Dr. Richard Windsor</td>
<td>UAB Department of Human Studies</td>
</tr>
<tr>
<td>Dr. Lesa Woolbury</td>
<td>UAB Department of Human Studies</td>
</tr>
<tr>
<td>Dr. Albert Woolbright</td>
<td>Alabama Department of Public Health</td>
</tr>
<tr>
<td>Tiffany Young</td>
<td>Mobile County Health Department</td>
</tr>
<tr>
<td>Tiffany Young</td>
<td>Mobile County Health Department</td>
</tr>
</tbody>
</table>
## Appendix B

### Alabama Public Health Areas and Tobacco Control Coordinators

#### Public Health Area 1
**Counties Included:** Lauderdale, Colbert, Franklin, Marion, Winston, Walker

Colbert County Health Department
Pat Mackey, RN
Box 929
Tuscumbia, AL 35674-0929
Phone: (256) 383-1231
Fax: (256) 383-8843
E-mail: patmackey@adph.state.al.us

#### Public Health Area 2
**Counties Included:** Cullman, Lawrence, Morgan, Marshall, Limestone, Madison, Jackson

Cullman County Health Department
Tobacco Control Coordinator
Box 1628
Decatur, AL 35602-1628
Phone: (256) 340-2113
Fax: (256) 353-4432

#### Public Health Area 3
**Counties Included:** Lamar, Fayette, Pickens, Tuscaloosa, Bibb, Greene

Tuscaloosa County Health Department
Tracy Schofield, LBSW
Box 2789
Tuscaloosa, AL 35403
Phone: (205) 391-5428
Fax: (205) 759-4039
E-mail: tracyschofield@adph.state.al.us

#### Public Health Area 4
**Counties Included:** Jefferson

Jefferson County Health Department
Tobacco Control Coordinator
Box 2648
Birmingham, AL 35202-2648
Phone: (205) 930-1531
Fax: (205) 930-1576

#### Public Health Area 5
**Counties Included:** DeKalb, Cherokee, Etowah, Blount, St. Clair, Shelby

Cherokee County Health Department
Caroline Brummitte, RN
Box 267
Centre, AL 35960
Phone: (256) 927-7000
Fax: (256) 927-7068
E-mail: cbrummitte@adph.state.al.us

#### Public Health Area 6
**Counties Included:** Calhoun, Talladega, Cleburne, Clay, Coosa, Tallapoosa, Chambers

Calhoun County Health Department
Laurie Taquino, LBSW
Box 4699
Anniston, AL 36201
Phone: (256) 236-3274
Fax: (256) 237-7974
E-mail: ltaquino@adph.state.al.us

#### Public Health Area 7
**Counties Included:** Sumter, Choctaw, Marengo, Hale, Perry, Dallas, Wilcox, Lowndes

Wilcox County Health Department
Hazel Cunningham, BSW
Box 547
Camden, AL 36726
Phone: (334) 682-4515
Fax: (334) 682-4796

#### Public Health Area 8
**Counties Included:** Chilton, Autauga, Elmore, Montgomery, Macon, Bullock, Lee, Russell

Lee County Health Department
Tammy L. Langlois, RN
1801 Corporate Drive
Opelika, AL 36801
Phone: (334) 745-5765 Ext. 250
Fax: (334) 745-9830
E-mail: tlanglois@adph.state.al.us

#### Public Health Area 9
**Counties Included:** Washington, Clarke, Baldwin, Monroe, Conecuh, Escambia, Butler, Covington

Monroe County Health Department
Deidra Munnerlyn, LBSW
Box 609
Monroeville, AL 36460
Phone: (256) 575-2980
Fax: (256) 575-2144
E-mail: dmunnerlyn@adph.state.al.us

#### Public Health Area 10
**Counties Included:** Crenshaw, Pike, Coffee, Barbour, Dale, Henry, Geneva, Houston

Pike County Health Department
Liz Todd, LBSW
900 S. Franklin Drive
Troy, AL 36081-3850
Phone: (334) 566-2860
Fax: (334) 670-0719
E-mail: litzodd@adph.state.al.us

#### Public Health Area 11
**Counties Included:** Mobile

Mobile County Health Department
Tiffany Young, BA
P.O. Box 2867
Mobile, AL 36652-2867
Phone: (334) 690-8824
Fax: (334) 694-5014
E-mail: tiffanyyoung@adph.state.al.us
# Appendix C

## Centers for Disease Control and Prevention

### Suggested Funding Guidelines for Comprehensive Tobacco Control Programs

*Note: These estimates are based on state-specific sociodemographic factors, tobacco use prevalence, and other factors.*

### I. Community Programs to Reduce Tobacco Use

<table>
<thead>
<tr>
<th></th>
<th>Upper Estimate ($ 9,839,000)</th>
<th>Lower Estimate ($ 3,874,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formula</td>
<td>$1,200,000 (statewide training and infrastructure) + $2.00 per capita</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$850,000 (statewide training and infrastructure) + $0.70 per capita</td>
<td></td>
</tr>
</tbody>
</table>

### II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases

<table>
<thead>
<tr>
<th></th>
<th>Upper Estimate ($ 4,227,000)</th>
<th>Lower Estimate ($ 2,852,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formula</td>
<td>See attached section</td>
<td></td>
</tr>
</tbody>
</table>

### III. School Programs

<table>
<thead>
<tr>
<th></th>
<th>Upper Estimate ($ 5,424,000)</th>
<th>Lower Estimate ($ 3,616,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formula</td>
<td>$750,000 (statewide training and infrastructure) + $6 per student (K-12)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$500,000 (statewide training and infrastructure) + $4 per student (K-12)</td>
<td></td>
</tr>
</tbody>
</table>

### IV. Enforcement

<table>
<thead>
<tr>
<th></th>
<th>Upper Estimate ($ 3,778,000)</th>
<th>Lower Estimate ($ 2,009,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formula</td>
<td>$300,000 (inter-agency coordination) + $0.80 per capita</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$150,000 (inter-agency coordination) + $0.43 per capita</td>
<td></td>
</tr>
</tbody>
</table>

### V. Statewide Programs

<table>
<thead>
<tr>
<th></th>
<th>Upper Estimate ($ 4,320,000)</th>
<th>Lower Estimate ($ 1,728,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formula</td>
<td>$1.00 per capita</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$0.40 per capita</td>
<td></td>
</tr>
</tbody>
</table>

### VI. Counter-Marketing

<table>
<thead>
<tr>
<th></th>
<th>Upper Estimate ($12,958,000)</th>
<th>Lower Estimate ($ 4,320,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formula</td>
<td>$3.00 per capita</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$1.00 per capita</td>
<td></td>
</tr>
</tbody>
</table>
VII. Cessation Programs

Upper Estimate $21,396,000
Formula: $1 per adult (screening) + $2 per smoker (brief counseling) + $137.50 per served smoker (50% of program cost for 10% of smokers) + $275 per served smoker (100% of program cost for 10% of publicly financed smokers)

Lower Estimate $4,852,000
Formula: $1 per adult (screening) + $2 per smoker (brief counseling)

Subtotal (I to VII above)
Upper Estimate $61,942,000
Lower Estimate $23,251,000

VIII. Surveillance and Evaluation

Upper Estimate $6,195,000
Formula: 10% High Estimates Subtotal

Lower Estimate $2,326,000
Formula: 10% Low Estimate Subtotal

IX. Administration and Management

Upper Estimate $3,098,000
Formula: 5% High Estimates Subtotal

Lower Estimate $1,163,000
Formula: 5% Low Estimate Subtotal

Total Program Annual Costs
Upper Estimate $71,235,000
Lower Estimate $26,740,000

Per Capita Funding Ranges
Upper Estimate $16.49
Lower Estimate $6.19

Office on Smoking and Health
Centers for Disease Control and Prevention
Telephone Number: 770-488-5705
http://www.cdc.gov/tobacco
E-Mail Address: tobaccoinfo@cdc.gov
This project was funded by a grant to the American Lung Association of Alabama from the Robert Wood Johnson Foundation.

For additional copies, contact the Alabama Department of Public Health, 334-206-5300.