



The **Washtenaw County HIP Surveillance Briefs** are a new resource to help guide your agency's activities in the HIP Focus Areas and to inform elected officials about the role of policy in shaping community health. These briefs are published regularly by the **Washtenaw County Public Health Department** as part of the **Health Improvement Plan** initiative. Future topics include physical activity, healthy eating, and issues surrounding depression.

Overview

This Surveillance Brief provides evidence supporting legislation to eliminate smoking in all workplaces, including bars and restaurants in Michigan. It also features state and local data, examples of how policies and initiatives are used locally to reduce secondhand smoke exposure, and a chance to take action to advocate for clean indoor air.

Properly implemented smokefree workplace policies are effective at protecting employees and consumers from exposure to secondhand smoke, the third leading **preventable** cause of death in the United States. Environmental Tobacco Smoke (ETS) kills about 50,000 nonsmokers every year (EPA), and contains over 4,000 substances (more than 69 of which are known or suspected to cause cancer). Food service workers appear to be 50 percent more likely than the general population to develop lung cancer, largely due to secondhand smoke exposure on the job.

Secondhand smoke can trigger childhood asthma and cause or worsen other respiratory conditions. Children with asthma who are exposed to secondhand smoke require more asthma medicines, have more emergency room visits, and suffer decreased lung function.

When properly implemented, policies are created to ensure workplaces become smokefree, cost-savings nationwide are estimated to be between \$35 and \$66 billion per year (EPA).

Michigan Trends in Tobacco Use

Michigan Adults:

21.9% of Michigan adults smoke

Michigan Youth:

17% (101,400) of high school students smoke.

30,100 to 19,000 young people (under 18) will become new daily smokers each year.

20.7 million packs of cigarettes are bought or smoked by young people each year.

Michigan Monetary Trends:

\$3.4 billion is spent annually on health care costs directly caused by smoking

\$1.1 billion is the portion covered by the state Medicaid program

\$637 per household is the state and federal tax burden from smoking-caused government expenditures

\$3.80 billion is lost annually on smoking-caused workplace productivity in Michigan

Source: www.makemaiasmokefree.org

See Figure 1 for smoking status of Washtenaw County residents participating in the 2005 HIP Survey.

Figure 1. Selected Results from the 2005 Health Improvement Plan Survey

Smoking Status of HIP Survey Respondents by Gender, Race, and Age

	Current smoker	Former smoker	Never smoked
Washtenaw County Overall	16%	22%	62%
Men	14%	27%	59%
Women	18%	18%	64%
White	17%	25%	58%
Black	22%	18%	60%
Asian	0%	10%	90%
18 – 24 years	23%	15%	62%
25 – 34 years	19%	9%	72%
35 – 49 years	10%	20%	70%
50 – 64 years	17%	36%	47%
65 – 74 years	6%	51%	43%
75+ years	6%	40%	53%



Stop! Think! What strategies could your agency adopt that would help eliminate tobacco-related **health problems**?

To learn more about HIP, access HIP data electronically, or become a partner, please go to <http://hip.ewashtenaw.org>

“What works”: best practices

Intervention studies regarding tobacco use prevention are plentiful and often categorized by target populations: the general population (“Universal”), those at higher risk (“Selective”), or those currently smoking (“Indicated”). The [Centers for Disease Control and Prevention](http://www.cdc.gov) (CDC) has examined studies of tobacco use prevention and control. Their results are found at http://www.thecommunityguide.org/studies/CG_2/TobaccoUsePrevention.html.

“Effective” and “promising” interventions identified by the CDC commonly focus on: 1) preventing non-smokers from becoming smokers, 2) limiting access to tobacco products, 3) mass media education campaigns, and 4) implementing smoking bans to reduce exposure. Examples include:

Intervention Level	Strategy	Resources
Universal (general population)	Increasing the unit price for tobacco products (cost per pack)	<i>Tobacco Control Policy: From Action to Evidence and Back Again</i> , 2001, Warner
Universal	Smoking bans and restrictions to reduce environmental smoke	<i>Evidence Review</i> , 2001, Hopkins, et al
Selective (those at higher risk)	Strong community action to prevent selling tobacco products to minors	<i>Effects of Enforcement of Youth Access Laws on Smoking Prevalence</i> , 1999, Jason, et al
Indicated (current smokers)	Decreasing client out-of-pocket costs for effective cessation programs	<i>Smoking Cessation Guidelines</i> , 1998, Raw, et al

A policy approach

The [Michigan Youth Tobacco Act](http://www.legislature.mi.gov/documents/mcl/pdf/mcl-act-31-of-1915.pdf) (YTA) was passed to prohibit the sale of tobacco products to minors (cigarettes, cigars, smokeless tobacco, chewing tobacco, or smoking paraphernalia). Non-compliance with the YTA by retailers can result in fines and other disciplinary actions. To assist with compliance, each retailer receives a Tobacco Retailer Kit which includes a sample store policy, employee training tips, and two required YTA window decals. Another component is called “SYNAR”, an operational sting effort to determine sales rates of tobacco products to minors. To read the Act, visit <http://www.legislature.mi.gov/documents/mcl/pdf/mcl-act-31-of-1915.pdf>

A local intervention

[Reality Check](http://www.myrealitycheck.org), a substance abuse prevention program for selected Washtenaw County middle school students, teaches youth how to recognize marketing tactics designed to attract young people to tobacco, alcohol and other drugs. **Reality Check** educates students on persuasive advertising methods including behavior/attitude manipulation used by the tobacco industry. They use: 1) **a website** called www.myrealitycheck.org; 2) **Media Literacy education** (teaches the development of critical thinking and analytical skills to understand media messages); and 3) **Reality Check 101** (a fast-paced introduction to Reality Check). For more information, go to www.myrealitycheck.org.

2020 HIP objectives related to tobacco prevention

HEALTHY KIDS

- Reduce the proportion of high school students who are current smokers from 17% to 10%.

HEALTHY ADULTS

- Decrease the proportion of adults who are current smokers from 16% to 5%.
- Decrease the proportion of Ypsilanti females 18-49 years who are current smokers from 37% to 12%.

HEALTHY COMMUNITIES

- Increase the proportion of vendors who comply with laws restricting tobacco sales to minors from 62% to 80%.
- Advocate for a statewide law requiring all public spaces be smoke-free.

For a better understanding of tobacco policy in Michigan, see [Building Momentum For a Smokefree Michigan](#), a presentation developed by Matt Phelan at The American Cancer Society, Great Lakes Division.

Go to <http://hip.ewashtenaw.org> and click on Presentations and Reports.

Advocacy Action Tip!

Michigan will lose 2,500 residents this year from tobacco-related illnesses. 31 states have already implemented smoke free policies. Support the state-wide “**Make MI Air Smoke Free**” initiative at www.makemiairsmokefree.org



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