Educating Decision Makers on Tobacco and Public Health

Throughout the year public officials and community leaders, operating through city councils and municipal utility districts, independent businesses and interest groups, continue to make policy decisions on tobacco that touch the lives of individuals, families and communities. It is important for everyone to have timely access to accurate information along with understanding the needs and priorities of their unique communities.

It is essential that all partners in the tobacco prevention and control arena continue to educate decision makers as well as the general community on public health issues surrounding tobacco use, the impact of evidenced-based comprehensive tobacco prevention and control programs as well as to respond to specific inquiries from local decision makers. Public employees must work within their organization's laws, rules and policies regarding working with elected officials and their staff members. Contractors who receive state or federal funds must follow all contractual requirements that prohibit lobbying activities.

This issue offers tools and ideas for educating, not lobbying, decision makers on tobacco and public health. Lobbying implies use of funds to attempt to influence a particular piece of legislation. Education is more general and can involve using state resources to provide public information or to provide information in response to a request.

Call 512-458-7402 for resource information on tobacco and public health.

Dear Dr. Phil (Huang),

What are the key educational messages for decision-makers on tobacco control?
Essentially, there are two basic messages:
1) Tobacco is the number one health problem nationally and in Texas - the number one cause of death and disability.
2) We know how to address the problem and reduce the health effects and the economic costs of tobacco to Texans.

Click here for FACT SHEETS on these topics: http://www.tdh.state.tx.us/otpc/publications.htm
(After March 1, 2005 click on http://www.dshs.state.tx.us/tobacco/facts.shtm)

Additionally they should understand the effects of Secondhand Smoke (see pages 3-4) and the impact of policy change as a means of reducing tobacco use. For example, conservative estimates show that a 10% increase in the price of tobacco products reduces tobacco use by 4%.1.2.3

References:
How can I reach and get decision-makers to listen to me?

**Establish Credibility**

You are providing a service to your community by educating your leaders on tobacco and public health. As such you will need to establish credibility with them through regular and frequent contact. Credibility begins with being a source of reliable information. Credibility can be optimized through collaboration with other respected individuals and groups. Once credibility is established, it can be maintained through e-mails, letters, phone calls and personal visits.

**Reaching Decision Makers**

Many people believe that e-mail is the wave of the future, allowing the public to communicate more freely with policy-makers. A December 1998 report found that decision-makers take personal letters more seriously than e-mail messages.

**Tips for Contacting Decision-Makers**

*Personalize all contacts.* Find out who the key policy-makers are in the topic area you’re concerned with and mail them directly. Avoid form letters, e-mails and electronic petitions.

- Briefly identify why you are writing in the first paragraph
- Draft an outline of what you want to say, then address each point as directly and concisely as possible by citing facts and any personal experiences to support your statements.
- Be brief; aim to keep your message on one page or one e-mail screen.
- Your message will be taken more seriously if you have done your research.
- Include your full name and mailing address- most policy-makers still respond to emails by snail mail.

*Be Concise, Correct, Clear, Complete and Constructive*


**What “tools” are available to help me get my message across?**

**Texas Fact Sheets** available online: The Texas Department of State Health Services website at: http://www.tdh.state.tx.us/otpc/publications.htm
(After March 1, 2005 click on http://www.dshs.state.tx.us/tobacco/facts.shtm)

**CDC Fact Sheets** can be found online as well. A sample CDC Fact Sheet on Secondhand Smoke is included as an attachment. Updated periodically, they are good supplements to the Texas Fact Sheets http://www.cdc.gov/tobacco/Factsheets.htm

For maps of areas that have adopted regulations to protect the public from Secondhand Smoke go online http://www.tobacco.org/ and http://www.no-smoke.org/

*Say the right thing to the right person at the right time.*
Definition

- Secondhand smoke, also known as environmental tobacco smoke (ETS), is a mixture of the smoke given off by the burning end of tobacco products (sidestream smoke) and the smoke exhaled by smokers (mainstream smoke).\(^1\,2\)

- Secondhand smoke contains a complex mixture of more than 4,000 chemicals, more than 50 of which are cancer-causing agents (carcinogens).\(^1\,2\)

- People are exposed to secondhand smoke in the home, workplace, and in public venues such as bars, bowling alleys, and restaurants.\(^3\)

Health Effects

- Secondhand smoke is associated with an increased risk for lung cancer and coronary heart disease in nonsmoking adults.\(^1\,2\,4\) Secondhand smoke is a known human carcinogen (cancer-causing agent).\(^2\,4\)

- Because their lungs are not fully developed, young children are particularly susceptible to secondhand smoke. Exposure to secondhand smoke is associated with an increased risk for sudden infant death syndrome (SIDS), asthma, bronchitis, and pneumonia in young children.\(^1\,5\)

Current Estimates

- An estimated 3,000 lung cancer deaths and 35,000 coronary heart disease deaths occur annually among adult nonsmokers in the United States as a result of exposure to secondhand smoke.\(^6\)

- Each year, secondhand smoke is associated with an estimated 8,000–26,000 new asthma cases in children.\(^4\) Annually an estimated 150,000–300,000 new cases of bronchitis and pneumonia in children aged less than 18 months (7,500–15,000 of which will require hospitalization) are associated with secondhand smoke exposure in the United States.\(^4\)

- Approximately 60% of people in the United States have biological evidence of secondhand smoke exposure.\(^7\)

- Among children aged less than 18 years, an estimated 22% are exposed to secondhand smoke in their homes, with estimates ranging from 11.7% in Utah to 34.2% in Kentucky.\(^8\)
References


For Further Information  [http://www.cdc.gov/tobacco](http://www.cdc.gov/tobacco)