

ISSUE REPORT

Investing In America's Health:

A STATE-BY-STATE LOOK AT PUBLIC HEALTH
FUNDING AND KEY HEALTH FACTS



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PREVENTION IN ACTION

New York City Goes from “Want a Cigarette?” to “Yes, I mind if you smoke”

By Elizabeth Kilgore, Director, Media and Education, Bureau of Tobacco Control, NYC Department of Health & Mental Hygiene

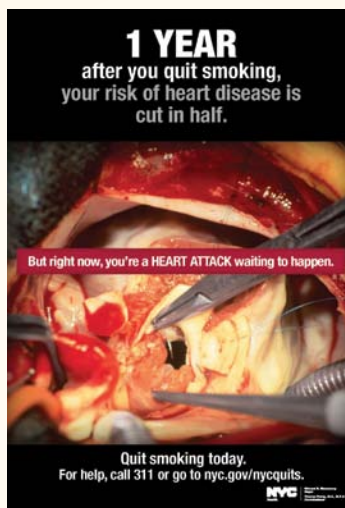
In 2002, New York City elected Mayor Michael Bloomberg. He, along with the Health Commissioner at the time, Dr. Thomas Frieden, made tobacco cessation and the prevention of tobacco-related illnesses and chronic conditions their number one priority for the health department.

To truly prevent tobacco-related illnesses and conditions, we knew we had to help large numbers of people and implement scientifically-proven, population-based interventions. We developed a five-point plan:

- 1. Price increases:** studies have shown taxes to be the most effective way of reducing smoking prevalence;
- 2. Legislation and policies that promote smoke free air:** New York City was one of the first in the country to pass a comprehensive smoke-free law that included all workplaces including bars and restaurants;
- 3. Cessation:** make cessation medications and services as available as possible to every New Yorker who wants them;
- 4. Mass public education campaigns:** we learned a lot from what California, Massachusetts and Australia had done with media, most notably graphic depictions of the health consequences of smoking in the hopes of encouraging people to prevent developing these conditions; and
- 5. Research and evaluation:** Both Dr. Frieden and our current commissioner, Dr. Thomas Farley, want to understand the impact of our work and ensure the interventions we implemented curb tobacco prevalence and prevent tobacco-related illnesses.

Perhaps, the most unique aspect of our plan was the public education campaign. We found that developing and disseminating educational campaigns that depict the harsh realities of the consequences of smoking (both on the smoker and those who live with and care for the smoker) helps people take the initial step toward quitting.

In my personal life, friends and new acquaintances routinely ask about the campaign featuring Marie. Marie has Buerger's



Disease, which affects those with a history of heavy smoking or chewing tobacco. As a result, Marie has had most of her fingers, a leg and a foot amputated.

Through these ads, Marie has become a local celebrity — people recognize her and often tell her they quit smoking because of her. Marie shows that it's never too late to quit. When we showed her ads, 30,000 New Yorkers called our quit line in 16 days.

In New York City, we have seen a great decline in tobacco prevalence. In 2002, prevalence was at 21.5 percent, and it is now 14 percent. And, youth smoking is lower than ever, at about 7 percent.

As we've seen these successes, other cities and communities have asked for our help and best practices. We sometimes find that communities are reluctant to tell the hard truth of smoking related illness and would prefer more aspirational, feel good messages.

I suggest jurisdictions really investigate the data on the effectiveness in New York City and Australia on the ads — they work.

Many of New York City's ads have been shown all over the world; when ads are effective from New York City to the Ukraine to India, there's something there. People don't want to get sick, suffer, die and devastate their families; and communities want to prevent illnesses.

While you might get calls from the community complaining when airing these campaigns, the reality is that smoking causes ugly terrible things; these ads tell the truth. We've seen it in New York City with stark ads: people will quit smoking and you will save lives.

That said, there are no quick fixes and cessation isn't the result of one intervention. While one intervention can make a huge difference, it's all the pieces of our tobacco control 5-point-plan in combination.

With all the pieces, we have seen a dynamic culture shift in New York City. Our community went from people asking one another, “want a cigarette?” to “mind if I smoke?” with most people saying, “yes, I do indeed mind.”