

NALBOH NEWSBRIEF

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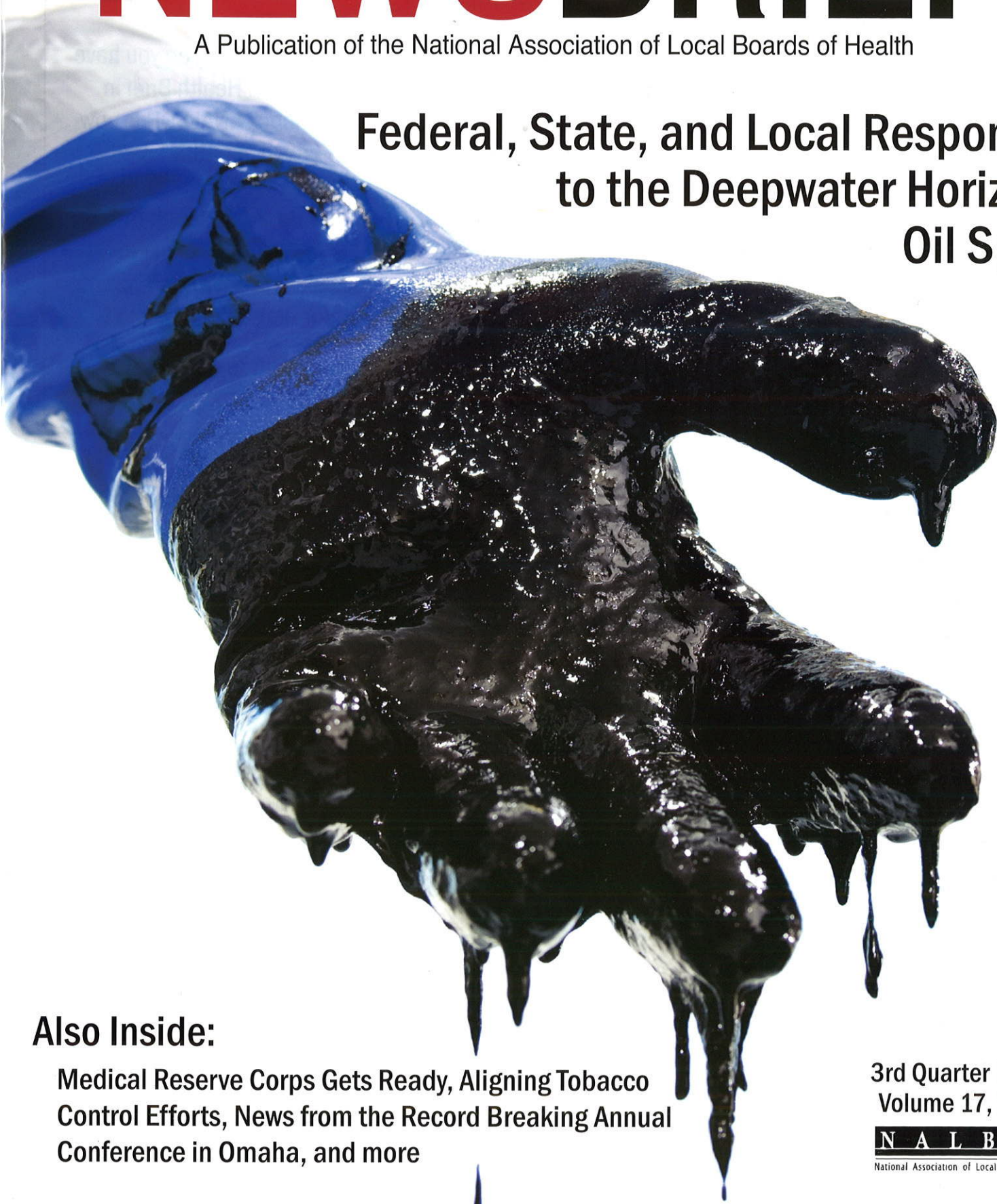
Federal, State, and Local Response to the Deepwater Horizon Oil Spill

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Medical Reserve Corps Gets Ready, Aligning Tobacco Control Efforts, News from the Record Breaking Annual Conference in Omaha, and more

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Reducing and Preventing Obesity

A Look at the National Campaigns

In June 2010, Trust for America's Health and the Robert Wood Johnson Foundation released a joint report titled, *Fas in Fat: How Obesity Threatens America's Future 2010*. This report is an updated compendium on obesity rates and related trends as well as a brief on policies, responsibilities, and programs for state and federal agencies. The report highlights that rates of obesity continue to increase. Over the past year, 28 states saw a significant increase in adult obesity, whereas only the District of Columbia saw a significant decrease in adult obesity. Eight states now have adult obesity rates over 30% (Alabama, Arkansas, Kentucky, Louisiana, Mississippi, Oklahoma, Tennessee, and West Virginia). A similar trend is being seen with childhood obesity rates. According to the *Fas in Fat* report, nine states have childhood obesity rates over 20% and all these states are also in the South. Both of these trends link obesity rates with race/ethnicity, sex, and socioeconomic status.

There are numerous national movements and recommendations in place to help curb the obesity epidemic. One of the latest movements is the *Let's Move!* campaign. *Let's Move!* was initiated by First



Lady Michelle Obama in February 2010 to resolve the obesity epidemic within one generation. Late in the spring of 2010, the White House Task Force on Childhood Obesity reported to the President with a list of recommendations on efforts that can help solve the issue. These recommendations were made in five key areas: early childhood; empowering parents and caregivers; healthy foods in schools; access to healthy, affordable food; and increasing physical activity.

Boards of health have been called to action in several of these areas as part of the state or local action category. First, boards can work on early childhood recommendations including making breastfeeding education classes available to all pregnant women and new mothers, ensuring the development of

peer support groups for breastfeeding women, and encouraging parents to reduce screen time for young children to American Academy of Pediatrics guidelines. Boards can also work more closely on access to healthy, affordable food and physical activity recommendations. Some of the key areas boards of health should focus their attention on

Continued on next page

Past and Prologue in One Opinion: The DOJ Racketeering Verdict Stands

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Since the passage of the Family Smoking Prevention and Tobacco Control Act last summer, public health authorities and practitioners have focused intently on its impact, implications, legal challenges, and opportunities. June 22, the first year anniversary of this historic legislation, also marked the enactment of new federal tobacco regulations. Amid this flurry of regulatory activity, it's easy to lose sight of a headline that hit the press only 6 days later—one that represents a milestone in the history of tobacco control.

On June 28, the U.S. Supreme Court declined to hear appeals by the Department of Justice (DOJ) and the nation's largest tobacco companies in the nearly decade-old federal government's landmark racketeering lawsuit against the tobacco industry, *U.S. v. Philip Morris USA, Inc.* This leaves the final devastating verdict as is—an unprecedented finding that for the last 50 years the major tobacco

companies violated civil provisions of the Racketeer Influenced and Corrupt Organizations Act.

By now, most public health (and certainly tobacco control) practitioners are familiar with what is commonly known as the DOJ tobacco case. In 2006, U.S. District Court Judge Gladys Kessler found that for decades the tobacco companies had deceived the American public about the devastating health effects of smoking and secondhand smoke, "suppressed research, destroyed documents, manipulated the use of nicotine so as to increase and perpetuate addiction, distorted the truth about low tar and light cigarettes so as to discourage smokers from quitting, and abused the legal system to achieve their goal—which was to make money with little, if any, regard for individual illness and suffering, soaring health costs, or the integrity of the legal system."

This June, the Supreme Court declined to hear appeals from the tobacco companies (who sought to overturn the district court's liability ruling) and the federal government and public health groups (who sought stronger remedies, such as requiring the tobacco companies to fund nationwide public education and smoking cessation campaigns and to forfeit illegal profits). Although the Court's refusal to hear the DOJ case is disappointing with respect to the limitation on remedies, the end result is a dramatic affirmation of Judge Kessler's ruling, which the U.S. Court of Appeals for the District of Columbia unanimously upheld last year.

This is significant. To realize just how important Judge Kessler's decision is, revisit her monumental 1,700-page Opinion, which chronicles five decades of deceit by the tobacco industry. This masterpiece of

Continued on next page

Aligning Tobacco Control Efforts at the Local Level with State and National Movements

New strategies for governing public health or public health agencies are continuously needed to adjust to the ever-changing public health system. Every day it seems that there is a new issue to worry about, but what are the best methods to address that concern? Sometimes the best method is to align resources, staff, and finances with other agencies to work towards a common goal. This strategy is becoming more widely used across the nation as health departments and communities continue to struggle with shrinking public health budgets in the current economic climate. Aligning efforts can make a stronger impact as has been shown through tobacco use prevention and control over the past few decades. Even though aligning efforts has been very successful at preventing tobacco use across the nation, more local efforts are needed to sustain the movements and help America reach its Healthy People goals.

There are many tobacco use prevention and control movements at the state and national levels that your board of health should be aware of and involved in. First, has your board of health reviewed your state's tobacco prevention and control strategic plan? If you have recently reviewed this document, what has your board done with it? If you have not viewed this document, it is a great starting point for aligning your local efforts with the state's to make a bigger impact on the health of your community.

Your state's strategic plan should reflect evidence-based best practices that will make the strongest impact on local communities. Many state strategic plans identify the need for state and/or local clean indoor air ordinances, a need to increase tobacco product excise taxes, and the need to promote use of the state quitline. Each of these objectives is working towards the common goal of preventing tobacco use

and reducing exposure to environmental tobacco smoke. In a combined effort with the state to prevent death and disease among your local community members, you should work on one or more of the state's proposed goals and objectives. For example, if the state has identified that a \$1.00 increase in the cigarette excise tax is a win-win-win situation for everyone and there are plans to work with the state legislature to approve such an increase, your board of health can use its advocacy strategies to promote the tax increase in your local community. Your board can be the voice for locals and help people understand the benefits of such a tax increase and how community members can raise their voices in support of a tax increase. By aligning your local strategies with the state, you may just have that extra edge needed to make a significant public health difference in your community.

Besides just aligning your local efforts with the state, you should also look to federal agencies with tobacco prevention priorities and tactics. One such place to look is the U.S. Department of Health and Human Services. In the past few months, U.S. Secretary of Health and Human Services, Kathleen Sebelius, issued a set of actions that the department is going to implement to prevent and reduce tobacco use. These actions have been well-researched and are identified as ideal methods to impact public health outcomes. The actions include:

- Strengthening the implementation of evidence-based tobacco control interventions and policies in states and communities
- Changing social norms around tobacco use
- Accelerating research to expand the science base and monitor progress

- Leveraging resources to create a society free of tobacco-related disease and death

Another national movement that has recently been implemented is the World Health Organization's MPOWER framework, supported and promoted by the Centers for Disease Control and Prevention's Office on Smoking and Health (OSH). MPOWER stands for:

- Monitor tobacco use and prevention policies;
- Protect people from tobacco smoke;
- Offer help to quit tobacco use;
- Warn about the dangers of tobacco;
- Enforce bans on tobacco advertising, promotion, and sponsorship; and
- Raise taxes on tobacco.

Your board of health should become familiar with the actions developed by both of these national movements and discuss how your local health department's tobacco use prevention and control program can align with these goals. In fact, when developing a local strategic plan for tobacco prevention and control, it should be based on the framework already developed and researched by federal agencies. These best practices can help put your community on the fast track to becoming a healthier community.

If you would like more information on the MPOWER program, please visit www.who.int/tobacco/mpower/en/. Your board of health can also stay aligned with the Health and Human Service's actions by visiting www.hhs.gov/secretary/about/prevent.html.

For more information on the articles in the Community Health section, contact Tricia Valasek at tricia@nalboh.org.

Reducing and Preventing Obesity - Continued from page 6

include encouraging communities to promote efforts to provide fruits and vegetables in a variety of settings including farmers' markets, encouraging facilities that serve local children to implement new Dietary Guidelines, considering the impacts of local built environment polices and regulations on public health, increasing the number of safe and accessible recreation areas for all residents, and entering into joint use agreements to increase children's access to indoor and outdoor community recreation sites.

To learn more information about the *F as in Fat* report, please visit <http://healthyamericans.org/reports/obesity2010/>. The full *Let's Move!* action plan can be viewed at www.letsmove.gov/action.php. As always, NALBOH has resources and tools to help you with the implementation of policies or actions surrounding any of the aforementioned recommendations. To learn more about NALBOH's publications, please contact Tricia Valasek at tricia@nalboh.org or (419) 353-7714.

Past and Prologue in One Opinion - Continued from page 6

legal scholarship is not just compelling reading, it is a touchstone of public health history and a reminder of how far we've come in tobacco control over the last few years. What's more, members of the public health community can use the court's ruling and findings as evidentiary tools in ongoing tobacco control efforts.

For those without the time to read the entire Opinion, the Tobacco Control Legal Consortium has prepared a series of publications called *The Verdict Is In: Findings from United States v. Philip Morris*, containing highlights from Judge Kessler's findings. The stories of tobacco industry activities are both shocking and riveting, and likely to result in a renewed appreciation of the need for strong measures to protect public health from this toxic product.

The Verdict Is In: Findings from United States v. Philip Morris can be found at <http://www.publichealthlawcenter.org/documents>.