Vaccinations: The Best Way to Fight Seasonal Flu

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Fifty Years of Tobacco Products and Advertising, The Board of Health Role in Health Care Reform, News from the 17th Annual Conference in Philadelphia, and more
New Federal Tobacco Control Legislation and Making History

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"Historic" is one of those overused terms favored by journalists seeking to punch up a story or add drama and import to the mundane. It belongs to the same pocket lexicon as "landmark," "unique," and "once in a century"—spicy phrases that need to be taken, so to speak, with a grain of salt. A lot of ink has been spilled over the historic nature of the Family Smoking Prevention and Tobacco Control Act, which President Barack Obama signed into law on June 22, 2009, and which gives the U.S. Food and Drug Administration (FDA) comprehensive authority to regulate the manufacturing, marketing, and sale of tobacco products. Without question, the sweeping nature of this legislation represents an unprecedented opportunity for the U.S. to reduce the number of lives that are destroyed daily by the products produced and promoted by the tobacco industry. Under this law, the FDA will have jurisdiction to restrict tobacco product marketing and advertising (particularly to minors), strengthen cigarette and smokeless tobacco warning labels, and establish tobacco product standards. Among other things, the law also expands the authority of states to restrict tobacco advertising and promotion.

As a result of this historic legislation, several products and marketing tactics will now, quite rightly, be history. Cigarettes with fruit, alcohol, and candy flavors particularly appealing to youth will now be prohibited. Also on the cutting room floor: "light," "mild," "low tar," and similar descriptors in the advertising, labeling, and marketing of cigarettes and smokeless tobacco products; mild and inconspicuous health warnings on tobacco product packaging and advertising; free cigarette samples and giveaways of non-tobacco items with the purchase of a tobacco product or in exchange for coupons or proof of purchase; and health claims about purported reduced-risk products when such claims are not scientifically proven or would cause net public health harm. These are just a few examples of how this complex new law is likely to change the tobacco marketing and manufacturing norms to which we are all accustomed.

Historic events, of course, are all about such periods of transition—major enough to alter the landscape irrevocably, shaking up and reshaping conventions. The commonplace ("Reach for a Lucky instead of a sweet") becomes the archaic in a surprisingly narrow window of time. Over the last few decades, the field of tobacco control has seen its share of landmark events—the 1964 and 2006 U.S. Surgeon General Reports on the health risks of tobacco and the hazards of secondhand smoke; the 1998 Minnesota and Master Settlement Agreements, which settled state lawsuits against the country's largest tobacco manufacturers, recovered billions of dollars in costs associated with treating smoking-related illnesses and created a broad range of restrictions on the

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Public Health and Schools Partner Using Multimedia and Nutrition Education to Help Students Make Healthy Choices

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Cleveland County Board of Health

Students at Crest Middle School in Cleveland County, North Carolina know the calorie counts on the foods they choose for lunch today thanks to the digital menu boards installed in the cafeteria.

The menu board, positioned at the beginning of the serving lines, provides calorie contents of foods being served during breakfast and lunch in a colorful, vibrant format providing students with information they need to make healthy choices. In addition, another board in the cafeteria broadcasts nutrition and obesity prevention and health promotion messages. Health and physical education teachers at the 6th, 7th, and 8th grade school have received training from the public health department staff in nutrition education and health promotion. Teachers have been provided with a curriculum and teaching resources. Their goal is to help students apply the knowledge they are learning about preventing and reducing obesity to practice when they choose foods in the cafeteria.

Denese Stallings, Cleveland County Public Health Director; Dr. Joel Spragins, Cleveland County Board of Health Chair; and Dr. Robert Blackburn, Cleveland County board member and President of the Association of North Carolina Boards of Health (ANCBH), have been the leaders in the initiative after hearing about restaurants implementing menu labeling programs. Health Director Stallings believed the school cafeterias would be the perfect place to test the concept and developed the partnership with the Cleveland County Schools under the leadership of Superintendent Dr. Bruce Boyles. Research on menu boards resulted in the health department partnering with IDS Menus, Holbrook, New York, in the developing of the digital menu board content.

A student at Crest Middle School in Cleveland County, North Carolina, checks out the calorie counts of her lunch choices on one of the new digital menu boards.

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National Health Care Reform: The Role of Boards of Health

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Congress is focusing on health care financing rather than on improving health outcomes. The hue and cry about a public plan is deafening, the sudden appearance of regional cooperatives appears to be a tactic to undermine public plan efforts, and the clamor for a single payer system continues unabated. And references to "consumers purchasing" plans through "connectors" imply that health care is a product to be acquired or discarded like a computer or television set.

Boards of health know this approach doesn’t make sense. From their background in public health and their keen understanding of local needs, board members know that good individual and community health are not discretionary purchases; they are necessities. An effective health system is more than financing options. It must include a strong public health infrastructure, promote broad health information dissemination, encourage team medicine or "medical homes" that prioritize primary and preventive care, and provide for comprehensive care that includes dental and vision coverage and does not exclude pre-existing conditions or mental illness.

Boards of health and the public health departments they oversee can and should strive to alter the reform discussion to address these issues first—reforming our health system to improve health outcomes, lower costs, and assure everyone access to comprehensive care. Once we have designed a system that does so, then and only then, should we focus on financing methods.

The King County Board of Health, based in Seattle, Washington, adopted a health reform project to do just that. Last September, the board adopted six health reform principles. In March, it passed a resolution implementing a health reform project based upon those principles.

One of the key project activities is advocating for high-quality, universal, affordable health care with state and federal lawmakers. Interestingly, our "health first" approach has been well received. Since starting the project, the board has participated in a conference call with the White House; worked with Seattle Mayor Greg Nickels, President of the United States Conference of Mayors, to promote health reform in cities throughout the United States; and held joint panel discussions with state legislators.

We believe boards of health can and should promote this approach around the country. They are rightfully perceived as experts in public health and community needs. As such, boards of health can have an important influence over health reform legislation in their own states and at the federal level. In King County we have witnessed the positive outcome of our efforts. We encourage other boards to undertake such projects in their own communities.

For a list of the six principles and Health Reform Project activities, go to: www.kingcounty.gov/health/boh.

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advertising, marketing, and promotion of cigarettes; and the 2006 monumental opinion in United States v. Philip Morris, the government’s racketeering case against cigarette manufacturers, which painstakingly catalogued the tobacco industry’s 50-year conspiracy to defraud consumers and the American public about the hazards of its products.

The FDA tobacco legislation, culminating decades of legislative and public health debate, is a fresh new chapter in tobacco control. It will take time to sort out the legislation’s impact on the tobacco control authority of state and local governments and the policy opportunities it provides. Rulemaking is likely to take months, possibly years, pushing back implementation of some provisions. And yes, litigation is inevitable. Still, the breadth and scope, indeed the very existence of this complex piece of legislation, is truly remarkable. The federal government will now, for the first time ever, have expansive power to regulate the manufacturing, marketing, and sale of tobacco products. No matter how you look at it, this legislation is historic.

Additional information about the new federal tobacco control legislation is available on the Tobacco Control Legal Consortium’s website, www.tclconline.org.

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IDS Menus (www.idsmenus.com), an international display systems company, provides a seamless, fully integrated solution for implementing digital menu board programs.

The Cleveland County Board of Health and Health Department led the collaborative effort to implement the innovative program. The pilot program is funded by the local health department, public schools, and Cleveland County Health Care System. A grant is being funded by the Kate B. Reynolds Trust to install digital menu boards, provide teacher training and resources, and conduct an evaluation for the other three middle schools and high schools in the school district. The additional programs will be operational in the 2009/2010 school year.

The Health Department is working with the North Carolina Institute of Public Health and the University of North Carolina at Chapel Hill in the evaluation of the program. In addition, a part-time health promotion specialist will be working with health and physical education staff and teaching a class for students on the impact of obesity to their health.

Superintendent Boyles said health and physical education teachers who have attended obesity prevention training will be instrumental in reinforcing the messages and supporting students to make healthy choices. Health Director Stallings indicated the health department and board would continue to seek innovative strategies to prevent obesity.