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An Evaluation of the State Tobacco Activities Tracking and Evaluation (STATE) System: Cross-Promoting Healthy People 2020

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***An Evaluation of the State Tobacco Activities Tracking and
Evaluation (STATE) System:
Cross-Promoting Healthy People 2020***

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ABSTRACT

The State Tobacco Activities Tracking and Evaluation (STATE) System is an interactive web-based application and data tool providing up-to-date state-level information related to tobacco use. Indicators in STATE present data related to current and former tobacco use, smoking cessation, funding, tobacco-related health costs, and tobacco control policies. The STATE System also serves as a primary data source for many objectives in Healthy People 2020's Tobacco Use chapter. Currently, there is no common thread between access to information pertaining to Healthy People 2020 objectives and STATE System data. For this reason, a comprehensive evaluation was conducted of the STATE System's individual reports and static web-content as it relates to Healthy People 2020 objectives. Implications for research and evaluation are intended to educate the Office on Smoking and Health's staff & colleagues in the states, networks, and territories on identifiable, cross-promotional opportunities that highlight both state and national data.

INDEX WORDS: system evaluation, Healthy People, STATE System, smoking, tobacco use

*An Evaluation of the State Tobacco Activities Tracking and
Evaluation (STATE) System:
Cross-Promoting Healthy People 2020*

By

JOHN BRANDON KENEMER
B.S., Kennesaw State University

A Thesis Submitted to the Graduate Faculty
of Georgia State University in Partial Fulfillment
of the Requirements for the Degree

MASTER OF PUBLIC HEALTH

ATLANTA, GEORGIA
2012

***AN EVALUATION OF THE STATE TOBACCO ACTIVITIES
TRACKING AND EVALUATION (STATE) SYSTEM:
CROSS-PROMOTING HEALTHY PEOPLE 2020***

By

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CHAPTER I

Introduction

1.1 Healthy People 2020

Healthy People 2020 provides science-based, national goals and objectives with 10-year targets designed to guide national health promotion and disease prevention efforts to improve the health of all people in the U.S. (Centers for Disease Control and Prevention). As a national initiative, Healthy People's success depends on a coordinated commitment to improve the health of the nation. Healthy People 2020 reflects assessments of major risks to health and wellness, changing public health priorities, and emerging issues related to our nation's health preparedness and prevention. The focus of the Healthy People 2020 Tobacco Use objectives remains similar to that of Healthy People 2010. There have been some changes in organization and some objectives have been expanded.

The Healthy People 2020 objectives can be grouped into several sections: a) The Tobacco Use Prevalence section focuses on policies to reduce tobacco use and initiation among youth and adults; b) The Health System Changes section addresses policies and strategies to increase access, affordability, and use of smoking cessation services and treatments; and c) The Social and Environmental Changes section monitors policies to reduce exposure to secondhand smoke, increase the cost of tobacco, restrict tobacco advertising, and reduce illegal sales to minors.

Healthy People 2020 addresses the tobacco health concern through creating a set of health objectives for the nation to achieve over the coming decade. It provides

guidance to other professional organizations, states, and communities to develop programs to improve health (Centers for Disease Control and Prevention). Healthy People is developed through an extensive consultation process and it utilizes the best scientific knowledge available; and has 42 topic areas including Tobacco Use, whose goal is to reduce illness, disability, and death related to tobacco use and exposure to secondhand smoke. Tobacco Use has 20 primary objectives with a total of 71 targets.

1.2 STATE System

The primary data source for many Healthy People 2020 policy measures and indicators is the State Tobacco Activities Tracking and Evaluation (STATE) System. The Office on Smoking and Health (OSH) tracks and produces reports and analyses on key data measures on tobacco control at a national, state and local level. All branches within the division interact with this information, with the Epidemiology Branch taking the lead in supporting the surveillance and evaluation efforts and the other branches providing technical assistance to various stakeholders (state and national decision makers) and the public. The purpose of the STATE System is to support the tracking and monitoring of these key data measures and disseminate the information via the Internet on an annual basis, with four releases planned to ensure timely updating and release in key data measures (Centers for Disease Control and Prevention). The STATE System serves to maintain the key data measures collected from various data sources in one information warehouse and support the dissemination by producing dynamic reports by topic. The STATE System contains up-to-date and historical state-level data on tobacco use prevention and control, and is designed to integrate many data sources to provide

comprehensive summary data and facilitate research and consistent data interpretation (Centers for Disease Control and Prevention).

STATE represents a useful source of data for state tobacco control programs. These data — some of which can be difficult to obtain — can be used to identify program priorities and measure progress toward program goals.

The development of the STATE System, and the work involved to populate it, highlight the critical importance of effective processes for data collection, extraction, and quality control. The STATE System demonstrates that, with such effective processes in place, it is possible to unite data from multiple sources across the spectra of epidemiology and policy under one system, and to do so in an efficient, effective manner— a possibility which is increasingly critical to surveillance and evidence-based practice of public health.

1.3 Project Rationale

The STATE System provides a wide range of data on numerous topics, including data that can be used to measure these indicators, but not every indicator can be included with this system. The purpose is to: 1) describe tobacco use indicators within Healthy People 2020 and the STATE system; 2) determine commonalities/ objectives that align between systems; 3) identify indicators that currently attempt to address this issue on federal and state levels; and 4) propose a recommendation for a comprehensive set of indicators representative of both systems that enhance stakeholder efficiency for adopting guidelines that represent the intent of both systems.

Currently, there is no common thread between access to information pertaining to Healthy People 2020 objectives and STATE System data. This gap has been the catalyst

for this project to conduct a comprehensive evaluation of the STATE System's individual reports and static web-content as it relates to Healthy People 2020 objectives.

Also, this evaluation will provide a better understanding of the outcomes of HP 2020, the challenges and different approaches to data presentation, and to identify some of the common themes and trends that both Healthy People 2020 and the STATE System offer. By working with the OSH team, informing the connection between Healthy People 2020 tobacco use objectives and the STATE System will provide a cohesive mechanism for the dissemination and promotion of tobacco control objectives from both systems. As described above, Healthy People 2020 objectives influence national, state, and local programs by guiding their decision making on where to focus critical public health efforts and resources. This chain of action results in a reduction of tobacco use and an improved health of the population; and since many of the objectives are housed in the STATE System, there is an opportunity to highlight interrelated tobacco control efforts. By conducting a literature review, a systems evaluation and analysis, and obtaining the most up to date information, the findings can be used to indicate possible modifications to the STATE System while aligning the mission goals of OSH and national programs.

Figure 1: Comparison of Goals from the National Tobacco Control Program, Office on Smoking and Health, and Healthy People 2020

Goals of National Programs and OSH		
Healthy People 2020 ¹	Office on Smoking and Health ²	National Tobacco Control Program ³
Eliminate preventable disease, disability, injury, and premature death	Prevent initiation of tobacco use among youth and young adults	Prevent initiation among youth
Promote healthy development and healthy behaviors across every stage of life.	Promote tobacco use cessation among adults and youth	Promote quitting among adults and youth
Create social and physical environments that promote good health for all.	Eliminate exposure to secondhand smoke	Eliminate exposure to secondhand smoke
Achieve health equity, eliminate disparities, and improve the health of all groups	Identify and eliminate tobacco-related disparities	Identify and eliminate disparities among population groups
<small>Data Sources: ¹Centers for Disease Control and Prevention. Healthy People. Available at: http://www.cdc.gov/nchs/healthy_people.htm. ²Centers for Disease Control and Prevention. Office on Smoking and Health (OSH). Available at: http://www.cdc.gov/tobacco/osh/mission_vision/index.htm. ³Centers for Disease Control and Prevention. National Tobacco Control Program. Available at: http://www.cdc.gov/tobacco/tobacco_control_programs/ntcp/index.htm.</small>		

1.4 Research Question

To gain an understanding of the current status of Healthy People 2020 objective targets, the following key questions will be examined:

- Was the Healthy People 2010 target met, and what is the latest data year available?
- Is STATE System a data source for the Healthy People 2020 objective?
- Is the community educated about the status of Healthy People 2020 targets?
- What factors in the STATE System could increase the access to data related to Healthy People 2020?

CHAPTER II

Review of the Literature

2.1 Chronic Disease

Chronic diseases are the leading causes of death and disability in the U.S., and account for 70 percent of all deaths annually (almost 1.7 million) (Centers for Disease Control and Prevention). These diseases also cause major limitations in daily living for approximately one out of every 10 people. Although among the most common and costly, chronic diseases are also among the most preventable of all health problems in the U.S. Contextual indicators track (Centers for Disease Control and Prevention, 2004). The longer-term health outcomes are impacted by the activities of the Chronic Disease Prevention and Health Promotion program that contribute to reducing the leading causes of disability and mortality related to chronic diseases.

CDC has achieved success in the past decade in coronary heart disease mortality and stroke mortality. From 2000 to 2009, the annual age-adjusted rate of coronary heart disease deaths and stroke deaths has steadily declined from 186.9 per 100,000 to 116.1 per 100,000 (Centers for Disease Control and Prevention, 2008). During the same timeframe, the annual age-adjusted rate of stroke deaths declined from 60.8 per 100,000 to 38.9 per 100,000. The age-adjusted rate of diabetes-related deaths has also declined from 2005 (77 per 100,000) to 2007 (73.1 per 100,000). Prior to 2005, this rate was consistently between 76 per 100,000 and 78 per 100,000. This recent trend is the first time in a decade where the rate has improved two years in a row.

CDC attributes these successes to improvements in contributing factors including: reductions in per capita cigarette smoking; improvements in the integration of clinical and other preventive services; expansion of clinical and community-based resources and support for self-management of chronic diseases and conditions; and advancement of environmental approaches to promote health and reinforce healthful behaviors. CDC's interrelated programs focus not only on specific diseases, but also on those risk factors that contribute to chronic diseases and conditions at all stages of life.

2.2 Tobacco Use

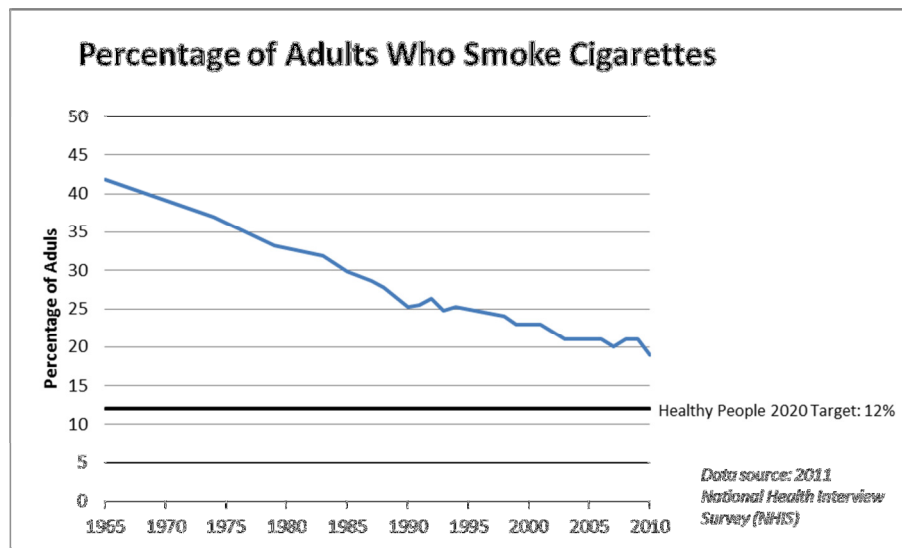
Cigarette smoking is the most preventable cause of death in the U.S. (Centers for Disease Control and Prevention, 2008). Tobacco use is responsible for approximately 443,000 deaths each year which is equivalent to one in five deaths attributable to cigarette smoking (Centers for Disease Control and Prevention, 2008). Tobacco use is also a global problem. It is estimated that over one billion people smoke world-wide. This year, tobacco will kill more than five million of those people (MPOWER, 2008). Nevertheless, tobacco use is still very common due to aggressive advertising, low pricing, a lack of awareness of its dangerous health effects, and inconsistent public policies against its use.

2.2.1 *Prevalence, Impact, & Trends*

Reducing tobacco use is a CDC and a Health and Human Services (HHS) priority. Effective tobacco control programs, implemented through evidence-based tobacco control policies, significantly prevent and reduce tobacco use. The per capita cigarette consumption among adults in the U.S. declined from 1,507 to 1,232 between 2008 and 2011, demonstrating that current smokers are smoking fewer cigarettes (Centers for

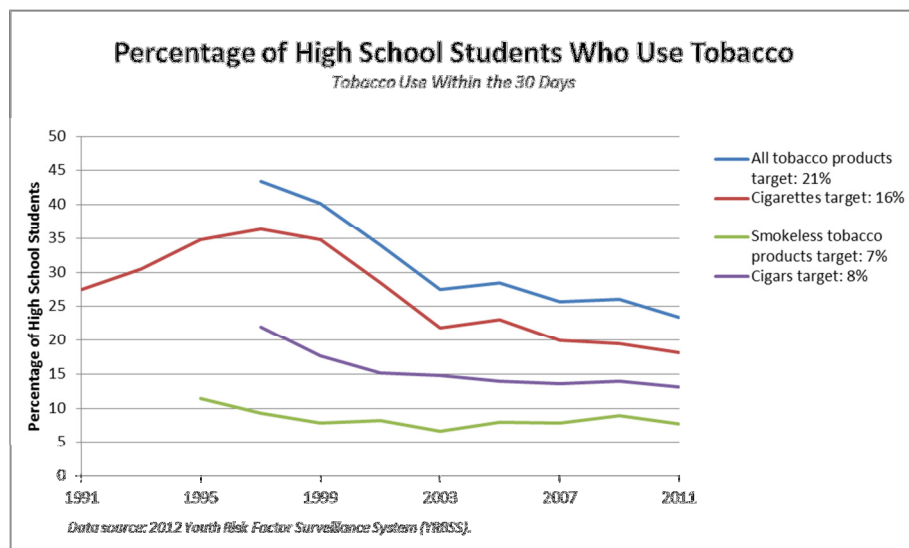
Disease Control and Prevention, 2012). Through the implementation of its National Tobacco Control program, CDC has made significant progress in decreasing the burden of tobacco-related death and disease. Although cigarette use remains largely static in recent years, the percentage of adults that are current smokers increased in 2009 to 20.6 percent, but declined to 18.9 percent in 2011.

Figure 2: Percentage of Adults Who Currently Smoke Cigarettes in the United States, 1965 – 2010



Cigarette use among adolescents declined sharply from 1997–2003; however, the rate of decline has slowed over the past several years, fluctuating between 20 percent and 23 percent from 2003 to 2007. From 2007 to 2011, youth cigarette use declined slightly from 20.0 percent to 18.1 percent (Figure 3).

Figure 3: Percentage of High School Students Who Used Tobacco Within the Past 30 Days, United States, 1991 – 2011



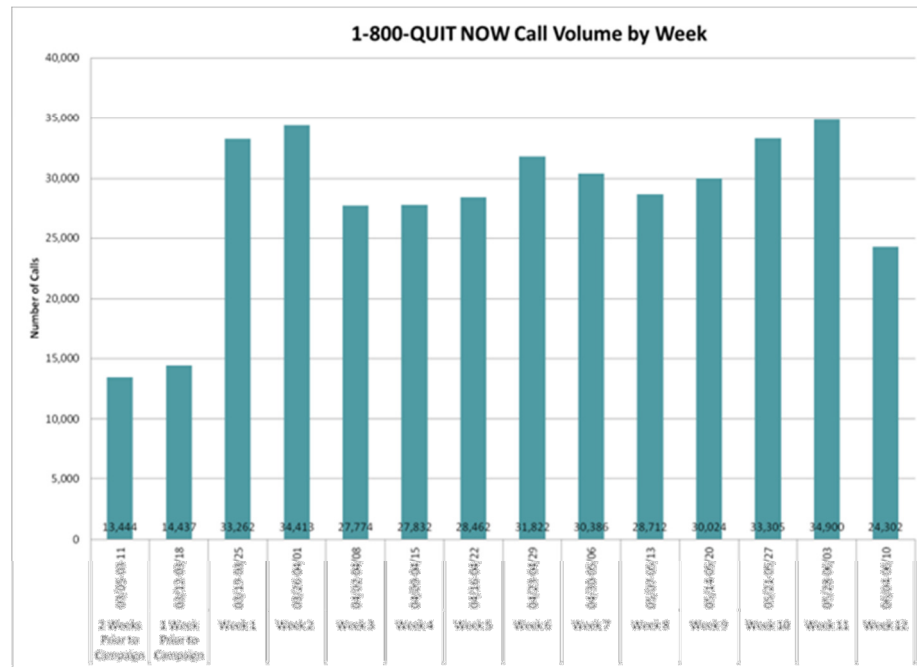
The percentage of the U.S. population covered by comprehensive state and/or local laws that make workplaces, restaurants, and bars 100 percent smoke-free has increased significantly since 2005. On average, states and communities that enact strong smoke-free policies realize a 17 percent reduction in heart attack hospitalizations. Between 2005 and 2011, the percentage of the population covered by smoke-free laws increased from 13.5 percent to 48.1 percent (Americans for Nonsmokers' Rights Foundation, 2012). However, in the past two years the rate of progress has stalled. Although some local communities continue to enact laws, a state level comprehensive smoke-free law has not been enacted since 2010, a substantial change from 21 states enacting comprehensive smoke-free laws between 2006 and 2010.

In addition to providing evidence to inform policy, system, and environmental changes, CDC also provides direct assistance to tobacco users through National Tobacco

Quitlines. In 2011, the tobacco quitlines received 1,192,822 calls (a four percent increase over 2010) and in 2010 provided cessation counseling and/or medications to 415,430 persons (Centers for Disease Control and Prevention, 2012). In 2011, there was no significant or national promotion of quitline services or 1-800-QUIT-Now. Further, due to cuts in state budgets, a number of states reduced promotions for state quitline services.

In FY 2012, implementation of the National Tobacco Education Campaign from March to June 2012 increased awareness of the dangers of tobacco use and promote the quitline. As a result of this campaign, it is projected that calls to the quitline will significantly increase in 2012; and if a second wave of the campaign occurs in 2013, quitline calls will continue rising in 2013. Future waves of the campaigns will allow us to maintain an increased number of calls in 2014. Figure 4 illustrates the number of weekly telephone calls made to national state tobacco quitlines before, during, and after CDC's Tips from Former Smokers Campaign (TIPS), which was conducted from March 19th – June 10th, 2012, compared with 2011 call volume.

Figure 4: Number of weekly telephone calls made to national portal to state tobacco quitlines during CDC's Tips from Former Smokers Campaign (TIPS), United States, March 5–June 24, 2012



2.2.2 Public Health Implications

Tobacco use is associated with high morbidity rates and a diminished quality of life. It is a major threat to the health of the U.S. and is thus considered a significant public health concern. The effects of tobacco use extend to all areas within the broader field of public health as well as other sectors. Healthy People targets set an agenda for the nation. They provide states, territories, and localities with a roadmap by which progress toward national health objectives can be measured. By achieving the Healthy People targets and reducing tobacco use, all of these areas will be impacted.

2.2.3 Management and Policy Implications

Management and policy is an important component of tobacco control as it focuses on the structure, creation, and administration of critical tobacco prevention and control policies and legislation that impact health. It also provides administration of the financial components of tobacco control. The OSH policy branch is responsible for coordinating all of the policy activities and serving as a liaison to the other OSH branches including epidemiology, health communications, and program services. Both CDC policy administrators and policy officials across the country play a crucial role in tobacco prevention and control. In states which establish tobacco free indoor air policies, tobacco excise taxes, and counter marketing campaigns have been proven to be effective in the reduction of tobacco use. However, many states are still lacking comprehensive tobacco control initiatives, mainly due to a lack of funding.

Public health officials in the area of management and policy must advocate for the expansion of comprehensive tobacco control programs in order to reduce the effects of smoking on the environment, individual, and society. Healthy People 2020 brings attention to these important initiatives and is used as guidance by many other programs. Healthy People's data sources provide evidence that can convince policymakers that comprehensive state tobacco control programs are a necessary and worthwhile investment.

Legislation such as the Family Smoking Prevention and Tobacco Control Act of 2009 will increase tobacco control and ultimately reduce the death, disease, and financial cost caused from tobacco use. In addition to the significant morbidity and mortality previously discussed, tobacco use considerably adds to U.S. health care costs at a time when reducing costs are a national priority. The total annual health care expenditures

caused by smoking run to \$96 billion (Centers for Disease Control and Prevention, 2008). The elimination of tobacco use is vital to improving the health of U.S. citizens and prohibiting the growth of health care costs.

2.2.4 Environmental Health Implications

Tobacco use, waste, and factories can wreak havoc on the environment making tobacco use a significant environmental health concern. This project deals directly with tobacco prevention and control and thus has a major impact and link to environmental health. Some examples of how tobacco can affect the environment include: fires, land, water, and air pollution, deforestation, and the release of toxins into the environment.

Discarded cigarettes are a major cause of forest fires in the U.S. Furthermore, the cigarette polymer acetate filters are comprised of thousands of fibers that can take up to 15 years to break down. The residue from tobacco in the butts also releases toxins into the environment. Imagine how many butts are discarded every year. What's more is that each year approximately 600 million trees and vast forests are destroyed to provide wood to dry tobacco (Government of Western Australia, 2006). When wood is not used, coal or oil is used for drying. Currently, 3.7 miles of paper is also used by cigarette manufacturing machines every hour to make cigarettes. The tobacco plants themselves are also harmful. More than most other crops, tobacco plants use more nutrients and degrade the soil. To help the tobacco crops grow, vast quantities of herbicides, pesticides, and fertilizer are used, releasing more toxins into the air and soil, and creating runoff into lakes, rivers, and streams (Government of Western Australia, 2006). Finally, second-hand smoke is also a significant environmental health problem. The highly toxic substance is the main source of indoor pollution.

2.3 Tobacco Control and Surveillance

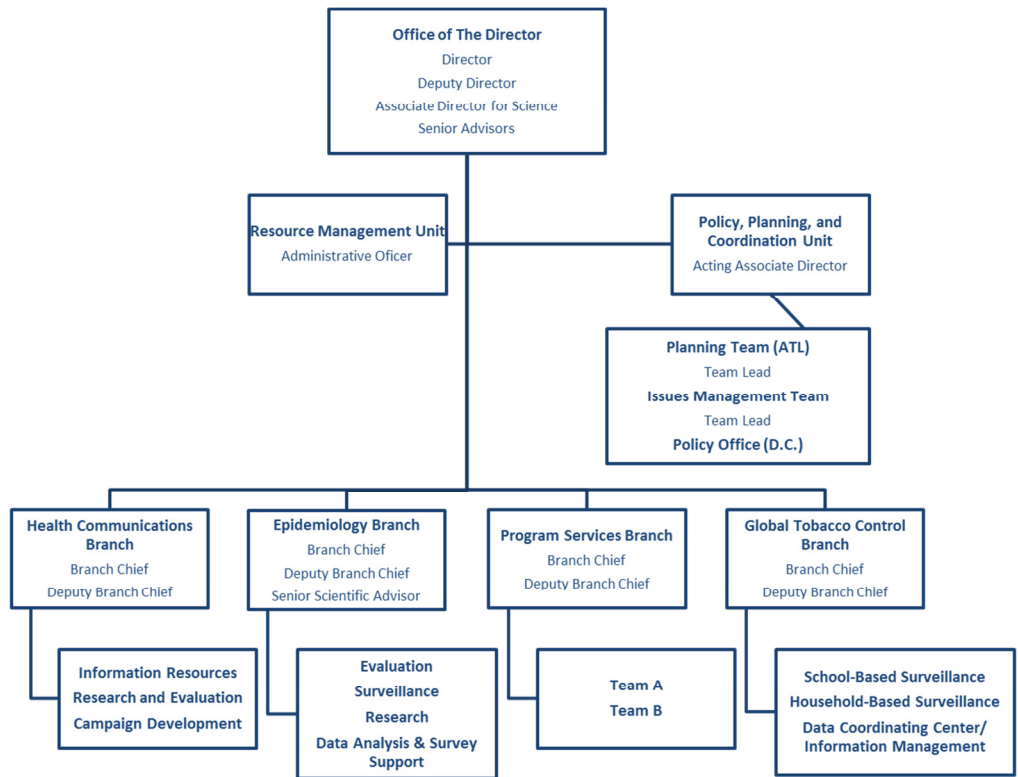
Tobacco remains the leading preventable cause of death in the U.S., and a source of substantial excess medical expenditure. (Centers for Disease Control and Prevention, 2010).

2.3.1 The Office on Smoking & Health

The Office on Smoking and Health (OSH) at the Centers for Disease Control and Prevention (CDC) is the leading agency for comprehensive tobacco prevention and control. OSH is dedicated to reducing tobacco use and protecting the public's health from its harmful effects. This is accomplished through four goals, a) Prevent tobacco use among youth and young adults; b) Promote tobacco use cessation among adults and youth; c) Eliminate exposure to secondhand smoke; and d) Identify and eliminate tobacco-related health disparities (Centers for Disease Control and Prevention).

Within OSH is the Policy, Planning, and Coordination Unit, which coordinates policy and legislative activities. The Policy Unit is responsible for monitoring and analyzing legislation and policy documents; conducting environmental/political scans, identifying policy options, and implementing outreach/education efforts on policy issues; serving as liaison to CDC's Office of the Director (OD) and the National Center for Chronic Disease Prevention and Health Promotion's (NCCDPHP) OD coordinating policy activities and responding to requests; serving as a liaison to OSH branches on policy issues; and conducting performance measurement activities, which include overseeing the development of Government Performance and Results Act (GPRA) measures and coordinating tobacco-related Healthy People objectives. Policy works closely with the Food and Drug Administration (FDA) and on Healthy People projects.

Figure 5: The Office on Smoking and Health’s Organizational Chart (Adapted from CDC’s Smoking & Tobacco Use website)



As part of its mission to reduce the incidence of tobacco-related disease and preventable death, the Office on Smoking and Health (OSH) of the Centers for Disease Control and Prevention created the National Tobacco Control Program (NTCP). The NTCP funds tobacco control activities in all 50 states and the District of Columbia.

Each funded department or organization is encouraged to adopt the NTCP goals and to develop a strategic plan, including a detailed evaluation plan, enabling an agency to measure progress towards its tobacco control goals. Much of the data necessary to evaluate state tobacco control programs — such as tobacco use prevalence and tobacco-related legislation and policies — are already available from many sources. The Behavioral Risk Factor Surveillance System (BRFSS) and other public surveys are rich

sources of readily available data, but the survey results are difficult to compare with other tobacco data housed separately. Legislative data are available to the public but can be extremely difficult to obtain.

OSH's major activities include producing Surgeon General's Reports on the health consequences of smoking and other mandated reports to Congress pertaining to tobacco use and health; analyzing policy issues related to tobacco and health; conducting epidemiologic and economic analyses of tobacco use; disseminating scientific and technical information on tobacco use and health; and providing states with technical assistance in implementing tobacco control interventions. It is also the lead agency for the national objectives on tobacco use for Healthy People 2020. OSH develops tobacco objectives and works with other agencies to monitor progress toward meeting the targets for these objectives.

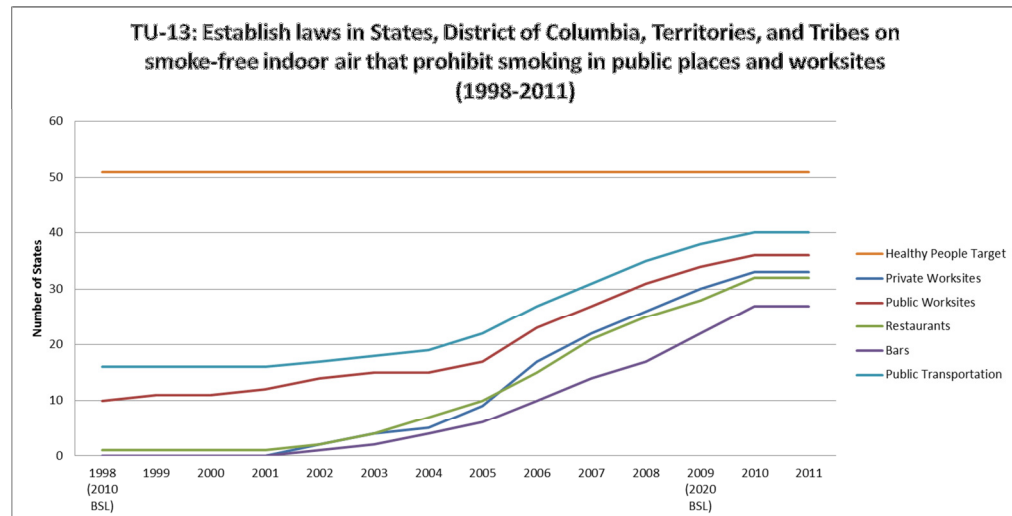
2.3.2 STATE System & Healthy People 2020

According to the U.S. Surgeon General, only 100% smoke-free indoor air effectively protects the public's health (U.S. Department of Health and Human Services, 2010). States have enacted policies to eliminate smoking in a number of locations, including bars, restaurants, and worksites. As of June 30, 2012, twenty-six states prohibit smoking in bars and thirty-two states prohibit smoking in restaurants. Thirty-three states have 100% smoke-free indoor air laws for worksites. Idaho, Mississippi, and North Carolina prohibit smoking in government worksites but not in private worksites.

The Healthy People 2020 target for smoke-free indoor air objectives (TU-13) is reported as "Total Coverage," restricting smoking in public places within all 51 states including the District of Columbia. Twenty-six states report comprehensive smoke-free

policies that ban smoking in private worksites (TU-13.1), restaurants (TU-13.3), and bars (TU-13.4), which has increased from 22 since the 2009 baseline year. Eleven of the seventeen measurable smoke-free indoor air objectives tracked in the STATE System made progress toward their targets between December 31, 2009 and 2011. Figure 6 demonstrates the drastic increase in the number of states with smoke-free indoor air laws prohibiting smoking in public places.

Figure 6: Number of States that Prohibit Smoking in Public Places and Worksites (Healthy People Objective TU-13), 1998 – 2011



The price of tobacco products continues to play an important role in determining rates of tobacco use. The Surgeon General has concluded that one of the greatest influences on the demand for tobacco products is its price (U.S. Department of Health and Human Services, 2010). This is true particularly for young people and those with a low socio-economic status. Increases in cigarette taxes have a considerable impact on the prevalence of smoking and reduce the adverse health effects caused by tobacco in the long-run. For Smokeless tobacco products the target is for the 50 states, the District of

Columbia, and the Federal Government to increase their taxes. From 1998, 3 states, to 2008, 37 states increased taxes, not meeting the Healthy People 2010 target, but certainly moving towards our 2020 target.

On April 1, 2009, the largest Federal excise tax increase in history went into effect, increasing the excise tax on cigarettes from 39 cents to \$1.01 per pack. This increase brought the combined Federal and average state excise tax for cigarettes above \$2.00 per pack, achieving Healthy People 2010 Objective 27-21a. In Healthy People 2010, OSH measured the mean combined Federal and State tax on cigarettes based on excise taxes on the retail price on a pack of 20 cigarettes in all 50 states and DC (based on full priced brands). For HP2020, the Tobacco Use Workgroup modified objective 27-21a, now named TU-17.1, to reflect the substantial increases that have occurred in state excise smokeless tobacco tax rates in recent years, as well as the continuing variation that exists in these rates among states. Objective 17.1 now counts the number of states that have increased tax on cigarettes by \$1.50 over the decade (measured as the 10 year tracking period for Healthy People 2020: 2009-2019) and has a target of 52 (50 states, the District of Columbia, and the Federal Government). The STATE System provides users with the ability to track excise tax increases on a quarterly basis, increasing access to the most up-to-date data for this topic area.

2.4 Summary

Cigarette smoking is the leading preventable cause of death in the U.S. and has social, environmental, and economic consequences for individuals and communities. Healthy People 2020 provides national recommendations for health objectives, allowing states and communities to track progress toward meeting these goals. The Tobacco Use

chapter in Healthy People includes a total of 71 objectives focusing in areas of adult and youth smoking prevalence, smoke-free environments, and cessation products covered by Medicaid. The STATE System serves as a primary data source for many of these objectives, and offers users access to legislation related to tobacco use prevention and control. This evaluation aims to utilize the capabilities of both systems by synthesizing data related to smoke-free indoor air, excise taxes, and preemption. Implications for this evaluation range from increased effectiveness in systems and data navigation to cost-efficiency and decreased budgetary impact. This project will increase access to information related to national tobacco initiatives, providing public health officials and researchers with knowledge of a comprehensive tool for tobacco research.

CHAPTER III

Methodology

3.1 Settings and Stakeholders

This entire project occurred at CDC, NCCDCPHP, OSH. During the evaluation, feedback was solicited from participants chosen in OSH, the information systems contracting team, and the legislative contracting team based on their knowledge of Healthy People 2020 and the STATE system.

3.2 Procedures

First, an extensive literature review was conducted in order to: collect information on tobacco use, collect information on each of the three main objective topic areas, and to gain an understanding of the opinions of experts outside of OSH. An evaluation of Healthy People 2020 data was initiated to determine the status of each objective in the Tobacco Use chapter as developmental or measurable. Data for the Tobacco Use chapter was exported, analyzed, and organized from www.HealthyPeople.gov in order to compare Healthy People indicators with those housed in the STATE System. Second, a thorough evaluation of the STATE System was conducted on each of the five reports accessible from the site: a) Detailed Report, b) Comparison Report, c) Trend Report, d) Highlights Report, and e) Interactive Maps.

The detailed report offers comprehensive information for a single indicator, a single state, and a single point in time. The comparison report allows users to access data on indicators for all states and a single year or quarter. Trend reports display data and graphs for multiple indicators, states, and years or quarters, while the Highlights report

presents data in multiple visualizations (i.e. charts, graphs, and tables) for a single state, allowing users to access the STATE System's repertoire of indicators in the form of a colorfully attractive summary report. Interactive maps, a new feature recently added to STATE, provides users with the ability to actively engage in the interface while visualizing data in the form of maps, charts, and graphs. Each of these reports was evaluated for opportunities to cross-promote Healthy People 2020 indicators throughout the system.

In order to integrate Healthy People 2020 indicators into the STATE System, a better understanding of how data in the STATE System are collected, analyzed, and published was necessary. Contract staff from OSH's legislative research team were consulted, to understand the intricacies of data collection and terminology, which was interpreted into a guidance document and resource manual outlining the information specific to the people and processes involved for updating data within the STATE System (see Appendix A). This manual offers additional information specific to the data management team, and will be incorporated into a comprehensive process guide for OSH staff.

Also, through consults with CDC's information systems development team, technical specifications were examined for the STATE System and modified to represent proposed changes that incorporate indicators across systems. In this effort, indicators related to Smokefree Indoor Air, Excise Tax, and Preemption topics within the STATE System were analyzed from the back-end database in order to provide an understanding of the effort needed to incorporate evaluation recommendations (See Appendix A). A thorough review of the clearance process for CDC's graphics services was conducted

through collaboration with a Division of Creative Services (DCS) graphics designer, and a fact sheet guidance document was created for OSH to outline the processes surrounding modifications to STATE System fact sheets (See Appendix B). The CDC clearance process was initiated in order to develop a research poster for presentation based on evaluation findings (see Appendix D), and continued collaboration with an assigned graphics designer was solicited. Content was drafted and reviewed by OSH staff before submitting to the Division of Creative Services (DCS) for final publication.

In addition, static content across the system was examined for additional opportunities to disseminate findings to STATE System users. There are currently 5 fact sheets that can be accessed from STATE, each of which was evaluated for Healthy People interactions. Also, the STATE System toolkit, which includes a collection of printable materials, an RSS feed, and social media outlets, was reviewed for additional promotion across indicators. Criteria for indicator selection was as follows: a) the STATE indicator must currently be measurable for the Healthy People 2020 decade, b) the data source for each indicator must be represented as the STATE System on the HealthyPeople.gov website, and c) the year and methodology used to define each indicator must be affiliated with both STATE and Healthy People 2020. A summary file of data all data sources related to each Healthy People 2020 objective was created to highlight the indicators of interest (Appendix E).

CHAPTER IV

Results

The STATE System currently serves as the primary data source for a total of 25 of the 70 Healthy People 2020 Tobacco Use Chapter sub-objectives. Three of the twenty-five sub-objectives are considered to be developmental, meaning they have not yet been approved as measurable indicators for the decade. Seventeen of the total twenty-two measurable Healthy People objectives that report STATE system as a data source are derived from the Tobacco Use objective TU-13: “Establish laws in States, District of Columbia, Territories, and Tribes on smoke-free indoor air that prohibit smoking in public places and worksites.”

Figure 7: Annual STATE System Data Related to Healthy People 2020 Objectives and Targets – 2009 to 2011

Healthy People 2020 Objectives Table						
Objective	Objective Description	Baseline Year	2009	2010	2011	2020 Target
TU-13: Establish laws in States, District of Columbia, Territories, and Tribes on smoke-free indoor air that prohibit smoking in public places and worksites						
TU-13.1	Private Workplaces	2009	30	33	33	51
TU-13.2	Public Workplaces	2009	34	36	36	51
TU-13.3	Restaurants	2009	28	32	32	51
TU-13.4	Bars	2009	22	27	27	51
TU-13.5	Gaming Halls	2009	0	0	0	51
TU-13.6	Commercial daycare centers	2009	39	40	40	51
TU-13.7	Home-based daycare centers	2009	38	38	38	51
TU-13.8	Public transportation	2009	38	40	40	51
TU-13.9	Hotels and motels	2009	31	32	32	51
TU-13.10	Multiunit housing	2009	0	0	0	51
TU-13.11	Vehicles with children	2009	4	4	4	51
TU-13.12	Prisons/ correctional facilities	2009	8	9	9	51
TU-13.13	Substance abuse treatment facilities	2009	9	10	10	51
TU-13.14	Mental health treatment facilities	2009	9	10	10	51
TU-13.15	Entrances/exits of all public places	2009	1	1	1	51
TU-13.16	Hospital campuses	2009	0	0	1	51
TU-13.17	College/university campuses	2009	1	1	1	51
TU-16: Eliminate State laws that preempt stronger local tobacco control laws						
TU-16.1	Preemption on smoke-free indoor air	2009	12	12	12	0
TU-16.2	Preemption in advertising	2009	18	18	18	0
TU-16.3	Preemption on youth access	2009	22	22	22	0
TU-17: Increase the Federal and State tax on tobacco products						
TU-17.1	Cigarettes	2010	NA	1	1	52
TU-17.2	Smokeless tobacco products	2010	NA	0		52
TU-17.3	Other smoked tobacco products (Developmental)		*	*	*	*
TU-20: Increase the number of States and the District of Columbia, Territories, and Tribes with sustainable and comprehensive evidence-based tobacco control programs						
TU-20.1	States and the District of Columbia (Developmental)		*	*	*	*
TU-20.2	Territories (Developmental)		*	*	*	*
TU-20.3	Tribes (Developmental)		*	*	*	*

Additional measurable objectives that include STATE System as a data source are TU-16: “Eliminate State laws that preempt stronger local tobacco control laws” and TU-17: “Increase the Federal and State tax on tobacco products.” Each of these Healthy People 2020 objectives directly aligns to a specific indicator within the STATE System.

A total of 40 STATE System indicators align with Healthy People 2020 goals, and are used as the primary data source for these national objectives. These indicators are represented across 3 topics and 20 measures, including smoke-free indoor air, excise tax, and preemption. This evaluation found that all 5 of the report types available in the STATE system are impacted by these topics and measures, representing a large amount of available web real estate to cross-promote these indicators.

Figure 8: STATE System Indicators Impacted by Healthy People 2020 Data

STATE System Indicators Impacted by Healthy People 2020		
Topic	Measure	Indicator
Legislation - Smokefree Indoor Air	Private worksites	Distance from Entrances/Exits (ft)
Legislation - Smokefree Indoor Air	Private worksites	Type of Restriction in Private Worksite
Legislation - Smokefree Indoor Air	Government worksites	Distance from Entrances/Exits (ft)
Legislation - Smokefree Indoor Air	Government worksites	Type of Restriction in Government Worksite
Legislation - Smokefree Indoor Air	Restaurants	Distance from Entrances/Exits (ft)
Legislation - Smokefree Indoor Air	Restaurants	Type of Restriction in Restaurant (Summary)
Legislation - Smokefree Indoor Air	Bars	Distance from Entrances/Exits (ft)
Legislation - Smokefree Indoor Air	Bars	Type of Restriction in Bar (Summary)
Legislation - Smokefree Indoor Air	Smokefree Indoor Air - Other Sites	Bingo Halls
Legislation - Smokefree Indoor Air	Smokefree Indoor Air - Other Sites	Casinos
Legislation - Smokefree Indoor Air	Smokefree Indoor Air - Other Sites	Racetrack Casinos
Legislation - Smokefree Indoor Air	Commercial daycare centers	Type of Restriction in Commerical Day Care
Legislation - Smokefree Indoor Air	Home-based daycare centers	Type of Restriction in Home-Based Day Care
Legislation - Smokefree Indoor Air	Smokefree Indoor Air - Other Sites	Public transportation
Legislation - Smokefree Indoor Air	Hotels and motels	Type of Restriction in Lobby and Common Area of Hotel and

STATE System Indicators Impacted by Healthy People 2020		
Indoor Air		Motel
Legislation - Smokefree Indoor Air	Government Multi-Unit Housing	Type of Restriction in Lobby and Common Area of Government Multi-Unit Housing
Legislation - Smokefree Indoor Air	Private Multi-Unit Housing	Type of Restriction in Lobby and Common Area of Private Multi-Unit Housing
Legislation - Smokefree Indoor Air	Personal Vehicles	Type of Restriction in Personal Vehicle
Legislation - Smokefree Indoor Air	Smokefree Indoor Air - Other Sites	Prisons
Legislation - Smokefree Indoor Air	Smokefree Indoor Air - Other Sites	Substance Abuse Outpatient Facilities
Legislation - Smokefree Indoor Air	Smokefree Indoor Air - Other Sites	Substance Abuse Residential Facilities
Legislation - Smokefree Indoor Air	Smokefree Indoor Air - Other Sites	Mental Health Outpatient Facilities
Legislation - Smokefree Indoor Air	Smokefree Indoor Air - Other Sites	Mental Health Residential Facilities
Legislation - Smokefree Indoor Air	Smokefree Indoor Air - Other Sites	Hospital campuses
Legislation - Smokefree Campus	Private Colleges	Smokefree Campus
Legislation - Smokefree Campus	Public Colleges	Smokefree Campus
Legislation - Preemption	Preemption on Smokefree Indoor Air	Bars
Legislation - Preemption	Preemption on Smokefree Indoor Air	Government Worksites
Legislation - Preemption	Preemption on Smokefree Indoor Air	Private Worksites
Legislation - Preemption	Preemption on Smokefree Indoor Air	Restaurants
Legislation - Preemption	Preemption on Advertising	Display
Legislation - Preemption	Preemption on Advertising	Other
Legislation - Preemption	Preemption on Advertising	Promotion
Legislation - Preemption	Preemption on Advertising	Sampling
Legislation - Preemption	Preemption on Youth Access	Distribution
Legislation - Preemption	Preemption on Youth Access	Sales to Youth
Legislation - Preemption	Preemption on Youth Access	Vending Machines
Legislation - Excise Tax	Cigarette	Cigarette Tax (\$ per pack)
Legislation - Excise Tax	Smokeless Tobacco	Chewing Tobacco Tax (\$)
Legislation - Excise Tax	Smokeless Tobacco	Snuff Tax (\$)

In addition, all 5 of the current fact sheets are impacted by this evaluation. With topics ranging from Excise Tax to Smokefree Vehicles, there is an opportunity to cross-promote these indicators through the use of STATE System materials already available to the public. Also, an additional fact sheet was created focusing on the connections between Healthy People 2020 and STATE, which outlines outcomes from this evaluation

(see Appendix C). The fact sheet was approved through OSH management, and is currently in the Documentum clearance process at CDC.

Findings from research were used to develop primary deliverables for STATE/Healthy People 2020 indicators and to increase awareness throughout OSH. Deliverables are in the form of: a) a white paper containing historical and current information linking HP 2020 and STATE System objectives, b) a guidance document and resource manual outlining all data acquisition and maintenance terminology involved in integrating Healthy People 2020 data with the STATE system, c) a fact sheet for the OSH's management and staff outlining my findings and rationale for nominating commonalities between the two sources; and d) a research poster for OSH that can be utilized at local and national conferences. Implications for research and evaluation are intended to educate OSH staff & colleagues in the states, networks, and territories on identifiable, cross-promotional opportunities that highlight both state and national data.

CHAPTER V

Discussion

5.1 Overview

In the past year, the Office on Smoking and Health implemented new tools to better visualize data in the STATE System and leveraged social media tools to expand reach, foster engagement, and increase access to tobacco control data across audiences. For this reason, a comprehensive review of Healthy People 2020 indicators was necessary for implementing state-level goals on a national level. OSH also conducted user evaluations in an effort to enhance the user experience of the system. In the fall of 2010, interactive maps were added to the STATE System. This new feature allows users to view data for adult and youth current cigarette use, cigarette excise tax rates, preemption and smoke-free indoor air legislation for all U.S. states across multiple years using interactive maps, trend lines, bar charts, and data tables. These features are not yet available to www.HealthyPeople.gov users, providing an additional level of dissemination to the public.

Additionally, OSH promoted these interactive maps through social media tools including, Facebook, Twitter, shareable buttons as well as email messages and an online webinar. To better understand the needs of the STATE System users, identify opportunities for improving the application interface, as well as assess the impact of the new social media tools, OSH conducted several types of user research. An online survey was conducted of over 70 STATE System users, in-person user evaluation sessions, and Web site traffic and usage metrics were analyzed.

Public health professionals can use the STATE System's broad range of data and advanced reporting features to display detailed single state data, trends over time, and compare data for multiple states. These users may also export data to a spreadsheet for further analysis as well as produce attractive graphs for use in presentations and measuring progress toward program goals. By highlighting common features across Healthy People 2020 and the STATE System, the Office on Smoking and Health can increase access to STATE System data for its users, extend the reach of the application, and allow the Office to learn about other key features that can be implemented to increase the usefulness of the application.

States and communities use Healthy People as a roadmap for tracking progress toward national health objectives. Due to the current state of funding, many states lack the time and resources often required to gather data related to specific health topics. This evaluation increases the capabilities of both Healthy People 2020 and STATE by cross-promoting commonalities with a single system. By synthesizing these systems' data into health promotion tools (i.e. fact sheets and research posters), states and communities will gain increased access to information related to national tobacco control and prevention initiatives. These materials provide public health officials and researchers with knowledge of a comprehensive tool for tobacco research, therefore minimizing the efforts required by the community to access this information.

In addition, the resource materials and guidance documents developed can be used to educate staff and facilitate more efficiently and timely dissemination of data. Understanding this process will allow for future integration of Healthy People 2020 Indicators to the STATE System. The scientific poster created from this research will

inform future abstracts on the integration of Healthy People 2020 and STATE, and will be used at National conferences in the future.

OSH has already approved and cleared the STATE System Fact Sheet highlighting opportunities for promotion throughout Healthy People. This fact sheet will be published to the STATE System homepage, as well as CDC's Smoking & Tobacco Use website, in order to inform users who may be interested in utilizing these systems.

Findings from this evaluation can be used to inform the next iteration of STATE System enhancements. Additional Healthy People 2020 objectives can be incorporated into the STATE system through the addition of national data sources such as the National Health Interview Survey (NHIS) and the National Health and Nutrition Examination Survey (NHANES).

5.2 Strengths

There are several strengths of this project. The major strength is the authoritative nature of the information due to the quality of the sources used in the research, both CDC literature and expert personnel and the Healthy People survey data. A second strength is that my familiarity with both the database and user interface of the STATE System application was vast, which allowed for a comprehensive and timely review of each indicator. I had very little knowledge regarding tobacco use, as a whole, and thus began the literature review without bias. I built a foundation of knowledge purely on the current literature and expert opinions.

5.3 Generalizability

The generalizability for this project is broad. The extension of the findings and conclusions from this project can be applied to the rest of the Healthy People objectives

in order to integrate indicators across systems. Sound generalizability requires quality data, and/or data on large populations. Healthy People's data sources are based on a combination of state data and comprehensive national survey data, and other sources are from nationally recognized literature and world-renowned experts, providing the best foundation for producing broad generalizability.

5.4 Public Health Management and Policy Competencies Strengthened by the Project

5.4.1 Communicating effectively with public health constituencies in oral and written forms

This project has required effective communication to OSH team members, collaborators, and to the public. Through the use of a research poster and white paper, continued collaboration across sectors will continue increasing my oral communication skills. Communication within the policy branch has also been accomplished through e-mail, written reports, and oral discussions in meetings.

5.4.2 Monitoring health status to identify and solve community health problems

Healthy People monitor's the health of the nation through its objectives. One of the first steps in this project was to analyze the data sources to determine which objectives have made progress over the past decades, or in other words whether there was a reduction in tobacco use and the nation's health was improving.

5.4.3 Informing, educating, and empowering people about health issues

By presenting Healthy People 2020 and STATE System commonalities to the public health professionals and at the Office on Smoking and Health, people will become informed and educated on where the nation is excelling and where it needs improvement.

This knowledge will empower people to focus public health resources and efforts in these areas.

5.4.3 Identify, retrieve, summarize, manage and communicate public health information

To build a foundation of knowledge of target setting an extensive literature review was conducted. As well as collecting data for each objective, data was collected and summarized from each subject-matter interview. The project will be communicated to the public at the APHA conference through a poster presentation, and to the Policy branch and to the entire Office on Smoking and Health through two separate presentations at the CDC.

5.4.4 Demonstrate the principles of problem solving

Gathering information and meeting with subject-matter experts posed many problems regarding conflicting data, unknown variables, time constraints, etc. It was important for me to have a solid foundation of tobacco control and to have good working relationships for colleagues in the office. When problems occurred I had the resources to research the information, the support of the OSH team members to tap into their knowledge and excellent mentors to provide guidance. However, on many occasions I had to work through major issues to effectively carry out the tasks of the office.

5.4.5 Apply principles and methods of health policy development and analysis to key public health issues

This project consisted of both policy development, through the incorporation of legislative data analysis and evaluation across systems, as well as analysis by researching the objectives and determining the challenges, influencing factors, and different approaches to systems specifications.

5.4.6 Effectively manage public health programs and projects

Effectively managing the Healthy People 2020/ STATE system evaluation, even in the developmental stage, required time management, collaboration, and coordination across sectors.

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APPENDIX A



OSH STATE System: Process and Resource Guide

(To be implemented as a resource for STATE System Process
Documentation)

Prepared for
Office on Smoking and Health, NCCDPHP

By
Brandon Kenemer, Public Health Analyst

Last modified
November 4, 2012

Document Background

STATE System Description

The National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), through its Office on Smoking and Health (OSH), is the lead federal agency in the United States for comprehensive tobacco prevention and control. OSH is dedicated to reducing death and disease caused by tobacco use and exposure to secondhand smoke. In support of its mission, OSH has developed the State Tobacco Activities Tracking and Evaluation (STATE) System as an electronic repository of up-to-date and historical data on tobacco use prevention and control. The system serves to maintain these key data measures collected from various data sources in one information warehouse and provides comprehensive dynamic reports by topic that facilitate research and consistent data interpretation. The STATE System currently offers the ability to generate or build reports for Behaviors, Demographics, Economics, Environment, Funding, Health Consequences and Costs, and Legislation topic areas in the following 4 report formats - Detailed, State Comparison, Trend, Interactive Maps, and Tobacco Control Highlights. The STATE Administrative Tool automates the upload, validation, and deployment of data for the STATE System.

Business Need

The STATE System is necessary to disseminate legislative and epidemiological tobacco data from various sources to support state-related tobacco research, analysis, and reporting by policy makers, researchers, media, and the general public.

The STATE System Administrative Tool is necessary to decrease the time required to release new or revised data to the STATE System, and to improve the quality and accuracy of the data released.

Public Health and Business Impact

Overall, the STATE System facilitates research and consistent data interpretation, and the STATE System Administrative Tool ensures data is disseminated with the highest level of accuracy and in a timely manner.

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Introduction to the STATE System

In This Section

- ✓ STATE System Development Team
- ✓ Purpose of the STATE System
- ✓ Types of reports within the STATE System
- ✓ STATE System Contributions

Tobacco Control and Surveillance

Tobacco remains the leading preventable cause of death in the United States, and a source of substantial excess medical expenditure¹. As part of its mission to reduce the incidence of tobacco-related disease and preventable death, the Office on Smoking and Health (OSH) of the Centers for Disease Control and Prevention created the National Tobacco Control Program (NTCP). The NTCP funds tobacco control activities in all 50 states and the District of Columbia.

Each funded department or organization is encouraged to adopt the NTCP goals and to develop a strategic plan, including a detailed evaluation plan, enabling an agency to measure progress towards its tobacco control goals. Much of the data necessary to evaluate state tobacco control programs — such as tobacco use prevalence and tobacco-related legislation and policies — are already available from many sources. The Behavioral Risk Factor Surveillance System (BRFSS) and other public surveys are rich sources of readily available data, but the survey results are difficult to compare with other tobacco data housed separately. Legislative data are available to the public but can be extremely difficult to obtain.

About the STATE System

The State Tobacco Activities Tracking and Evaluation (STATE) System is an electronic data warehouse containing up-to-date and historical state-level data on tobacco use prevention and control. The STATE System is designed to integrate many data sources to provide comprehensive summary data and facilitate research and consistent data interpretation. The STATE System was developed by OSH².

¹ Centers for Disease Control and Prevention. Tobacco Control State Highlights 2010. Available at http://www.cdc.gov/tobacco/data_statistics/state_data/state_highlights/2010/index.htm.

² Centers for Disease Control and Prevention. State Tobacco Activities Tracking and Evaluation (STATE) System. Available at: <http://www.cdc.gov/tobacco/statesystem>.

The STATE System Development Team
Health Scientist; Policy Lead
Health Statistician; Epidemiology Lead
Business Analyst
Project Manager
Public Health Analyst
Developer
Usability Analyst

Users may access data in multiple ways, compare data across states and time periods, and download preformatted, informative reports, which can be distributed directly to stakeholders.

The STATE System is available at <http://apps.nccd.cdc.gov/statesystem>.

Did you know? The State Tobacco Activities Tracking and Evaluation (STATE) System, first released in 1999, underwent its first major system redesign and was released to the general public in July 2004 with new features.

STATE System Reports

The STATE System offers the following type of reports to its users.

STATE System Reports	
Detailed Report	A report format displaying data for a selected topic (e.g., economics), measure (e.g., cigarette sales), state, and year.
State Comparison Report	A report format displaying data for a selected topic (e.g., economics), measure (e.g.: cigarette sales), year for all available states with export capability to Microsoft (MS) Excel.
Trend Report	A report format displaying data for a selected topic area (e.g., economics), measure (e.g., cigarette sales) and multiple subtopics (e.g., average cost per pack), states, and years with a graphical output option and Excel export capability.

STATE System Reports	
Tobacco Control Highlights Report	A report format displaying current state-based information on the prevalence of tobacco use, the health impact and costs associated with tobacco use, and tobacco excise tax drawing from multiple sources within the system. This report includes tabular and graphic output options as well as a feature to export to PDF.
Interactive Maps	A report that can be generated to display data for a selected topic area (e.g., legislation), measure (e.g., cigarette excise tax), year, and all available states in an interactive map. The new report combines a map, table, time series chart, and bar chart for data display.

STATE System Solutions

The STATE System represents a useful source of data for state tobacco control programs. These data — some of which can be difficult to obtain — can be used to identify program priorities and measure progress toward program goals.

The development of the STATE System, and the work involved to populate it, highlight the critical importance of effective processes for data collection, extraction, and quality control. The STATE System demonstrates that, with such effective processes in place, it is possible to unite data from multiple sources across the spectra of epidemiology and policy under one system, and to do so in an efficient, effective manner— a possibility which is increasingly critical to the evidence-based practice of public health.

STATE System Data Management Processes

The following diagram provides an overview of the data management processes that support the STATE System.

Figure 1: STATE System Homepage & Report Options

Smoking & Tobacco Use

Options

- [Home](#)
- [Reports by Topic](#)
- [Detailed Report](#)
- [State Comparison Report](#)
- [Trend Report](#)
- [Highlights Report](#)
- [Interactive Maps](#)
- [Help](#)
- [About STATE](#)
- [Getting Started](#)
- [Toolkit](#)
- [Report Guide](#)
- [Glossary](#)
- [Methodology](#)
- [Latest Updates](#)
- [Data Sources & Related Links](#)
- [Publications](#)
- [Contact Us](#)
- [Return to Smoking & Tobacco Use](#)

State Tobacco Activities Tracking and Evaluation (STATE) System

Welcome to the State Tobacco Activities Tracking and Evaluation (STATE) System. The STATE System is an interactive application that houses and displays current and historical state-level data on tobacco use prevention and control. [More about STATE System](#)

Interactive Maps

New Interactive Maps have been added to the STATE System. View data for adult and youth current cigarette use, cigarette excise tax rates, preemption and smokefree indoor air legislation for all U.S. states across multiple years using interactive maps, trend lines, bar charts, and data tables.

[View Interactive Maps >>](#)

Reports by Type

To view data about Behaviors, Demographics, Economics, Environment, Funding, Health Consequences and Costs, and Legislation topic areas, click on one of the report buttons below.

[Detailed Report](#)
One State, One Year

[Comparison Report](#)
Multiple States, One Year

[Trend Report](#)
Multiple States, Multiple Years

Popular Topics

To quickly view a popular State Comparison Report, click on a topic below.

- [Smokefree Private Workplaces – O&H](#)
- [Cigarette Excise Tax – O&H](#)
- [Adult Smoking Prevalence – BRFSS](#)

Open the STATE Toolkit

Access new materials to quickly learn about important STATE System features and tell others about this data resource.

File Formats Help:

How do I view different file formats (PDF, Excel) on this site?

[Disclaimer on nonfederal Web Sites](#)

Highlights Report

To view tobacco control data highlights for a state, make a selection in the dropdown menu or click a state on the map.

Select one
Go

Reports by Topic

To view all reports available for each topic, click on a topic below.

<ul style="list-style-type: none"> • Behaviors – Cigarette use • Behaviors – Other Tobacco Use • Demographics • Economics • Environment • Funding • Health Consequences and Costs 	<ul style="list-style-type: none"> • Legislation – Advertising • Legislation – Excise Tax • Legislation – Fire Safety • Legislation – Licensure • Legislation – Preemption • Legislation – Smokefree Campus • Legislation – Smokefree Indoor Air • Legislation – Youth Access
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Fact Sheets

[Preemption Fact Sheet](#)
(PDF - 220KB)

<< Prev Next >>

Share STATE System

STATE TOBACCO ACTIVITIES TRACKING & EVALUATION SYSTEM

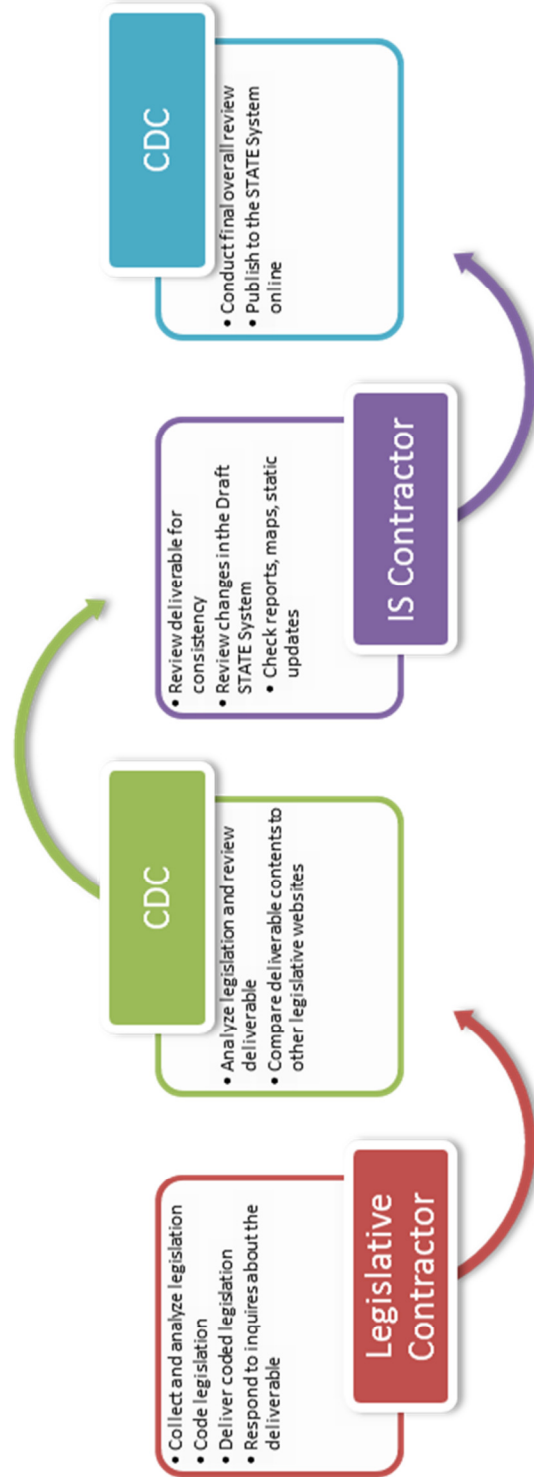
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Figure 2: STATE System Data Management



The Legislative Contractor Team

Legislative Contractor's STATE System Team
Project Manager; Co-Center Manager; Senior Legislative Analyst
Task Leader; Senior Legislative Analyst
Task Leader; Legislative Research Associate
Legislative Research Associate
Legislative Research Associate

Did you know? Legislative Contractor combines “subject expertise with technical skill, working with ... clients from the early planning stages through to the final deliverable.”

The Information Systems Contractor Team

The Information Systems STATE Team
Database Administrator (Lead)
Business Analyst (Lead)
Project Manager
Data Manager
User Experience Analyst
Developer

The OSH Team & Goals

CDC/OSH Organizational Profile

The OSH Legislative Team
Health Scientist
Public Health Analyst
Public Health Analyst
Team Lead
Team Lead
Associate Director for Policy

The NTCP Goals: OSH's National Tobacco Control Program (NTCP) supports four goals:

- Prevent youth from starting tobacco use.
- Promote quitting among adults and youth.
- Eliminate exposure to secondhand smoke.
- Identify and eliminate disparities among populations affected by tobacco use.

Glossary of Commonly Use Terms

Behavioral Risk Factor Surveillance System (BRFSS)	The world's largest, ongoing telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Currently, data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam.
BRFSS	See <i>Behavioral Risk Factor Surveillance System (BRFSS)</i> .
Case law	A court decision pertaining to the validity of a state preemption statute, or in the absence of a statute, whether or not local governments are preempted from creating more stringent smoking restrictions.
Codebook	The comprehensive document that contains every provision, definition, and applicable decision rule or variances of coding by states.
Coding sheet	A sheet for each topic and measure used to record current changes to provisions that can be consulted for QA and archived in case of past coding questions.
Detailed Report	A STATE report format displaying data for a selected topic (e.g., economics), measure (e.g., cigarette sales), state, and year.
Draft STATE system	A STATE Dream Machine tool to allow users the option to see modifications to provision values prior to publishing these changes to the live STATE site.
Dream Machine	A utility used by OSH to maintain data in the STATE system.

Interactive Maps	A STATE report that can be generated to display data for a selected topic area (e.g., legislation), measure (e.g., cigarette excise tax), year, and all available states in an interactive map. The new report combines a map, table, time series chart, and bar chart for data display.
Legislative Analyst	Performs higher level analysis of legislative data, QA, and institutes coding decisions. Can also serve as a Task Leader.
Legislative Assistant	Performs primary search, analysis, and coding of STATE related data.
Legislative Contractor	A consulting and technical services company that provides applied social science research and evaluation; conference and logistics management; information development and dissemination; technical assistance and training; information technology and systems integration; Web evaluations, design, and maintenance; and international development services to public- and private-sector clients.
MMWR	The <i>Morbidity and Mortality Weekly Report</i> publication series is prepared by the Centers for Disease Control and Prevention (CDC). The data in the <i>MMWR</i> are provisional, based on weekly reports to CDC by state health departments.
National Tobacco Control Program (NTCP)	The NTCP funds tobacco control activities in all 50 states and the District of Columbia
Northrop-Grumman	The IT contractor that manages the STATE System for OSH.
NTCP	See <i>National Tobacco Control Program (NTCP)</i> .

Office on Smoking and Health	Established in 1965, one of eight divisions within the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). OSH is the lead office within the Department of Health and Human Services for all policy and programmatic issues related to tobacco use prevention and control
OSH	See <i>Office on Smoking and Health (OSH)</i> .
OSH Project Officer	The OSH Project Officer provides oversight and direction, and facilitates project alignment with the overall OSH mission and goals.
State Comparison Report	A STATE report format displaying data for a selected topic (e.g., economics), measure (e.g.: cigarette sales), year for all available states with Microsoft (MS) Excel export capability.
STATE System	See <i>State Tobacco Activities Tracking and Evaluation (STATE) System</i> .
State Tobacco Activities Tracking and Evaluation (STATE) System	An Internet-based data warehouse developed by the CDC's Office on Smoking and Health. It contains up-to-date and historical state-level data on tobacco use prevention and control. Users may access data in multiple ways, compare data across states and time periods, and download preformatted, informative reports, which can be distributed directly to stakeholders.
Task Leader	The primary point of contact for a particular task, such as the quarterly update or fact sheet tasks. They are responsible for ensure work flow, QA, and deadlines are met, as well as answering any and all questions relevant to their task.
Tobacco Control Highlights Report	A STATE report format displaying current state-based information on the prevalence of tobacco use, the health impact and costs associated with tobacco use, and tobacco excise tax drawing from multiple sources within the system. This report includes tabular and graphic output options as well as a feature to export to PDF.

Tracking sheet

A quarterly document, initiated by a Legislative Assistant, of all bills found using the quarterly search string that are checked for initial relevance and used to assign analysis and coding of bills to other staff.

Trend Report

A STATE report format displaying data for a selected topic area (e.g., economics), measure (e.g., cigarette sales) and multiple subtopics (e.g., average cost per pack), states, and years with a graphical output option and Excel export capability.

Appendix 1: Tobacco Control Resources

SCLD – The National Cancer Institute's State Cancer Legislative Database (SCLD) is a program of the National Cancer Institute (NCI) that maintains a database of state cancer-related health policy. With decades of data, the SCLD serves as an important resource for research and analysis of legislation affecting cancer prevention and control. Contains a tobacco control component.

- <http://www.sclد-nci.net/>

SLATI – State Legislated Actions on Tobacco Issues, is an extensively researched and invaluable source of information on tobacco control laws and policy. The annual SLATI hard copy report is currently in its 23rd edition. First published in 1988 it has been an exclusive publication of the American Lung Association since 1996.

- <http://www.lungusa2.org/slati/>

ANR – Americans for Nonsmokers' Rights is the leading national lobbying organization (501 (c) 4), dedicated to nonsmokers' rights, taking on the tobacco industry at all levels of government, protecting nonsmokers from exposure to secondhand smoke, and preventing tobacco addiction among youth. ANR pursues an action-oriented program of policy and legislation. Formed in 1976, ANR's activities began with efforts to enact legislation to protect nonsmokers in the workplace and enclosed public places. ANR has promoted clean indoor air ordinances in thousands of communities and states, and assists countries and communities around the globe to enact smokefree regulations.

- <http://www.no-smoke.org/>

NCSL - The National Conference of State Legislatures is a bipartisan organization that serves the legislators and staffs of the nation's 50 states, its commonwealths and territories. NCSL provides research, technical assistance and opportunities for policymakers to exchange ideas on the most pressing state issues. NCSL is an effective and respected advocate for the interests of state governments before Congress and federal agencies. NCSL is your organization. The leadership of NCSL is composed of legislators and staff from across the country. The NCSL Executive Committee provides overall direction on operations of the Conference.

- <http://www.ncsl.org/about-us.aspx>

Appendix 2: Healthy People 2020

Vision: A society in which all people live long, healthy lives.³

Mission: Healthy People 2020 strives to:

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, State, and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

Overarching Goals:

- Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups.
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development, and healthy behaviors across all life stages.

Healthy People 2020 provides science-based, national goals and objectives with 10-year targets designed to guide national health promotion and disease prevention efforts to improve the health of all people in the United States⁴. As a national initiative, Healthy People's success depends on a coordinated commitment to improve the health of the nation. Healthy People 2020 addresses the tobacco health concern through creating a set of health objectives for the nation to achieve over the coming decade. It provides guidance to other professional organizations, states, and communities to develop programs to improve health. Healthy People is developed through an extensive consultation process and it utilizes the best scientific knowledge available; and has 42 topic areas including Tobacco Use, whose goal is to reduce illness, disability, and death related to tobacco use and exposure to secondhand smoke. Tobacco Use has 20 primary objectives with a total of 71 targets.

³ Centers for Disease Control and Prevention. (n.d.). Healthy People. Retrieved July 30, 2012, from http://www.cdc.gov/nchs/healthy_people.htm

⁴ Centers for Disease Control and Prevention. (n.d.). Healthy People. Retrieved July 30, 2012, from http://www.cdc.gov/nchs/healthy_people.htm

STATE's Role in Healthy People 2020

The STATE System currently serves as the primary data source for a total of 25 of the 71 Healthy People 2020 Tobacco Use Chapter objectives, focusing in tobacco topics such as: smokefree indoor air, excise tax, and preemption. Three of the twenty-five objectives are considered to be developmental, meaning they have not yet been approved as measurable indicators for the decade. Seventeen of the total twenty-two measurable Healthy People objectives that report STATE System as a data source are derived from the Tobacco Use objective TU-13: "Establish laws in States, District of Columbia, Territories, and Tribes on smoke-free indoor air that prohibit smoking in public places and worksites." Additional measurable objectives that included in STATE System as a data source are TU-16: "Eliminate State laws that preempt stronger local tobacco control laws" and TU-17: "Increase the Federal and State tax on tobacco products." Each of these Healthy People 2020 objectives directly aligns to a specific indicator within the STATE System.

Resources

Healthy People 2020 Website: www.healthypeople.gov

HHS Health Indicators Warehouse: <http://www.healthindicators.gov/>

STATE System: www.cdc.gov/tobacco/statesystem

CDC Smoking & Tobacco Use Website: <http://www.cdc.gov/tobacco/>



Database Relationship Table

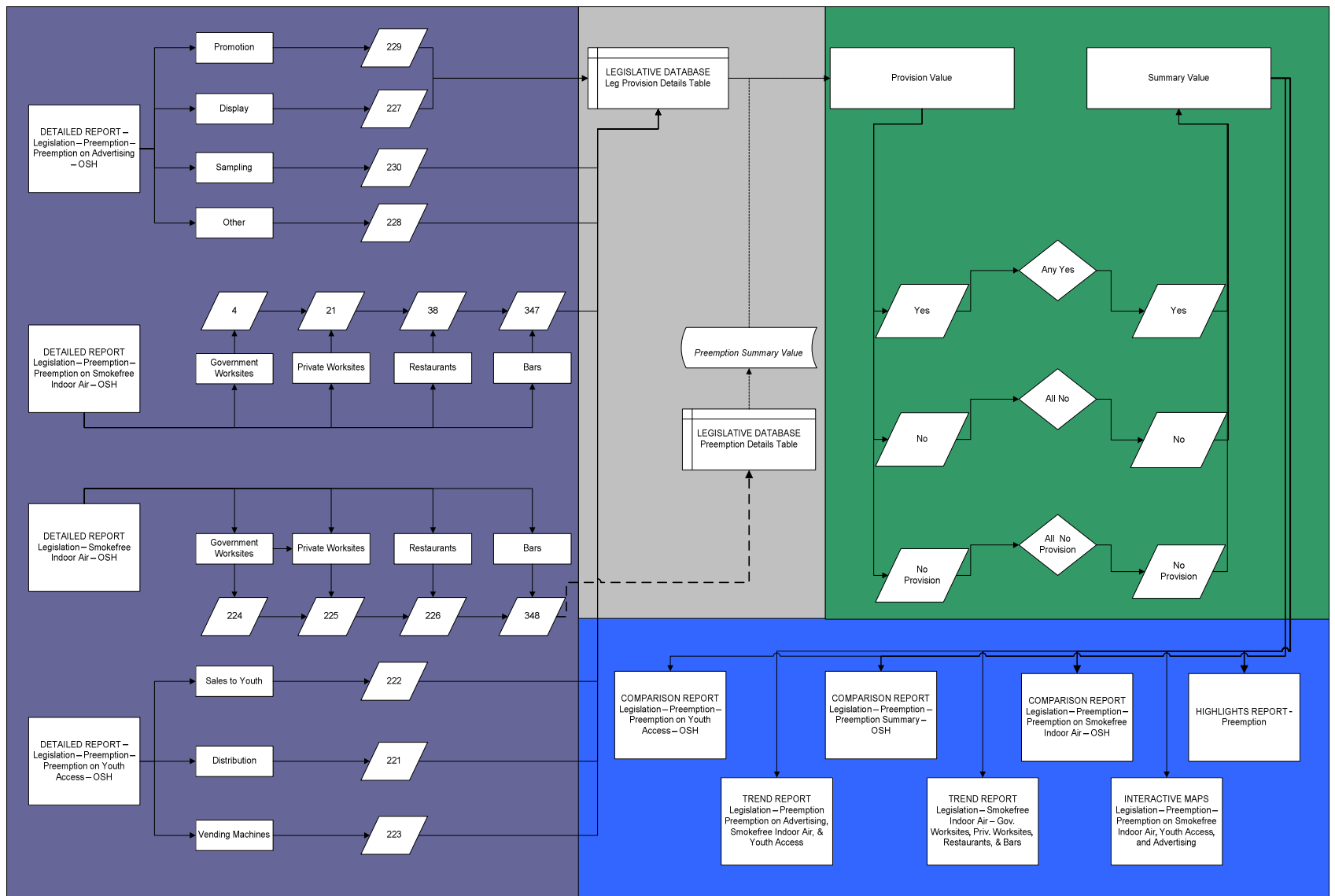
Preemption Type	Database Table
Smokefree Indoor Air – Bars – Preemption	dbo.Leg_PreemptionDetails
Smokefree Indoor Air – Restaurants – Preemption	dbo.Leg_PreemptionDetails
Smokefree Indoor Air – Gov. Worksites – Preemption	dbo.Leg_PreemptionDetails
Smokefree Indoor Air – Priv. Worksites – Preemption	dbo.Leg_PreemptionDetails
Preemption – Advertising	dbo.Leg_ProvisionDetails
Preemption – Smokefree Indoor Air	dbo.Leg_PreemptionDetails
Preemption – Youth Access	dbo.Leg_ProvisionDetails
Preemption – Preemption on Smokefree Indoor Air	dbo.Leg_PreemptionDetails
Preemption – Preemption on Youth Access	dbo.Leg_ProvisionDetails
Preemption – Preemption Summary	dbo.Leg_PreemptionDetails

Preemption Data Standards

Existing Value for Deliverable...		Enter into DM as...	
Provision Value	Citation	Provision Value	Citation
No	null	No Provision	null
None	null	No Provision	null
No	Not Applicable	No Provision	null
None	Not Applicable	No Provision	null
Null	Not Applicable	No Provision	null
No	Citation text	As is	As is
None	Citation text	As is	As is

* Citation text is concatenated for the Detail report for both Statutory and Case Law citations. Format should display as: [Statutory Citation]; [Case Law Citation]

* New Trend export behaves the same way as Citation text for Detail Report



OSH STATE System/Dream Machine

Home Page Fact Sheets Requirements

APPENDIX B

Overview

- Currently, the OSH STATE System contains functionality that displays fact sheets within a rotating carousel on the home page as well as on the Publications page. The home page's carousel is not driven by the Dream Machine. This document provides a summary of the modifications required link the home page's rotating carousel to the functionality of the existing Dream Machine.

OSH Fact Sheet Guidance

Drafting the Fact Sheet

An OSH fact sheet consists of text, a chart, and a map graphic.

Fact Sheet Component	Composition Tool	Description
Text	MS Word	<p>The text is organized in three parts: a description of the tobacco control problem, a summary of what state laws are doing to attempt to ameliorate the problem, and a summary of future directions for tobacco control.</p> <p>The description of the tobacco control problem should be based on scientific literature research and statements cited appropriately.</p>
Chart	MS Excel	<p>The chart demonstrates a summary of the major state provisions related to the topic. It should include all 50 states and the District of Columbia. If necessary, a key should be included at the bottom of the chart to explain any chart symbols.</p> <p>The chart is typically more detailed than the map because it can include more nuances in the different provisions.</p>
Map graphic	MS PowerPoint	<p>The map provides a visual overview of the "state of the states" in terms of their laws related to the tobacco control topic.</p>

Recommended Fact Sheet Process

A Legislative Associate or Legislative Analyst conducts a data search in the STATE System, summarizes the data through the most recent quarter, and compiles the chart.

This can also be accomplished by calling the OSH Project Officer and obtaining the most recent data dump from OSH.

Important note: It is important to ensure future provisions from previous years that may be effective or bills that have passed and are effective, but are not reflected in the data dump are collected.

- Though it may seem counterintuitive, the easiest way to start a fact sheet is to create the chart first.
- Use the chart data to create the map and summarize the current state approaches to the problem in the text.
- A review of the scientific literature should be conducted to inform the description of the tobacco control issue. Potential sources include peer-reviewed research published in scientific journals, CDC MMWR, and reports of the Surgeon General. For some topics, it may also be useful to examine less formal policy approaches to the topic, such as landlord-generated smoke-free policies and opinions about smoking in apartment buildings.
- Secondary sources should be cited according to CDC guidelines, and the text generally should use CDC conventions.
- CDC style conventions and citation styles are different than styles for other projects or writing styles. Examples where CDC is unique include numbering conventions, the use of the % symbol, rounding, lists, and citations for CDC-publications versus other publications. The CDC Style Guide, saved on the LAN, provides detailed guidance. Since the endnote citations can be especially tedious, it is important to ensure they match CDC conventions during the text development to avoid a time-consuming editing process. Furthermore, it may be beneficial to have multiple team members confirm the citation style for accuracy.

Delivering the Fact Sheet

Fact sheet components should be delivered to the project officer in a single email containing all three (+) attachments.

The OSH Clearance Process

Fact sheets go through the OSH clearance process.

- At least five people in OSH examine the fact sheet components individually and return them to Legislative Contractor for edits after each stage before the finalized components are sent to the OSH graphics department for layout.

- This means that there are at least five editing stages in finalizing the fact sheet.

Publishing the Fact Sheet

Once the fact sheet components have gone through editing and the OSH clearance process, they go to the OSH graphics department for layout.

- Legislative Contractor is asked to confirm the laid-out version of the fact sheet before it is published.
- Review is conducted by multiple staff (Task Leader, Senior Legislative Analyst, or Legislative Analyst) once more to ensure the sheet is legible, the chart includes the key, the colors used on the map have enough contrast when printed, and all data is correct and matches what has been delivered.

Notes for Publishing:

- Address all edits compiled by the OSH representative, including clarifications requested in the document comments and in-text edits.
- If the reviewer asks for additional scientific research or for Legislative Contractor to confirm secondary data, build in adequate time to complete this research before scheduling to return the fact sheet components.
- Task Leader: Conduct another QA of the layout version after *every* return edit provided by the Project Officer, before finalizing the layout for publication. Confirm the data with the STATE System.
- To communicate edits to the publications staff, use the comment feature in Adobe Reader and annotate changes.
- Communicate changes electronically instead of printing out, making changes and then scanning in again. Also, explain all changes in the text of an email to OSH.

Fact Sheets in STATE

The Fact Sheets are located on the STATE System home page and within the Publications section of the STATE System:

<http://apps.nccd.cdc.gov/statesystem/Default/Publications.aspx>

Figure 1: Example of STATE System Fact Sheet

STATE

State Tobacco Activities
Tracking & Evaluation System

State Excise Tax Fact Sheet

Taxes on Tobacco Help Reduce the Number of Tobacco Users

In the United States, tobacco use is the single leading preventable cause of disease, disability, and death.¹ An estimated 443,000 people die prematurely in the United States each year and another 8.6 million have a serious illness caused by smoking or exposure to secondhand smoke.¹ Smoking also costs the U.S. \$96 billion in medical costs for those suffering from the health effects and \$97 billion in lost productivity annually.¹ The Centers for Disease Control and Prevention (CDC)'s Best Practices for Comprehensive Tobacco Control Programs provides that the more that states spend on comprehensive tobacco control, the greater the reduction in smoking rates, which reduces death and disease related to tobacco use.² Therefore, if states were to meet their recommended level of investment in tobacco control, smoking rates would be reduced by 5 million.²

According to the U.S. Surgeon General, "evidence-based reviews have concluded that increases in the price of cigarettes through excise taxes or other strategies are an effective policy intervention to prevent smoking initiation among adolescents and young adults, reduce cigarette consumption, and increase the number of smokers who quit."³ The CDC found that an increase in excise taxes in Massachusetts, for example, when combined with an anti-smoking campaign, produced a 19.7% decline in cigarette consumption per capita four years after the tax increase was initiated.⁴ Adolescents are particularly sensitive to tobacco product price increases and a study by the independent CDC Task Force on Community Prevention Services concluded that increasing the unit price for tobacco products is an effective method for reducing tobacco use among young adults and adolescents.⁵ The largest impact on cigarette demand for teens is the perceived price of cigarettes.^{6,7} Increasing excise

taxes on tobacco products is especially effective in discouraging initiation among youth who have not developed an addiction to tobacco from becoming users, thus protecting their health and increasing their likelihood of remaining tobacco-free.⁸

Evidence from the United States indicates that a 10% increase in the price reduces the average cigarette consumption by about 4% in smokers.⁹ The potential savings, plus investment from tax revenues, from increased tobacco prices could be used to stimulate other sectors of the economy with \$45 billion in investments through 2025.¹⁰

States' Activity to Reduce Tobacco Use Through Excise Taxes

Through September 30, 2012, the state excise tax on cigarettes ranges from \$0.17 per pack in Missouri to \$4.35 per pack in New York. The federal tax remains at \$1.01 per pack. Only seven states (Alabama, Georgia, Louisiana, Missouri, North Carolina, North Dakota, and Virginia) have an excise tax on cigarettes that is under \$0.500 per pack. Thirteen states have an excise tax on cigarettes from \$0.500 to \$0.999 per pack. Sixteen states have cigarette excise taxes from \$1.000 to \$1.999 per pack and fourteen states and the District of Columbia have a cigarette excise tax of at least \$2.000 per pack. This is an increase since 2006 when only six states had an excise tax rate of at least \$2.000.

Unlike the tax on cigarettes (calculated per pack), the tax on smokeless tobacco is usually measured in either a dollar amount per ounce or as a percentage of a price (such as the wholesale or manufacturer's price) and the calculations vary by state. For example, Vermont's tax on smokeless tobacco is set at 92% of the wholesale price, whereas Maine's smokeless tax is \$2.020 per ounce on chewing tobacco and snuff. Thirteen states have specific defined excise taxes on certain types of smokeless tobacco, such as chewing tobacco and snuff. Pennsylvania is the only state that does not tax smokeless tobacco.

Excise Tax Rates on Packs of Cigarettes by State

(n=51; as of September 30, 2012)

- Less than \$0.500 (n=7)
- \$0.500 to \$0.999 (n=13)
- \$1.000 to \$1.499 (n=8)
- \$1.500 to \$1.999 (n=8)
- \$2.000 or greater (n=15)

State Tobacco Activities Tracking and Evaluation (STATE) System

<http://www.cdc.gov/tobacco/statesystem>

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion

National Center for Chronic Disease Prevention and Health Promotion

Office on Smoking and Health

Dream Machine Modifications

- Add/Edit Fact Sheets:
 - Change the “Home Page Thumbnail Display Order” field from a drop down to a free form numeric field to allow the user to specify the display order for any number of fact sheets (currently the Dream Machine limits four fact sheets on the home page).
 - Change the “Home Page Thumbnail Display Order” field to be required but allow the user to select “Not applicable” (to indicate it will not display on the Home page)

The screenshot shows the 'STATE System Dream Machine' interface. At the top, there is a navigation bar with links for Home, About CDC, Press Room, A-Z Index, and Contact Us. The CDC logo and 'Department of Health and Human Services Centers for Disease Control and Prevention' are displayed. A search bar is located in the top right corner. Below the navigation bar, the main content area is titled 'STATE System Dream Machine'. On the left, there is a sidebar with 'Options' including Legislation Updates, Epi/Policy Updates, Static Content Updates, Export, and Log Out. The main content area is titled 'Static Content - Add Fact Sheets' and contains a form with the following fields: 'Title*' (text input), 'Fact Sheet File Name and Location*' (text input with a 'Browse...' button), 'Home Page Thumbnail Display Order' (dropdown menu with 'Not Applicable' selected), 'Thumbnail File Name and Location' (text input with a 'Browse...' button), and 'Exclude Record*' (radio buttons for 'Yes' and 'No'). A '*required field' label is positioned to the right of the form. At the bottom of the form are 'Save' and 'Cancel' buttons. A footer at the very bottom contains links for Home, Policies and Regulations, Disclaimer, e-Government, FOIA, and Contact Us.

- - Require “Thumbnail File Name and Location” if “Home Page Thumbnail Display Order” ≠ null

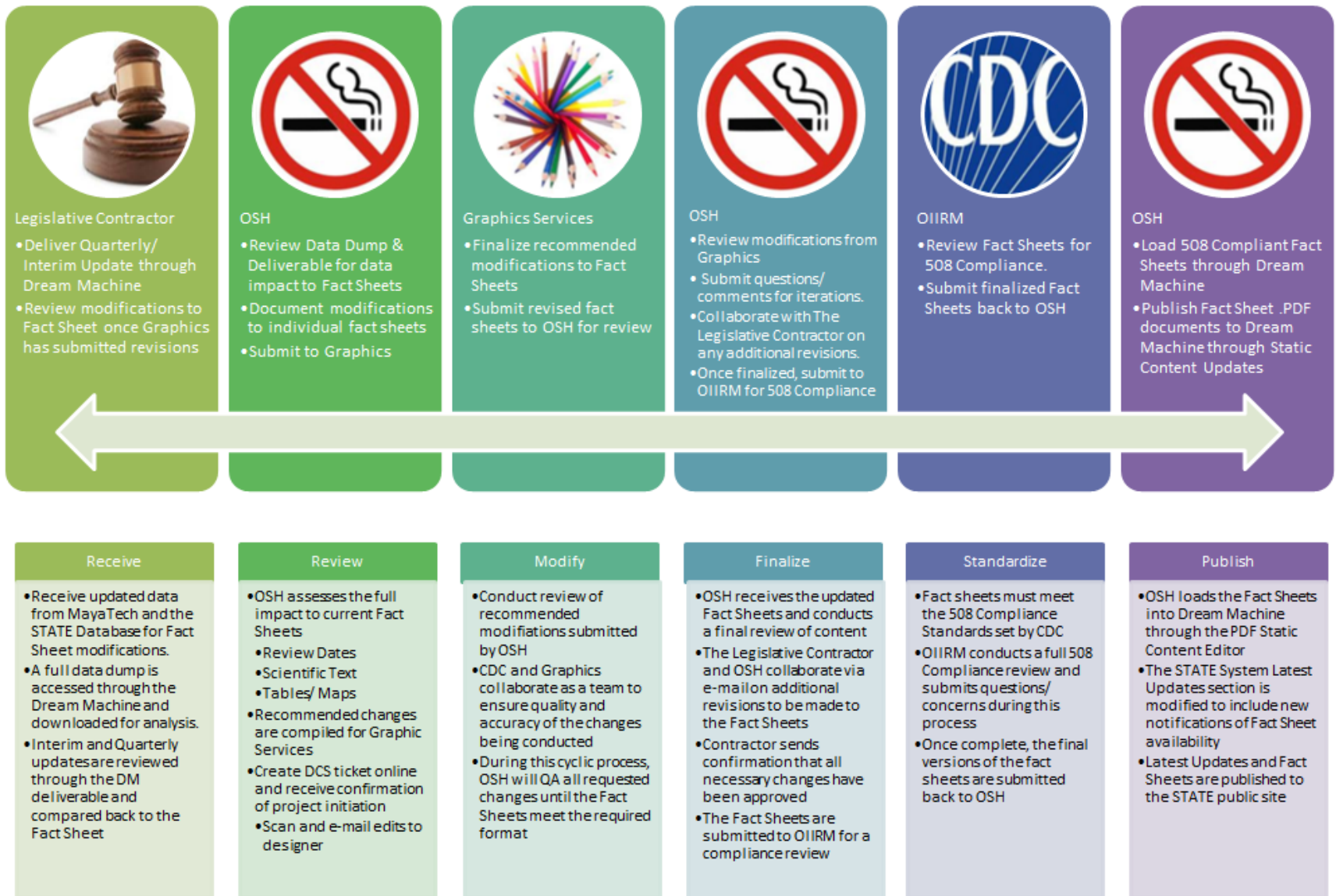
STATE System Modifications

- Home Page:
 - Change the Fact Sheet carousel to display only the fact sheets whose “Home Page Thumbnail Display Order” > 0 in the specified display order.
- Publications Page:
 - No change

Omniture

- No impact

OSH Fact Sheet Guidance Diagram v1.0



APPENDIX C

Centers for Disease Control and Prevention

State Tobacco Activities Tracking & Evaluation (STATE) System

Healthy People 2020 Cross-Evaluation

Brandon Kenemer
8/28/2012

About Healthy People 2020

Vision: A society in which all people live long, healthy lives.⁵

Mission: Healthy People 2020 strives to:

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, State, and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

Overarching Goals:

- Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups.
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development, and healthy behaviors across all life stages.

Healthy People 2020 provides science-based, national goals and objectives with 10-year targets designed to guide national health promotion and disease prevention efforts to improve the health of all people in the United States⁶. As a national initiative, Healthy People's success depends on a coordinated commitment to improve the health of the nation. Healthy People 2020 addresses the tobacco health concern through creating a set of health objectives for the nation to achieve over the coming decade. It provides guidance to other professional organizations, states, and communities to develop programs to improve health. Healthy People is developed through an extensive consultation process and it utilizes the best scientific knowledge available; and has 42 topic areas

⁵ Centers for Disease Control and Prevention. (n.d.). Healthy People. Retrieved July 30, 2012, from http://www.cdc.gov/nchs/healthy_people.htm

⁶ Centers for Disease Control and Prevention. (n.d.). Healthy People. Retrieved July 30, 2012, from http://www.cdc.gov/nchs/healthy_people.htm

including Tobacco Use, whose goal is to reduce illness, disability, and death related to tobacco use and exposure to secondhand smoke. Tobacco Use has 20 primary objectives with a total of 71 targets.

STATE's Role in Healthy People 2020

The STATE System currently serves as the primary data source for a total of 25 of the 71 Healthy People 2020 Tobacco Use Chapter objectives, focusing in tobacco topics such as: smokefree indoor air, excise tax, and preemption. Three of the twenty-five objectives are considered to be developmental, meaning they have not yet been approved as measurable indicators for the decade. Seventeen of the total twenty-two measurable Healthy People objectives that report STATE System as a data source are derived from the Tobacco Use objective TU-13: "Establish laws in States, District of Columbia, Territories, and Tribes on smoke-free indoor air that prohibit smoking in public places and worksites." Additional measurable objectives that included in STATE System as a data source are TU-16: "Eliminate State laws that preempt stronger local tobacco control laws" and TU-17: "Increase the Federal and State tax on tobacco products." Each of these Healthy People 2020 objectives directly aligns to a specific indicator within the STATE System.

Smoke-free Indoor Air

HP2020: TU-13 – Establish laws in States, District of Columbia, Territories, and Tribes on smoke-free indoor air that prohibit smoking in public places and worksites

According to the U.S. Surgeon General, only 100% smoke-free indoor air effectively protects the public's health.⁷ States have enacted policies to eliminate smoking in a number of locations, including bars, restaurants, and worksites. As of June 30, 2012, twenty-six states prohibit smoking in bars and thirty-two states prohibit smoking in restaurants. Thirty-three states have 100% smoke-free indoor air laws for worksites. Idaho, Mississippi, and North Carolina prohibit smoking in government worksites but not in private worksites.

The Healthy People 2020 target for smoke-free indoor air objectives (TU-13) is reported as "Total Coverage," restricting smoking in public places within all 51 states including the District of Columbia. Twenty-six states report comprehensive smoke-free policies that ban smoking in private worksites (TU-13.1), restaurants (TU-13.3), and bars (TU-13.4), which has increased from 22 since the 2009 baseline year. Eleven of the seventeen measurable smoke-free indoor air objectives tracked in the STATE System made progress toward their targets between December 31, 2009 and 2011.

⁷ U.S. Department of Health and Human Services. How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2010.

Excise Tax

HP2020: TU-17 – Increase the Federal and State tax on tobacco products

The price of tobacco products continues to play an important role in determining rates of tobacco use. On April 1, 2009, the largest Federal excise tax increase in history went into effect, increasing the excise tax on cigarettes from 39 cents to \$1.01 per pack. This increase brought the combined Federal and average state excise tax for cigarettes above \$2.00 per pack, achieving Healthy People 2010 Objective 27-21a. For HP2020, the Tobacco Use Workgroup modified objective 27-21a, now named TU-17.1, to reflect the substantial increases that have occurred in state excise smokeless tobacco tax rates in recent years, as well as the continuing variation that exists in these rates among states. Objective 17.1 now counts the number of states that have increased tax on cigarettes by \$1.50 over the decade (measured as the 10 year tracking period for HP2020: 2009-2019) and has a target of 52 (50 states, the District of Columbia, and the Federal Government). The Surgeon General has concluded that one of the greatest influences on the demand for tobacco products is its price⁸. This is true particularly for young people and those with a low socio-economic status. Increases in cigarette taxes have a considerable impact on the prevalence of smoking and reduce the adverse health effects caused by tobacco in the long-run. For Smokeless tobacco products the target is for the 50 states, the District of Columbia, and the Federal Government to increase their taxes by \$1.50, as well. From 1998, 3 states, to 2008, 37 states increased taxes, not meeting the Healthy People 2010 target, but certainly moving towards our target.

Note: Smokeless tobacco includes all loose leaf and non-combustible tobacco, generally sold in packages weighing 1.2 oz. For those products that do not meet these criteria, including those sold in discrete single-use pouches, capsules, units or in packages of single dose units, the tax per each single dose unit will also be equal to the total tax placed on cigarettes.

Preemption

HP2020: TU-16 – Eliminate State laws that preempt stronger local tobacco control laws

States are using various legislative tools to reduce smoking rates and to protect the public from the adverse health effects of smoking. To limit exposure to smoke, states are enacting laws prohibiting or restricting smoking in enclosed places, such as government worksites, private worksites, and restaurants (Healthy People 2020 Objectives TU-13.1, 13.3, & 13.4). To reduce tobacco use, states are raising excise taxes on tobacco products and enacting statutes that limit advertising (by restricting the display of tobacco products, tobacco

⁸ U.S. Department of Health and Human Services. (2010). How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.

product promotion, or tobacco product samples) and youth access to tobacco (by prohibiting the sale or distribution of tobacco to youth and restricting access to tobacco product vending machines). At the local level, cities and counties have also responded to public health concerns related to smoking and tobacco use by enacting ordinances limiting the access to or use of tobacco. Local ordinances can be more stringent or more comprehensive than state statutes, and the debate over local laws can help educate communities about the health effects of tobacco use and contribute to changes in social norms about tobacco use.^{9,10} Some states, however, preempt, or prevent local communities from enacting local ordinances that are more stringent than or differ from a state's tobacco control policies related to advertising, smoke-free indoor air, and youth access. Healthy People 2020 recommends to eliminate state laws that preempt stronger local tobacco control with a target of zero for objective TU-16.1, 16.2, & 16.3, representing preemption on smoke-free indoor air, advertising, and youth access.

⁹ Nixon M, Mahmoud L, Glantz S. Tobacco industry litigation to deter local public health ordinances: the industry usually loses in court. *Tob Control* 2004;13:65-73.

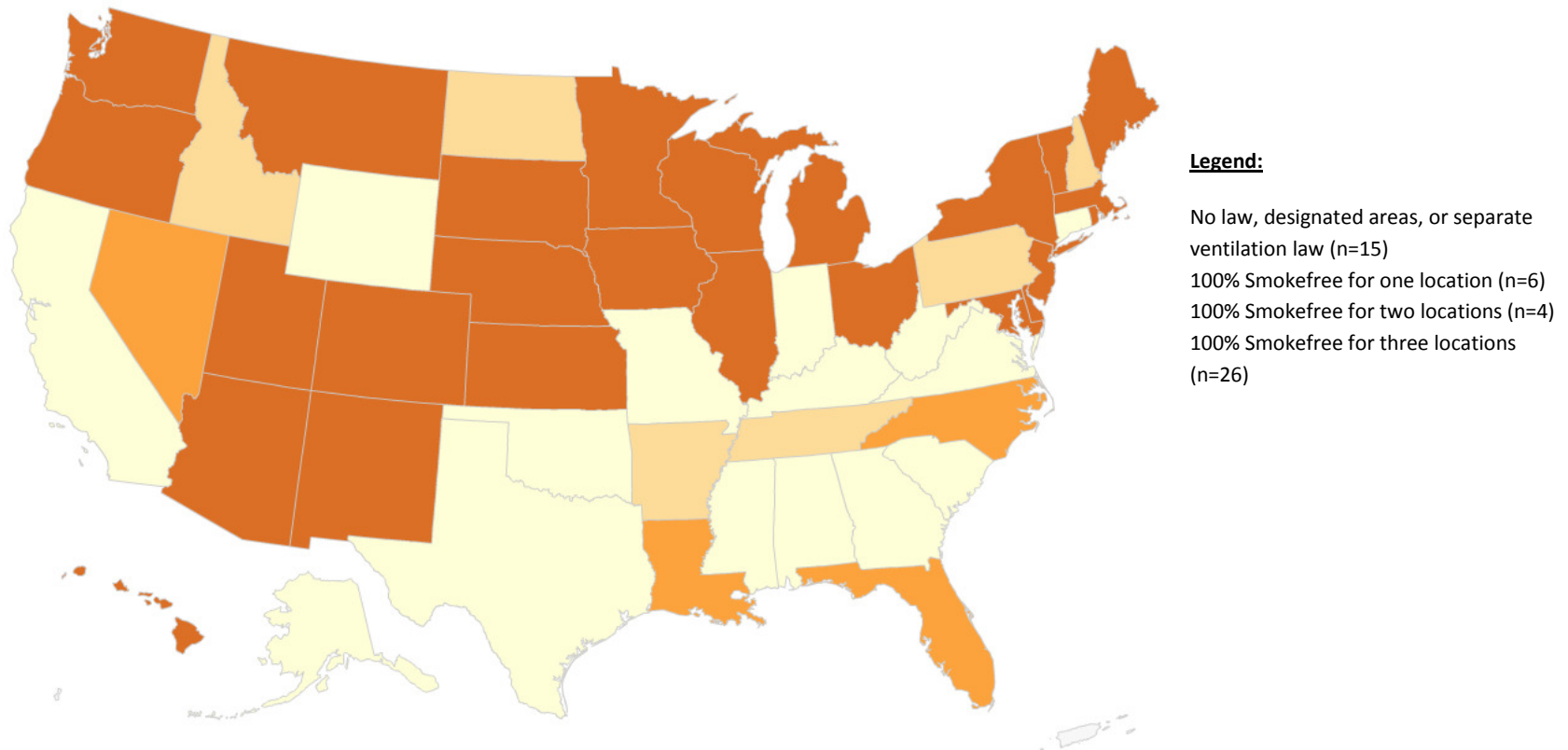
⁵ Bayer R. Science, politics, and ideology in the campaign against environmental tobacco smoke. *Am J Public Health* 2002;92(6):949-54.

Healthy People 2020 Objectives Table

Objective	Objective Description	Baseline Year	2009	2010	2011	2020 Target
TU-13: Establish laws in States, District of Columbia, Territories, and Tribes on smoke-free indoor air that prohibit smoking in public places and worksites						
TU-13.1	Private Workplaces	2009	30	33	33	51
TU-13.2	Public Workplaces	2009	34	36	36	51
TU-13.3	Restaurants	2009	28	32	32	51
TU-13.4	Bars	2009	22	27	27	51
TU-13.5	Gaming Halls	2009	0	0	0	51
TU-13.6	Commercial daycare centers	2009	39	40	40	51
TU-13.7	Home-based daycare centers	2009	38	38	38	51
TU-13.8	Public transportation	2009	38	40	40	51
TU-13.9	Hotels and motels	2009	31	32	32	51
TU-13.10	Multiunit housing	2009	0	0	0	51
TU-13.11	Vehicles with children	2009	4	4	4	51
TU-13.12	Prisons/ correctional facilities	2009	8	9	9	51
TU-13.13	Substance abuse treatment facilities	2009	9	10	10	51
TU-13.14	Mental health treatment facilities	2009	9	10	10	51
TU-13.15	Entrances/exits of all public places	2009	1	1	1	51
TU-13.16	Hospital campuses	2009	0	0	1	51
TU-13.17	College/university campuses	2009	1	1	1	51
TU-16: Eliminate State laws that preempt stronger local tobacco control laws						
TU-16.1	Preemption on smoke-free indoor air	2009	12	12	12	0
TU-16.2	Preemption in advertising	2009	18	18	18	0
TU-16.3	Preemption on youth access	2009	22	22	22	0
TU-17: Increase the Federal and State tax on tobacco products						
TU-17.1	Cigarettes	2010	NA	1	1	52
TU-17.2	Smokeless tobacco products	2010	NA	0		52
TU-17.3	Other smoked tobacco products (Developmental)		*	*	*	*
TU-20: Increase the number of States and the District of Columbia, Territories, and Tribes with sustainable and comprehensive evidence-based tobacco control programs						
TU-20.1	States and the District of Columbia (Developmental)		*	*	*	*
TU-20.2	Territories (Developmental)		*	*	*	*
TU-20.3	Tribes (Developmental)		*	*	*	*

Smoke-free Indoor Air Restrictions in Private Worksites, Restaurants, and Bars Map

n=51; as of June 30, 2012

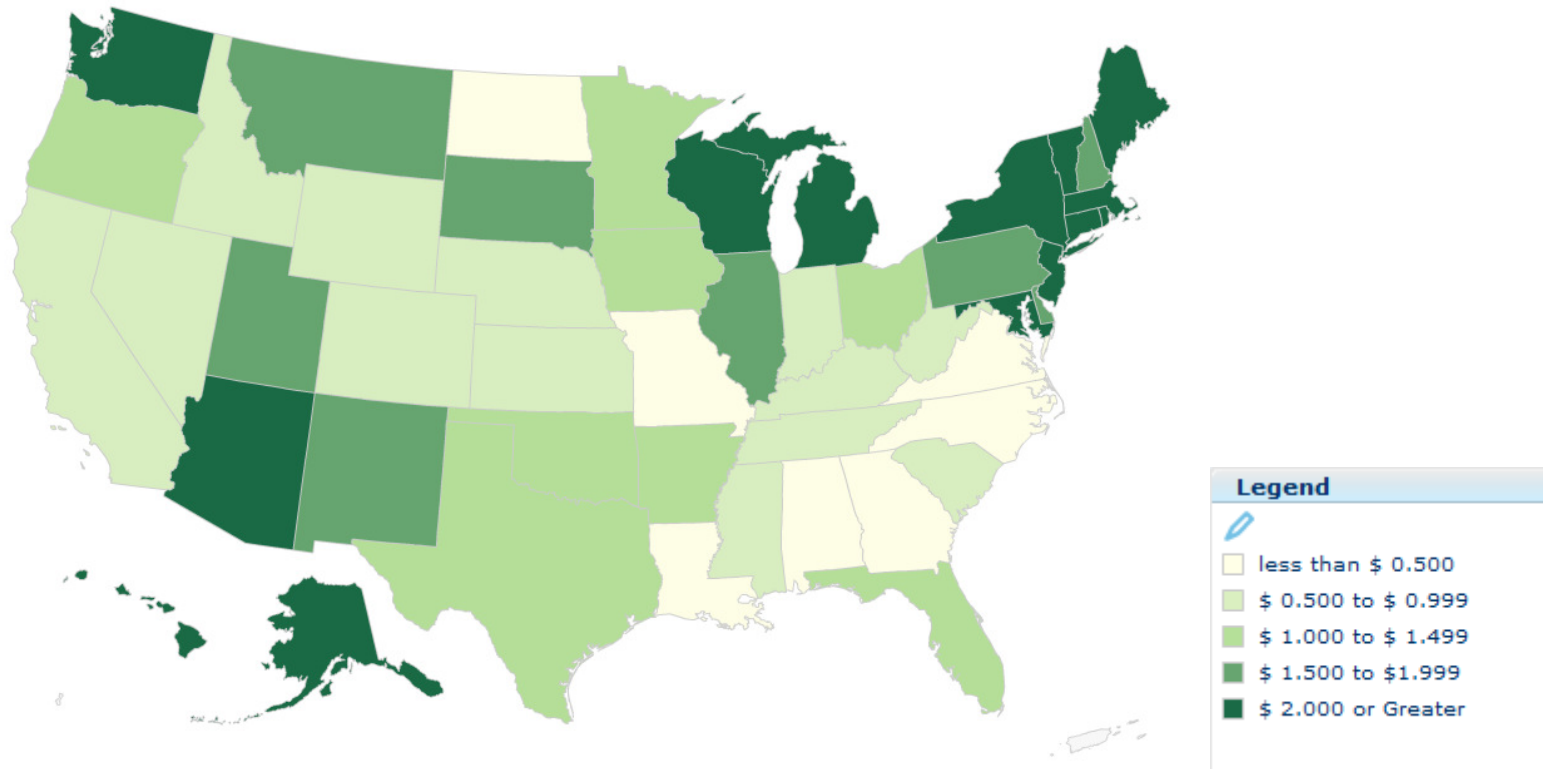


Legend

- No law, designated areas, or separate ventilation law
- 100% Smokefree for one location
- 100% Smokefree for two locations
- 100% Smokefree for three locations

Cigarette Excise Tax Map

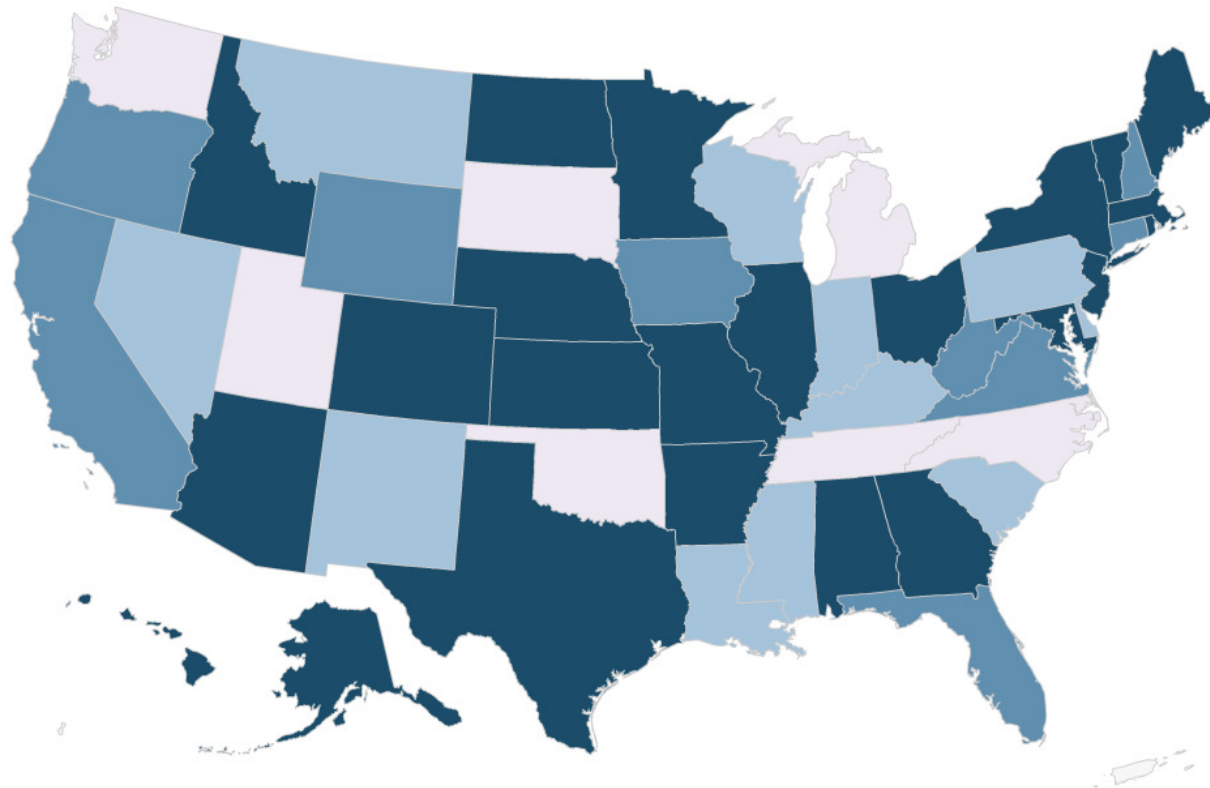
n=51; as of June 30, 2012



Legend:

- Less than \$0.500 (n=7)
- \$0.500 to \$0.999 (n=13)
- \$1.000 to \$1.499 (n=8)
- \$1.500 to \$1.999 (n=8)
- \$2.000 or Greater (n=15)

Preemption on Advertising, Youth Access, and Smoke-free Indoor Air Map



n=51; as of June 30, 2012

Legend:

- No Preemption (n=24)
- Preemption for one policy (n=9)
- Preemption for two policies (n=11)
- Preemption for three policies (n=7)



Resources

Healthy People 2020 Website: www.healthypeople.gov

HHS Health Indicators Warehouse: <http://www.healthindicators.gov/>

STATE System: www.cdc.gov/tobacco/statesystem

CDC Smoking & Tobacco Use Website: <http://www.cdc.gov/tobacco/>

*Include QR code using the characters in “HP2020”



STATE System Fact Sheet

Healthy People 2020 Indicators

About Healthy People 2020

Vision: A society in which all people live long, healthy lives.¹

Mission: Healthy People 2020 strives to:

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, State, and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

Overarching Goals:

- Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups.
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development, and healthy behaviors across all life stages.

Healthy People 2020 provides science-based, national goals and objectives with 10-year targets designed to guide national health promotion and disease prevention efforts to improve the health of all people in the United States.² As a national initiative, Healthy People's success depends on a coordinated commitment to improve the health of the nation. Healthy People 2020 addresses the tobacco health concern through creating a set of health objectives for the nation to achieve over the coming decade. It provides guidance to other professional organizations, states, and communities to develop programs to improve health. Healthy People is developed through an extensive consultation process and it utilizes the best scientific knowledge available; and has 42 topic areas including Tobacco Use, whose goal is to reduce illness, disability, and death related to tobacco use and exposure to secondhand smoke. Tobacco Use has 20 primary objectives with a total of 71 targets.

STATE's Role in Healthy People 2020

The STATE System currently serves as the primary data source for a total of 25 of the 71 Healthy People 2020 Tobacco Use Chapter objectives, focusing in tobacco topics such as: smoke-free indoor air, excise tax, and preemption. Three of the twenty-five objectives are considered to be developmental, meaning they have not yet been approved as measurable indicators for the decade. Seventeen of the total twenty-two measurable Healthy People objectives that report STATE System as a data source are derived from the Tobacco Use objective TU-13: "Establish laws in States, District of Columbia, Territories, and Tribes on smoke-free indoor air that prohibit smoking in public places and worksites." Additional measurable objectives that included in STATE System as a data source are TU-16: "Eliminate State laws that preempt stronger local tobacco control laws" and TU-17: "Increase the Federal and State tax on tobacco products." Each of these Healthy People 2020 objectives directly aligns to a specific indicator within the STATE System.

Smoke-free Indoor Air

HP2020: TU-13 – Establish laws in States, District of Columbia, Territories, and Tribes on smoke-free indoor air that prohibit smoking in public places and worksites

According to the U.S. Surgeon General, only 100% smoke-free indoor air effectively protects the public's health.³ States have enacted policies to eliminate smoking in a number of locations, including bars, restaurants, and worksites. As of June 30, 2012, twenty-six states prohibit smoking in bars and thirty-two states prohibit smoking in restaurants. Thirty-three states have 100% smoke-free indoor air laws for worksites. Idaho, Mississippi, and North Carolina prohibit smoking in government worksites but not in private worksites.

The Healthy People 2020 target for smoke-free indoor air objectives (TU-13) is reported as "Total Coverage," restricting smoking in public places within all 51 states including the District of Columbia. Twenty-six states report comprehensive smoke-free policies that ban smoking in private worksites (TU-13.1), restaurants (TU-13.3), and bars (TU-13.4), which has increased from 22 since the 2009 baseline year. Eleven of the seventeen measurable smoke-free indoor air objectives tracked in the STATE System made progress toward their targets between December 31, 2009 and 2011.

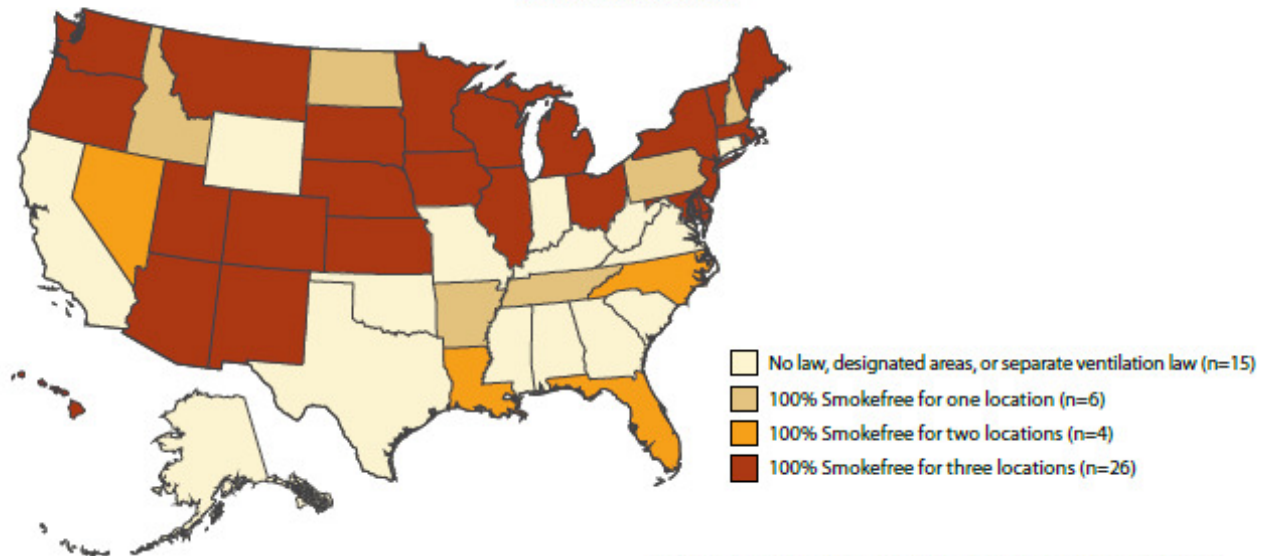
1. Centers for Disease Control and Prevention. (n.d.). Healthy People. Retrieved July 30, 2012, from http://www.cdc.gov/nchs/healthy_people.htm

2. Centers for Disease Control and Prevention. (n.d.). Healthy People. Retrieved July 30, 2012, from http://www.cdc.gov/nchs/healthy_people.htm

3. U.S. Department of Health and Human Services. How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health

Smoke-free Indoor Air Restrictions in Private Worksites, Restaurants, and Bars Map

(n=51; as of June 30, 2012)



Excise Tax

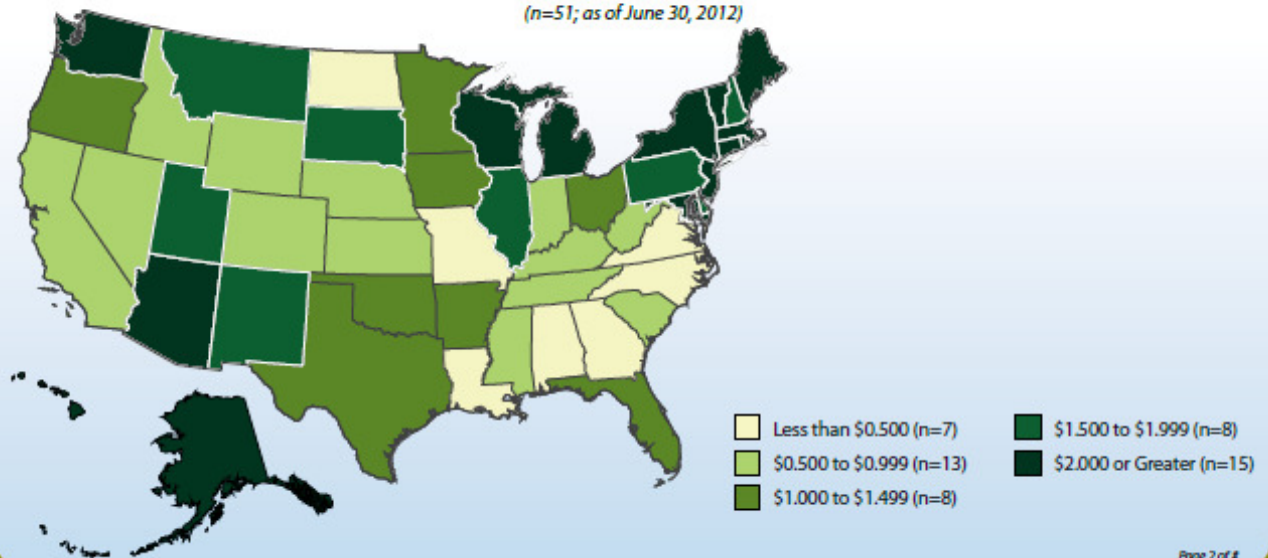
HP2020: TU-17 – Increase the Federal and State tax on tobacco products

The price of tobacco products continues to play an important role in determining rates of tobacco use. On April 1, 2009, the largest Federal excise tax increase in history went into effect, increasing the excise tax on cigarettes from 39 cents to \$1.01 per pack. This increase brought the combined Federal and

average state excise tax for cigarettes above \$2.00 per pack, achieving Healthy People 2010 Objective 27-21a. For HP2020, the Tobacco Use Workgroup modified objective 27-21a, now named TU-17.1, to reflect the substantial increases that have occurred in state excise smokeless tobacco tax rates in recent years, as well as the continuing variation that exists in these rates among states. Objective 17.1 now counts the number of states that have increased tax on cigarettes by \$1.50 over the decade (measured as the 10 year tracking period for HP2020: 2009-2019) and has a target of 52 (50 states, the District of Columbia, and the Federal Government). The Surgeon General

Cigarette Excise Tax Map

(n=51; as of June 30, 2012)



Page 2 of 8

has concluded that one of the greatest influences on the demand for tobacco products is its price.⁴ This is true particularly for young people and those with a low socio-economic status. Increases in cigarette taxes have a considerable impact on the prevalence of smoking and reduce the adverse health effects caused by tobacco in the long-run. For Smokeless tobacco products the target is for the 50 states, the District of Columbia, and the Federal Government to increase their taxes by \$1.50, as well. From 1998, 3 states, to 2008, 37 states increased taxes, not meeting the Healthy People 2010 target, but certainly moving towards our target.

Note: Smokeless tobacco includes all loose leaf and non-combustible tobacco, generally sold in packages weighing 1.2 oz. For those products that do not meet these criteria, including those sold in discrete single-use pouches, capsules, units or in packages of single dose units, the tax per each single dose unit will also be equal to the total tax placed on cigarettes.

Preemption

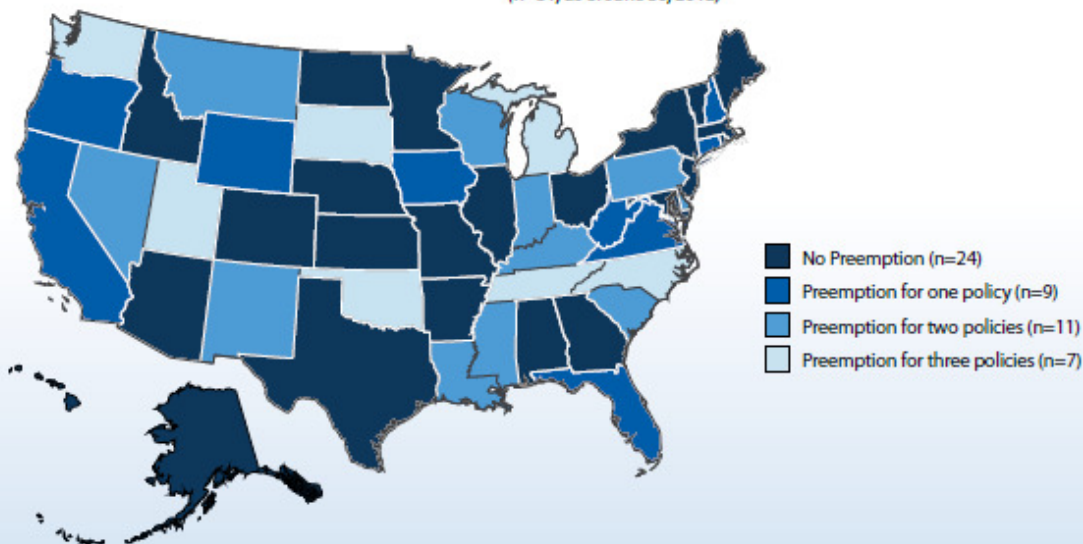
HP2020: TU-16 – Eliminate State laws that preempt stronger local tobacco control laws

States are using various legislative tools to reduce smoking

rates and to protect the public from the adverse health effects of smoking. To limit exposure to smoke, states are enacting laws prohibiting or restricting smoking in enclosed places, such as government worksites, private worksites, and restaurants (Healthy People 2020 Objectives TU-13.1, 13.3, & 13.4). To reduce tobacco use, states are raising excise taxes on tobacco products and enacting statutes that limit advertising (by restricting the display of tobacco products, tobacco product promotion, or tobacco product samples) and youth access to tobacco (by prohibiting the sale or distribution of tobacco to youth and restricting access to tobacco product vending machines). At the local level, cities and counties have also responded to public health concerns related to smoking and tobacco use by enacting ordinances limiting the access to or use of tobacco. Local ordinances can be more stringent or more comprehensive than state statutes, and the debate over local laws can help educate communities about the health effects of tobacco use and contribute to changes in social norms about tobacco use.^{5,6} Some states, however, preempt, or prevent local communities from enacting local ordinances that are more stringent than or differ from a state's tobacco control policies related to advertising, smoke-free indoor air, and youth access. Healthy People 2020 recommends to eliminate state laws that preempt stronger local tobacco control with a target of zero for objective TU-16.1, 16.2, & 16.3, representing preemption on smoke-free indoor air, advertising, and youth access.

Preemption on Advertising, Youth Access, and Smoke-free Indoor Air Map

(n=51; as of June 30, 2012)



4. U.S. Department of Health and Human Services. (2010). How Tobacco Smoke Causes Disease: The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.

5. Nixon M, Mahmoud L, Glantz S. Tobacco Industry Litigation to deter local public health ordinances: the industry usually loses in court. *Tob Control* 2004;13:65-73.

6. Bayer R. Science, politics, and Ideology in the campaign against environmental tobacco smoke. *Am J Public Health* 2002;92(6):949-54.

Healthy People 2020 Objectives Table

Objective	Objective Description	Baseline Year	2009	2010	2011	2020
TU-13:	Establish laws in States, District of Columbia, Territories, and Tribes on smoke-free indoor air that prohibit smoking in public places and worksites					
TU-13.1	Private Workplaces	2009	30	33	33	51
TU-13.2	Public Workplaces	2009	34	36	36	51
TU-13.3	Restaurants	2009	28	32	32	51
TU-13.4	Bars	2009	22	27	27	51
TU-13.5	Gaming Halls	2009	0	0	0	51
TU-13.6	Commercial daycafe centers	2009	39	40	40	51
TU-13.7	Home-based daycafe centers	2009	38	38	38	51
TU-13.8	Public transportation	2009	38	40	40	51
TU-13.9	Hotels and motels	2009	31	32	32	51
TU-13.10	Multiunit housing	2009	0	0	0	51
TU-13.11	Vehicles with children	2009	4	4	4	51
TU-13.12	Prisons/ correctional facilities	2009	8	9	9	51
TU-13.13	Substance abuse treatment facilities	2009	9	10	10	
TU-13.14	Mental health treatment facilities	2009	9	10	10	51
TU-13.15	Entrances/exits of all public places	2009	1	1	1	51
TU-13.16	Hospital campuses	2009	0	0	1	51
TU-13.17	College/university campuses	2009	1	1	1	51
TU-16:	Eliminate State laws that preempt stronger local tobacco control law					
TU-16.1	Preemption on smoke-free indoor air	2009	12	12	12	0
TU-16.2	Preemption in advertising	2009	18	18	18	0
TU-16.3	Preemption on youth access	2009	22	22	22	0
TU-17:	Increase the Federal and State tax on tobacco products					
TU-17.1	Cigarettes	2010	NA	1	1	52
TU-17.2	Smokeless tobacco products	2010	NA	0		52
TU-17.3	Other smoked tobacco products (Developmental)	*	*	*	*	
TU-20:	Increase the number of States and the District of Columbia, Territories, and Tribes with sustainable and comprehensive evidence-based tobacco control programs					
TU-20.1	States and the District of Columbia (Developmental)	*	*	*	*	
TU-20.2	Territories (Developmental)	*	*	*	*	
TU-20.3	Tribes (Developmental)	*	*	*	*	

Resources

Healthy People 2020 Website: www.healthypeople.gov

HHS Health Indicators Warehouse: <http://www.healthindicators.gov/>

STATE System: www.cdc.gov/tobacco/statesystem

CDC Smoking & Tobacco Use Website: <http://www.cdc.gov/tobacco/>



APPENDIX D

State Tobacco Activities Tracking & Evaluation (STATE) System: Healthy People 2020 Cross-Promotion

Brandon Kenemer, BS; Allison MacNeil, MPH; Gabbi Promoff, MA; Sherrill Brady, BSN
Office on Smoking and Health, Centers for Disease Control & Prevention: Atlanta, GA

The Mission and Vision of Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans

- Vision—A society in which all people live long, healthy lives.
- Mission—Healthy People 2020 strives to:
 - Identify nationwide health improvement priorities
 - Increase public awareness and understanding of the determinants of health, disease, and disability, and the opportunities for progress
 - Provide measurable objectives and goals that are applicable at the national, state, and local levels
 - Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge
 - Identify critical research, evaluation, and data collection needs

Overarching Goals of Healthy People 2020

- Attain high quality, longer lives free of preventable disease, disability, injury, and premature death
- Achieve health equity, eliminate disparities, and improve the health of all groups
- Create social and physical environments that promote good health for all
- Promote quality of life, healthy development, and healthy behaviors across all life stages



Tobacco Use Chapter

Tobacco Use Chapter Goal

- Reduce illness, disability, and death related to tobacco use and secondhand smoke exposure.
- The Healthy People 2020 Tobacco Use objectives are organized into 3 key areas:
 - Tobacco Use Prevalence
 - Health System Changes
 - Social and Environmental Changes



Tobacco Use Prevalence

- TU-1: Adult tobacco use
- TU-2: Adolescent tobacco use
- TU-3: Initiation of tobacco use
- TU-4: Smoking cessation attempts by adults
- TU-5: Adult success in smoking cessation
- TU-6: Smoking cessation during pregnancy
- TU-7: Smoking cessation attempts by adolescents

Health System Changes

- TU-8: Medical coverage for smoking cessation
- TU-9: Tobacco screening in health care settings
- TU-10: Tobacco cessation counseling in health care settings

Social and Environmental Changes

- TU-11: Exposure to secondhand smoke
- TU-12: Indoor workplace smoking policies
- TU-13: Smoke-free indoor air laws
- TU-14: Smoke-free homes
- TU-15: Tobacco-free schools
- TU-16: Preemptive tobacco control laws
- TU-17: Tobacco tax
- TU-18: Exposure of adolescents and young adults to advertising and promotion
- TU-19: Enforcement of illegal sales to minors laws
- TU-20: Evidence-based tobacco control programs



Tobacco Use Objectives

The STATE System

- The State Tobacco Activities Tracking and Evaluation (STATE) System is an electronic data warehouse containing up-to-date and historical state-level data on tobacco use, prevention, and control. The STATE System is designed to integrate many data sources to provide comprehensive summary data and facilitate research and consistent data interpretation.

STATE System Users

- There are several different types of STATE System users including smoking and tobacco program coordinators and evaluators in state health departments, epidemiologists, tobacco policy analysts, students, educators, and individuals.
 - State Program Coordinators
 - Researchers
 - Policymakers & Analysts

STATE and Healthy People Integration

- The STATE System currently serves as the primary data source for a total of 25 of the 71 Healthy People 2020 Tobacco Use Chapter objectives, focusing in tobacco topics such as: smoke-free indoor air, excise tax and preemption.
- Three of the twenty-five objectives are considered to be developmental, meaning they have not yet been approved as measurable indicators for the decade.
- Healthy People Objectives tracked in STATE System:
 - TU-13: "Establish laws in States, District of Columbia, Territories, and Tribes on smoke-free indoor air that prohibit smoking in public places and workplaces."
 - TU-16: "Eliminate State laws that preempt stronger local tobacco control laws" and
 - TU-17: "Increase the Federal and State tax on tobacco products."

Healthy People 2020 Objectives Table

Objective	Objective Description	Baseline Year	2009	2010	2011	2020 Target
TU-13	Establish laws in States, District of Columbia, Territories, and Tribes on smoke-free indoor air that prohibit smoking in public places and workplaces					
TU-13.1	Private Workplaces	2009	30	33	33	51
TU-13.2	Public Workplaces	2009	34	36	36	51
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TU-13.4	Bars	2009	22	27	27	51
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TU-13.6	Commercial daycare centers	2009	39	40	40	51
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TU-13.10	Multihunit housing	2009	0	0	0	51
TU-13.11	Vehicles with children	2009	4	4	4	51
TU-13.12	Prisons/ correctional facilities	2009	8	9	9	51
TU-13.13	Substance abuse treatment facilities	2009	9	10	10	51
TU-13.14	Mental health treatment facilities	2009	9	10	10	51
TU-13.15	Entrances/ exits of all public places	2009	1	1	1	51
TU-13.16	Hospital campuses	2009	0	0	1	51
TU-13.17	College/university campuses	2009	1	1	1	51
TU-16	Eliminate State laws that preempt stronger local tobacco control laws					
TU-16.1	Preemption on smoke-free indoor air	2009	12	12	12	0
TU-16.2	Preemption in advertising	2009	18	18	18	0
TU-16.3	Preemption on youth access	2009	22	22	22	0
TU-17	Increase the Federal and State tax on tobacco products					
TU-17.1	Cigarettes	2010	NA	1	1	52
TU-17.2	Smokeless tobacco products	2010	NA	0	0	52
TU-17.3	Other smoked tobacco products (Developmental)		*	*	*	*
TU-20	Increase the number of States and the District of Columbia, Territories, and Tribes with sustainable and comprehensive evidence-based tobacco control programs					
TU-20.1	States and the District of Columbia (Developmental)		*	*	*	*
TU-20.2	Territories (Developmental)		*	*	*	*
TU-20.3	Tribes (Developmental)		*	*	*	*

Conclusions

- A total of 40 STATE System indicators align with Healthy People 2020 goals, and are used as the primary data source for these national objectives.
- These indicators are represented across 3 topics and 20 measures, including smoke-free indoor air, excise tax, and preemption.
- By highlighting common features across Healthy People 2020 and the STATE System, the Office on Smoking and Health can increase access to STATE System data for its users, extend the reach of the application, and allow the Office to learn about other key features that can be implemented to increase the usefulness of the application.

Stay Connected With Healthy People

- Subscribe to the Healthy People E-mail Updates
- Join the Healthy People Consortium
- Follow Healthy People on Twitter
- Connect With Healthy People on LinkedIn
- View the Latest Healthy People Videos on YouTube
- Find the Healthy People Coordinator in Your State



Resources

- Healthy People 2020 Website: www.healthypeople.gov
- HHS Health Indicators Warehouse: <http://www.healthindicators.gov/>
- STATE System: www.odp.gov/tobacco/state/system
- CDC Smoking & Tobacco Use Website: <http://www.odp.gov/tobacco/>

Special thanks to the Office on Smoking and Health, as well as our partners at NCHS and ODPHP for their ongoing collaboration.



APPENDIX E

Healthy People 2020 Objective Analysis for current STATE System Data

HP 2020 #	Objective	Data Source	Data source in STATE System	Measure in STATE System	State level data available
TU HP2020-1:	Reduce tobacco use by adults.	National Health Interview Survey (NHIS), CDC, NCHS.			
	1.1 Cigarette smoking		No	No	No
	1.2 Smokeless tobacco products		No	No	No
	1.3 Cigars		No	No	No
TU HP2020-2:	Reduce tobacco use by adolescents.	Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.			
	2.1 Tobacco products (past month)		Yes	No	Yes
	2.2 Cigarettes (past month)		Yes	Yes	Yes
	2.3 Smokeless tobacco products (past month)		Yes	No	Yes
	2.4 Cigars (past month)		Yes	No	No
TU HP2020-3:	Reduce the initiation of tobacco use among children, adolescents, and young adults.	National Survey on Drug Use and Health (NSDUH), SAMHSA.			
	3.1 Children and adolescents aged 12 to 17 years—Tobacco products		No	No	No
	3.2 Children and adolescents aged 12 to 17 years—Cigarettes		No	No	No
	3.3 Children and adolescents aged 12 to 17 years—Smokeless tobacco products		No	No	No
	3.4 Children and adolescents aged 12 to 17 years—Cigars		No	No	No
	3.5 Young adults aged 18 to 25 years—Tobacco products		No	No	No
	3.6 Young adults aged 18 to 25 years—Cigarettes		No	No	No
	3.7 Young adults aged 18 to 25 years—Smokeless tobacco products		No	No	No
	3.8 Young adults aged 18 to 25 years—Cigars		No	No	No

HP 2020 #	Objective	Data Source	Data source in STATE System	Measure in STATE System	State level data available
TU HP2020-4:	Increase smoking cessation attempts by adult smokers.				
	4.1 Increase smoking cessation attempts by adult smokers.	National Health Interview Survey (NHIS), CDC, NCHS	No	No	No
	4.2 Increase smoking cessation attempts using evidence-based strategies by adult smokers. <i>(Developmental)</i>	National Health Interview Survey (NHIS) Cancer Control Supplement, CDC, NCHS.	No	No	No
TU HP2020-5:	Increase recent smoking cessation success by adult smokers.				
	5.1 Increase recent smoking cessation success by adult smoker.	National Health Interview Survey (NHIS), CDC, NCHS	No	No	No
	5.2 Increase recent smoking cessation success using evidence-based strategies by adult smokers. <i>(Developmental)</i>	National Health Interview Survey (NHIS) Cancer Control Supplement, CDC, NCHS.	No	No	No
TU HP2020-6:	Increase smoking cessation during pregnancy.	National Health Interview Survey (NHIS), CDC, NCHS.	No	No	No
TU HP2020-7:	Increase smoking cessation attempts by adolescent smokers.	Youth Risk Behavior Surveillance System (YRBSS), CDC, NCCDPHP.	Yes	No	No YRBSS offers percentage of high school students that did not try to quit smoking cigarettes by state
TU HP2020-8:	Increase comprehensive Medicaid insurance coverage of evidence-based treatment for nicotine dependency	State Medicaid Coverage Survey for Tobacco-Dependence Treatments, CDC.	No	No	Yes

HP 2020 #	Objective	Data Source	Data source in STATE System	Measure in STATE System	State level data available
	in States and the District of Columbia.				
TU HP2020–9:	Increase tobacco screening in health care settings.				
	9.1 Increase tobacco screening in office-based ambulatory care settings.	National Center for Health Statistics—National Ambulatory Medical Care Survey (NAMCS)	No	No	No? Need statistical software to open data files.
	9.2 Increase tobacco screening in hospital ambulatory care settings.	National Center for Health Statistics—National Hospital Ambulatory Medical Care Survey (NHAMCS)	No	No	No
	9.3 Increase tobacco screening in dental care settings. <i>(Developmental)</i>		No	No	No
	9.4 Increase tobacco screening in substance abuse care settings. <i>(Developmental)</i>		No	No	No
TU HP2020–10:	Increase tobacco cessation counseling in health care settings.				
	10.1 Increase tobacco cessation counseling in office-based ambulatory care settings.	National Center for Health Statistics—National Ambulatory Medical Care Survey (NAMCS)	No	No	No
	10.2 Increase tobacco cessation counseling in hospital ambulatory care settings.	National Center for Health Statistics—National Hospital Ambulatory Medical Care	No	No	No

HP 2020 #	Objective	Data Source	Data source in STATE System	Measure in STATE System	State level data available
		Survey (NHAMCS)			
	10.3 Increase tobacco cessation counseling in dental care settings. <i>(Developmental)</i>		No	No	No
	10.4 Increase tobacco cessation counseling in substance abuse care settings. <i>(Developmental)</i>		No	No	No

HP 2020 #	Objective	Data Source	Data source in STATE System	Measure in STATE System	State level data available
TU HP2020–11:	Reduce the proportion of nonsmokers exposed to secondhand smoke.	National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.			
	11.1 Children aged 3 to 11 years		No	No	No?
	11.2 Adolescents aged 12 to 17 years		No	No	No?
	11.3 Adults aged 18 years and older		No	No	No?
TU HP2020–12:	Increase the proportion of persons covered by indoor worksite policies that prohibit smoking.	Tobacco Use Supplement to the Current Population Survey (TUS-CPS), U.S. Census Bureau and BLS.	Yes	Yes?	Yes?
TU HP2020–13:	Establish laws in States, District of Columbia, Territories, and Tribes on smoke-free indoor air that prohibit smoking in public places and worksites.	State Tobacco Activities Tracking and Evaluation System (STATE), CDC, NCCDPHP, OSH.			

HP 2020 #	Objective	Data Source	Data source in STATE System	Measure in STATE System	State level data available
	13.1 Private workplaces		Yes	Yes	Yes
	13.2 Public workplaces		Yes	Yes	Yes
	13.3 Restaurants		Yes	Yes	Yes
	13.4 Bars		Yes	Yes	Yes
	13.5 Gaming halls		Yes	Yes	Yes
	13.6 Commercial daycare centers		Yes	Yes	Yes
	13.7 Home-based daycare centers		Yes	Yes	Yes
	13.8 Public transportation		Yes	Yes	Yes
	13.9 Hotels and motels		Yes	Yes	Yes
	13.10 Multiunit housing		Yes	Yes	Yes
	13.11 Vehicles with children		Yes	Yes	Yes
	13.12. Prisons/correctional facilities		Yes	Yes	Yes

HP 2020 #	Objective	Data Source	Data source in STATE System	Measure in STATE System	State level data available
	13.13 Substance abuse treatment facilities		Yes	Yes	Yes
	13.14 Mental health treatment facilities		Yes	Yes	Yes
	13.15 Entrances/exits of all public places		Yes	Yes	Yes
	13.16 Hospital campuses		Yes	Yes	Yes
	13.17 College/university campuses		Yes	Yes	Yes
TU HP2020-14:	Increase the proportion of smoke-free homes.	Tobacco Use Supplement to the Current Population Survey (TUS-CPS), U.S. Census Bureau and BLS.	Yes	Yes	Yes

TU HP2020– 15:	Increase tobacco-free environments in schools, including all school facilities, property, vehicles, and school events.	School Health Policies and Programs Study (SHPPS), CDC, NCCDPHP			
	15.1 Junior high school		No	No	Yes?
	15.2 Middle school		No	No	Yes?
	15.3 High school		No	No	Yes?
	15.4 Head Start <i>(Developmental)</i>	HHS/ACF and EPA	No	No	no

HP 2020 #	Objective	Data Source	Data source in STATE System	Measure in STATE System	State level data available
TU HP2020– 16:	Eliminate State laws that preempt stronger local tobacco control laws.	State Tobacco Activities Tracking and Evaluation System (STATE), CDC, NCCDPHP, OSH.			
	16.1 Preemption on smoke-free indoor air		Yes	Yes	Yes
	16.2 Preemption in advertising		Yes	Yes	Yes
	16.3 Preemption on youth access		Yes	Yes	Yes
TU HP2020– 17:	Increase the Federal and State tax on tobacco products.	State Tobacco Activities Tracking and Evaluation System (STATE), CDC, NCCDPHP, OSH.			
	17.1 Cigarettes		Yes	Yes	Yes
	17.2 Smokeless tobacco products		Yes	Yes	Yes
	17.3 Other smoked tobacco products <i>(Developmental)</i>		Yes	No	No
TU HP2020– 18:	Reduce the proportion of adolescents and young adults grades 6 through 12 who are exposed to tobacco advertising and promotion.	National Youth Tobacco Survey (NYTS), CDC.			
	18.1 Internet advertising and promotion		No	No	No
	18.2 Magazine and newspaper advertising and promotion		No	No	No

HP 2020 #	Objective	Data Source	Data source in STATE System	Measure in STATE System	State level data available
	18.3 Movies <i>(Developmental)</i>		No	No	No
	18.4 Point of purchase (convenience store, supermarket, or gas station) <i>(Developmental)</i>		No	No	No
TU HP2020–19:	Reduce the illegal sales rate to minors through enforcement of laws prohibiting the sale of tobacco products to minors.	State Synar Enforcement Reporting, SAMHSA, CSAP.			
	19.1 States and the District of Columbia		No	No	Yes
	19.2 Territories		No	No	Yes
TU HP2020–20:	Increase the number of States and the District of Columbia, Territories, and Tribes with sustainable and comprehensive evidence-based tobacco control programs.	State Tobacco Activities Tracking and Evaluation System (STATE), CDC, NCCDPHP, OSH.			
	20.1 States and the District of Columbia <i>(Developmental)</i>		Yes	No	No
	20.2 Territories <i>(Developmental)</i>		Yes	No	No
	20.3 Tribes <i>(Developmental)</i>		Yes	No	No