

## Chronic Disease Prevention Success Stories from Big Cities



### Overview

Formed in 2007, the Big Cities Chronic Disease Community of Practice (BC-CoP) comprises chronic disease program staff from local health departments (LHDs) representing the 50 largest cities and metropolitan areas in the United States. The BC-CoP was formed to enhance the capacity of members working in large communities to implement and evaluate evidence- and practice-based chronic disease prevention and management strategies. The group focuses on issues related to improving nutrition, increasing physical activity, and decreasing tobacco use and exposure. BC-CoP members collaborate to assist all LHDs that serve large populations through the following mechanisms:

- Identify priority issues and develop strategies to aid LHDs' efforts to prevent chronic disease;
- Provide a unified voice for national discussions about chronic disease prevention; and
- Develop an advocacy network and joint policy positions.

This compendium features success stories shared by BC-CoP communities based on work they did related to active living, healthy food access, sugar-sweetened beverage consumption, and tobacco prevention and control.

### Success Stories Featured

- Health in All Policies in San Diego
- Health Impact Assessment in Maricopa County, AZ
- Healthy Urban Planning in Oklahoma City
- Soda-Free Activities in Alameda County, CA
- Urban Farming in Cincinnati
- Healthy Vending in San Antonio
- E-Cigarette Policy and Tobacco Regulation in Chicago
- E-Cigarette Policy and Minimum Age in New York City
- Workforce Tobacco Cessation in Philadelphia



### Public Health and Regional Planners: Moving Together Toward a Healthy Region

County of San Diego Health and Human Services Agency

Lack of physical activity is a risk factor that contributes to the four chronic conditions that account for more than 50% of all deaths in San Diego County. Bicycling and walking are easy ways to increase daily physical activity to stay healthy, reduce obesity rates, and prevent chronic disease. Improving the ability to bicycle and walk to everyday destinations and for recreation is the junction between public health and transportation, resulting in positive outcomes for health, the environment, and livable communities. To address the lack of physical activity, the County of San Diego Health and Human Services Agency (HHS) embarked on a significant partnership with its metropolitan planning organization, the San Diego Association of Governments (SANDAG), to weave health into transportation and land use planning efforts and to implement a variety of projects resulting in policy, systems, and environmental wins for the San Diego region.

HHS has partnered with SANDAG since March 2010 on the Healthy Works initiative to address rising obesity and chronic disease rates in the San Diego region through built environment strategies that increase opportunities for physical activity. The initiative is supported by grants from the Centers for Disease Control and Prevention (CDC). Healthy Works aligns the efforts of local jurisdictions, schools, tribal governments, and community groups in the region to achieve improved health outcomes and address health disparities through policy, systems, and environmental change. As a regional transportation planning agency, SANDAG implemented four major areas of activity for the Healthy Works program:

- Provision of incentives and resources in the form of 23 grants to help local jurisdictions and community agencies develop their own approaches to integrate health considerations in land use, transportation planning, and Safe Routes to School planning;

- Development and implementation of regional policies and programs demonstrating consideration of health in planning and decision-making in the region, including the County Safe Routes to School Strategic Plan and a Regional Complete Streets Policy;
- Development of tools and delivery of technical assistance to local jurisdictions and community agencies to support health analysis for local and regional plans, projects, and programs; and
- Engagement of local and regional stakeholders in a SANDAG Public Health Stakeholder Group representing multiple sectors and diverse perspectives in the region to develop recommendations for SANDAG's working groups, policy committees, and board of directors and to provide feedback on all SANDAG Healthy Works projects.

#### Lessons Learned

Beyond just considering health, working across government sectors is difficult, and issues of ownership, funding, reporting arrangements, agency culture, language, process, and identification of a leader challenge government partnerships focused on long-term health outcomes. To mitigate some of these challenges, regular cross-agency communication is critical at the staff, management, and leadership levels. Local public health practitioners must be persistent and committed to long-term engagement in the regional planning process and keep in mind that the complicated regional planning process involves many moving parts and many different interests.

#### Contact and More Information:

County of San Diego Health and Human Services Agency  
Chronic Disease and Health Equity  
Telephone: 619-542-4061

<http://www.sandiegocounty.gov/content/sdc/hhsa.html>  
<http://www.healthyworks.org/healthy-places>  
<http://www.sandag.org/CPW>

### Supporting Healthy Community Design by Leveraging Multi-Partner Resources

Maricopa County Department of Public Health, Arizona

The Maricopa County Department of Public Health (MCDPH) is helping advance Health Impact Assessment (HIA) practice by participating in the Arizona Alliance for Livable Communities (AALC), a coalition of non-traditional partners who are leveraging local resources with national funding. The AALC was formed through a merger of the Arizona Health in Policy & Practice Network and the Livable Communities Coalition and now serves the entire state of Arizona. The two groups, which previously existed independently, successfully built trust among a smaller membership but had limited funding available through one-time projects and were thus unable to respond to opportunities and progress as the networks grew. Multiple partners were highly committed to advancing health in decision-making through HIA practice; however, building the network into a stable, effective organization was challenging.

Local partners increased their support through in-kind services. For instance, the Sonoran Institute provided design and communications services, and St. Luke's Health Initiatives provided facilitation services. An Arizona State University professor of urban design provided significant leadership and technical assistance. The Arizona Department of Health Services consistently supported the group by directing new priorities with flexible state and federal aid, creating the Health in Arizona Policies Initiative (HAPI). Staff of the MCDPH, funded through HAPI, and senior leadership participated in planning and implementing the merger to increase sustainability of the groups' efforts.

Members are primarily from the central Arizona area, but there are members in other population centers in rural areas. There are newly formed strategic and operational plans, governance documents, and communications strategies. Progress toward sustainability is being made through very active collaboration among multiple partners with shared goals. It is too early to declare that the sustainability challenge has been met, but the AALC seems to have new life and energy. The AALC provided HIA training for more than 300 people from planning, environmental, transportation, and housing and public health fields and completed five HIAs.

#### Lessons Learned

The two organizations were initially reluctant to merge because of branding and control issues. However, these concerns were quickly identified and addressed. Additionally, the majority of AALC membership represents central Arizona, though the group serves the entire state. To alleviate worries about inequitable focus, the AALC expressed a commitment to advancing HIA practice statewide and providing technical assistance to other parts of Arizona.

#### Contact and More Information:

Maricopa County Department of Public Health

Telephone: 602-506-6608

<http://www.maricopa.gov/publichealth>

<http://www.livableaz.org>

#### Learn More about National Initiatives

##### Complete Streets

<http://www.smartgrowthamerica.org/complete-streets>

##### Safe Routes to School

<http://www.saferoutesinfo.org>

##### Open Streets

<http://www.openstreetsproject.org>

##### Health in All Policies

<http://www.naccho.org/topics/environmental/HiAP/>

##### Health Impact Assessment

<http://www.cdc.gov/healthyplaces/hia.htm>

##### Urban Farming

<http://www.urbanfarming.org>

### Planning for a Healthy Oklahoma City Community

Oklahoma City-County Health Department, Oklahoma

FOCUS ON HEALTH EQUITY



Oklahoma City (OKC) is a growing community that has suffered the ramifications of urban sprawl over the last several decades. Spanning 600 square miles in central Oklahoma, a number of suburban and rural communities form a ring around the city center. Community members increasingly identify lack of personal transportation as an obstacle to accessing basic needs such as health services and affordable groceries, and the existing public transportation lies only in OKC core communities. Limited access to timely data and necessary resources reduces the ability of local government and communities to effectively communicate health concerns and gain the support needed to move forward effective health policy.

The Oklahoma City-County Health Department (OCCHD) determined that a partnership with the OKC planning division would be critical to any sustainable response to challenges faced in meeting the active transportation and food environment needs of the community. With funds from the Centers for Disease Control and Prevention's Community Transformation Grant, OCCHD subcontracted with the OKC planning division to fund an additional community planner position focusing on health-related issues including walkability, active community strategies, and urban agriculture. Allocation of funds to support the position was a

purposeful strategy to integrate Health in All Policies at the local level. To increase access to useful health data, OCCHD and the OKC government each provided funds to complete a comprehensive quality of life survey.

Combining the expertise of public health and community planning has enhanced alignment of efforts to implement policies encouraging active transportation and urban agriculture in the OKC area. The culmination of these strategies manifested in the development of local city ordinances to enhance and support the Health in All Policies approach, including the following: a Complete Streets policy for OKC, walkability audits, an Open Streets Event, and adoption of an urban agriculture ordinance enabling the development of urban gardens to offset food deserts. Funding the health-focused planner position helped demonstrate value for sustaining the position beyond the life of the grant. Over time, OCCHD hopes to make the Health in All Policies approach a norm in local policy development.

#### Lessons Learned

Engaging the right people at the right time has been key to success. The engagement of the mayor in the OCCHD's community wellness coalition gave city government staff the opportunity and encouragement necessary to collaborate across divisions. Identifying mutual gaps or weaknesses as opportunities helped align strategic priorities and leverage resources among OCCHD and other divisions. And, as with all partnerships, maintaining an environment for partners that allows for safe discussion of feedback and improvement is important.

#### Contact and More Information:

Oklahoma City-County Health Department

Telephone: 405-425-4414

<http://www.occhd.org/wellnessnow>

# Healthy Food Access/Reducing Consumption of Sugar-Sweetened Beverages

## Working Toward a Soda-Free Alameda County

Alameda County Public Health Department, California

Obesity rates are disproportionately high in low-resourced communities of Alameda County, a large county in the Bay Area of California. Obesity increases risk for a host of chronic diseases, including diabetes, cardiovascular disease, high cholesterol, hypertension, and some cancers. The Alameda County Public Health Department launched Soda Free Summer in 2007 to address the obesity crisis and high consumption of sugar-sweetened beverages (SSBs). Efforts have spread regionally and have become a model for local education campaigns and policy changes to limit access to unhealthy beverages, promoting water as the best option.

Soda Free Summer began as an educational awareness campaign encouraging Alameda County residents to reduce or eliminate sugar-sweetened beverages for 10 weeks. With support from Kaiser Permanente, the initial campaign included a train-the-trainer education module, pledge cards and tracking logs, incentive and promotional items, print materials, and a website. Partners included faith-based, youth, and community organizations, schools, senior centers, parks and recreation, community clinics, and many others. Over 80,000 people received campaign materials. In the following years, the campaign expanded to include media such as billboards, bus tails, BART train ads, radio and TV promotion, youth driven public service announcements, large community events, and social media.

The nine-county San Francisco Bay Area region, led by the Bay Area Nutrition and Physical Activity Collaborative (BANPAC), adopted the campaign in 2008 with support from Kaiser Permanente. Since 2011, the region has focused on organizational policy with “Pledge the Practice, Pass the Policy,” assisting organizations in adopting healthy beverage and food policies. In 2012, 15 organizations, impacting 308,640 people, adopted and

implemented healthy beverage policies in the Bay Area. In 2013, Bay Area counties again banded together to launch an updated website devoted to helping residents choose healthier drinks.

Evaluation research conducted for the 2007 campaign showed that 65% of people who recalled the campaign materials reduced their consumption of SSBs, and 43% of all respondents reported drinking less soda than they did three months prior. Evaluation of the 2008 Bay Area regional campaign found similar results: 77% of those who read the brochure reported that someone in their household pledged to stop drinking soda, and when asked directly, 47% reported they were drinking less soda and sports drinks since being exposed to the campaign.

The campaign has received regional, statewide, and national attention. Conversations with public health organizations in Boston and New York City and the Rudd Center for Food Policy and Obesity sparked similar efforts across the country.

### Lessons Learned

Crucial to the success of a large, social media campaign aiming to change health behavior is partnership with a diverse number of community groups, organizations, and leaders. Penetrating the many diverse communities in Alameda County and the region is difficult without partnering with the champions and leaders within those communities. Furthermore, the work is made stronger and more powerful through a regional approach. Working through BANPAC and its large network of organizations amplified the campaign and brought even more media attention to the issue. The reach of media buys and earned media span far more than just one county, and consistent messaging, on-the-ground public education, and policy efforts have strengthened the campaign.

### Contact and More Information:

Alameda County Public Health Department  
Telephone: 510-595-6454

<http://www.acphd.org>  
<http://www.sodafreesummer.org>  
<http://www.choosehealthydrinks.org>  
<http://www.banpac.org>

## Improving Healthy Food Equity through Urban Farming

Cincinnati Health Department, Ohio

FOCUS ON HEALTH EQUITY

On average, Ohio adults consume one serving of fruit and one and a half servings of vegetables each day, which is far lower than the recommended five to nine servings combined. For the residents of Spring Grove Village and Winton Hills, accessing healthy food is a daily challenge. Nearly 84% of the residents in the area live below the poverty line. Furthermore, stores offering healthier food options are scarce. Eleven convenience stores are located within a two-minute drive of the schools in the neighborhood, but the nearest grocery store is located in an adjoining neighborhood. To increase options for residents, Cincinnati Health Department's Creating Healthy Communities (CHC) program partnered with Evergreen Holistic Learning Center (Evergreen) to expand Evergreen's community garden and develop sustainable outlets for distributing fruits and vegetables to the community of Spring Grove Village/Winton Hills and beyond.



With support from CHC since 2011, Evergreen has used small-scale, intensive farming methods and direct outlets for distribution to maximize the potential of a localized urban food system. Funding from the CHC program has provided resources for garden expansion and infrastructure, including a water-harvesting system. Technical assistance from the CHC's Urban Farming Coordinator assisted in developing a comprehensive model of production, consumption, economy, and distribution. The creation of localized food systems combats the growing issues of health equity by reducing the cost of healthy and diverse foods and making them more convenient.

From 2012 to 2013, the community gardens produced two tons of food. Nearly 90% of the fruits and vegetables from the gardens were donated to local food pantries, senior and community centers, and schools or were directly harvested by residents. In addition to the production of fresh foods, Evergreen regularly hosts school and community agricultural education programs. With the support from CHC, Evergreen has experienced unexpected growth in local niche markets that sell foods prepared with ingredients grown on-site to many farmers' markets and local artisan eateries. The successful partnership of CHC and Evergreen has resulted in a model localized food system that is impacting thousands of individuals.

Short-term goals of the partnership include expansion of gardening initiatives and community programs, such as the Seed-to-Table nutrition program, healthy cooking classes, and garden therapy. Long-term goals are focused on developing a sustainable and replicable localized food system. Through strategic partnerships, Evergreen hopes to increase accessibility of healthy foods through enhanced distribution outlets and support of local economies.

### Contact and More Information:

Cincinnati Health Department

Telephone: 513-357-7457

<http://www.cincinnati-oh.gov/health/environmental-health/health-promotion-worksite-wellness>

## Turning Healthy Vending Guidelines into a City Policy

San Antonio Metropolitan Health District, Texas

In 2010, 69% of the adults were overweight or obese in Bexar County. To counter this problem, reaching the entire community with healthier food, snack, and beverage selections is important. Improving access to healthy foods is a key strategy of obesity prevention. The City of San Antonio employs over 9,000 people and operates more than 170 beverage vending machines and 59 snack vending machines throughout Bexar County that are accessible to employees and the public. With the impending renewal of two seven-year contracts with vending machine product suppliers, the San Antonio Metropolitan Health District was charged by the city manager to strengthen guidelines for city-owned vending machines.

Partnering with The Bexar County Community Health Collaborative, a workgroup was formed to include the city's hospital systems, food distributors, a grocery chain, and registered dietitians. The workgroup, which was engaged to establish the new recommendations over a period of four months, completed the following tasks: (1) reviewed existing vending guidelines and compared characteristics; (2) identified a consensus point for developing guidelines; (3) developed options for nutrition component standards and identified products meeting those standards; and (4) reviewed pricing criteria, placement recommendations, and machine composition.

The new guidelines included specific nutrition criteria for both snacks and beverages. Each snack item cannot include more than 200 calories with limits of 35% of calories from fat, 10% from saturated fat, 35% from sugar; cannot contain more than 250 milligrams of sodium per package; and cannot be fried. The healthy beverage guidelines include five categories of products that each represent 20% of the machine product mix. The categories include diet soda; plain or carbonated water with zero calories, carbohydrates, or sugar; 100%

fruit or vegetable juice with no added sweeteners; non-carbonated calorie-free drinks; and 1% or non-fat white milk. The vending guidelines were incorporated in the city's request for vending proposals and contracts, involving potential vendors during the interview selection process to propose products that could be stocked in the machines. Beverage vending machines used 100% of the product mix, with the exception of milk, and no less than 80% of the snack machines were required to meet the snack criteria. The nutrition standards and purchasing rules developed became a city policy.

Following the launch of the new city policy, the workgroup created the San Antonio Healthy Vending Guidelines and Toolkit for use in the community. The tools were announced and distributed to employers in the area. Several other entities in San Antonio have implemented these guidelines, including the Baptist Health System, San Antonio Northeast Independent School District concessions, and the City of San Antonio Parks and Recreation Softball complex concessions.

### Lessons Learned

The implementation of healthy vending guidelines into city department food and beverage vending machines was successful through collaboration of several departments. San Antonio Metropolitan Health District participated in the evaluation committee for the snack and beverage vending contracts and provided expertise about all nutrition standards to be used in the contract language. Challenges included vendors' concern about profits and the acceptance of products by customers. Challenges were overcome by working with vendors to find popular products that met the nutritional criteria and encouraging surveys and tasting sessions for employees to increase acceptance of new products. Offering foods and beverages that meet healthier nutrition standards in vending machines is a promising, easy, low-cost approach for addressing obesity.

### Contact and More Information:

San Antonio Metropolitan Health District  
Chronic Disease Prevention

Telephone: 210-207-8780

<http://www.sanantonio.gov/health/healthyliving/healthyworkplaces.aspx>

### E-Cigarettes: Assisting Local Health Departments with a Smoldering Debate

Chicago Department of Public Health, Illinois

Chicago was one of the first large cities in the United States to enact legislation that incorporated e-cigarettes in local clean indoor air law. Deliberations about e-cigarette policies are controversial and clouded by a lack of scientific consensus. While implementing the ordinance, the Chicago Department of Public Health (CDPH) worked with the National Association of County and City Health Officials (NACCHO) and other national organizations to provide local health departments (LHDs) and health advocates with learning opportunities, technical assistance, and facilitated information sharing and coordination among LHDs regarding e-cigarette policies.

CDPH participated in two national webinars to share lessons learned on passing and implementing a local e-cigarette ordinance and distributed a toolkit and examples of updated “no smoking” signage restricting use of e-cigarettes. CDPH also collaborated with NACCHO, the Big Cities Health Coalition, and the health departments of New York City, Los Angeles, and San

Francisco to align the implementation dates of the new ordinances in the four cities and generate widespread media attention. With the implementation of the ordinances, the LHDs further protected the health of 17 million residents and hundreds of millions of tourists, collectively. Following implementation of their ordinances, the health officials from all four cities participated in a briefing for members of the U.S. Congress, during which they urged widespread regulation of e-cigarettes. The coordinated action of major U.S. cities and the media attention helped contribute to the process of denormalizing the use of e-cigarettes, publicizing the public health value of restricting e-cigarette use in public spaces, and preventing sales to minors.

As more local jurisdictions establish ordinances limiting e-cigarette use and sales, other communities will be able to learn from and adapt successful strategies. When difficult health issues emerge, LHDs and NACCHO can work together to share information and lessons learned.



#### Lessons Learned

With the capacity of LHDs and public health infrastructure under continuous strain, LHDs greatly need improved information-sharing, collaboration, and coordination regarding emerging health issues. Planning a coordinated release of an intervention, with substantial political support, is a complicated but beneficial process that benefits from partnership and inter-community collaboration.

#### Contact and More Information:

Chicago Department of Public Health

Telephone: 312-747-9870

<http://www.cityofchicago.org/health>

[http://www.cityofchicago.org/city/en/depts/cdph/supp\\_info/tobacco\\_alcohol\\_drug\\_abuse/smoke\\_free\\_illinoisact.html](http://www.cityofchicago.org/city/en/depts/cdph/supp_info/tobacco_alcohol_drug_abuse/smoke_free_illinoisact.html)



## Reducing Exposure to Tobacco Products and Secondhand Smoke through Local Legislation

Chicago Department of Public Health, Illinois

FOCUS ON HEALTH EQUITY

Tobacco control is one of the top priorities of Healthy Chicago—and for good reason. Tobacco use remains the leading cause of disease and death in Chicago. Keeping tobacco out of the hands of kids is essential to protecting future generations from a lifetime of addiction, tobacco-related diseases, and premature death. The Chicago Department of Public Health (CDPH) has made great strides in reducing youth smoking. In fact, CDPH announced that youth prevalence in Chicago is at a historic low and the Healthy Chicago target for youth prevalence is within reach—years ahead of the 2020 timeline outlined in the Healthy Chicago Agenda. CDPH is using a wide variety of innovative strategies to keep tobacco out of the hands of children. Nonetheless, declines in youth smoking are starting to plateau. Research shows that flavored-tobacco products, menthol-flavored cigarettes in particular, have slowed efforts to reduce youth smoking. The City of Chicago is using a variety of new strategies to protect kids and other vulnerable populations from tobacco.

### *Restricting the Sale of Flavored Tobacco Near Schools*

In June 2014, an ordinance went into effect restricting the sale of flavored tobacco products, including menthol-flavored cigarettes, within 500 feet of schools. This landmark ordinance will protect kids, especially minority children who are commonly targeted through tobacco product marketing. This smoking prevention strategy

made Chicago the first jurisdiction at any level of government to include menthol products in the laws that regulate flavored tobacco.

### *Regulating the Sale and Use of E-Cigarettes*

To combat a steep increase in youth e-cigarette use, Chicago passed legislation to require e-cigarettes to be kept behind the counter in stores, out of the reach of minors. Retailers are also required to have a tobacco license. E-cigarettes will become part of the city's youth sting operations, and people caught selling to minors can have their licenses revoked.

### *Expanding Smoke-Free Public Housing*

To create a healthier home environment for some of the city's most vulnerable residents, the Chicago Housing Authority designated 610 public housing units as smoke-free; 400 more units will follow in the near future.

### **Lessons Learned**

Innovation at the local level requires political will, which makes educating policymakers and identifying a health champion essential. During the course of four town hall meetings, hundreds of residents offered substantive, new solutions for the City of Chicago to consider. CDPH engaged community partners typically involved in tobacco control and expanded relationships with non-traditional partners.

### **Contact and More Information:**

Chicago Department of Public Health

Telephone: 312-747-9870

<http://www.cityofchicago.org/health>

### Additional Resources from CDPH:

- Report, *Curbing the Use of Menthol-flavored Cigarettes and Other Flavored Tobacco Products among Youth: Policy Recommendations and Other Strategies for Local Action*, [http://www.cityofchicago.org/content/dam/city/depts/cdph/CDPH/MentholReport%20\\_Jan212014.pdf](http://www.cityofchicago.org/content/dam/city/depts/cdph/CDPH/MentholReport%20_Jan212014.pdf)
- Policy Brief, *Other Tobacco Products: Cheap, Flavorful, Deadly, and Popular among Kids*, [http://www.cityofchicago.org/content/dam/city/depts/cdph/policy\\_planning/Board\\_of\\_Health/HCPolicyBriefMarch2014.pdf](http://www.cityofchicago.org/content/dam/city/depts/cdph/policy_planning/Board_of_Health/HCPolicyBriefMarch2014.pdf)

## New York City's New Legislation of E-Cigarettes

New York City Department of Health & Mental Hygiene, New York

The emergence of e-cigarettes has altered the tobacco control landscape. While the scientific evidence on e-cigarettes develops, the health impact to users and bystanders is still unknown and questions remain about e-cigarettes' role in youth smoking initiation. The increasing popularity of e-cigarettes may undermine enforcement of smoke-free air laws because e-cigarettes mimic and possibly re-normalize smoking. Currently, e-cigarettes are subject only to limited regulation by a handful of states and local governments. Given the concerns that e-cigarette use may harm public health, New York City enacted laws in late 2013 to ban sales to persons under age 21 and restrict use in settings where smoking is prohibited.

Because the overwhelming majority of smokers begin using tobacco before turning 20 years of age, the minimum age for sales of cigarettes, other tobacco products, and e-cigarettes was raised from 18 to 21. By restricting purchase of e-cigarettes and other tobacco products for a longer period of time, the law may reduce use of the products among youth and young adults. E-cigarettes were also restricted wherever smoking is already prohibited by the city's Smoke-Free Air Act in an effort to achieve continued effective enforcement of smoke-free air laws, to discourage use of both combustible tobacco products and e-cigarettes, and to minimize re-normalization of smoking.

To prepare for passage and implementation of the laws, the New York City Department of Health and Mental Hygiene (NYCDHMH) researched the evidence

regarding smoking and e-cigarette use, including the impact on health, enforcement of existing legislation, and social norms; met with medical and scientific experts; worked with advocacy groups to raise awareness of the public health impact of e-cigarettes; and testified in support of the bills before the city council's health committee. The addition to the Smoke-Free Air Act and the ban on e-cigarette sales under the age of 21 went into effect in 2014.

### Lessons Learned

In light of both the lack of regulation and the aggressive marketing of e-cigarettes, a public health response was necessary, even as the scientific evidence emerges. New York City's two new laws are a measured approach to addressing e-cigarettes in an uncertain context by restricting youth access, discouraging use that may lead to smoking, and protecting progress made by the city's smoke-free air law.

**Prohibited for  
Sale to  
Persons  
Under 21**

### Contact and More Information:

New York City Department of Health & Mental Hygiene

<http://www.nyc.gov/html/doh/html/environmental/smoke-law.shtml>

Additional Resources from NYCDHMH:

- Press release on raising age for legal sales of tobacco products: <http://council.nyc.gov/html/pr/042213smoking.shtml>
- Press release on adding e-cigarettes to Smoke-Free Air Act: <http://council.nyc.gov/html/pr/112713ecigarette.shtml>

## Harnessing the Inspirational Power of Quitting

Philadelphia Department of Public Health, Pennsylvania

Between 2010 and 2014, the rates of smoking in Philadelphia decreased by 15% among adults and 10% among youth, resulting in over 40,000 fewer smokers. As part of the City of Philadelphia's tobacco prevention and control strategy, tobacco cessation has been encouraged throughout its workforce by expanding cessation coverage for city employees and partnering with local organizations to provide cessation support. To celebrate the achievement of tobacco cessation, reinforce the change, and motivate others to quit, the Philadelphia Department of Public Health used state funding to establish the Ex-Smoker's Hall of Fame Initiative for city employees in 2013. The initiative offered successful quitters, no matter what method they used, a forum to share their tobacco use history and quitting experience with others.

To fill the Ex-Smoker's Hall of Fame, an announcement was made to city employees to solicit stories and participation. Within a few days, over 50 responses had been received. The featured ex-smokers worked in a wide range of city departments, including police, fire, public property, streets, public health, and supportive housing. Their stories and reasons for quitting were even more diverse. While many sought help from their doctors or used medications, some quit without any other assistance.

The initiative used a multimedia approach to source, highlight, and disseminate inspirational stories of 18 City of Philadelphia employees who quit smoking successfully. The communications media included a microsite, video testimonials, a travelling placard exhibit, and a social media platform. The public recognition event for Ex-Smoker's Hall of Fame participants

coincided with a mayoral press conference for the 2013 Great American Smokeout. At the event, city leaders and the Philadelphia Department of Public Health highlighted prior and current tobacco policy and control efforts that have contributed to the reduced rates of smoking in the city.

Ultimately, the initiative reached 26,000 City of Philadelphia employees. The communications media generated 63,282 Twitter followers and 13,065 Facebook fans, resulting in 39,844 unique visitors to the City of Philadelphia and SmokeFree Philly websites. The National Association of Government Communicators selected the Ex-Smoker's Hall of Fame Initiative as a winner of its 2014 Blue Pencil & Gold Screen Awards Competition. This annual international awards program recognizes superior government communication projects. The Ex-Smoker's Hall of Fame Initiative continues to be published on the SmokeFree Philly website.

By sharing their quitting experiences, participants helped motivate and inspire others who were still struggling with tobacco use. Soon after the event, an Ex-Smoker's Hall of Fame participant passed away due to tobacco-related illness, and the initiative was dedicated to her memory.

### Lessons Learned

The initiative was extremely cost-effective. The Philadelphia Department of Public Health reached a large number of people with relatively minimal fiscal and staff resources. Community partners expressed interest in adapting the initiative to their organizations with technical assistance and support.

### Contact and More Information:

Philadelphia Department of Public Health

Telephone: 215-686-5620

<http://www.phila.gov/health>

Ex-Smoker's Hall of Fame Initiative

Telephone: 215-686-5232

<http://www.smokefreephilly.org/exsmoker/>

## About NACCHO's Chronic Disease Prevention Program

NACCHO's Chronic Disease Prevention project collaborates with the Centers for Disease Control and Prevention's National Center for Chronic Disease Prevention and Health Promotion, and other national partners, to address chronic disease prevention, management, and control. The project engages LHDs and enhances their ability to expand evidence- and practice-based chronic disease prevention activities in their communities and to promote change at the policy, systems, and environmental levels to reduce the burden of chronic disease.

### For more information, please contact:

Chronic Disease Prevention Project,  
[chronicdisease@naccho.org](mailto:chronicdisease@naccho.org)

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## NACCHO RESOURCES

### Chronic Disease Prevention Toolkit

NACCHO collaborates with national organizations to offer publications, tools, and resources related to chronic disease prevention, obesity, nutrition, diabetes, heart disease, cancer, and tobacco issues. Visit <http://www.naccho.org/toolbox>.

### Model Practices Database

NACCHO hosts an online Model Practices Database containing exemplary LHD practices related to chronic disease prevention. Visit <http://www.naccho.org/topics/modelpractices>.

### Evidence-Based Public Health Resource Center

NACCHO's Resource Center for Evidence-Based and Cross Sector Approaches is a "one-stop-shop" for population-based public health tools and resources including the National Prevention Strategy, the Community Guide, Healthy People 2020, and Health in All Policies. Visit <http://www.ebprevention.org>.

### Chronic Disease Prevention Publications

NACCHO has developed numerous resources for LHDs on chronic disease prevention strategies and efforts occurring around the country. Visit <http://www.naccho.org/pubs>, click on "All Topics A-Z" and select "Chronic Disease."

### Chronic Disease E-Newsletters

Subscribe to NACCHO's electronic newsletters focused on chronic disease, tobacco prevention and control, and comprehensive cancer control. Contact NACCHO's Chronic Disease Prevention Project to subscribe at [chronicdisease@naccho.org](mailto:chronicdisease@naccho.org).



The mission of the National Association of County and City Health Officials (NACCHO) is to be a leader, partner, catalyst, and voice with local health departments.

1100 17th St, NW, 7th Floor Washington, DC 20036

P 202-783-5550 F 202-783-1583

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