

Big Cities Chronic Disease Community of Practice

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Cleveland Leverages Funding and Partnerships to Combat Tobacco Use

The Role of Local Health Departments in Chronic Disease Prevention

Local health departments (LHDs) play an important role in developing healthy communities. LHDs serve as the authorities on public health, providing decision-makers from all sectors with strategic guidance on local health data and science-proven interventions.

The Big Cities Chronic Disease Community of Practice

Formed in 2007, the Big Cities Chronic Disease Community of Practice (BC-COP) comprises local health officials or senior-level chronic disease programmatic staff from LHDs representing the largest cities and metropolitan areas in the United States. The goals of the BC-COP are to identify common priorities related to healthy eating and active living, discuss evidence-based policy, system, and environment strategies, and share lessons learned during implementation. Peer sharing and support takes place through in-person meetings, webinars, phone calls, and resource sharing. The BC-COP also guides the production of resources that are helpful to members and other communities seeking similar change. For example, NACCHO's guide *Best Practices for Comprehensive Tobacco Control Programs at the Local Level* frames the Centers for Disease Control and Prevention's recommendations as local-level strategies.

Overview

To reduce the use of tobacco among youth and adults, the Healthy Cleveland Initiative leveraged existing funding, partnerships, and assets to implement a range of interventions aimed at changing individual behavior, community norms, organizational practices, and local policies. Cleveland's successes in promoting high standards for clean air are evidenced by the city's passage of a number of policy measures designed to prevent youth tobacco use.



Challenge

In 2011, a Place Matters data report revealed that people living in urban Cleveland neighborhoods were dying 20 years earlier than people living in suburban neighborhoods as few as five miles away. The community was outraged that a city regarded for its healthcare institutions had such poor health outcomes. The Mayor and the City Council realized that access to care was not enough and committed to understanding how they could improve local policies, systems, and environments that harmed the health of residents. They subsequently passed two major resolutions that establish objectives for the Healthy Cleveland initiative.

Cleveland's dismal tobacco-related health outcomes made tobacco control an ideal early target. The city's residents report a disproportionate rate of tobacco use, especially in low-income communities of color. In the city of Cleveland, 36% of adults



smoke and 25% of high school students have tried tobacco.^{1, 2} Additionally, environmental cues can contribute to tobacco use. Research shows that children exposed to tobacco advertisements are more likely to initiate and engage in tobacco use than children whose exposure is limited or non-existent.³ Over 600 retailers in the city of Cleveland sell tobacco products. Hookah, little cigars, and flavored tobacco are increasingly popular and widely available in local dollar and convenience stores. The volume of tobacco products and advertising within the city is dramatically greater than what is seen in more affluent communities in the surrounding suburbs.

Solution

The Healthy Cleveland initiative is a partnership of individuals, nonprofits, and businesses seeking the common goal of a healthier Cleveland. Breathe Free, one of seven committees of the partnership, aims to decrease tobacco use and promote high standards for clean air by raising awareness about the impacts of tobacco use on health and air quality, connecting citizens with resources to quit, developing and promoting policies that reduce tobacco use, and educating the community about these

INFLUENCE OF THE BIG CITIES CHRONIC DISEASE COMMUNITY OF PRACTICE

The Cleveland Department of Public Health credits the BC-COP for creating a platform for peer-to-peer learning that allows public health staff to share and learn from each other's work. Through BC-COP, Cleveland was able to connect with cities that were also working toward a Tobacco 21 policy, such as San Francisco.

policies and their health implications. The committee is made up of a range of stakeholders, including universities, chronic disease associations, healthcare clinics, hospitals, the local housing authority, grassroots and community-based organizations, senior housing, the local school district, and the Cleveland Department of Public Health (CDPH).

In 2016, Breathe Free applied for the Aetna Foundation's Healthiest Cities and Counties Challenge, which provided a \$10,000 seed grant for targeted health behavior improvement efforts over a two-year period. The program rewards the community that has the greatest change with a large monetary prize to continue its work. Breathe Free selected reduction of youth and adult tobacco use as its target behavior. The action plan calls for a range of interventions across the socio-ecological model. This approach allows local stakeholders to leverage their strengths and assets to contribute to sustainable population-wide shifts in behavior through individual, interpersonal, organization, community, and systems influences.

While the City Council was the initial home of the Healthy Cleveland initiative, the Mayor later hired a new Health Director to lead CDPH, who placed an emphasis on prevention and moved the initiative under the health department's purview. Healthy Cleveland is envisioned as the health promotion vehicle of CDPH; as such, the health department serves as the support organization for Healthy Cleveland. Two full-time CDPH staff members support the initiative by convening the committees, tracking activities, linking partners to subject matter experts and technical support, and seeking resources for interventions from across the community. For Breathe Free, the staff played an especially important role in identifying evidence-based policies for the committee to consider and connecting with other cities to learn from their implementation efforts. CDPH staff also assisted with the technical and logistical aspects of bringing legislation to City Council and scheduling expert testimony at hearings of the Health and Human Services Committee.

Results

The Breathe Free Committee has experienced a number of local policy successes. For example, any outdoor space owned or controlled by the city is a nonsmoking place, and smoking is banned within 150 feet of entrances and exits of city places of employment. Cleveland's Tobacco 21 legislation passed in December 2015 and became law in August 2016, raising the sales and distribution age from 18 to 21 for cigarettes, tobacco products, and alternative nicotine products. The committee also introduced a law restricting the sale of flavored tobacco to retail locations for which tobacco makes up 70% or more of sales. It passed through several committees in the City Council and is pending approval by the full council and the Mayor. The committee also promotes and offers technical assistance for developing tobacco-free outdoor space, campuses, and workplace policies in organizations across the city, including among the Healthy Cleveland partnership members. For example, a local school campus successfully adopted such a policy.

The committee also works with retailers to promote adherence to existing policies. CDPH participated in a point-of-sale capacity building project with NACCHO to enhance its capacity to work with retailers to promote voluntary adherence to existing legislation that limits tobacco signage to 30% of window space, which is not widely enforced.

In addition to policy and environmental change, the committee organizes quarterly campaigns, which include place-based "Kick Butts" days, one-on-one cessation support, group classes, and messaging to build awareness about how specific populations are targeted by tobacco marketing. The committee engages citizens through feedback surveys, assessment activities, and advocacy. For example, students testified about why they supported Tobacco 21.

The committee encountered challenges as well as successes. The Tobacco 21 law is difficult to enforce, requiring someone

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to report underage activity to the police, who in turn must investigate. Only police officers have the authority to enforce the law. However, retailers have proven to be unexpected allies. Many retailers made and posted their own signage before the law went into effect and showed up at hearings.

Future efforts will include education and technical assistance to housing units that must now comply with the new federal rule on smoke-free multiunit housing, retailer density zoning and regulations, and e-cigarette control. In addition, CDPH is beginning its community health improvement planning process and the committee is viewed as an asset because its efforts can be used to provide documentation for public health accreditation.

Cross-Sectoral Awareness

Healthy Cleveland's Breathe Free Committee credits its success to carefully planning and engaging stakeholders, focusing on strengthening existing policy enforcement, and engaging communities in the process to gain buy-in and support. Through the BC-COP, CDPH gained access to best practices, research, and technical assistance from other municipalities.





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