March 23, 2020
Corinne Graffunder, DrPH, MPH
Director
Office on Smoking and Health
Centers for Disease Control and Prevention
4770 Buford Hwy., Mail Stop S107-7
Atlanta, GA 30341

RE: Achieving Health Equity in the Advancement of Tobacco Control Practices to Prevent Initiation of Tobacco Use among Youth and Young Adults; Docket Number (CDC-2020-0005)

Dear Dr. Graffunder:

On behalf of the National Association of County and City Health Departments (NACCHO), I appreciate the opportunity to submit comments regarding the request for information, “Achieving Health Equity in the Advancement of Tobacco Control Practices to Prevent Initiation of Tobacco Use among Youth and Young Adults.”

NACCHO represents the nearly 3,000 local health departments across the country, many of which develop, promote, and engage in tobacco control and prevention efforts.

As you know, tobacco use is the leading cause of preventable death and disease in the United States. NACCHO collaborates with national, federal, state, and local organizations to provide local health departments with the resources they need to reduce tobacco use and prevention and promote health equity across communities.

NACCHO’s comments are summarized by the following key points:

**NACCHO recommends that the CDC prioritize people with a disability as the smoking rate is higher amongst this population.**

CDC’s own data indicates that current cigarette smoking is significantly higher among adults with a disability (27.8%) compared to adults without a disability (13.4%). According to the NACCHO 2015 National Profile of Local Health Departments, 75% of local health departments provide some type of obesity or tobacco prevention program; however, only 30% include people with disabilities in such prevention efforts. Examples of how tobacco control programs can support people with disabilities include understanding the health disparities among people with disabilities in relation to cigarette smoking rates and creating targeted smoking cessation messaging for people with disabilities. Local health officials are encouraged to use these inclusive tobacco control programs in the communities they serve.

**NACCHO recommends that the CDC prioritize rural populations.**

Data from the National Survey on Drug Use and Health from 2012 states that 22.1% of the general population smoked cigarettes, whereas the rural population had a higher rate of 27.4%. As such, due to socioeconomic factors and lack of resources, the health of rural populations is disproportionately affected by tobacco use relative to urban populations. Local health departments play a crucial role in strengthening tobacco control efforts in...
areas of the U.S. with the highest tobacco use prevalence within rural America. Examples of successes and challenges around tobacco control and prevention in rural areas can be found in NACCHO’s ‘Stories from the Field’ document. Based on the 2019 issue brief “Tobacco Control Efforts in Rural America: Perspectives from Local Health Departments,” at least 93% of local health departments stated that vaping and e-cigarettes were a threat in their community however, more than half of the respondents reported no or limited dedicated funding to tobacco programs. The lack of support makes it more difficult for local health departments to fully execute their programs. Consequently, NACCHO recommends that CDC support local health departments expanding types of programs and policies that they offer in rural communities and catering to the rural population needs such as focusing on capacity building, increasing resources for rural areas and providing comprehensive tobacco program evaluation measures to better understand the successes and challenges for the future.

**NACCHO recommends investing in health impacts research to better understand health inequities in tobacco use.** Specifically, encourage local Community Participatory Research on the health impacts of secondhand smoke exposure and the impact of disparities in ill-health across racial/ethnic groups as well as additional research into the health impacts of prolonged menthol use, which has higher rates of use among African Americans, on the circulatory, dental, and respiratory systems.

**NACCHO recommends supporting policies and programs that restrict marketing of tobacco and vaping products to youth and minorities.** This includes introducing and enacting stricter guidelines on local tobacco marketing including support for bans on marketing to minors and adults under age 21, bans on targeted marketing to minorities, and regulating advertisement placement and point-of-sale marketing among local tobacco retailers. In addition, support is needed for local health departments to support the implementation of Tobacco 21 including providing resources specifically for rural communities.

**NACCHO recommends exploring a wide variety of partnerships to advance tobacco control and promote health equity in communities.** Coordination and collaboration among local health departments, their multi-sector stakeholders, and community organizations are essential to implementing tobacco prevention and control programs at the local level. According to a 2019 NACCHO survey, more than 50% of respondents reported partnering with state health departments, local or state government agencies (other than the state health department), healthcare systems, schools, or community-based organizations. However, few of the responding local health departments collaborate with the media, business, or faith communities to advance tobacco programs and policies; only 3% indicated they partner with insurers.

NACCHO appreciates this opportunity to comment on CDC’s Achieving Health Equity in the Advancement of Tobacco Control Practices to Prevent Initiation of Tobacco Use among Youth and Young Adults Request for Information. We look forward to continuing to work with you to protect the public from tobacco. Please contact Jennifer Li, Senior Advisor, Public Health Programs, for further information at 202-507-4242 or jli@naccho.org.

Sincerely,

![Signature]

Lori Tremmel Freeman, MBA
CEO

**References**

