

Tobacco Control in Los Angeles County: Lessons Learned

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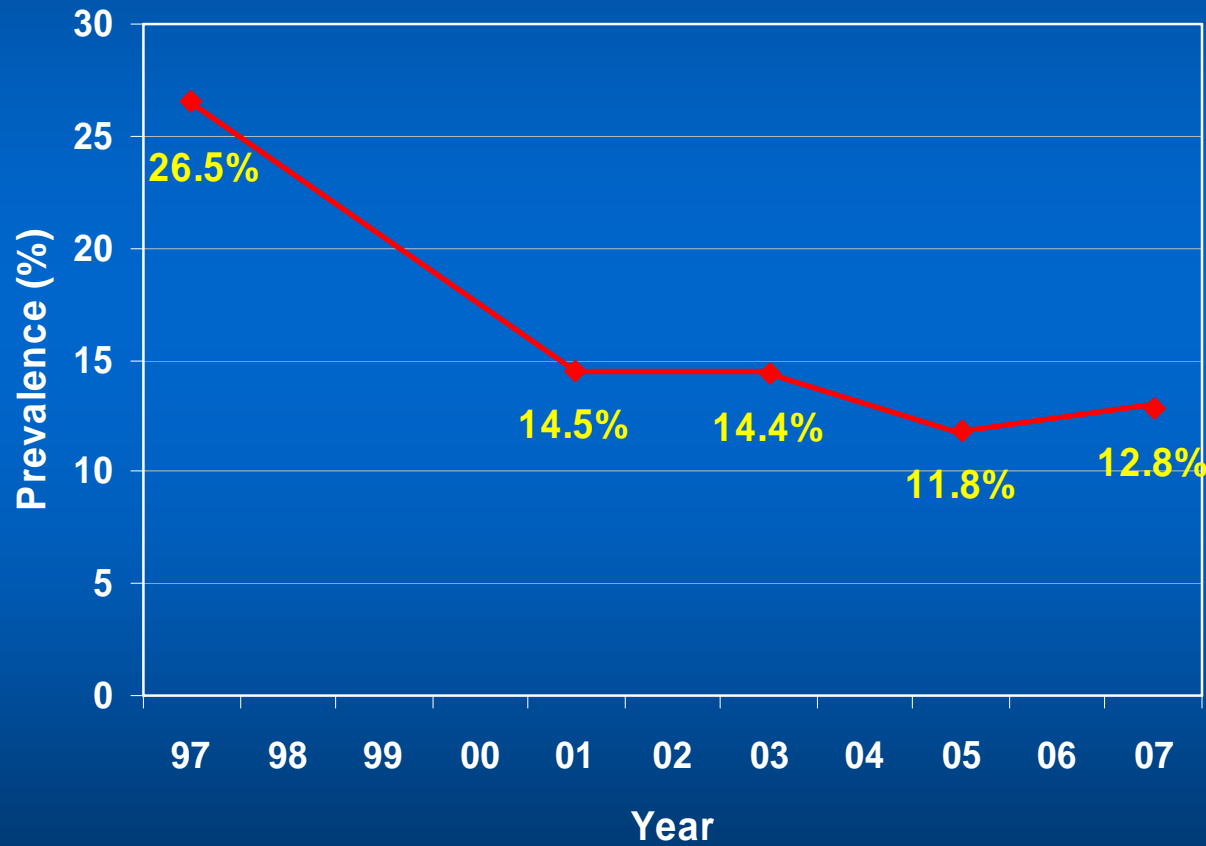
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Los Angeles County Department of Public Health**

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Prevalence of Cigarette Smoking Among Adults (18 years and older), Los Angeles County, 1997-2005

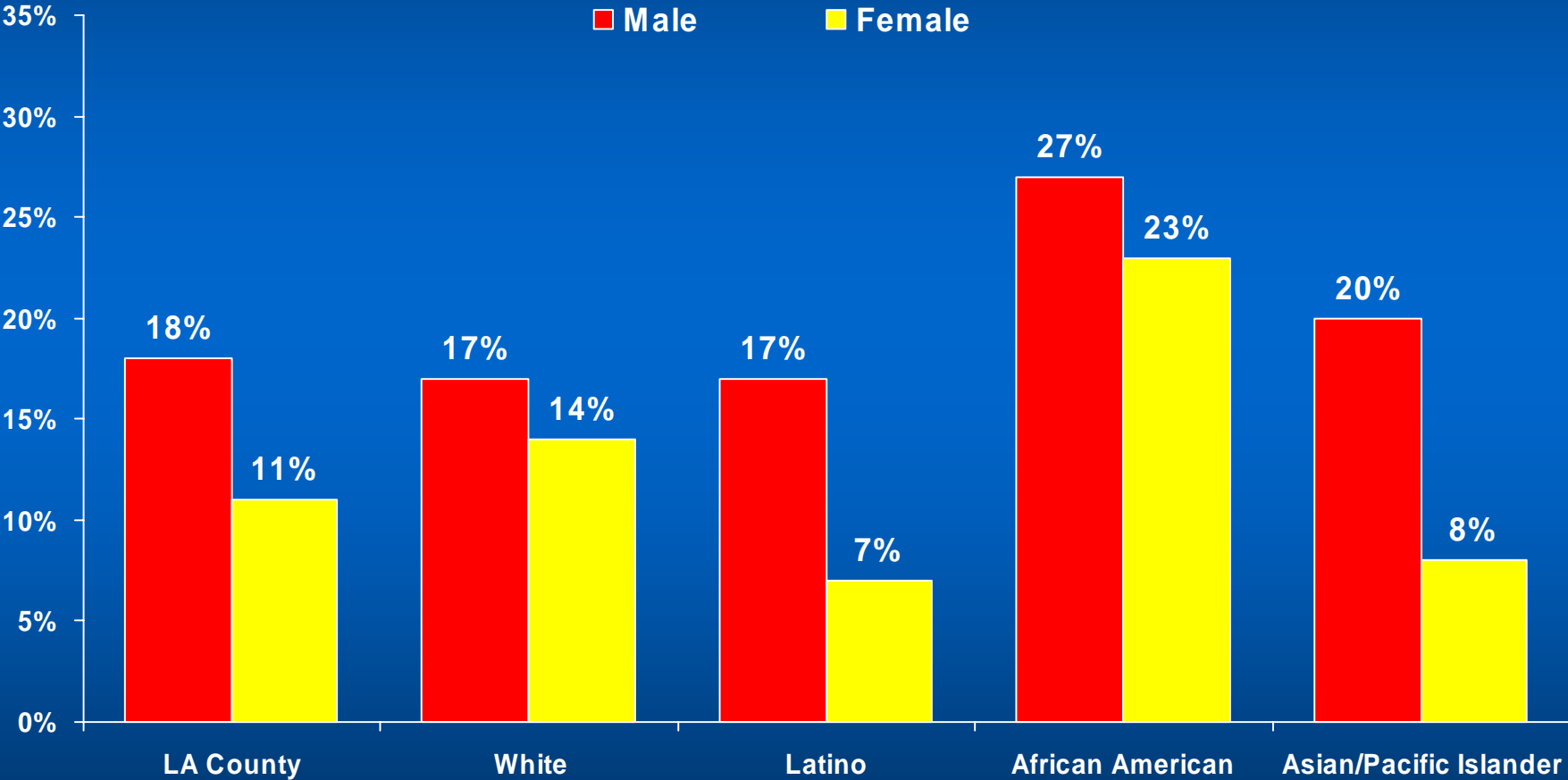


Recent Trends in Smoking Prevalence Among High School Students, LAUSD



Data source: Youth Risk Behavior Survey

Percentage of Cigarette Smokers by Gender and Race/Ethnicity, Los Angeles County, 2005



Current Tobacco Control and Prevention Priorities in Los Angeles County

- Countywide tobacco cessation initiative
- Tobacco retail licensing (TRL)
 - Reduce tobacco availability to youth in the retail environment through local licensure
- Smoke-free outdoor areas
 - Reduce exposure to secondhand smoke (SHS) through the adoption of smoking bans in parks and beaches
- Smoke-free multi-unit housing
 - Reduce exposure to SHS through the adoption of policies that restrict smoking in apartments and common areas

Measuring Progress on Policy Change

- Tobacco retail licensing
 - implemented in 17 jurisdictions, including the cities of Los Angeles, Glendale, Compton, Long Beach and the County of Los Angeles
- Smoke-free parks and beaches
 - implemented in 36 jurisdictions, including the cities of Santa Monica, Los Angeles, Malibu, and Long Beach, and the County of Los Angeles
- Smoke-free multi-unit housing
 - implemented in one city (Calabasas) and being considered in three others (S. Pasadena, Glendale, and Santa Monica)

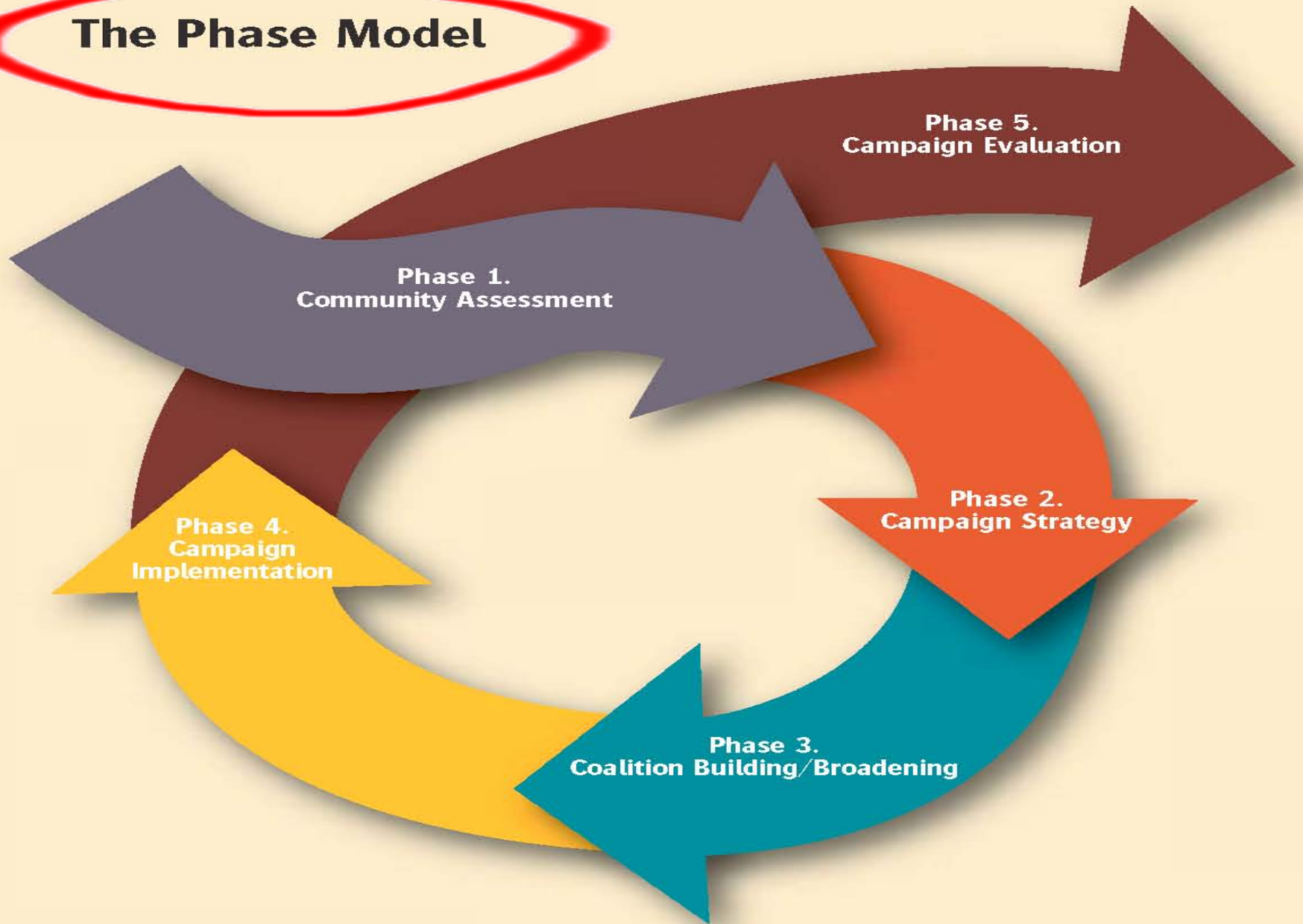
General Lessons Learned

- Public education important but not sufficient; need to focus as much or more on the environment than the individual
- Broad social norm change is possible; requires a robust funding stream
- Negative hard-hitting counter-advertising campaigns that target the tobacco industry are very effective
- Tobacco control laws are critically important
- Economic strategies (e.g., taxation) also important
- Success ultimately attributable to a comprehensive multi-pronged approach needed

Other Lessons Learned in Los Angeles County

- Cities are a key leverage point for continued policy and environmental change
- Community organizations and their constituents can be extremely effective policy change agents
- Requires long term commitment of support to CBO's to build capacity needed to organize and facilitate policy campaigns
- Community-based policy campaigns require a sequence of steps or "phases"

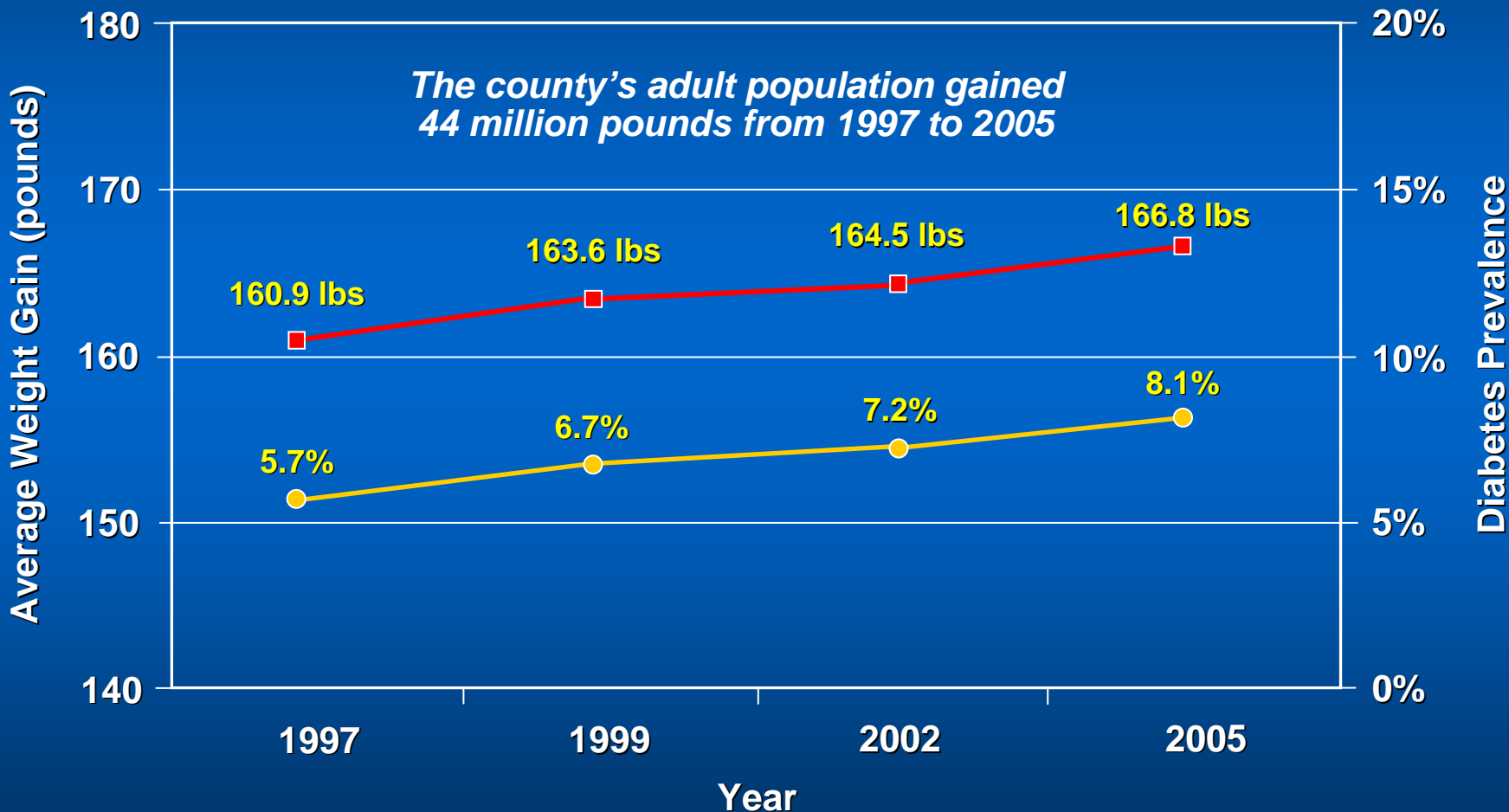
The Phase Model



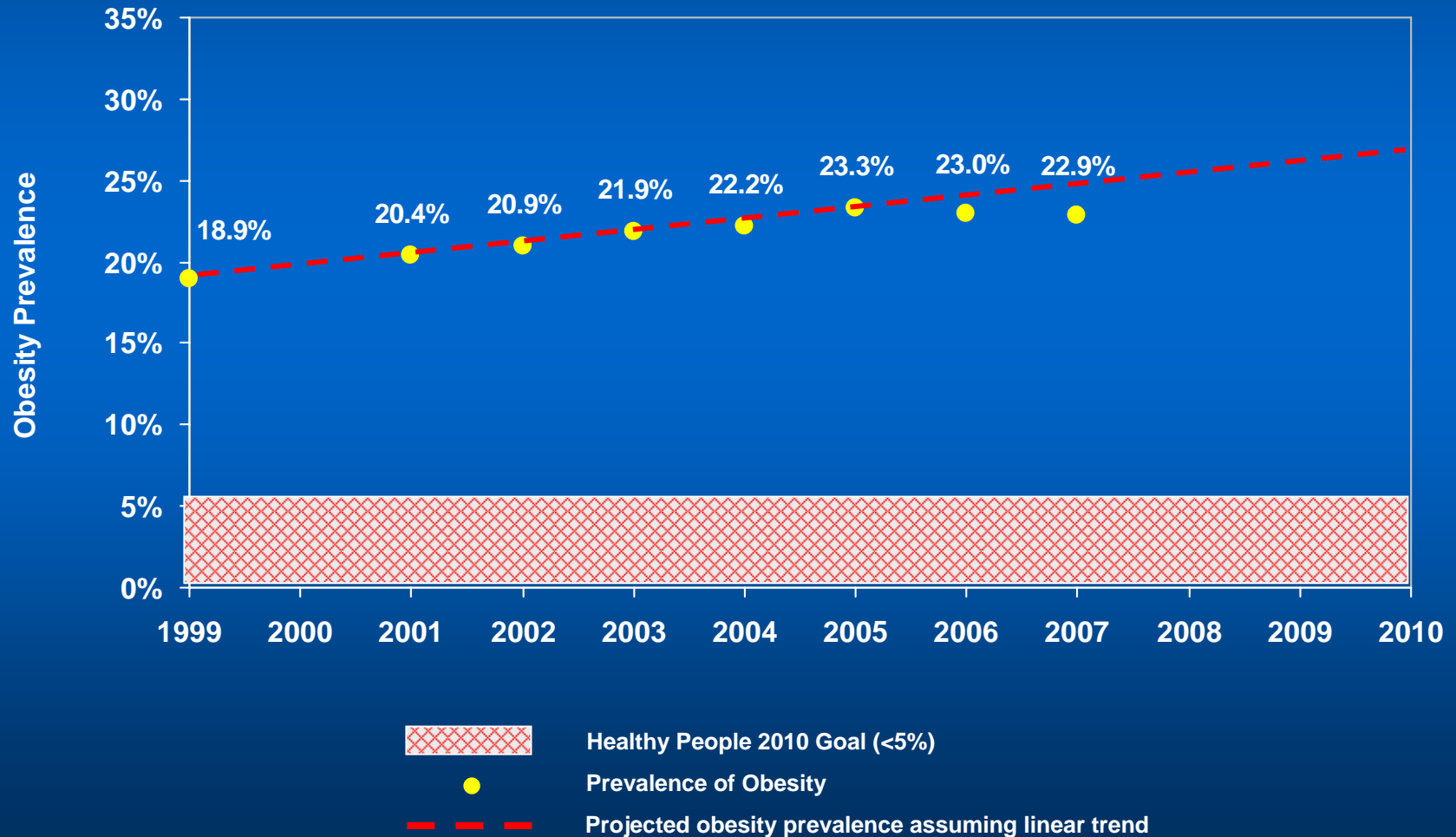
Applications to Other Chronic Disease Areas:

The Example of Obesity

Average Weight and Prevalence of Diabetes Among Adults in Los Angeles County



Prevalence of Obesity Among Los Angeles County School Children California Physical Fitness Testing 1999-2007



Cities/Communities with Lowest and Highest Childhood Obesity Prevalence

Top 10*

City/Community Name	2005 Youth Obesity Prevalence (%)	Rank of Economic Hardship (1 - 128)
Manhattan Beach	4.2	2
Palos Verdes Estates	6.3	5
Beverly Hills	6.9	19
San Marino	7.1	15
Agoura Hills	7.3	10
Calabasas	8.0	8
South Pasadena	9.0	17
La Canada Flintridge	11.4	18
Rancho Palos Verdes	11.6	13
Arcadia	12.3	35
Average 10 lowest	8.0%	

Bottom 10*

City/Community Name	2005 Youth Obesity Prevalence (%)	Rank of Economic Hardship (1 - 128)
Cudahy	29.4	123
West Whittier-Los Nietos	29.7	81
West Puente Valley	30.0	90
Bell	30.2	115
Willowbrook	30.5	116
Huntington Park	30.6	122
East Los Angeles	31.9	117
Florence-Graham	32.0	128
San Fernando	32.9	103
Maywood	37.4	121
Average 10 highest	31.5%	

*Table excludes cities/communities where number of students with BMI data < 500.

Source: California Physical Fitness Testing Program, California Department of Education. Includes 5th, 7th, and 9th graders enrolled in LA County public schools.



What Factors are Contributing to the Obesity Epidemic: a Partial List

- Increased marketing of junk food and sodas to children
- Increased portion size of food and beverages
- More meals consumed outside the home
- Decreased physical education in schools
- Fewer safe areas for exercise in communities
- Increased TV and computer time
- Less access to fresh, nutritious, affordable food in underserved areas (and more access to cheap calorie-dense unhealthy foods)
- Increased time spent in cars
- Community design that discourages walking and bicycling

Implications for Prevention

- No single magic bullet—will require multiple strategies operating at multiple levels across multiple sectors
- Long-term efforts needed to change built environment (e.g., land use and transportation policy)
- Predisposing social and economic conditions must also be addressed
- Efforts needed to change normative behavior (e.g., culturally tailored public education, media campaigns)—will require much larger funding streams than are currently available
- Advocacy needed to address federal policy (e.g., food subsidies) and food industry practices (e.g., food marketing to young children)

Community Action Urgently Needed

- Advocate for policies and programs at the city level
 - increase parks and other green space
 - expand community recreation programs
 - establish and implement master plans for pedestrians and bicyclists
 - create incentives for restaurants that offer healthy food items and promote calorie labeling on menus and menu boards
 - create incentives for full service supermarkets, farmer's markets, and other businesses that offer affordable fresh produce
 - prohibit toy giveaways at fast food restaurants; restrict billboards
- Organize walking groups and other recreational activities
- Work with local law enforcement to improve neighborhood safety