

**OFFICE ON SMOKING AND HEALTH (OSH): REDUCING DEATH AND DISABILITY ... MAKING A DIFFERENCE EVERY DAY**

Presented at:  
West Virginia University  
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Office on Smoking and Health (OSH)




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**TODAY'S PRESENTATION**

- **Impact of Smoking**
  - Why OSH was created
- **OSH Programs**
  - What we do
- **OSH Structure**
  - Who we are
- **ORISE Fellowship Program - CDC/ WVU**
  - How you can become involved



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**IMPACT OF SMOKING**


**DISEASE**

**DEATH**

**FINANCIAL COSTS**




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**IMPACT OF SMOKING**

- ❓ Smoking-related health care expenditures in U.S.?
  - ~\$750 million annually
  - ~\$96 billion annually
- ❓ Smoking reduces life expectancy, on average, by
  - ~3 years
  - ~14 years
- ❓ Percentage of nonsmokers regularly exposed to secondhand smoke?
  - ~25%
  - ~50%

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## IMPACT OF SMOKING



### Disease/Disability

- 8.6 million people in the U.S. have at least one serious illness caused by smoking
- 73% of current smokers have a chronic lung disease
- 50% of former smokers have a chronic lung disease


Source: CDC, MMR 7-1-2005: Annual Smoking-Attributable Mortality - United States, 1997-2001  
Source: CDC, MMR 9-5-2003: Cigarette Smoking-Attributable Mortality - United States, 2000

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## IMPACT OF SMOKING

### Death

- Annually, there are 443,000 premature deaths of U.S. adults due to cigarette smoking and exposure to tobacco smoke
- The 3 leading causes of smoking-attributable deaths account for nearly 70% of those deaths annually:
  - 1) **Lung Cancer** = 123,836 (-28%)
  - 2) **Obstructive Pulmonary Disease** = 90,582 (-21%)
  - 3) **Heart Disease** = 86,801 (-20%)
- Smoking reduces life expectancy, on average, by ~14 years

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## IMPACT OF SMOKING




### Annual Costs of Smoking

- U.S. Medical Costs: \$96 billion in smoking-related healthcare expenditures
- U.S. Labor Costs: \$92.4 billion in lost productivity

Source: CDC, MMR 7-1-2005: Annual Smoking-Attributable Mortality - United States, 1997-2001  
Source: CDC, 2004 Surgeon General's Report: "The Health Consequences of Smoking"

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## IMPACT OF SMOKING



### Smoking During Pregnancy

- Reduces the amount of oxygen reaching the fetus which negatively affects fetus' respiratory & central nervous systems
- Increases the risk of complications during pregnancy
  - Miscarriage, stillbirth, premature rupture of amniotic sac, placental problems, preterm delivery
- Increases the risk of serious health problems in newborns
  - Low birth weight which can lead to lifelong disabilities
- Increases the risk of sudden infant death syndrome (SIDS)
  - 3 to 4 times more likely than if mother is a nonsmoker

Source: CDC, 2004 Surgeon General's Report: "The Health Consequences of Smoking" - Chapter 5: Reproductive Effects

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## IMPACT OF SMOKING

### Secondhand Smoke (SHS)

- Nearly 50% (127+ million) of all nonsmoking Americans are regularly exposed to SHS
- There is no risk-free level of exposure to SHS
- SHS contains more than 250 compounds that are known to be toxic or cause cancer, such as lead, arsenic, cyanide, benzene, formaldehyde, vinyl chloride, beryllium, butane, & ammonia
- Exposure can cause heart disease, lung cancer, and respiratory problems in nonsmoking adults ... and SIDS, ear infections, respiratory infections, & asthma attacks in infants/children



Source: CDC, 2006 Surgeon General's Report: "The Health Consequences of Involuntary Exposure to Tobacco Smoke"

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## IMPACT OF SMOKING

ANSWERS

### Smoking-related health care expenditures in U.S.?

- ☑ ~\$96 billion annually

### Smoking reduces life expectancy, on average, by

- ☑ ~14 years

### Percentage of nonsmokers regularly exposed to secondhand smoke?

- ☑ ~50%

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## BENEFITS OF QUITTING

- ❓ After quitting smoking, how much time does it take to notice an improvement in one's health?

  - ~20 minutes
  - ~20 days
- ❓ What is the first noticeable improvement?

  - coughing and shortness of breath decreases
  - drop in heart rate
- ❓ Can a former smoker's risk of stroke ever be reduced to that of a nonsmoker?

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## BENEFITS OF QUITTING



### Begins in as little as 20 minutes after quitting!

- **20 minutes** - A smoker's heart rate drops
- **12 hours** - Carbon monoxide level in blood drops to normal
- **2 weeks to 3 months** - Heart attack risk decreases and lungs' functioning improves
- **1 to 9 months** - Coughing and shortness of breath decreases
- **1 year** - Coronary heart disease risk is ½ of smoker's risk
- **5 years** - Stroke risk is reduced to that of a nonsmoker 5 to 15 years after quitting
- **10 years** - Lung cancer death rate is ½ of smoker's rate

Source: CDC, 2004 Surgeon General's Report: "The Health Consequences of Smoking: What It Means to You"

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## BENEFITS OF QUITTING

ANSWERS

After quitting smoking, how much time does it take to notice an improvement in one's health?

- ~20 minutes

What is the first noticeable improvement?

- drop in heart rate

Can a former smoker's risk of stroke ever be reduced to that of a nonsmoker?

- yes, ~ 5 to 15 years after quitting

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## OSH PROGRAMS

# YOUTH ADULT DISPARITIES GLOBAL

MAKING A DIFFERENCE EVERY DAY

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## YOUTH TOBACCO USE IN U.S.

How many more middle school boys smoke cigarettes than do girls? What about in high school?

- rate is very similar
- 25% more boys
- twice as many boys

Which tobacco product is almost as popular as cigarettes with high school males?

- cigars
- smokeless tobacco

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## YOUTH SMOKING IN U.S. PROBLEM

### Middle School and High School Tobacco Use

Product	MS Male	MS Female	HS Male	HS Female
CIGARETTES	7.9	8.8	21.6	21.8
CIGARS	6.7	3.8	18.4	7.6
SMOKELESS TOBACCO	3.8	1.9	9.9	1.2

MS: 6<sup>th</sup> - 8<sup>th</sup> grade  
HS: 9<sup>th</sup> - 12<sup>th</sup> grade

EACH DAY, ~1,500 youth become daily cigarette smokers

Source: Substance Abuse & Mental Health Services Administration. Results from 2004 National Survey on Drug Use & Health: National Findings.

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## YOUTH SMOKING IN U.S. OSH STRATEGIES

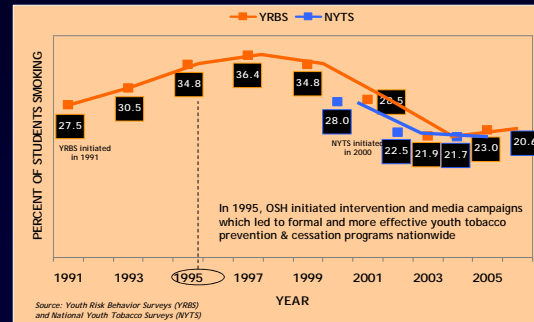
- Conduct National Youth Tobacco Survey (NYTS) and Youth Risk Behavior Survey (YRBS)
- Provide technical assistance to all U.S. states on youth tobacco prevention and cessation
- Provide support for state legislative changes on tobacco control for youth
- Provide support for national, state, and local media campaign efforts, as well as meetings & conferences on initiatives
- Partner with national anti-tobacco organizations such as American Cancer Society, American Legacy Foundation, and Campaign for Tobacco-Free Kids on strategy development for youth issues



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## CIGARETTE SMOKING IN U.S. HIGH SCHOOLS OSH: MAKING A DIFFERENCE

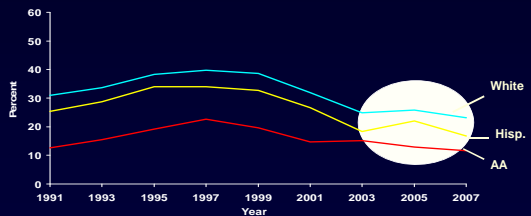


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## Strategic Priorities within Goals – 2008-09

- Prevention
  - Identify determinants: slowing decline in youth smoking rates



## YOUTH SMOKING IN U.S.

ANSWERS

How many more middle school boys smoke cigarettes than do girls? What about in high school?

- middle school - similar rates (girls 8.8%; boys 7.9%)
- high school - similar rates (girls 21.8%; boys 21.6%)

Which tobacco product is almost as popular as cigarettes with high school males?

- cigars 18.4%.....cigarettes 21.6%

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### ADULT SMOKING IN U.S.

- ? What percentage of adults are current smokers?
  - ~20%
  - ~42%
  
- ? What state has the LOWEST rate of adult cigarette smokers? What state has the HIGHEST rate?
  
- ? Of current smokers, what percentage smoke 15 or more cigarettes per day?
  - ~24%
  - ~48%

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### ADULT SMOKING IN U.S. PROBLEM

- Current cigarette smokers
  - 46 million adults = 20.6% of population (23.1% of men and 18.3% of women)
- Smoking frequency
  - 4 cigarettes or less daily or smoke on some days = ~24%
  - 5 to 14 cigarettes daily = ~28%
  - 15 to 24 cigarettes daily = ~36%
  - 25 or more cigarettes daily = ~12%
- Among current smokers, ~43% had tried to quit during the preceding 12 months but were unsuccessful

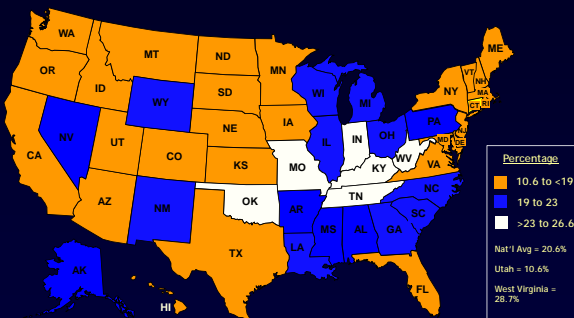


Source: CDC. MMWR 11-13-09: Cigarette Smoking Among Adults and Trends in Smoking Cessation -- United States, 2008  
Source: CDC. MMWR 11-11-05: Cigarette Smoking Among Adults -- United States, 2004 (smoking frequency)

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### PERCENTAGE OF CURRENT CIGARETTE SMOKING AMONG ADULTS



Source: CDC. Behavioral Risk Factor Surveillance System, 2008

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### ADULT SMOKING IN U.S. OSH STRATEGIES

- Conduct Adult Tobacco Survey (ATS)
- Provide technical assistance to all U.S. states on adult tobacco prevention and cessation
- Provide support for state legislative changes on tobacco control for adults
- Create/coordinate media campaigns at the national, state, and local levels, as well as meetings & conferences on initiatives
- Partner with national anti-tobacco organizations such as American Cancer Society, American Lung Association, and Robert Wood Johnson Foundation on strategy development for adult issues



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## ADULT SMOKING IN U.S.

ANSWERS

What percentage of adults are current smokers?

- 20.6%


What state has the LOWEST rate of adult cigarette smokers? What state has the HIGHEST rate?

- Utah - lowest rate (9.2%)
- West Virginia - highest rate (26.6%)

Of current smokers, what percentage smoke 15 or more cigarettes per day?

- ~48%

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## HEALTH DISPARITIES IN U.S.

**?** Of the groups listed below, which has the LOWEST rate of adult cigarette smoking (9.9%)?

- African Americans
- American Indians/Alaska Natives
- Asian Americans
- Caucasians
- Hispanics/Latinos

**?** Which group has the HIGHEST rate of adult cigarette smoking (32.4%)?


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## HEALTH DISPARITIES IN U.S. PROBLEM

### Current Adult Cigarette Smokers


- American Indians/Alaska Natives — 32.4%
- Caucasians — 22%
- African Americans — 21.3%
- All Adult Smokers — 20.6%
- Hispanics/Latinos — 15.8%
- Asian Americans — 9.9%



Regardless of where the percentages fall on the spectrum for a given problem, OSH takes the initiative to address tobacco prevention and cessation in specific populations through focused surveys & programs

Source: CDC, *MMWR* 11-13-09: Cigarette Smoking Among Adults and Trends in Smoking Cessation — United States, 2008

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## HEALTH DISPARITIES IN U.S. OSH STRATEGIES

### American Indians/Alaska Natives

- Planning process for AIAN Survey — Initiated in 2003
- Survey implementation — Fall 2006

### African Americans

- Expanded technical assistance to include all 50 states related to African American tobacco prevention and cessation
- National media campaigns / National and state conferences

### Hispanics/Latinos

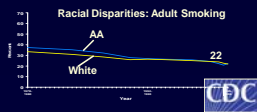
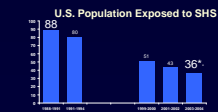
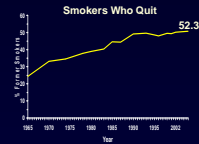
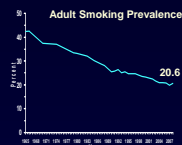
- Phase 1 of H/L Survey initiated in 2004; Outcome — Converted existing information to Spanish & created specialized campaigns for this population
- Phase 2 of H/L Survey planned for 2007; To be conducted in highly populated Hispanic/Latino areas in U.S. (New York, Florida, Texas)

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## IMPACT

- Certain EPI surveillance, research, and evaluation findings have had major impacts in advancing progress in tobacco prevention and control.



## HEALTH DISPARITIES IN U.S.

ANSWERS

- African Americans
- American Indians/Alaska Natives
- Asian Americans
- Caucasians
- Hispanics/Latinos

Which group has the LOWEST rate of adult cigarette smoking?

- Asian Americans (9.9%)

Which group has the HIGHEST rate of adult cigarette smoking?

- American Indians/Alaska Natives (32.4%)

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## GLOBAL SMOKING

**?** Worldwide, how many people currently die of tobacco-related deaths each year?

- ~500,000
- ~5,000,000

**?** If current trends continue, the number of worldwide tobacco-related deaths during this century could be how many times greater than all tobacco-related deaths during this past century?

- 3 times more deaths
- 10 times more deaths

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## GLOBAL SMOKING PROBLEMS

- An estimated **1.25 billion adults and youths worldwide** smoke cigarettes



- Worldwide, tobacco use results in nearly 5 million deaths per year

- If the current trends continue, it is predicted that:
  - tobacco use will cause more than 10 million worldwide deaths annually by the year 2020
  - tobacco use will kill almost one billion people in this century, 10 times the toll it took in the 20<sup>th</sup> century

Source: American Cancer Society, 2006 Tobacco Atlas

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## GLOBAL SMOKING OSH STRATEGIES



- Conduct school-based surveys
  - Global Youth Tobacco Survey (GYTS) on tobacco use of students, ages 13-15, in more than 73% of all countries worldwide
  - Global School Personnel Survey (GSPS) on tobacco use of school personnel and tobacco-related school policies & programs
  - Global Health Professionals Survey (GHPS) on tobacco use of third-year students pursuing advanced degrees in dentistry, medicine, nursing, or pharmacy
- Work closely with World Health Organization (WHO) to develop marketing and media campaigns focused on youth tobacco prevention & cessation in more than 140 countries around the world
- Provide skill-building conferences on effectively translating surveillance data into action at the country/regional levels

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## GLOBAL SMOKING

ANSWERS

Worldwide, how many people currently die of tobacco-related deaths each year?

~5,000,000

If current trends continue, the number of worldwide tobacco-related deaths during this century could be how many times greater than all tobacco-related deaths during this past century?

10 times more deaths

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## PURPOSE OF OSH

MISSION,  
GOALS,  
& PRIORITIES



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## OSH VISION

A world free from tobacco-related deaths and diseases

## OSH MISSION

Develop, conduct, and support strategic efforts to protect the public's health from the harmful effects of tobacco use



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## OSH STRATEGIC GOALS

- **DISPARITIES:** Create and disseminate the evidence base needed to reduce/eliminate disparities
- **SECONDHAND SMOKE:** Advance the implementation of comprehensive statewide smoke-free laws
- **CESSATION:** Sustain and expand the capacity of quitline services; Protect and expand insurance coverage for counseling and medications and increase their utilization
- **PREVENTION:** Provide a special focus on preventing the initiation of tobacco use in youth and young adults



Source: CDC's OSH Leadership Retreat, January 2007.

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## OSH STRATEGIC PRIORITIES

- **SUSTAINING STATES:** Assist states and partners in increasing resources for comprehensive evidence-based tobacco control programs
- **SMOKELESS TOBACCO:** Determine OSH's strategic role in the prevention and control of smokeless tobacco use through detailed assessment



## OSH DIRECTOR'S INITIATIVE PROGRAM

- Initiatives will be identified and addressed based on high profile topics throughout the year e.g. menthol additives, FDA Regulation, MPOWER Package

Source: CDC's OSH Leadership Retreat, January 2007.

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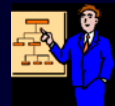
## APPLYING THE MPOWER PACKAGE

- Monitor tobacco use and prevention policies,
- Protect people from tobacco smoke,
- Offer help to quit tobacco use,
- Warn about the dangers of tobacco,
- Enforce bans on tobacco advertising, promotion and sponsorship,
- Raise taxes on tobacco.



## OSH STRUCTURE

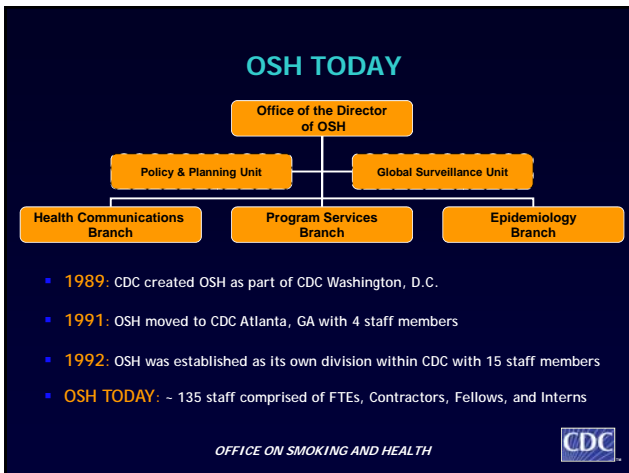
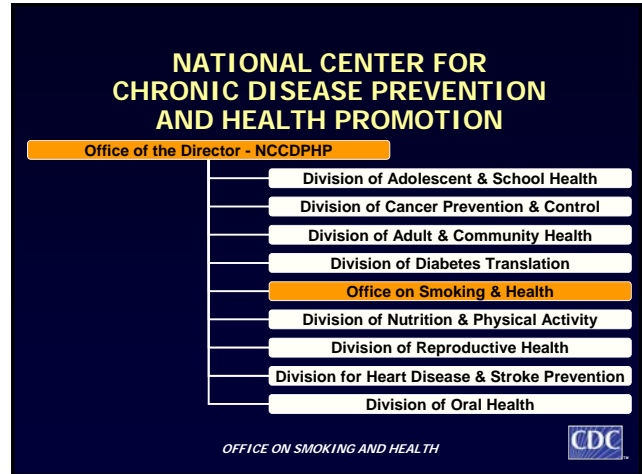
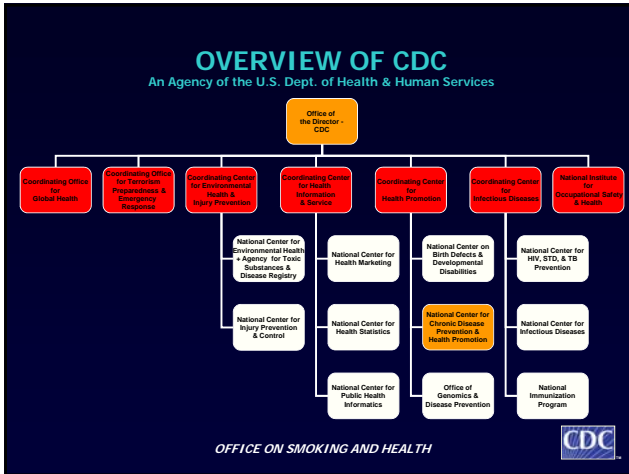
# ORGANIZATIONAL CHARTS



# STAFF FUNCTIONS

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### OSH STRUCTURE

#### OFFICE OF THE DIRECTOR

Director (Physician), Deputy Director (Public Health Analyst), and Associate Director for Science (Senior Epidemiologist):

- coordinate the overall strategic vision of OSH with its three branches
- oversee legislative matters through its *Policy & Planning Unit* (Public Health Advisors)
- oversee measurement studies and surveys at an international level through its *Global Surveillance Unit* (Physicians and Health Scientists)

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## OSH STRUCTURE

### HEALTH COMMUNICATIONS BRANCH

Public Health Advisors & Health Communications Specialists:

- develop educational materials and programs to inform media, researchers, health professionals, policy makers, and the public about the health consequences of tobacco use
- conduct counter-advertising and informational campaigns for tobacco prevention & cessation
- provide technical assistance at the national, state, & local levels
- release Surgeon General's reports on tobacco use, as well as prepare CDC speeches and exhibits on tobacco issues



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## OSH STRUCTURE

### PROGRAM SERVICES BRANCH

Public Health Advisors & Health Education Specialists:

- provide technical assistance and monitor/track activities in national, state, and local tobacco prevention and cessation programs
- assist in the design and implementation of legislative activity & tobacco control efforts in each state
- coordinate conferences that facilitate development and implementation of tobacco control initiatives
- train and supervise field staff working with health departments and national organizations to implement tobacco control programs



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## OSH STRUCTURE

### EPIDEMIOLOGY BRANCH

Health Scientists, Epidemiologists, Public Health Advisors, Fellows, Physicians, and a Toxicologist:

- conduct research, surveillance, field investigation, and evaluation activities on the health effects of tobacco use
- analyze data in surveys & epidemiologic studies and monitor trends
- work with states and communities to conduct the Youth and Adult Tobacco Surveys
- provide technical assistance on measuring and evaluating tobacco control programs at the national, state, and local levels



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## EPIDEMIOLOGY BRANCH

### Overview

- Largest branch in OSH (50+ staff)
- "Scientific arm" of OSH
- Currently has more than 60 ongoing projects

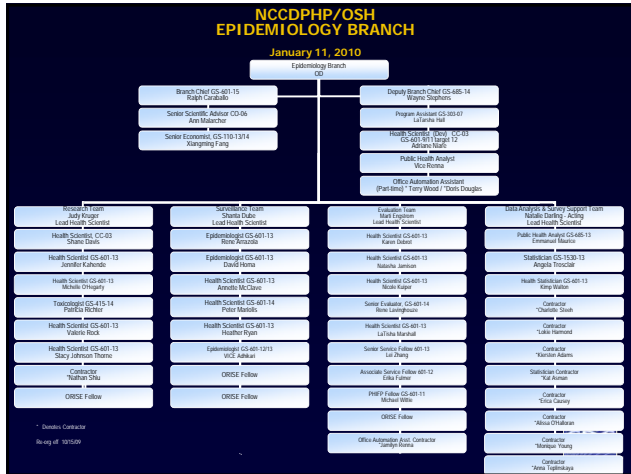


### Four Scientific Teams

- Surveillance Team
- Evaluation Team
- Research Team
- Data Analysis & Survey Support Team

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## Surveillance Team

Primary Functions

- Monitor tobacco use, related behaviors, and tobacco control programs and policies; design survey questionnaires; and conceive, conduct, analyze and publish surveillance manuals, reports and papers

## Evaluation Team

Primary Functions

- Conduct process, impact, and outcome evaluation of comprehensive tobacco control programs and policies
- Conceive, conduct, analyze and publish evaluation manuals, reports and papers
- Provide TA to states

## Research Team

Primary Functions

- Conceive, conduct, analyze, and publish research to answer questions (hypothesis driven or exploratory) and/or fill data gaps, as well as probe into emerging areas (menthol initiative)

## Data Analysis & Survey Support Team

### Primary Functions

- Lead and coordinate data analysis for projects within EPI and the whole Division
- Lead and coordinate the TA that the Branch provides to states for ATS, YTS and other systems
- Conceive, conduct, analyze and publish state guidance manuals, reports and papers
- Contributes on Branch publications/products



## EPIDEMIOLOGY BRANCH

## ORISE FELLOWSHIP PROGRAM

(OAK RIDGE INSTITUTE FOR SCIENCE & EDUCATION)



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## ORISE Mission Objectives

- Strengthening our nation's research and development enterprise through education and research participation programs.
- Ensuring the readiness of our nation to respond to terrorist incidents and other emergencies.
- Protect workers, the public, and the environment through research, outreach, and verification activities.



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## ORISE FELLOWSHIP PROGRAM

### Current and Past Participants



- West Virginia University
- Johns Hopkins University
- Georgia State University
- Emory University
- Morehouse College
- University of South Florida
- University of Michigan
- University of Wisconsin
- Columbia University
- University of Florida
- Harvard University
- Yale University
- University of North Carolina
- George Washington University

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## ORISE FELLOWSHIP PROGRAM

### ORISE Fellows

- Nicholas Taylor, MPH, ORISE Fellow
- Jessica Cohen, MPH, ORISE Fellow
- René Arrazola, MPH, ORISE Fellow
- Natalie Whitney, MPH, ORISE Fellow
- Alexandra Linares, ORISE Fellow
- Julie Cessna, ORISE Fellow
- Bambi Arnold, ORISE Fellow
- Namrata Uberoi, ORISE Fellow
- Liz Shane, ORISE Fellow
- Chinwa Wee, ORISE Fellow
- Traci Jarrett, ORISE Fellow
- Farheen Akbar, ORISE Fellow
- Sue-Ann Robyn Charlevy, ORISE Fellow
- Michelle Griffin, ORISE Fellow
- Crystal Bruce, ORISE Fellow

Next rotation scheduled: Summer 2010



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## ORISE FELLOWSHIP PROGRAM

### Program Commitment - Spring 2010 & Beyond

- 3-month ORISE rotation at CDC in Atlanta with future potential in D.C.
- Assigned to Epidemiologist, Health Scientist, or in OSH
- Work on predetermined research, evaluation, or surveillance projects
- Types of active OSH projects, Fellow's MPH concentration area, and Fellow's professional interests all play a role in determining the projects assigned during the Fellowship




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## ORISE Experience

- Front line public health experience
- CDC University
- CDC Working groups
- On-site lectures
- University lectures
- Local conferences
- Productive and Inspiring job environment
- Fitness and Health Evaluations
- Seminars
- Volunteering
- Access to CDC Resources and Libraries




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## ORISE FELLOWSHIP PROGRAM

### Expected Deliverables at End of Fellowship

- Completion of all WVU requirements to receive course credit for Fellowship, including formal paper on primary project
- Oral presentation to CDC scientists & staff
- Oral presentation to WVU faculty & graduate students
- Serve as a point-of-contact and source of information for future Fellows from WVU
- Optional: Publication with CDC scientist





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## ORISE FELLOWSHIP PROGRAM

Projects that Fellows Have Supported Since June 2005

- National Youth Tobacco Survey (NYTS) Analysis
- Global Youth Tobacco Survey (GYTS) Analysis
- Logic Model Update
- Key Outcome Indicators Report
- Tobacco 101
- Smokeless Tobacco and Susceptibility to Cigarette Smoking
- Hispanic/Latino Adult Tobacco Survey
- Methodology for Survey Data Collection Amongst Various Ethnicities
- Pregnancy and the Effectiveness of Quitlines on Tobacco Cessation (an MMWR)
- Business Strategic Plan for Tobacco Control in the Workplace
- Annotated Bibliography on Tobacco in the Workplace
- Qualitative study on smoking cessation experiences of nursing students





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## ORISE FELLOWSHIP PROGRAM

Potential Projects for WVU Fellows

- Hispanic/Latino Adult Tobacco Survey (OSH) (Research)
- Adolescent Health and Tobacco Use (Research)
- Tobacco Use and Disparities (Research)
- Monitoring Progress in Tobacco Control (2 Fellows)
- Examining Trends in the Determinants of Youth Cigarette Smoking (OSH) (Surveillance)
- Education and Tobacco Use Project (Surveillance)
- Services Management, Research & Translation (SMART) Regional Training Center HIV Prevention Project (Division of Reproductive Health-DRH)





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## ORISE FELLOWSHIP PROGRAM


- **Stipend**  
\$ 3,307 per month during the 3-month rotation + health insurance monthly fee of ~\$335 per month
- **More Information**  
- Oak Ridge Institute for Science and Education  
[www.orise.orau.gov](http://www.orise.orau.gov)






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[www.cdc.gov/tobacco](http://www.cdc.gov/tobacco)





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## Atlanta

- Recreation
  - Stone Mountain
  - Piedmont Park
  - Peachtree City Triathlon
  - GA Marathon
  - Botanical Gardens
- Arts & Music
- Museums
  - Georgia Aquarium
  - Coca Cola Museum
- Sports: Falcons, Braves, Thrashers, Hawks
- Restaurants



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## FAQ

### Do I need a car in Atlanta?

– Yes. Although there is public transportation in Atlanta it is somewhat limited. You will find it much easier to navigate the city in your own vehicle.

### Does CDC provide housing?

– No. CDC does not provide housing, but we can refer you to a local apartment locator service. In addition, many houses near Emory rent rooms to students



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## FAQ

### What is the dress code?

– Day to day office attire is “business casual”. Professional attire is recommended for presentations or conferences.

### What are the working hours?

– Official working hours are flexible and will be determined between you and your supervisor.



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## Contact Information

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National Center for Chronic Disease  
Prevention & Health Promotion  
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National Center for Chronic Disease  
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Thank you!

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Any Questions?

