
This program is funded by the Ohio Tobacco Use Prevention and Control Foundation with additional funding, support and cooperation from the Community Vision Council.
List of Community Partners
American Cancer Society
American Lung Association of Ohio
Asian Services in Action
Berea Children's Home & Family Services
Changing Attitudes Utilizing Skills from Everyday Life (CAUSE)
Center for Adolescent Health, CASE
Center for Community Solutions
Center for Health Promotion Research, CASE
Center for Families and Children
City of Lakewood
City Year Cleveland
Cleveland Clinic Foundation
Cleveland Department of Public Health
Cleveland Municipal School District
Cuyahoga County Tobacco Control Coalition
Cuyahoga County Board of Health
Greater Cleveland Health Education & Service Council
HealthSpace Cleveland
Hispanic Urban Minority Alcohol and Drug Abuse Outreach Program, Inc.
Lakewood Hospital
Lesbian/Gay Community Service Center of Greater Cleveland
Let's Talk About...Youth Enrichment Program
MetroHealth Medical Center
North East Ohio Neighborhood Health Services (NEON)
ORC Macro
PLAN of Northeast Ohio
Recovery Resources
University Family Medicine Foundation
Wellness Council of Northeast Ohio
Tobacco use is the leading cause of preventable death in the United States, with tobacco killing more people than alcohol, HIV/AIDS, automobile accidents, illegal drugs, homicides, and suicides combined. Every year in the state of Ohio, nearly 20,000 adults die from their own smoking and each year 36,800 of Ohio’s youth become daily smokers. The adverse health effects associated with tobacco use also take an economic toll on the state and its taxpayers through increased healthcare costs, which exceed $3.4 billion annually. It is estimated that the average Ohio household pays $514 each year in federal and state taxes related to smoking.

With these realities in mind, Ohio took a proactive step toward addressing the effects of tobacco on its citizens. Late in 1998 Ohio’s attorney general, along with the attorneys general of 45 other states, came to a legal settlement with the United States Tobacco Product Manufacturers. The Master Settlement Agreement (MSA) called for payments to be made to each of the states participating in the settlement. Early in 2000 the Ohio General Assembly passed comprehensive legislation allocating the revenue Ohio would receive as a result of the MSA. In March 2000, Governor Robert Taft signed Senate Bill 192, which became the framework for Ohio’s plan to reduce tobacco consumption.

Senate Bill 192 created the Ohio Tobacco Use Prevention and Control Foundation (TUPCF). TUPCF is governed by a twenty member Board of Trustees charged with the oversight of the estimated 51.2 billion Ohio TUPCF Endowment, originally scheduled to be allocated over a 12 year period. Through its grant programs, TUPCF has supported the development of community partnerships and coalitions to “create infrastructure and implement cessation, prevention and education programs” in a comprehensive effort to reduce tobacco use. It is through this mechanism and with additional support from the Health and caring for all Community Vision Council that Cuyahoga County received funds to develop the local effort to prevent and reduce tobacco use among its youth and adult residents.
THE PARTNERSHIP

BACKGROUND

The Cuyahoga County Comprehensive Partnership for Tobacco Reduction (CCCPT), led by the Cuyahoga County Board of Health, was organized and received notification of initial funding in 2002. More than thirty supporting agencies comprise CCCPT, with the mission of working together to reduce and prevent tobacco use in Cuyahoga County (see listing of Partners on Page 2). CCCPT has five primary goals that guide their strategic plan and all initiatives:

- Prevent tobacco use initiation by youth
- Reduce youth tobacco use
- Reduce adult tobacco use
- Reduce tobacco use among African-Americans and Latinos
- Reduce exposure to secondhand smoke

The long-term programming efforts developed to meet the goals of the Partnership are three-pronged: school, neighborhood, and community-wide programming, with activities focusing on the following:

- **Schools**: evidence-based programming including prevention education, peer education, parental involvement, smoke-free school buildings.
- **Neighborhoods**: cessation programs, tobacco vendor compliance and education, and support for smoke-free environments.
- **Community**: surveillance (identify who uses tobacco and how to reach them), counter-marketing, community awareness campaign, youth advocacy.

The Partnership serves as a catalyst for community action to prevent and reduce tobacco use in Cuyahoga County. The partners meet quarterly to review the progress of the Partnership, and to discuss long-term strategies and objectives.

PROGRAM EVALUATION AND SURVEILLANCE METHODOLOGY

An essential component of the Partnership's work is the comprehensive program evaluation and surveillance plan, which is comprised of two components: program evaluation (assessing program effectiveness and program reach) and annual surveillance of tobacco use, attitudes and beliefs, and health outcomes among both adolescents and adults in Cuyahoga County. The plan is coordinated and carried out by two different Centers of Case Western Reserve University, School of Medicine: the Center for Health Promotion Research (CHPR) and the Center for Adolescent Health (CAH). The annual surveillance of youth is the responsibility of the CHPR, while the adult surveillance and program evaluation are the responsibility of the CAH. The methodology for the youth and adult surveillance systems are described on page 10.

The next few pages are dedicated to the school-based prevention programs and adult smoking cessation programs offered by the Partnership. In order to evaluate the impact of these programs, participants completed a survey prior to the intervention (e.g., pre-test) and then again after the completion of the intervention (e.g., post-test), and changes in the participants' knowledge, attitudes, intentions and behaviors are examined. The results of these analyses are reported after the description of each program.

In this first phase of the program evaluation plan, a single group (i.e., intervention group only, no comparison group) pretest/posttest design was implemented. Program evaluation in the third year of programming will involve a more rigorous design, involving a longer evaluation period and a comparison group who received the program after the completion of the evaluation.
**School-Based Prevention Programs**

**Word of Mouth** is a four-session, school-based tobacco prevention program developed by the American Lung Association (ALA) and the Cleveland Clinic Foundation. Word of Mouth targets children in grades 4-8. The program is designed to build refusal, communication, decision-making, and goal-setting skills, as well as to provide students with an understanding of the consequences of tobacco use and nicotine addiction. The curriculum begins in the 4th grade and builds from grade to grade. Within Cuyahoga County, the program is taught by teachers or outside community facilitators who have undergone a 2-day training provided by ALA.

2,609 students from 27 schools have received the Word of Mouth curriculum, offered in the 4th or 5th grade. Prior to the curriculum beginning, a pretest survey was conducted to establish baseline knowledge, beliefs and behavior. Of the 2,609 students enrolled, 2,414 completed the pretest and post-test surveys.

**School Districts Served with Word of Mouth:**
- Cleveland (east and west side)
- Lakewood
- Cleveland Heights/University Hts
- Warrensville Heights/North Randall/Highland Heights

**Exposure to Tobacco:** Among the 4th & 5th grade participants surveyed:

- **20%** have been offered a cigarette in the past.
- **8%** have tried at least a puff or two of a cigarette.
- **21%** think that more than half of kids their age smoke.
- **53%** live with someone who smokes.
- **8%** do not think that smoking is harmful to their health.
- Students who live with a smoker are more than 3 times more likely to have tried smoking than those who do not live with a smoker (12% vs. 3%)
- Students who live with a smoker are also 3 times more likely to say they’ll probably smoke in the future (9% vs. 3%).
Self-Reported Impact: 80% of participants reported at follow-up that they knew “a lot more about tobacco” than before the intervention; an additional 11% reported knowing “a little” more. Males, older students, those living with a smoker, and those who had already tried smoking were more likely to report that the intervention did not change what they knew.

Knowledge: 8% of students reported at baseline that cigarettes were not harmful to one’s health. At follow-up, 73% of these students changed their opinion, reporting that cigarettes were harmful. In contrast, only 4% of those who reported cigarettes to be harmful at baseline changed their responses to not harmful.

Disapproval: 8% of students at baseline disagreed with the statement that “no one should smoke”. At follow-up, 71% of these students changed their opinion, reporting agreement with the statement. In contrast, only 6% of those who agreed with the statement initially disagreed at follow-up.

Intentions: 6% of students reported at baseline that they might be smoking five years from now. After the intervention, over half (51%) of these students said they no longer intended to smoke. In comparison, only 3% changed from no intention to intention to smoke.

LIFE SKILLS TRAINING

1,927 6th grade students from 14 schools in Cleveland, Euclid and Garfield Hts. have received the Life Skills Training curriculum. Prior to the curriculum beginning, a pretest survey was conducted to establish baseline knowledge, beliefs and behavior. Of the enrolled students, 1,666 students completed the pretest and post-test approximately two weeks following the end of the intervention.
**Life Skills Training**

**Description of Participants (n=1,666)**

- **AGE**
  - 8-11 yrs: 40%
  - 12 yrs: 10%
  - 13+ yrs: 50%

- **RACE**
  - Native American: 20%
  - Hispanic: 30%
  - White: 50%

- **GENDER**
  - Male: 40%
  - Female: 60%

- **LOCATION**
  - Suburban: 10%
  - Rural: 90%

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**Exposure to Tobacco**

Among the 6th grade Life Skills participants surveyed at baseline:

- 34% have been offered a cigarette or little cigar (41% males; 27% females).
- 28% of 11 yr olds; 38% of 12 yrs olds and 53% of 13+ yr olds have been offered a cigarette.
- 18% had tried either cigarettes or little cigars (15% for cigarettes; 12% for little cigars).
- 12% of 11 yr olds; 21% of 12 yr olds and 37% of 13+ yr olds have tried smoking.

- Among those who have tried, 11% report that they now smoke everyday.
- 81% say that at least one parent has told them not to smoke in the past 12 months.
- 53% report living with someone who smokes.
- 30% report that at least one of their 4 closest friends have tried smoking.

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**Effectiveness of Life Skills Training**

*(see page 3 for evaluation methodology)*

- **Self-Reported Impact:** 63% of participants reported at follow-up that they knew "a lot more about tobacco" than before the intervention; an additional 22% reported knowing "a little" more. As found with the younger group (see above), males, older students, those living with a smoker, and those who had already tried smoking were more likely to report that the intervention did not change what they knew.

- **Knowledge:** 10% of students at baseline thought that it was safe to smoke for a year or two as long as you quit after that. At follow-up, 74% of these students changed their opinion, reporting that it was not safe. In contrast, 7% of those who reported that it would not be safe at baseline changed their responses to say it would be safe as long as you quit.

- **Intentions:** Over 6% of students reported at baseline they were likely to smoke cigarettes or little cigars in the next year. After the intervention, 34% of these students said that they no longer intended to smoke. In comparison, 5% of students developed new intentions to smoke during the evaluation period.
Freedom From Smoking (FFS) is an eight-week smoking cessation program for adults developed by the American Lung Association. The program is designed as a supportive venue to help smokers quit smoking and to increase their ability to cope with relapses in the future. FFS assists smokers in identifying situations which trigger their desire to use tobacco, identifies healthy alternatives to using tobacco, and provides a step-by-step plan for smokers to quit smoking.

Nearly half (49%) of adults in Cuyahoga County who currently smoke have tried to quit at least once in the past year.
- Source: 2003 Cuyahoga County BRFSS.

47% of Cuyahoga County high school smokers say that they have tried to quit in the past 12 months.
- Source: 2003 Partnership Youth Tobacco Survey

Since the start of the Partnership, 356 adults have enrolled in one of the Freedom from Smoking program offered through the Partnership. Of these, 54% attended 5 or more sessions (60% of sessions) and 43% completed a survey at the last session (approximately 8 weeks later). Of those who completed the final survey, 84% reported quitting smoking during the 8-week program and 74% were still abstinent on the last session. In the next year of programming, 30-day and 60-day follow-ups will be conducted to determine longer term cessation success of program participants.
Tobacco Counter-Advertising

State-Wide Campaign: In 2002, the Ohio Tobacco Use Prevention and Control Foundation (TUPCF) launched a $50 million, four-year campaign aimed at counter-marketing the "nearby $500 million in annual marketing expenditures that tobacco manufacturers spend in Ohio" (TUPCF, 2003).

At the core of this counter-marketing program is the stand campaign. Developed by youth, for youth, its purpose is to empower Ohio's youth, ages 11-15, to "take a stand and speak out against tobacco" with the goal of becoming the first generation not hooked on tobacco.

Local (Cuyahoga County) Campaign:
The Partnership also launched its own localized counter-marketing efforts coordinated by HealthSpace Cleveland. In year one, the overall theme of this campaign was encapsulated within the headline, "The only smoke you'll see..." The campaign took a positive approach to addressing the issues surrounding smoking with the underlying goal being to develop a message that exemplified celebrating life without smoking. The visuals focused on activities in local neighborhoods that are more enjoyable when you do not smoke. The three creative designs used were a pickup basketball game, a neighborhood barbeque, and a little league baseball game. The ads were placed strategically throughout the county to reach the targeted population and could be seen in local newspapers, on billboards, movie theater screens, bus tailights and interior cards, and neighborhood kiosks.

Based on feedback of the year one campaign, in year two a satirical approach was taken to appeal to the targeted youth. The new ads used only text to emphasize the dangers of smoking. The overall headline of year two's campaign was "Smoking a cigar isn't as bad as smoking a cigarette... it's as bad as smoking 8 cigarettes." The ads were again placed strategically throughout the county to reach the targeted population and could be seen on neighborhood kiosks, bus tailights and interior cards. Year two placement also included posting banners within the targeted schools through the assistance of Home Team Marketing. Production of both ad campaigns was completed by Peabees Creative Group.

Has the message been heard?

ADULTS: Cuyahoga County adults were asked whether they had seen the state and local campaigns. As seen in the graph to the left, 21% of adults stated that they had seen the local campaign ("the only smoke you'll see...") and 44% of adults reported that they had seen at least one of the "stand" commercials (state-level campaign). Interestingly, current tobacco users were more likely to report that they had seen the "stand" advertisements (56% vs. 39%) and the local campaign (27% vs. 18%). It is important to point out that the adult survey was conducted only a few weeks after the launching of the local counter-marketing campaign.

Source: Cuyahoga County BRFSS, 2003

YOUTH: Youth were even more likely to report that they had seen the state-wide campaign, with 87% of youth reporting that they had seen the "stand" advertising in the past 30 days. However, in contrast to adults, students who do not smoke were more likely to report seeing the local advertising than those who do (88% vs. 81%).

Source: Partnership Youth Tobacco Survey, 2003
Youth Advocacy

SHOUT Cuyahoga (Student Health advocates Opposing the Use of Tobacco) is an innovative program that works to reduce teen tobacco use in Cuyahoga County through “SHOUT teams.” A SHOUT Team is group of teens who oppose tobacco use and work to reduce tobacco use at school and in the community by spreading truthful messages about the harmfulness and addictiveness of tobacco and the tobacco industry’s deceitful targeting of teens. With the start of school this fall, there were 16 SHOUT teams active across Cuyahoga County. Already teams are planning events like the “Human Billboard” pictured below, creating public service announcements, advocating for smoke-free schools, and encouraging peers to quit in recognition of the “Great American Smoke-Out” (November 18th). One of the exciting developments of the SHOUT program is the addition of teen tobacco cessation (quit) services. Beginning in the third year of programming, teens who want to quit can join a group or individual cessation counseling program.
**Youth and Adult Surveillance Methodology**

**Partnership Youth Tobacco Survey:** The PYTS is a cross-sectional school-based surveillance instrument that provides information regarding tobacco use among adolescents in Cuyahoga County. This survey also guides programmatic efforts aiming to change attitudes and beliefs regarding tobacco use, alter social norms, prevent or postpone youth tobacco use initiation, and reduce youth tobacco use. The following factors were deemed important in the development of the survey:

- Previously tested questions, known to be valid and reliable
- Comparison to data collected by the state and nation
- Patterns of use and prevalence of a wide variety of tobacco products
- Comprehensive questions resulting in a detailed picture of exposure to tobacco smoke, attitudes and beliefs about tobacco, and susceptibility to future tobacco use

The 83-item questionnaire synthesized previously tested items from the Youth Tobacco Survey, the Youth Risk Behavior Survey (YRBS), the Risk and Protective Factor Survey (RPS), and the Smokers' CAGE (Cessation: Always/Never, Guilty, Eye-Opener) with a newly designed oral health scale and a stress assessment scale (Brief Encounter Perceived Stress Inventory). A few original questions were also included in this study. Preliminary testing determined that the survey required from thirty to forty minutes for completion and that questions were written at appropriate reading levels.

The 2004 PYTS involved 13 area high schools (grades 9-12), selected to represent adolescents across Cuyahoga County. On the day of the survey, the 5,889 students enrolled in school, 4,486 had parental consent to participate and completed a usable survey (76% of enrolled students). The sample demographics were found to be parallel to 2000 Census estimates, providing support for the sample representation. The 2004 sample is 52% male and representative of all grades (30% 9th; 29% 10th; 22% 11th; and 19% 12th). Racial/ethnicity distribution is 56% Caucasian, 26% African-American, 7% Hispanic, and 11% Other. Students were also economically diverse with 25% low SES, 54% mid-SES, and 21% high SES.

**Cuyahoga County Behavioral Risk Factor Surveillance System**

The goal of the adult surveillance in the first year of the CCCPCTR was to collect baseline data on tobacco use, awareness (of local and state campaigns), attitudes and tobacco-related health outcomes among Cuyahoga County residents aged 18 and older. In addition, the Partnership sought to examine tobacco use prevalence across the county in order to identify geographic locations most in need of programming efforts by CCCPCTR. The Partnership was fortunate to be able to contract with ORC Macro, the same organization that conducts the annual Behavioral Risk Factor Surveillance Survey (BRFSS) for the Ohio Department of Health and the Centers for Disease Control and Prevention. ORC Macro administered the BRFSS to an oversampling of Cuyahoga County residents, using the telephone-based, computerized, random-digit dialing system to ensure a representative sample of households.

Between August-October, 2003, a modified version of the 2003 BRFSS survey was conducted, limiting questions to those that assess tobacco use and cessation, attitudes and awareness and tobacco-related health correlates and outcomes. One thousand, one hundred forty-four (n=1144) residents completed the survey. In addition, the Partnership ascertained the additional 414 cases collected from Cuyahoga County for the 2003 Ohio BRFSS survey and the original and combined samples were weighted to represent adults (aged 18+ yrs), yielding a final sample of 1,516 residents. However, it is important to note that the Ohio BRFSS did not include the extended tobacco module in 2003 and therefore, the full sample is limited with regard to other tobacco products and tobacco related perceptions & attitudes.
### Adult Cigarette Use: County, State and National Comparisons

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<tr>
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<tbody>
<tr>
<td>Never Smokers</td>
<td>48.5</td>
<td>50.7</td>
<td>53.0</td>
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<tr>
<td>Past Smoker</td>
<td>24.9</td>
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<tr>
<td>Current Cigarette User</td>
<td>26.7</td>
<td>25.4</td>
<td>22.1</td>
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</table>

Current cigarette smoking is defined in the BRFS as persons aged 18-79 years who report having smoked  100 cigarettes during their lifetime and who currently smoke every day or some days. Past smokers report smoking 100 cigarettes but not currently. Never smokers report smoking <100 cigarettes in their lifetime.

State and national comparison data are derived from the 2003 Behavioral Risk Factor Surveillance Survey. The BRFSS is a state-based system and therefore does not provide a national estimate. Thus, as suggested by the CDC, the median prevalence rate across the 50 states is used for the national estimate (CDC, 2004).

### Other Tobacco Product Use Among Adults: County, State and National Comparisons

<table>
<thead>
<tr>
<th>Other Tobacco Products</th>
<th>Cuyahoga County, 2003</th>
<th>Ohio, 2002</th>
<th>National, 2002</th>
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<tr>
<td>Pipe Use</td>
<td>0.8</td>
<td>0.8</td>
<td>0.8</td>
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<tr>
<td>Cigar Use</td>
<td>5.2</td>
<td>7.2</td>
<td>5.7</td>
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<tr>
<td>Cigar &amp; Little Cigar</td>
<td>7.1</td>
<td>n/a</td>
<td>n/a</td>
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</table>

Other data on other tobacco products such as cigars, pipes and smokeless tobacco are only collected in the even years (i.e., 2000, 2002) as the Ohio BRFSS. Thus, 2003 county-level estimates can only be compared to estimates from the 2002 Ohio BRFSS. The BRFSS does not ask specifically about the use of little cigars (e.g., Black and Milds). Due to the suspected high use in Cuyahoga County, these products were specifically assessed in the Cuyahoga County BRFSS. Thus, cigar use prevalence is provided both with and without little cigar use for comparative purposes.
Comparing Adolescent Tobacco Use to State and National Rates

Data from the Cuyahoga County Partnership Youth Tobacco Survey was compared to state and national rates provided by the 2003 Ohio and National Youth Risk Behavior Survey. Results indicate that no tobacco related behaviors were reported at significantly higher rates in Cuyahoga County than in the state or nation.

Areas Where Cuyahoga County Performs Better than Ohio (County % vs. State %)
- Current Bidi Use (1.8% vs. 3.6%)

Areas Where Cuyahoga County Performs Better than the Nation (County % vs. National %)
- Lifetime Cigarette Use (44.1% vs. 58.4%)
- Early Onset of Cigarette Use (12.2% vs. 18.3%)
- Regular Cigarette Use (8.4% vs. 15.8%)
- Current Bidi Use (1.8% vs. 4.1%)

28% of students report current use of some type of tobacco product, yet it might not be the product you would expect. While most prevention efforts focus on combating the proliferation of cigarette smoking, cigarettes are not the only, nor even the most prevalent, product of choice among adolescents in Cuyahoga County. More students report current use of cigars, cigarillos, and little cigars, such as Black & Malls, than cigarettes. In addition, almost the same number of Cuyahoga County students report current blunt use as report current cigarette use.
ADOLESCENT SURVEILLANCE

Where Do Minors Get Tobacco?

- 23% buy cigars from a store
- 27% buy cigarettes from a store
- 29% buy smokeless tobacco from a store

About one-quarter of underage Cuyahoga County cigarette, cigar and smokeless tobacco users report usually buying their products from a store. This information is especially frustrating in light of the Ohio Revised Code which forbids anyone under age 18 to purchase, attempt to purchase, possess, or use cigarettes, tobacco products or papers.

In the spring of 2004, random compliance checks of Cuyahoga County tobacco vendors by CCCPTR found that 15% of stores visited sold tobacco to underage youth.

HOW HARD IS IT TO QUIT?

Adolescents are experimenting with tobacco at younger ages and most adolescents do not fully understand how difficult it will be for them to quit smoking. Other studies suggest that although adolescent smokers do not expect smoking to become a habit, 80% are still smoking when surveyed five years later. Too little is known about what young people need to quit smoking and which types of interventions work best.

47% of smokers report trying to quit in the past 12 months
80% of former smokers are susceptible to smoking in the future
44% of smokers think it would be easy to quit

HOW DO SMOKERS SEE THEMSELVES?

Although adolescents may have positive feelings about being a smoker when they decide to try smoking, current smokers do not maintain these positive feelings about tobacco use. When asked how they felt about being a smoker, current smokers were much more likely to describe themselves negatively than positively.

This information is important to demonstrate to adolescents that the image of smokers as "cool", "popular", and "defiant" is a fallacy, and in sharp contrast to how their smoking peers really feel. This combined with the fact that nearly half of adolescent smokers report trying to quit, may be useful in convincing adolescents not to start.
While experimentation with cigarettes may be viewed by parents as a harmless and expected part of adolescence, there is a very real risk that adolescent experimentation will progress to more regular use. Prevention efforts should not underestimate the importance of helping adolescents to avoid even initial experimentation with tobacco.

- **36%** of students who have ever tried cigarettes in their lifetime are currently cigarette smokers.
- **46%** of students who have ever tried cigars, cigarillos or little cigars (such as Black & Molds) in their lifetime are currently using cigars.
- **48%** of students who have ever tried blunts (with or without substances added) in their lifetime are currently using blunts.
- **41%** of students who have ever tried smokeless tobacco in their lifetime are currently smokeless tobacco users.
- **29%** of students who have tried kreteks in their lifetime are currently using kreteks.
- **32%** of students who have tried bidis in their lifetime are currently using bidis.

Data collected and managed by the
Case Center for Adolescent Health

Ms. Jean Frank, MPH, Manager of Community Initiatives
or Ms. Elizabeth Larkin, M.S., Data Coordinator
(214) 862-2709
http://www.cacasehealth.org
ARE ADOLESCENT CIGARETTE SMOKERS LIKELY TO HAVE TRIED OTHER TOBACCO PRODUCTS?

16.2% of all students surveyed reported that they were currently smoking cigarettes. More than half of these students have also tried cigars and blunts. Ten to twenty percent of these students have also tried smokeless tobacco, kretekks and bidis. This high prevalence of multiple-product use should be considered when planning prevention and cessation efforts. A program focused on cigarette smoking in isolation would appear to address only a fraction of the problem.

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<tr>
<th>Percentage (%)</th>
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<td>62%</td>
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<td>52%</td>
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<td>17%</td>
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<td>12%</td>
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<td>11%</td>
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SUMMARY OF DEMOGRAPHIC DIFFERENCES AMONG ADOLESCENTS

ALL GENDERS, RACES, AGES, AND ECONOMIC CLASSES ARE AT RISK FOR TOBACCO USE

Although all adolescents are at risk for tobacco use, some subgroups are significantly more likely to engage in specific tobacco-related behaviors. A summary of some of these differences is presented below. This type of information may be useful in targeting programming and other resources to individuals who are most at risk.

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Exposure to Tobacco Smoke</th>
<th>Lifetime Tobacco Use</th>
<th>Cigarette Use</th>
<th>Smokeless Tobacco Use</th>
<th>Early Quitting</th>
<th>High Stress Levels</th>
<th>Believe Quitting Would Be Hard</th>
<th>Seen Anti-Tobacco Ads</th>
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HOW SUSCEPTIBLE ARE ADOLESCENTS TO FUTURE TOBACCO USE?

Although only 16% of adolescents currently smoke cigarettes, an additional 47% appear to be susceptible to smoking in the future.

When you compare those who are susceptible to smoking with those who are not, several characteristics emerge which may help to shape prevention efforts.

Those who are not susceptible to smoking are more likely to:

- Feel their parents would think it was "Very Wrong" for them to smoke
- Have more negative impressions of smokers
- Have lower levels of stress
- Believe there are more serious health consequences to smoking
- Have fewer friends who smoke
- Think it is wrong for someone their age to smoke
- Think tobacco companies definitely try to mislead young people more than other companies
- Think young people risk harming themselves even with 1-5 cigarettes per day
**ADULT TOBACCO SURVEILLANCE**

**Description of Adults (18+) Who Smoke Cigarettes in Cuyahoga County: Demographic Characteristics**

* Cuyahoga County BRFSS, 2003 (n=1516)

- Due to small sample sizes of users of other tobacco products, only description of cigarette users are provided in this report.
- Future years will permit more detailed description of other tobacco products use.
- All percentages adjusted for age, gender, race/ethnicity and education.

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Cuyahoga County residents were queried about the rules they maintain about smoking in their homes. As shown in the figure to the left, over half of residents (56.4%) reported that smoking is not allowed in their homes; however, the rates were very different for current smokers compared to non-smokers. More than twice as many non-smokers (48.8% vs. 32.5%) reported that smoking was prohibited in their homes when compared to current smokers. On the other hand, it is interesting that nearly a third of smokers report to only smoke outside of their home. For non-smokers, it appeared to be an all or nothing policy—either smoking was prohibited or allowed anywhere in the home. In contrast, current smokers appeared to have established different levels of acceptability with an even distribution of those who prohibit smoking, allow it some places, or allow it anywhere in the house.

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Prevalence of Rules about Smoking in the House by Tobacco Use Status

- **All Residents:**
  - Not allowed: 54.4%
  - Allowed in some places: 28.3%
  - Allowed in all places: 17.3%

- **Tobacco Users:**
  - Not allowed: 28.4%
  - Allowed in some places: 29.2%
  - Allowed in all places: 42.4%

- **Non-Tobacco Users:**
  - Not allowed: 62.4%
  - Allowed in some places: 24.2%
  - Allowed in all places: 13.4%
While the exact data is not transcribed, the image appears to be a chart illustrating the health consequences of cigarette use among Cuyahoga County residents (18-98 yrs) based on a sample size of 1516. The chart is color-coded and shows percentages for various health issues related to smoking status: current or recent smoker, never or past smoker. The chart includes categories such as 'Ever Had Asthma,' 'Children with Asthma,' 'Hypertension,' 'High Cholesterol,' 'Severe Heart Problems,' and 'Loss of 6+ Teeth.'

The note at the bottom states that 'Percentages are adjusted for respondent's age, gender, race/ethnicity, education, and health insurance status. Based on full sample (n=1516), weighted data from the 2003 Cuyahoga County BRFSS.'

A separate table is also present, which lists the impact of smoking on self-reported number of poor health days among adults (18-98 yrs), Cuyahoga County BRFSS, 2003. The table includes the number of days in the past 30 days when:

- Your **physical health** (physical illness and injury) wasn't good.
- Your **mental health** (stress, depression, problems with emotions) was not good.
- Poor physical or mental health kept you from your usual activities, such as self-care, work or recreation.

The table compares never smokers, past smokers, and current smokers for each category.

The note for the table says: 'Mean number of days, and self-reported health are adjusted for respondent's age, gender, race/ethnicity and education and health insurance status. Current smokers are significantly different (p<001) than never smokers and past smokers on all variables.'

The note further explains: 'BRFSS-based definitions. Never smokers are persons who report smoking less than 100 cigarettes in their lifetime. Past smokers are persons who have smoked 100+ cigarettes but are not currently smoking. Current Smokers are persons who report smoking "every day" or "some days".'
GEOGRAPHIC DISTRIBUTION OF TOBACCO USE AMONG ADULTS (18+) IN CUYAHOGA COUNTY

This section describes the prevalence rates of tobacco use (total use and cigarette and cigar use separately) as they are distributed across Cuyahoga County. Total use includes cigarette, cigar, pipe and smokeless tobacco use. As shown on these maps, the county is divided into six regions, including the City of Cleveland, its inner ring and outer ring suburbs separately. An inner ring suburb is defined as one that shares a border with the City of Cleveland. These three areas are then split into East – West designations, as described in the key below.

Prevalence of Total Tobacco Use (including smokeless)
Adults (18+), Cuyahoga County BRFSS, 2003

Prevalence of Cigarette Use
Adults (18+), Cuyahoga County BRFSS, 2003

Prevalence of Cigars and Little Cigar (5 & M) Use
Adults (18+), Cuyahoga County BRFSS, 2003

Key
EC (Cleveland - east side)
EIR (Inner Ring suburb - east side)
EOR (Outer Ring suburb - east side)
WC (Cleveland - west side)
WIR (Inner ring suburb - west side)
WOR (Outer Ring suburb - west side)

Interpretation of Graphs: Overall tobacco use (all products) among adults is highest in the west-side inner ring communities (41-50%), followed closely by Cleveland-east (40.3%) and Cleveland-west (39.4%). While cigarette use is higher among residents of west-side than east-side communities, cigar use is more common among residents of east-side communities than west-side communities. Cigarette use is the highest (42%) among residents of Cleveland’s west side, while cigar use is the highest (18%) among residents of Cleveland’s east side neighborhoods.
As part of the adult tobacco surveillance survey, Cuyahoga County residents were asked their opinion on whether they would support or oppose laws that would prohibit smoking in various indoor places, ranging from work places and public buildings to restaurants and bars. The following graphs summarize these results.

Residents across Cuyahoga County were asked, “Would you “support” or “oppose” a law that would prohibit smoking in most indoor places, including work places, public buildings, and restaurants, excluding bars?”

An overwhelming majority (72%) supported such a ban, and support remained high even among current tobacco users, with 58% of tobacco users and 79% of non-users supporting such a ban.

When this question was expanded to a ban restricting smoking in bars (“How would you feel if a ban on smoking in bars in Cuyahoga County were proposed?"), the support decreased among all county residents to 46% with the most significant decrease among current tobacco users (from 60% to 20%). However, support for a ban on tobacco use in bars remained strong among non-users (58%).
Each day 3,000 American children become regular smokers, while 6,000 children try a cigarette for the first time. Each day, this results in over a million new underage addicted smokers in the United States each year. How ironic, when Ohio law prohibits minors from consuming, possessing, purchasing, using, or ordering tobacco products. More overwhelming is that if the current rates are not reversed, more than 5 million children under the age of 18 alive today will die from a smoking-related disease. In Ohio, it is estimated that 285,161 children alive today will eventually suffer a premature death from tobacco-related diseases should the current rates remain unchanged.

Compliance checks, or random, unannounced tobacco buying operations, are conducted in order to reduce the initiation of tobacco use by reducing their access to tobacco products. If we could prevent young teens from being able to buy cigarettes, that would be a big step toward preventing addiction resulting in later disease and possible death.

On a Saturday morning and afternoon, 14, 15, and 16 year olds gathered to conduct compliance checks for Cuyahoga County. They learned why it is important to conduct the compliance checks and their role in the program. After a training session that included role plays and questions and answers, they were ready to face their challenge. Two teams were assigned to one adult driver to check randomly selected vendors throughout the county. Convenience stores, gas stations, pharmacies, grocery stores, restaurants, and tobacco shops were visited over a 3 hour period. At each stop, one or two teens would attempt to purchase tobacco. After each stop was completed, the teen would report what happened to the adult driver who would in turn record this information.

Compliance checks have been conducted over a period of three years with the following noncompliance rates (percentage of tobacco vendors who sold tobacco products to minors):

<table>
<thead>
<tr>
<th>Month</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 2004</td>
<td>12%</td>
</tr>
<tr>
<td>April 2004</td>
<td>13%</td>
</tr>
<tr>
<td>September 2003</td>
<td>14%</td>
</tr>
<tr>
<td>April 2003</td>
<td>14%</td>
</tr>
<tr>
<td>March 2001</td>
<td>23%</td>
</tr>
</tbody>
</table>

All the vendors received a letter, either congratulating them for being in compliance with the law or warning them for not being in compliance with the law. Each vendor received a copy of the law and materials to educate their employees and customers on the law as it relates to tobacco sales to minors.

Those who are not in compliance will also be visited and trained on the different practices that can be used to prevent the sale of tobacco products to underage youth; i.e., the posting of "we ID" signs, providing information on the placement of tobacco products in the store, and providing them with age calculation cards.
The Partnership in collaboration with the Clean Indoor Air Campaign and the Cuyahoga County Tobacco Coalition has compiled a list of smoke-free establishments in the county. The guide includes such establishments as restaurants, laundromats, coffee houses, and bingo halls. Not only are these establishments listed in a guide, but the Partnership recognizes them by awarding them with framed certificates, and presenting them with decals to display on the door/window to alert customers of their smoke-free status. Please call the Board of Health at 216-201-2001 or log onto www.tobaccoreduction.org for a list of these establishments.

The Cuyahoga County Comprehensive Partnership for Tobacco Reduction has a website that is accessible to both partner organizations and the community. The website includes a list of partners, including links to the web sites of the individual agencies; the goals and major activities of the Partnership; an on-line calendar for partners; and a community board which lists events such as neighborhood cessation classes; and a Partnership newsletter. Please log onto www.tobaccoreduction.org to view the website.
Acknowledgements

We want to take this opportunity to thank the many partners that have been involved in the effort against tobacco use across Cuyahoga County. Thanks to this large and coordinated effort, numerous adults, youth, and families have received tobacco education about the harmful effects of tobacco use and assistance with smoking cessation. We would also like to thank the superintendents, principals, administrators, and teachers of the participating school districts. Third, we extend our gratitude to the CASE Center for Adolescent Health, CASE Center for Health Promotion Research and the SHOUT Cuyahoga initiative for providing the information and photos needed for this report, and a special thank you to Dr. Elaine Borawski and Jennifer Randall from CASE for coordinating and designing this comprehensive document for the Partnership. Lastly, we wish to acknowledge the financial support of the Ohio Tobacco Use Prevention and Control Foundation, The Community Vision Council, the Abington Foundation, the Mount Sinai Health Care Foundation, Saint Luke’s Foundation of Cleveland, Ohio, and Sisters of Charity Foundation of Cleveland.

For additional information on the Cuyahoga County Comprehensive Partnership for Tobacco Reduction or for additional copies of this publication, please contact: The Cuyahoga County Board of Health at 216-201-2000.

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