

# The Long Road to Success: Advocating for Public Policy Change

Pam Seamans

**T**he process of crafting legislation has been crudely called “sausage making,” but it can also be a refined process—an art that involves the blending of many perspectives including those of the ideal-driven advocate, the legal expert, and the political negotiator. Influences on public policy come from the grassroots, advocates, and representatives of business and government. Successful public health policy change occurs when leadership from all of these sectors come together to educate, influence, and motivate the passions in others to demand change. This indeed was the case when North Carolina became the first tobacco producing state in the nation to pass legislation—House Bill 2—to ban smoking in restaurants and bars.

The North Carolina Alliance for Health (NCAH) is a statewide advocacy coalition addressing obesity and tobacco use prevention policy issues. Since its creation in 2002, NCAH has had success in both raising North Carolina’s tobacco tax and advancing secondhand smoke reduction legislative campaigns at the state level. Through the hard work of many coalition members, NCAH is now seen as the go-to coalition by policymakers, advocates, and media for tobacco policy. NCAH has achieved several of the coalition’s tobacco policy goals through strategic planning, partnership development, consensus building, media relations, grassroots networks, and vigilant education about evidence-based policy.

## Success is Often Built on Previous Successes

One of North Carolina’s first major statewide tobacco control policy accomplishments was the North Carolina Alliance for Health’s successful campaign in 2005 to increase the cigarette excise tax from the lowest in the nation (5 cents) to 35 cents. Raising the cigarette tax reduced cigarette consumption by 18% and increased state tax revenues by more than \$110 million. North Carolina’s middle school smoking rate decreased by 61.3% between 1999 and 2005, dropping from a rate of 15.0% to 5.8%. Similarly, North Carolina’s high school smoking rate decreased by 35.8% between 1999 and 2005, dropping from a rate of 31.6% to 20.3%. In real numbers, that decline amounts to 57,000 fewer young smokers, and it means that 18,200 lives have been saved from a premature cigarette-induced death. It also significantly reduced health care costs to the state by approximately \$1.3 billion.<sup>a</sup>

Following the 2005 success with the modest increase in North Carolina’s cigarette tax, the North Carolina Alliance for Health turned its attention to the secondhand smoke issue in the hopes of eliminating exposure to secondhand smoke for all workers in the state. However, NCAH and supportive legislators had a big hurdle to overcome on secondhand smoke policy: North Carolina had been saddled with a weak smoker’s rights state law passed in 1993 that did

*Influences on public policy come from the grassroots, advocates, and representatives of business and government. Successful public health policy change occurs when leadership from all of these sectors come together to educate, influence, and motivate the passions in others to demand change.*

a. Projections provided by the Campaign for Tobacco-Free Kids, November 21, 2006.

**Pam Seamans** is the executive director of North Carolina Alliance for Health. She can be reached at pamseamans (at) nc.rr.com.

not allow stronger local ordinances and virtually stopped all state-level policy activity.

Success in reducing exposure to secondhand smoke in North Carolina's worksites has been achieved thanks to evidence-based science, continuous education efforts, strong and strategic partnerships, and dedicated leaders. In 2005, NCAH began chipping away at portions of the preemptive law by exempting more smoke-free places. NCAH, with strong support from the Justus-Warren Heart Disease and Stroke Prevention Task Force, began by advocating for a law to eliminate smoking in the North Carolina General Assembly. This proved an effective strategy, for once passed, grassroots, advocates, and government leaders argued that all North Carolina workers deserved the same kind of protection in the workplace from a known health hazard.

While the North Carolina Alliance for Health's resolution called for all worksites and public places to be smoke-free, the coalition agreed to strategically advocate for incremental policy changes that would continue to move the issue forward without threatening any future progress. As a result, by January 1, 2009 the North Carolina General Assembly had prohibited smoking in the following indoor locations: legislative buildings, buildings owned or leased by the state, state vehicles, public school (K-12) campuses and school-sponsored events (prohibits all tobacco use), long-term care facilities, and state correctional facilities, buildings, and grounds. This work culminated on May 19, 2009 when North Carolina became the first tobacco producing state to prohibit smoking in all restaurants and bars after Governor Perdue signed the bill into law.

The incremental efforts around smoke-free protections that preceded House Bill 2 (HB 2) resulted in the education of both lawmakers and the public about the dangers of exposure to secondhand smoke. By the time HB 2 was introduced in the winter of 2009, the education efforts of NCAH had resulted in legislators absorbing much of the scientific information about the dangers of secondhand smoke; the coalition no longer needed to argue the fact that tobacco use and exposure to secondhand smoke was, indeed, a serious health hazard as determined by the US Surgeon General.<sup>1</sup> Most North Carolina lawmakers were ready to move on, opening the doors for the introduction of HB 2 and, more importantly, its passage.

### **Leadership and Partnerships: Key Components to Success**

It is important to note that this successful campaign to ban smoking in restaurants and bars would not have been possible without the passionate leadership of legislative champions Representative Hugh Holliman and Senator William Purcell. The personal experiences of Representative Holliman, a two-time lung cancer survivor, and Senator Purcell, a pediatrician, enabled these two lawmakers to rise above the challenge other legislators felt in confronting the

tobacco industry on their home turf. Bipartisan cosponsors brought unparalleled dedication and passion to moving the issue and willingly shared personal perspectives. During the House floor debate, Representative Jeff Barnhart related a heart-wrenching personal story of the loss of his father-in-law to a chronic disease caused by exposure to secondhand smoke.

As originally introduced, House Bill 2 was model legislation with a comprehensive smoking ban in all North Carolina worksites and public places. However, as is frequently the case, HB 2 was amended during the legislative process. After the bill had an unacceptable provision added in the House to make the law apply only to businesses that serve minors, the health advocacy community received invaluable help from the business community. Most notably, the restaurant and hospitality industry pushed to remove this provision in the Senate, as it was in the interest of business to have a "level playing field" among all businesses that serve food and/or alcohol regardless of the presence of minors. The Senate removed the "minor" provision, but at the same time, limited the scope of the bill to restaurants and bars to earn enough votes for passage. The final product was a strong bill that made virtually all restaurants and bars smoke-free with limited exemptions and restored much of the local control that had been taken away by the 1993 law.

Thanks to the 2006 US Surgeon General's report on the health consequences of secondhand smoke, the dangers of exposure became indisputable.<sup>1</sup> By 2009, the main argument against comprehensive smoke-free policy was around "private property rights" versus the right to protection from secondhand smoke exposure at work or in public. The private property rights arguments were expressed by conservative legislators hailing from current and historically tobacco producing communities. This argument ultimately forced legislative champions to modify the original bill that made all workplaces and public places smoke-free, and focus instead on restaurants and bars, as a means of addressing the most high-risk sector of employees and the public. While limiting the bill's scope meant not protecting all worksites and public places, this new version of the bill still met NCAH's strategic goal of making incremental progress in protecting sectors of employees and the public without thwarting future progress.

### **Using the Science to Educate Legislators, Grassroots, and Media**

A major factor in the success of the new smoke-free law was the tremendous amount of education coalition members provided lawmakers leading up to the consideration of HB 2. Education on the harms of tobacco use and exposure to secondhand smoke began with the cigarette tax campaign in 2003. Education efforts continued with the release of the 2006 Surgeon General's report and were further reinforced by more recent studies by the Centers for Disease Control and Prevention that showed the dramatic health impact

# Reducing Tobacco Use in Tobacco Country: North Carolina's Success Story in Lowering Tobacco Use Among Youth

Vandana Shah, LLM; Sally Herndon Malek, MPH; Tom Brown, MEd; Barbara Moeykens, MS

North Carolina has a legacy tied to tobacco that is historic, economic, and social in nature. One outcome of that legacy that is increasingly gaining the attention of North Carolina leaders is the heavy toll tobacco has taken on the health of North Carolinians, a toll that is reflected in the fact that tobacco use remains the leading cause of preventable death and illness in our state, amounting to \$2.4 billion per year in excess medical costs alone.<sup>1</sup>

Fortunately, with the turn of the century, a new era commenced, one that focuses on the multiple factors that we know to be effective in reducing tobacco use and improving the health of our state. The teen smoking rate in North Carolina has dropped dramatically from 27% in 2003 to an historic low of 19% in 2007, according to the North Carolina Youth Tobacco Survey.<sup>2</sup> In real numbers, the decline in youth smoking over the past decade amounts to 57,000 fewer smokers and 18,200 lives that would otherwise have been lost from premature, tobacco-related death.<sup>2</sup>

A key contributor to this success was the investment of nearly \$17 million annually starting in 2003 when the North Carolina Health and Wellness Trust Fund (HWTF) launched its statewide tobacco prevention and cessation efforts. The HWTF has funded community- and school-based organizations in every county in the state to change policy and social norms related to tobacco use. HWTF championed the 100% tobacco-free schools movement, now established as law for all North Carolina schools, which gave rise to a movement supported by North Carolina Prevention Partners and the North Carolina Hospital Association to make all North Carolina hospitals 100% tobacco-free.

HWTF's programs were built upon the foundation laid by the statewide tobacco control coalition, a group that includes the

Tobacco Prevention and Control Branch of the Division of Public Health, the American Lung Association, and the University of North Carolina at Chapel Hill's Tobacco Prevention and Evaluation Program, all of which tackle different aspects of the problem. Other partners, such as Question Why, NC Spit Tobacco Education Program (NC STEP), and Survivors and Victims of Tobacco Empowerment (SAVE), contribute an impressive array of support services and critical expertise in youth tobacco use prevention and cessation.

HWTF also funded a sustained media presence promoting tobacco use prevention through the Tobacco.Reality.Unfiltered. (TRU) social marketing campaigns. The most recent campaign featured Reena, a 29-year-old mother from Asheville who started smoking at the age of 13. Reena's story was especially powerful because she developed throat cancer symptoms at the age of 19, resulting in a laryngectomy at age 21. For youth who may perceive the health risks of smoking to be a consequence that is in a far-distant future, Reena's words, spoken through an assistive device, were powerful and effective. Today, youth groups are working to change attitudes of their peers from the "bottom up," a technique that can be especially effective when reinforced by powerful social marketing efforts and the support of community leaders.

North Carolina's Tobacco-Free Colleges initiative, funded by HWTF, focuses on young adults as an at-risk group. Following in the success of the tobacco-free schools and hospitals campaigns, North Carolina now leads the nation with a greater number of its colleges and universities (35 of 110) having adopted a 100% tobacco-free policy than any other state in the country. These policies represent health protection to more than 131,000 students, in addition to faculty, staff, and visitors.

*continued on page 82*

of smoke-free policies through the reduction of the heart attack rate.<sup>2-5</sup> After the introduction of HB 2, education became a daily effort.

One successful educational technique used regularly for policymakers included weekly one-page fact sheet "drops." The drops were also given to media, and press releases were sent at appropriate times. NCAH listened to the arguments that were winning votes and those that caused concern among legislators and the public. Based on these messages, NCAH strategically adjusted its messages weekly, if not daily, for legislators.

The success of HB 2 was also due in large part to strong grassroots and media advocacy. NCAH developed educational materials and a strategy to engage both grassroots advocates and the media. Weekly updates were issued to advocates that provided effective messages and instructions for constituent contact with lawmakers. The

constituent voice is critically important in any advocacy campaign, as legislators will listen to their constituents more than any single lobbyist. Lawmakers gain information from both direct communications from local leaders and advocacy groups, and indirectly through local news sources—especially from local opinion pieces and editorials. Grassroots advocates sent an unprecedented number of emails to their lawmakers about the smoke-free issue, made phone calls, and participated in advocacy days to lobby their legislators. Legislative cosponsors shared that local health directors and hospital administrators were the most trusted local experts on health matters. All hospitals across the state had demonstrated their support by going smoke-free campus-wide, and local health directors actively advocated for the passage of HB 2, further demonstrating their support for this important public health measure. Engaging both constituents and local health leadership in

continued from page 81

An increasingly important element of smoking cessation efforts is QuitlineNC, which has provided free, confidential, and evidence-based smoking cessation services to more than 10,000 North Carolinians since 2005. Outreach efforts to health care providers have vastly increased the number of fax referrals to QuitlineNC in recent years, providing them with a particularly effective means of arranging help for their patients who use tobacco.

Public policy and regulatory developments also play a pivotal role in reducing tobacco's toll on health in our state. North Carolina increased its cigarette tax by 25 cents in 2005 and by another 5 cents in 2006, bringing the state cigarette tax up to its current rate of 35 cents. The current national average is \$1.31 per pack.<sup>3</sup> Research shows that a 10% increase in the price of a pack of cigarettes results in a 4%-7% drop in smoking rates, with the largest impact on young people.<sup>4</sup>

Another major milestone was the passage of House Bill 2, a ban of indoor smoking in virtually all restaurants and bars in North Carolina, joining 24 states with similar restrictions. This law eliminates exposure to secondhand smoke—a serious risk factor for heart disease and cancer—for a vulnerable group of North Carolina workers and their customers. With tobacco products falling under the purview of FDA regulation in 2009, there is additional potential to improve the health of our population.

While these accomplishments are encouraging, more needs to be done. In 2008, nearly two million (20.9%) of North Carolina adults smoked,<sup>5</sup> ranking our state ninth highest in the nation in smoking prevalence. Although overall smoking rates among adults in North Carolina have dropped since 1997, North Carolina's rates consistently remain above national rates.

Given North Carolina's history with tobacco agriculture, policymakers and health leaders face a considerable challenge in addressing tobacco use to protect public health. Tobacco control issues have long been intertwined and related to our state's identity. Experience has proven, however, that an investment in a combination of statewide community programs, strong policy efforts, and effective outreach campaigns can indeed change the social norm.

There is a bumper sticker, often fading, that can still be seen on North Carolina roads. It says, "Pride in Tobacco." With a history that began over 400 years ago and the stream of cash generated from the crop that has flowed ever since, it is not surprising to find this sentiment expressed by some North Carolinians. Even so, every indication is that the day is coming when "Pride in Tobacco" will be replaced by "Pride in a Healthy North Carolina," not only on bumper stickers, but also in a new set of Tar Heel values.

*Vandana Shah, LLM, is the executive director of the North Carolina Health and Wellness Trust Fund. She can be reached at vandana.shah (at) healthwellnc.com.*

*Sally Herndon Malek, MPH, is the branch head at the Tobacco Prevention and Control Branch in the North Carolina Division of Public Health.*

*Tom Brown, MEd, is the tobacco program officer for the North Carolina Health and Wellness Trust Fund.*

*Barbara Moeykens, MS, is the social marketing and communications director at the North Carolina Health and Wellness Trust Fund.*

## REFERENCES

1. Centers for Disease Control and Prevention. *Sustaining State Programs for Tobacco Control: Data Highlights 2006*. Washington, DC: US Dept of Health and Human Services; 2006.
2. North Carolina Tobacco Prevention and Control Branch. *North Carolina Youth Tobacco Survey—2007*. Raleigh, NC: North Carolina Dept of Health and Human Services; 2007.
3. Federal and state cigarette excise taxes—United States, 1995-2009. *MMWR*. 2009;58(19):524-527.
4. Centers for Disease Control and Prevention. *Reducing Tobacco Use: A Report of the Surgeon General*. Atlanta, GA: US Dept of Health and Human Services; 2000.
5. North Carolina Tobacco Prevention and Control Branch. *North Carolina Behavioral Risk Factor Surveillance System, 2008*. Raleigh, NC: North Carolina Dept of Health and Human Services; 2008.

actively advocating for the passage of a strong bill proved to be an effective strategy.

One aspect of media advocacy strategy was to show the strong support of the public through opinion pieces. According to Elon University Poll data from February 2009, the North Carolina public overwhelmingly, by nearly 90%, indicated support for the right of an employee to have a smoke-free workplace.<sup>6</sup> Many citizens also told their stories in very personal and compelling ways about how they have lost loved ones due to secondhand smoke exposure on the job. This led to over 1,000 news stories across the state

about HB 2, as well as the support of all major daily news editorial boards.

In addition, the Division of Public Health produced data showing that many North Carolinians continue to be exposed to secondhand smoke at their work setting.<sup>7</sup> This costs North Carolina employers in excess medical care costs, as well as lost productivity. A study conducted by Blue Cross Blue Shield of North Carolina demonstrated that nonsmokers' exposure to secondhand smoke costs North Carolina \$288.8 million each year in excess medical care costs alone.<sup>8</sup> Thus, the economic argument was an

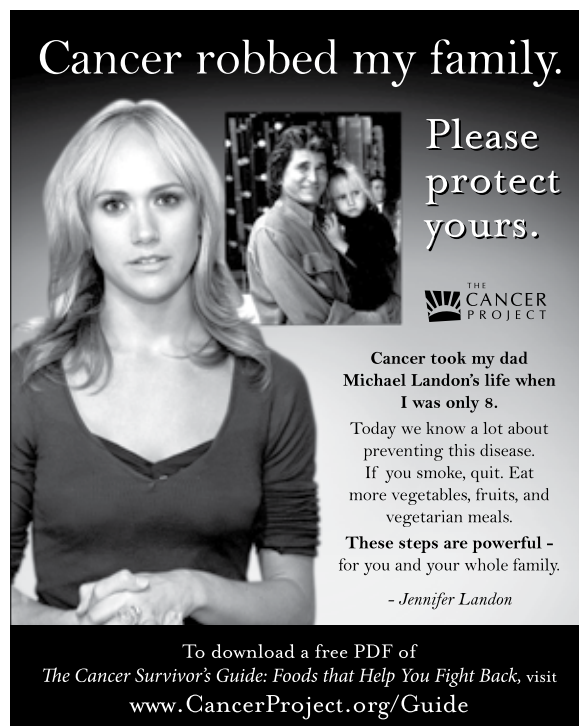
important factor in building support with some decision makers.

NCAH was able to clearly illustrate the social justice aspects of the issue and draw focus to the disparities that exist with respect to exposure to secondhand smoke at the workplace. Messages that no worker should have to be exposed to a toxic substance in order to receive a paycheck were effective and persuasive. Often workers in lower paying jobs with the least amount of power to change their work situation to protect their health are exposed to secondhand smoke in the workplace. The reality is that in North Carolina, almost 75% of white collar workers reported smoke-free worksites, compared to 61% of blue collar workers and 55% of service workers.

It can be said that tobacco control legislation in North Carolina is a challenge, yet with sound science and education, dedicated legislative champions, expert legal technical assistance, the support of the restaurant and hospitality industry, and strong grassroots and media efforts, North Carolina became the first tobacco producing state in the nation to prohibit smoking in all restaurants and bars. It is our hope that the successful implementation of HB 2 will lead to a new smoke-free era in our state that will set the stage for future policy change that ultimately results in the protection of all of North Carolina's workers. **NCMJ**

## REFERENCES

1. Office of the Surgeon General. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. Washington, DC: US Dept of Health and Human Services; 2006.
2. Pechacek TF, Babb S. How acute and reversible are the cardiovascular risks of secondhand smoke? *BMJ*. 2004;328(7446):980-983.
3. Sargent RP, Shepard RM, Glantz SA. Reduced incidence of admissions for myocardial infarction associated with public smoking ban: before and after study. *BMJ*. 2004;328(7446):977-980.
4. Juster HR, Loomis BR, Hinman TM, et al. Declines in hospital admissions for acute myocardial infarction in New York state after implementation of a comprehensive smoking ban. *Am J Public Health*. 2007;97(11):2035-2039.
5. Centers for Disease Control and Prevention. Reduced hospitalizations for acute myocardial infarction after implementation of a smoke-free ordinance—city of Pueblo, Colorado, 2002-2006. *MMWR Morb Mortal Wkly Rep*. 2009;57(51):1373-1377.
6. Elon poll: North Carolinians support banning cell phones while driving, anti-smoking initiatives [press release]. Elon, NC: Elon University; March 2, 2009. <http://www.elon.edu/e-web/elonpoll/030209.xhtml>. Accessed February 17, 2010.
7. Plescia M, Malek SH, Shopland DR, Anderson CM, Burns DM. Protecting workers from secondhand smoke in North Carolina. *NC Med J*. 2005;66(3):186-191.
8. Pfannenschmidt S, Wansink, D; Clinical Information Department, Blue Cross and Blue Shield of North Carolina. *North Carolina's Secondhand Smoke Healthcare Cost Burden*. Durham, NC: Blue Cross and Blue Shield of North Carolina; 2008.



**Cancer robbed my family.**

Please protect yours.

**THE CANCER PROJECT**

**Cancer took my dad Michael Landon's life when I was only 8.**

Today we know a lot about preventing this disease. If you smoke, quit. Eat more vegetables, fruits, and vegetarian meals.

**These steps are powerful - for you and your whole family.**

- Jennifer Landon

To download a free PDF of *The Cancer Survivor's Guide: Foods that Help You Fight Back*, visit [www.CancerProject.org/Guide](http://www.CancerProject.org/Guide)