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Dr. George H. Sheldon
Acting Assistant Secretary for Children and Families
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Re: FR Doc. 2011-31196

Legacy appreciates the opportunity to submit comments to the Administration of Children and Families' Advisory Committee for Head Start Research and Evaluation on the impact of health.

Legacy is a national, independent, public health foundation created in 1998 out of the landmark Master Settlement Agreement ("MSA") between the tobacco industry, 46 state governments and five U.S. territories. Our mission is to build a world where young people reject tobacco and anyone can quit. Legacy does not lobby or take positions on specific legislation. Our programs include:

truth® - A national youth smoking prevention media campaign responsible for preventing approximately 450,000 youth from initiating smoking from 2000 through 2004.

EX® - An innovative smoking cessation public education campaign designed to help smokers "re-learn" life without cigarettes.

Research Initiatives – Examining the various causes and effects of tobacco use in the United States.

Outreach to Priority Populations – Priority Populations Initiatives and grants provide critical interventions using methods that are culturally competent and tailored for the specific needs of communities disproportionately affected by the toll of tobacco.

Legacy is currently working with Head Start programs in eleven states on the Head Start Tobacco Cessation Initiative. This collaborative effort helps families reduce tobacco use and protect children from secondhand smoke. The Initiative's goals are to:

1. Increase awareness of the health consequences of tobacco use.
2. Reduce children's exposure to secondhand smoke.
3. Increase the capacity of Head Start programs to address cessation and secondhand smoke.

The Initiative aims to support Head Start Agencies in:

- Incorporating the identification and referral of tobacco users into the ongoing work of HS/EHS staff who interact with families;
- Maintaining ongoing familiarity with state quitlines and local evidence-based cessation programs;
- Educating and training HS/EHS staff who make home visits about the issues related to secondhand smoke and proposing remedial measures; and
- Incorporating discussions related to tobacco use by families and secondhand smoke exposure into regular supervision activities.

We support the Committee providing analysis and input on how to further improve Head Start's (HS) important services particularly in the area of health. Since its inception, HS has provided low-income children and families with comprehensive services. We applaud the HS program for providing our nation's children critical services to boost their school-readiness and improve their learning development and overall well-being.

Cigarette smoking is the leading preventable cause of death in the United States¹ and tobacco use is relatively high among low-income adults² whose tobacco use is likely to expose their children to secondhand smoke.

Children who are exposed to secondhand smoke have an increased probability of experiencing such adverse health effects as infections of the lower respiratory tract, bronchitis, pneumonia, middle ear disease, sudden infant death syndrome (SIDS), and respiratory symptoms. Secondhand smoke can also play a role in the development and exacerbation of asthma. The U.S. Surgeon General has determined that there is no risk-free level of exposure to secondhand smoke.³

We encourage the Committee in its recommendations to consider the impact tobacco use and secondhand smoke exposure has on HS families. The high prevalence of smoking in low-wealth

¹ Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual causes of death in the United States, 2000. *JAMA: the journal of the American Medical Association*. 2005;293(3):1238-45

² CDC. Vital Signs: Cigarette Smoking Among Adults Aged ≥ 18 Years—United States, 2005-2010; *MMWR* 2011; 60(35):1207-1212

³ U.S. Department of Health and Human Services. (2006). *The health consequences of involuntary exposure to tobacco smoke: A report of the Surgeon General*. Atlanta, GA: Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.

families has a devastating impact on the health of adult members of the families and on their children through exposure to secondhand smoke. Tobacco can have an economic and health impact on the entire household. The high cost of tobacco products presents an opportunity to talk about the many benefits of quitting. Increased cost of health care attributed to tobacco use and increased exposure of children to secondhand smoke are a growing concern. Secondhand smoke is a known cause of low birth weight, Sudden Infant Death Syndrome (SIDS), asthma symptoms, bronchitis, pneumonia, middle ear infection, and other diseases. This fact underscores the need to make tobacco cessation services and support in implementing smoke-free home plans easily accessible to families served by HS and EHS sites. By decreasing children's exposure to secondhand smoke, it is likely that they will experience fewer missed days in school due to related illnesses. Potentially, missing less school could yield improved success in the classroom for these children.

Despite the tobacco control movement's gains in reducing youth and adult smoking in the past few decades there is a concerning stagnation of smoking rates amongst low-income populations.²

One of the strongest determinants of a child becoming a smoker is if they grow up in a home with parents that smoke.^{4 5}

Given this information and data showing the negative health impact and consequences that tobacco use and exposure has on children and HS families, we strongly suggest that the Committee consider tobacco use when issuing guidance or recommendations.

Sincerely,



Cheryl G. Heaton, Dr. PH
President and CEO
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⁴ Komro KA, McCarty MC, Forster JL, Blaine TM, Chen V. Parental, family, and home characteristics associated with cigarette smoking among adolescents. *The American Journal of Health Promotion*. 2003;17(5):291-299.

⁵ Vitaro F, Wanner B, Brendgen M, Gosselin C, Gendreau PL. Differential contribution of parents and friends to smoking trajectories during adolescence. *Addict Behav*. 2004 Jun;29(4):831-5.