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LEGACY COMMENTS REGARDING HEALTHY PEOPLE 2020 DRAFT OBJECTIVES FOR TOBACCO USE

Pursuant to the request for public comments, the American Legacy Foundation (“Legacy”) is pleased to submit these comments on the Healthy People 2020 Draft Objectives relating to tobacco use.

Legacy’s comments are divided into three sections:

1. The first addresses objectives from Healthy People 2010 which are also addressed in the 2020 Healthy People objectives.
2. The second recommends suggestions on objectives newly included in the 2020 Healthy People draft.
3. The third reiterates Legacy recommendations not included in the 2020 Healthy People objectives.

Please note that these comments focus on particular areas within Legacy’s expertise; they do not address all of the tobacco related issues which could be included in the Healthy People 2020 objectives.

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.

1. Legacy’s Comments on Objectives from Healthy People 2010 that are also included in the Healthy People 2020 Draft Objectives

A. *TU-HP 2020-2. Increase the proportion of persons covered by indoor worksite policies that prohibit smoking.*

Legacy strongly supports the objective of increasing the number of smoke-free workplaces, a proven-effective tool in both protecting non-smokers from second hand smoke as well as assisting smokers with cessation. Such exposure increases an individual’s risk for cardiovascular disease by 25 to 30 percent.¹ Furthermore, 11 studies released within the last year show that rates of hospitalization for heart attacks have decreased since the initiation of smoking bans. Two studies specifically showed a reduced risk of heart attack among nonsmokers, which could be attributed to the decrease of secondhand-smoke exposure caused by the smoking bans,² The Surgeon General has found that completely eliminating smoking in indoor spaces is the only way to fully protect nonsmokers from exposure to secondhand smoke.

We applaud the elimination of the language from the 2010 guidelines: “limit[ing] [smoking] to separately ventilated areas” since ventilating buildings does not provide adequate protection from secondhand smoke exposure. The Healthy People 2020 objectives should note that reduction of smoking not only leads to decreased lung-related disease, but also decreased-heart related disease and overall better health for the community.

In addition, we recommend clarifying that this objective refers to smoke-free workplaces only and does not endorse “smoker-free” workplaces, i.e., those which prohibit the employment of smokers even if they do not smoke on the job. While employee smoking results in significant health care costs as well as lost productivity, we do not believe that refusing to hire smokers is sound policy. First, smoking is an extremely addictive behavior almost always begun during a smoker’s teen years. Second, smoker-free policies would disproportionately affect low-income and low-education workers – groups who smoke at the highest rates. Third, smoking is far from the only cause of additional health care and productivity costs. Fourth, smoking is rarely, if ever, a job-related qualification. Finally, denying employment to smokers could also deny them access to job-related health care benefits.

B. *TU-HP 2020-6: Reduce Tobacco use by adolescents.*

¹ “Secondhand Smoke Exposure and Cardiovascular Effects: Making sense of the Evidence,” Institute of Medicine, October 2009. Available at: <http://www.iom.edu/~media/Files/Report%20Files/2009/Secondhand-Smoke-Exposure-and-Cardiovascular-Effects-Making-Sense-of-the-Evidence/Secondhand%20Smoke%20%20Report%20Brief%202.ashx>. Accessed 6 November 2009.

² Ibid.



We were disappointed to see the elimination of the Healthy People 2010 language that included the importance of increasing adolescent disapproval of smoking. Eliminating that language takes the focus off of adolescent attitudes toward smoking. One critical factor in youth smoking prevention is the de-normalization of smoking and showing disapproval of smoking and the tobacco industry. In merging these two objectives, the Healthy People 2020 Draft weakens the importance of adolescent attitudes, which plays a role in decisions to initiate tobacco use.

Research shows that one of the most effective strategies for denormalizing smoking and decreasing cigarette consumption is a focus on industry manipulation of youth.³ The introduction of an anti-industry media campaign has been found to dramatically increase anti-industry attitudes and non-smoking intentions by teen.⁴ Further, it has been shown that fostering negative attitudes toward the tobacco industry can prevent tobacco use among adolescents.⁵ Anti-industry strategies have also been found to be successful in conjunction with some other strategies, such as the introduction of the idea of addiction, or the difficulty of cessation.⁶

Studies suggest that youth prevention campaigns that promote anti-industry attitudes are significantly more effective in reinforcing realistic tobacco use norms than campaigns that show “role-model” teens stating their commitment to not smoking. Such campaigns are consistent with social norms theory, which holds that norm corrections are generated by providing information that doesn’t tell youth what to do, such that shifting teen perceptions of smoking prevalence will in turn decrease teen smoking prevalence.⁷

C. TU HP 2020-7. Reduce the initiation among children, adolescents and young adults

Simply “reducing” the initiation of tobacco use by children, adolescents and young adults is not an adequate objective for the Healthy People 2020 goals. Nearly eighty percent of smokers begin before the age of 18.⁸ Accordingly, preventing youth smoking must be an essential element of the effort to end the tobacco epidemic. This objective should be reframed to eliminate entirely the use of

³ Goldman LK, Glantz SA. Evaluation of Antismoking Advertising Campaigns. *Journal of the American Medical Association* 1998; 279:772-7.

⁴ Niederdeppe J, Farrelly MC, Hersey HC, Davis KC. Consequences of dramatic reductions in state tobacco control funds: Florida, 1998-2000. *Tobacco Control* 2008; 17:205-10.

⁵ Thrasher JF, Niederdeppe JD, Jackson C, Farrelly MC. Using anti-tobacco industry messages to prevent smoking among high-risk adolescents. *Health Education Research* 2006; 21(3): 325-37.

⁶ Goldman LK, Glantz SA. Evaluation of Antismoking Advertising Campaigns. *Journal of the American Medical Association* 1998; 279:772-7.

⁷ Ibid.

⁸ Calculated based on data in Substance Abuse and Mental Health Services Administration (SAMHSA), Results from the 2006 National Survey on Drug Use and Health (NSDUH), 2007. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

tobacco by anyone under the age of 18. We do, however, appreciate the inclusion of young adults in this objective, as nearly 90 percent of smokers start before the age of 20.⁹

D. TU HP 2020-10. Increase insurance coverage of evidence-based treatment for nicotine dependency.

This objective should be reframed from simply *increasing* insurance coverage for evidence-based treatments to *assuring* coverage of these treatments in *all* public and private health insurance programs. In addition, barriers to coverage such as requirements for prior authorizations, deductibles and co-pays, should be eliminated.

More specifically:

1. Medicare and Medicaid coverage should be expanded to cover behavioral counseling as well as prescription and over the counter medications for all eligible smokers.
 - a. Currently Medicare only covers counseling services for people who have a tobacco-related illness or are taking a medication affected by tobacco use. Further, Medicare covers prescription but not over-the-counter smoking cessation medications. The elimination of Medicare recipients from the Healthy People 2020 goals is problematic since coverage of behavioral counseling and medications should be expanded in order to prevent future disease burden.
 - b. While about one third of adult Medicaid recipients smoke, a far higher percentage than found in the general population, Medicaid coverage of smoking cessation treatments and medications remains extremely limited. This is in spite of the fact that smoking-related diseases cost billions of dollars in Medicaid expenditures.
 - c. In the current health care reform debate, Congress has included these evidence based treatments in both private and public health insurance plans, as seen in the health care reform bills being discussed on Capitol Hill.
2. Expanding coverage for effective cessation treatments under employer-sponsored health plans is both practical and affordable. Actuaries estimate that adding top quality smoking cessation services to a health plan would cost only 45 cents per covered employee per month, or \$5.40 per year.¹⁰ Savings per person quitting would amount to \$213 in the first year and \$1096 in the fifth year.¹¹ These

⁹ Substance Abuse and Mental Health Services Administration. National Household Survey on Drug Abuse: Main Findings 1998. Rockville, MD; US Department of Health and Human Services.

¹⁰ Fitch K, Iwasaki K, Pyenson, B, Covering Smoking Cessation as a Health Benefit: A Case for Employers, Milliman, Inc. 2006. Available at http://www.americanlegacy.org/PDFPublications/Milliman_report_ALF_-_3.15.07.pdf.

¹¹ Fitch, et al. 2006.

savings would be achieved from lower rates of disease such as, stroke, coronary heart disease and adult pneumonia among smokers as well as lower rates of low birth weight babies and childhood ear infections among smokers' children.¹² Increasing cessation rates would also lower the high costs of lost productivity due to tobacco-related disease. Services can be delivered through traditional health insurance coverage as well as through wellness and Employee Assistance Programs.

- a. The elimination of increased coverage for managed care organizations in Healthy People 2020 is harmful to populations with this coverage. It is imperative that the objectives stress that *all* insurance coverage should be increased for evidence based smoking cessation aids. Nicotine Replacement Therapy (NRT) leads to gains in life expectancy and quality of life. By quitting smoking, a person's Disability Adjusted Life Years (DALYs) averted are greater than the cost of the NRT treatment, making the intervention cost-effective.¹³

E. TU-HP-2020-14: Reduce the proportion of adolescents and young adults who are exposed to tobacco advertising and promotion-reduction in the proportion of adolescents grades 6-12 exposed to tobacco advertising and promotion: (a) internet advertising and promotion (b) magazine and newspaper (c) movies (d) point of purchase.

We applaud Healthy People 2020's inclusion of these principles on reducing youth exposure to advertising and promotion. However, we would like for these initiatives, especially movies and television, to be stressed in Healthy People 2020 because the MSA and the recently passed Family Smoking Prevention and Tobacco Control Act ("the FDA bill") already prohibit or limit paid advertisement of cigarettes in many media outlets. A recently published report of the National Cancer Institute concludes that exposure to smoking in the movies promotes adolescent smoking initiation¹⁴ and other studies have found that exposure to smoking in the movies is causally related to over one-half of all adolescent smoking initiation.¹⁵ Research shows that smoking in youth-rated films influences 200,000 children and adolescents to take up smoking each year.¹⁶ Many

¹² Fitch, et al. 2006.

¹³ Bertram, Melanie, Stephen Lim, Angela Wallace and Theo Vos, "Costs and benefits of smoking cessation aids: making a case for public reimbursement of nicotine replacement therapy in Australia," Tobacco Control 2007.

¹⁴ National Cancer Institute. The Role of the Media in Promoting and Reducing Tobacco Use. Tobacco Control Monograph No. 19. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute. NIH Pub. No. 07-6242, June 2008.

¹⁵ Dalton MA, Sargent JD, et al. Effect of viewing smoking in movies on adolescent smoking initiation: A cohort study. Lancet 2003; 362(9380): 281-285.

¹⁶ Sargent JD, Beach ML, Adachi-Mejia AM, Gibson JJ, Titus-Ernstoff LT, Carusi CP, Swain SD, Heatherton TF, Dalton MA. Exposure to movie smoking: its relation to smoking initiation among US adolescents. Pediatrics 2005; 116(5):1183-91.



organizations, including Legacy, have endorsed four principles designed to accomplish this goal. They are:

1. Require strong anti-tobacco ads that are evidence-based to run before any film with any tobacco presence, regardless of its rating;
2. Stop brand identification in movies through the depiction of identifiable packs of cigarettes, billboards, or other forms of tobacco brand identification;
3. Certify no pay-offs through a statement in the movie credits that nobody on the production received anything of value in exchange for using or displaying tobacco; and
4. Rate all new movies with smoking “R”, unless the movie clearly and unambiguously reflects the dangers and consequences of smoking or if it accurately depicts the behavior of an actual, historical figure.

These principles enjoy strong public support: 80% of U.S. adults agree that smoking in movies can influence young people to smoke; 70% agree with an R-rating for movies with smoking; and more than 60% want tobacco branding out of movies.¹⁷

F. TU HP 2020- 16: Increase the average State Tax on tobacco products.

Increasing tobacco taxes both decreases consumption and raises funds which can be used for tobacco control. However, it is not adequate to focus only on “average” taxes since differentials in taxes between types of tobacco products can influence consumers’ choices as well as tobacco industry marketing strategies. As a result, this objective should be expanded to also call for tax parity between different types of tobacco products, particularly between cigarettes, little cigars, cigarillos and cigars. Historically, taxes on cigars have been lower than those on cigarettes even though, just like cigarettes, cigars cause lung, oral, laryngeal, and esophageal cancers and increase the risk of chronic obstructive pulmonary disease (COPD). Consumption of “little cigars” (which resemble cigarettes) and “cigarillos” (which are slightly larger) has been increasing at an alarming rate.¹⁸ These increases in consumption are frequently attributed to higher taxes on cigarettes making these cigar products relatively less expensive. As a result, we are pleased to see the addition of “other tobacco products” in this objective, because of the increasing presence of these products today. While the federal tax rate on “little cigars” was recently brought in line with that of cigarettes, the tax on cigarillos and large cigars remains disproportionately low. Consequently, an incentive persists for manufacturers to expand production of these products to take advantage of the lower tax rate.

¹⁷ McMillen R, Tanski S, Winickoff J, Valentine N, Attitudes about smoking in the movies. The Mississippi State University Social Science Research Center. 2006.

¹⁸ Maxwell JC. The Maxwell Report: Cigar Industry in 2007. Richmond, VA: John C. Maxwell, Jr. 2008. Original concept in Kozlowski LT, Dollar KM, Giovino GA. Cigar/cigarillo surveillance: limitations of the U.S. Department of Agriculture system. American Journal of Preventive Medicine, 2008; 34(5); 424-6.



We would also like to suggest two ways of making taxes more effective in reducing tobacco use:

1. Encouraging use of an ad valorem tax versus a tax based on weight. Ad valorem taxes are assessed as a percentage of the price (some states use manufacturers price, some use wholesale price). There are several advantages to using ad valorem taxes, including that they automatically increase as prices of the tobacco products increase; and they make the products more expensive, which deters price-sensitive consumers. With many of the emerging products such as dissolvable tobacco products, the weight of these products would not yield a significant tax. Therefore, it is increasingly important to use an ad valorem tax.
2. Although federal taxes on tobacco products were increased by the Children's Health Insurance Program Reauthorization Act of 2009, it is still important to stress the need for increased taxes at both at the federal and state levels, as youth are price sensitive and will be discouraged from buying high taxed products.

2. Legacy's Comments on New Objectives in the Healthy People 2020 Draft

- A. TU HP2020–18: (Developmental) Increase recent smoking cessation success by adult smokers.**
- a. Increase recent smoking cessation success by adult smoker.**

Legacy is pleased to see that this new objective increases accountability around the Healthy People 2020 goals. Setting specific goals (such as increasing smoking cessation rates in adults) will, if successful, lead to decreased incidence of tobacco-related disease. Increasing funding for state-wide quit lines and resources will aid in reaching increased amounts of current smokers.

- b. Increase recent smoking cessation success using evidence-based strategies by adult smokers.**

There is a growing evidence base that many different kinds of strategies, including using some online programs, can help smokers quit. Legacy is pleased that the Healthy People 2020 Draft is open to new, evidence-based strategies.

- B. TU HP2020–19: Increase tobacco screening in health care settings.**
- a. Increase tobacco screening in office-based ambulatory care settings.**
- b. Increase tobacco screening in hospital ambulatory care settings.**
- c. Increase tobacco screening in dental care settings.**



It is crucial to increase patient-clinician communication around tobacco use. Patients are more likely to quit smoking at the recommendation of their clinician. In fact, counseling has been proven to double abstinence rates.¹⁹

C. TU HP2020–20: (Developmental) Increase the proportion of smoke-free homes.

Increasing the number of smoke-free homes can lead to decreased second-hand smoke exposure, as well as decreased smoking rates. It is more difficult for smokers to quit when surrounded by friends, family and coworkers who smoke, and easier when they are surrounded by non-smokers. Peer support for quitting gives the smoker a safety bubble in which it is more likely that the quit attempt will be successful.

For parents, stopping tobacco use in the home can lessen their children’s risk of harmful disease and death from exposure.²⁰ When children are exposed to secondhand smoke, it can lead to Sudden Infant Death Syndrome (SIDS), an increased risk of bronchitis and pneumonia, middle ear infections and more severe asthma.²¹ Even after a smoker finishes a cigarette, dangerous chemicals continue to linger, further increasing the disease burden.²²

3. Legacy’s Recommendations for Objectives that were not included in the Healthy People 2020 Draft:

The comments below reiterate Legacy’s recommendations that were submitted in previous comments.

A. Include an objective specifically dedicated to reducing tobacco-related health and prevalence disparities.

While Healthy People 2010 addressed a number of tobacco-related health and prevalence disparities, it did not include an objective specifically focused on reducing these disparities based on race/ethnicity, socio-economic status, educational attainment and other factors. The latest draft of Healthy People 2020 also neglects to address these disparities. Because these disparities contribute to significant inequalities in health in general, we urge the inclusion of an objective in the final draft

¹⁹ Zhu, Shu-Hong, Anderson, Christopher M., Tedeschi, Gary J., Rosbrook, Bradley, Johnson, Cynthia E., Byrd, Michael, Gutierrez-Terrell, Elsa. “Evidence of real-world effectiveness of a telephone quitline for smokers.” *New England Journal of Medicine*. (347)-14: 2002.

²⁰ U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, 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, 2006, p. 572. Accessible: <http://www.surgeongeneral.gov/library/secondhandsmoke/report/fullreport.pdf>

²¹ U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, 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, 2006, p. 11. Accessible: <http://www.surgeongeneral.gov/library/secondhandsmoke/report/fullreport.pdf>.

²² “Don’t pass gas” Ad Council and American Legacy Foundation. Accessed on 6 November 2009. Available at: http://www.dontpassgas.org/downloads/DPG_Brochure.pdf.



of Healthy People 2020, specifically focused on the elimination of disparities, which includes a program of increased surveillance of these priority populations to track and assess progress.

B. Support a national, evidence-based, independent and well-funded youth prevention media campaign.

Because nearly all smokers begin smoking in their teens, preventing young people from ever starting to smoke is one of the most effective ways to stem the tobacco epidemic. As part of **TU HP 2020-14**, Healthy People 2020 could include support for a national evidence based youth prevention media campaign to counter the influences of other media that may contain cigarette advertising. Public health driven media campaigns have proven highly effective in reducing youth smoking. In fact, peer-reviewed research has demonstrated that Legacy's truth[®] campaign, which debuted in 2000, kept 450,000 young people from starting smoking just in its first four years and saved as much as \$5.4 billion in medical care costs in its first four years.^{23, 24} This type of proven campaign could save significantly more lives and health care dollars in the future.

Campaigns must be adequately funded. An effective youth-targeted media campaign costs money. This is especially true since it must counter the tobacco industry marketing juggernaut, fueled by over \$12 billion in annual expenditures. While it is not necessary to match industry expenditures dollar for dollar, it will take at least \$100 million per year to mount an optimally effective national campaign including mass media a grassroots presence and a rigorous evaluation component.²⁵ Because it is essential to carefully target advertisements to the intended audience, public service announcements, which are run at the discretion of the broadcaster, do not present a viable alternative to paid media.²⁶ The national media campaign should be funded by the federal government and amplified at the state and local level.

C. Support a national, public-health driven media campaign to educate smokers and their families about how to quit smoking and how to access proven-effective services that will help them.

The Healthy People 2020 draft includes many guidelines that aim to increase smoking cessation. These guidelines do not explicitly state *how* to increase smoking cessation among these different groups including pregnant women (TU HP 2020-1), adults (TU HP 2020-5), and adolescents (TU HP 2020-6). A national, public-health driven media campaign is essential to educate smokers and their families about how to quit smoking and how to access proven-effective services that will help

²³ Farrelly MC, Nonnemaker J, Davis KC, Hussin A. The Influence of the National truth campaign on smoking initiation. *American Journal of Preventive Medicine* 2009; 36(%):379-84.

²⁴ Holtgrave DR, Wunderink KA, Vallone DM, Heaton CG. Cost-utility analysis of the National truth campaign to prevent youth smoking. *American Journal of Preventive Medicine* 2009; 36(5):385-8.

²⁵ Holtgrave DR, Wunderink KA, Vallone DM, Heaton CG. Cost-utility analysis of the National truth campaign to prevent youth smoking. *American Journal of Preventive Medicine* 2009; 36(5):385-8.

²⁶ Hornik, R. (ed.). (2002). *Public Health Communication: Evidence for Behavior Change*. Lawrence Erlbaum Associates, Publishers. New Jersey, London.



them.²⁷ One of the new objectives (TU HP 2020-18) states that there should be an increase in recent smoking cessation success by adult smokers.

A media campaign modeled after Legacy's "Ex" could be an effective way of targeting this problem. Initial results from the EX[®] campaign, the only national, independent media campaign promoting smoking cessation in the U.S. in nearly forty years, confirm the importance and efficacy of a national media campaign.²⁸ A national campaign offers the most efficient way to spend limited media dollars since it is much less expensive to purchase media on a national as opposed to a regional, state or local basis. A national campaign will also achieve cost-savings by avoiding the cost duplication and inefficiencies inherent in the implementation and evaluation of fifty separate state campaigns. Based on our experience with EX as well as our national youth tobacco prevention campaign, truth[®], an effective national media campaign to promote adult cessation, including a strong evaluation component, will cost about \$100 million a year.²⁹ Because it is much less expensive and more efficient to develop and evaluate a campaign and purchase media on a national as opposed to a regional, state or local basis, this estimate is considerably less than the CDC recommendation for media expenditures which is based on separate state campaigns³⁰. The national media campaign should be funded by the federal government and amplified at the state and local level.

D. Monitor public knowledge, beliefs and attitudes related to tobacco use.

Monitoring public knowledge connected to tobacco use attitudes is a useful tool to implement to evaluate the Healthy People 2020 goals. Research has shown that knowledge, beliefs and attitudes about tobacco use mediate people's behavior surrounding smoking initiation and cessation, and influence support for tobacco-related policies. Lower knowledge of smoking risk and higher use of tobacco has been found to occur in vulnerable populations and in the regions of the country with the highest tobacco production and the highest tobacco-related mortality.³¹ Those who are willing to try various cessation methods, and have beliefs about the consequences of smoking and the benefits of quitting have been found to be more easily able to quit.³² In addition, we suggest establishing methods to monitor priority populations' knowledge, beliefs, and attitudes related to tobacco use in order to discover variances between populations and to help in the development of programs to best serve those populations.

²⁷ IOM at 235-237.

²⁸ Vallone DM, Duke JC, Mowery PD, McCausland KM, Xiao H, Costantino JC, Asche ET, Allen JA, . The impact of 'EX': Results from a pilot smoking-cessation media campaign. Forthcoming in *American Journal of Preventive Medicine*.

²⁹ Holtgrave DR, Wunderink KA, Vallone DM, Heaton CG. Cost-utility analysis of the National truth campaign to prevent youth smoking. *American Journal of Preventive Medicine* 2009; 36(5):385-8.

³⁰ The CDC recommendation for "Health Communications Interventions" is separate from its recommended expenditures for cessation interventions discussed above.

³¹ Finney Rutten LJ, Auguston EM, Moser RP, Beckjord EB, Hesse BW. Smoking knowledge and behavior in the United States: Sociodemographic, smoking status, and geographic patterns. *Nicotine & Tobacco Research* 2008; 10(10):1559-70.

³² Hutcheson TD, Greiner KA, Ellerbeck EF, Jeffries SK, Mussulman LM, Casey GN. Understanding smoking cessation in rural communities. *Journal of Rural Health* 2008; 24(2):116-24.

E. Develop and maintain a strong national surveillance and monitoring system that tracks the marketing and changing tactics of the tobacco industry.

Leading tobacco research scientists have called for establishing a national surveillance system to monitor the tobacco industry.³³ This comprehensive system can provide a mechanism to inform public health scientists and practitioners regarding new tobacco industry products, and monitor the specific marketing claims made on behalf of the tobacco industry. This objective can help ensure that the public health and tobacco control communities, as well as consumers, are fully informed in a timely manner about new tobacco industry products as well as the validity of the potential claims of safety and efficacy. In addition, the Family Smoking Prevention and Tobacco Control Act provides opportunities to collect information on the tobacco industry. Healthy People 2020 should build upon those opportunities.

³³ Cruz, T. B. Monitoring the tobacco use epidemic IV. The vector: Tobacco industry data sources and recommendations for research and evaluation. *Preventive Medicine* 2009; 48 S24-S34.