New York State Department of Health

Year 4 Performance Incentive Initiative:
Required Documentation Cover Sheet

PHAB Measure:

- 1.3.1 A

Submitter:

- Tompkins County

Required Documentation:

- RD3: Analysis of data that demonstrates the use of information from multiple databases or data sources

Narrative:

- Tobacco-21: Findings for Board of Health (BOH) meeting, 12/6/16
- Health & Human Services (HHS) Committee of the Tompkins County Legislature, Approved Minutes for 7/18/16 regular meeting.

Collectively, the attached documentation achieves the required documentation,

The Findings and Options document provided the Tompkins County Board of Health (BOH) with an overview of local, regional, and national data, and excerpts from peer-reviewed reports to supplement their consideration of raising the tobacco purchasing age in Tompkins County to 21. The document was included in meeting packets for the BOH (12/6/16) and the Health & Human Services Committee (HHS) of the Tompkins County Legislature (12/19/16). Prepared by Tompkins County Health Department (TCHD) staff.

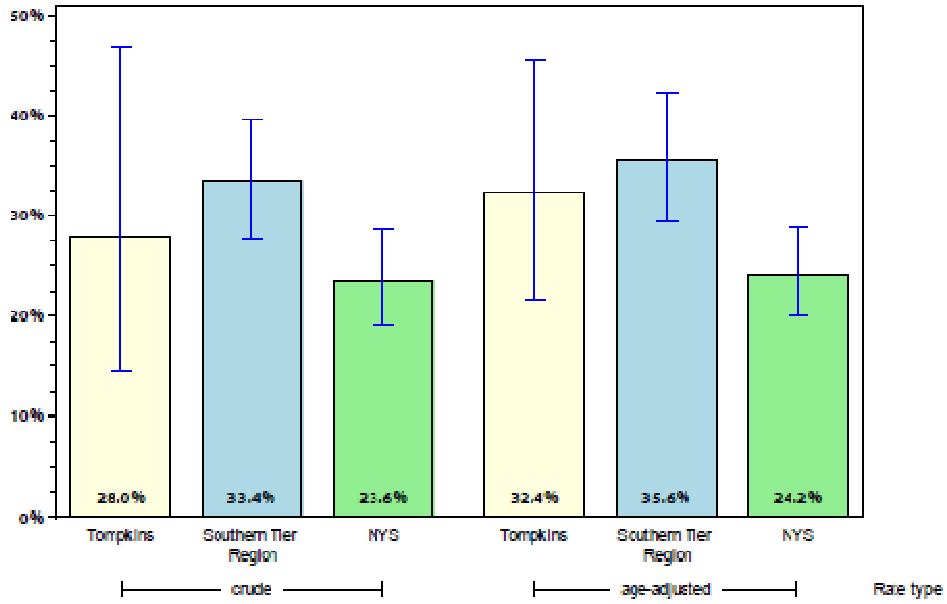
The HHS minutes document a statement delivered by TCHD staff person, in which the same data that was later gathered into one document for the BOH and HHS packets (see above), was analyzed and from those analyses, conclusions drawn. Committee members then discussed the data analysis and conclusions (see RD3 Pg. 12).

PUBLIC HEALTH ISSUES

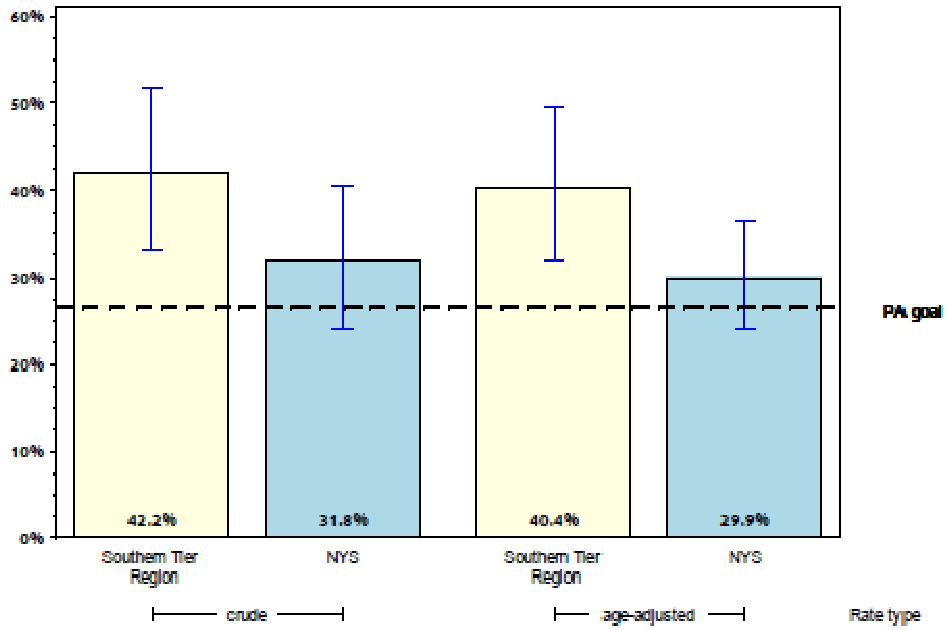
- **Tobacco Usage**
  1. Tompkins County Adult smoking rate (age-adj), 14.0%. (NYS eBRFSS, 2014)
  2. Tompkins County Youth: Student Survey [Communities That Care] 2014
     - Grades 9-12, Lifetime use of cigarettes, 18.1% (NYS=22.4%)
     - Grades 9-12, 30-day use of cigarettes, 6.1% (NYS=7.3%)
       - 30-day use of smokeless, 4.7%
     - Grade 12 alone, 30-day use, 10.3%,
     - Ease of access: Cigarettes are Very easy or Sort of easy to get
       - Grade 10, 26.6%
       - Grade 11, 40.2%.
       - Grade 12, 51.4%
       - Grades 9 to 12, 34.6%.
     - How wrong would most adults in your neighborhood think it was for kids your age to smoke cigarettes? A little wrong + Not wrong at all
       - grade 10, 10.4%
       - grade 11, 15.4%
       - grade 12, 18.2%
       - Grades 9-12, 13.0%
     - How wrong do your parents feel it would be for you to smoke tobacco? A little wrong + Not wrong at all
       - grade 10, 3.4%
       - grade 11, 4.0%
       - grade 12, 6.3%
       - Grades 9-12, 4.0%
     - Use of electronic nicotine delivery systems (ENDS or e-cigs) was not part of this survey, though numerous studies show that ENDS use among high schoolers is growing rapidly nationwide. (See below)

3. Disparate populations:

- Adults, Tompkins County: Low SES and Poor mental health
  - Percent of adults with household income less than $25,000 who are current smokers



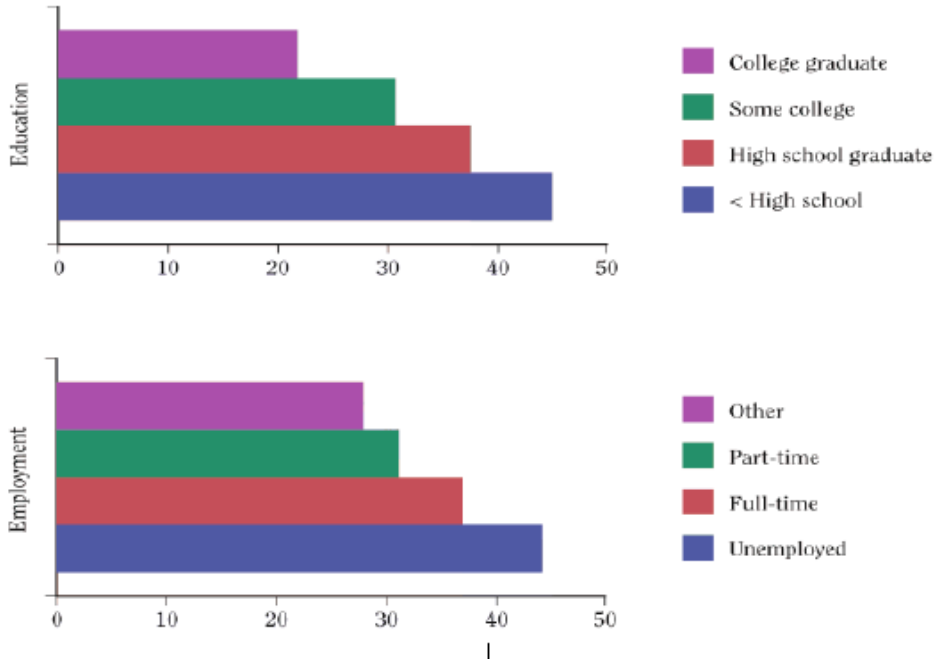
  - Percentage of cigarette smoking among adults who report poor mental health



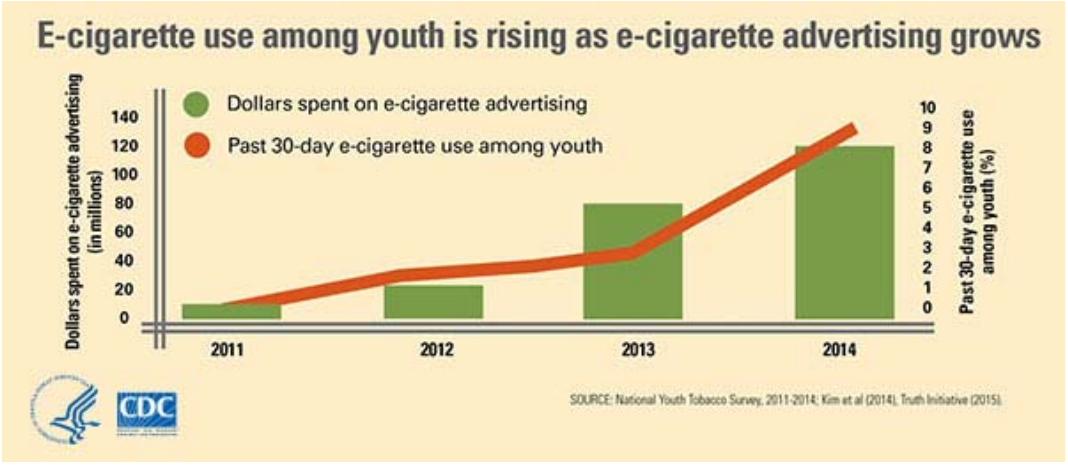
Source: eBRFSS

- Youth, national: Education and Employment (Report of the USSG, 2012)

Percentage of current cigarette smoking among young adults (18- to 25-year-olds), by education and employment (as proxies for socioeconomic status) (154) (Figure 3.12; NSDUH 2010):



4. E-Cigarette use nationally has increased in lockstep with increased e-cig advertising

- 

- NYS, e-cig use, grade 9-12, 10.5% (2014)
- NYS, e-cig use, ages 18-25, 12.7%

5. Youth exposure to tobacco marketing in the retail environment,
   - 85% HS students (NYS) report being aware of tobacco marketing
   - Exposure to retail cigarette advertising is a risk factor for smoking initiation. Policies and parenting practices that limit adolescents' exposure to retail cigarette advertising could improve smoking prevention efforts
     [Henriksen et al. *Pediatrics*. 2010 August ; 126(2): 232–238. doi:10.1542/peds.2009-3021]

- **Raising the age**

1. Institute Of Medicine Report 2015: *Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products* (http://www.nap.edu/18997)
   - If the minimum legal age is raised to 21 (projections for nationwide impacts):
     - The tobacco use initiation rate would decrease as follows:
       - by about 15% for youth under age 15
       - by 25% for ages 15-17
       - by a little over 15% for ages 18-20
     - The study model projects that if the minimum age were raised today, by the time today's teenagers were adults, there would be a 12% decrease in the prevalence of tobacco use among those adults.
     - The model projects that, looking 30 years out, raising the age now would result in approximately 223,000 fewer premature deaths, and 4.2 million fewer years of life lost among those born in the first 20 years of this century.
   - Selected Findings excerpted from the IOM study
     - Finding 3-5: While the development of some cognitive abilities is achieved by age 16, the parts of the brain most responsible for decision making, impulse control, sensation seeking, future perspective taking, and peer susceptibility and conformity continue to develop and change through young adulthood [Ages 18-25].
     - Finding 3-6: Animal studies suggest that adolescent brains, because of their level of development, are uniquely vulnerable to the effects of nicotine and nicotine addiction.
   - Selected Conclusions excerpted from the IOM study Summary chapter
     - Conclusion 7-1: Increasing the minimum age of legal access to tobacco products will likely prevent or delay initiation of tobacco use by adolescents and young adults. *["Initiation" = having smoked 100 cigarettes]*

- Conclusion 7-2: Although changes in the minimum age of legal access to tobacco products will directly pertain to individuals who are age 18 or older, the largest proportionate reduction in the initiation of tobacco use will likely occur among adolescents 15 to 17 years old.
- Conclusion 7-4: Based on the modeling, raising the minimum age of legal access to tobacco products, particularly to age 21 or 25, will likely lead to substantial reductions in smoking prevalence.
- Conclusion 8-1: Based on the modeling, raising the minimum age of legal access to tobacco products will likely lead to substantial reductions in smoking-related mortality.
- Conclusion 8-2: Based on a review of the literature, raising the minimum age of legal access to tobacco products (MLA) will likely immediately improve the health of adolescents and young adults by reducing the number of those with smoking-caused diminished health status. ... Raising the MLA will also likely reduce the prevalence of other tobacco products and exposure to secondhand smoke, further reducing tobacco-caused adverse health effects, both immediately and over time.
- Conclusion 8-3: Based on a review of the literature and on the modeling, an increase in the minimum age of legal access to tobacco products will likely improve maternal, fetal, and infant outcomes by reducing the likelihood of maternal and paternal smoking.

2. Role of brain development

- Exposing the undeveloped adolescent brain to nicotine increases the chance that the brain will become essentially hardwired for nicotine. That is largely why about 90% of adult smokers started before age 18. Those who wait until the brain is fully developed, about age 25, are unlikely to become lifetime users. The longer use is delayed, the lower is the likelihood of lifetime addiction.
- No one starts smoking for the nicotine, yet it is the nicotine that turns that so-called “responsible decision” into a long term addiction.

Health and Human Services Committee
Regular Meeting Minutes – Approved 8-15-16
Monday, July 18, 2016 3:30 PM
Legislature Chambers

Attendance

Attendee Name	Title	Status	Arrived
Leslyn McBean-Clairborne	Chair	Present	
Carol Chock	Vice Chair	Late	3:35 PM
Will Burbank	Member	Present	
Martha Robertson	Member	Excused	
Anna Kelles	Member	Present	
Catherine Covert	Clerk of the Legislature	Present	
Patricia Carey	Social Services Commissioner	Present	
Amie Hendrix	Director of Youth Services	Present	
Xavier Rusk	Office of Human Rights	Present	
Joe Mareane	County Administrator	Present	
Lisa Holmes	Director, Office for the Aging	Present	
Brenda Grinnell-Crosby	Public Health Administrator	Present	
Ted Schiele	Public Health Department	Present	
Marcia Lynch	Public Info. Officer, County Administration	Present	
Sharon MacDougall	Deputy Mental Health Commissioner	Present	
Jeremy Porter	Mental Health Department	Present	

Guests: Cornell Law School: Elizabeth Brundige, Amanda McRae, Lucia Dominquez, Sharon Hickey; Jamila Walida Simon, Human Rights Commission; Kamilah Edwards, Resident; Michael Smith, The Ithaca Voice; Angela Sullivan, Alcohol and Drug Council; Beverly Chin, Human Services Coalition; Heather Campbell, Advocacy Center

Call to Order

Mrs. McBean-Clairborne, Chair, called the meeting to order at 3:33 p.m.

Changes to Agenda

It was MOVED by Ms. Kelles, seconded by Mr. Burbank, and unanimously adopted by voice vote by members present, to add an appointment to the Mental Health Subcommittee to the agenda.

Public Comment

There was no member of the public who wished to speak.

Minutes Approval

June 7, 2016

RESULT:	**ACCEPTED [UNANIMOUS]**
MOVER:	Anna Kelles, Member
SECONDER:	Will Burbank, Member
AYES:	McBean-Clairborne, Burbank, Kelles
EXCUSED:	Chock, Robertson

June 20, 2016

RESULT:	**ACCEPTED [UNANIMOUS]**
MOVER:	Anna Kelles, Member
SECONDER:	Will Burbank, Member
AYES:	McBean-Clairborne, Burbank, Kelles
EXCUSED:	Chock, Robertson

Chair's Report

Ms. Chock arrived at this time.

Mrs. McBean-Clairborne said she has reached out to Councilmember Joseph Murtagh about the City and County getting together to continue discussions concerning the Municipal Drug Plan and to review what has been done and what needs to be done moving forward. No date has been set, but she will keep the Committee informed.

Reports

Implementation of Resolution-Freedom of Domestic Violence as a Human Right

RESULT:	**COMPLETED**

County Administrator's Report

Mr. Mareane said he distributed the inventory list of substance abuse treatment and prevention programs and activities the County provides or supports with funding. Following this meeting if there is no objection, he will circulate this list to the Legislature.

Mrs. McBean-Clairborne thanked Mr. Mareane for the information and the Committee agreed to have the information distributed.

Health Department

Resolution No. - Authorization to Increase Hours - Community Health Nurse Positions - Health Department (ID #6446)

In response to Ms. Chock's question about whether the staff person is in agreement with this increase in hours, Ms. Crosby said the individual is in complete agreement and explained how it was handled.

Mr. Burbank spoke of the concerns raised in the past about there being no policy or mechanism in place for employees if there is not agreement by the employee to increase their hours. Mrs. McBean-Clairborne suggested this discussion should be held with the Personnel Department and the Budget, Capital, and Personnel Committee to make sure employees are not feeling coerced.

Mr. Mareane said he and Department Heads understand this concern and although it is a management right to adjust hours it is done with consultation with the employee. He believes that in every instance in the last year, the employee has been totally receptive to this.

Mrs. McBean-Clairborne spoke from a workplace inclusion perspective and asked what the response is if an employee chooses not to increase their hours and asked that that question be looked at as a matter of practice and standards and have it documented.

RESULT:	**RECOMMENDED [UNANIMOUS]**
MOVER:	Will Burbank, Member
SECONDER:	Carol Chock, Vice Chair
AYES:	McBean-Clairborne, Chock, Burbank, Kelles
EXCUSED:	Robertson

WHEREAS, the Community Health Division has 1.0 FTE unfilled Sr. Community Health Nurse position that is funded in the Department's target budget, and

WHEREAS, the division has evaluated the best use of those funds and reorganized the management/supervisory workload among two existing employees, now therefore be it

RESOLVED, on recommendation of the Health and Human Services and the Budget, Capital, and Personnel Committees, That one position of Supervising Community Health Nurse, labor grade 17, position ID 442, (17/601), competitive class, be increased from 35 hours to 40 hours per week, effective immediately,

RESOLVED, further, That one position of Sr. Community Health Nurse, labor grade 15, position ID 521, (16/218), labor grade 16, competitive class, be increased from 35 hours to 40 hours per week, effective immediately,

RESOLVED, further, That no additional funds are required to accommodate this change.
SEQR ACTION: TYPE II-20

* * * * * * * * * *

Advancing the minimum purchase age for tobacco products to 21 (T21) (ID #6448)

Mr. Schiele read the following statement:

"Good afternoon. I was invited here to provide you with some background on "Tobacco 21", raising the legal minimum age for purchasing tobacco products from 18 to 21 years old.

"I will begin by saying that there is strong evidence that increasing the tobacco purchase age to 21 will reduce youth smoking, reduce youth initiation of tobacco use, and ultimately reduce the prevalence of adult smokers and smoking caused chronic disease and premature death.

statement contin es ...

"However, I would be remiss if I did not also point out that such a strategy would be even more effective in reducing the impact of tobacco use and nicotine dependence if considered as part of a comprehensive program to reduce youth access to tobacco, nicotine delivery systems, and smoking paraphernalia. I'll talk a little bit more about this before closing.

"To begin, I'll give you the most current data I have for prevalence of tobacco use among youth and adults in Tompkins County. The data for adults is from the expanded Behavioral Risk Factors Surveillance System (BRFSS), surveyed in 2013 and 2014. The youth data is from the Communities that Care survey given to all Tompkins County students in grades 7 to 12. The survey is a collaboration, primarily by the Community Coalition for Healthy Youth and TST BOCES, most recently in October 2014.

- The adult smoking rate (age-adj) was 14.0%. This about the same as the in the previous expanded BRFSS.
- Across all grades 7 to 12, Lifetime use of cigarettes was 14.2%.
- Again, grades 7 to 12, Thirty day use of cigarettes was 4.7%
- For grade 12 alone, Thirty day use was 10.3%, (though the pattern for lower grades over the last 4 survey cycles suggests that will be lower when the next survey is done this coming fall.)

"One other interesting number from the student survey:

- Just over half (51.4%) of students in grade 12 reported that cigarettes are very easy or sort of easy to get. For grades 9 to 12, that number was 34.6%.

"Use of electronic nicotine delivery systems (ENDS), or e-cigs, was not part of this survey, though numerous studies show that ENDS use among high schoolers is growing rapidly nationwide.

"Up until last year, there had been no consensus regarding the effect of minimum legal age of purchase for tobacco. Then, in March 2015, the Institute of Medicine released a paper that looked at previous studies and did some modeling for how raising the age would impact youth tobacco initiation and use, and the long term implications for that change.

"As I noted at the start, this report provides clear evidence that raising the minimum legal age of purchase for tobacco products would result in fewer youth trying tobacco, fewer youth becoming regular tobacco users, and ultimately fewer of the long term health outcomes that result from tobacco use.

"Here are some stats from the report. The data I'll give you is for raising the age to 21. The study compared raising the age to 19, 21, and 25, but 21 was the sweet spot. These are projections for nationwide impacts.

- The tobacco use initiation rate would decrease as follows: for youth under age 15 it would decrease by about 15%, for ages 15-17 the initiation rate would decrease 25%, and for ages 18-20 it would go down a little over 15%.
- The study model projects that if the minimum age were raised today, by the time today's teenagers were adults, there would be a 12% decrease in the prevalence of tobacco use among those adults.
- The model also projected that, looking 30 years out, raising the age now would result in approximately 223,000 fewer premature deaths, and 4.2 million fewer years of life lost among those born in the first 20 years of this century.

statement contin es ...

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"Also important is the role that brain development plays in all of this. Some have argued that if 18 year olds are trusted to cast a vote and fight for our country, they should be considered responsible enough to decide whether or not to purchase - and use - tobacco products.

"Our understanding of the stages of brain development deflects that argument, because we know that exposing the undeveloped adolescent brain to nicotine increases the chance that the brain will become essentially hardwired for nicotine. That is largely why about 90% of adult smokers started before age 18. Those who wait until the brain is fully developed, about age 25, are unlikely to become lifetime users. The longer use is delayed, the lower is the likelihood of lifetime addiction.

"No one starts smoking for the nicotine, yet it is the nicotine that turns that so-called "responsible decision" into a long-term addiction.

"I want to conclude by returning to the idea of a comprehensive approach to reducing access to tobacco, nicotine, and smoking paraphernalia. I want to report to you about local licensing for retail sales of these products.

"The Prevention Pillar was one of the 4 "subcommittees" of the Mayor's Municipal Drug Policy Committee (MDPC), which ultimately produced the Ithaca Plan. One of the recommendations in the Prevention Pillar's final report to the MDPC was that retailers who sell tobacco products, ENDS, or smoking paraphernalia be required to obtain a local license to do so. This could be a license issued by the city, a village or town, or the county.

"In 2012, the Downtown Ithaca Alliance (DIA) produced a draft ordinance for local licensing that was submitted to the Mayor and considered by a Common Council committee. The DIA's interest was to get a handle on the proliferation of head shops, which sold smoking paraphernalia, on and around The Commons.

"At that time, and still to this day, there is tracking on where smoking paraphernalia, or for that matter, ENDS, are sold. Both smoking paraphernalia and ENDS are age restricted like tobacco products, but unlike tobacco retailers, which need to register with the New York State Department of Taxation and Finance, there is no registration for those products. Local licensing would cover that, and we would know where these products were being sold, and sales could be monitored, for example for adherence to minimum legal age restrictions.

"When a new licensing program is implemented, all current retailers are brought in. However, over the long-term licensing allows the jurisdiction to regulate certain factors such as minimum purchase age, store density such as in a downtown area, what kind of store can sell these products, how close a retailer is to a school or other youth- or family-focused center, and what the consequences are when a retailer is found in violation of the law.

"Currently Cayuga County, Ulster County, Duchess County, New York City, and the City of Newburgh require retailers to have a local license. Ulster just implemented its license this year, Newburgh last year, Cayuga County about 3 years ago.

"Tobacco 21 laws have been passed in NYC, Suffolk County, Albany County, Chautauqua County, and Cortland County.

"T21 and licensing are complementary means of regulating youth access to nicotine products and

statement contin es ...

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related devices. Plus they provide a healthier, more supportive environment for families, users who are trying to quit, and many more who live or visit here, by reducing the overall prevalence of these products and their use in our community and in the public landscape."

statement ends member disc ssion begins

Ms. Chock referred to the Cortland County's law attached to the agenda and said if Tompkins County considers a similar law, she would like the definition of "Prohibited Products" reviewed. She further commented that she would consider supporting the ban of tobacco in Tompkins County and not just changing the age to purchase it.

Mr. Schiele spoke to the issue of licensing and explained that option can provide many opportunities including restrictions, limitations, and other action plans. Ms. Kelles said she would like to not rush in passing a law, but look into comprehensive plans as Mr. Schiele spoke to.

Mr. Burbank agreed with Ms. Chock with looking carefully at the elements listed in the definition section and would also support bringing forward a law.

Mr. Schiele said his role is to provide information; he is not permitted to advocate. The education aspect is important and said he could provide more information about the licensing aspect of this issue, and said it is important that the County take its time at looking at this.

Mr. Burbank reported on the last Board of Health meeting and said Mr. Schiele was in attendance and discussed secondary smoke in an apartment complex in Ithaca and the frustration the Department had. He asked Mr. Schiele to attend a future meeting to share that story.

In response to Ms. Chock's question about whether counties have the authority to ban the sale of tobacco products within its borders, Mr. Schiele said counties do have that authority.

Ms. Kelles acknowledged the spiritual and ceremonial use of tobacco and believes any law should address that.

Mrs. McBean-Clairborne also spoke to the respect of culture and people's rights. It is important to have a more comprehensive look at this. She supports T21, but more discussion needs to be held.

Ms. Chock also stated for the record that it's not only Medicaid expenses people are asked to share in the public health impact, this is reflected in the cost of all health plans.

RESULT:	**COMPLETED**

Mental Health

Resolution No. 2016-143 - Creation of Position - Community Mental Health Nurse to Provide Utilization Review - Tompkins County Mental Health Department (ID #6429)