



In Collaboration with the
Center of Excellence on Health Disparities at the
Morehouse School of Medicine

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**GEORGIA TOBACCO
POLICY SUMMIT**

**Taking Charge:
Reducing the Burden of
Tobacco on Communities of Color**

PROGRAM SYLLABUS

Thursday, October 27, 2005 • 9 AM - 4 PM
National Center for Primary Care at the
Morehouse School of Medicine

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Tobacco kills more than 10,000 Georgians each year. Most adult smokers lit their first cigarette during adolescence. Today, more than 1/3 of Georgia 9th-12th graders report tobacco use; and one of five Georgia high school boys uses spit tobacco. (Oral cancer can occur quickly, within 5 years of initial use of spit tobacco.) Approximately 30, 000 Georgia pre-teens, ages 10-13, begin smoking each year.

Every dollar invested in tobacco prevention yields \$15 in direct health savings to Georgia.

Summit Secretariat

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GEORGIA TOBACCO POLICY SUMMIT

Taking Charge: Reducing the Burden of Tobacco on Communities of Color

October 27, 2005

National Center for Primary Care
Morehouse School of Medicine
720 Westview Drive, SW
Atlanta, GA 30310-1495

October 27, 2005

Co-Chairs

Sandra A. Harris-Hooker, PhD
Center of Excellence on
Health Disparities
Morehouse School of Medicine

Natalie Hernandez
Georgia Ethnic Health Network

Jeanne Lipsitt
Georgia Alliance for
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Planning Committee
Daniel S. Blumenthal, MD, MPH
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The Georgia Alliance for Tobacco Prevention, a tobacco policy control coalition, and the Center of Excellence on Health Disparities at the Morehouse School of Medicine have come together to present The Georgia Tobacco Policy Summit-Taking Charge: Reducing the Burden of Tobacco on Communities of Color. We welcome you to the Summit and thank you for attending.

Our program provides real world models allowing stakeholders, advocates and policy makers an opportunity to examine effective strategies aimed at reducing the impact of tobacco use and exposure in communities of color. This program aims to capitalize on potential relationships of stakeholders and coalitions to develop approaches that maximize impact in our community. Sessions will cover topics including tobacco use, exposure to secondhand smoke, local clean indoor air ordinances and the new state smoke free air law.

We are grateful to our many partners, DeKalb County Board of Health, the Department of Human Resources, the Georgia Ethnic Health Network, and the Georgia Cancer Coalition. Our further appreciation goes to the Center of Excellence on Health Disparities at the Morehouse School of Medicine for hosting this event, and to the American Lung Association, the American Heart Association and the American Cancer Society for their on-going support.

Tobacco-related illnesses kill more than 430,000 Americans a year---more than AIDS, car accidents, and illegal drugs combined. We hope this program will help to change those statistics.

Best Regards

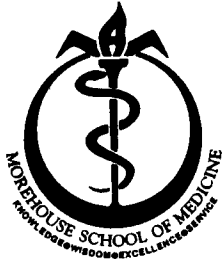
Sandra A. Harris-Hooker, PhD

Natalie Hernandez

Jeanne Lipsitt

SUMMIT FUNDING ORGANIZATIONS





MOREHOUSE SCHOOL OF MEDICINE



Office of the President

Dear Fellow Advocates:

Georgia Alliance for Tobacco Prevention (GATP) and The Center of Excellence on Health Disparities, Morehouse School of Medicine, along with our other alliance members welcome you to this summit. The Georgia Tobacco Policy Summit has been developed to present the latest information on the disproportionate impact of tobacco use on communities of color, and to equip attendees with information and tools to foster change. We thank you for participating. Your contribution and participation will assist us as we work in partnership to reverse the disparate impact of tobacco in communities of color through policy and programs.

The Smoke-Free Air Act of Georgia, passed by an overwhelming bi-partisan majority of both houses of the state legislature, is landmark legislation making Georgia the first tobacco state in the nation to enact a statewide ban on public smoking this year. Governor Sonny Perdue, the legislative sponsors Senator Don Thomas, M.D. (R-SS-54, Dalton) and Representative Stacey G. Reece (R-HD-27, Gainesville) and the Georgia Alliance for Tobacco Prevention implemented guidelines according to the Surgeon General's Report on "Reducing Tobacco Use"-a first ever report to provide an in-depth analysis of the effectiveness of various methods to reduce tobacco use -- educational, clinical, regulatory, economic, and social. Dr. Thomas was honored as the Primary Care hero at the MSM National Primary Care Conference for his work with Tobacco Prevention and other health policy issues. Tobacco related illnesses not only cost Georgia \$1.8 billion in direct health expenses each year, but employers suffer heavy financial losses – decreased productivity, increased benefits costs and more sick days from employee tobacco use. Every dollar invested in tobacco prevention yields direct health savings to Georgia. Passing and enforcing strong clean indoor air regulations contribute to changing social norms and may decrease tobacco consumption among smokers and increase smoking cessation.

The Georgia Tobacco Policy Summit will provide its attendees a view of comprehensive interventions, combining community interventions, mass media campaigns, and program policy and regulation that have effectively worked to change social norms and reduce tobacco use.

We appreciate the funding agencies for their support of this activity. Their commitment helps to assure success in our intervention strategies to reduce cigarette smoking and to respond to the serious challenge of campaigns to advertise and promote tobacco products, especially those that influence young people and to create a healthier tomorrow.

Sincerely,

David Satcher, MD, PhD
Interim President

KNOWLEDGE • WISDOM • EXCELLENCE • SERVICE
www.msm.edu

PROGRAM-AT-A-GLANCE

THURSDAY, OCTOBER 27

8:00 AM – 9:00 AM	Continental Breakfast
9:00 AM – 9:45 AM	Opening Keynote Presentation – p. 7 <i>Welcome</i> - SANDRA A. HARRIS-HOOKER, PHD, MOREHOUSE SCHOOL OF MEDICINE <i>Overview</i> - NATALIE HERNANDEZ, GEORGIA ETHNIC HEALTH NETWORK <i>Introduction of Keynote</i> - ZENDA J. BOWIE, AMERICAN LUNG ASSOCIATION - SOUTHEAST REGION <i>Keynote Presentation</i> - LOUIS W. SULLIVAN, MD, PRESIDENT EMERITUS, MOREHOUSE SCHOOL OF MEDICINE
9:45 AM – 11:35 AM	Policy, Practice, Possibilities: Costs, Trends, and Impact – p. 8 <i>Moderator</i> - DANIEL S. BLUMENTHAL, MD, MPH <i>The Effects of Smoking</i> - SHANITA WILLIAMS-BROWN, PHD, MPH, APRN <i>Costs Related to Smoking</i> - MICHAEL ERIKSEN, SCD <i>State Disparities: What Georgia Looks Like</i> - STATE REPRESENTATIVE STAN WATSON, GEORGIA DISTRICT 91 <i>Community Impact of Local Legislation</i> - COMMISSIONER BURRELL ELLIS, DEKALB COUNTY GEORGIA <i>National Trends in Tobacco Policy</i> - LETETIA DANIELS, CAMPAIGN FOR TOBACCO FREE KIDS
11:45 AM – 1:00 PM	Luncheon Keynote Presentation – p. 9 <i>Moderator</i> - JEANNE LIPSITT, GEORGIA ALLIANCE FOR TOBACCO PREVENTION <i>Keynote Presentation</i> - STATE SENATOR KASIM REED, GEORGIA DISTRICT 35 <i>Remarks</i> - STATE SENATOR DON THOMAS, GEORGIA DISTRICT 54
1:00 PM – 2:00 PM	Concurrent Breakouts I Session A: Statewide Smoke-Free Act – p. 10 <i>Moderator</i> - JUNE DEEN, AMERICAN LUNG ASSOCIATION - SOUTHEAST REGION <i>Panelist</i> - YVETTE K. DANIELS, JD - GEORGIA DEPARTMENT OF HUMAN RESOURCES Session B: Smoking Cessation Programs – p. 11 <i>Moderator</i> - GREG BOLDEN, GEORGIA DEPARTMENT OF HUMAN RESOURCES <i>Panelist</i> - KENNETH RAY, GEORGIA DEPARTMENT OF HUMAN RESOURCES <i>Panelist</i> - ZENDA J. BOWIE, AMERICAN LUNG ASSOCIATION - SOUTHEAST REGION <i>Panelist</i> - ROBERT ROBINSON, DRPH, CENTERS FOR DISEASE CONTROL AND PREVENTION
BREAK	
2:10 PM – 3:10 PM	Concurrent Breakouts II Session A: Youth Access to Tobacco/Tobacco Control Programs – p. 12 <i>Moderator</i> - PAMELA COLLINS, AMERICAN LUNG ASSOCIATION - SOUTHEAST REGION <i>Panelist</i> - MATTHEW WILLIAMS, NATIONAL BLACK LEADERSHIP INITIATIVE ON CANCER III <i>Panelist</i> - GEORGE CRAWFORD, GEORGIA DEPARTMENT OF HUMAN RESOURCES Session B: Strengthening Local Ordinances – p. 13 <i>Moderator</i> - ERIC BAILEY, AMERICAN CANCER SOCIETY <i>Panelist</i> - COMMISSIONER BURRELL ELLIS <i>Panelist</i> - FAYE LYONS-GARY, GEORGIA ETHNIC HEALTH NETWORK
3:20 PM – 4:00 PM	Using What You've Heard - Local Success Stories – p. 14 <i>Moderator</i> - JUNE DEEN, AMERICAN LUNG ASSOCIATION - SOUTHEAST REGION <i>Panelist</i> - MAYOR RALPH BROWN, JR., BUENA VISTA <i>Panelist</i> - DIANNE ROBERTSON, WAYCROSS HEALTH DISTRICT, TOBACCO USE PREVENTION Wrap-Up WILLIAM A. ALEXANDER, MD, MOREHOUSE SCHOOL OF MEDICINE

THE GOAL OF THIS EVENT is to present the latest information on the disproportionate impact of tobacco use on communities of color, and to equip attendees with information and tools to foster change.

FUNDING ORGANIZATIONS

American Lung Association - Southeast Region
 Center of Excellence on Health Disparities
 at Morehouse School of Medicine
 DeKalb County Board of Health
 Georgia Alliance for Tobacco Prevention
 Georgia Department of Human Resources
 Division of Public Health, Tobacco Use Prevention Section
 Georgia Ethnic Health Network

HONORARY PROGRAM CO-CHAIRS

The Honorable Louis W. Sullivan, MD
*President Emeritus, Morehouse School of Medicine
 Secretary of Health and Human Services (1989-1993)*

State Senator Kasim Reed
District 35

PROGRAM CHAIRS

Sandra A. Harris-Hooker, PhD
*Center of Excellence on Health Disparities
 Morehouse School of Medicine*

Natalie Hernandez
Georgia Ethnic Health Network

Jeanne Lipsitt
Georgia Alliance for Tobacco Prevention

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Daniel S. Blumenthal, MD, MPH
*Morehouse School of Medicine
 Community Health & Preventive Medicine*

Greg Bolden
*Health Promotions Unit
 Georgia Department of Human Resources*

Pamela Collins
American Lung Association - Southeast Region

June Deen
American Lung Association - Southeast Region

Starla Hairston
Georgia Alliance for Tobacco Prevention

Keisha Hanson
DeKalb County Board of Health

Faye Lyons-Gary
Georgia Ethnic Health Network

Kenneth Ray
*Tobacco Use Prevention Section
 Georgia Department of Human Resources*

Matthew Williams
National Black Leadership Initiative on Cancer III

MESSAGE CENTER

The contact number at the National Center for Primary Care on the campus of Morehouse School of Medicine is 404.756.8805. Have your office or family members access this number to leave emergency messages.

SUMMIT PARTICIPANTS

State and local policy leaders and advocates from across the state are expected to participate in this summit.

REGISTRATION LOCATION

The Louis Sullivan National Center for Primary Care
 The Ginger Sullivan Atrium, 1st Floor

REGISTRATION SCHEDULE

Thursday, October 27 8:00 AM-1:00 PM

BADGES

Identification badges will be provided to all registered participants, speakers, and special guests. Badges must be worn to gain entrance into all sessions and the luncheon.

SPEAKER INFORMATION

Speaker Ready Room - NCPC Room 101
 8:00 AM-3:00 PM

SESSION RECORDING

Participants are asked to refrain from video or audio taping during sessions.

GATP BOARD MEMBER ORGANIZATIONS

American Heart Association
 American Lung Association
 Association of Black Cardiologists, Inc.
 Campaign for Tobacco Free Kids
 Concerned Communities Against Tobacco Exposure
 Georgia Federation of Professional Health Educators
 Medical Association of Georgia Alliance
 National Black Leadership Initiative on Cancer
 National Council on La Raza
 Oral Health America/NSTEP
 Rollins School of Public Health at Emory University
 Tobacco Use Prevention Section (DHR)
 WellStar Health Systems

SUMMIT SECRETARIAT

THE 1 JOSHUA GROUP, LLC
 Atlanta, Georgia
www.the1joshuagroup.com

Notes

9:45 AM - 11:35 AM
 Policy, Practice, Possibilities:
 Costs, Trends, and Impact

Location: NCPC Auditorium

Moderator..... Daniel S. Blumenthal, MD, MPH

The Effects of Smoking.....
 Shanita Williams-Brown, PhD, MPH, APRN

Costs Related to Smoking..... Michael Eriksen, ScD

State Disparities:
 What Georgia Looks Like..... Rep. Stan Watson

Community Impact of
 Local Legislation Commissioner Burrell Ellis

National Trends in
 Tobacco Policy Letetia Daniels

Notes

Lined area for taking notes during the session.

2:10 PM - 3:10 PM
CONCURRENT BREAKOUTS II

Session A:
Youth Access to Tobacco/Tobacco Control

Location: NCPC Room 207

Moderator..... Pamela Collins

Panelists..... George Crawford
Matthew Williams

Notes

3:20 PM - 4:00 PM
Using What You've Heard -
Local Success Stories

Location: NCPC Auditorium

Moderator June Deen

Panelists Dianne Robertson
Mayor Ralph Brown, Jr.

Wrap-Up/Adjourn William A. Alexander, MD

Albany AMERICUS Atlanta ATHENS/CLARKE Bainbridge
 Berkeley Lake Bibb Buena Vista
 Cartersville CLARKSTON Clay
 Columbus Conyers Cordele
 DEKALB Dougherty
 East Point ELBERTON
 Gainesville Grayson
 HALL Hart
 Junction City Keysville Kingsland
 Lithonia Loganville
 Midway Milledgeville MONTICELLO
 Oliver Peach Peachtree City
 Richland Riverdale
 Snellville SPALDING STATESBORO
 Swainsboro Thomas Tift
 Tucker UNION CITY Valdosta
 Walthourville Ware Warner Robins
 Albany AMERICUS Atlanta
 Berkeley Lake Bibb Buena Vista
 Cartersville CLARKSTON Clay
 Columbus Conyers Cordele
 DEKALB Dougherty
 East Point ELBERTON

PRESENTERS

William A. Alexander, MD

Office of the President
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Atlanta, Georgia
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Eric Bailey

American Cancer Society
Atlanta, Georgia
p. 13

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Greg Bolden

Health Promotions Unit
Georgia Department of Human Resources
Atlanta, GA
p. 11

Zenda J. Bowie

Southeast Region
American Lung Association
Smyrna, Georgia
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Mayor Ralph Brown, Jr.

City of Buena Vista
Buena Vista, Georgia
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Southeast Region
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George Crawford

Health Promotion Unit
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Atlanta, Georgia
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Letetia Daniels

Campaign for Tobacco Free Kids
Dothan, Alabama
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Yvette K. Daniels, JD

Division of Public Health
Georgia Department of Human Resources
Atlanta, Georgia
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June Deen

Southeast Region
American Lung Association
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Commissioner Burrell Ellis

DeKalb County
Decatur, Georgia
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Michael Eriksen, ScD

Institute of Public Health
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Georgia Ethnic Health Network
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Georgia Alliance for Tobacco Prevention
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Faye Lyons-Gary

Georgia Ethnic Health Network
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Kenneth Ray

Statewide Tobacco Use Prevention Program
Georgia Department of Human Resources
Atlanta, Georgia
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State Senator Kasim Reed

District 35
Atlanta, Georgia
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Dianne Robertson

Tobacco Use Prevention Section
Waycross Health District
Waycross, Georgia
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Robert Robinson, DrPH

Office on Smoking and Health
Centers for Disease Control and Prevention
Atlanta, Georgia
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Louis W. Sullivan, MD

Morehouse School of Medicine
Atlanta, GA
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State Senator Don Thomas

District 54
Dalton, Georgia
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State Rep. Stan Watson

District 91
Atlanta, Georgia
p. 8

Matthew Williams

National Black Leadership
Initiative on Cancer III
Morehouse School of Medicine
Atlanta, Georgia
p. 12

**Shanita Williams-Brown, PhD,
MPH, APRN**

Department of Community Health and
Preventative Medicine
Morehouse School of Medicine
Atlanta, Georgia
p. 8



The American Lung Association® is the oldest voluntary health organization in the United States. Founded in 1904 to fight tuberculosis, the American Lung Association today fights lung disease in all its forms, with special emphasis on asthma, tobacco control and environmental health. The Lung Association is funded by contributions from the public, along with gifts and grants from corporations, foundations and government agencies. The American Lung Association achieves its many successes through the work of thousands of committed volunteers and staff.

The Lung Association has many programs and strategies for fighting lung disease. Among these are:

- Teaching those with asthma to understand and manage their illness so they can lead more normal lives.
- Offering a variety of smoking control and prevention programs targeted to specific groups--some aimed at adults, others intended for school use, and still others designed to build bridges between the home and school and involve community leaders along with parents and educators.
- Serving as the leading advocate for clean air, as well as the chief source of information and public education on the health hazards of air pollution.
- Funding a broad program of research grants and awards designed to further both basic and applied research in lung function and lung disease.
- Influencing the development and enforcement of laws and regulations for lung health at the national, state and local levels, providing authoritative information to policymakers.

Communities of color suffer disproportionately from lung diseases. The American Lung Association's Lung Disease Data in Culturally Diverse Communities: 2005 report provides cultural/ethnic communities with much needed health information that can be used in the fight against lung disease.

In the African American community:

- In 2003, an estimated 3.4 million African Americans currently had asthma. African-Americans have the highest asthma prevalence of any racial/ethnic group.
- African Americans are more likely than whites to work in the asbestos, textile, coal and silica mining industries where they are overexposed to occupational respiratory hazards that cause chronic occupational lung diseases such as silicosis and asbestosis.
- Although African Americans have lower overall exposure to tobacco smoke, they are more likely to develop and die from lung cancer than other racial/ethnic groups.
- Lung cancer is the second most common cancer among African-American men, third among women, and kills more African-Americans than any other cancer.

The American Lung Association, through its policies and mission-driven activities, is moving to address these challenges through research, education and advocacy. To reach your local American Lung Association, call 1-800-LUNG-USA (1-800-586-4872).



The Morehouse School of Medicine's

Center of Excellence on Health Disparities was formed in 2002 with funding from the National Center on Minority Health Disparities. Under the leadership of Dr. David Satcher, Director and former United States Surgeon General, the Center seeks to respond to MSM's mission of recruiting and training minority and other students as physicians, biomedical scientists, and public health practitioners who are committed to research and the primary healthcare needs of the underserved.

Center Purpose

Our vision is to be recognized as the leading national resource for the reduction and ultimate elimination of health disparities

Our mission is to develop transferable models for the elimination of health disparities while maintaining our shared values of integrity, respect for community and trustworthiness.

The Goals of the Center of Excellence on Health Disparities are:

- to educate, motivate and mobilize the MSM community, its academic partners and the surrounding community(ies) toward activities focused on the elimination of disparities in health among different racial, ethnic and socio-economic groups;
- to build the infrastructure within the MSM, its academic partners and its community partners to eliminate disparities in health;
- to develop, expand and conduct multi-disciplinary research to better define the nature, magnitude and distribution of disparities, their determinants and interventions that work to prevent and ameliorate them; and
- to evaluate strategies/programs for eliminating disparities in health in selected areas and with selected populations/communities.

RESEARCH COMPONENT CORES

Cardiovascular Health & Stroke Prevention: Concentrating on surveillance, environmental determinants, access to care, lifestyle choices, and gene/environment interactions as they related to health disparities and cardiovascular disease.

Cancer: Conducting cancer research that addresses racial and ethnic disparities in incidence and mortality, with a special focus on smoking and tobacco.

Diabetes: Developing an extensive team of research scientists, physicians, and public health leaders to explore diabetes.

HIV/AIDS: Examining in detail the clinical complications related to HIV/AIDS in association with cultural- and gender-specific issues such as behavior, access to care and specific therapies.

Maternal Child Health: Researching the disturbing disparities and high impact of low-birth weight and asthma.

Mental Health: Improving public awareness of mental health issues and developing and implementing depression screening programs.

ADMINISTRATIVE CORE

Focusing on the management, coordination and integration of center procurement of financial resources and nurturing of critical partnerships

TRAINING RESOURCE CORE

Increasing the pool of African-American faculty with core skills needed to participate in research and writing for medical literature.

COMMUNITY OUTREACH & INFORMATION DISSEMINATION CORE

Designing community research and service activities, while assisting in the dissemination of health-related information.

SHARE RESOURCE CORES

Biostatistical and Data Management: Providing technical support and consultation in the areas of data analysis, database administration, and study design.

Basic Science Research: Providing genetic and protein analysis of biological samples to determine the root cause of disease as it relates to health disparities.

Community Practitioner Network: Developing a community practitioner network consortium, clinical practice registries and clinical data repositories for the purpose of enhancing research capacity.

Community Partnership Development: Fostering partnerships, creating advisory consumer participant groups, and facilitating the development of culturally appropriate materials and interventions.

For More Information visit <http://www.msm.edu/EXPORT>



DeKalb County Board of Health

TOBACCO UNIT

- DeKalb County Board of Health was awarded a two-year grant of \$975,000 to become an exemplar site for all the counties in the State of Georgia. These funds were made available from the Georgia Department of Human Resources' Division of Public Health, which was funded through the Georgia state legislature's allocation of \$15.8 million from the tobacco Master Settlement Agreement (MSA) between 46 states' and the tobacco industries.
- Mission: To coordinate strategy in tobacco use prevention and control, provide assistance on policy development, and serve as a resource for tobacco issues.
- Goals: To reduce disease, disability, and death related to tobacco use by:
 1. Promoting quitting among young people and adults
 2. Identifying and eliminating disparities related to tobacco use and its effects among different population groups
 3. Eliminating exposure to environmental tobacco smoke (also known as secondhand smoke).
 4. Preventing the initiation of tobacco use among young people.
- Our long-term vision is to create a tobacco-free environment for those who live, work, and play in DeKalb County.

PATCH

- In August 2000, The Prevention Alliance for Tobacco Control and Health (PATCH) was formed. PATCH is a community coalition dedicated to tobacco use prevention in DeKalb County.
- Our goal is to:
 1. Prevent youth from starting tobacco use
 2. Educate communities on how to eliminate exposure to secondhand smoke
 3. Promote quitting among youth and adults
 4. Empower communities to identify and reduce differences among populations.
- Our vision is a tobacco-free County. Our mission is to create a tobacco-free DeKalb County through community collaboration, advocacy, and education that promotes a safe and culturally enriched lifestyle for all of its residents.
- PATCH is a vehicle for action and members includes over 171 members, including, parents, teachers, youth, schools, grassroots organizations, health care providers, advocacy groups, concerned residents and others.

ACCOMPLISHMENTS:

- In 2002, PATCH members took the lead in successful efforts to strengthen the DeKalb County Clean Indoor Air ordinance. About 80% of the public places and restaurants are 100% smoke free, thanks to PATCH.
- In 2004, PATCH members passed a Clean Indoor Air Ordinance in the City of Decatur. Before 9pm you may dine in City of Decatur restaurants smoke free, thanks to PATCH
- The Tobacco Action Grant program has awarded over \$455,000 since 2000 to community groups. An evaluation of TAG showed increases in recipient's knowledge and skills related to tobacco control and creation of community dialogue around tobacco control issues.
- In 2002, PATCH received "Coalition of the year award" from the Georgia Division of Public Health Tobacco Use Prevention Section.
- In 2004 PATCH was received "Award of Excellence" for Tobacco Prevention and Control from the Georgia Alliance for Tobacco Prevention.

EVALUATION:

The Coalition, Youth program and Tobacco Action Grants (TAG) were evaluated by Emory students. The findings are published in the Status of Tobacco Control in DeKalb County 2003 Report.

For More Information visit <http://www.dekalbhealth.net>

Taking Charge: Reducing the Burden of Tobacco on Communities of Color



Our Vision:

The Georgia Alliance for Tobacco Prevention is committed to creating a healthier tomorrow - one where fewer children become addicted to tobacco, fewer people are exposed to secondhand smoke, and where tobacco users can find the help they need to quit and remain tobacco free; thereby promoting a culture that values a tobacco-free society.

Our Mission:

The purpose of the Alliance is to protect and improve the health of Georgians by providing a forum where strategies can be developed, coordinated and implemented to prevent and reduce tobacco use.

Our Goals:

The goals of the Alliance are to:

- ❖ Prevent youth and young adults from becoming users of tobacco products.
- ❖ Protect people from the effects of secondhand smoke.
- ❖ Help those who want to quit find the help and resources they need.
- ❖ Eliminate disparities in populations that suffer disproportionately from tobacco-related disease.
- ❖ Ensure resources that support cultural change by denormalizing tobacco use.

Member Organizations:

The Georgia Alliance for Tobacco Prevention is a coalition of organizations, hospitals and public health advocates including the American Lung Association, the American Cancer Society and the American Heart Association. The organization's efforts to protect the public from secondhand smoke are endorsed and supported by over four hundred businesses and organizations around the state.

The Alliance is working toward a future where fewer children become addicted to tobacco, fewer people are exposed to secondhand smoke, and where tobacco users can find the help they need to quit and remain tobacco free.

Funding:

The Georgia Alliance for Tobacco Prevention is funded primarily by the Robert Wood Johnson Foundation and administered by the American Lung Association of Georgia. Additional support is received through member and community organizations.

About TUPP

Funded by the tobacco Master Settlement Agreement, the Georgia Tobacco Use Prevention Program (TUPP) is a branch of the Department of Human Resources (DHR) in partnership with the Georgia Cancer Coalition. TUPP was initiated in 2000 to coordinate strategy in tobacco use prevention and control, provide assistance on policy development and serve as a statewide resource for tobacco issues.

The goals for TUPP are:

- Promote tobacco cessation among adults and youth
- Identify and eliminate disparities related to tobacco use and its effects among different population groups
- Eliminate exposure to environmental tobacco smoke, also known as secondhand smoke
- Prevent the initiation of tobacco use among youth

In the fall of 2000, the DHR TUPP formed tobacco prevention programs in 19 Georgia health districts. Today, districts are charged with developing and implementing educational programs throughout their community that foster a better understanding and awareness of tobacco's effects on Georgia.

In addition, the districts yield support to policies that reduce tobacco use, including clean indoor air ordinances, youth tobacco prevention and cessation programs, increased tax on tobacco products, and the reduction of advertising and promotion of tobacco products.

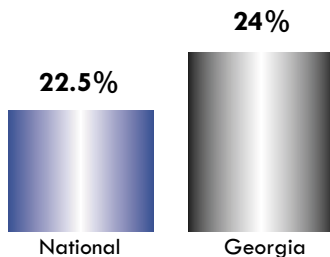
In 2004, Georgia legislators allocated \$11.5 million to TUPP for tobacco prevention.

The burden of tobacco in Georgia

- **\$1.8 billion** of healthcare costs in Georgia are attributed to smoking annually
- **\$2.9 billion** of lost productivity costs in Georgia are attributed to smoking annually
- **24 percent** of Georgians over the age of 18 smoke cigarettes
- **8 percent** of pregnant women in Georgia admit to using tobacco throughout their pregnancy – costing Georgia **\$9 million** in infant healthcare.

Georgia Tobacco Quit Line

Percentage adults 18 years and older of national cigarette smokers vs. percentage of Georgia cigarette smokers



Sources: U.S. Centers for Disease Control and Prevention (CDC), *Morbidity and Mortality Weekly Report* 2004, Behavioral Risk Factor Surveillance System (BRFSS) 2001

The Georgia Tobacco Quit Line (1-877-270-STOP/Spanish speakers call 1-877-2NO-FUME)

is a toll-free resource that offers counseling, screening and support services to Georgians who want to quit tobacco. The Quit Line recently extended its operating hours from **8 a.m. to midnight** daily to make it more convenient for Georgia tobacco users to get the help they need.

A youth services component also was added to the Quit Line in the fall of 2004 to assist Georgia teens ages 13 to 17, the ages when youth usually start smoking.

Ordinances

Currently **38 percent** of county governments and **14 percent** of municipalities in Georgia have passed smoking ordinances, prohibiting tobacco use in public spaces.

More than 35,000 Georgia tobacco users have been helped by the Quit Line since its launch in November 2001

For More Information: Kenneth Ray, program manager • Georgia Department of Human Resources (DHR), Tobacco Use Prevention Program • 404/ 657-6511 • keray@dhr.state.ga.us



“Building Bridges Between Communities for Change”

The Georgia Ethnic Health Network (GEHN), formed in June 2004, aims to support ethnic communities to tackle issues affecting health inequities. Housed at the American Lung Association of Georgia, GEHN made smoke free air a priority for the first year, as Georgia’s communities of color are most affected by tobacco use. The role of the Network is to build partnerships among ethnic communities for health policy change. GEHN is funded by a grant from the Georgia Department of Human Resources Tobacco Use Prevention Section.

GEHN is an unique collaboration, committed to its mission of developing leadership within diverse communities to build partnerships for sustainability, inclusivity, and community change. Georgia Ethnic Health Network seeks to strengthen the capacity of Georgia’s ethnic communities to tackle issues influencing health disparities.

The GEHN Steering Committee is comprised of representatives from the The National Council of La Raza (NCLR), The Center for Pan Asian Community Services, Inc. (CPACS), the American Heart Association, Georgia Department of Human Resources Tobacco Use Prevention Section (TUPS), Prevention Alliance for Tobacco Control and Health Coalition (PATCH), National Black Leadership Initiative on Cancer III, Grady Hospital, and the Georgia Alliance for Tobacco Prevention. These organizations will identify and train grassroots leaders from communities of color around the state. Each partnering organization work within its target community to provide culturally and linguistically appropriate educate about tobacco use, prevention options, policy, community organizing , the dangers of secondhand smoke, and ways to make their communities healthier.

For more information about the Georgia Ethnic Health Network, call 770.434.5854 or (800) LUNG USA. Or, visit the Georgia Ethnic Health Network website at www.gaethnichealthnetwork.org

Georgia Ethnic Health Network

2452 Spring Rd. Smyrna, GA 30080

770-437-9950 or (800) LUNG USA

By: Senators Thomas of the 54th, Reed of the 35th, Unterman of the 45th, Schaefer of the 50th, Miles of the 43rd and others
AS PASSED

AN ACT

To amend Chapter 12 of Title 16 and Title 31 of the Official Code of Georgia Annotated, relating to offenses against public health and morals and to health, respectively, so as to provide comprehensive changes and additions to the prohibition on smoking in this state; to amend certain provisions relating to the prohibition against smoking in public places; to enact the "Georgia Smokefree Air Act of 2005"; to provide for definitions; to prohibit smoking in certain facilities and areas; to provide for exceptions; to provide that entire establishments, facilities, or outdoor areas shall be nonsmoking; to provide for posting of signs and removal of ashtrays; to provide for an informational program; to provide for enforcement; to provide that this prohibition shall be cumulative to other general or local acts, rules, and regulations; to provide for statutory construction; to provide for related matters; to provide for effective dates; to repeal conflicting laws; and for other purposes.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

SECTION 1.

Chapter 12 of Title 16 of the Official Code of Georgia Annotated, relating to offenses against public health and morals, is amended by striking Code Section 16-12-2, relating to prohibited smoking in public places, and inserting in lieu thereof the following:

- (a) A person smoking tobacco in violation of Chapter 12A of Title 31 shall be guilty of a misdemeanor and, if convicted, shall be punished by a fine of not less than \$100.00 nor more than \$500.00.
- (b) This Code section shall be cumulative to and shall not prohibit the enactment of any other general and local laws, rules and regulations of state or local agencies, and local ordinances prohibiting smoking which are more restrictive than this Code section.

SECTION 2.

Title 31 of the Official Code of Georgia Annotated, relating to health, is amended by adding after Chapter 12 a new Chapter 12A to read as follows:

CHAPTER 12A

31-12A-1.

This chapter shall be known and may be cited as the "Georgia Smokefree Air Act of 2005."

31-12A-2.

As used in this chapter, the term:

- (1) 'Bar' means an establishment that is devoted to the serving of alcoholic beverages for consumption by guests on the premises and in which the serving of food is only incidental to the consumption of those beverages, including, but not limited to, taverns, nightclubs, cocktail lounges, and cabarets.
- (2) 'Business' means any corporation, sole proprietorship, partnership, limited partnership, limited liability corporation, limited liability partnership, professional corporation, enterprise, franchise, association, trust, joint venture, or other entity, whether for profit or nonprofit.
- (3) 'Employee' means an individual who is employed by a business in consideration for direct or indirect monetary wages or profit.
- (4) 'Employer' means an individual or a business that employs one or more individuals.
- (5) 'Enclosed area' means all space between a floor and ceiling that is enclosed on all sides by solid walls or windows, exclusive of doorways, which extend from the floor to the ceiling.
- (6) 'Health care facility' means an office or institution providing care or treatment of diseases, whether physical, mental, or emotional, or other medical, physiological, or psychological conditions, including, but not limited to, hospitals, rehabilitation hospitals or other clinics, including weight control clinics, homes for the chronically ill, laboratories, and offices of surgeons, chiropractors, physical therapists, physicians, dentists, and all specialists within these professions. This definition shall include all waiting rooms, hallways, private rooms, semiprivate rooms, and wards within health care facilities. This definition shall not include long-term care facilities as defined in paragraph (3) of Code Section 31-8-81.
- (7) 'Infiltrate' means to permeate an enclosed area by passing through its walls, ceilings, floors, windows, or ventilation systems to the extent that an individual can smell secondhand smoke.
- (8) 'Local governing authority' means a county or municipal corporation of the state.
- (9) 'Place of employment' means an enclosed area under the control of a public or private employer that employees utilize during the course of employment, including, but not limited to, work areas, employee lounges, restrooms, conference rooms, meeting rooms, classrooms, employee cafeterias, and hallways. A private residence is not a place of employment unless it is used as a licensed child care, adult day-care, or health care facility. This term shall not include vehicles used in the course of employment.
- (10) 'Public place' means an enclosed area to which the public is invited or in which the public is permitted, including, but not limited to, banks, bars, educational facilities, health care facilities, laundromats, public transportation facilities, reception areas, restaurants, retail food production and marketing establishments, retail service establishments, retail stores, shopping malls, sports arenas, theaters, and waiting rooms. A private residence is not a public place unless it is used as a licensed child care, adult day-care, or health care facility.
- (11) 'Restaurant' means an eating establishment, including, but not limited to, coffee shops, cafeterias, sandwich stands, and private and public school cafeterias, which gives or offers for sale food to the public, guests, or employees, as well as kitchens and catering facilities in which food is prepared on the premises for serving elsewhere. The term shall include a bar area within any restaurant.
- (12) 'Retail tobacco store' means a retail store utilized primarily for the sale of tobacco products and accessories and in which the sale of other products is merely incidental.
- (13) 'Secondhand smoke' means smoke emitted from lighted, smoldering, or burning tobacco when the person smoking is not inhaling, smoke emitted at the mouthpiece during puff drawing, and smoke exhaled by the person smoking.
- (14) 'Service line' means an indoor line in which one or more persons are waiting for or receiving service of any kind, whether or not the

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service involves the exchange of money.

(15) 'Shopping mall' means an enclosed public walkway or hall area that serves to connect retail or professional establishments.

(16) 'Smoking' means inhaling, exhaling, burning, or carrying any lighted tobacco product including cigarettes, cigars, and pipe tobacco.

(17) 'Smoking area' means a separately designated enclosed room which need not be entered by an employee in order to conduct business that is designated as a smoking area and, when so designated as a smoking area, shall not be construed as to deprive employees of a nonsmoking lounge, waiting area, or break room.

(18) 'Sports arena' means enclosed stadiums and enclosed sports pavilions, gymnasiums, health spas, boxing arenas, swimming pools, roller and ice rinks, bowling alleys, and other similar places where members of the general public assemble to engage in physical exercise, participate in athletic competition, or witness sports or other events.

31-12A-3.

Smoking shall be prohibited in all enclosed facilities of, including buildings owned, leased, or operated by, the State of Georgia, its agencies and authorities, and any political subdivision of the state, municipal corporation, or local board or authority created by general, local, or special Act of the General Assembly or by ordinance or resolution of the governing body of a county or municipal corporation individually or jointly with other political subdivisions or municipalities of the state.

31-12A-4.

Except as otherwise specifically authorized in Code Section 31-12A-6, smoking shall be prohibited in all enclosed public places in this state.

31-12A-5.

(a) Except as otherwise specifically provided in Code Section 31-12A-6, smoking shall be prohibited in all enclosed areas within places of employment, including, but not limited to, common work areas, auditoriums, classrooms, conference and meeting rooms, private offices, elevators, hallways, medical facilities, cafeterias, employee lounges, stairs, restrooms, and all other enclosed facilities.

(b) Such prohibition on smoking shall be communicated to all current employees by July 1, 2005, and to each prospective employee upon their application for employment.

31-12A-6.

(a) Notwithstanding any other provision of this chapter, the following areas shall be exempt from the provisions of Code Sections 31-12A-4 and 31-12A-5:

(1) Private residences, except when used as a licensed child care, adult day-care, or health care facility;

(2) Hotel and motel rooms that are rented to guests and are designated as smoking rooms; provided, however, that not more than 20 percent of rooms rented to guests in a hotel or motel may be so designated;

(3) Retail tobacco stores, provided that secondhand smoke from such stores does not infiltrate into areas where smoking is prohibited under the provisions of this article;

(4) Long-term care facilities as defined in paragraph (3) of Code Section 31-8-81;

(5) Outdoor areas of places of employment;

(6) Smoking areas in international airports, as designated by the airport operator;

(7) All workplaces of any manufacturer, importer, or wholesaler of tobacco products, of any tobacco leaf dealer or processor, all tobacco storage facilities, and any other entity set forth in Code Section 10-13A-2;

(8) Private and semiprivate rooms in health care facilities licensed under Title 31 that are occupied by one or more persons, all of whom have written authorization by their treating physician to smoke;

(9) Bars and restaurants, as follows:

(A) All bars and restaurants to which access is denied to any person under the age of 18 and that do not employ any individual under the age of 18; or

(B) Private rooms in restaurants and bars if such rooms are enclosed and have an air handling system independent from the main air handling system that serves all other areas of the building and all air within the private room is exhausted directly to the outside by an exhaust fan of sufficient size;

(10) Convention facility meeting rooms and public and private assembly rooms contained within a convention facility not wholly or partially owned, leased, or operated by the State of Georgia, its agencies and authorities, or any political subdivision of the state, municipal corporation, or local board or authority created by general, local, or special Act of the General Assembly while these places are being used for private functions and where individuals under the age of 18 are prohibited from attending or working as an employee during the function;

(11) Smoking areas designated by an employer which shall meet the following requirements:

(A) The smoking area shall be located in a nonwork area where no employee, as part of his or her work responsibilities, shall be required to enter, except such work responsibilities shall not include custodial or maintenance work carried out in the smoking area when it is unoccupied;

(B) Air handling systems from the smoking area shall be independent from the main air handling system that serves all other areas of the building and all air within the smoking area shall be exhausted directly to the outside by an exhaust fan of sufficient size and capacity for the smoking area and no air from the smoking area shall be recirculated through or infiltrate other parts of the building; and

(C) The smoking area shall be for the use of employees only.

The exemption provided for in this paragraph shall not apply to restaurants and bars; and

(12) Common work areas, conference and meeting rooms, and private offices in private places of employment, other than medical facilities, that are open to the general public by appointment only; except that smoking shall be prohibited in any public reception area of such place of employment.

(13) Private clubs, military officer clubs and noncommissioned officer clubs.

(b) In order to qualify for exempt status under subsection (a) of this Code section, any area described in subsection (a) of this Code section, except for areas described in paragraph (1) of subsection (a) of this Code section, shall post conspicuously at every entrance a sign indicating that smoking is permitted.

31-12A-7.

Notwithstanding any other provision of this chapter, an owner, operator, manager, or other person in control of an establishment, facility, or outdoor area may declare that entire establishment, facility, or outdoor area as a nonsmoking place. Smoking shall be prohibited in any place in which a sign conforming to the requirements of subsection (a) of Code Section 31-12A-8 is posted.

31-12A-8.

(a) 'No Smoking' signs or the international 'No Smoking' symbol consisting of a pictorial representation of a burning cigarette enclosed in a red circle with a red bar across it may be clearly and conspicuously posted by the owner, operator, manager, or other person in control in every public place and place of employment where smoking is prohibited by this article.

(b) All ashtrays shall be removed from any area where smoking is prohibited by this chapter by the owner, operator, manager, or other person in control of the area, unless such ashtray is permanently affixed to an existing structure.

31-12A-9.

The Department of Human Resources and the agency designated by each local governing authority in this state may engage in a continuing program to explain and clarify the purposes and requirements of this chapter to citizens affected by it and to guide owners, operators, and managers in their compliance with it. The program may include publication of a brochure for affected businesses and individuals explaining the provisions of this chapter.

31-12A-10.

The Department of Human Resources and the county boards of health and their duly authorized agents are authorized and empowered to enforce compliance with this chapter and the rules and regulations adopted and promulgated under this chapter and, in connection therewith, to enter upon and inspect the premises of any establishment or business at any reasonable time and in a reasonable manner, as provided in Article 2 of Chapter 5 of this title.

31-12A-11.

The county boards of health may annually request other governmental and educational agencies having facilities within the area of the local government to establish local operating procedures in cooperation and compliance with this chapter.

31-12A-12.

This chapter shall be cumulative to and shall not prohibit the enactment of any other general or local laws, rules, and regulations of state or local governing authorities or local ordinances prohibiting smoking which are more restrictive than this chapter or are not in direct conflict with this chapter.

31-12A-13.

(a) This chapter shall not be construed to permit smoking where it is otherwise restricted by other applicable laws.

(b) Nothing in this chapter shall be construed as to repeal the provisions of Code Section 16-12-2.

(c) This chapter shall be liberally construed so as to further its purposes.

SECTION 3.

This Act shall become effective upon its approval by the Governor or upon its becoming law without such approval only for purposes of promulgating rules and regulations; for all other purposes, this Act shall become effective on July 1, 2005.

SECTION 4.

All laws and parts of laws in conflict with this Act are repealed.

Commit to create a healthier tomorrow.

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