

Towards a tobacco-free Guam Year 2 Report

Mapping of tobacco control activities on Guam

3-year coordinated tobacco control Strategic Plan for Guam 2008-2010

#### **ACKNOWLEDGEMENTS**

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Dr. Annette M. David remained as the Project Leader, and was the technical writer for this report. Ms. Kelley Barnhardt served as the Project Assistant. The workshop facilitators included Dr. David (Health Partners, L.L.C.), Mr. Gil Suguitan (DPHSS), Ms. Angelina Mummert (NCI-CIS), Ms. Christina B. Noket (ACS-Guam Field Office), Ms. Grace L. Rosadino (DMHSA), and Ms. Michelle S.N. Sasamoto (DMHSA). Ms. Rosadino also compiled the evaluation results and developed the evaluation summary.

#### **Our Partners**

The outcomes reported in this publication were possible because of the creative collaboration between **Health Partners**, **L.L.C.** and:

- American Cancer Society Guam Field Office
- Nat'l Cancer Institute Cancer Information Service Guam
- Department of Mental Health and Substance Abuse Prevention and Training Branch
- Department of Public Health and Social Services Tobacco Control Program
- The Governor's PEACE Project
- APPEAL









#### INTRODUCTION AND BACKGROUND

There was a time when:

- Guam's adult smoking prevalence was the highest of all US States and Territories (BRFSS, 2003);
- Guam's high school students had higher smoking rates than US mainland youth (YRBS, 1997);
- Smoking was allowed almost everywhere, outdoors and indoors;
- Tobacco taxes were low, and cigarette prices were very cheap; and,
- Tobacco users who wanted to quit had very little help available.

But, change is happening. Today:

- One recent survey showed that adult smoking has decreased from 34% to 29% (DMHSA, 2007);
- Since 1999, smoking among students has been going down (YRBS, 1999-2007);
- More and more public places are smoke-free, and some are now 100% tobacco-free campuses;
- The community is more aware of the dangers of tobacco use and second hand smoke and supportive of tobacco control; and,
- Cessation help is expanding.

While challenges remain —smokeless tobacco use is increasing, cigarette prices on Guam remain far too cheap, and sustainable funding for tobacco control remains elusive—we celebrate the successes that our community has achieved. This report chronicles the efforts to build upon earlier community efforts to address the tobacco epidemic on Guam in a strategic and coordinated manner, through mapping current tobacco control activities on the island and developing a unified 3-year Strategic Plan of Action for tobacco control.

#### FACT:

Taxes on tobacco, currently at \$1.00 per pack of cigarettes, have remained unchanged since 2003. Thus, cigarette prices have also remained pretty much unchanged since 2003. In contrast, the price of gas has increased at least 4 times in the past 6 months.



#### COMMUNITY STAKEHOLDERS

A TOTAL OF 45 PARTICIPANTS ATTENDED THE WORKSHOP:

- 27 FEMALE; 18 MALE
- 29 PUBLIC SECTOR; 16 PRIVATE SECTOR
- 22 CHAMORRO, 15 FILIPINO, 2 OTHER
   MICRONESIAN AND 6 CAUCASIAN

#### THEY REPRESENTED:

- PREVENTION AND HEALTH
- EDUCATION
- YOUTH
- FAITH COMMUNITIES
- COMMUNITY GROUPS
- MAYOR'S OFFICES
- LAW ENFORCEMENT
- PRIVATE BUSINESSES



## Mapping tobacco control ac

WHO'S DOING WHAT IN TOBACCO CONTROL ON OUR ISLAND

Last year, Guam's community stakeholders assessed the island community's readiness for tobacco control, and identified strategic directions future work in the areas of tobacco control policy, programs, partnerships and research and data.

This year, we met once again, expanding the circle of stakeholders, map out who is doing what in these 4 priority areas, and to create common 3-year strategic plan to guide our future work.

## what's happening ir tobacco control?

#### POLICY

#### Enforcement

- Annual compliance checks of tobacco vendors (DMHSA)
- Governor's Executive Order on tobacco-free workplaces (GPD)
- Tobacco-free campuses (GCC, Pacific Islands Bible College, Contenda's Gym, UOG, DMHSA)
- Monitoring for Natasha Act (DPHSS Env. Health)

#### Advocacy

- Tobacco vendors awareness-raising (DMHSA)
- Promoting smoke-free community events and engaging private businesses for tobacco-free workplaces (Community Voices)
- Recruiting members for the ACS Cancer Action Network for legislative and grassroots advocacy (ACS)

#### Policy Development

 Provide technical assistance to policymakers and public agencies responsible for tobacco control policies (Health Partners, LLC, ACS)

#### **PARTNERSHIPS**

- Linking tobacco with diabetes (DPHSS)
- Engaging with community groups to promote tobacco-free lifestyles (ACS, Church)
- Participating in coalitions that include tobacco control as a priority (ACS, PALM, DPHSS, DMHSA, Magof Health Coalition)
- Partnering with media to get tobacco-free messages to the community (Sorensen, DPHSS, DMHSA, UOG Nursing Program)

### rities on Guam





## NUMEROUS COMMUNITY STAKEHOLDERS ARE CONFRONTING THE TOBACCO EPIDEMIC ON OUR ISLAND

#### RESEARCH AND DATA

Ongoing research activities

#### Island-wide

- State Epidemiological Workgroup substance abuse profile (DMHSA, PEACE, SEW members)
- Behavioral Risk Factor Surveillance System, Global Youth Tobacco Survey (DPHSS)
- Youth Risk Behavior Surveillance System (GPSS)
- Guam Cancer Registry , Betel Nut Survey (UOG-CRC)
- Evaluation of PEACE (GCC)



#### Agency-specific

- Intake data on youth (DYA)
- · Sanitary permit data (DPHSS)
- Cessation data (DMHSA)

#### Community-level data

• Community needs assessment (Partners for Prevention)

#### **PROGRAMS**

#### CESSATION

- Face to face cessation programs (DMHSA, ACS)
- Guam Cessation Quitline (DPHSS)
- Referral services to cessation programs
   (Medical Social Services)
- Community-based cessation and fitness program s (Sinajana & Tamuning Mayor's Offices)

#### TOBACCO FREE ROLE MODELS

- Personal role-modeling
- One-on-one mentoring with youth (Big Brothers, Big Sisters)

## TRAINING & CAPACITY BUILDING

- Brief Interventions for Cessation training (DMHSA, DPHSS, ACS, NCI-CIS)
- Online cessation training—Fresh Start (ACS)
  - Substance abuse prevention training (DMHSA, PEACE)
- Drug-free workplace training (DMHSA)
  - Youth training programs (DMHSA, PEACE, Big Brothers, Big Sisters)

#### EDUCATION AND OUTREACH

- Community-based education and outreach programs (Mayors' Offices, ACS, Pingalapese Guam Organization, Lagu Healthy Families Coalition, Pa'a Tautau Tan'o, Sanctuary, Inc., Big Brothers, Big Sisters)
  - Media products for tobacco control
  - (Sorensen Media group, DMHSA, DPHSS)
- Client-based outreach and education (DPHSS, DYA, Sanctuary, Inc.)
- School-based education and outreach efforts (Harvest Christian Academy and Bible Institute, Pacific Islands Bible College, GCC, UOG-Nursing)

## SUCCESSFUL QUITTERS:

Of the 123 tobacco users who have completed the DMHSA cessation program, 53 (43%) have remained tobacco-free 6 months after finishing the program.



## Our Vision

#### A HEALTHY GUAM

Our dream of a tobacco-free Guam is a community with:

#### Healthy, Tobacco-free People

Free from the desire to use tobacco, and from nicotine addiction

Free from tobacco-caused diseases

#### Healthy, Tobacco-free Environments

Free from tobacco-related debris and tobacco smoke Free from tobacco influences in community advertising and sponsorship

#### Healthy Public Policies

Cessation services are fully covered by insurance Policies support and sustain tobacco-free lifestyles and environments

## Strategic plan for to 2008—2010: Our

#### Priority area: POLICY

**Objective 1:** By 2010, increase tobacco taxes by double from baseline, with taxes applied to the smallest unit of tobacco or tobacco products.

**Objective 2:** By 2010, increase tobacco licensing fees for wholesalers and retailers by double from baseline.

**Objective 3**: By 2010, amend existing legislation to earmark at least 25% of tobacco tax revenues and tobacco licensing fees for enforcement of tobacco control policies, prevention of tobacco use and evidence-based interventions to reduce tobacco use.

#### Priority area: PARTNERSHIPS

**Objective 1:** By the end of 2009, establish a bona fide tobacco control coalition for Guam

**Objective 2:** By 2010, link the Guam tobacco control coalition with national, regional and international networks for tobacco control

## Our Goals

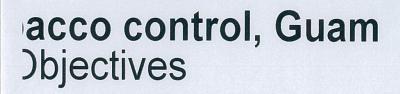
#### IN SUPPORT OF HEALTHY PEOPLE 2010

- Increase quality and years of healthy life by preventing and reducing tobacco use.
- 2. Eliminate health disparities caused by tobacco.

### Our Areas of Work

#### IDENTIFIED IN YEAR 1

- Policy—Enforcement, Advocacy and Development
- 2. **Programs**—Cessation, Tobacco-free Role Models, Training and Capacity Building, Education and Outreach,
- 3. **Partnerships**—Coalition-building, Engaging faith-based and minority groups, Linking to national, regional and international tobacco control networks and initiatives
- 4. Research and Data—Surveillance and monitoring, Evaluation



#### Priority area: PROGRAMS

**Objective 1**: By 2010, reduce tobacco use among adults from 29% to 24% through the judicious selection and application of evidence-based program interventions that decrease tobacco consumption.

**Objective 2**: By 2010, reduce tobacco use among youth from 24.3% to 20.3% through the judicious selection and implementation of evidence-based program interventions that prevent the uptake of tobacco use, and reduce tobacco consumption, using a comprehensive mix of demand and supply strategies.

#### Priority area: RESEARCH and DATA

**Objective 1**: By 2010, establish a comprehensive repository and clearinghouse of tobacco-related surveillance and program data, and annually publish and disseminate data findings to the community.





## Strategic plan for tobacco control, Guam 2008—2010

Our Action Steps

WORKING TOGETHER FOR COMMUNITY ACTION TO CONTROL TOBACCO

#### Priority area: POLICY

**Objective 1:** By 2010, increase tobacco taxes by double from baseline, with taxes applied to the smallest unit of tobacco or tobacco products.

**Objective 2**: By 2010, increase tobacco licensing fees for wholesalers and retailers by double from baseline.

**Objective 3:** By 2010, amend existing legislation to earmark at least 25% of tobacco tax revenues and tobacco licensing fees for enforcement of tobacco control policies, prevention of tobacco use and evidence-based interventions to reduce tobacco use.

#### **ACTION STEPS:**

Specific action	Responsible Party	Target Date
Identify potential champions and opponents to proposed tobacco control-related policy changes.	Tobacco Control Coalition Members and other community um- brella organizations like PEACE	2nd Quarter, 2009
2. Advocate to key policymakers and opinion leaders.		2nd to 4th Quarter, 2009
3. Mobilize community and private sector support for policy change.		
Provide technical assistance in drafting specific legislative templates and implementing guidelines for proposed policy changes.	Health Partners, LLC DPHSS, DMHSA	1st to 2nd Quarter, 2010
5. Develop an advocacy and social marketing campaign to generate public support and awareness/compliance with policy changes.	Tobacco Control Coalition, PEACE	2nd to 3rd Quarter, 2010

#### Priority area: PARTNERSHIPS

Objective 1: By the end of 2009, establish a bona fide tobacco control coalition for Guam.

**Objective 2**: By 2010, link the Guam tobacco control coalition with national, regional and international networks for tobacco control.

#### **ACTION STEPS:**

Specific action	Responsible Party	Target Date
Identify and secure the commitment of a core group of workshop participants to jumpstart the coalition.	Workshop Facilitators	April 2008
2. Determine key sectors and stakeholders for membership.	Core Group	3rd Quarter 2008
3. Convene an initial meeting of potential partners, obtain commitment and buy-in from coalition members, and establish leadership, organizational structure, guiding principles and by-laws.	Coalition Members	4th Quarter 2008
4. Obtain registered status from Dept. of Rev. & Tax as a prelude to securing grant funding.	Coalition Members	1st Quarter 2009
5. Link up with national, regional and international tobacco control communities and establish a presence from Guam.	Coalition Members	2009—2010

#### Priority area: PROGRAMS

**Objective 1**: By 2010, reduce tobacco use among adults from 29% to 24% through the judicious selection and application of evidence-based program interventions that decrease tobacco consumption.

**Objective 2**: By 2010, reduce tobacco use among youth from 24.3% to 20.3% through the judicious selection and implementation of evidence-based program interventions that prevent the uptake of tobacco use, and reduce tobacco consumption, using a comprehensive mix of demand and supply strategies.

#### **ACTION STEPS:**

Specific action	Responsible Party	Target Date
Increase capacity for intensive tobacco cessation counseling in the public and private health service sectors for both youth and adult clients.	DPHSS	2008-2009
2. Expand basic cessation intervention training to teachers (school-based), nurses (clinic-based), community organizations (community-based) and faith organizations (faith-based), and promote identification and referral of tobacco users who are ready to quit into the cessation system (Quitline and counseling).	DMHSA, DPHSS Mayors" Offices	Ongoing (Currently 3 X/ year)
3. Engage parents' groups (e.g. Head Start) to mobilize support for tobacco-free family role models and tobacco-free homes.	PEACE Community Coalitions Tobacco Control Coalition Mayors' Offices	2008-2010
4. Explore and pilot-test evidence-based programs and interventions for youth and adult tobacco prevention and cessation.		
5. Advocate for integrating cessation and other tobacco control interventions into juvenile and adult court sentencing, other youth organizations and community activities and programs for both adults and youth.	Tobacco Control Coalition	2008-2010

#### Priority area: RESEARCH and DATA

**Objective 1**: By 2010, establish a comprehensive repository and clearinghouse of tobacco-related surveillance and program data, and annually publish and disseminate data findings to the community.

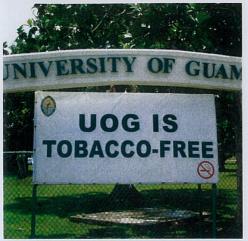
#### **ACTION STEPS:**

Specific action	Responsible Party	Target Date
Identify, explore and access previously untapped and/or under- utilized data sources to expand data sources of the SEW Epi Profile.	SEW and its agency partners	September 2008
Include newly uncovered data sources in data analysis and publication of tobacco control annual data.		July 2009
3. Validate and quantify new data sources for consistency and accuracy.		2010
Establish standardized set of data collection methodologies, data indicators and data collection instruments for cross-agency use.		1st Quarter 2010
5. Build capacity for qualitative data collection, cost-benefit and economic data analysis, program evaluation and other complementary data gathering to augment existing tobacco control data.		2008-2010

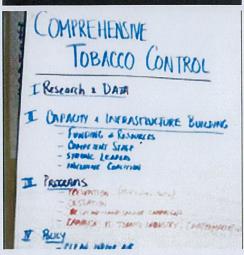




# Thank you for not smoking! This property is a Tobacco-Free Zone www.healthychoicesguam.org







## Quick Facts about Tobacco Use on Guam The bad news

- In 2007, one in three (31.0%) adults on Guam still smoke. This is unchanged from 2003.
- Smoking among Guam adults is 57% higher than smoking among adults in the US mainland.
- Smoking is highest among those with the least education.
- The top three causes of preventable death on Guam---heart disease, cancer and stroke--- are all tobacco-related

#### The good news

- Smoking among both high school and middle school students on Guam decreased further in 2007. For high school, smoking rates decreased from 30.8% in 2005 to 24.3% in 2007. For middle school students, smoking decreased from 14.8% in 2005 to 11.5% in 2007.
- Effective policies and laws can reduce youth smoking. Decreases in youth smoking occurred in 1999, 2003, 2005 and 2007. These years correspond to policy initiatives aimed at reducing smoking. In 1999, youth access to tobacco was prohibited (Synar legislation). In 2003, taxes on cigarettes were raised from \$0.07/pack to \$1.00/pack. In 2005, the Natasha Act prohibiting smoking in enclosed public places including restaurants was enacted. In 2007, the Government of Guam made all premises and vehicles of the executive branch 100% tobacco-free.
- Current smokers who have stopped smoking for one day or longer because they were trying to quit smoking increased from 19.6% in 2003 to 64.7% in 2007. Clearly, the Guam community is more aware about the dangers of smoking and second hand smoke, and the importance of quitting. However, getting smokers to quit successfully remains a challenge. This highlights the importance of building capacity for and access to effective cessation services.

#### The red flag

- The use of other forms of tobacco, including chewing tobacco with betel nut, is increasing among youth. Community advocates are noting greater advertising of smokeless tobacco products.
- Guam's tax rate on tobacco is far below that of most US States and many countries within the Asia-Pacific region.







#### The following agencies, organizations and community groups contributed to this strategic plan

- ACS-Guam
- Community Voices
- Contenda's Gym
- DMHSA
- · DPHSS
- DYA
- GCC
- GPD
- Harvest Christian Academy
- Health Partners, LLC
- IFM Partners
- · NCI-CIS, Guam
- Pacific Islands Bible College
- Palm, Inc.
- PEACE Project
- Pingalapese Community Organization
- Sinajana Mayor's Office
- Sorensen Media Group
- Tamuning Mayor's Office
- UOG- Cancer Research Center, Nursing Program

#### THE POWER OF COMMUNITY

Tobacco control success stories from all over the world affirm again and again the power of community efforts to stem the tobacco epidemic.

Working together, community members and other relevant tobacco control stakeholders can and have made a difference towards creating healthier, tobacco-free environments and lifestyles.

This report documents the continued attempts of the Guam community to build on previous work and to consolidate their efforts to address the problem of tobacco use.

Working together, we CAN create a healthier, tobacco-free future for our island!





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