



Chapter 1: **PREVENTION**

Decrease Tobacco Use and Exposure to Tobacco Smoke

Rationale

In 2000, over 7,000 Wisconsin residents died from smoking-related diseases, making tobacco use the single most preventable cause of disease and premature death.² Smoking is responsible for an estimated 1/3 of all cancer deaths.¹ Lung cancer is the leading cause of cancer mortality in Wisconsin.¹ The 2,600+ deaths each year from cancer of the lung and bronchus represent more than a quarter of all cancer deaths. Lung cancer is also among the most preventable cancers, as tobacco use is responsible for an estimated 87% of lung cancers cases.¹ In addition to lung cancer, smoking causes cancers of the larynx, mouth, esophagus, pharynx, and bladder, and contributes to cancers of the pancreas, kidney, and cervix. Secondhand smoke has been shown to cause cancer among non-smokers as well.

Smoking is a problem that often begins in youth. More than 90% of smokers in Wisconsin begin to smoke before age 20.¹ The proportion of Wisconsin high school students who reported being a current smoker (smoking at least once a day for the past 30 days) remained high throughout the 1990s (39% of males and 38% of females smoked in 1999). Since 2000, steady progress has been made in reducing youth smoking. In Wisconsin, there has been a decline in high school smoking rates for both genders.

It is also clear that smoking is an addiction; according to the University of Wisconsin, Center for Tobacco Research and Intervention (CTRI), 70% of Wisconsin smokers have tried to quit; and 50% try to quit each year.¹ There was little change in the prevalence of adult smoking in the last ten years (27% of men and 23% of women in 1993 vs. 24% of men and 20% of women in 2003).

Current Rates of Tobacco Use in WI

Middle School (2004)	12.7% ^a
High School (2004)	27.8% ^a
Adult (2003)	22.0% ^b

Sources:

a. Wisconsin Youth Tobacco Survey, Department of Health and Family Services, Wisconsin Tobacco Prevention and Control Program.

b. Wisconsin Behavioral Risk Factor Surveillance System, Department of Health and Family Services, Bureau of Health Information.

Disparate Burden

There is a disparate burden of tobacco use by race, income and education. American Indians have the highest smoking rate (48%) of all racial/ethnic groups in Wisconsin.³ 27% of African Americans, 25% of Hispanics, 23% of whites and 23% of Asian/Pacific Islanders smoke.³ Persons with an average household income of less than \$15,000 per year have a smoking prevalence rate (39%) more than double the rate of persons with a household income over \$50,000 (16%).³ Nationally, among those with a master's degree or higher, only 8% smoked, compared to 47% of those with a GED or less education.³

Lung cancer mortality disproportionately affects some population subgroups. Age-adjusted death rates are higher in Wisconsin among African Americans (80.9 per 100,000) and American Indians (64.8 per 100,000) than among Whites (48.5 per 100,000).¹ African American lung cancer rates are also higher (93.5 per 100,000 for incidence and 79.2 per 100,000 for mortality) than white rates (60.9 per 100,000 for incidence and 48.7 per 100,000 for mortality).¹

What Can Be Done?

The Wisconsin Department of Health and Family Services' Tobacco Control Program coordinates a comprehensive, statewide effort, with multiple partnerships at the local, state and national level. The following strategies match those already in place by the Wisconsin Tobacco Control program. It is the intent of the WI CCC Plan to fully support the existing tobacco control program in Wisconsin in their efforts to:

- Decrease youth tobacco use and support tobacco addiction treatment by establishing a tobacco user's fee.
- Protect all employees from the dangers of secondhand smoke by increasing the number of smoke-free workplaces in Wisconsin.
- Help tobacco users quit by increasing access to affordable tobacco addiction treatment.
- Fund a comprehensive tobacco prevention and control program.

Targets for Change

LUNG CANCER		
Reduce deaths from lung cancer		
WI Mortality Rate (1999–2000)	Healthy People 2010 Target	Percent Decrease Needed to Achieve Healthy People 2010 Goal in WI
49.5%	44.9%	9%

Sources:

American Cancer Society. Wisconsin Cancer Facts and Figures 2003-2004 Pewaukee, WI. 2003.

U.S. Department of Health and Human Services. Healthy People 2010. 2nd ed. With Understanding and Improving Health and Objectives for Improving Health. 2 vols. Washington, DC: U.S. Government Printing Office, November 2000.

1. Rates are averaged per 100,000 population and age-adjusted to the 2000 U.S. standard population.

2. Refer to Understanding Cancer Incidence and Mortality Rates (WI Cancer F&F, pages 6-8) for explanation and cautionary notes.

3. Total gender specific sites are shown for a single sex.

TOBACCO USE		
Reduce adult tobacco use by 20%		
WI Rate (1999–2000)	Healthiest Wisconsin 2010 Target	Percent Decrease Needed to Achieve Healthiest Wisconsin 2010 Target
24%	19.2%	20%
Reduce high school tobacco use by 25%		
WI Rate (1999–2000)	Healthiest Wisconsin 2010 Target	Percent Decrease Needed to Achieve Healthiest Wisconsin 2010 Target
39%	29.25%	25%
Reduce middle school tobacco use by 25%		
WI Rate (1999–2000)	Healthiest Wisconsin 2010 Target	Percent Decrease Needed to Achieve Healthiest Wisconsin 2010 Target
16%	12%	25%

Sources:

Report by the Wisconsin Turning Point Transformation Team to the Wisconsin Department of Health and Human Services. Wisconsin State Health Plan, Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public. 2000–2010.

Wisconsin Behavioral Risk Factor Surveillance System, Department of Health and Family Services, Bureau of Health Information.

Wisconsin Youth Tobacco Survey, Department of Health and Family Services, Wisconsin Tobacco Prevention and Control Program.

SMOKE-FREE ORDINANCES	
Wisconsin smoke-free restaurant ordinances, 2005	
Ashland, Bristol, Eau Claire, Fond du Lac, Holmen, Janesville, Kenosha, La Crosse (City), La Crosse County, Madison, Middleton, Neenah, Onalaska, Oshkosh, Phillips, River Falls, Shorewood Hills, Wauwautosa, and West Salem.	
Wisconsin smoke-free workplace ordinances, 2005	
2005 Ordinances	2010 Target
2 (Madison and Bristol)	20

Sources:

Smoke-Free Wisconsin website: www.smokefreewi.org



STRATEGY A: Decrease youth tobacco use and support tobacco addiction treatment by establishing a tobacco user’s fee.	
Action Plan	Recommended Implementation Steps
Support adoption of a \$1 per pack increase in the price of cigarettes as a user’s fee.	Support the Wisconsin’s Children’s Initiative, led by SmokeFree Wisconsin.
	Designate revenues from this user’s fee increase to tobacco prevention programs and other tobacco-related health costs.

STRATEGY B: Protect all employees from the dangers of secondhand smoke by increasing the number of smoke-free workplaces in Wisconsin.	
Action Plan	Recommended Implementation Steps
Support adoption of local smoke-free workplace ordinances in 20 communities.	Support local communities as they work to pass smoke-free workplace ordinances.
Establish a state law making all government buildings smoke-free.	Support statewide tobacco prevention and control efforts to make all government buildings smoke-free.

STRATEGY C: Help tobacco users quit by increasing access to affordable tobacco addiction treatment.	
Action Plan	Recommended Implementation Steps
<p>Increase usage of the WI Quit Line and Fax to Quit Programs.</p> <p>WI Tobacco Quit Line:</p> <p>1-877-270-STOP (7867)</p> <p>1-877-2NO-FUME (266-3863)</p> <p>American Cancer Society Quit Line:</p> <p>1-877-YES-QUIT (937-7848)</p>	<p>Support the University of Wisconsin Center for Tobacco Research and Intervention and others in promoting the treatment of tobacco addiction in Wisconsin.</p>
<p>Involve health care providers in promoting tobacco addiction treatment.</p>	
<p>Insurers, including Medicaid, and purchasers will report covering all effective tobacco addiction treatments as identified in the Clinical Practice Guideline.⁴</p>	
<p>Develop a plan for integrating tobacco addiction treatment into private and public mental health and Alcohol and Other Drug Abuse (AODA) treatment systems.</p>	

STRATEGY D: Fund a comprehensive tobacco prevention and control program.	
Action Plan	Recommended Implementation Steps
<p>Build grassroots and grass-top support to advocate for \$31 million from Wisconsin revenues for a comprehensive tobacco prevention and control program.</p>	<p>Support the development of a comprehensive tobacco prevention and control program consistent with CDC funding recommendations.</p>

Promote Healthy Lifestyles through Nutrition and Physical Activity

Rationale

Similar to tobacco use, unhealthy diets and sedentary lifestyles are estimated to account for 1/3 of all cancer deaths.⁵ Poor nutrition and lack of physical activity lead to obesity. Obesity increases the risk of many chronic diseases including many cancers.

These lifestyle factors are important for cancer prevention not only because of their contribution to morbidity and mortality, but also because they are modifiable. Despite this, poor choices in nutrition, limited physical activity, and excess body weight are the norm rather than the exception. Nearly 80% of Wisconsin's adult population does not eat the recommended five or more servings of fruits and vegetables each day, and this proportion is even higher among high school students (82%) and younger adults age 18-34 (85%).¹ More than half (53%) of Wisconsin adults are physically inactive or do not engage in regular physical activity.¹ The percentage of the population carrying excess body weight has increased dramatically in the last decade, such that six out of ten Wisconsin adults are now overweight (39%) or obese (22%).¹

Disparate Burden

It is also recognized that many of these lifestyle risk factors occur disproportionately among some subpopulations. All races reported a similar percentage of the population not eating five servings of fruits and vegetables a day (about 80%).¹ The prevalence of overweight in ages 2-5 years was highest among American Indian (18.1%), Asian (17.7%), and Hispanic (15.3%) children. The rates were lowest among white (10.4%) and black (8.4%) children.⁶ The prevalence of sedentary lifestyle is inversely related to both education and income, and the prevalence of obesity is highest among those who did not attend college. African Americans have substantially higher rates of sedentary lifestyle (67%) and obesity (35%) than other races.¹

What Can Be Done?

Wisconsin is developing a Nutrition and Physical Activity Plan that coordinates a comprehensive, statewide effort, with multiple partnerships at the local, state and national level. The following strategies match those being developed by the Wisconsin Nutrition and Physical Activity workgroup. It is the intent of the WI CCC Plan to not duplicate but be fully supportive of the upcoming Wisconsin Department of Health and Family Services' Nutrition and Physical Activity Program's efforts to:

- Encourage adequate and appropriate nutrition for healthy weight.
- Create active community environments.

Targets for Change

PHYSICAL ACTIVITY		
Increase the proportion of children and adolescents who engage in at least 30 minutes of moderate physical activity, on 5 or more of the previous 7 days		
WI Rate 2000	Healthiest Wisconsin 2010 Target	Percent Increase Needed to Achieve Healthiest Wisconsin 2010 Target
27%	37%	37%
Increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for 30 minutes or more per day		
23%	38%	65%

Sources:

Report by the Wisconsin Turning Point Transformation Team to the Wisconsin Department of Health and Human Services. Wisconsin State Health Plan, Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public. 2000–2010.

Wisconsin Behavioral Risk Factor Surveillance System, Department of Health and Family Services, Bureau of Health Information.

NUTRITION		
Increase the proportion of adults who eat 5 or more fruits and vegetables per day		
WI Rate 2000	Healthiest Wisconsin 2010 Target	Percent Increase Needed to Achieve Healthiest Wisconsin 2010 Target
22%	28%	18%
Increase the proportion of high schoolers who eat 5 or more fruits and vegetables per day		
28%	34%	18%

Sources:

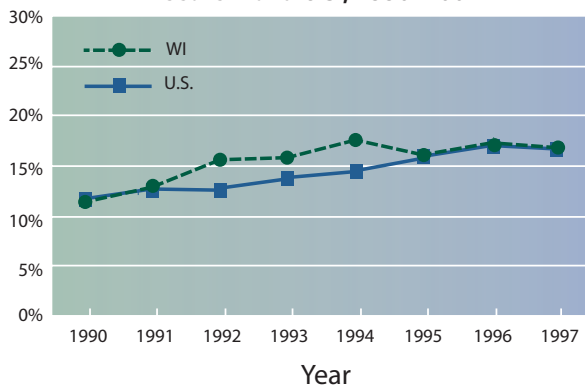
Report by the Wisconsin Turning Point Transformation Team to the Wisconsin Department of Health and Human Services. Wisconsin State Health Plan, Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public. 2000–2010.

Wisconsin Behavioral Risk Factor Surveillance System, Department of Health and Family Services, Bureau of Health Information.

OBESITY		
Reduce the proportion of children who are overweight		
WI Rate 2000	Healthiest Wisconsin 2010 Target	Percent Decrease Needed to Achieve Healthiest Wisconsin 2010 Target
11.4%	9.4%	17.5%
Reduce the proportion of adolescents (ages 12-19) who are overweight		
10%	8%	20%
Reduce the proportion of adults who are obese		
20%	15%	25%

TRENDS IN OBESITY

Trends in Obesity in Wisconsin Adults, Wisconsin and U.S., 1990–2001



Sources:

Behavioral Risk Factor Surveillance System, Department of Health and Family Services, Bureau of Health Information.

1. Obesity is defined as a body mass index of 30 kg/m² or more.



STRATEGY A: Encourage adequate and appropriate nutrition for healthy weight.	
Action Plan	Recommended Implementation Steps
Promote school-based interventions that reduce intake of high fat and high sugar foods and increase fruit/vegetable consumption.	Increase availability, attractiveness and variety of fruits and vegetables in school lunch programs.
	Offer incentives and pricing strategies that encourage consumption of fruits and vegetables in schools.
	Support nutritious breakfast, lunch and snack programs to all students in all schools.
	Provide effective, consistent nutrition education for staff, students and parents.
	Adopt policies to decrease access to high fat and high sugar foods.
Promote healthy eating options at worksites.	Educate employers and vending companies about the value of providing low fat/low calorie nutritious snacks in vending machines.
	Offer incentives and pricing strategies that encourage consumption of fruits and vegetables in the workplace.
Promote healthy eating within the community.	Utilize grocery store and restaurant point of purchase prompts, product placement, and nutrition education.
	Increase availability of fruits and vegetables through community gardens, community recoupment programs, free seed programs, free window gardening kits, senior and WIC farmers markets.
	Initiate or support current nutrition coalitions that promote policy change for the treatment of obesity and nutrition.
	Collaborate with the 5 A Day Campaign and implement the 5 A Day action plan.
	Promote dietary guidelines and food guides.
	Develop a campaign on healthy eating with emphasis on healthy weight, portion control, etc.
	Provide ongoing public access to nutrition information through multiple communication channels.

STRATEGY B: Create active community environments.	
Action Plan	Recommended Implementation Steps
Increase physical activity in schools.	Enhance physical education classes by promoting increased length, activity level and enforcement of state requirements.
	Increase other opportunities for physical activity in schools including integration of physical activity across the curriculum and in after school programs.
	Promote safe routes to schools that encourage walking or biking to school.
Create worksite opportunities that help employees to incorporate physical activity into their lives.	Promote worksite facility design to provide walking opportunities.
	Provide flexible lunch/breaks to help incorporate physical activity into daily routings.
	Provide wellness education at worksites.
Promote opportunities for safe physical activity within neighborhoods and the community.	Create and improve access to places of physical activity (i.e. creating walking trails, exercise facilities, providing access to existing facilities).
	Provide social support in community settings, such as building social networks or walking groups.
	Initiate or support current physical activity coalitions that work on policy change.
	Promote community-wide physical activity campaigns with consistent, culturally relevant messages delivered through multiple channels.

Promote and Encourage Protective Behaviors from Sun and UV Exposure

Rationale

Skin cancer is the most common form of cancer in the United States. Most of the mortality from skin cancer (9,800 deaths nationally, 140 deaths in Wisconsin) annually, is due to melanoma. Death rates from melanoma in Wisconsin (2.6 per 100,000) are similar to those for the U.S. (2.7 per 100,000).¹ The number of melanomas diagnosed in the U.S., as well as Wisconsin, is increasing. Since 1990, the number of melanomas annually in Wisconsin has almost doubled from 360 to 700. Melanomas develop more often when skin has been damaged by exposure to ultraviolet radiation (sunlight). Nearly all skin cancers are preventable by limiting direct exposure to the sun.

Disparate Burden

Although anyone can get skin cancer, the risk is greatest for people who have fair skin that freckles easily, often those with red or blond hair and blue or light-colored eyes. The risk of melanoma is more than twenty times higher for whites than African Americans. Incidence is higher for men than for women overall, but young women have higher rates than young men. The national incidence rate for men is 22.5 per 100,000 men compared with 14.4 per 100,000 for women. Approximately 60% of melanoma deaths occurred in men and 40% of deaths occurred in women.¹

What Can Be Done?

- Establish programs focused on protecting youth from sun and UV exposure.
- Explore areas of policy changes regarding sun exposure and UV protection.

Targets for Change

The Youth Risk Behavior Surveillance System (YRBSS) does not currently collect data on youth sun protective behaviors. The goal by 2010 is to establish a measure for youth.

SUNBURNS		
WI adults who have had sunburn in the past 12 months		
1999	2003	2010 Target
48%	40%	35%

Sources:
Wisconsin Behavioral Risk Factor Surveillance System, Department of Health and Family Services, Bureau of Health Information.

SKIN CANCER		
Reduce deaths from skin cancer (melanoma)		
WI Mortality Rate (1996–2000)	Healthy People 2010 Target	Percent Decrease Needed to Achieve Healthy People 2010 Goal in WI
2.6%	2.5%	4%

Sources:
American Cancer Society. Wisconsin Cancer Facts and Figures 2003–2004. Pewaukee, WI. 2003.

U.S. Department of Health and Human Services. Healthy People 2010. 2nd ed. With Understanding and Improving Health and Objectives for Improving Health. 2 vols. Washington, DC: U.S. Government Printing Office, November 2000.

1. Rates are averaged per 100,000 population and age-adjusted to the 2000 U.S. standard population.

STRATEGY A: Establish programs focused on protecting youth from sun and UV exposure.	
Action Plan	Recommended Implementation Steps
Collect data on sun exposure behaviors in youth.	Expand surveillance systems (YRBSS, YTS) to establish baseline of sun exposure behaviors.
	Establish a surveillance system for monitoring progress with sun exposure intervention programs.
Develop community-based interventions to increase sun protective behaviors in youth.	Involve key collaborators (Health professionals, parents, daycare providers, dermatologists, meteorologists, educators, recreation departments, school athletic associations and youth clubs) to develop new community-based sun protection programs.
	Identify any current community-based interventions.
	Catalog proven and available programs and resources.

STRATEGY B: Explore areas of policy changes regarding sun exposure and UV protection.	
Action Plan	Recommended Implementation Steps
Increase the number and type of public park/recreation sun protection policies.	Convene a workgroup to establish the number of parks and recreation departments with sun and UV protection policies.
	Research and present effective park and recreation sun protection policies.
	Encourage local governments to enact these policies.
Develop occupational safety plans emphasizing sun protection for seasonal outdoor workers.	Convene a workgroup (with employers and other key stakeholders) to research and present effective occupational safety plans that emphasis sun protection.
	Establish a baseline with the number of employers with occupational safety plans emphasizing sun and UV protection for seasonal workers.

References

1. American Cancer Society. *Wisconsin Cancer Facts and Figures 2003–2004*. Pewaukee, WI. 2003. Available from: www.cancer.org
2. Wisconsin Division of Public Health, University of Wisconsin Comprehensive Cancer Center, American Cancer Society and Wisconsin Tobacco Control Board. *The Burden of Tobacco in Wisconsin Fact Sheet*. 2002 Feb. Available from: www.dhfs.state.wi.us/health/TobaccoControl/pdffiles/BurdenofTobaccoinWI2000Summary.pdf
3. Wisconsin Department of Health and Family Services, Wisconsin Tobacco Control Disparities Strategic Planning Workgroup. *Bringing Everyone Along: A Strategic Plan to Identify and Eliminate Tobacco-Related Disparities in Wisconsin*. 2002 Dec. Available from: www.dhfs.state.wi.us/health/TobaccoControl/pdffiles/DisparitiesStrategicPlan.pdf
4. Agency for Healthcare Research and Quality. Clinical Practice Guideline for Tobacco Cessation (no. 18). Available from: www.ahrq.gov/clinic/cpgarchv.htm
5. Byers T, Mouchawar J, Marks J, et al. The American Cancer Society Challenge Goals: How Far Can Cancer Rates Decline in the U.S. by the Year 2015? *Cancer*. 1999; 86(4):715-727.
6. Polhamus B, Dalenius K, Thompson D, Scanlon K, Borland E, Smith B, Grummer-Strawn L. *Pediatric Nutrition Surveillance 2001 Report*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. 2003. Available from: www.cdc.gov/nccdphp/dnpa/pdf/2001_ped_nutrition_report.pdf