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Cigar Crisis: The Need for Community Based Practices

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Cigar Crisis:

The Need for Community Based Practices

Christopher Watson
December 1, 2010

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Introduction

Tobacco use is the single most preventable cause of death in the United States (Centers for Disease Control [CDC], 2010). Tobacco will cause more than 1 billion preventable deaths worldwide (Peto, 1994). Despite tobacco's devastation, there is significant evidence that tobacco use is prevalent among today's youth. The National Youth Tobacco Survey (NYTS) reports that 25.6% of high school students reported using tobacco products. Tobacco products include cigarettes, cigars, smokeless tobacco, pipes, bidis and kreteks (National Youth Tobacco Survey [NYTS], 2006). In the CDC's Youth Risk Behavior Surveillance Survey (2009), 19% of high schools students reported they are current cigarette users and 14% reported they were current cigar users (CDC, MMWR, 2007).

According to the CDC, cigar smoking is now the second most common form of tobacco use among youth (CDC, MMWR, 2010). Cigar use has increased in popularity over the past ten years (Maxwell, 2009). The influx of endorsements by celebrities, product placement in movies, and development of cigar-friendly magazines all attribute to cigars' popularity among youth (Delnevo and Hrywana, 2007). Specific cigar products that have seen an increase in consumption over the past ten years are little cigars, with a 240 percent increase, and cigarillos, with approximately a 150 percent (Maxwell, 2009; American Legacy Foundation [ALF], 2009). Little cigars are defined as any cigar weighing not more than three pounds per thousand cigars (Williams et.al, 2009). In addition, little cigars look like cigarettes, but they are wrapped in tobacco leaf (AFL, 2009). Cigarillos are longer, slimmer versions of a large cigar. Cigarillos weigh between three and ten pound per thousand cigars (Williams et.al, 2009).

Another cause for concern, cigarillos and little cigars have a higher prevalence in African American communities. In 2007, the CDC reported that an estimated 5.4 percent of Americans, 12 years of age or older were current cigar users. For adults aged 18 years and older, and

estimated 7.3 percent of African Americans were current cigars smokers with you adults, aged 18-25 having the highest cigar rate of any age group (CDC, 2007). The Youth Risk Behavior Surveillance System (YRBSS) reports that 14.0% of students smoked cigars, cigarillos, or little cigars. The YRBSS provides information about the percentage of high school students who engage in risky behaviors. Nationally, the prevalence of current cigar use is higher among males (18.6%) than females (8.8%) students. The prevalence of current cigar use is higher among black female s (11.5%) than white female (8.0%) students; and higher among white males (21.0%) than black males. In Georgia, there is a higher prevalence of use in males (17.6%) than females (9.7%) with 13.3% being African American males (CDC, 2010)

Many suggest that marketing of these cigar products help boost overall revenue and sales and at the same time increasing consumption in African Americans (Hickling and Miller, 2008). As a result, youth are being exposed to advertisements that inflate their perception of availability of tobacco i.e. little cigars and cigarillos (Hickling and Miller, 2008; Wakefield et. al., 2002). The disturbing component of these marketing practices is that tobacco companies design these cigar products specifically for African American young adults (Malone et. al 2001; Jolly, 2008). Low prices and candy flavors with the strong ties to urban culture are some underlying factors that contribute to the higher use in African American young adults (Jolly, 2008).

The community is the key component in mitigating youth tobacco use. The community can increase awareness of key little cigar issues, engage in the policy process regarding little cigar issues, and promote cessation efforts (Assurance Tobacco Program Logic Model [ATPLM], 2009). Community involvement creates a sense of empowerment which in returns creates community leaders (Breslow and Cengage, 2002) which can contribute to the de-normalization of little cigar attitudes. Through social planning, awareness efforts, and community organization change can be implement within communities devastated by tobacco

use such as little cigars and cigarillos that will encourage and facilitate community action at the grassroots level (ATPLM, 2009; Breslow and Cengage, 2002).

Purpose Statement

The first objective of this capstone is to examine the effectiveness of several tobacco control policies in curbing smoking among young people. The second objective of this capstone is to provide information on how communities can increase awareness of key little cigar issues using current tobacco practices in communities. The third objective of this capstone is to provide information how to engage the community in the policy process by providing current successful policies and communities that have enacted policy. Lastly, the final objective is to identify ways to promote cessation efforts. After all these components have been covered and included, this capstone will serve as a guide for community action in regards to little cigar/cigarillo prevention. This capstone will produce two products. The first product will be a paper that will cover topics of youth tobacco use, little cigar and cigarillo use, the current state and nature of prevention activities, and recommendations. The second product will be a policy brief to inform the community on the urgency of little cigar/cigarillo prevention and the need to adopt a plan of action.

Capstone Background and Overview

This capstone was planned because of a partnership between Georgia State University Institute of Public Health (GSU IPH) and Southside Medical Center Accountable Communities Health Together (SMC ACHT). GSU IPH through SMC ACHT has worked with the City of Atlanta Neighborhood Planning Unit-V (NPU-V) community for the past six years. The City of Atlanta is divided into twenty-five Neighborhood Planning Units or NPUs, which are citizen advisory councils that make recommendations to the Mayor and City Council on zoning, land

use, and other planning issues. The NPU system was established in 1974. The system enables citizens to express ideas and comment on city plans and proposals while assisting the city in developing plans that best meet the needs of their communities (Atlanta City Online, 2009). Several health intervention programs have been implemented in the NPU-V via workshops, forums, awareness seminars and training sessions in order to meet the needs of residents living in the community. The NPU-V neighborhoods participating in this study have a population of 16,500, 96% African American, 68% have household incomes of less than $25,000, and unemployment rate is 20%.

A current focus that has arisen from the collaboration is an effort to reduce little cigar and cigarillo use in the NPU-V. The program is known as the Little Cigar Prevention Initiative (LCPI). The primary objective of the collaboration is to engage the community into focus groups, forums, and action teams to: 1) Understand perceptions and use patterns of little cigars/cigarillos among African American young adults and youth 2) Educate the community about dangers of little cigars/cigarillos 3) Understand marketing mechanisms influencing use of little cigars/cigarillos 4) engage NPU-V neighborhoods for action to address marketing, use, and sale of little cigars/cigarillos towards young African Americans 5) Understand important implications for prevention and health promotion in this underserved community.

There are three parts to the intervention. The first part of the intervention includes a community action team. The community action team consists of residents, ages 15-70, representing the six neighborhoods that make up NPU-V. The community action team participates in forums where participants learn information about health risk associated with little cigars, cigarillos, and other flavored tobacco products. The LCPI project staff has held several community action team meetings with the NPU-V community. The program currently has over

seventy active participants involved with the LCPI Action Team. In addition to forums, several programs, workshops, awareness seminars, training sessions around the dangers associated with little cigars/cigarillos and the negative effects of advertising and marketing of little cigars/cigarillos have been presented to the action team. LCPI staff has been involved in several community/neighborhood meetings discussing LCPI and recruiting members of the community for the community action team and for the focus groups.

Project staff trained the action team on using Photovoice in order for the action team to capture images in the community related to little cigars/cigarillos. Photovoice is a project to better understand community strengths and challenges and to be a force for positive social change. In order to achieve this goal, action team members were equipped with cameras and asked to go into the community and photograph people, places and things that they feel are significant for community change in relation to little cigars and cigarillos. The photographs were used to initiate discussion and to show important ideas about marketing, advertising, and dangers surrounding little cigars/cigarillos. 85% of participants responded that they were very satisfied the Photovoice training (Appendix A).

Photovoice was also done as part of a community environmental scan. The purpose of the environmental scan was to analyze and evaluate current conditions of the NPU-V as related to the issues of little cigars and cigarillos. Ms. Lopez did many environmental scan trainings with the action team to ensure they understood the purpose and reasoning. An overwhelming 88% of action team members responded that they understood the benefits of doing an environmental scan in the NPU-V after training. 76% of members responded that they would participate in an environmental scan in the form of Photovoice. Community support is critical when trying to engage them in activities (Breslow and Cengage, 2002). The community's support is evident

because 92% of the action team believed that Photovoice was a good tool to increase awareness about tobacco influences and marketing in the NPU-V.

GSU IPH graduate students were recruited and trained by the LCPI staff to conduct focus groups. Graduate students were trained on topics of tobacco marketing strategies, dangers of tobacco usage, and current FDA and state laws around regulation and sale of tobacco with community members. Community members have been very receptive to GSU IPH graduate students coming to discuss topics associated with little cigars and cigarillos. 87% of participants from the action team responded with very satisfied with the public health student from GSU IPH giving the presentation (Appendix A). Data collection from the action team meetings provides evidence that the NPU-V is highly interested in the topic of little cigars and cigarillos. 85% of participants responded that they were very satisfied with the topic of discussion which included dangers associated with little cigars and cigarillos (Appendix A).

The second part of the intervention is the engagement of the community through focus groups. Focus groups will consist of residents, 18-34, representing the six neighborhoods that make up the NPU-V. The focus group will provide information about the perceptions of little cigars/cigarillos among African American young adults and youth. Information received from the focused group will be used to create programs and address the needs for prevention and health promotion in this underserved community. The focus group will also assist in increasing community readiness for engagement, action, and intervention implementation.

The third part of the intervention includes a community leader evaluation. Thirty community leaders were successfully evaluated which led to insight on current knowledge, beliefs, and attitudes about little cigars among community leaders, stakeholders and others interested in the health of residents of Southwest Atlanta. In addition, the program team wanted

to gauge the readiness of these community leaders to act as agents of change in their community. Participants were purposively chosen by soliciting names from community organizations in the NPU-V such as youth and young adult groups, parent-teacher organizations, churches, etc. Examples of roles that were included in the interview were Health Care Providers, Leaders of Health Coalitions focused on NPU-V, Civic Association Board Members, Leaders of other Youth-Focused Community Organizations within NPU-V, Voluntary Health Organizations doing work in NPU-V, High School Principals and Teachers, Representative from the Parent Teach Organization, Health Educator, Different Members from various Department focused on Tobacco within Fulton County Health Department, and Elected officials representing NPU-V residents at local or state level.

Subsequently, this document has been created as a part of the larger three part intervention plan. This document is focused on engaging the community by 1) raising awareness of issues related to issues with tobacco specifically little cigars and cigarillos 2) eliciting action against marketing practices of little cigars and cigarillos in the community 3) recommending current community evidence based approaches to guide prevention efforts in the NPU-V 4) creating a list of success stories and resources to initiate action against little cigars and cigarillos in the community 5) generating a policy brief that summarizes this entire document to serve a quick reference point for the community. This paper should serve as additional support for the LCPI program plan and vision. Currently, there is need for evidence-based approaches to guide prevention efforts in NPU-V community around the issue of little cigars and cigarillos. The policy brief summarizes the current community evidence-based approaches to guide efforts in the NPU-V, and the recommendations will assist the community in creating a plan of action to engage the NPU-V while promoting prevention efforts associated with little cigars and cigarillos.

Procedures

The knowledge to inform recommendations in this capstone paper was assembled through the following methods: literature review, conversations, success stories, evidence based community practices, and work in the NPU-V. Initial research for the capstone paper began with an extensive search in electronic databases and library catalogues, bibliographies and reference lists for published systematic reviews to find resources and guidance documents related to tobacco use, tobacco prevention, little cigar use, and current cessation programs. There were gaps in the literature when it came specifically to little cigar prevention as this is an emerging area of interest. Currently, there is no national prevalence data for little cigar products specifically which makes it more difficult to find important discrepancies related to cigar usage (ALF, 2009).

Community based interventions were identified evaluating a systematic review that summarized available literature on the issue of tobacco use, prevention, cessation, and controlled. The studies were rated based on strength of evidence using categories (strong, sufficient, insufficient) based on criteria from the Task Force on Community Preventive Services. Key areas were identified in the systematic review that would be most beneficial to implement in tobacco intervention programs (Ranney, 2006). The Community Guide was also used to identify recommendations that can improve public health around tobacco use (The Guide to Community Preventive Services, 2010). From these resources and the literature review, three recommendations were selected for inclusion in this document. The selected recommendations were most recurrent in the literature review and had the highest systematic review rating in both the Community Guide and Task Force. The logic for the inclusion of only three recommendations was to provide greater focus on finding resources associated with these recommendations and implementation into communities.

Experts in the community were contacted and conversations were held. Insight from these meetings gave direction to research and the paper. One meeting was held with Gordon Draves. Mr. Draves is the current president of Georgians Against Smoking Pollution, co-chair for Tobacco Group of Live Healthy DeKalb, and chair of Tobacco Committee for HEART Coalition of Fulton County. Draves discussed current legislation around tobacco use in Atlanta and in Georgia to establish context for the current state of tobacco legislation in the state and community. He further gave insight about the bill that was changing the definition and wording for little cigars. He referred to the Georgia General Assembly website to gain more information around tobacco legislation. Another meeting with Francesca Lopez, the program director for LCPI, gave valuable insight on community needs and expectations for this capstone. Ms. Lopez discussed in great detail the conceptual framework for LCPI. The conceptual framework is discussed later in this paper.

From these meetings and the initial research, the Break Free Alliance was discovered to be a valuable resource for this capstone. The Break Free Alliance works with organizations that are primarily interested in addressing tobacco control efforts in low SES populations. Other organizations can use these programs as models in developing resources and evaluations to prevent and reduce tobacco use in low-income communities (Health Education Council, 2009). After the recommendations were identified from the literature review, these organizations' interventions were examined and matched with the appropriated recommendations.

There were some materials and information found on little cigar usage in the United States that will be highlighted in the policy brief. The policy brief was developed to provide access to resources that are available for current community based programs that look at tobacco prevention and cessation. A brief is intended to provide rationale for the course of action the

community should take in the issue with little cigar and cigarillos. Information incorporated into the brief includes a short introduction on the topics of tobacco and little cigars as well as highlights from the literature review in conjunction with the community based recommendations. Themes were extracted from the literature and used to inform the recommendations that were selected for inclusion. Information around successful studies from the Health Education Council was listed in the policy brief. Program recommendations will be included in this document that will shed light on the use of little cigars among young adult African-Americans in order to promote community efforts

Conceptual Framework

The following model was adapted from Florida Tobacco Logic Program to give direction to the capstone and research efforts.

Figure 1: Little Cigar Prevention Initiative Working Model

The LCPI Model visually demonstrates how to improve behaviors, attitudes, and perceptions around little cigar and cigarillo in the NPU-V community (Breslow and Cengage, 2002). The NPU-V community and ACHT are focusing on increasing awareness of key little cigar issues, engaging in the policy process regarding little cigar issues, and promoting cessation efforts (ATPLM, 2009). This model emphasizes self-help and development of community capabilities and cooperation (empowerment) which in returns creates community leaders (Breslow and Cengage, 2002). This is essential for the success of any program in the NPU-V. Increasing community awareness will contribute to the de-normalization of little cigar attitudes and behaviors in the NPU-V. LCPI seeks to promote awareness of the dangers of little cigars by educating and informing community members through health promotion and preventative efforts. This model requires social planning on behalf of the community and the community organization wanting to implement change within that particular community in order to promote awareness that will encourage and facilitate community action at a grassroots level (ATPLM, 2009; Breslow and Cengage, 2002).

Once community planning has taken place social action is the logical next step in order to emphasize the reorganization of power, resources, and relationship in the community. Social action allows the community to organize and employ efforts to effect legislation (Breslow and Cengage, 2002). This grassroots action will result in community support for the strengthening of policies that restrict little cigar and other tobacco products especially the distribution and marketing. Community support is essential in this model for the success of influencing policy makers that represent these local communities such as the NPU-V. Engagement in the policy process requires organization at the community level (known as grassroots), so that local policy makers will be forced to create stronger control policies around little cigars that will contribute to

the awareness and cessation of little cigar usage in the community. Cessation is also an important part of this framework because their needs to be a component that offers alternatives and support of people choosing to quit little cigar usage. This support includes providing or coordinating services for youth and young adults, as well as promoting available services for all community members (ATPLM,2009). This model further supports the recommendations that were found by the literature review, the Community Guide, and the Task Force.

Literature Review

General Information

Smoking is the single most preventable cause of death in the United States. Even though smoking in the United States has decreased over the last 30 years, there has been little change in smoking prevalence in recent years. For example, in 2005, 20.9% of adults smoked cigarettes compared to 20.6% of adults smoked cigarettes in 2009. The burden of smoking continues to be high among minorities in the United States. Smoking is more common in men than women in the United with individuals with lower educational income having higher rates of smoking (CDC, MMWR, 2010).

As a nation, fewer people smoke in the West (16.4%) and more people smoked in the South (21.8%) and Midwest (23.1%). The state of Georgia ranks 32nd among states in regards to prevalence of cigarette smoking among adults. Among young adults 18 to 24 years of age, approximately 20.0% smoke in Georgia. This is consistent with the adult population of Georgia (aged 18+ years) who smoke. Despite the dangers of smoking, the prevalence is not decreasing as expected by experts in the public health arena (CDC, MMWR, 2010).

The 2004 Surgeon General's Report concludes that smoking is harmful to nearly every organ of the body, and that smoking causing many diseases. Diseases caused by smoking include several types of cancer: pancreatic, kidney, cervical, stomach, bladder, esophageal, laryngeal, lung, oral, throat and acute myeloid leukemia. In addition, smoking has been linked to several other disease such as abdominal aortic aneurysm, cataract, pneumonia, periodontitis, chronic lung diseases, coronary heart and cardiovascular diseases. Smoking has negative reproductive effects and can cause sudden infant death syndrome (USDHHS, 2004). Smoking cigarettes are not the only tobacco products that have harmful effects. Similar to other tobacco products, cigars and cigar like products can have negative health outcomes. Boon and Lindbolm (2008) report that cigar smokers experience higher rates of lung cancer, heart disease, and chronic obstructive pulmonary disease than non-smokers. In addition, a single cigar that can contain as much tobacco as a pack of cigarettes making the male smokers eight times more likely to die from oral cancer and ten times more likely to die from laryngeal cancers than nonsmokers.

This problem has not fallen upon deaf ears. Public health advocated for the passage of the Master Settlement Agreement (MSA). The MSA was a modern day public health achievement that happened in 1998. The MSA was enacted between states' attorneys general and the tobacco industry after evidence that tobacco marketing encouraged adolescent smoking. The outcome of this agreement limited several restrict tobacco advertising, sponsorship, lobbying, and litigation activities. In addition, the agreement disbanded three specific Tobacco-Related Organizations. The MSA also funded a national youth education campaign dedicated to reducing youth smoking and preventing diseases associated with smoking (National Association of Attorneys General, 2009; DiFranza, 2006; Pierce et al., 2010). The creation of the MSA has a strong association with the decline in the proportion of adolescents who nominated their favorite cigarette

advertisement in the study mentioned above (Pierce et al., 2010). The MSA has had positive impacts in decreasing tobacco marketing towards youth. However, many critics argue that the MSA is too lenient on the major tobacco companies, and states are not enforcing regulations on these companies (DiFranza, 2006; Pierce et al., 2010).

Youth Tobacco Use and Marketing

Despite the passage of MSA (Pierce et al., 2010), large numbers of young people continue to begin to use tobacco products. There are approximately three million adolescents that smoke. The first use of tobacco among young adults usually occurs before high school graduation. This is why tobacco is considered a gateway drug to other drugs. Advertising appears to increase young people's risk of smoking by affecting their perceptions of the pervasiveness, image, and function of smoking (USDHHS, 1994). Exposure to tobacco marketing and advertisements remains a powerful influence on whether youth will become smokers (Gilpin, 2007; Doheny, 2008). In 2006, companies spent $12.4 billion on advertising and promotional expenses in the United States. Companies reported spending $50.3 million on magazine advertising and $935,000 on “outdoor” advertising. Outdoor advertising includes billboards, signs and placards in arenas, stadiums, and shopping malls. Point-of-sale promotional materials rose from $182.2 million in 2005 to $242.6 million in 2006 (Federal Trade Commission, 2006)

For years, tobacco companies have focused marketing, advertising, and promotion efforts towards young adults. It is speculated that tobacco companies use these creative promotional activities and advertising to help boost overall revenue and sales (Niederdeppe, 2003). Companies target youth by using tobacco advertisements at the point of purchase such as grocery stores and gas stations to communicate their brand image. Children and youth who are exposed

to these advertisements have an inflated perception of availability and higher use of tobacco (Hickling and Miller, 2008; Wakefield et al., 2002; USDHHS, 1994). Additional points of purchase include concerts venues, clubs, festivals, and magazine readerships which are most visited or used by young adults (Neiderdeppe, 2003).

Hanewinkel et al. (2010) provides additional evidence of the association between ad exposure and image recognition. A national youth cohort study that was conducted between 2003 and 2008 found that teenagers who reported any favorite cigarette ad at the first interview in the study were 50% more likely to have smoked by the fifth interview of the study. Findings of this study support the idea that the Camel No. 9 campaign is similar to the Joe Camel campaign. In the Joe Camel campaign, children could recognize Joe Camel more than they could recognize Mickey Mouse or Fred Flintstone. These advertisements were designed for youth, and in this Camel 9 study, 44% of adolescent girls who reported a favorite cigarette ad were 50% more likely to start to smoke (Pierce et al., 2010).

Despite the evidence, tobacco companies insist that the sole purpose of tobacco advertising is to maintain and increase market among adults; even though, the evidence demonstrates adolescents are being targeted and influence by tobacco advertising. These advertising and promotional activities are key risk factors that lead to higher rates of tobacco use among adolescents. Exposure to tobacco advertising and promotion increases the likelihood that adolescents will start to smoke (Lovato, 2003; USDHHS, 1994). Tobacco promotion is also responsible for the increase of youth tobacco use of cigar and cigar like products such as little cigars and cigarillos. Currently, the perception of success and prosperity is the driving force behind the higher rates of cigar use. In the last decade, the sale of little cigars has increased by 240 percent and cigarillo sales have increased by almost 150 percent (AFL, 2009; Delnevo and

Hrywna, 2007). The impact of tobacco marketing on youth is so successful because of specific visual, audio, and format features that these marketing companies create. These specific attributes increase ad recall (Niederdeppe, 2007).

Delnevo and Hrywna (2007) further argue marketing practices are intentional due to tobacco industry documents that were uncovered that showed that little cigars and cigarillos were intended to replace cigarettes due to the limits of cigarettes advertising. The rise in little cigar and cigarillo consumption can be directly attributed to tobacco companies marketing efforts (Doheny, 2008; Maxwell, 2009). As result, these marketing efforts have contributed to the higher prevalence rate of little cigar and cigarillo use in African Americans communities (Delnevo and Hrywna, 2007). In 2007, the CDC reported that an estimated 5.4 percent of Americans, 12 years of age or older were current cigars smokers. For adults, aged 18 years and older, an estimated 7.3 percent of African Americans were current cigar smokers. Young adults, aged 18-25, have the highest cigar smoking rate of any group.

The brand image that Hanewinkel et al (2010) and Hickling and Miller (2008) discussed is a major contributing factors that has increased tobacco use, particularly little cigar and cigarillos use. Philip Morris which acquired John Middleton is the manufacturer of the tobacco product Black & Mild. Black & Mild is among the most popular cigar brand for young adults today especially African American young adults (ALF, 2009). The two brands of little cigars that appear to be most appealing to young smokers, ages 12 years or older, are Swisher Sweets (14.4 percent) and Black and Mild (22.8 percent). Cigar smoking is more common among males (19.4 percent) than females (7.6 percent). (Delnevo and Hrywna, 2007; Soldz et al.2003; USDHHS, 1999).

In fact, a statewide survey conducted in 12 middle and high schools across Massachusetts found that among 819 adolescent cigar users, 9.6% and 12.3% reported usually smoking Swisher Sweets and Black and Mild little cigars, respectively (Soldz et al.,2003). It is no surprise that these products appeal to African American young adults. Low prices, candy flavors, marketing strategies, and linkage to urban culture are some underlying factors that contribute to the popularity of little cigars and cigarillos among young African American young adults. These products have been designed by the tobacco industry to appeal specifically to this demographic (Jolly 2008). In a survey of tobacco use among freshman at a historically black university, 25% of respondents reported smoking tobacco in the past 30 days. When asked about what products they had smoked, students reported little cigars at a higher rate than cigarettes (Jolly, 2008).

Little Cigars and Cigarillos

According to the CDC, cigar smoking is now the second most common form of tobacco use among youth (CDC, MMWR, 2010). The CDC defines a cigar as a roll of tobacco wrapped in leaf tobacco or in a substance that contains tobacco. This is different than the definition of a cigarette which is defined as a roll of tobacco wrapped in paper or in a substance that does not contain tobacco. The three major types of cigars sold in the United States are large cigars, cigarillos, and little cigars (Campaign for Tobacco-Free Kids [CTFK], 2009; National Care Institute, 1998). Little cigars are defined as any cigar weighing not more than three pounds per thousand cigars (Williams et.al, 2009). In addition, little cigars look like cigarettes, but they are wrapped in a tobacco leaf (AFL, 2009). Cigarillos are longer, slimmer versions of a large cigar. Cigarillos weigh between three and ten pound per thousand cigars (Williams et.al, 2009). Table 1 summarizes the types of cigars and common brands.

Table 1: Food and Drug Administration Cigar Definitions

Type of Cigar	United States Department of Agriculture Classification*	Common Brands
Little Cigar	weighing less than 3 lbs. /1000 cigars	• Captain Black • King Edward • Smokin Joes • Smoker's Choice • Swisher Sweets • Winchester
Cigarillo (Tipped and untipped)	weighing 3–10 lbs. /1000 cigars	• Black & Mild • Dutch Masters • Optimo • Phillies • Swisher Sweets • White Owl
Cigar	weighing > than 10 lbs. /1000 cigars	• Dutch Masters • Swisher Sweets • Phillies Blunt • White Owl

* Food and Drug Administration, 2009

Despite increases in cigar use, cigars are often overlooked by legislators and other policymakers (CTFK, 2009;Maxwell, 2009). There continues to be an influx of endorsements by celebrities, product placement in movies, and development of cigar-friendly magazines which attribute to cigars' popularity among youth (Delnevo and Hrywana, 2007). Due to rise in popularity, cigar products have seen a drastic increase in consumption. Little cigars increased by 240 percent while cigarillos, increased approximately by 150 percent (Maxwell, 2009; ALF, 2009). 11.5 billion cigar products were purchased in the United States in 2008, with three companies selling an estimated 60% of them. Swisher International sold the most units in 2008; 3.5 billon unit which represents 31% of the market sales (Maxwell, 2009). The most recent

report from Federal Trade Commission specific to cigar advertising and promotional expenditures indicates that $41 million dollars was spent in 1997. Magazine advertising accounted for largest advertising expense. Companies reported significant spending in the following categories: public entertainment, promotional items, newspaper advertisements, celebrity endorsements and paid product placements; and Internet advertising. (FTC,1999).

Furthermore, evidence proves that little cigars are perceived as a less harmful tobacco product than cigarettes. In fact, in a series of focus groups with African American college students, Jolly (2008) found that participants preferred little cigars to cigarettes for various reasons including perceptions that smoking little cigars is less addictive and less harmful than smoking cigarettes. These perceptions may be enforced by students rationalizing that because they smoke fewer cigars than cigarettes, there is less exposure to toxic chemicals. Other perceptions include that little cigars are less harmful than cigarettes because little cigars are not addressed in antismoking messages. Other students claimed a difference in ingredients. Several students believed that the toxic chemicals in Black and Milds are concentrated in a paper liner and that this paper makes little cigars more harmful than cigarettes (Jolly, 2008). Little cigars and cigarillos come in a variety of flavors, including apple, cream and wine, which may be more appealing to youth (American Legacy Foundation, 2009) which Jolly (2008) suggest attracted more students in the college study. These students believed that the risk of smoking little cigars can be reduced by removing the liner, a process called hyping or freaking (Jolly, 2008). These findings demonstrate the importance of developing appropriate intervention strategies specifically for little cigars and cigarillos that are aimed at youth.

Interventions

In order to effectively address the concerns associated with youth tobacco use and increased cigar use, public health practitioners need to implement evidence-based community interventions (CDC, 2007). The Task Force on Community Service confirm the importance of community based intervention in tobacco prevention and control (Ranney ,2006; Zaza et al, 2005). A review of community based intervention studies with strong evidence include specific strategies for smoking cessations and prevention of initiation combined with efforts to mobilize communities (Zaza et al, 2005). The community is important to support interventions, and it is critical to involve communities at the grassroots level to implement effective policy interventions (Breslow and Cengage, 2002). CDC (2007) recommends a comprehensive statewide tobacco control program combines and coordinates community-based interventions that focus.

The Task Force on Community Service recommends the following community based interventions to decrease youth tobacco use. Implementing policy interventions at the federal, state, and local levels because they are effective public health tools that discourage tobacco use while promoting cessation and reducing initiation. Executing mass media campaigns that are developed through formative research with a message targeted at youth; in order to create awareness of issues related to tobacco use. Also, creating cessation support services such as quit lines or reducing and/or eliminating co-payments for effective cessation therapies. The most effective interventions are combinations of these recommendations. These combo efforts along with the mobilization of communities will help identify and reduce the commercial availability of tobacco products to youth (CDC, 2007;Ranney ,2006; Zaza et al, 2005).

Policy oriented interventions can cover a wide range of topics. Interventions can consist of advertising bans and restrictions on display of products. These specific types of interventions would directly affect the marketing techniques that encourage youth smoking (USDHHS, 1994).

Advertising bans at the point of purchase can lower overall general recognition of cigarette brands. Restrictive bans will shield young adolescents from the tobacco advertising message (Hickling and Miller, 2008; Hanewinkel et al., 2010). Restrictions placed on the display of tobacco are effective interventions; more importantly, community members are supportive of the idea of applying restrictions on tobacco displays. Advertising bans are supported by the community because they are thought to limit the smoking among young people (Hickling and Miller, 2008).

Bans are thought to be important because advertising at the point of purchase influence brand choice. This idea about restricting or eradicating display of tobacco at the point of purchase is similar to support for other more long-standing tobacco control policies. Point of purchase advertising bans and products restrictions can limit access or exposure to the tobacco media, therefore the youth will not recognize the tobacco ads. The theory is the less exposure the less likely youth will start to smoke (Hickling and Miller, 2008).

Another policy oriented intervention recommended (Ranney ,2006; Zaza et al, 2005) is to increase the unit price for tobacco products through municipal, state, or federal legislation that raises the excise tax on these products. These increases of unit price make tobacco products less attractive to users. These programs have been shown to be very effective in decreasing smoking rates of African American males. Higher prices have a negative and significant effect on smoking (Chaloupka and Pacula, 1999). Additionally, they can serve as additional revenue for states. These programs can be used along or as part of a multi component intervention in a variety of clinical settings and populations. Reviewed studies pointed to a reduction in tobacco use when all factors were taken into account by increasing the unit price of tobacco products. States included are California, Oregon, Massachusetts, and other western states (Guide to

Community Preventive Services [GCPS], 2000; Task Force on Community Preventive Services [TFCPS], 2001).

Federal legislation is an important consideration in effective tobacco control. There are few federal regulations on cigar and cigar like products as compared to cigarettes and other oral tobacco products. As a result of a legal settlement in June 2000 between the Federal Trade Commission and the 7 largest U.S. cigar companies, warning of proven health risk were added to most cigar ads and packages. Five Surgeon General warnings were created that now appear on the labels of cigars on rotating basis. The five warnings include: cigar smoking can cause cancers of the mouth and throat, even if you do not inhale; cigar smoking can cause lung cancer and heart disease; tobacco use increases the risk of infertility, stillbirth, and low birth weight, cigars are not a safe alternative to cigarettes; and tobacco smoke increases the risk of lung cancer and heart disease, even in non-smoke (Federal Trade Commission, 2000; American Cancer Society, 2009).

In 2009, President Obama signed the Family Smoking Prevention and Tobacco Control Act (FSPTCA) that gave the Food and Drug Administration (FDA) powers to regulate tobacco products including marketing, promotion, labeling, and many other aspects of their sale to the public. This law is essential to tobacco control because little cigars/cigarillos are considered tobacco products under the new law; however, the FDA must issue a regulation deeming that little cigars/cigarillos are subject to the new law (Food and Drug Administration, 2009). The FDA can adopt regulations that restrict the advertising, sale and distribution of tobacco products such as little cigars. New guidelines and restrictions can mean for tighter advertising and promotional controls by the FDA. The FDA would need to do research on how advertisement

controls would increase or decrease rates of quitting smoking in order to be most effective (O'Reilly, 2009).

Under the current legislation, FDA has the power to require manufacturers to submit a list of ingredients in product of tobacco products. Additionally, the FDA now has rulemaking power to establish additional labeling requirements, such as graphics, depicting the health risks of smoking. The FDA now has the authority to preempt states from regulation relating to premarket review, adulteration, misbranding, labeling, registration, good manufacturing, or modified risk tobacco products. Additionally, the FDA has the right to establish manufacturing practices and quality standards, including a ban on all artificial and natural flavorings (excluding tobacco and menthol). The new limits on marketing and sales include specific limits on industry marketing, sales, and promotions. (USDHHS, 1999).

Legislation expands the power of the states which permits states to restrict time, place and manner of tobacco marketing because cigars have not faced the same degree of Federal regulation and oversight as other tobacco products. The only Federal enforcement oversight for cigars is through the Synar Amendment. The Synar is administered by the Substance Abuse and Mental Health Services Administration. Under Synar, the only explicit Federal requirement for States to comply with is to conduct yearly, random, unannounced inspections of vendors to measure tobacco sales to minors. Findings have reported that state enforcement of laws and regulations prohibiting the sale to, and use of cigars by, minors is currently severely limited. All states have tobacco laws broad enough to encompass cigars; however, states do not evenly enforce these laws and regulations. Many States lack a general awareness of the extent of cigar sales to minors, the ease with which minors can purchase cigars, and the degree to which minors' use of cigars is a problem in their state (USDHHS, 1999).

This is good news for little cigar and cigarillos prevention efforts because manufactures of these products may be prohibited from having the flavored tobacco to entice young adults (Gostin, 2009). Krisberg (2009) reports that President Obama feels that this law is a major victory for health care reform. Moreover, it will reduce some the billions spent on tobacco-related health care costs in this country because this new law is a funding source for tobacco regulation. The new act imposes yearly fees on tobacco product manufacturers (Gostin, 2009). Overall, President Obama feels this legislation will reduce the number of American children who pick up a cigarette and become adult smokers (Krisberg, 2009).

The Affordable Care Act (ACA) was signed into law in 2010 as part of the national overhaul of health care. The ACA creates access to preventative services that will be covered under Medicare and Medicaid. One preventative service that is of extreme importance is tobacco cessation. Tobacco cessation will be available at no cost to participants in Federal funded programs. Participants will also have access to annual physical exams and certain screenings related to tobacco. This will reinforce FSPTCA because previously tobacco cessation had only been reserved for patients diagnosed with a tobacco-related disease or symptoms of such a disease. As stated now by the ACA, Medicare will cover program beneficiaries and Medicaid will cover pregnant women. However, states will now have the option to expand Medicaid eligibility to adults without children, and in 2014, all low-income, non-elderly and non-disabled individuals will be eligible for Medicaid. As a result, coverage will be extended to people with income below $29,000, and they will have access to tobacco cessation (Mitchell, 2010; The White House). The funds that will be received from these preventative services become important to Federally Qualified Health Centers. The Centers for Medicare and Medicaid

Services recognizes the essential role that Federally Qualified Health Centers in promoting access to preventive and primary care among medically underserved population (Centers for Medicare and Medicaid, 2009).

Brand preference information can be incorporated into media message campaigns to counter those messages of tobacco use and reduce smoking initiation of youth. Media campaigns combined with other interventions such as restrictions on advertising can be highly effective in reducing smoking (CDC, MMWR, 2009). Mass media campaigns are strong because they allow different modes of communicating the message against tobacco use. These modes of communicating include television, radio, newspapers, billboards, posters etc. In addition, these mass campaigns can reach more adolescents and youth because they are exposed to many sources of tobacco promotion. In addition, understanding the brand preference of choice of adolescents and teenagers can inform researchers in what influences them to start and continue smoking, so public health officials can create anti-smoking campaigns or legislation on these most commonly used brands (CDC, MMWR, 2009). These interventions can be used to create policies to support other tobacco control policies such as smoke-free dining and smoke-free bars and gaming venues (Hickling and Miller, 2008).

Furthermore, mass media campaigns can engage and mobilize efforts to reduce little cigar usage and initiation and access among youth and young adults through health education in school. Studies with a follow up component, showed self-reported tobacco use was a median 2.4 percentage points lower in groups exposed to a mass media campaign. Studies of mass media campaigns that ran for 2 or more years indicated that these campaigns effectively reduced tobacco use. Mass media campaigns that occurred in coordination or concurrently with other interventions including contests, school-based education programs, community education

programs, or excise tax increases on tobacco products were shown to be even more effective (GCPS, 2000; TFCPS, 2005).

Other key factors that will help in efforts to decrease or eliminate tobacco use in communities, is identifying the role of the mass media in cessation efforts. An appropriate message has to be created for the target audience to maximize the most effective message for young adults, and persons with low income and educational status. Persons implementing tobacco prevention programs with a cessation component must find ways to reach out to smokers in these special populations with messages that motivate individuals to become aware of, promote, and use existing cessation services. Interventions that change provider practice patterns and related smoking outcomes for patient while fostering positive relationships s are effective in cessation efforts. Furthermore, programs that engage academic institutions to create strategies are highly effective (Ranney, 2009)

It is important to reduce the financial barriers to patient use of cessation therapies that have previously demonstrated evidence of effectiveness (TFCPS, 2001). It is vital to increase access to cessation services. Studies that focus on smoking cessation among youth suggest that a more intensive and frequent intervention is needed to increase the likelihood of cessation (Sussman, 2002). In addition to the frequency of the intervention the most effective cessation programs raise the interest youth tobacco-use cessation, previous investments made in research, implementation of other program, and focus on support and demand of target populations. There are five target population include research community (both biomedical and behavioral); decision-makers (e.g., policy-makers, medical directors); community practitioners and gatekeepers (e.g., pediatricians, school and work place administrators); public at-large (e.g.,

families, community groups); and youth with varied habits and need (Youth Tobacco Cessation Collaborative, 2000).

Discussion

Despite the decline in smoking over the past 30 years (CDC, MMWR, 2010), there is evidence that suggest that tobacco companies are trying to find alternative markets to adjust for the declining tobacco sales (Delnevo and Hrywana, 2007). This new market includes the marketing of cigars in specific sub populations. In fact, the sale and consumption of little cigars and cigarillos has increased over the past 10 years in African American communities (Maxwell, 2009). Despite the popularity of these products little is known or published regarding these products. Several concerns health concerns are associated with little cigars and cigarillos, cigar smokers experience higher rates of lung cancer, heart disease, and chronic obstructive pulmonary disease than non-smokers. A single cigar can contain as much tobacco as a pack of cigarettes making the male smokers eight times more likely to die from oral cancer and ten times more likely to die from laryngeal cancers than nonsmokers (Boon and Lindbolm 2008).

In spite of the dangers associated with cigars, these products are taxed at lower rates and regulated differently than cigarettes. Cigar products include regular cigars, little cigars and cigarillos. These products are categorized based upon weight. Many people who use little cigars and cigarillos do not consider themselves cigar smokers, and this is a major cause for concern because it results in underreporting and giving a false impression of lower prevalence rates. Generally, consumers believe these products are less harmful than cigarettes which lead to higher rates of consumption (American Legacy Foundation, 2009; Jolly, 2008).

The correlation between promotion and use of these tobacco products suggest that inflated misperception of the harmful effects is associated with the high rates of use of these

products. Culturally specific marketing strategies continues to be a problem because specific messages are attributing to brand recall and increased use (American Legacy Foundation, 2009; Delnevo and Hrywna, 2007; Doheny, 2010). The two brands of little cigars that are the most appealing is Swisher Sweets and Black and Mild. African Americans have the highest prevalence of little cigar and cigarillo use because a lot of the advertising and marketing campaigns are found at the point of purchase in African American communities (Delnevo and Hrywna, 2007; Hickling and Miller, 2008).

Perception is the key factor that must be addressed when planning intervention surrounding little cigars and cigarillos. Perceptions are enforced by the lack of antismoking messages focused on little cigars and cigarillos. Freaking or blunting of little cigars and cigarillos which involves replacing the tobacco filling of a cigar with marijuana and smoking it further leads to the misguided perceptions of young adults. Unfortunately, the health impacts of this behavior have not been well studied or documented (American Legacy Foundation, 2009; Jolly, 2008). These finding prove the importance of developing intervention strategies specifically for little cigars and cigarillos. It is important to remember to not to use a “one size fits all” strategy (Chaloupka and Pacula, 1999) when planning interventions.

Community Based Recommendations

Effective tobacco interventions are evidence-based community interventions (CDC, 2007). If understood correctly, tobacco prevention and control interventions (Ranney, 2006; Zaza et al, 2005) can be duplicated and applied to a wide variety of tobacco issues i.e. little cigars and cigarillos. Intervention planners must keep in mind that it is critical to involve communities in order to implement effective interventions (Breslow and Cengage, 2002). The following three recommendations are supported by the literature and well suited for

implementation at the community level to decrease tobacco use among youth and young adults 1) implementing policy interventions at the community level 2) executing community friendly mass media campaigns developed through formative research and 3) creating cessations support services. Further investigation provides evidence that these interventions are the most effective in combinations (CDC, 2007; Ranney, 2006; Zaza et. al., 2005). In creating community based interventions focused on little cigars and cigarillos, the community should understand that youth smokers have diverse characteristics. It is unlikely that one type of intervention or intervention approach will not effective address all the concerns of a sub population within certain communities (Chaloupka and Pacula, 1999) i.e. programs in combinations (CDC, 2007; Ranney, 2006; Zaza et. al., 2005). There is a dire need for evidence-based public health interventions for tobacco control more specifically for little cigar and cigarillos.

The Role of Communities

Community mobilization is an important key concept that should be incorporated to ensure that all three recommendations are successfully implemented into communities. Community mobilization is a re-occurring theme across all three recommendations, and the Task Force (Ranney, 2006) provides evidence that community based/population tobacco interventions in different combinations are effective in reducing tobacco use especially among youth. Proper planning with communities will ensure that the communities are engaged and committed to the reduction of little cigar and cigarillo use, initiation, and access among youth and young adults. A combo of evidence based health education executed through sound policy supported by the community along with strong media message and cessation support services will create a program that will properly address the needs of any community (CDC, 2007; Ranney, 2006; Zaza et. al., 2005). In return, this will allow public health officials and community organizations

join forces to develop and implement interventions that reduce little cigar and cigarillo use. Then these collaborating entities can endeavor to create partnerships with academic institutions and health institutions to increase access to cessation services for residents within the community (Ranney, 2006).

Community mobilization is important to reinforce and support legislation (Ranney, 2006). Evidence shows that community mobilizations that results in policy adoption and the enforcement of these are policy are highly effective in reducing rates of smoking in youth (Forster et al, 1998; Ranney, 2006). These interventions have been proven to be effective across all gender and races (Forster et al, 1998; Chaloupka and Pacula, 1999). More interestingly, these particular interventions have been shown to be effective in decreasing smoking rates of African American males (Chaloupka and Pacula, 1999). Higher prices have a negative and significant effect on smoking because when individual believe or perceive tobacco products are more difficult to buy were less likely to purchase these tobacco products (Forster et al, 1998; Chaloupka and Pacula, 1999). The North Carolina initiative, *African American Youth Earn a Tobacco Free PhD: Photo Dialogue and Youth Tobacco Use Prevention* (Appendix B), demonstrates how effective communities are in shaping local policy. This project demonstrates the effectiveness of Photovoice in community engagement against tobacco use and policy development, the technique used by LCPI and NPU-V. Another important aspect of this program is the fostering of dialogue in the community due to the photos produced by Photovoice. Photos combined with the community are the key for much needed social action.

Policy Driven Interventions

Policy oriented interventions include several methods of delivery. Bans and restrictions limit access or exposure to tobacco because the tobacco message cannot be accessed by youth,

thus the less exposure to the message the less likely of smoking initiation (Hickling and Miller, 2008; Hanewinkel et al, 2010). A program in the state of Maryland, Empowering *and Engaging Communities to Address Tobacco-Related Disparities* was developed by Maryland's Office of Minority Health and Health Disparities. The policy intervention component (Ranney, 2006; Zaza et.al, 2005) of the program show evidence that can be used by program planners to analyze how this particular program was successful integrated tobacco control within public health, primary care, social and human services in Maryland.

An additional policy oriented intervention is to increase the unit price of products. The increases in products make them less attractive to users. Many states have adopted practices that incorporate increasing unit price of tobacco products in tobacco prevention at local, state, and national levels. At the national level, change began when President Obama signed The FSPTCA which gave the FDA powers to regulate tobacco products including little cigars and cigarillos. Even though, the law is not explicit to little cigars and cigarillos the FDA can choose to extend those provisions to cigar products via the regulatory proc. Future implications might see the bill banning flavors in cigars because now the bill specifically bans flavored cigarettes (other than menthol) and not cigars. Also, FDA may choose to extend the extensive warning label requirements to cigars. A major public health success would be if advertising and marketing restrictions are applied to cigar products (American Legacy Foundation, 2009). Interestingly, 80% of action team members are willing to influence tobacco policy by sending a supportive letter to the FDA.

Policy related interventions are relevant because organizations can develop and implement policies that will reduce the availability of tobacco and increase the price of little cigars and cigarillos. It is important to identify advantages that will spark a powerful community

movement. Advantages include partnerships forged with public health and education organizations, trial lawyers, the faith community, elected policy-makers, pharmaceutical companies, and even tobacco growers. The Empowering and Engaging Communities to Address Tobacco Related Disparities Initiative in Maryland and the Kaleidoscope project in Colorado are great examples of the advantages of the partnerships that can be created. From these partnerships, short-term goals can be created that focus on policy initiatives, funding and technical support that address the needs of the community.

Moreover, long-term initiatives should include integration of international and national tobacco control advocacy into local and state law (The Advocacy Institute, 1999) similar to New York and California. Local, state, and federal legislation is effective because legislation can regulate content, labeling, promotion, and advertising of tobacco products especially dealing with adolescents and young adults. The New York Governor David Patterson proposed a tobacco tax to increase in order to aid in closing the $620 million budget gap closing plan. Under the plan, tobacco products that will be tax include chewing tobacco, cigars (little cigars/cigarillos), pipe tobacco and rolling tobacco. These increases of unit price make tobacco products less attractive to users (Chaloupka and Pacula, 1999; Ranney ,2006; Zaza et al, 2005). There was an increased from 46 percent of wholesale price to 90 percent. All cigarettes labeled as little or small cigars are now considered cigarettes for tax purposes under federal regulation (27 C.F.R. section 40.214 [2006]) and the federal Cigarette Labeling and Advertising Act (15 U.S.C. section 1331 et seq.). In the state of California distributors must now apply for cigarette tax stamp to each packaged labeled little or small cigar that they distribute. If distributors do not comply with federal guidelines are subject to civil and criminal penalties. The increase in tobacco products through municipal, state, or federal legislation that raises the excise tax on these products is an

effective technique in curbing smoking. (Ranney ,2006; Zaza et al, 2005; California State Board of Equalization, 2009).

A limitation of policy oriented intervention is the ability to ensure the enforcement of policies especially at the local level. Policy alone cannot be effective towards the reduction of youth tobacco use; it is indeed the enforcement of policies that change behaviors (Chaloupka and Pacula, 1999). Once interventions are adopted, increased perception among youth may discourage them from tobacco use (Forster et al, 1998). Public health officials and policymakers often do not keep in mind the target audience when designing the policies. The blanket policies are ineffective because they do not consider the subgroups in the population despite the specific marketing practices at certain subgroups (Chaloupka and Pacula, 1999).

Engagement through the Media Messages

A second recommendation (Ranney, 2006; Zaza et al, 2005) includes communication of anti-tobacco message through prevention through different media mediums. Media campaigns have been proven to be highly effective in reducing smoking in combo with other interventions. For example, incorporating brand preference and an advertising ban will create a solid anti-smoking campaign that will be most effective (CDC, MMWR, 2009). Community is also an important aspect of this intervention strategy because the community of concern is critical to reinforce legislation and support of media campaigns. In order to affect policy, work must be done at the community level that will create a stronger message that de-normalizes attitudes and behaviors associated with little cigars and cigarillos (ATPLM,2009). Communities can work with schools to create mass media campaigns that engage and mobilize efforts to reduce little cigar use and initiation (GCPS,2000; TFCPS,2005).

Mass media campaigns are relevant because young adults may view the lack of cigar-specific tobacco education as a suggestion that cigars and cigar like products do not contain the harmful toxins that are found in cigarettes such as nicotine (Malone, 2001). In order to address the skewed perception of risks (Bachman et al., 1998) related to the cigar, Mass media program combined with school-based educational interventions can address social and cultural factors that influences risk perceptions. Mass media campaigns (GCPS, 2000; TFCPS, 2005) and school based programs (Lantz et al, 2000) alone ignore these influencing factors that are affecting youth tobacco prevention. Malone (2001) suggest that engaging youth in tobacco prevention will be highly effective in developing culturally specific intervention that will help challenge the "natural" ideology that is associated with cigar and cigar like product usage and reshape risk misperception about cigars similar to the Florida TRUTH program.

The Florida Tobacco Pilot Program is youth tobacco prevention program that created the TRUTH advertising campaign. The program has both school and community-based components to prevent and reduce tobacco use among kids. The program includes tobacco education, components dealing with marketing, prevention methods, and an enforcement campaign that empowers youth to live tobacco-free. One aspect of the program that sets it apart from other efforts is its youth leadership. Program objectives are geared towards changing attitudes about tobacco, empowering youth to lead community action against tobacco, reducing availability and accessibility of tobacco products to youth, and reducing youth exposure to secondhand smoke. These program objectives are communicated through several media and marketing avenues to deliver the anti-tobacco message (GCPS, 2000; TFCPS, 2005). Media included television and print ads, billboards, posters, the Internet, program sponsorship, merchandise (i.e. t-shirts, baseball caps, lanyards), youth advocacy groups. The major donors and sponsors was the State of

Florida's Office of Tobacco Control formed in February 1998 following the State's settlement with the tobacco industry discussed in the literature review (Florida Pilot Program on Tobacco Control, 1998).

Supporting the Community through Cessation

Mass media campaigns are strongly tied with the third recommendation, (Ranney, 2006; Zaza et. al., 2005) cessation efforts. Cessation efforts are important to mediate young adult smoking. Successful cessation efforts must include a behavioral-related component to address the behavior of smoking. In addition, cessation efforts must include a long term commitment to repetition, reinforcement, and practice to properly affect intentions and behaviors. It has been proven that when school and media outlets are combined with cessation efforts they prove to be highly effective in deterring smoking (Flay et.al, 1995). There are usually financial barriers associated with cessation therapies (TFCPS, 2001), so intervention planners must be creatively plan way to increase access to cessation services. It has been proven that frequent cessations efforts are the most effective for cessation. Effective cessation efforts need to be healthy and supportive environment (Sussman, 2002).

Cessation programs are effective because these programs have a greater probability to produce a greater quit rate among youth than youth quitting on their own without the help of cessation programs (Sussman et. al., 1999). Cessation programs that focus on motivational enhancement and rewarding behavior have been proven to be more effective. Programs offered in a classroom setting and school based clinics strengthen these cessation among youth (Sussman et. al., 2002). The main difficulty associated with youth cessation programs is the lack of essential information on youth smoking. A majority of the information around cessation is based upon adult cessation efforts. Furthermore, over the counter and prescription drugs for smoking

cessation have not been approved by FDA for people under 18. As a result, these types of cessation efforts cannot be considered for youth under the age of 18. There is an absence of data on new technology based cessation programs around telephone counseling and web-based interventions. These programs can tend to be very valuable because of the possibility to engage young smokers at low cost (McDonald et. al., 1993).

New Hampshire and Colorado are two states that are operating successful cessation programs. These programs focus on preventative methods and offer services to assist residents to quit smoking. These programs are uniquely designed because they focus on meeting the needs of African American communities, and little cigar and cigarillos have the highest prevalence in African American communities. Communities interested in little cigar and cigarillo prevention can study how these programs deliver tobacco education and reduction initiatives, and then these communities can then tailor programs specifically for their communities. The Civic Engagement Model (See Appendix B) used in the Kaleidoscope Program can be used as a tool to move the communities through stages of change to improve health outcomes associated with tobacco use and promote community cessation efforts.

Conclusion

From the research and the literature, it was determined that there is a dire need for community evidence-based approaches to little cigars and cigarillos. The survey of the literature did not readily provide resources that were available for use to support implementation of community based interventions focused on little cigar/cigarillo in communities, specifically; however, community based interventions focused on tobacco were found and recommended for use. Several tobacco control policies, interventions, and initiatives that are focused on curbing

smoking among young people were found, and key information was pulled from these resources The information and recommendations can be applied to little cigar and cigarillos.

After the literature review, it is evident that there is a need for community evidence-based public health interventions for little cigar and cigarillos. This paper identifies three recommendations 1) implementing policy interventions 2) executing mass media campaigns and 3) creating cessations support services. In this section, recommendations from the literature review, the Community Guide, and the Task Force are shown at the implementation stage in various phases including federal, state and community level. The following are success stories that have been applied around the country for implementing tobacco control programs in various formats and methods. These include programs or initiatives that focused policy efforts, legislation, increasing access to tobacco prevention, education, and/or cessation services all supported by scholarly literature. It is important to illustrate the recommendations through success stories, so that communities can model their initiatives or programs after successfully implemented programs.

These recommendations can be successfully implemented as intervention tools that can be used to combat little cigar and cigarillo use among youth and young adults. Although not specific to little cigar and cigarillo interventions, these recommendations can be affective because there is evidence that supports their effectiveness in tobacco intervention. The most important aspect of these recommendations is the applicability to underserved communities. These recommendations can be used by the NPU-V community and ACHT to focus on increasing awareness of key little cigars and cigarillos issues while engaging in the policy process and promoting cessation efforts (ATPLM, 2009). Furthermore, the development of community competencies through these recommendations will allow the community to empower

residents and create community leaders (Breslow and Cengage, 2002). These basic community competencies, if achieved, will help ACHT de-normalize the attitudes and behaviors of little cigar and cigarillos the NPU-V. Through LCPI, ACHT is determined to promote the awareness of the dangers of little cigars and cigarillos, and health promotion and preventative efforts can be modeled after current community successes (Appendix A).

The primary objective of LCPI is to engage the community into focus groups, forums, and action teams to: 1) Understand perceptions and use patterns of little cigars/cigarillos among African American young adults and youth 2) Educate the community about dangers of little cigars/cigarillos 3) Understand marketing mechanisms influencing use of little cigars/cigarillos 4) engage NPU-V neighborhoods for action to address marketing, use, and sale of little cigars/cigarillos towards young African Americans 5) Understand important implications for prevention and health promotion in this underserved community. The recommendations and success stories identified from the literature review, the Community Guide, and the Task Force was used to form a plan of action on how to engage the community to achieve these objectives set forth by LCPI. These recommendations and success stories include programs or initiatives that focus on policy efforts, legislation, increasing access to tobacco prevention, education, and/or cessation services all supported.

In conclusion, evidence suggest that there is a serious problem of little cigar and cigarillo marketing and use African American communities. This statement can be applied to the NPU-V community in Atlanta. The LCPI action team and ACHT have a social responsibility to identify and delineate all marketing and use associated with little cigars and cigarillos in the NPU-V; furthermore mobilize medical and cessation resources to support the community efforts to reinforce positive behaviors and attempts to quit. The action team is ready to take the necessary

steps to restrict marketing of little cigars and cigarillos as well as band flavored cigars and cigarillos in their community (Appendix A).

The research, work in the community, and the community based recommendations lend credibility to the thought of mind that LCPI needs to create special little cigar and cigarillo preventative services that target African-Americans in their communities to combat tobacco companies' marketing techniques. No single approach or one size fit all method will adequately address the complex issue of little cigar and cigarillos within African-Americans communities including the NPU-V. On the other hand, communities like the NPU-V can study other communities and programs that have implored the recommendations in some form that are listed in Appendix B. There are additional resources that can assist in creating sound initiatives targeted at curbing youth tobacco use in Appendix C. It is clear that marketing practices must undergo a change to begin to make an impact on the issue related to little cigar and cigarillos. Marketing practices can be affected by sound community and state policies that care combined with media messages along with cessation efforts to support the community. More research needs to be invested in little cigars and cigarillos in order to fill in the gaps in the literature around this topic. This document can be used as support for LCPI in establishing a sound program in the NPU-V. The recommendations that were produced by this document can serve as a launching pad into this ever-growing crisis in African American communities

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Appendices

Appendix A: Little Cigar Preventative Initiative Data

Surveys are given at the end of each Action Team meeting. This data is from the last Action Team Meeting held this summer.

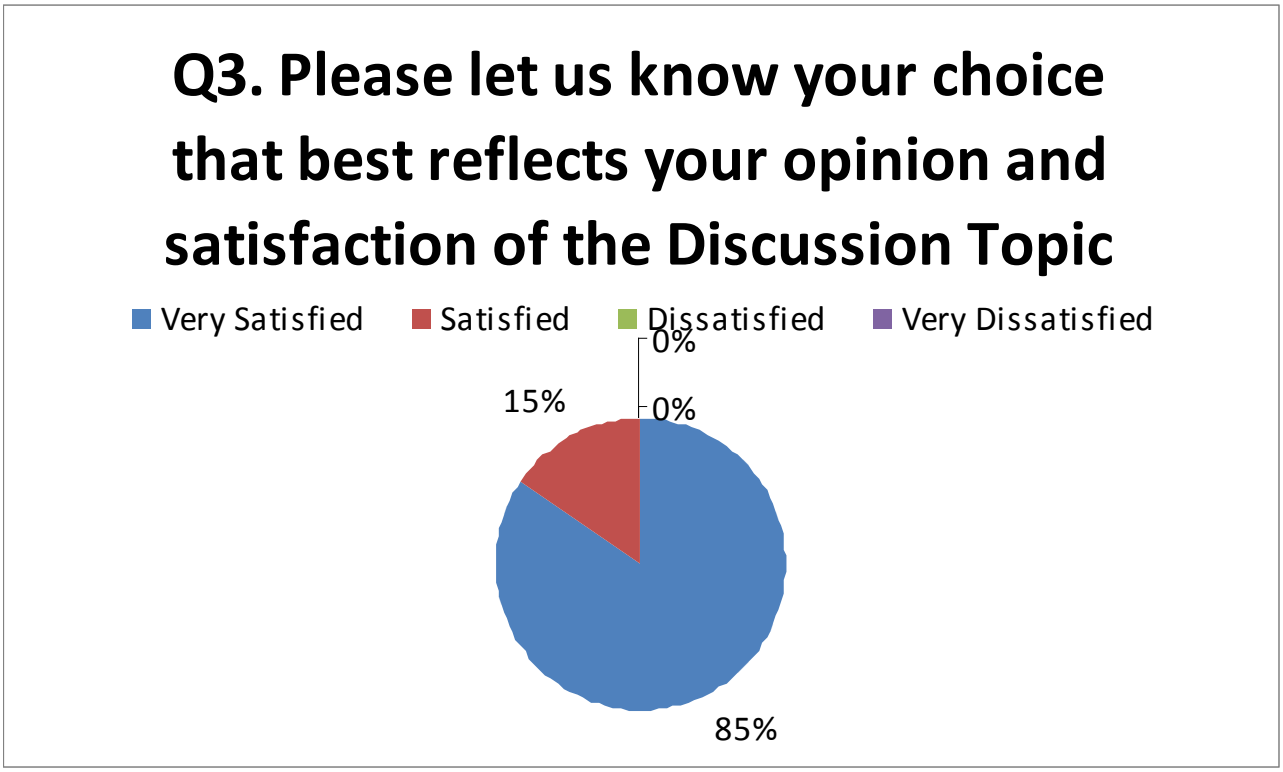


Figure 2: Question asking Action Team Members about their satisfaction with the discussion topic: The Discussion topic included Photovoice Training and dangers associated with Little Cigars/Cigarillos.

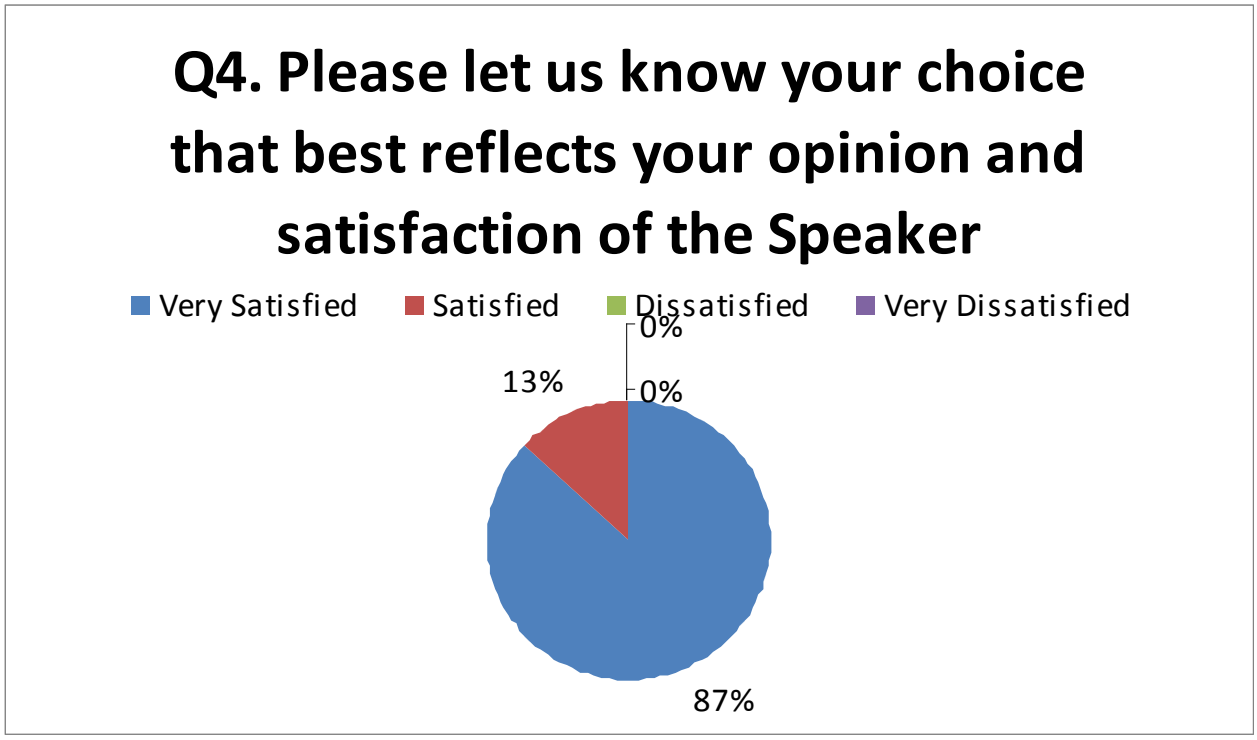
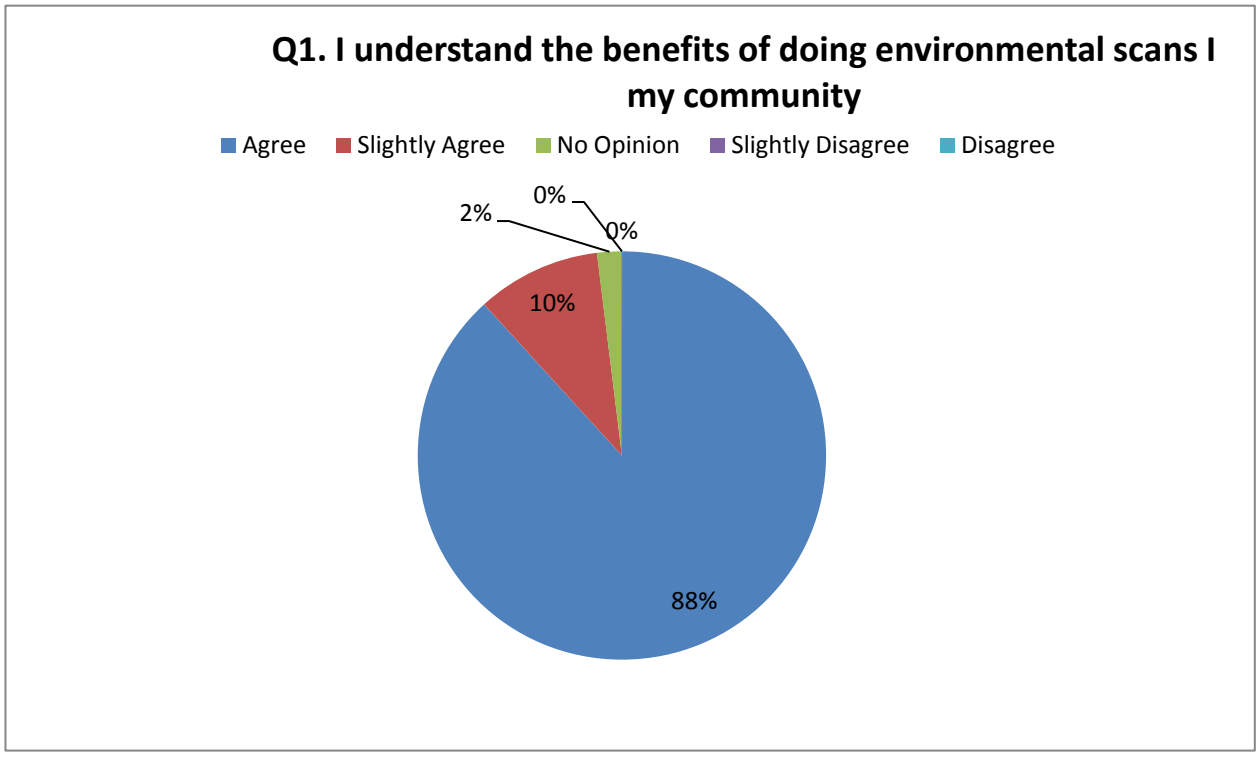
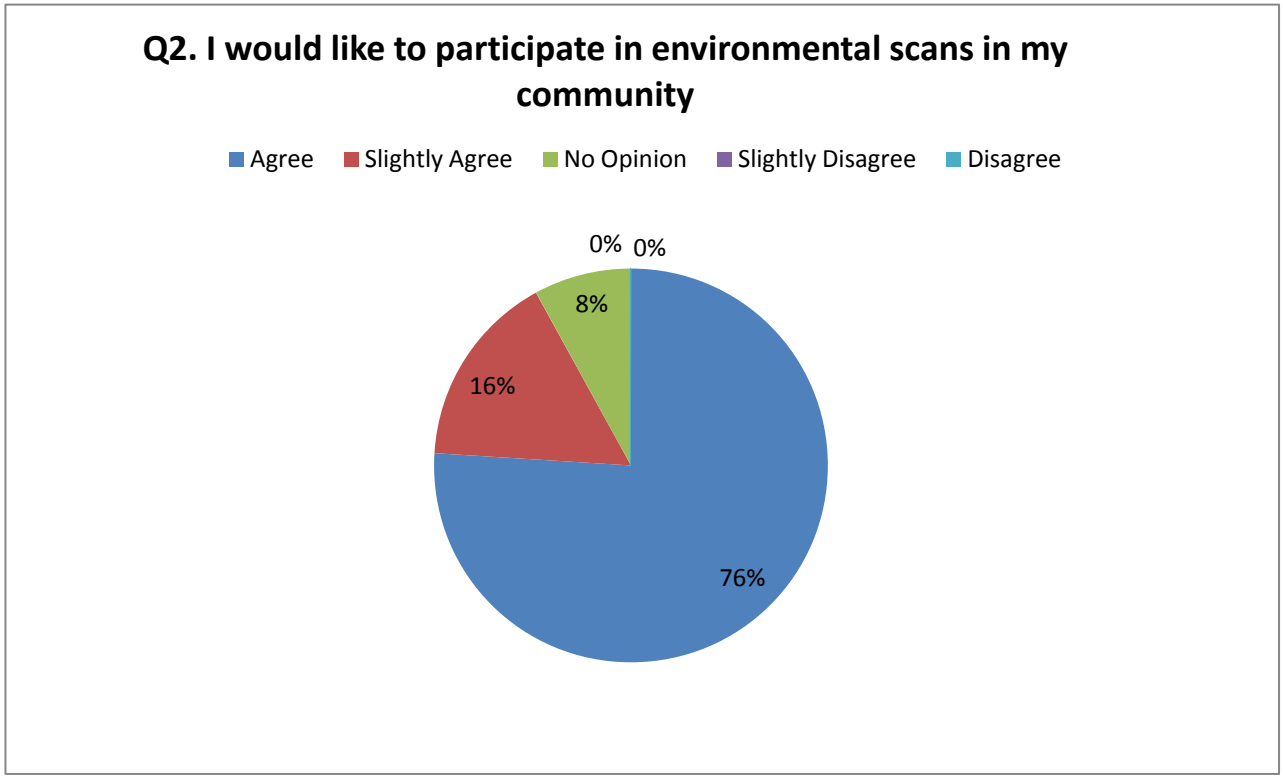
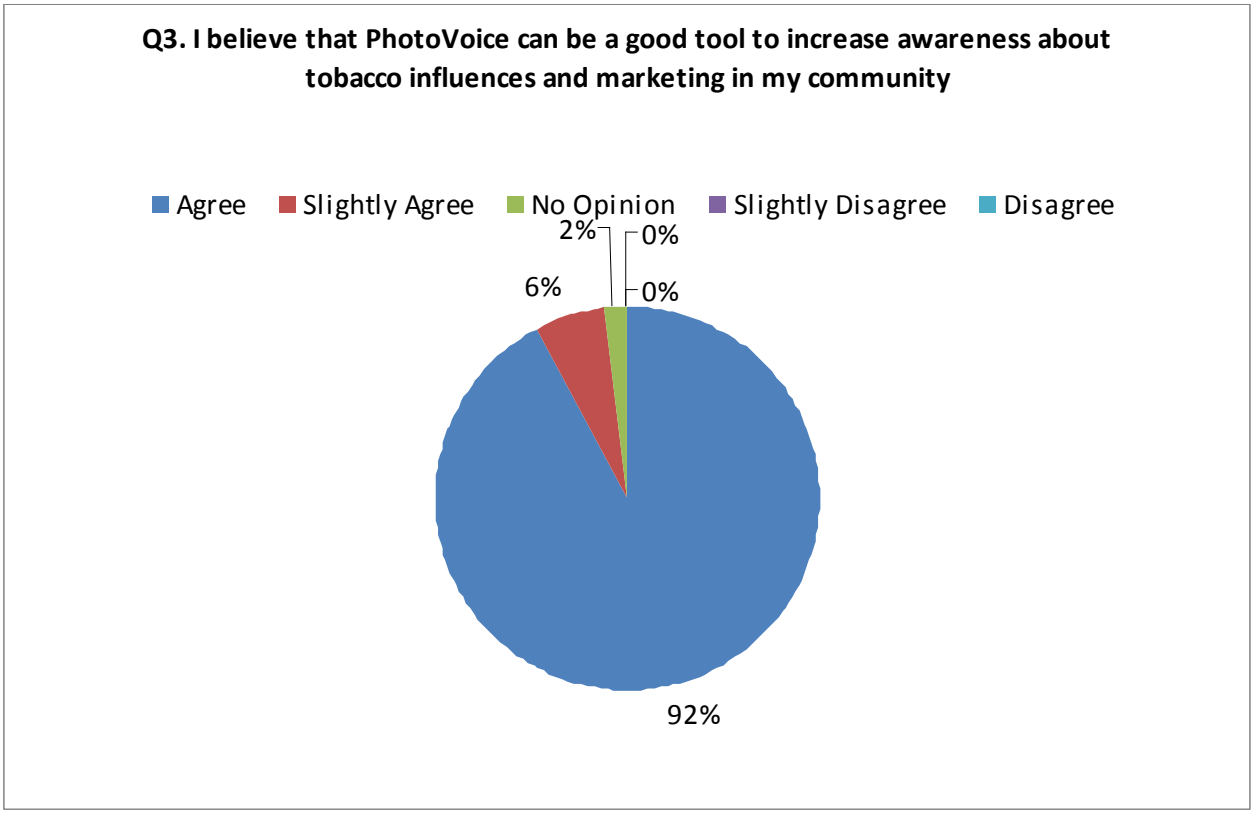


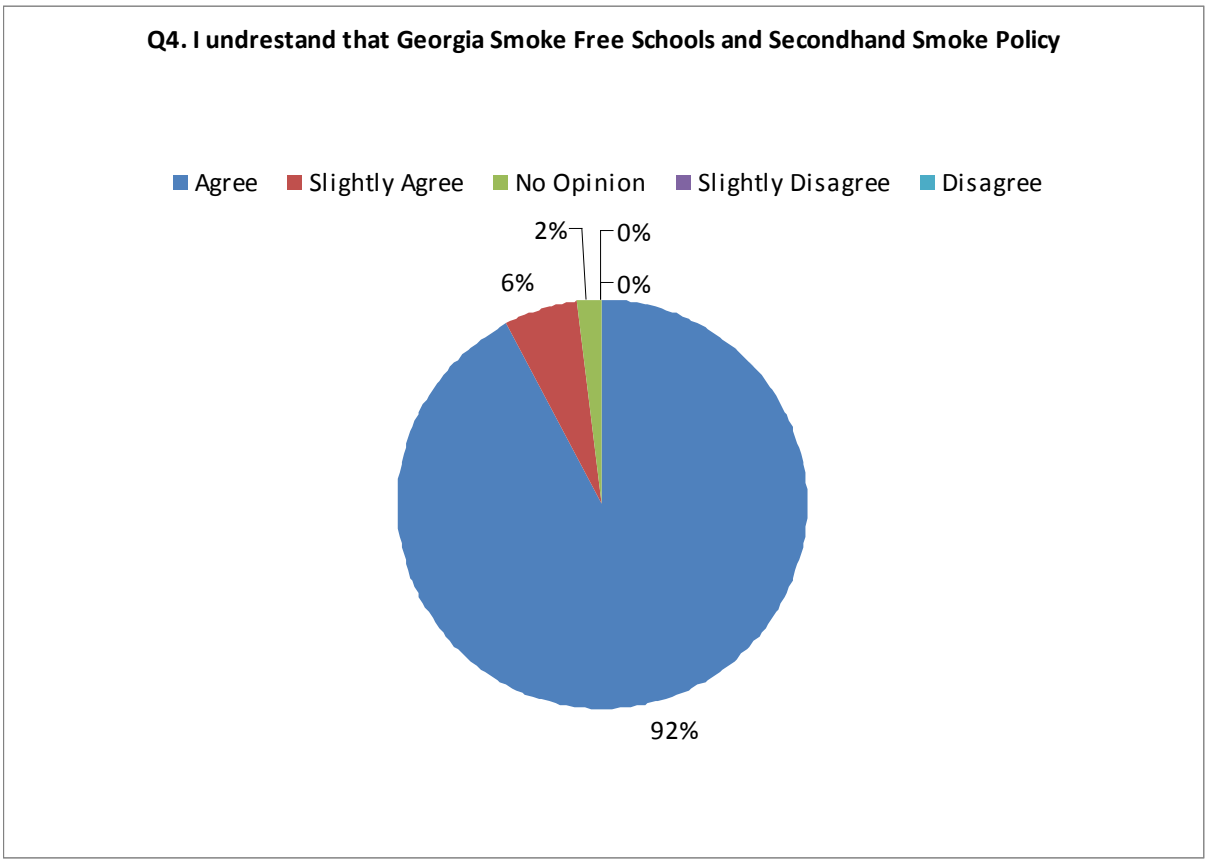
Figure 3: Question asking Action Team Members about their satisfaction with the speaker. The speaker was a Public Health Student from Georgia State University discussing Photovoice and dangers associated with Little Cigars/Cigarillos.

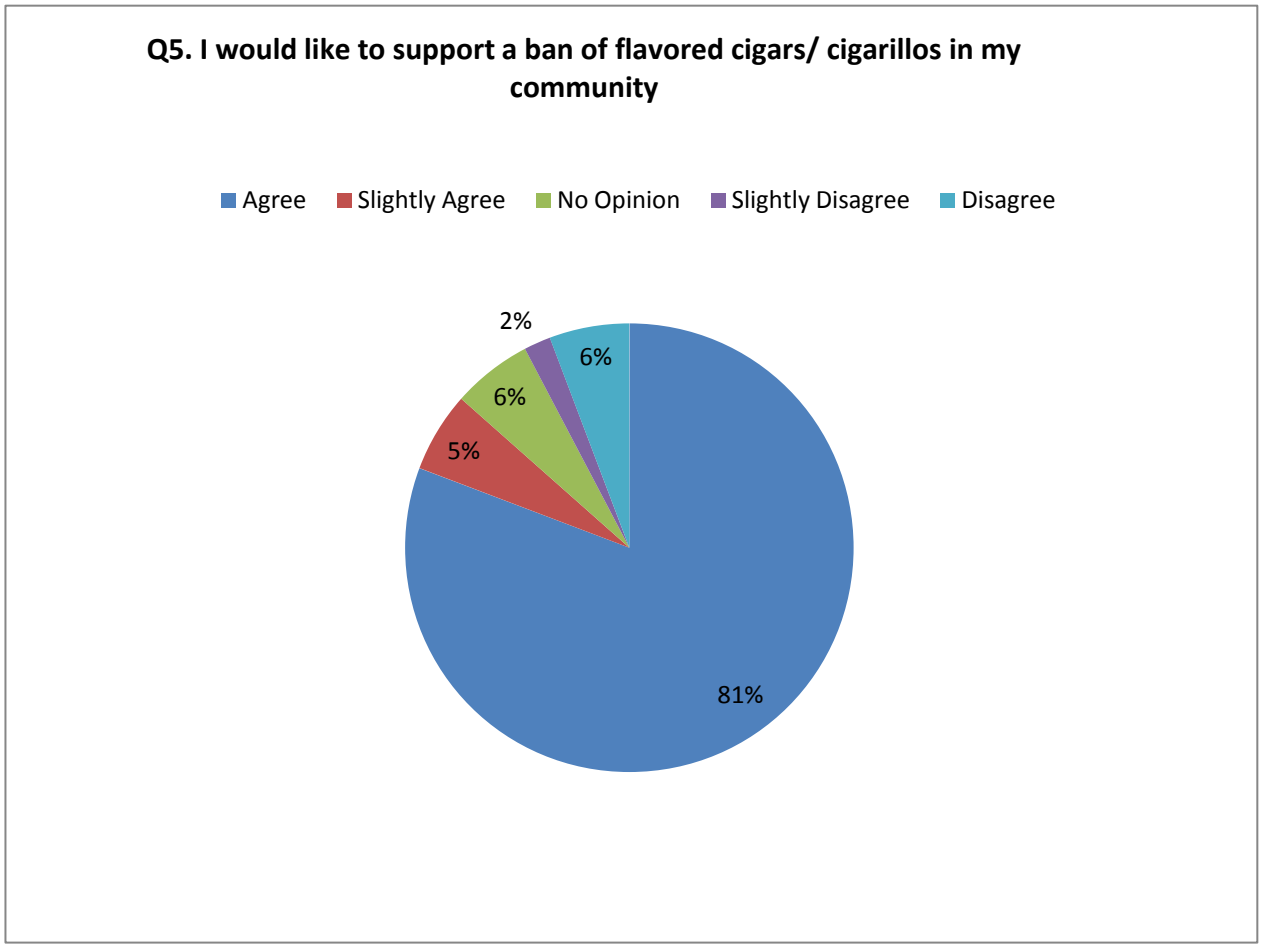
The following figures are from an Action Team meeting were we focused on the purpose and goals of LCPI.

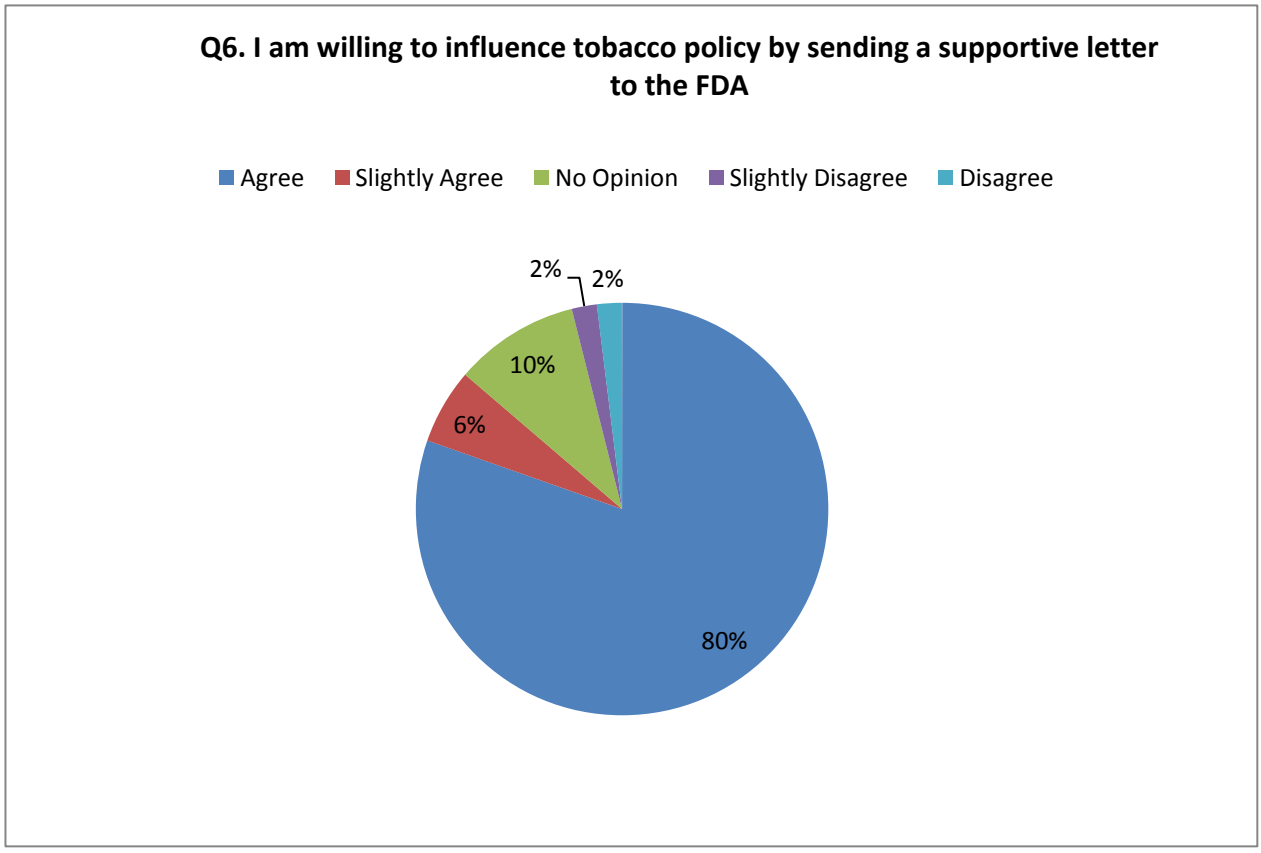





Q3. I believe that PhotoVoice can be a good tool to increase awareness about tobacco influences and marketing in my community
Agree
Slightly Agree
No Opinion
Slightly Disagree
Disagree
2%
0%
6%
0%
92%


Q4. I undrestand that Georgia Smoke Free Schools and Secondhand Smoke Policy
Agree
Slightly Agree
No Opinion
Slightly Disagree
Disagree
2%
0%
6%
0%
92%


Q5. I would like to support a ban of flavored cigars/ cigarillos in my community
Agree
Slightly Agree
No Opinion
Slightly Disagree
Disagree
2%
6%
6%
5%
81%


Q6. I am willing to influence tobacco policy by sending a supportive letter to the FDA
Agree
Slightly Agree
No Opinion
Slightly Disagree
Disagree
2%
2%
10%
6%
80%

Appendix B: Health Education Council Promising Practices

Success Stories **Health Education Council Promising Practices** **http://healthedcouncil.org/promisingpractices_2010presentations.html**	
Program Name	Common Ground: Empowering and Engaging Communities to Address Tobacco-Related Disparities
State	Maryland
Program Description	This program was created from a five year plan. Maryland's office of Minority Health and Health Disparities provided the direction and monitored the department's efforts and impact on minorities and health disparities. First, a collation "workgroup" was put together. Tobacco Coordinators from each of Maryland's health departments recommended one or two people from their local tobacco coalitions or communities. A panel reviewed the nominees and made final selections for the workgroup membership, ensuring members represented. The final group consisted of twenty-two individuals, including four local health department tobacco coordinators. Additionally, the program enlisted corporate partners for funding. Partners included the American Legacy Foundation, National African American Tobacco Prevention Network, Asian Pacific Partners for Empowerment and Leadership, and the National Latino Council on Alcohol and Tobacco Prevention. A strategic plan was structured like a business plan and a legal brief at the same time. The workgroup was charged with assessing both quantitative and qualitative data for specific populations. Plan with the stakeholders from diverse populations to identify critical issues related to dispirits, and then develop a strategic plan with an evaluation component. Then create a plan of action that creates a strategy for marketing.
Relevant Program Points	Federal Level • Efforts to get the Secretary of Health to approve the plan Policy Intervention • Integration of tobacco control within public health, primary care, social and human services Media Campaigns

	• Identifying grassroots/ethnic media sources • Utilizing social networks • Engagement of community members Cessation Support • Cultural diverse workgroup
Applicability	The planning process used in the program can help organizations create a vision and mission for programs focused on eliminating tobacco use in their communities. The planning process is outline as listed: 1) getting organized 2) taking stock through collection of evidence 3) setting direction 4) refining and adopting the plan and 5) implementing the plan. This model identifies 4 critical issues and comes up with recommended strategies.
Contact Information	Lawrence Carter, MS, MS, and Denise Victory, MS, Maryland Department of Health and Mental Hygiene
Program Name	To Try To Stop Tobacco
State	New Hampshire
Program Description	This program is operated out of the New Hampshire Division of Public Health Services Tobacco Prevention and Control Program. The primary goals are to promote the New Hampshire Program, "To Try To Stop Tobacco Resource Center" and the need to collaborate across prevention services. The Try To Stop Tobacco Resource Center is a free resource to NH residents. It offers free help for NH residents who want to quit smoking, quit chewing tobacco or quit. Phone counseling is provided by Certified Tobacco Treatment specialists at no cost.
Contact Information	Susan L. Morrison, M.Ed Judith L. Nicholson, M.Ed NH Division of Public Health Services Tobacco Prevention and Control Program Program Name: The Kaleidoscope Project Susan.L.Morrison@dhhs.state.nh.us Judith.L.Nicholson@dhhs.state.nh.us (603) 271-6891
Relevant Program Points	Cessation Support • Smokers's Helpline • Health care provider awareness and referrals thru

	www.QuitWorksNH.org
Applicability	This program serves as a model for cessation efforts.
Program Name	The Kaleidoscope Project
State	Colorado
Program Description	The Kaleidoscope Project is a three- year old community-based organization that serves the African American community in Colorado. The organization was created to focus on health disparities in Colorado. The main purpose of this program was formed as a means to deliver tobacco education and reduction initiatives to the African Americans. The program is funded by the State Tobacco Education and Prevention Partnership (STEPP) – Colorado Department of Public Health & Environment. A needs assessment led to The Kaleidoscope Project Premise. Health + Civic Engagement + Leadership = Wellness. Program planners began by providing tobacco education specific to the community they were working with. The needs assessments helped determined participants and participants' willingness to quit smoking. Participants were invited to join a volunteerism project. Two weeks after the volunteerism project, a focus group was held to discuss the earlier experience. The outcome of the session is that each participant walks away with their own Self-Care Plan. This plan is managed by the participant, but The Kaleidoscope Project will do consistent check-in's to support the participant in their plan activities. The Kaleidoscope Project developed the Civic Engagement Model as a tool to move communities through stages of change to improve health outcomes.
Contact Information	Nita Mosby Henry The Kaleidoscope Project 2499 Washington Street Denver, CO 80205 (303) 647-5599 nitahenry@thekaleidoscopeproject.org
Relevant Program Points	Media Campaigns • Relevant information related to initiatives in African American Communities • Development of event to convene in the community Cessation Support • Utilization of a Quitline

Applicability	This program can serve as a model because it is a community-based organization that serves the African American community with a focus on health disparities. Communities can study how this program delivers tobacco education and reduction initiatives to the African Americans. The Civic Engagement Model can be used as a tool to move communities through stages of change to improve health outcomes.
Program Name	Reaching the Poor Who Smoke: The Zip Code Project
State	Wisconsin
Program Description	This program is a three year community based project funded by the University of Wisconsin School of Medicine and Public Health and Wisconsin Partnership Fund. The program partners include The Salvation army of Wisconsin and Upper Michigan, Vincent Family Resource Center, UW-Center for Tobacco Research and Intervention, and the State Tobacco Prevention and Control Program. The project objectives include increasing the use of evidence-based tobacco dependence treatment by residents of the 53212 ZIP code, building sustainable resources within the community to continue the fight after the project ends, and disseminate results and lessons learned to a wide audience. The overall strategy to complete the project will be implemented in two phases. The first phase is to build awareness of the need to quit and de-normalize smoking within the community. The second phase includes direct outreach and support to smokers.
Contact Information	Maureen C. Hill, MS, MPH, Wisconsin Tobacco Prevention and Poverty Network and Project, The Salvation Army of Wisconsin and Upper Michigan; Bruce Christianson, PhD, University of Wisconsin Center of Tobacco Research and Intervention; Stephanie Pruitt, Vincent Family Resource Center, Michigan
Relevant Program Points	Cessation Support • Increased use of evidence based tobacco dependence treatment
Applicability	This program can be used as a model to demonstrate effective ways to cessation efforts in lower socio economic communities, and also this program can demonstrate how to begin to de-normalize smoking in the community.
Program Name	African American Youth Earn a Tobacco Free PhD: Photo Dialogue and Youth Tobacco Use Prevention
State	North Carolina
Program Description	Tobacco. Reality. Unfiltered. (TRU) is funded by the North Carolina Health and Wellness Trust Fund. This program created by General Assembly in 2000 to allocate a portion of the national tobacco settlement. One program created from this allocation of funds was the Tobacco Free PhD = Tobacco Free PhotoDialogue. This program creates dialogue through the Photovoice. Photovoice combines

	photography with grassroots social action. Participants asked to represent their community or point of view by taking photographs, discussing them together, developing narratives to go with their photos, and conducting outreach or other action. Tobacco Free PhD was implemented in 8 sessions. Sessions include Introduction, history of Photovoice, ethics; Sharing and discussion of photos taken; Field trip to local photography exhibit; discussing format of exhibit and rehearsing for launch celebration; and debriefing and evaluation. Participants were instructed to take creative pictures that depict the dangers associated with tobacco.
Contact Information	JamieMageeMiller,MSW,MSPH Youth Tobacco Prevention Program Coordinator Durham CountyHealth Department Health Education Division 414 East Main Street Durham,NC27701 Office: (919) 560-7845 jmagee@co.durham.nc.us
Relevant Program Points	Policy • Examine the bill that was presented to the North Carolina General Assembly in 2000
Applicability	This project can demonstrate the effectiveness of Photovoice in community engagement against tobacco use.

Appendix C: Additional Resources for Communities

Youth Tobacco Cessation: A Guide for Making Informed Decisions	**This document is intended to help organizations decide whether to undertake youth tobacco-use cessation as a specific tobacco control activity. The publication covers topics such as the quality of the evidence base for youth intervention, the importance of conducting a needs assessment for the population your organization serves, and the need to evaluate your chosen intervention.**
http://www.cdc.gov/tobacco/quit_smoking/cessation/youth_tobacco_cessation/index.htm	
Best Practices User Guide: Youth Engagement—State and Community Interventions	**This guide will provide tobacco control program managers with information on the best practices for engaging youth as a part of a comprehensive program. Youth involvement can lead to important policy and social norm changes, and advance the fight against pro-tobacco influences**
http://www.cdc.gov/tobacco/stateandcommunity/bp_userguide_youth/index.htm	
Youth Tobacco Prevention	**Educational resources and materials for tobacco preventions**
http://www.cdc.gov/tobacco/youth/index.htm	

http://www.tobaccofree.org/	**Smokefree America's mission is to motivate youth to stay tobaccofree, and to empower smokers to quit.** **The goals of the Foundation are:** • **To establish in-house programs to fight tobacco use at the local, regional and national levels** • **To prevent youth smoking through our websites and school-based educational programs** • **To help empower those suffering from tobacco addiction to quit successfully, through our websites and other educational venues** • **To enact peer teaching programs, empowering youth to defend themselves against the onslaught of advertising and peer pressure** • **To implement programs to remind physicians to take a proactive role with their smoking patients, intervening and asking them to quit**
The following links can be found under resources tab on Smokefree America's website	
www.thetruth.com	
www.getoutraged.com	
www.quit4life.com	
www.WhyQuit.com	