Environmental Control Strategy

Department of **Goal:** Reduce second hand smoke exposure for young children leading to fewer emergency department visits for asthma triggered by tobacco smoke.

Unit of Resource	es Activities	Outputs	Outcomes	Impact
Practice				
*Tobacco Settlemer funding *Commun coalitions	*Community events ity *CEASE training	*Gold Sneaker/multi- unit housing smoke free policy adoption *Community leaders' permission for signage *Social media messaging exposure *Reduced litter	*Adoption of smoke free ordinances, policies *Increase use of smoke free places *Youth empowered to speak on issues *Stronger coalitions	Reduce second and third hand smoke exposure and tobacco induced illness
Key outcomes Why does this strategy work?				
now in 94 towns in 48 counties*Coalition*New smoke-free voluntary policies or ordinances now in 117 towns in 61 counties.Tobacco F to do.*Hundreds of messages on multiple media requesting no smoking at youth athletic fields and events across state*Initiate a *Use cons*Successful state and local demonstrations of using social media to engage youth to promote smoke free places*Some pr *Support*Examples of health department collaboration with many types of*Initiate a		ported local activities that strengthen partnerships and community involvement. city and county governments support locally set goals and looked positively on ee Parks initiatives. Mayoral support was the politically correct and strategic thing roluntary ASK campaign when lacking a specific law or policy. tent reinforcing visual mass messaging to "ASK" for smoke free public spaces. inked messages to a variety of community events and at locations where youth congregate (ball parks, athletic fields, public parks). d care centers saw Gold Sneaker certification as free marketing. ate multi-unit housing owners saw the financial benefits to smoke free policy. roups work to help those who may have trouble becoming smoke free. secondhand smoke and youth prevention projects proved children have a bice in convincing loved ones to stop smoking while creating peer-to-peer co enforce new social norm of not using tobacco. g multiple health programs allowed people to work outside their silos for greater act and more robust programming.		

What did we learn that promoted Topic projects' improvement?

- Not all counties have the political will to adopt smoke free ordinances beyond voluntary smoke free requests.
- There is great concern about ignoring or not confronting the impact of e-cigarettes on children across the state.
- There is a gap in awareness and knowledge about third hand smoke.
- Health departments don't traditionally offer prevention training like CEASE to private provider offices.
- Multi-unit housing was a new unit of practice for prevention activities, but some private multi-unit housing owners were found ready adopt smoke free policies.
- Growing public interest in smoke free places will arouse more interest in local decision-making autonomy.
- Clear expectations and timelines at the onset of a new campaigns are needed when cooperating with partners.
- Changes in ER use for pediatric asthma was a poor selection as a downstream measure of outcomes from environmental control primary prevention projects.

Best practices

- Montgomery Youth group generated and convinced local officials to pass no smoking ordinance
- Polk Smoke free messaging included as part of cancer memory walk for community members
- Hamilton Mayors' Smoke Free Community billboard picturing all 11 city and county mayors
- Henderson Education about dangers of smoking in cars at child restraint traffic checkpoints
- Community coalitions support Putnam and Rhea Anti-Drug, Monroe Substance Abuse, Hickman Clean Air, Tobacco Free Chattanooga, Shelby Let's Breathe, Smoke-Free Knoxville including Five Points neighborhood