

USING THE PUBLIC HEALTH MODEL TO CREATE HEALTHY PLACES

WE KNOW WHAT WORKS!

As Community/School Partnership Grantees, you can do a lot to improve your community's health! The South Dakota Tobacco Control State Plan provides a roadmap for success, describing how partners can use population-focused, evidence-based ways to encourage healthy behaviors and get the greatest positive health impact. This fact sheet is designed to help you talk about why these types of strategies are so important and how using implementing them can create healthier places where South Dakotans live, play, work, and learn.

APPROACHES THAT CREATE HEALTHY PLACES...

- ★ **Have a broad impact:** In public health, we focus on the population as a whole, not each individual.
- ★ **Are evidence/data based:** Research tells us which approaches are effective, so there's no need to repeat mistakes! Decisions should be guided by the evidence to increase the return on our investments.
- ★ **Prevent illness before it happens:** We want to stop problems from occurring or to catch and lessen problems before they get so bad they can't be fixed.
- ★ **Change the environment to make healthy behaviors appealing, accessible, and acceptable:** We want to make the healthy choice the easy choice!

Here is how the South Dakota Tobacco Control Program talks about their work:

"We empower communities to improve their health. Using data and proven strategies allows communities to determine and implement solutions that have the greatest impact on the most people, building the foundation for long-term change."

THE HEALTH IMPACT PYRAMID



Why do we focus on environmental change strategies in public health? The 5-tier Health Impact Pyramid helps show the degree of impact different interventions have on population health.

- ★ **Interventions with the greatest impact are at the base of the pyramid** – they reach broader segments of the population and require less individual effort.
- ★ **Interventions of lesser impact are at the top of the pyramid** - they reach smaller parts of the population and require more individual effort.
- ★ **Interventions across all levels work together** to create an environment where people will be more likely to adapt healthy behaviors.

Level	Description	Examples of Interventions
1	Counseling and Education Health education in clinical and other settings.	Health fairs, dietary counseling, classroom tobacco education, patient counseling on tobacco use
2	Clinical Interventions Ongoing medical care and treatment of disease	Cancer screenings, prescribing cholesterol medication, prescribing tobacco cessation medication
3	Long-lasting Protective Interventions One time or infrequent events that don't require ongoing care	Immunizations, long-term treatment for tobacco cessation, high-impact advertising campaigns
4	Changing Context to make Default Decision Healthy Changes in policies, environments, and systems	Traffic laws, designing walkable communities, enacting tobacco-free buildings and grounds policies, increasing the price of tobacco
5	Socioeconomic Factors Factors like education, poverty status, and access to sanitation	Providing preschool programs for low-income families, improving access to clean water, decreasing poverty, increasing education levels.

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WHAT WE ARE DOING IN SOUTH DAKOTA

- ★ Enacting 24/7 tobacco-free buildings and grounds policies at K-12 and post-secondary institutions
- ★ Implementing smoke-free multi-unit housing policies
- ★ Implementing tobacco-free parks and outdoor areas policies
- ★ Increasing the number of commercial tobacco-free tribal government properties
- ★ Encouraging delivery of cessation services
- ★ Encouraging delivery of cessation advice by healthcare professionals
- ★ Increasing awareness of the dangers of tobacco use and the benefits of quitting tobacco use
- ★ Performing retail assessments to increase awareness of tobacco marketing and sales

Remember, South Dakota state law includes **preemption**.

This means local laws and ordinances are not allowed to be stronger than state law related to the use, distribution, marketing, promotion and sale of tobacco products. But the law also says, “Nothing prohibits a person or a public entity from voluntarily regulating the use of tobacco products on the person's or entity's property.”

The strategies listed here are all effective and follow state law.

ADDITIONAL RESOURCES

Tobacco Use in South Dakota

Tobacco Use in South Dakota High Schools 2013 (*South Dakota Department of Health*)
<http://befreesd.com/content/themes/BeFreeSD/files/about/YRBSTobaccoDataSheet.pdf>

The Health Behaviors of South Dakotans 2012 - Tobacco Use (*South Dakota Department of Health*)
<https://doh.sd.gov/statistics/2012BRFSS/Tobacco.pdf>

The Public Health Model

A Framework for Public Health Action: The Health Impact Pyramid (*American Journal of Public Health*)
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2836340/pdf/590.pdf>

Tobacco Control in South Dakota

Be Free SD Website (*South Dakota Department of Health*)
<http://befreesd.com/>

South Dakota Tobacco Control State Plan 2015 – 2020 (*South Dakota Department of Health*)

- Full Plan: <http://befreesd.com/content/themes/BeFreeSD/files/about/SDHTStrategicPlan.pdf>
- One Pager: <http://befreesd.com/content/themes/BeFreeSD/files/about/StrategicPlanChart2.pdf>

SLATI State Information: South Dakota (*American Lung Association*)
<http://www.lungusa2.org/slati/statedetail.php?stateId=46>

Preemption

Preemption: The Biggest Challenge to Tobacco Control Fact Sheet (*Public Health Law Center*)
<http://publichealthlawcenter.org/sites/default/files/resources/tclc-fs-preemption-tobacco-control-challenge-2014.pdf>

Laws that Prevent Stronger Local Tobacco Control Laws (*American Lung Association*)
<http://www.lungusa2.org/slati/appendixe.php>