



# CATTARAUGUS COUNTY BOARD OF HEALTH



**Public Health**  
Prevent. Promote. Protect.  
**Cattaraugus County**  
Health Department  
*Established 1923*

1 Leo Moss Drive, Olean, NY 14760, Tel. (716)373-8050, Fax (716) 701-3737

*Joseph Bohan, MD, President*

*Giles Hamlin, MD, Vice-President*

*Zahid Chohan, MD  
Sondra Fox, RN  
Richard Haberer  
Julie Hamacher  
Theresa Raftis  
David L. Smith  
James Snyder*

## MINUTES

June 15, 2016

The 847<sup>th</sup> meeting of the Cattaraugus County Board of Health was held at The Point Restaurant, 800 East State Street, Olean, New York on May 4, 2016.

The following members were present:

Dr. Joseph Bohan	Ms. Julie Hamacher
Dr. Giles Hamlin	Ms. Theresa Raftis
Sondra Fox, RN	Mr. David L. Smith
Mr. Richard Haberer	

Also present were:

Kevin D. Watkins, MD, MPH, Public Health Director  
Mark Howden, County Attorney  
Tim Finan, President and CEO of Upper Allegheny Health System, Guest Speaker  
Barb Hastings, County Legislator  
Richard Helmich Jr., County Legislator  
Robert Neal, County Legislator  
Donna Vickman, County Legislator  
Paul Schwach, MD, Clinic Physician  
Gilbert Witte, MD, Medical Director  
Dave Porter, Hearing Officer  
Rick Miller, Olean Times Herald  
Kathy Ellis, Administrative Officer  
Raymond Jordan, Sr. Public Health Sanitarian  
Debra Lacher, Secretary to Public Health Director  
Eric Wohlers, Director of Environmental Health

The meeting was called to order by Dr. Bohan. The roll was called and a quorum declared.

Mr. Haberer made a motion to approve the minutes of the Board of Health (BOH) meeting held on May 4, 2016, it was seconded by Mrs. Fox, and unanimously approved.

Dr. Bohan introduced Mr. Tim Finan, the President and CEO of the Upper Allegheny Health System. The Upper Allegheny Health System is a combination of both Olean General Hospital and Bradford Regional Medical Center.

*"Public Health for Healthy Communities"*



Mr. Finan stated that Dr. Watkins asked that he speak to the Board concerning the new affiliation of Upper Allegheny Health System (UAHS) with Kaleida Health. He informed the Board that there has been a signing of a non-binding letter of intent between Kaleida and UAHS. Kaleida Health is a large health care system in Buffalo which consists of Buffalo General Medical Center, Degraff Children's, Gates Vascular Institute, the Visiting Nurses Association (VNA) of Western New York, Nursing Homes, and Ambulatory Care Centers. Mr. Finan added that Kaleida has 500 medical residents and fellows in training, an annual revenue of \$1.3 billion to contrast to UAHS which is \$175 million. Kaleida Health has 55,000 discharges annually compared to 8,000 discharges from UAHS, 9,500 staff members compared to UAHS who has 1,500. He stressed that this was not a merger, Kaleida is not buying assets, but will become the active parent of UAHS. He went on to say that while UAHS will retain their own boards locally, everything will be ultimately approved by Kaleida Health. No immediate changes anticipated in staffing, services, or organizational names. Kaleida will recruit physicians to our respective communities and they will use the Upper Allegheny platform to assist with their management of other rural entities such as Cuba, TLC and Brooks hospitals. Upper Allegheny Health System will have seats on the various boards of Kaleida Health. This affiliation is not intended to change or disrupt the referral patterns or take away physician and patient choices in these locations. The hospital foundations in Olean, and Bradford will stay separate and independent and are not part of this deal. Olean General Hospital (OGH) is 1 of 254 hospitals in upstate New York and it is one of the best performing rural community hospitals in NYS. Olean General Hospital has an incredibly strong balance sheet, and has ten consecutive years of operating profitability while seventy five percent of NYS hospitals lose money every year from operations. Mr. Finan informed the board that, in the year 2015, more rural hospitals closed their doors than any years in the prior 15 years combined. He stated rural hospitals have been under attack and the whole premise of coming together 6 ½ years ago to create UAHS was to secure our future. Mr. Finan added that the primary goal of UAHS is to secure healthcare for this region as OGH is the only hospital within this County. Upper Allegheny Health System is a huge economic engine of 900 jobs in Olean, and 600 jobs in Bradford. He informed the board that UAHS is working to bring an advanced heart failure clinic to Olean. He stated that the clinic will include a complex valve clinic, a peripheral vascular disease clinic, and plans also includes initiating electrophysiology services, in the interventional lab, limited to implantation of biventricular pacemakers and defibrillators. These are clinics that cardiologists will refer to instead of sending patients to Buffalo. He added that it is anticipated that this will receive approval by the first of the year.

Mr. Finan informed the Board that OGH has an intensive care unit (ICU) staffed by intensivist physicians who are board certified in critical care and some that are undergoing fellowships in critical care. He stated that literature cites a 40% reduction in ICU mortality when it is staffed by intensivists and only 20% of hospitals in this country have ICU's staffed by intensivists. He went on to say that OGH is 1 of 9 accredited chest pain centers in all of New York State, the hospital has a dialysis center, the first regional accredited sleep center, partnerships with Roswell Park to establish a radiation medicine center, a cardiac catheter lab, a dental health clinic and every specialty in medicine and surgery is represented on the medical staff. He added that UAHS has made a huge investment in a new dental clinic, and primary care clinic in Delevan.

Mrs. Fox asked about the possibility of adding inpatient addiction services. Mr. Finan stated that OGH would not be able to accommodate an inpatient facility within the hospital right now, but certainly would be open to the idea of doing something on an outpatient level.



Dr. Bohan stated that the homecare division is not getting their share of referrals from Kaleida Health in Buffalo for patients needing homecare services in Cattaraugus County, and wondered if the Health Department could expect the same once the affiliation is in place. Mr. Finan stated he does not anticipate a change in current referrals.

**DIRECTORS REPORT:** Dr. Watkins thanked Mr. Finan for sharing the changes that will be occurring with the Upper Allegheny Health System. This will be an intervention that will bring hopefully a positive change to the community.

Dr. Watkins reminded the board that last month the Health Department underwent a site visit by the public health accreditation team who were assigned to Cattaraugus County to evaluate and verify the accuracy of the department's documentations that were previously submitted to the Public Health Accreditation Board (PHAB). He stated that in addition to their review, they met with members of our governing entities and community stakeholders. He stated he wanted to personally thank Dr. Bohan, Dr. Hamlin, and Mrs. Fox who represented the BOH as well as Ms. Vickman, and Mrs. Labuhn who represented the County Legislators, and Mr. Searles, the County Administrator. He stated that all of them did a superb job explaining the Board and Legislature relationship with the Health Department. He added that at the exit interview the accreditation team informed the department of its many strengths, including having a proactive and eager governing entity, a very good community collaboration and having in place, numerous executed shared agreements with community stakeholders. He added that the accreditation team remarked that when it comes to population health the department is very system focused. Dr. Watkins also informed the board that the accreditation team also commented on some of the challenges that was noted in the review process which included documentation that did not reflect all of the work that the Health Department actually conducts. The Community Health Assessment and Community Health Improvement Plan did not clearly demonstrate that the department were engaging with the community. He stated that the accreditation team commented that the implementation of the department's quality improvement plan and performance management plan was not illustrated well by staff description. The accreditation team also spoke about improving the branding of the health department, referring to the department's logo and the way the department conveys its essential products and services to the community within the County. Dr. Watkins stated that the department should receive a full report from the site visit team this month and the PHAB will notify the department of its accreditation status in August. Dr. Watkins stated he is very optimistic, the department did a superb job, and accolades should be extended to all that were involved in the process.

Dr. Watkins asked the Board to approve the credentials of new providers within the department. He stated that the department recently hired (2) new providers within the clinic. The first provider is Kereme (Kari) Perese, she was hired as the clinic's Nurse Practitioner. She has a Bachelor's degree in Nursing, a Master's degree in Nursing, and a Nurse Practitioner certification for both women's health, and family health and has been in practice for over 20 years. The second provider is Dr. Paul Schwach he is hired as the volunteer clinic physician. He is Board certified in orthopedic surgery, and he has been a practicing physician for nearly 40 years. Both providers have met the qualifications that are required to practice within the department. Dr. Bohan asked for a motion to accept the credentials of both new providers to work within the department. A motion to accept the credentialing of both providers was made by Mr. Smith, and seconded by Mrs. Fox, and unanimously approved.



Dr. Watkins reviewed the 2015 annual report which was distributed to everyone in attendance. There are several programs under the health department which includes nursing services, environmental health, health education, early intervention, the physically handicapped children's program, the women's children and infant program (WIC), the laboratory and the public health emergency preparedness program.

For brevity of this document, Dr. Watkins summarized by reporting the total revenue for 2015 was a nearly \$11,150,000 most of which was provided by the homecare division. Expenditures pretty much followed the same pattern. The Annual Report is available on the Health Department website at [www.cattco.org/health](http://www.cattco.org/health).

This annual report is dedicated to Mr. James Lapey, a BOH member who passed away during his tenure on the Board.

Dr. Watkins stated that at the last BOH meeting there was an in depth conversation about the county health rankings. In particular, the discussion revolved around the health behaviors within the county, and one health behavior that stood out was the 28% of adult residents who admit to smoking. Dr. Watkins reiterated that this is the third highest smoking rate in NYS and that of the five leading causes of death in Cattaraugus County, which includes heart disease, cancer, chronic lower respiratory disease, diabetes, and unintentional injuries respectively, the first four are associated with smoking. He went on to say that although evidence show that there has been a large decrease in the number of adults who smoke in NYS, because of the high excise tax that is placed on tobacco products, Cattaraugus County has not been able to experience this success because of the availability of tobacco products with no excise tax on the two Seneca territories that is located within the County. He summarized by stating that a suggestion of raising the age limit that a person can purchase tobacco, an e-cigarette products from 18 to 21 was proposed at the last BOH meeting. This proposal was tabled for further discussion today and possibly a recommendation for a local law to be adopted by the County legislature in order to enact this change.

Dr. Bohan stated that the BOH cannot change the smoking age but we can make a recommendation to the legislature that they change the age from 18-21.

Dr. Witte shared a handout with those in attendance showcasing the number of states who have changed their age limit from 18-21. Dr. Witte stated that the leading causes of death are directly related to the use of cigarettes and most smokers start when they are under the age of 21. Looking at the results of a study done in Needham, Massachusetts where they raised the age of smoking to 21 in 2006, smoking rates dropped significantly. It simply made it harder for young adults to get cigarettes and therefore they were less likely to start smoking. The entire state of California has now adopted this tobacco 21 law. Dr. Witte went on to say that past practice has shown that raising the age of drinking from 18-21 has saved lives so he would expect the same with tobacco. He explained that the article points out the astounding costs we incur financially, physically and socially. He concluded that he feels there is really no reason not to make this recommendation after comparing Cattaraugus County health rankings with the rest of NYS. He stated that he fully endorses the recommendation of increasing the smoking age from 18 to 21.



Mr. Smith stated he is honored to be a part of this board, and he got on the board to be an advocate for young people which is the sector of his constituency. He shared that his mother died of cancer when he was 13, directly related to cigarettes, his father died of a heart attack caused by diabetes when he was 18, directly impacted by cigarettes as both were lifelong smokers. He went on to say that he respects the opinion of all board members, and he has heard the common arguments that if an 18 year old can fight for the country, and can vote in elections they should be able to smoke. However, he stated he got on the BOH to help the board make recommendations that will make our County residents healthier, and if he could prevent one child from becoming an orphan then it is worth making the recommendation of increasing the smoking age from 18 to 21.

Mrs. Fox interjected that the younger a person is when they start smoking, the more addictive that process will be and anything that the board could do to discourage early addiction would be a great help.

Mr. Haberer stated that in the past he has expressed his concerns over this recommendation. He stated that he is opposed to a law that restrict individuals between ages 18-21 from smoking but based on the medical reasoning he supports this recommendation by the BOH. He added that he thinks the best forum to discuss this in depth would be in the legislature with a public hearing.

Ms. Raftis stated that she totally agrees with Dr. Witte it is a simple black and white issue.

Mrs. Fox made a motion to support the recommendation of raising the tobacco age in Cattaraugus County from 18 to 21, the motion was seconded by Mr. Smith. A count of votes was taken as follows: Dr. Bohan-aye, Dr. Hamlin-aye, Sondra Fox-aye, Richard Haberer-aye, Julie Hamacher-aye, Thersa Raftis-aye, and David Smith aye.

**NURSING DIVISION REPORT:** Dr. Watkins shared the following nursing report. There were (5) new hepatitis C cases in the month of May. There were (6) gonorrhea cases, (17) new cases of chlamydia, and (1) new case of syphilis in the month of May. There were (6) individuals tested for the Zika virus, all were negative.

He remarked that the meningococcal vaccine is going to be required for all children entering the 7<sup>th</sup> and 12<sup>th</sup> grade. He stated that children in these grade levels, must have this vaccine prior to the start of the school year September 2016.

Dr. Watkins reported one elevated blood lead level case that was identified above 10 ug/dl (normal 0-9 ug/dl). He add that the department is following (9) children with blood lead levels over 10 ug/dl.

He concluded that the homecare census is currently (329) patients, and for the month of May there was (127) new admissions.

**ENVIRONMENTAL DIVISION REPORT:** Mr. Wohlers announced that late yesterday the State Health Department issued a new advisory to health care providers and hospitals about testing and reporting mosquito and tick borne illnesses. He stated that the department has been conducting mosquito surveillance, and reports indicates that there are very few larvae in any of the dry mosquito breeding pools. He added that since it has not been very hot, very few adult mosquitos have been collected.



Mr. Wohlers added that the collection of tick specimens have started in Cattaraugus County.

He stated that the community development block grant program, to repair/replace deficient water wells or septic tanks is down to its very last project.

Mr. Wohlers informed the board that the department received an inquiry from the West Valley Hamlet Water Committee in the town of Ashford wondering if there was any available funding to help low income and elderly residents make new service connections to their new public water system when it is completed. A contract has been awarded to a firm to build their new water storage tank. This system should be completed and operational by the end of 2016.

Mr. Wohlers informed the board that the state public health and health planning council met this past Monday to discuss the new legionella and cooling tower regulations. He stated that their new regulations will place new requirements on local health departments.

Mr. Wohlers also informed the board that the department conducted three new trainings for public water system operators. He added that in the first week of July, the state health department will be down to audit the department's quarterly review of the public water system programs.

Mrs. Hastings inquired where ticks were primarily being collected in Cattaraugus County. Mr. Wohlers replied that the two areas that continue to be prevalent for ticks are Allegany State Park, and along the Allegany River from Gargoyles Park to the city sewer plant. He added that ticks positive for carrying the bacteria that causes Lyme disease are increasing.

**ENFORCEMENT REPORT:** Mr. Porter reported on the following enforcement case from a hearing held on May 19, 2016.

**Docket #16-008**

**Corner Sports Bar & Grill, Inc., Darel Tingle 8383 Kingsbury Hill Road, Franklinville, NY 14737. The Stage Coach Inn 3054 South SR98, Franklinville, NY 14737. Violations 1.) 10NYCRR Sec. 5-1.30 11-13-15 to present. During routine inspection of the facility on November 13, 2015, it was found that the disinfection system for the water supply was not operating within acceptable parameters. A Boil Water Notice was placed in effect at the time of the inspection. The operator has failed to repair the disinfection system or take the required steps to provide potable water at the facility and eliminate the Boil Water condition. 2.) 10NYCRR Sec. 5-1.71(b) 4-1-16 The operator has failed to exercise care and due diligence in the operation and maintenance of a public water supply system by not taking the steps necessary to repair the disinfection system in a timely manner. 3.) 10NYCRR Sec. 5-1.52 Table II 4-1-16 The operator has failed to meet the microbiological monitoring requirements found in Table II. 4.) 10NYCRR Sec. 14-1.120 11-13-15 to present. The operator of the Food Service Establishment has failed to maintain a water supply of an adequate, safe and sanitary quality.**

**Respondent was not offered a civil compromise. Appearance at the hearing was required.**

**Docket #16-008 (continued)**

Public Health Sanitarian: Eli Rust appeared for CCHD and was sworn in.

Respondent: Darel Tingue did not appear but was properly served.

- Recommendation:
- (1) That the respondent hire and employ for a period of 1 year a certified water operator. Purpose: Repair, operate and report on disinfection system for the non-community water system at respondent's establishment The Stage Coach Inn. Compliance by 7-15-16.
  - (2) Two tests of the non-community water system 8 hours apart enabling the Boil Water Notice to be removed by 7-15-16.
  - (3) Installation of an auto solenoid to be installed in the non-community water supply that will turn off the water supply when the disinfection system is not operating correctly. Must meet compliance by 7-15-16.
  - (4) Testing 10NYCRR Sec. 5-1.52 Table II will go from quarterly to monthly. Compliance by 7-15-16.
  - (5) A fine of \$500.00 for non-compliance is levied and must be paid on or before 7-15-16.

Permit to operate The Stage Coach Inn, 3054 South SR98, Franklinville, NY, 14737 will be suspended for non-compliance of the recommendations on 7-15-16.

A motion was made by Mrs. Fox to accept Mr. Porter's recommendation, the motion was seconded by Mr. Smith, and unanimously approved.

Legislators Vickman and Hastings both stated they would be willing to be sponsors of a resolution to increase the tobacco age from 18 to 21 in Cattaraugus County.

Dr. Watkins reminded everyone there would be no Board of Health meeting in the month of July.

There being no further business to discuss, a motion to adjourn was made by Dr. Hamlin, and seconded by Mr. Smith and unanimously approved.

Respectfully submitted,



Kevin D. Watkins, M.D., M.P.H.  
Secretary to the Board of Health





# CATTARAUGUS COUNTY HEALTH DEPARTMENT



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1 Leo Moss Drive, Olean, NY 14760, Tel. (716)373-8050, Fax (716) 701-3737

*Kevin D. Watkins, M.D., MPH, Public Health Director*

*Gilbert N. Witte, M.D.*  
Medical Director

*Kathleen M. Ellis*  
Administrative Officer

COUNTY OF CATTARAUGUS  
STATE OF NEW YORK

## ENFORCEMENT LIST

Hearing Officer: David Porter

June 14, 2016

**DOCKET 16-009**

**Respondent:** Marjorie Langs, 3774 Rt. 417, Lot 144, Allegany, NY, 14706

**Violation:** Sanitary code of the Cattaraugus County Health District Sec. 24.2.5 Respondent failed to submit the required animal confinement verification form and rabies certificate for her dog, Lucky, by the prescribed date following a human/animal exposure on April 5, 2016.

**Administrative Hearing:** 6-14-16 Conference Call

Public Health Sanitarian: Rebecca Johnstone appeared for CCHD and was sworn in.

Respondent: Marjorie Langs, at home, bedridden

Testimony of Mrs. Johnstone:

- a.) Enf.-1 was read and affirmed to be true and correct by Mrs. Johnstone identified as Peoples Exhibit #1. \$75.00 civil compromise was offered.
- b.) Letter to respondent dated 4-19-16 explaining rabies exposure and confinement period identified as P.E. #2.
- c.) Bite report identified as P.E. #3 a delivery person was bit on the right hand by Ms. Langs dog Lucky on 4-15-16.
- d.) Ms. Langs dog does not have a current rabies vaccination, confinement form never returned to CCHD.

On the phone conference call, the respondent said she would have the dog, Lucky, vaccinated and then put down if the vet (Haskell Valley) recommends it, due to a sore paw by 7-1-16. Ms. Johnstone said the vaccination for rabies was required with proof to the Health Department only.

Hearing Officer Findings: The respondent is in violation of article II section 24.2.5 of the sanitary code of the Cattaraugus County Health District.

Recommendation: (1) That the respondent pay the civil compromise of \$75.00, have the dog, Lucky, vaccinated for rabies and return the confinement form to the CCHD by 8-31-16. Failure for compliance will result in a \$10.00 per day per diem until in compliance.



**DOCKET 16-011(continued)**

- i.) P.E. #8 notice of administrative hearing for docket #16-005 with a \$250.00 civil compromise offered. Five violations:
- 1-found contact surfaces not washed, rinsed, and sanitized after each use
  - 2-floors and walls not maintained in a clean condition. Kitchen floor not durable/maintained in good repair
  - 3-garbage and refuse not stored, handled and disposed of in a manner that protects food/food-contact surfaces from contamination and the premises free of litter
  - 4-presence of mice and cockroaches in the establishment
  - 5-food service establishment not kept clean and maintained in a manner necessary to prevent the creation of a nuisance

Mr. Stavish accepted the civil compromise and stipulations \$250.00 paid on 3-30-16.

- 1.) All sanitary code violations pertaining to the cleanliness/operation and maintenance of the establishment be corrected immediately. Verified by unannounced re-inspection.
- 2.) Pest control treatments must be continued until the issue is resolved.
- 3.) All sanitary code violations pertaining to the physical construction of the building must be corrected by 7-1-16.

- j.) P.E. #9 unannounced re-inspection dated 5-12-16 results. 11 non-critical violations were found after nearly six months since the first inspection there has not been any improvement in the condition of the establishment (sanitary findings)
- 1-food not protected in general (1)
  - 2-improper cleaning, washing, and sanitizing of equipment (3)
  - 3-improper construction and maintenance of physical facilities (1) large pool of grease under fryers and grill still not cleaned up after nearly 6 months (1)
  - 4-improper garbage and rubbish disposal (2)
  - 5-inadequate insect/rodent control (3)

Stipulation conditions agreed to by the operator have not been met.

Respondent Mr. Mark Stavish sworn in and gave the following testimony:

- Owned Don's Tavern for 4 years
- Place needs T.L.C.
- Contacted new pest control (monthly basis)
- Does not allow women employees to empty trash
- Robbed 6 months ago
- Re-hab next door duplex for rental
- Has made improvements in last several weeks, showed pictures on phone to Mr. Dayton, and Mr. Porter.
- Contracted a cleaner for the hood over the grill and fryers
- Had employee meetings concerning violations
- Takes dirty dishes home to run in personal dish-washer

Mr. Dayton's wrap-up

- Dish wash method: wash, rinse, sanitize and dry after every use
- \*Not rinse, re-use and then take home nightly for dish washing at home.
- Store garbage out side in a vermin proof container. If employees cannot dump.
- Pest control is more than just putting poison out. Construction must be modified and employee procedures must change to prevent infestation of insects and rodents.



# WHAT DOES SMOKING COST OUR MILITARY?

**\$1.6 BILLION**  
SPENT ON TOBACCO  
RELATED MEDICAL CARE

DoD spends over \$1.6 billion a year of taxpayer money on tobacco related expenses (tobacco related medical care, increased hospitalization, and lost days of work)\*

**\$5 BILLION**  
SPENT AT VA ON COPD

In 2008, VA spent over \$5 billion to treat Chronic Obstructive Pulmonary Disease (COPD). More than 80% of COPD is attributed to smoking.\*

**\$345 MILLION**  
SPENT ON SMOKE BREAKS

The cost of lost productivity from smoke breaks alone (30min/day for 220 workdays/year) was over \$345 million in 1995 dollars\*

**\$54 MILLION**  
SPENT ON TOBACCO  
USERS MISSING WORK

Moderate to heavy smoking was associated with greater absenteeism that amounted to \$54 million in 2007 dollars\*

**\$130 MILLION**  
IN EXCESS TRAINING COSTS

Smoking is the best predictor of early discharge from the military and results in over \$130 million in excess training costs per year.\*\*\*

**14.8%**  
OF SALARY SPENT

Tobacco use can cost as much as 14.8 percent of a junior enlisted member's salary.\*\*\*

**ONLY 4.9%**  
EXCHANGES IN COMPLIANCE  
WITH DoD LAW

DoD instructs the cost of cigarettes on military installations is supposed to be within 5% of local prices, but only 4.9% of military exchanges in 2013 were in compliance.\*\*

**73% CHEAPER**  
ON BASE THAN STORES

Cigarettes sold on some military installations are 73% below prices on comparable brands at the nearest Walmart.\*\*\*

**36-40%**  
START TOBACCO AFTER  
JOINING

Of the current military service members who smoke, 36-40% started smoking after joining the military\*

\* Institute of Medicine, Combating Tobacco in Military and Veteran Populations, 2009

\*\*<http://www.stripes.com/news/us/narrowed-smoker-discounts-still-seen-as-unhealthy-1.276066>

\*\*\*Haddock CK, Jahnke SA, Poston WSC, Williams LN. Cigarette Prices in Military Retail: A Review and Proposal for Advancing Military Health Policy. Mil Med. 2013 May; 178(5): 563-569.

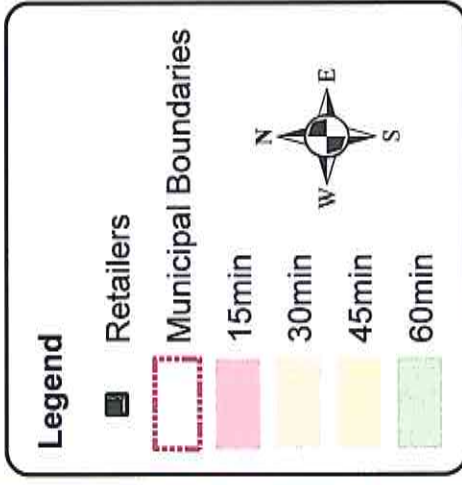
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www.projectuniform.org

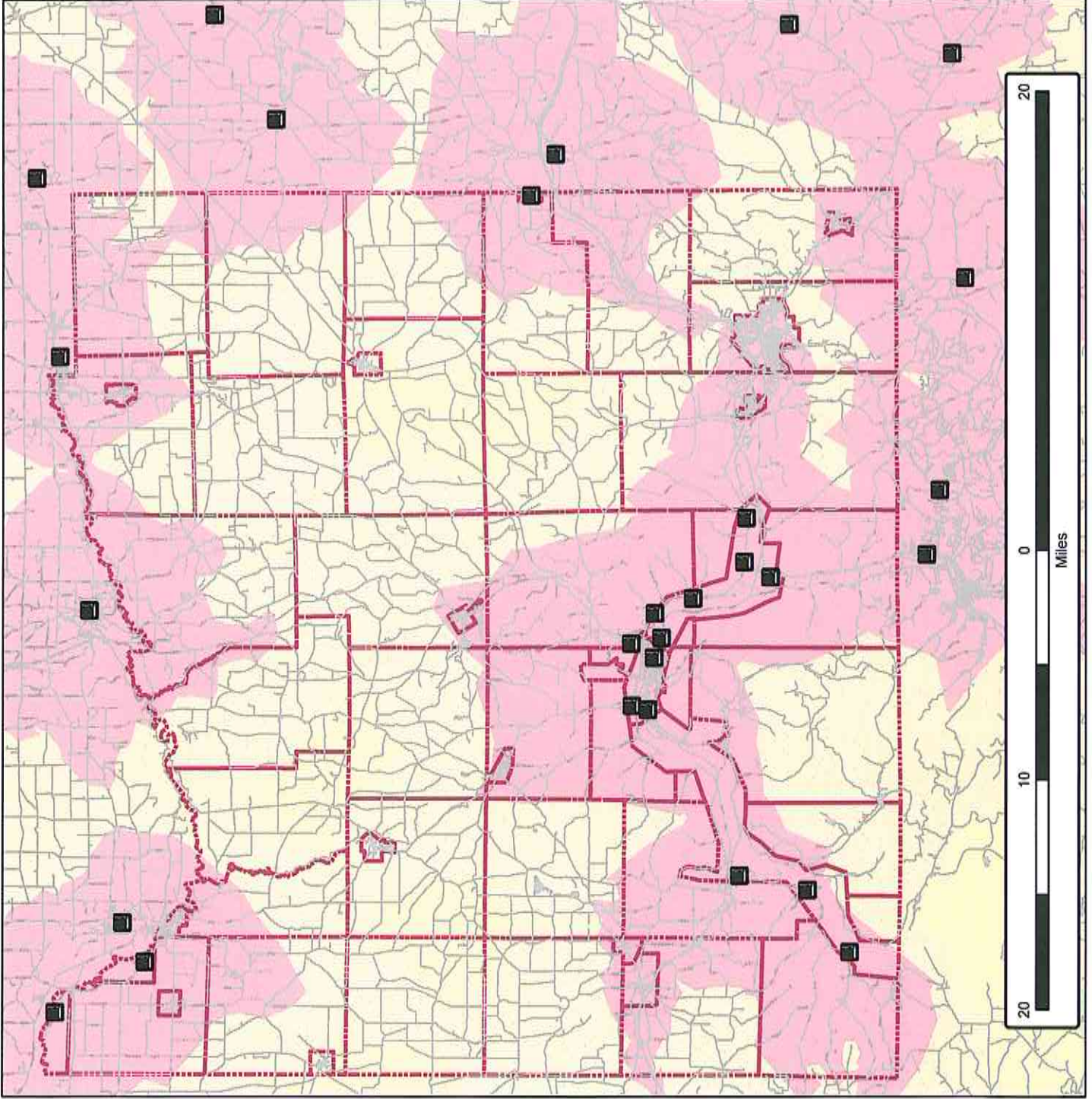
Project  
**UNIFORM**



# Estimated Drive Times to Tobacco Retailers Outside Cattaraugus County



**Note:**  
 Chautauqua County not included. Drive times are TO retailers. Areas where multiple retailers exist close to each other represented by one feature.

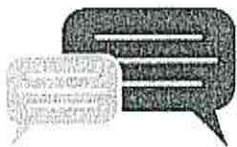
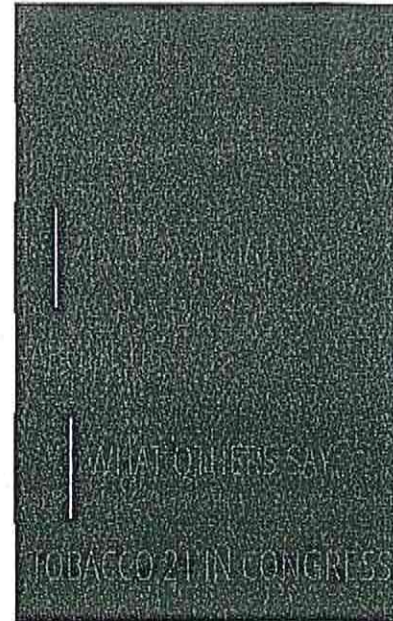




# TOBACCO eighteen twenty-one

CRITI E- NICOALCO  
CAL CIGATEENHOL  
ISSU RETT BRAI TO  
ES ES & N 21  
TEEN  
S

NEWSLETTER



## CRITICAL ISSUES

**Why now? The case to take all nicotine and tobacco products to age 21.**

After a decade of consistent decreases in tobacco use by teenagers, The National Youth Tobacco Survey reports that in 2014 overall use of tobacco among youth rose, exposing dangerous new trends. Clever marketing by the tobacco industry, pushing small cigars, hookahs, e-cigarettes, and flavored vaping products, has put millions of young people at risk of lifelong lethal nicotine addiction.

There is no one magic bullet for preventing youth tobacco use. Increased taxes, counter-marketing and school programs all play a role. However, funding has shriveled and tax increases face mounting opposition causing fewer and fewer to be enacted. There is now growing interest in another tool: access restriction to age 21.



The momentum is surging across the nation. In November of 2013, New York City and the Big Island of Hawaii both passed



legislation to restrict access to nicotine and tobacco before age 21. Meanwhile, two pediatricians in Massachusetts, Drs. Jonathan Winickoff and Lester Hartman, successfully campaigned in over 100 communities in Massachusetts, persuading each to raise its access age to 21. In late 2015, Kansas City and Cleveland became the first major Midwestern cities to raise their tobacco age to 21, and Boston and San Francisco joined the list of big cities to adopt Tobacco 21. Similar local efforts around the country have also succeeded, and statewide efforts began in earnest in 2015, and continued into 2016. As of May, 2016, 143 municipalities in 10 states, and the entire states of Hawaii and California, have taken this important step, covering over 58.5 million people. Similar legislation has passed the Senate in New Jersey and Vermont.

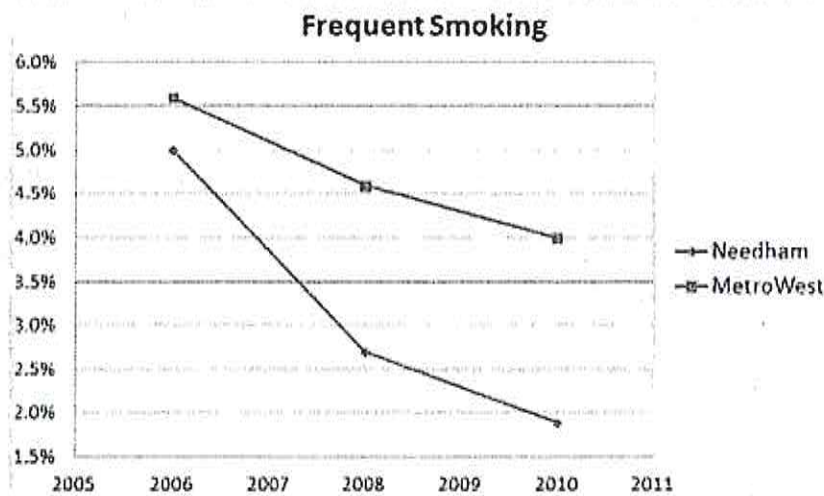
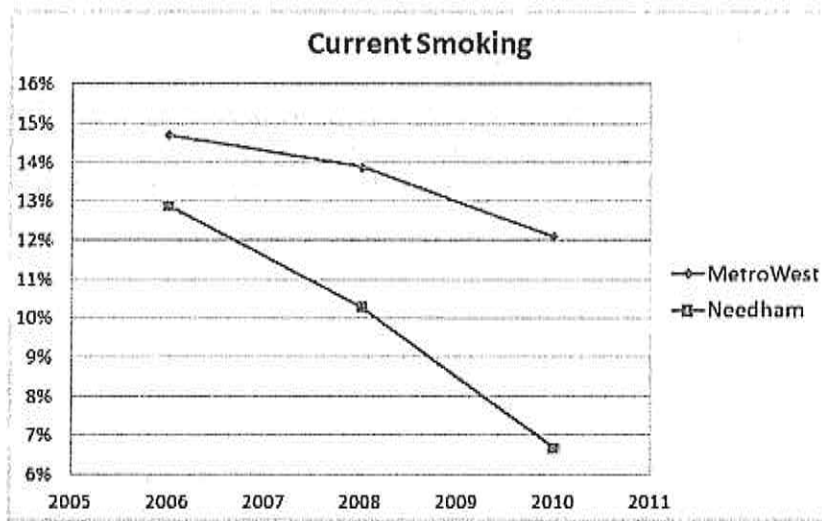
**The popular support is overwhelming.** In July of 2015 the CDC released a study (found [Here](#) and [Here](#)) concluding that an astounding 75% of adults favor raising the tobacco age to 21, including 70% of current smokers and 65% of those aged 18-24.

**Finally, there is strong outcome-based data to support the issue.** Before 2005 an age-21 policy had never been tried anywhere, even though other inherently risky activities, including alcohol and handgun sales as well as casino gambling, are routinely restricted until age 21. Over a three-year period from 2005-2008, Needham, Massachusetts, gradually raised their legal sales age for tobacco from age 18 to 21. It seemed largely a symbolic gesture at the time as other Boston suburbs tightly surround Needham. Surely young people would just buy nearby?

**But there was a surprise.** The MetroWest Health Foundation, serving 29 Boston suburbs, began surveying high school students on risk behaviors every two years beginning in 2006. By 2010 cigarette smoking by Needham High School students had dropped by more than half (red) while the surrounding MetroWest suburbs (blue) fell only slightly. Experts attribute this decrease to loss of social sources. Teen smoking is not powered by illegal sales nearly as much as by legal sales to older youth. Raising access to age 21 puts legal purchasers outside the social circle of most high school students.

**MetroWest Adolescent Health Surveys – 2006-2010 – High School Smoking**





\*Current use is defined as smoking once in the past 30 days. Frequent use is defined as smoking at least 20 of the last 30 days. Age 21 for Needham not full implemented until 2008.

These results mirror those of raising the age for alcohol to 21. That intervention, undertaken by most states in the 1980s to reduce deaths caused youthful drunk drivers, had the added benefit of dramatically reducing teenage drinking including binge drinking and daily drinking. In fact, as those young people have grown up their alcohol use is still remains lower than before the drinking age was 21.

And the Institute of Medicine agrees. In March of 2015, the Institute of Medicine, on behalf of the Food and Drug Administration (FDA), released a seminal report detailing the potential public health benefits of enacting a nationwide Tobacco 21 policy. Among the remarkable results was a 25% drop in youth smoking initiation, a 12% drop in overall smoking rates, and 16,000 cases of preterm birth and low birth weight averted in the first 5 years of the policy, an impact that would be recognized immediately. Their conservative



years of life lost to smoking in kids alive today.

The most compelling argument for taking tobacco to age 21 comes from the tobacco industry itself: "Raising the legal minimum age for cigarette purchase to 21 could gut our key young adult market (17-20) where we sell about 25 billion cigarettes and enjoy a 70 percent market share." They know their markets, it's time we listened.

## The bigger picture

The health consequences of smoking are staggering. Smoking currently provokes over 500,000 annual premature deaths nationwide, and 6 million worldwide. For teens, cigarettes are a gateway drug to alcohol, marijuana, and cocaine use, and are heavily implicated in the development of ADHD, PTSD, Depression, Anxiety Disorders, and Schizophrenia, compounding the damage. All told tobacco takes more lives than AIDS, auto accidents, homicides, alcohol, illegal drugs, suicides, and fires combined.

The economic losses are equally sobering. The direct health care costs and indirect losses to the American economy from tobacco use are estimated to be nearly \$330 billion per year, much of that at the expense of employers paying health insurance premiums and taxpayers financing Medicaid and Medicare. The American Lung Association estimates that each pack of cigarettes consumed costs our society \$18.05 in increased health care and work related expenditures.

We have strong evidence that moving alcohol to age 21 reduced youth usage. America performed a striking social experiment with alcohol access during the 70's and 80's. After the Vietnam War and the reduction of the voting age to 18, many states lowered their drinking age. The disastrous drunk driving results of this action prompted our nation to move all states drinking ages to 21. Not only did drunk driving deaths plummet, but youth usage and binge drinking fell by a third.



Age 21 protects younger teens better. The younger the buyer is, the less likely they are to achieve a purchase even with current shoddy enforcement. Moreover, most social sources of tobacco for teens are themselves younger than 21. Age 21 reduces initiation in younger kids and inhibits consolidation of addiction in older teens.

Age 18 is not magic. Well-heeled industry lobbyists constantly whisper to lawmakers the mantra, "Old enough to fight and vote, old enough to drink and smoke." They imply smoking is a right and a benefit, not an addiction and a societal burden. Our society has always recognized that young people are vulnerable to impulsive and risky behaviors and granted our kids gradually increasing access to potentially dangerous activities. We allow



Finally we grant access to alcohol, and in most states gambling and handguns, at age 21. In the four states (Alaska, Oregon, Colorado, and Washington) that have legalized marijuana, the legal sales age is set at 21. Smoking is statistically much more deadly than any of these other risky behaviors. How many hundreds of thousand of lives should be traded for the shortsighted sophistry of "18 = adult"?

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