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Dr. McMillen's research measures the social climate surrounding health issues. Since 2000, he has been the project director of the National Social Climate Survey of Tobacco Control. This annual survey is a cooperative project with the SSRC and the American Academy of Pediatrics' Julius B. Richmond Center. Dr. McMillen also serves as PI for the Surveillance and Evaluation Services grant for the Mississippi State Department of Health's Office of Tobacco Control. His research has been supported by the Centers for Disease Control and Prevention and the American Cancer Society, among other organizations. Dr. McMillen also serves on the Scientific Advisory Committee of The Julius B. Richmond Center of Excellence for Protecting Children from Secondhand Smoke. In recognition of his research contributions, he was awarded the 2006 Prevention of Cancer in Mississippi Award by the Mississippi Partnership of Comprehensive Cancer Control.

SCIENCE GUIDING ADVOCACY

By: Dr. Robert McMillen

As social scientists, we are trained to use objective scientific methods to collect and analyze data on social issues. We produce academic papers, give professional talks, and even occasionally produce reports for policy makers (with the expectation that others will actively apply our findings to policy issues, but rarely do we actually get in front of a social issue and become active advocates). I've spent the past decade conducting research on tobacco, and my way of thinking about the role of a social scientist has shifted drastically. Stan Glantz, the eminent cardiologist and one of the people at the epicenter of the our Nation's first smoke free movement in California, once advised me, "So long as the science guides the advocacy rather than the reverse, it's perfectly acceptable for a scientist to advocate for health policies."

Given that our tobacco research is often applied to advocate for national, state, and local tobacco control policies, we take several steps to ensure our scientific credibility. First, the people administering our surveys do not have any stake in the outcome of the surveys. To illustrate, the SSRC's Survey Research Laboratory (SRL) administers many of our surveys, and their compensation depends on the quality of their survey administration, not the outcome of the survey. Schoolteachers administer our other surveys, and, like the SRL administrators, these individuals do not have any stake in the survey findings. Second, we release all of our study findings on our Web site, not just the findings that support particular tobacco control policies. Third, we provide full disclosure of our research methods, as well as the source of funding for our research. By doing so, we provide people with information needed to accurately assess the merit of our research and identify any possible conflicts of interest. These measures protect our scientific integrity and ensure that we continue to let the science guide the advocacy rather than the reverse.

Although my colleagues and I prepared several policy reports that were used by others to advocate for smoke free policies and higher cigarette taxes, I had not actively advocated for tobacco control policies until late 2005. At that point, only

two very small towns in Mississippi (Metcalf and Mayersville) had passed an ordinance that prohibited smoking in indoor public places. This was particularly frustrating because science clearly demonstrated that secondhand smoke has many short- and long-term health effects, while economic studies revealed no negative impacts of smoke free laws on restaurants. Moreover, research that we had conducted at the SSRC clearly demonstrated that the overwhelming majority of adults in Mississippi supported smoke free laws. One day, in the fall of 2005, while stuck on the tarmac at GTR, a colleague from the American Cancer Society and I initiated a plan to push for a smoke free ordinance in Starkville. Although both of us had substantial experience with tobacco control, neither of us had ever run any sort of campaign. Coincidentally, our lack of experience was only equaled by our lack of funding.

Our approach was two-fold—we needed to build a strong grassroots support base and we needed an elected official to champion our cause. Accomplishing our first goal

was surprisingly easy. Simply by circulating an email to likely supporters and posting a sign-up sheet at City Bagel Cafe, a Starkville restaurant, we soon had an action network of over 500 registered Starkville voters. This diverse group included students, town, gown, old, young, and people of many races; and played

a crucial role in impressing upon our elected officials the strong support for a strong indoor smoke free law in Starkville.

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I was more concerned about achieving our second goal. The lack of a political champion has torpedoed many a grassroots effort to pass a local smoke free ordinance. In fact, many of the national and state experts cautioned me that this would likely be my most difficult and important task. Few elected officials were willing to get in front of an issue that was so novel (at the time) as banning smoking in restaurants and bars—especially since we would be the first community to do so in Mississippi. At the time, I was just getting to know Matt Cox through our work with Starkville in Motion. Given that the ink on his oath of office had barely dried, I was doubtful that he would be willing to begin his term with such a ‘radical’ issue, but given that he represented the ward I live in and we shared many values on local issues, I went ahead and asked him to support our cause. Fortunately, he did more than support the cause, and actually became the

champion I had been advised to find if we were to successfully pass a smoke free ordinance.

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First, many other Mississippi towns have followed Starkville's example. Aberdeen, Amory, Clinton, Collins, Corinth, Ecu, Flora, Greenwood, Grenada, Hattiesburg, Hernando, Kosciusko, Laurel, Mantachie, Oxford, Petal, Pontotoc, Ridgeland, Summit, Tupelo, and West Point have all passed strong smoke free laws; while Brookhaven, McComb, Greenville, Jackson, Picayune, Walls, and Gulfport have passed smoke free ordinances that include significant exemptions (e.g., de facto bars).

However, two things have not happened. The restaurant sector of our local economy has not suffered. Local sales tax data demonstrate that restaurants were an important part of our economy prior to the smoke free ordinance, and that this sector is continuing to grow. The other thing that has not happened is that our State Legislature has not passed a statewide smoke free law. Although twenty-four communities have passed comprehensive smoke free laws, less than 10% of Mississippians are protected from secondhand smoke. There is no longer any credible debate among the medical and scientific communities over the effects of secondhand smoke. Secondhand smoke has substantial, immediate, and long-term harmful effects. Indeed, the surgeon general has stated categorically that there are no safe levels of exposure to secondhand smoke, and that the only way to protect people from the dangers of secondhand smoke is to prohibit smoking in indoor places. Most of the United States has now acted to protect citizens from secondhand smoke. More than two-thirds of the U.S. population (70.2%) lives in a state or a community that prohibits smoking in restaurants, and most of the southeast states have statewide smoke free laws.

Thus, the scientist has become the advocate—it is time for our state to join twenty-seven other states and the District of Columbia to protect our citizens from a known toxic air contaminant.

*Want to learn more about the economic impact of
smoke free ordinances in Mississippi?
Visit the Mississippi Tobacco Data Web site at:
www.mstobaccodata.org*



Dr. McMillen pictured with Dr. Arthur G. Cosby of the SSRC and Mike Moore, former Attorney General for the state of Mississippi, during the release of "The Social Climate of Tobacco Control" report at the Mississippi legislature.

60th Anniversary Showcase



Photo courtesy of Mike Moore

MISSISSIPPI'S TOBACCO BATTLE

By: Mike Moore

Former Attorney General for the state of Mississippi (1988 to 2004)

It is with great pleasure that I write about the wonderful work of Dr. Robert McMillen and the Mississippi State family on the tobacco projects.

As background, everyone remembers that Mississippi lead the nation in the fight against Big Tobacco. In 1994, when Mississippi filed the first case against Tobacco, they seemed invincible. They had never lost a case even though it was clear to those in the Public Health community that smoking killed 427,000 Americans every year. Lung Cancer, Heart Disease, and a long laundry list of other terrible diseases impacted not

only the health of Mississippians who smoked, but it also impacted our fiscal health to the tune of hundreds of millions of dollars a year. I thought something had to be done to get the truth out about the harm Tobacco was really doing and the lies that they had perpetrated for fifty years or more.

After a long, hard-fought battle, Mississippi and the other states that eventually joined our cause were successful in achieving a historic \$246 billion settlement. We also once and forever proved that smoking causes cancer, that nicotine was addictive, and that the tobacco barons had knowingly marketed cigarettes to our children as replacement smokers for those that died every year.

After the settlement, Mississippi set up a pilot program to see what practices would work to reduce tobacco use among young Mississippians. Mississippi State was instrumental in helping us design and implement what became the Partnership for a Healthy Mississippi, the umbrella organization that was given the duty to execute our plan. Baseline surveys were needed, as well as ongoing evaluations and surveys of students to find out whether the mass media, youth programs, and other anti-smoking activities were working. Robert McMillen and the Social Science Research Center were instrumental in helping us devise and execute our plans and evaluate and track their success.

I remember learning what the meaning of "statistically significant reduction" was after one of the first Youth Tobacco Survey's results came in. We had been successful. Smoking rates were really going down and the numbers proved it. In the program's first year, we saw a 10% reduction. As the program continued, we achieved a 40% reduction in smoking rates in middle school students, a 30% reduction in smoking rates in high school students, a 40% reduction



Enriching lives through the fight against tobacco

in smoking rates in African American students, etc. We were on the right track and the proof of that was provided by the expertise of our friends at Mississippi State and their diligent tracking.

I also remember how proud I was when Robert and his crew began the Social Climate Surveys in Mississippi and nationally. What we found out was that we really had a long way to go to change attitudes about smoking in our state in the beginning of our programs. They told us how average Mississippians felt about smoking, second hand smoke, about taxes on cigarettes, and many other views that we knew we had to change if we were to change behavior.

The good news is that as we used the valuable information provided by Robert's team and were able to respond with the right messages, change attitudes, and therefore continue to reduce smoking among kids and even adults. More smoke free homes, fewer kids smoking, and less death and disease equaled fewer dollars spent on smoking-related diseases and led to a healthier Mississippi.

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