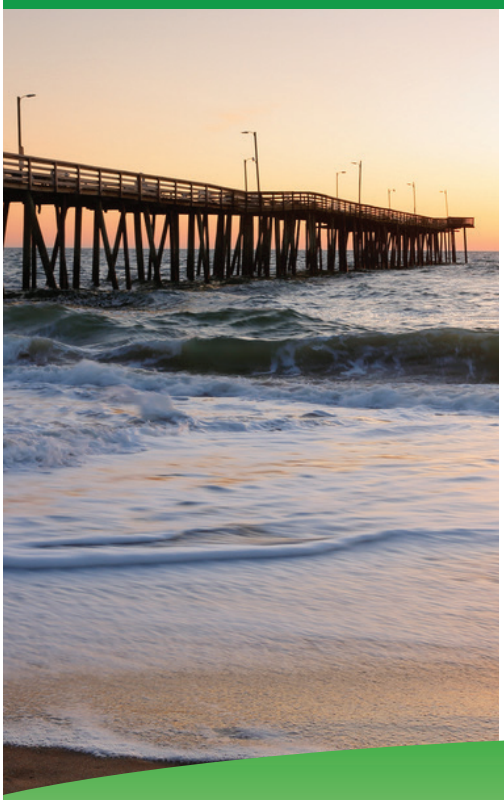
TOBACCO FREE

STRATEGIC PLAN



FOR A COMPREHENSIVE TOBACCO CONTROL PROGRAM IN VIRGINIA 2017-2022

ACKNOWLEDGMENTS

TOBACCO FREE
ALLIANCE OF VIRGINIA

I would like to thank each Strategic Plan participant for their time and input; without them, this invaluable guide to protect Virginians from the dangers of tobacco would not have been possible.

Jann Balmer, Chair
Tobacco Free Alliance of Virginia

- Melissa Assalone, *American Heart Association*
- Jann Balmer, *Tobacco Free Alliance of Virginia*
- Amy Barkley, *The Campaign for Tobacco Free Kids*
- Christina Benton, *Virginia Department of Health*
- James Daniel, *Cancer Action Coalition of Virginia*
- Brian Donohue, *American Cancer Society Cancer Action Network*
- Katie Donnini, *The Alliance Group*
- Kelly Fitzgerald, *The Alliance Group*
- Jayne Flowers, *Virginia Department of Health*
- Robin Gahan, *American Heart Association*
- Donna Gassie, *Virginia Foundation for Healthy Youth*
- Richard Grossman, *The Vector Corporation*
- Riguey King, *Cancer Action Coalition of Virginia*
- Kira Koon, *American Lung Association*
- Trinette Randolph, *Virginia Community Healthcare Association*
- Ann Vaughan, *American Cancer Society Cancer Action Network*

Special thanks to the American Lung Association in Pennsylvania for allowing this committee to use "A Strategic Plan for a Comprehensive Tobacco Control Program in Pennsylvania (2012-2017)" as a guide for the development of Virginia's Plan.

INTRODUCTION

The Tobacco Free Alliance of Virginia (TFAV) developed this strategic plan through a coordinated process to support the vision and mission of TFAV. It also supports the work of the Virginia Department of Health (VDH) Tobacco Use Control Program (TUCP) and other state partners and stakeholders for tobacco prevention and control in Virginia.

Vision

TFAV envisions a Commonwealth where all residents live tobacco free, healthy lives.

Mission

TFAV is dedicated to changing policies, systems and environments to promote a tobacco free, healthy Virginia.

Through a collaborative effort to enact this plan, Virginia tobacco control stakeholders can leverage resources to raise awareness, provide comprehensive programs, improve health equity, and strengthen tobacco control policies throughout Virginia. These efforts are critical to improving the health of the Commonwealth by significantly decreasing tobacco-related morbidity, mortality, and economic costs.

The strategic plan is built around five overarching goals:

- Prevent initiation of tobacco use among youth and young adults;
- Promote tobacco use cessation among adults and youth;
- Eliminate exposure to secondhand smoke (SHS);
- Identify and eliminate tobacco-related disparities; and
- Develop a statewide infrastructure for tobacco use prevention and control.

Each goal is supported by objectives and these objectives are in turn supported by individual strategies.

This plan is intended to provide a framework to guide tobacco control decisions and initiatives within the VDH and across the Commonwealth of Virginia. The plan should be viewed as a dynamic and flexible document that will support Virginia's goals and facilitate sustained, positive change as funding levels inevitably change, responsibilities shift, and program scope changes over time.

BEST PRACTICES

The work of TUCP is based on the Best Practices for Comprehensive Tobacco Control Programs as described by the Centers for Disease Control and Prevention (CDC) and the 2016 Policy Recommendations developed by the Tobacco Control Network. These methods, processes, and strategies have been determined to be the most effective way to help people avoid and stop using tobacco.

Since 2004, Virginia has seen a significant decline in smoking prevalence among adults and youth. Some of the notable events that have helped to support this decline are noted on the 2004 to 2017 timeline.

Timeline:

2004
- State cigarette tax increased from 2.5 to 30 cents per pack

2005
- Quitline

2006
- Executive Order 41 banned smoking in State offices and vehicles

2008
- Proactive Quitline Fax Referrals

2009
- Smoking banned in restaurants
- Large health-care facilities begin to go tobacco free

2011
- TFAV Established
- Biennial VA Youth Survey

2014
- E-cigarettes banned at public schools, grounds and functions

2016
- Biennial VA Adult Tobacco Survey
- Smoking banned in vehicles with children under the age of 8

Through continued implementation of evidence-based interventions and strategies, Virginia will make even greater strides towards eliminating the harmful effects of tobacco use and exposure. Current strategies include:

State and Community Interventions:

- The 24/7 Campaign led by Y Street, Virginia's largest youth-led movement, has supported comprehensive tobacco free policies for schools and school districts across the Commonwealth. As of November 2016, 23 of 132 school districts in Virginia had established comprehensive tobacco free policies.

Health Communications Interventions

- A variety of communication strategies have been utilized for the prevention of youth tobacco use, including television, radio, and social media outreach. Virginia has used paid and earned media to enhance the impact of the CDC's "Tips from Former Smokers" (TIPs) campaign.

Cessation Interventions

- Quit Now Virginia, the tobacco cessation quitline, has served over 42,700 clients between 2005 and 2016.

Surveillance and Evaluation

- Regular reporting and analysis of program data in combination with surveillance tracking is used to inform and support program planning.
- The Virginia Adult Tobacco Survey was initiated in 2016 and will be conducted on a biennial basis.

Administration and Management

- Collaboration, including work at technical assistance conferences with statewide, regional, and national partners promotes coordination of tobacco prevention and control efforts and leveraging of resources across Virginia.
- TFAV was established in 2011 and is dedicated to changing policies, systems and environments to promote a tobacco free, healthy Virginia.

TOBACCO CONTROL ENVIRONMENTAL ANALYSIS

An environmental analysis, loosely based on the Michael E. Porter Five Forces Analysis, was completed as part of the strategic planning process. The environmental analysis considers each of the various forces that impact tobacco control in Virginia. This information is significant, as tobacco control stakeholders should be interacting with all identified forces in various ways. The environmental analysis was designed to create an awareness of positive and negative impacts on tobacco control by considering agents such as the opposition to tobacco control, the power of the tobacco industry, power of healthcare supplier systems, new and emerging products, and environmental changes established by policy and social norms.

SELECT ACCOMPLISHMENTS

1. Although Virginia is recognized as a "tobacco state", adult smoking rates in Virginia are less than three percent higher than the average adult smoking rate in the US overall – 19.5% in Virginia in 2014 vs.16.8% for the US. (Behavioral Risk Factor Surveillance System [BRFSS]).

2. The percentage of high school students who do not currently use cigarettes, cigars, or smokeless tobacco increased significantly in Virginia from 2011-2015 (79.3% in 2011, 82.4% in 2013, and 87.6% in 2015). (Virginia Youth Survey [YTS]).

3. In 2009, the Virginia General Assembly added restaurants to the Clean Indoor Air Act, making progress towards addressing the critical issue of secondhand smoke (SHS) exposure and worker health. However, the CDC and advocacy organizations continue to encourage Virginia to pass a comprehensive Clean Indoor Air Act.

4. The Virginia Foundation for Healthy Youth (VFHY) and TUCP are working with schools and other worksites to adopt tobacco free policies. By July 2016, 17% of Virginia school districts had established comprehensive tobacco free policies.

5. In 2009, 6.9% of non-smoking adults in Virginia reported SHS exposure at home, 9.1% reported exposure to SHS in a vehicle, 20.4% reported exposure to SHS at work, and 30.1% reported exposure to SHS in a public place in the previous 7 days (National Adult Tobacco Survey [NATS]).

6. The TUCP Program began providing a tobacco cessation quitline service in 2005 to promote cessation among current tobacco users. A fax referral program began in 2008 to allow providers to refer patients/clients for proactive quitline services. By July 2016, there were more than 340 fax referral sites across Virginia.

7. In 2016, the Virginia General Assembly passed legislation banning the use of lighted tobacco products in a vehicle when a child under the age of eight is present.

Adult smoking in Virginia has decreased by 14.9% since 1998. (BRFSS)

These accomplishments are important, but more work needs to be done to reduce tobacco-related morbidity, mortality, and economic costs in Virginia.

WORKING LOGIC MODEL

Long-Term Problems

- Ongoing need to reduce tobacco use to improve health status (incidence and prevalence)
- Gaps in protection from secondhand smoke requiring a systems approach
- Unevenly distributed, costly and preventable death and disease related to tobacco

Contributing Factors

- Challenges
  - Introduction of new tobacco products and ongoing industry marketing
  - Nicotine is addictive, making quitting nicotine a difficult process
  - Too many Virginians still exposed to tobacco where they live, work and play
- Supports
  - Coordinated program and policy work, monitoring and communication (integrated program planning, comprehensive guiding resources/best practices, evaluation and surveillance)
  - Recognized need for effective, efficient approaches with broad reach
  - Established and growing list of local, statewide and national partners
- Bottom Line
  - There is overwhelming evidence of the dangers associated with tobacco products and smoke and tobacco products, including electronic nicotine delivery systems (ENDS)

Strategies and Practices

- Individual Change and Organizational Policy
  - Educate stakeholders about health and the benefits of proven tobacco regulations
  - Offer clinical interventions and quit services (brief and comprehensive interventions, treatment, pharmacotherapy)
  - Support healthy organizational policies (tobacco free schools and workplace initiatives, etc.)
- Community Level Change
  - Facilitate collective movement towards tobacco free places/spaces (recreation and park facilities, community policies, etc.)
  - Enforce tobacco related regulations (youth sales, compliance checks, industry regulations, etc.)
  - Garner positive media attention and enhance communications about health services/policies (earned/paid opportunities to promote programs, share outcomes and deliver pro-health messages, etc.)
- Statewide Change
  - Close protection gaps in statewide policies (strengthen statewide protections from SHS, promote equity in taxes across all tobacco products, etc.)
  - Expand tobacco free living support in statewide systems (expand cessation coverage, partner with Departments of Alcoholic Beverage Control, Behavioral Health and Developmental Services, Education, Medical Assistance Services, Social Services, etc.)
  - Decrease access to tobacco (reduce points of sale, increase price, etc.)

Outcomes and Impacts

- Mobilized community ready to support efforts to protect health
- Increased access to effective quit support leading to subsequent quits
- Increased use of comprehensive and best practice policies
- Increased expectations of tobacco free environments
- Decreased demand for tobacco products
- Increased protection from tobacco smoke
- Increased awareness of tobacco industry practices and protection from its influence
- Effective use of resources and enhanced position of tobacco control leadership

Long-Term Goals

- Prevention – Sustained decrease in initiation of tobacco use
- Cessation – Sustained reduction in tobacco use
- Clean Air – Sustained reduction in exposure to secondhand smoke
- Health Equity – Sustained reduction in tobacco-related health disparities
- Less tobacco-related morbidity, mortality, and economic costs in Virginia

ISSUES

Prevention

Lifetime smoking and other tobacco use almost always begins by the time youth graduate from high school. According to the National Survey on Drug Use and Health, nearly 80 percent of all adult smokers begin smoking by age 18; and 90 percent do so before leaving their teens. Despite an almost 42 percent decline in high school smoking rates since 2011 in the US, youth use of other tobacco products, including e-cigarettes and hookah, is skyrocketing. Currently, nearly one in four high school student use at least one tobacco product. Persuading youth not to start using tobacco is a challenge, but one that is necessary to prevent far-reaching consequences for our nation's health. Tobacco use remains the number one preventable cause of death in the U.S. It is important to continue efforts to educate youth and young adults to not start.

Cessation

Quitting tobacco use is an important step to improve health, but it is not easy, due to nicotine dependence. Quitting successfully often requires multiple quit attempts. Chances of success in managing nicotine addiction increase with support and help. It is critical to offer and publicize services for tobacco users who want to quit including evidence-based counseling and access to appropriate prescription medications and nicotine replacement therapy. It is also important to offer training to healthcare and other human service providers so that they can effectively advise and encourage clients to quit tobacco and reduce exposure to SHS.

Virginia Culture/Tobacco Industry

As a "tobacco state", the tobacco companies have prioritized blocking many tobacco control policies in Virginia. Numerous policy makers and citizens in Virginia continue to support the tobacco industry. This has made it difficult to achieve policy changes that have occurred in other states such as enacting a comprehensive Clean Indoor Air Act, increasing cigarette taxes to at least the national average, or obtaining state funding for quitline services and other tobacco control programs.

In addition, the tobacco industry, through targeted websites and other technology-driven methods, is moving into new channels to market its products to younger and newer audiences. Marketing in the digital space offers tobacco companies a way to take advantage of a loophole in the rules that limit tobacco advertising. Countering the enormous marketing efforts of tobacco companies and working with partners to ensure that people understand the substantial health risks associated with tobacco products is vital.

Health Equity

While tobacco use has decreased in Virginia, use has not decreased equally across all communities and populations. Many communities and populations are disproportionately affected by tobacco use. This issue is exacerbated in Virginia by the lack of a comprehensive Clean Indoor Air Act. Tobacco control services and education must offer tailored solutions to ensure that all Virginians have access to prevention and cessation programs and are able to live in healthy environments.

Sustained Funding

While a great deal in regards to tobacco prevention and control has been accomplished, the problem is not solved. Tobacco use continues to be the leading cause of preventable death in the U.S. and Virginia. Tobacco control must be supported for years to come. In 2016, Virginia invested $8.3 million in tobacco control and prevention programs. The CDC recommends, based on population, that $91.6 million be invested each year to overcome tobacco use and exposure in Virginia.

Dillon Rule

Virginia is a Dillon Rule state in which localities may not have local ordinances that are stronger than the state law without express permission in the Code of Virginia. This negatively impacts the ability of localities to establish stronger public policies regarding clean indoor air, age of sale for tobacco products, point of sale restrictions, retail zoning, etc.

GOALS, OBJECTIVES, AND STRATEGIES

- Goal 1: Prevent initiation of tobacco use among youth and young adults
- Goal 2: Promote tobacco use cessation among adults and youth
- Goal 3: Eliminate exposure to SHS smoke
- Goal 4: Identify and eliminate tobacco-related disparities
- Goal 5: Development of a statewide infrastructure for tobacco use, prevention, and control

Goal 1: Prevent initiation of tobacco use among youth and young adults

Objective 1.1 – Increase the tax on tobacco products to the national average ($1.65) through enacting tobacco tax increases at both the state and local levels.

Strategy 1.1.1 – Support pricing policies that discourage tobacco use through community engagement (e.g., legislative visits, community mobilization, youth empowerment).

Strategy 1.1.2 – Collaborate with partners (local, state, and national) to educate stakeholders on the health and economic benefits of implementing and maintaining taxes on tobacco products.

Objective 1.2 – Reduce tobacco use among middle school and high school youth.

Strategy 1.2.1 – Implement evidenced-based youth educational materials and media campaigns.

Strategy 1.2.2 – Apply an excise tax to electronic nicotine delivery systems (ENDS) and liquid nicotine.

Strategy 1.2.3 – Adopt a policy to prohibit the sale of menthol and other flavored tobacco products, including liquid nicotine.

Strategy 1.2.4 – Enforce sale of tobacco to minors laws.

Strategy 1.2.5 – Establish point of sale restrictions.

Objective 1.3 – Reduce tobacco use among young adults.

Strategy 1.3.1 – Raise the minimum legal sale for tobacco, including ENDS, to 21.

Goal 2: Promote tobacco use cessation among adults and youth

Objective 2.1– Increase access to comprehensive tobacco cessation programs for adults and youth.

Strategy 2.1.1 – Promote the U.S. Public Health Service's "Treating Tobacco Use and Dependence Clinical Practice Guideline" that recommends medications and counseling strategies that are scientifically proven to be effective in helping smokers quit.

Strategy 2.1.2 – Develop and implement a sustainable statewide Quitline.

Strategy 2.1.3 – Increase the proportion of healthcare and behavioral treatment providers who routinely advise patients about cessation services and provide follow-up.

Strategy 2.1.4 – Collaborate with partners to educate state government administrators, legislators, and other policy makers about the importance and benefits of funding tobacco cessation programs, locally and statewide.

Strategy 2.1.5 – Establish a uniform cessation benefit across payer types that at a minimum provides coverage (with no co-pay, cost sharing or deductible) of two cessation treatments per year. Treatment consists of 1) four cessation counseling sessions, which the beneficiary may attend in person or by telephone or other communication device and individually or in a group, as she or he prefers and 2) a 90-day treatment regimen of any FDA approved tobacco cessation drug without a prior authorization requirement.

Objective 2.2 – Promote comprehensive smoking/tobacco cessation coverage for all citizens.

Strategy 2.2.1 – Secure support for comprehensive cessation coverage for private/public insurance and Medicaid.

Strategy 2.2.2 – Monitor and address barriers to cessation access.

Strategy 2.2.3 – Collaborate with private insurers and Medicaid providers to ensure comprehensive smoking cessation is included on all policies, not a mere option.

Goal 3: Eliminate exposure to secondhand smoke

Objective 3.1– Strengthen policies that protect citizens from exposure to SHS.

Strategy 3.1.1 – Reduce exposure to SHS smoke by strengthening current clean indoor air laws.

Strategy 3.1.2 – Promote and support organizational, community and statewide comprehensive tobacco free policies for preventing exposure to SHS (e.g., tobacco free housing, smokefree homes, worksite initiatives).

Strategy 3.1.3 – Create support for comprehensive tobacco free policies by educating healthcare providers, policy makers, general public, etc., about the health and economic benefits of tobacco free environments.

Strategy 3.1.4 – Adopt a comprehensive tobacco free K-12 school policy.

Strategy 3.1.5 – Adopt tobacco free college, university, and trade school campus policies.

Strategy 3.1.6 – Adopt tobacco free healthcare and behavioral health treatment campus policies.

Strategy 3.1.7 – Evaluate the effectiveness and reach of tobacco free policies and current protection coverage and gaps.

Strategy 3.1.8 – Secure funding for enforcement efforts. Monitor enforcement efforts and identify gaps.

Goal 4: Identify and eliminate tobacco-related disparities

Objective 4.1 – Incorporate efforts to achieve health equity in all areas of a comprehensive tobacco control program.

Strategy 4.1.1 – Identify disparities and knowledge gaps so that targeted messages, programs, and collaborative partnerships can be developed to address disparities (e.g., demographic and geographic disparities).

- people with chronic disease (e.g., diabetes, asthma)
- people with physical or mental disabilities
- rural/urban populations
- low socioeconomic status (e.g., insurance status, education)
- lesbian/gay/bisexual/transgender
- age-based targets (youth, seniors, etc.)
- racial and ethnic (e.g., Latino, African-American) minorities

Strategy 4.1.2 – Educate markets targeted by the tobacco industry about deceptive advertising to decrease the cultural acceptability of tobacco use.

Strategy 4.1.3 – Enact retail licensing for the sale of tobacco products, including ENDS.

Strategy 4.1.4 – Adopt policy to allow localities to determine tobacco retailer density and zoning restrictions.

Strategy 4.1.5 – Increase cessation service resources and access for underserved areas/populations (e.g., culturally competent services/resources for non-English speaking clients, no-landline populations, etc.).

Strategy 4.1.6 – Examine and address statewide policies for inconsistencies in health equity or actions that would widen health disparities.

Goal 5: Development of a statewide infrastructure for tobacco use, prevention, and control

Objective 5.1 – Maintain a statewide infrastructure of stakeholders that meets at least annually to assess, implement, and coordinate state tobacco prevention and control activities.

Strategy 5.1.1 – Establish regional networks to enhance partnerships, communication and coordination of evidence-based and policy-focused comprehensive tobacco prevention and control efforts. Comprehensive tobacco control efforts will respect and reflect cultural norms and values in all communities.

Strategy 5.1.2 – Work to educate stakeholders to a stronger social norm focus to change the culture of tobacco use.

Objective 5.2 – Increase total annual tobacco control, prevention, and cessation funding to the CDC recommended minimum amount.

Strategy 5.2.1 – Collaborate with partners (local, state, and national) to educate stakeholders on the health and economic benefits of implementing and maintaining excise taxes on tobacco products.

Strategy 5.2.2 – Collaborate with partners (local, state, and national) to pursue reallocation of Master Settlement Agreement funding to more fully support tobacco control, prevention, and cessation efforts throughout Virginia.

APPENDIX 1: "SWOT" Analysis (conducted by Strategic Plan Workgroup, April 2016)

STRENGTHS

- TFAV
- Coalition partners work well together
- Issue is well established
- Established best practices
- The medical and scientific communities support tobacco control
- The tobacco issue touches so many people
- Broad-based issue
- Internal support from VDH administration

WEAKNESSES

- Current political climate
- Minimal funding
- Competing political priorities in Virginia
- Healthcare partners have varying priorities
- National advocacy organizations have differing guidelines, policies and restrictions
- Lack of coordinated grassroots campaigning
- Lack of out-of-box thinking by national healthcare partners
- No "general" state funds
- No Medicaid support for quitline services

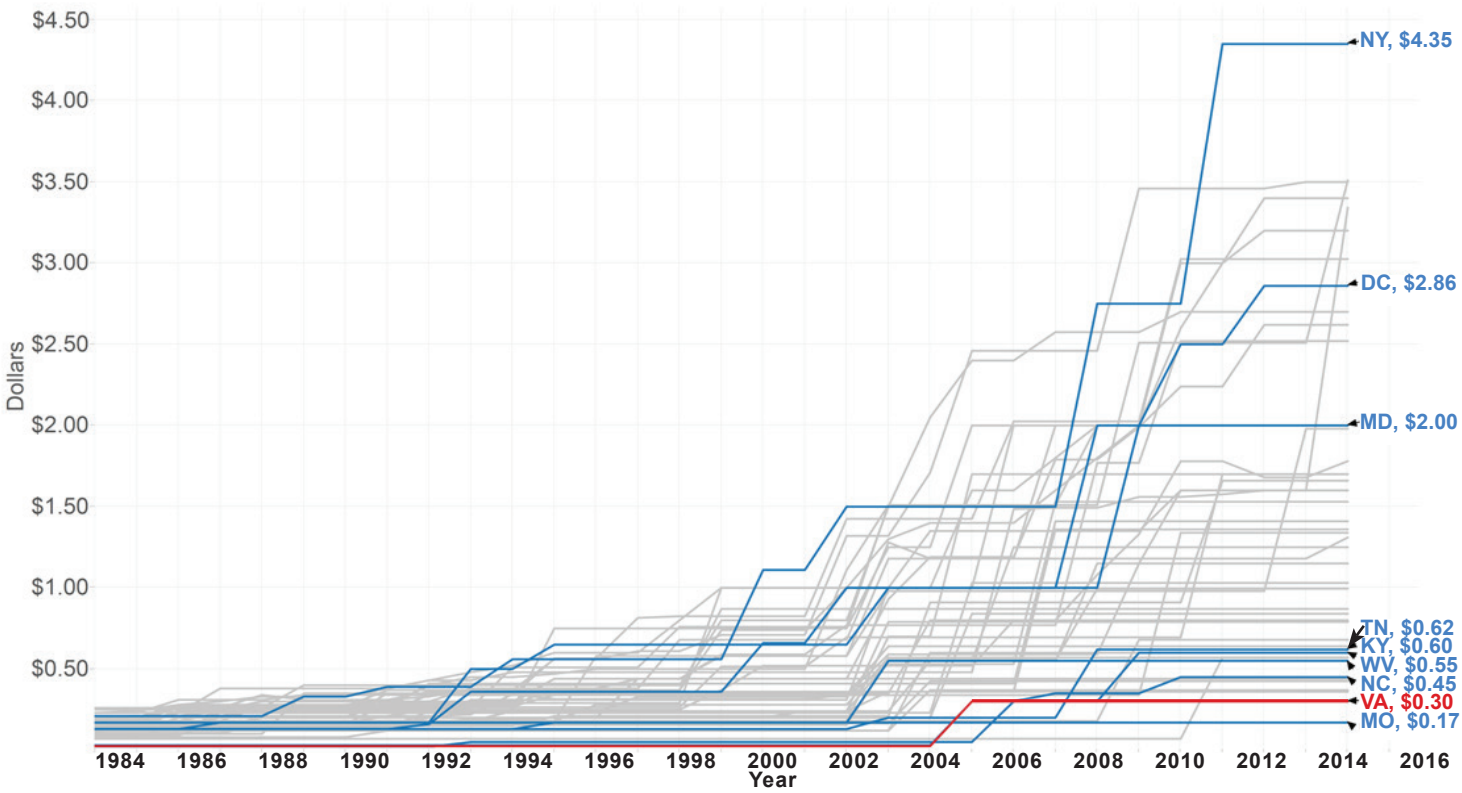
OPPORTUNITIES

- Research continues to support policies (e.g. 15 cancers now linked to tobacco use)
- TIPs, CDC and FDA campaigns
- Y Street program
- VFHY
- Growing legislative support for prevention
- Partnering with health insurers
- Adult Tobacco Survey

THREATS

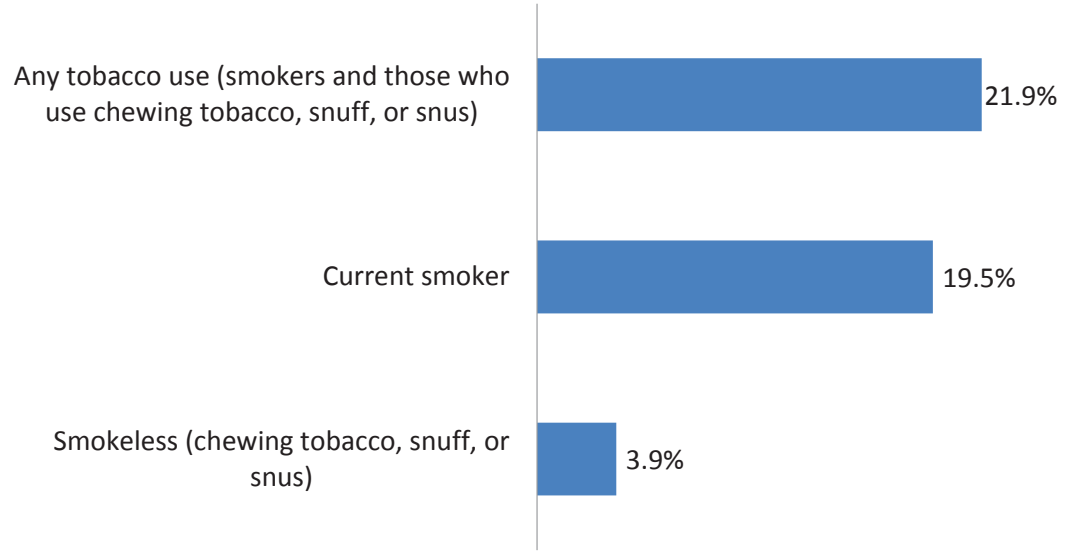
- The advent of Electronic Nicotine Delivery Systems
- Political climate that is anti-new tax of any kind
- Virginia's 300 years plus of tobacco history
- Effective and well-funded tobacco lobby
- Anti-tobacco's limited resources
- Lack of data on usage
- Growing popularity of other tobacco products and hookah bars

APPENDIX 2: DATA TRENDS



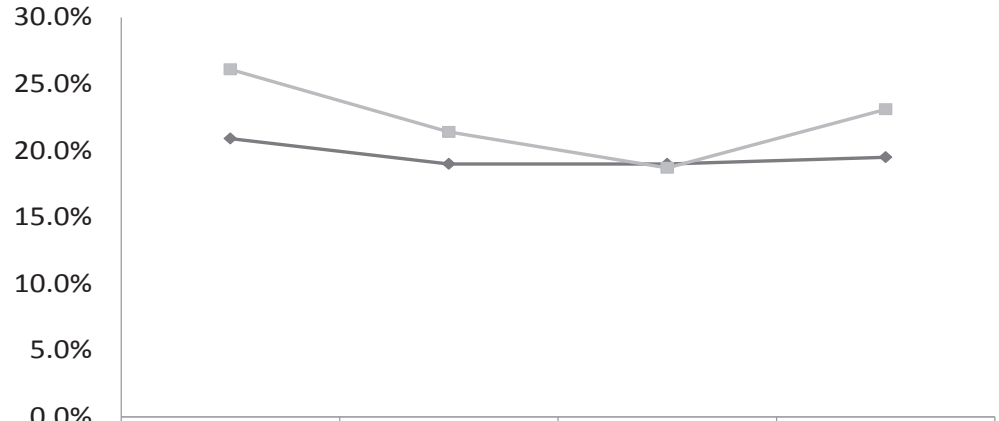
Source: The Tax Burden of Tobacco: Historical Compilation Volume 49.
http://www.taxadmin.org/assets/docs/Tobacco/papers/tax_burden_2014.pdf

Current Adult Tobacco Use, Virginia



Source: VDH, 2014 BRFSS

Trends in Adult Tobacco Smoking, Virginia



	2011	2012	2013	2014
State overall	20.9%	19.0%	19.0%	19.5%
Age 18 to 24	26.1%	21.4%	18.7%	23.1%

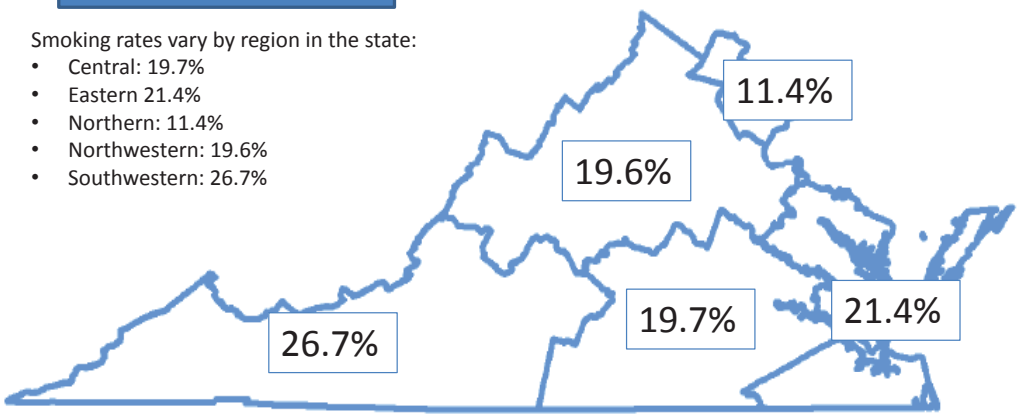
Source: VDH, 2011-2014 BRFSS

Geographic Disparities in Current Adult Smoking Rates in Virginia

State of Virginia overall 19.5%

Smoking rates vary by region in the state:

- Central: 19.7%
- Eastern 21.4%
- Northern: 11.4%
- Northwestern: 19.6%
- Southwestern: 26.7%



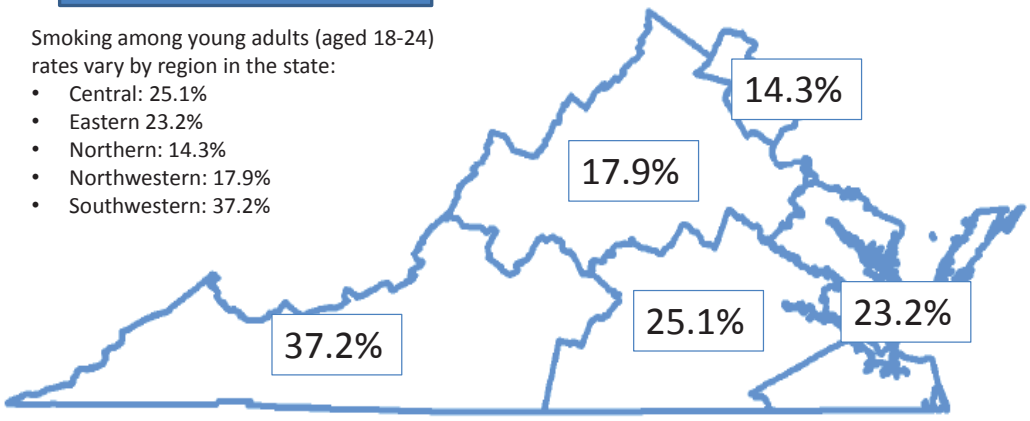
Source: VDH, 2014 BRFSS

Geographic Disparities in Current Young Adult Smoking Rates in Virginia (Adults aged 18-24)

State of Virginia overall among adults aged 18-24 23.1%

Smoking among young adults (aged 18-24) rates vary by region in the state:

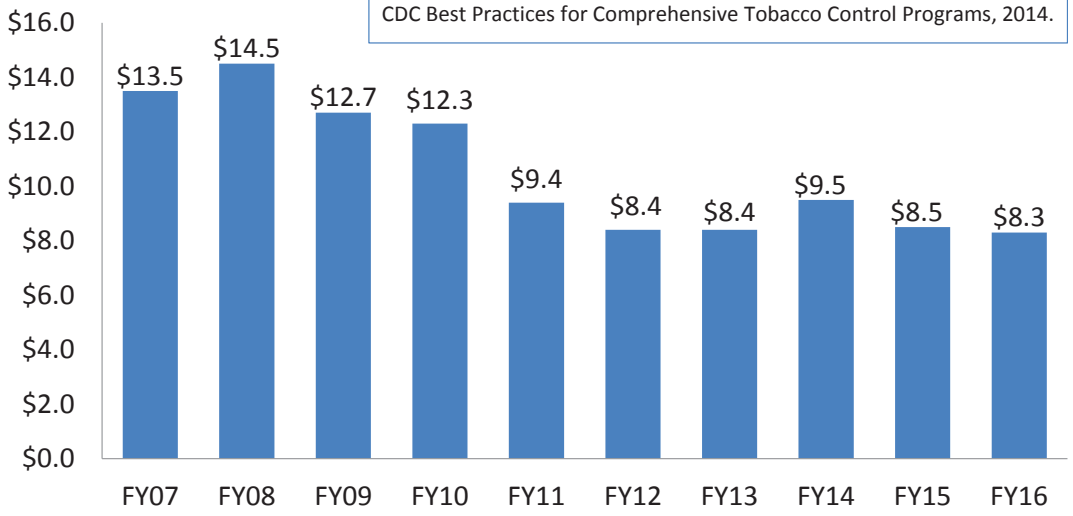
- Central: 25.1%
- Eastern 23.2%
- Northern: 14.3%
- Northwestern: 17.9%
- Southwestern: 37.2%



Source: VDH, 2014 BRFSS

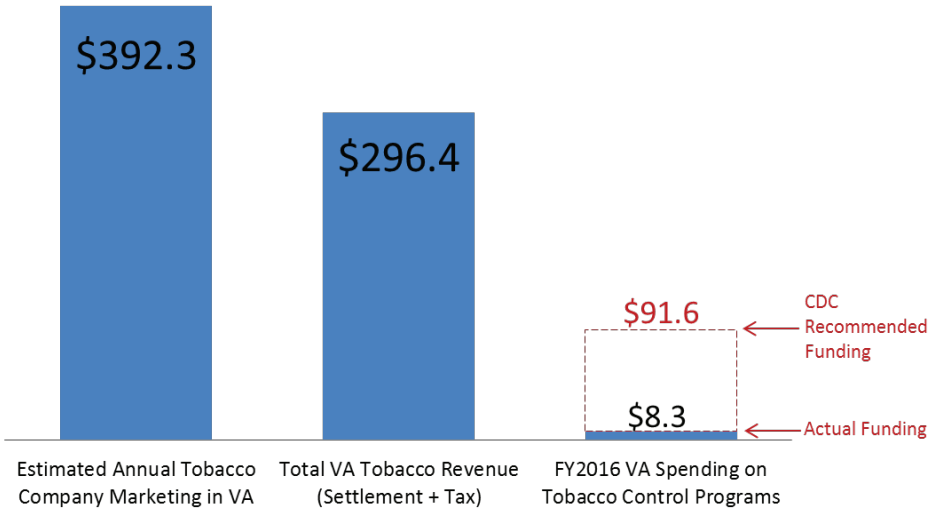
Virginia Total Annual Tobacco Prevention Spending (in millions) FY2007-FY2016

CDC Recommended Level of Spending = **$91.6 million**
CDC Best Practices for Comprehensive Tobacco Control Programs, 2014.



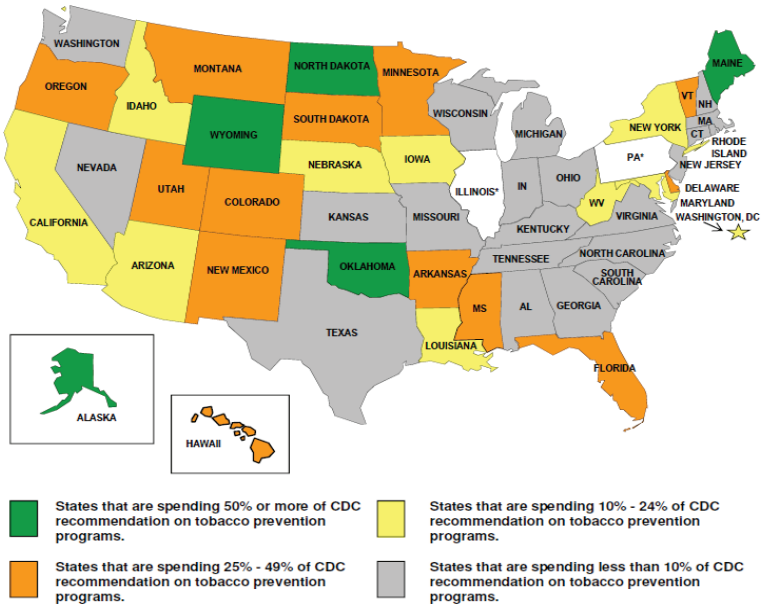
Source: Campaign for Tobacco-Free Kids, *A Broken Promise to Our Children: The 1998 State Tobacco Settlement 17 Years Later* (2015)

Comparison of State Tobacco Revenue, CDC Recommended Level of Spending for Tobacco Control, FY 2016 Spending on State Tobacco Control Programs, and Tobacco Industry Spending, Virginia (in millions)



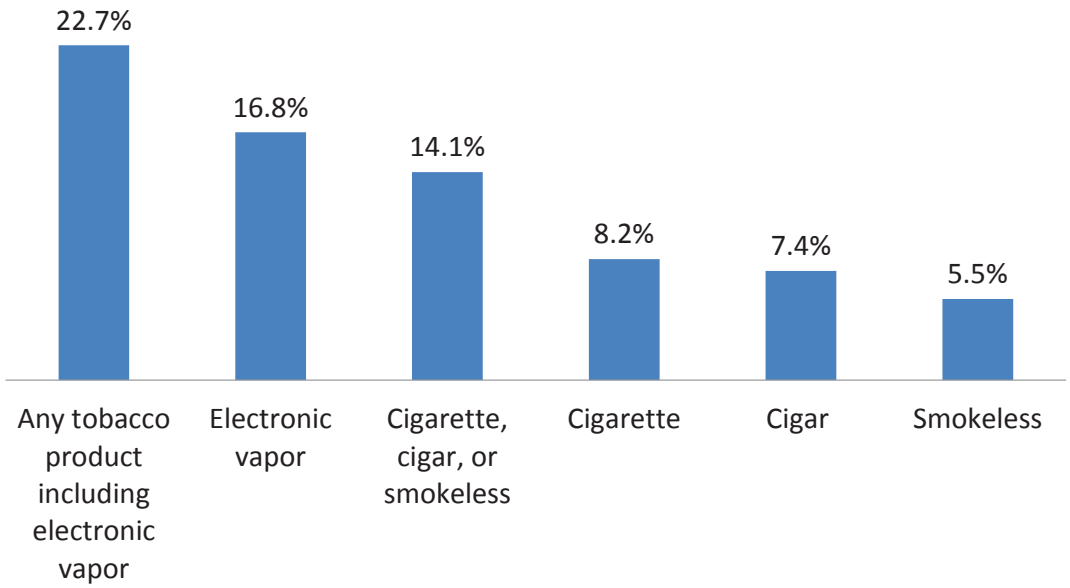
Sources: Campaign for Tobacco-Free Kids, *A Broken Promise to Our Children: The 1998 State Tobacco Settlement 17 Years Later* (2015)
CDC Best Practices for Comprehensive Tobacco Control Programs, 2014.

Virginia spends only 9.1% of the CDC Recommended Level of Spending for Tobacco Control



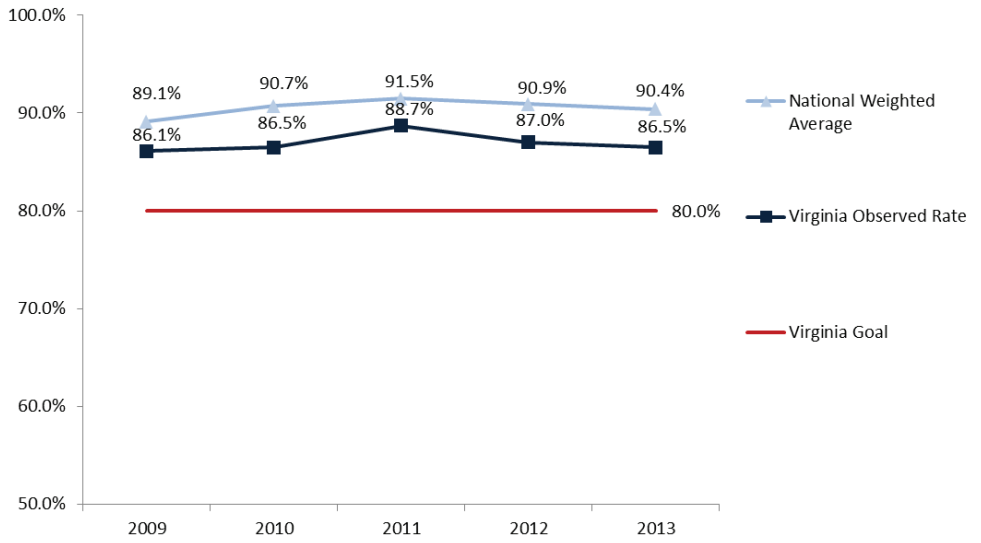
Source: Campaign for Tobacco-Free Kids, *A Broken Promise to Our Children: The 1998 State Tobacco Settlement 17 Years Later* (2015). *IL and PA not available.

High School Youth Tobacco Use, 2015



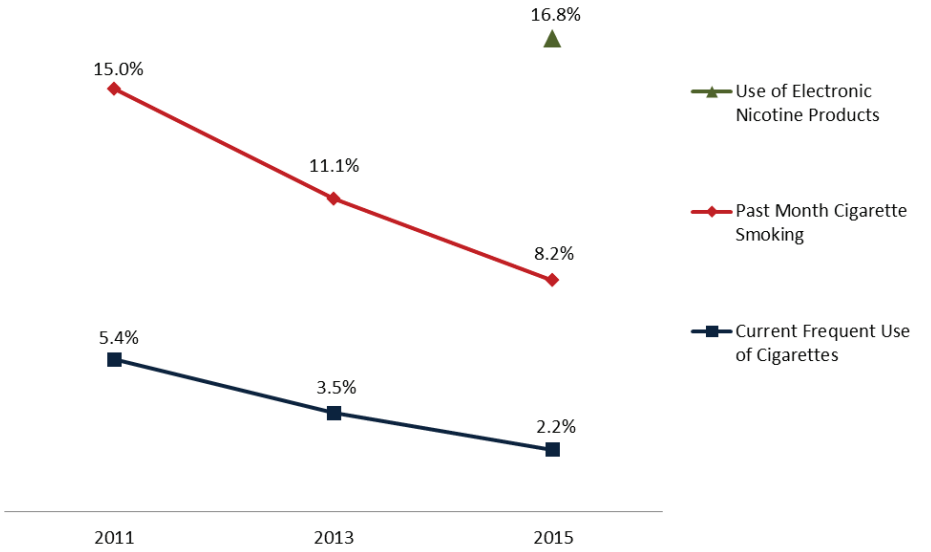
Source: VDH, Virginia Youth Survey (VYS), High School Survey 2015.
Note: Current use is defined as use of product on at least 1 day during the 30 days before survey

Tobacco Sales to Youth:
Retailers in Observance of No Underage Tobacco Sales



Source: Synar program annual reports. Available at http://www.samhsa.gov/synar. Accessed July 5, 2016.

High School Tobacco Use, 2011-2015



Source: VDH, Virginia Youth Survey (VYS) Trend Analysis Report.
Note: Current frequent cigarette use is defined smoking on 20 or more of the previous 30 days

TOBACCO FREE
ALLIANCE OF VIRGINIA