Alabama State Plan for Tobacco Prevention and Control 2015-2020

COALITION FOR A tobacco free ALABAMA

ALABAMA PUBLIC HEALTH

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STATE OF ALABAMA DEPARTMENT OF
PUBLIC HEALTH
Thomas M. Miller, M.D.
Acting State Health Officer

November 4, 2015

Dear Fellow Alabamians:

The Alabama Department of Public Health, the Coalition for a Tobacco Free Alabama, and their partners are pleased to present the 2015-2020 Alabama State Plan for Tobacco Prevention and Control. I commend the work of the Alabama Tobacco Use Prevention and Control State Task Force in providing us with a comprehensive plan to increase the protection of our citizens from the harmful effects of tobacco use.

Although we have made progress since the last five year plan was developed in 2010, there is still work to be done. Tobacco use is still the leading cause of preventable death in the United States and in Alabama. In fact, there are still more than 8,600 smoking-related deaths each year in Alabama, costing over $4 billion in health care costs and lost productivity. We have the eleventh highest smoking rate in the nation, and each year, approximately 8,200 of Alabama's youth become smokers. Current statistics indicate that 50 percent of these will eventually die of smoking-related causes.

We cannot afford to let tobacco continue to addict our youth, damage the health of our citizens, and harm those who breathe secondhand smoke. The 2015-2020 State Plan calls for continued work focusing on these three goal areas: reducing use and initiation of tobacco use among youth; increasing cessation rates and reducing use among adults; and reducing exposure to secondhand smoke. The range of strategies and activities outlined in this plan can help lead our state to improved outcomes.

I urge the decision makers of Alabama to act with determination to help eliminate the heavy burden of tobacco in our state. It will take the collaborative efforts of all of us – communities, schools, workplaces, health care systems, state and local government, and many others – to create a heathier environment for all Alabamians.

Sincerely,

Thomas M. Miller, M.D.
Acting State Health Officer

TMM/DB

The RSA Tower • 201 Monroe Street • Montgomery, AL 36104
P.O. Box 303017 • Montgomery, AL 36130-3017

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June 15, 2015

Dear Alabama Citizen,

Did you know that tobacco use is the leading cause of preventable death? Nearly twenty three percent of Alabama residents currently use tobacco products with almost nineteen percent of high school students smoking. These statistics are alarming.

Tobacco use impacts not only the user, but the children, residents, workers, and visitors who have to be exposed to it in workplaces, public places, and homes that allow smoking. There is no safe level of exposure to secondhand smoke according to the U.S Surgeon General. Secondhand smoke is the third leading cause of preventable death in the country and has been proven to cause cancer, heart disease, stroke, emphysema and asthma.

Exposure to secondhand smoke and tobacco use is a public health issue. To address the prevalence of tobacco use and secondhand smoke exposure in Alabama, citizens gathered to develop the Alabama Comprehensive Tobacco Use Prevention and Control Plan for 2015-2020. This plan outlines key best practices and strategies to reduce tobacco use and exposure to secondhand smoke, such as adopting and implementing comprehensive smokefree policies, increasing the price of tobacco, dedicating resources for the Alabama Quit line and implementing media campaigns about the dangers of tobacco use.

With more than 8,500 Alabamians dying each year from smoking-related illnesses, this report is a tool to help us mobilize for action. Your voice can make the difference!

Interested in getting involved? Visit our website at **www.tobaccofreealabama.org!**

Everyone deserves the right to breathe smokefree air!

Sincerely,

Ashley Lyerly, Chair

Coalition for a Tobacco Free Alabama

GOALS

Prevention:

To reduce tobacco use and initiation among middle and high school students, tobacco prevention efforts will educate state decision-makers on the benefits and impact of increasing cigarette excise tax, educate youth on the dangers of tobacco use through earned and paid mass media campaigns, and encourage more school decision-makers to implement 100 percent comprehensive smoke-free/tobacco-free (SF/TF) policies.

Cessation:

To increase cessation and reduce tobacco use among adults, tobacco control efforts will increase smokers' readiness and desire to quit by providing cessation information and resources, and a health care environment supportive of quitting tobacco use.

Protection:

To reduce exposure to secondhand smoke (SHS), tobacco control efforts will conduct training and provide information to insurance carriers, health care providers, decision makers, and the public on the benefits of SF/TF policies.

Executive Summary

The Alabama State Plan for Tobacco Prevention and Control is the result of the efforts of the Alabama Tobacco Use Prevention and Control Task Force. The task force is composed of agents of the Alabama Department of Public Health (ADPH) and its national, state, and local partners (see Appendix 2). Representatives of task force partner organizations met in March of 2015 to review the state's progress regarding tobacco prevention and control and update the previous plan drafted in 2010.

While progress was noted in some areas, improvements fell short of targets. Funding for tobacco prevention and control programs continues to prove inadequate to support a comprehensive program as recommended by the Centers for Disease Control and Prevention (CDC). As a result, while 132 cities have instituted policies prohibiting SHS exposure in public places and work sites, smoking prevalence among Alabama adults remains virtually unchanged over the past 5 years.

The human and economic costs of tobacco use are enormous. According to data compiled by The Campaign for Tobacco Free Kids (CTFK, 2015a), $1.88 billion of medical expenditures in the state of Alabama are attributable to smoking. More importantly, more than 8,000 people die in Alabama each year from tobacco-related illnesses, and nearly 158,000 more are living with smoking attributable illnesses. However, results of a recent review (Dunlap & McCallum, 2014) indicated that if Alabama were to renew allocation of substantial funds to tobacco prevention, the state would again see progress in the battle to combat the uptake of tobacco use by its young people as well as improvements in the rates of illness, health care costs, and death resulting from long-term use of tobacco products. This plan may be seen as an important step in the process of moving the state along the right track toward reaching those goals.

Alabama's Tobacco Burden

According to the 2013 Behavioral Risk Factor Surveillance System (BRFSS), Alabama has the eleventh highest percentage of adult smokers in the United States. As of 2013, 21.5 percent of Alabama adults (over 800,000 residents) smoked cigarettes, in addition to 18 percent of high school students (an additional 46,000 smokers). Approximately 8,200 adolescents in the state begin smoking every year. An estimated 50 percent of all smokers will eventually die of a smoking related cause. In Alabama, that is 8,600 deaths per year; more than alcohol, car crashes, illegal drugs, murders, and suicides combined (CTFK, 2015a).

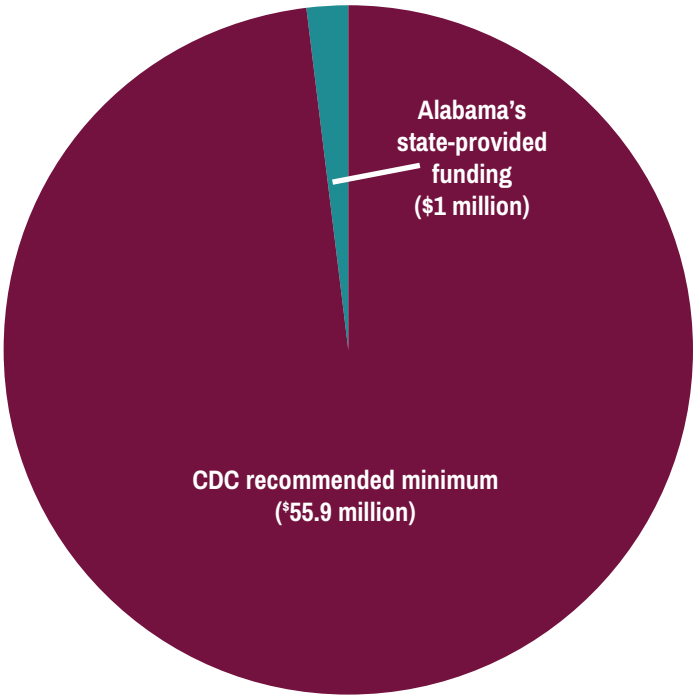
During their lifetime, each of these tobacco users' smoking-related health care costs will average $2,051 per person per year totaling $1.88 billion per year, a portion of which ($288.2 million) is covered by the state's Medicaid program. This cost of cigarette smoking to the state of Alabama translates to an annual burden of $845 per household in state and federal tax dollars spent on efforts to ameliorate the effects of cigarette smoking. This is in addition to $2.71 billion per year in smoking-caused productivity losses (CTFK, 2015a). These numbers represent economic costs only and do not consider the value of lives lost or the cost of suffering.

Cigarette smoking causes or worsens chronic health conditions such as heart disease, multiple types of cancer, lung and respiratory disease, and contributes to negative reproductive effects. At any given time in Alabama, over 157,000 people are living with smoking attributable illnesses (CTFK, 2015a). Not all of these sufferers are tobacco users themselves. SHS kills over 850 non-smokers per year in Alabama from lung cancer, heart disease, and strokes. The good news is that there are evidence-based methods which, when fully funded and appropriately implemented, have proven successful in preventing and reducing the use of tobacco products and, consequently, the devastation it causes.

Tobacco Spending in Alabama

CDC recommends a minimum of $55.9 million per year for tobacco prevention and control spending in the state of Alabama (CDC, 2014a). In recent years, Alabama's state-provided funding for tobacco prevention and control programs and initiatives has equaled less than $1 million per year. While additional funds from grants awarded to the state by CDC substantially increase total tobacco control spending in the state, the total amount available for such programs still equaled approximately 3.7 percent of CDC recommendations in the most recent year for which data are available (approximately $2 million for fiscal year 2015). Even so, while the adult prevalence of smoking has remained relatively stable, adolescent tobacco use declined significantly in the early part of the past decade; but this was followed by a plateau or, in some cases, reversals of this trend, in the face of further cuts to tobacco prevention funding.

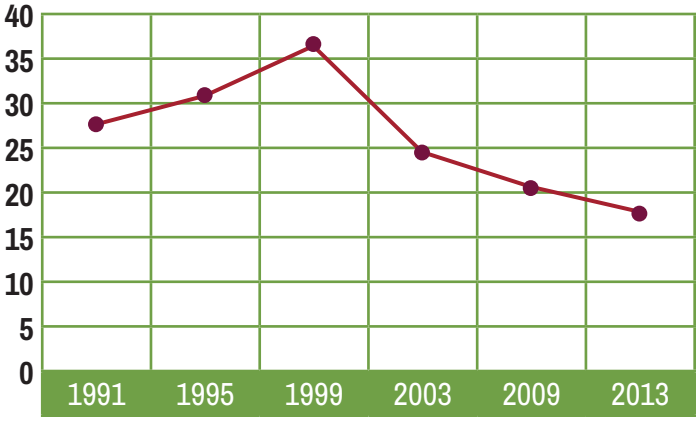
Tobacco Prevention and Control Spending in Alabama



Even as funds and programs to prevent and reduce tobacco use by Alabamians have dwindled, there can be no doubt that the tobacco industry's marketing practices have continued unabated. In the United States, $9.6 billion per year is spent on tobacco advertising, which translates to a little more than $1 million every hour (CTFK, 2015b). Of this amount, $216 million (nearly $250,000 per hour) is spent in Alabama alone. In addition to the money spent on advertising, the tobacco industry spends a further $4.8 million on lobbying efforts and campaign donations nationwide (Center for Responsive Politics, 2015).

Percent of Alabama High School Students Who Currently Smoke

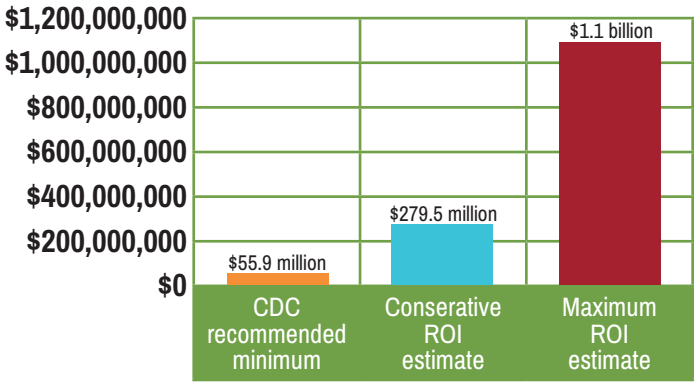
Source: CDC. YRBS. Available at: www.cdc.gov/yrbs. Accessed on July 1, 2014



While investments this large may seem difficult to combat, recent conservative estimates indicate that for every $1 spent on comprehensive state-funded tobacco control programs, at least $5 are saved in tobacco-related medical expenditures over a relatively short time span of 10 years (Dilley et al., 2012). Another recent study that calculated the potential future benefits of a sustained state-level tobacco prevention and control program estimated that the return on investment of supporting comprehensive, ongoing programs was in the range of 14-20 times the cost of implementing the program (Chattopadhyay & Pieper, 2012). These benefits were calculated based on savings that would accrue throughout the year following a given year in which funding was sustained.

Applying these estimates (reported by both public health officials as well as economists) to the state of Alabama would predict that the state could experience savings between $279 million and $1.1 billion annually by allocating sustained financial support to tobacco prevention and control programs at the minimum level recommended by CDC (Dunlap & McCallum, 2014). Thus, saving lives as well as dollars is possible if the activities laid out in this plan by ADPH and its task force partners can, with supporting funds, be carried out over the next 5 years and beyond. The plan both asks and answers the questions of "what, how, who, and why?" with respect to tobacco prevention and control in the state of Alabama.

Potential Tobacco Prevention Funding Return on Investment for Alabama



Previous Period Update: 2010-2015 Goals, Objectives, and Target

Goal 1: Reduce Tobacco Use by Adults		
Objective: By 2015, reduce cigarette smoking by adults from 22.1% in 2008 to 18% among all adult population groups.		
Baseline: 22.1% of adults smoke cigarettes (BRFSS, 2008)	Target: 18%	Follow up: 21.5% (BRFSS, 2013)
Objective: By 2015, reduce annual per capita consumption of cigarettes from 72.8 packs per capita per fiscal year to 51.8 packs per capita per fiscal year.		
Baseline: 72.8 annual per capita consumption of cigarette packs (Alabama Department of Revenue [ADR] fiscal year data, 2008-09)	Target: 51.8	Follow up: 64.6 (ADR fiscal year data, 2013)
Goal 2: Reduce Tobacco Use by Adolescents		
Objective: By 2015, reduce cigarette use by students in Grades 9-12 from 18.6% to 15%.		
Baseline: 18.6% of students in Grades 9-12 smoke cigarettes (Youth Tobacco Survey [YTS], 2010)	Target: 15%	Follow up: 17.8% (YTS, 2014)
Objective: By 2015, decrease the proportion of 6th-8th graders who report ever having tried cigarettes from 25.8% in 2010 to 20%.		
Baseline: 25.8% of 6th-8th graders report ever having tried cigarettes (YTS, 2010)	Target: 20%	Follow up: 24.9% (YTS, 2014)
Goal 3: Establish Greater Protections From SHS in Workplaces, Schools, and Homes		
Objective: By 2015, increase or improve, from 124 in 2009 to 144, the number of city policies and strengthen the state law that prohibits exposure to SHS in public places and worksites.		
Baseline: 124 city policies and one state law (ADPH Tobacco Policy Tracking System, [TPTS])	Target: 144 city policies and a stronger state law	Follow up: 132 city policies (TPTS, March 2015)
Objective: By 2015, increase from 73 in 2009 to 100, the number of tobacco-free comprehensive policies in schools, including all school facilities, property, vehicles, and school events.		
Baseline: 73 tobacco-free comprehensive policies in schools (TPTS)	Target: 100 tobacco-free comprehensive policies in schools	Follow up: 87 comprehensive policies in schools (TPTS, March 2015)
Objective: By 2015, increase the proportion of Alabama households that have smoke-free home policies from 82.1% in 2007 to 86%.		
Baseline: 82.1% of Alabama households have smoke-free home policies (Adult Tobacco Survey [ATS], 2007)	Target: 86% of Alabama households have smoke-free policies	81.4% of households have smoke-free home policies (ATS, 2013)

The 2015-2020 Plan: What, How, Who, and Why?

The Alabama State Plan for Tobacco Prevention and Control is designed to align with the CDC's most recent Best Practice recommendations for a comprehensive state program for tobacco prevention and control (CDC, 2014a). As such, the three goals of the plan include:

Goal 1: Reduce tobacco use and initiation among middle and high school students

Goal 2: Increase cessation and reduce tobacco use among adults

Goal 3: Reduce exposure to secondhand smoke

Lists of associated objectives, activities, and key partners have also been developed for each goal and are detailed below, in addition to a complementary communication plan, sustainability plan, and a logic model which includes expected outputs and outcomes of the program's activities.

The goals and objectives of the plan also give consideration to the broader chronic disease prevention and health promotion goals of Alabama as laid out in the ADPH Coordinated Chronic Disease (CCD) state plan. The CCD plan is based upon the four domains developed by the CDC to provide a framework for state tobacco prevention and control programs which include:

Domain 1: Epidemiology and surveillance to inform, prioritize, deliver, and monitor programs and population health

Domain 2: Environmental approaches that promote health and support and reinforce healthful behaviors

Domain 3: Health system interventions to improve the effective delivery and use of clinical and other preventive services in order to prevent disease, detect disease early, and reduce or eliminate risk factors or manage conditions

Domain 4: Strategies to improve community and clinical linkages ensuring that communities support, and clinics refer, patients to programs that improve management of chronic conditions

The following goals and activities align with both sets of CDC Best Practice recommendations.

Goal 1: Reduce Tobacco Use and Initiation Among Middle and High School Students	
Objectives	➢ Reduce current tobacco use among high school students from 26.3% to 25% ➢ Reduce tobacco product initiation among middle school students from 32.9% to 30% ➢ Reduce alternative tobacco product (i.e., e-cigarettes) initiation among middle school students from 8.9% to 8% Source: Alabama YTS, 2014 Note: Previous objectives for adolescents focused on cigarette smoking, while these include use of all tobacco products.
Activities	➢ Educate state decision-makers on the benefits and impact of increasing cigarette excise tax ➢ Conduct, leverage, or both, earned and paid mass media campaigns to educate youth on the dangers of tobacco use ➢ Assess the number of private and independent schools with no comprehensive SF/TF policy ➢ Conduct/provide trainings and presentations and provide information to private and independent school decision makers on benefits of SF/TF policies
Key Partners	➢ American Lung Association ➢ American Cancer Society Cancer Action Network ➢ ADPH Tobacco Prevention and Control Program ➢ American Heart Association ➢ Voices for Alabama's Children
Supporting Evidence	➢ Approximately 18% of all deaths per year in Alabama are related to tobacco use. Another 157,000 residents are living with smoking attributable illnesses at a given time (Fosson & McCallum, 2011). ➢ According to the U.S. Surgeon General (United States Department of Health and Human Services (USDHHS), 2012), 88% of adult smokers began the habit before the age of 18. For this reason, reducing the onset of tobacco use is a primary goal of tobacco control efforts. ➢ To prevent the onset and continuation of youth tobacco use, the CDC (Best Practices, 2014) recommends that each state develop a comprehensive state tobacco control program including: • Increase the unit price of tobacco products • Conduct mass-media education campaigns in combination with other community interventions

Goal 2: Increase Cessation and Reduce Tobacco Use Among Adults	
Objectives	➢ Increase the proportion of adults who stopped smoking for one day or longer because they were trying to quit smoking (i.e., made a quit attempt) from 55.4% to 57% ➢ Decrease the smoking prevalence rate for all adults from 21.5% to 18% Source: Alabama BRFSS, 2013
Activities	➢ Assess tobacco cessation treatment coverage by Alabama health care insurers (HCIs) ➢ Collaborate with the Alabama Department of Insurance (ADI) to educate HCIs on Affordable Care Act (ACA) recommendations for tobacco cessation treatment ➢ Collaborate with HCIs to educate members and the public on available tobacco cessation benefits ➢ Identify health care providers (HCPs) or systems that have included *Tobacco Use: Screening and Cessation Intervention* as a Clinical Quality Measure in electronic health records (EHR) ➢ Collaborate with HCPs and other stakeholders to integrate tobacco dependence treatment into EHR and workflows
Key Partners	➢ Alabama Quality Assurance Foundation ➢ Blue Cross and Blue Shield of Alabama ➢ ADPH Tobacco Prevention and Control Program ➢ Alabama Medicaid Agency ➢ ADI ➢ National Jewish Health
Supporting Evidence	➢ State tobacco control programs are in the best position to educate health care systems, insurers, and employers on the importance of covering the costs of cessation services to members and employees (Best Practices, 2014). CDC has concluded that such interventions "have the potential to dramatically increase the delivery of evidence-based cessation interventions." ➢ According to the Guide to Community Preventive Services (CPS) Taskforce, 2015, reducing out-of-pocket costs for evidence-based cessation treatments increases quit rates by 4.3%, with the benefits of these interventions exceeding costs within 10 years.

Goal 3: Reduce Exposure to Secondhand Smoke	
Objectives	➢ Increase the number of comprehensive SF city policies from 27 to 35 and strengthen the state law that prohibits smoking in public places and worksites ➢ Increase from 16 to 24 the number of 100% SF/TF colleges and university policies ➢ Increase by 10% the proportion of multifamily, public housing communities that have 100% SF/TF policies Sources: ADPH Policy Tracking System; ADPH Program Records
Activities	➢ Assess number of SF/TF multifamily public housing communities ➢ Establish baseline percentage of households that have SF cars ➢ Educate community and state leaders on benefits of SF public and work places ➢ Educate leaders and decision makers on benefits of adopting comprehensive SF/TF policies (municipal and state decision makers, private/independent schools, colleges and universities, and multifamily public housing communities) ➢ Educate citizens on benefits of SF cars
Key Partners	➢ American Cancer Society Cancer Action Network ➢ American Heart Association ➢ ADPH Tobacco Prevention and Control Program ➢ American Lung Association ➢ American Academy of Pediatrics ➢ Tobacco Free Alabama coalition members
Supporting Evidence	➢ A 2009 report by the CFTK concluded that approximately 850 people die from exposure to SHS and almost 158,000 suffer from serious smoking-related illnesses each year in Alabama. ➢ Moreover, annual costs associated with tobacco-related illness amount to nearly $4.6 billion in medical expenses and lost productivity. ➢ According to the Guide to Community Preventive Services (Community Preventive Services Taskforce, 2015), SF policies reduce self-reported SHS exposure by 50%, reduce the adult tobacco prevalence rate by 2.7%, increase cessation by 3.8%, reduce cigarette consumption by 1.2 cigarettes per day, lower the prevalence of tobacco use by youth, and decrease hospital admissions for cardiovascular events by 5.1% and for asthma by 20.1%.

Communication Plan

Background

The dissemination and sharing of information on prevention and cessation of tobacco use and protection from SHS exposure is considered essential in changing social norms regarding tobacco. A statewide communication plan was crafted by the ADPH Tobacco Prevention and Control Program to promote tobacco cessation resources in the state and educate decision makers and the public on the harmful effects of tobacco use and exposure. The plan details how paid media campaigns, earned media and speaking opportunities, social media activities, and internal communication among partners and stakeholders will be used to:

- Increase calls to the Alabama Quitline
- Increase support for SF policies
- Increase support for an increase in the unit price of cigarettes
- Increase traffic to websites and social media outlets
- Increase participation in local and statewide tobacco coalitions

Key Messages

Key messages of the plan are decided and agreed upon to ensure that consistent information reaches the general public, community leaders, and decision makers regarding tobacco use and exposure. The key messages of the current plan include:

- Everyone has the right to breathe SF air
- No one should be forced to choose between their health and a paycheck

- Every year, 5,200 children in Alabama become new daily smokers
- 108,000 children under 18 years of age and living in Alabama will ultimately die prematurely from smoking
- The Quitline is a free telephone and online coaching service for any Alabamian who is ready to quit tobacco
- Quitting smoking today can result in immediate health and monetary benefits

These key messages will be supported by complementary reports and publications, air quality monitoring studies, opinion polls, the State Plan, the Tobacco Prevention and Control Program (TPCP) evaluation plan, and quarterly reports to the Campaign for Tobacco Free Alabama. Other information provided by national and local partners may also be used.

Sustainability Plan

Background

The Sustainability Framework developed by Washington University in St. Louis (WUSL; 2012) identifies eight organizational and contextual domains that consist of the processes and structures necessary for maintaining a program and its benefits over time. Taking this broad view of sustainability, and ensuring a planning process inclusive of engaged tobacco control stakeholders, the ADPH TPCP has developed a sustainability plan for tobacco prevention and control-related efforts for the next 5 years (2015-2020). Partners involved in the planning process included:

- ADPH
- VOICES for Alabama's Children
- American Cancer Society Cancer Action Network, Inc.
- American Heart Association
- Alabama Comprehensive Cancer Control
- University of Alabama
- American Lung Association of the Southeast, Inc.

Stakeholders were invited to participate in a day-long action-planning meeting in which the primary aims were to 1) collaboratively develop 5-year objectives for each of the eight sustainability domains and 2) prioritize several domains for which 2-year action plans would be developed.

Stakeholders agreed that prioritizing Partnerships and Communications would go a long way toward their collective ability to strengthen capacity within the six remaining domains. Therefore, these will be the primary focus of sustainability efforts for the first 2 years, following the objectives and action plans developed during this meeting.

Sustainability Plan

Below are the 5-year sustainability objectives established for the eight domains (2015-2020). After a 2-year focus on partnerships and communications, stakeholders will prioritize and engage in action planning for each of the remaining domains, building upon anticipated positive outcomes of partnerships and communications-related efforts occurring in Years 1 and 2.

Alabama 5-Year State Plan for Tobacco Prevention and Control 2015-2020 Logic Model

Inputs

State Health Department and Partners

Activities

Assessment
- Assess number of private/independent schools with no comprehensive smoke/tobacco free (SF/TF) policy
- Assess tobacco cessation treatment coverage by Alabama health care insurers (HCIs)
- Assess number of SF/TF multifamily public housing communities
- Establish baseline percentage of households that have smoke-free cars

Media campaign
- Conduct and/or leverage earned and paid mass media campaigns to educate youth on the dangers of tobacco use

Health Plan interventions
- Educate HCIs on ACA recs for tobacco cessation treatment
- Educate public on available cessation benefits
- Identify HCP/systems that have included tobacco use in EHR
- Collaborate with HCP/systems to integrate tobacco dependence into EHR

Decision-maker and public education
- Educate state decision-makers on benefits of increasing cigarette excise tax
- Educate community and state leaders on benefits of SF public and work places
- Educate leaders and decision makers on benefits of adopting comprehensive SF/TF policies (Municipal and state decision makers, Private/independent schools, Colleges and universities, Multifamily public housing communities)
- Educate citizens on benefits of SF cars

Outputs

Inventory of:
- Private/independent schools' SF/TF policies
- Available tobacco cessation treatment coverage
- SF/TF public housing communities
- Households with SF cars

Earned/paid media campaigns to educate youth on the dangers of tobacco use

- Info provided to HCIs on ACA recs for cessation treatment
- Info provided to the public on available cessation benefits
- Evidence of collaboration with health care systems to integrate tobacco dependence into EHR

- Completed activities to educate policy makers on the benefits of increased excise tax
- Completed activities to educate decision makers on the benefits of adopting comprehensive smoke/tobacco free policies
- Completed activities to educate public on SF cars

Short-Term Outcomes

Increased support for increased excise tax

Increased proportion of HS students who have seen commercials about the dangers of smoking

Increased knowledge of ACA guidelines for HCIs

Increased use of EMR for tobacco dependence by HCPs

Increased knowledge among decision makers regarding SF/TF policies

Increased knowledge among the public about the benefits of SF vehicles

Intermediate Outcomes

Increased unit price of cigarettes

Increased youth knowledge of the dangers of tobacco use

Reduced susceptibility of youth to tobacco and alt tobacco product use

Increase in the number of HCIs that provide cessation coverage that follows ACA recs

Increased use of eReferral by HCPs

Increased use of available cessation programs

Increased SF/TF policies

Increased compliance with TF policies

Long-Term Outcomes

Reduced tobacco use initiation among MS and HS students

Reduced tobacco use prevalence among MS and HS students

Reduced alternative tobacco product initiation among MS students

Increased cessation attempts among adult tobacco users

Reduced tobacco use prevalence among adults

Reduced exposure to secondhand smoke in work places, public places, homes, schools, and vehicles

Partnerships: Cultivating connections between the program and its stakeholders

Sustainability Objective: By March 2020, increase individual and organizational membership in the Coalition for a Tobacco Free Alabama (TFA) by 300%, from 19 to 76 individual members (an increase of 57 individuals) and from 7 to 28 organizational members (an increase of 21 organizations).

Communications: Strategic communication with stakeholders and the public about the program

Sustainability Objective: By March 2020, stakeholders, in conjunction with TFA Communications Committee, will develop, implement, and evaluate an internal and external coordinated communications plan. Internal communications plan will focus on communications between and among stakeholders and external communications plan will focus on communications to allies and outside interests.

Environmental Support: Having a supportive internal and external climate for the program

Sustainability Objectives:

- By March 2020, retain stakeholders' senior leader support as evidenced by position statements and favorable allocation of available resources.
- By March 2020, increase program support by elected officials, decision-makers, and community leaders as evidenced by an increase in the number of municipalities with comprehensive SF ordinances from 27 to 100* and continued efforts toward a state comprehensive SF law.

Organizational Capacity: Having the internal support and resources needed to effectively manage the program and its activities

Sustainability Objective: By March 2020, conduct, compile, and utilize an assessment of tobacco control stakeholders' and allies' capacity in order to identify and resolve gaps. The assessment should measure strength of grassroots organizing, media/communications, lobbying, funding support, research, and dedicated staff.

Program Evaluation: Assessing the program to inform planning and document results

Sustainability Objective: By March 2020, develop and review annually an evaluation tool for the Alabama Comprehensive Tobacco Prevention and Control Plan.

Program Adaptation: Taking actions that adapt the program to ensure its ongoing effectiveness

Sustainability Objective: By March 2020, develop and convene annually a task force to review evaluation results and the tobacco control landscape (political and economic) to make necessary adjustments to annual and 5 year objectives for the Alabama Comprehensive Tobacco Prevention and Control Plan.

Strategic Planning: Using processes that guide the program's direction, goals, and strategies

Sustainability Objective: By March 2020, ensure that stakeholders' strategic plans are complementary with regard to tobacco prevention and control, including emphasis on sustainability, youth utilization rates, and generating follow-on discussions.

Funding Stability: Establishing a consistent financial base for the program

Sustainability Objective: By March 2020, increase the percentage of CDC-recommended total funding level from 3.7% to 10%, ensuring diverse funding sources.

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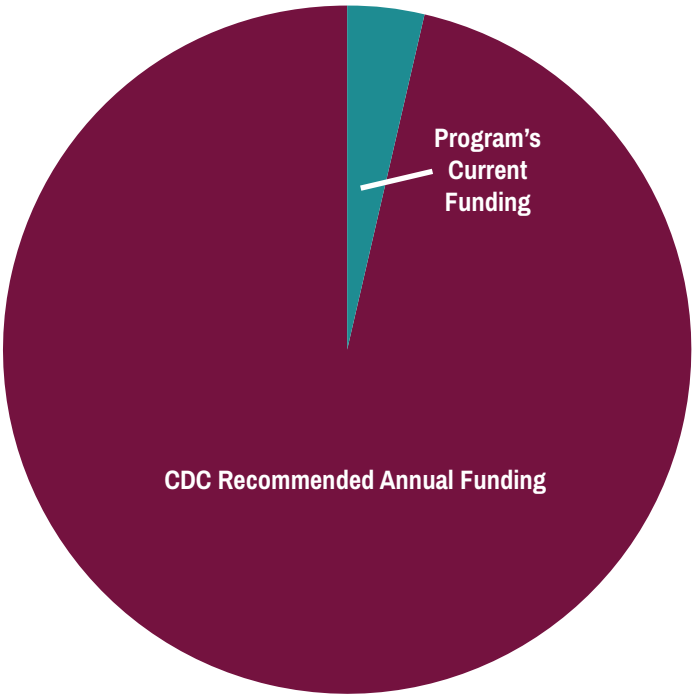
*Targets for the number of smoke-free ordinances differ between the state plan and the sustainability plan. The plans were developed by independent work groups.

APPENDICES

Appendix 1: Funding

The ADPH TPCP receives state and federal funding in order to implement a comprehensive tobacco control program. The program's current funding is 3.7 percent of the CDC recommended annual funding needed to implement with sufficient intensity the evidence-based components of a comprehensive tobacco control program. The program does not receive funds from the 1998 Master Settlement Agreement with the major tobacco companies. Currently, the program receives funding from the CDC, ADPH, and the Alabama Medicaid Agency.

Tobacco Prevention and Control Program Funding



Appendix 2: Alabama Tobacco Use Prevention and Control Task Force

VISION: A tobacco-free Alabama for all citizens.

MISSION: To eliminate unwanted exposure, sickness, and death and reduce the economic burden caused by tobacco use in Alabama .

This plan was created with input from members of the Alabama Tobacco Use Prevention and Control Task Force including:

Kamela Aaron, Spokesperson, Etowah County Tobacco-Free Coalition

Jeff Adams, Community Relations Manager, Blue Cross Blue Shield of Alabama

Matt Allison, Account Representative, American Cancer Society

Karen Atkinson, Quitline Coordinator, Alabama Department of Public Health, Tobacco Prevention and Control Branch

David Avery, Assistant Attorney General/Assistant Counsel, State of Alabama/Department of Revenue

Diane Beeson, Director, Alabama Department of Public Health, Tobacco Prevention and Control Branch

Ginny Campbell, Alabama Government Relations Director, American Cancer Society Cancer Action Network

Tonya Campbell, Marketing Director, State of Alabama Employees' Insurance Board

Jim Carnes, Policy Director, Alabama Arise

Adrinda Carter, Tobacco Control Coordinator, Alabama Department of Public Health, Tobacco Prevention and Control Branch

Dr. Kathryn Chapman, Director, Alabama Department of Public Health, Cancer Prevention Program

Kim Cochran, Alliance Development Consultant, Pfizer

Jennifer Cofer, Vice President of Public Policy and Health Promotions, American Lung Association Southeast

Nancy Dennis, Director of Public Relations, Alabama Retail Association

Melanie Dickens, Tobacco Control Coordinator, Alabama Department of Public Health, Tobacco Prevention and Control Branch

Sarah Dunlap, Research Associate, University of Alabama, Institute for Social Science Research

Brian Forster, Law Enforcement Programs Supervisor, Alabama Department of Economic and Community Affairs, Law Enforcement and Traffic Safety Division

Sherry Goode, Assistant Dental Director, Alabama Department of Public Health, Oral Health Branch

Michele Gowens, Tobacco Control Coordinator, Alabama Department of Public Health, Tobacco Prevention and Control Branch

Gavin Graf, Program Manager, Alabama Department of Public Health, Comprehensive Cancer Control Branch

Coretta Grant, Tobacco Control Coordinator, Alabama

Department of Public Health, Tobacco Prevention and Control Branch

Julie Hare, Quitline/Media Coordinator, Alabama Department of Public Health, Tobacco Prevention and Control Branch

Janet Hill, Tobacco Control Coordinator, Alabama Department of Public Health, Tobacco Prevention and Control Branch

Robert S. Hinds, Director, Alabama Department of Public Health, Behavioral Health Division

Laura Hughes, Program Coordinator, Alabama Department of Public Health, FDA Tobacco Inspection Branch

Anita Jones, President, Southern Association of Cardiovascular and Pulmonary Rehabilitation

Linda Lee, Executive Director, Alabama Chapter American Academy of Pediatrics

Ashley Lyerly, Director of Public Policy, American Lung Association in Alabama

Dr. Debra McCallum, Director, University of Alabama, Institute for Social Science Research

Vontrese McGhee, Administrator/Disparities Coordinator, Alabama Department of Public Health, Tobacco Prevention and Control Branch

Dr. Jim McVay, Director, Alabama Department of Public Health, Health Promotion and Chronic Disease Bureau

Dr. Max Michael, Dean, University of Alabama Birmingham, School of Public Health

Monica Moore, Local Support Coordinator, Alabama Department of Public Health, Tobacco Prevention and Control Branch

Dee Mooty, Chapter Executive Director, American College of Cardiology Alabama Chapter

Julie Nightengale, Surveillance and Evaluation Coordinator, Alabama Department of Public Health, Tobacco Prevention and Control Branch

Lamont Pack, Director, Alabama Department of Public Health, Diabetes Branch

Lee Pearce, Vice President, Alabama Quality Assurance Foundation

Niko Phillips, Tobacco Control Coordinator, Alabama Department of Public Health, Tobacco Prevention and Control Branch

Alethea Pittman, Planning and Quality Assurance Specialist, Alabama Department of Mental Health

Sondra Reese, Chronic Disease Epidemiologist, Alabama Department of Public Health, Health Promotion and Chronic Disease Bureau

Ashley Robinson, Behavioral Health Prevention Specialist, Council on Substance Abuse-National Council on Alcoholism and Drug Dependency

Fayetta Royal, Tobacco Control Coordinator, Alabama Department of Public Health, Tobacco Prevention and Control Branch

Seth Skelton, Client Relationship Manager, National Jewish Health/Quit Now Alabama

Dr. Nathan Smith, Director of Dental Health, Jefferson County Department of Public Health

Bret Stanfield, Youth/Communication Coordinator, Alabama Department of Public Health, Tobacco Prevention and Control Branch

Laurie Stout, Project Manager, Alabama Department of Public Health, Family Health Services Bureau/Electronic Health Records Project

Sonya Tinsley, Tobacco Control Coordinator, Alabama Department of Public Health, Tobacco Prevention and Control Branch

Jessica White, Environmental Prevention Manager, Aletheia House

Charline Whyte, Tobacco Prevention and Control Manager, Jefferson County Department of Health

Knoxye Williams, Local Support Coordinator/State Policy Coordinator, Alabama Department of Public Health, Tobacco Prevention and Control Branch

Wenter Williams, Resource Center Coordinator, Alabama Department of Public Health, Tobacco Prevention and Control Branch

Dr. Donald Williamson, Former State Health Officer, Alabama Department of Public Health

Darick K. Wilson, Lieutenant, Alabama Law Enforcement Agency/Alabama Bureau of Investigation

Dr. Mark Wilson, State Health Officer, Jefferson County Department of Health

Nancy Wright, Director, Alabama Department of Public Health, Cancer Prevention and Control Branch

Appendix 3: Resources

1.800.QUITNOW QUITNOWALABAMA.COM 1-800-784-8669	The Alabama Tobacco Quitline is a free telephone and online coaching service for any Alabamian who is ready to quit tobacco. Information, referrals, and coaching are confidential. Eligible participants receive free nicotine replacement therapy patches.
COALITION FOR A tobacco free ALABAMA	The Coalition for a Tobacco Free Alabama was formed in 1986 under the leadership of former State Health Officer, Dr. Ira Myers. The organization has evolved into a partnership of businesses, organizations, and individuals whose goal is to achieve a tobacco-free society. On the web at: tobaccofreealabama.org.
CAMPAIGN for TOBACCO-FREE Kids®	The Campaign for Tobacco-Free Kids is a leading force in the fight to reduce tobacco use and its deadly toll in the United States and around the world. On the web at: www.tobaccofreekids.org.
	The Healthy Campus Toolkit is a guide to help Health Department facilities provide services in a place where healthy choices are easy and consistent with overall wellness goals through staff that embrace and promote healthy lifestyles. On the web at: http://adphweb01.adph.org/tobacco/assets/NPA.CampusToolkit.pdf.

Links to the tobacco prevention and control resources below can be found on the Alabama Department of Public Health's Tobacco Prevention and Control website at: http://www.adph.org/tobacco/Default.asp?id=779

For additional links to national organizations, federal and state governments, news lines, sports, international and other tobacco information, search "tobacco resources" on the Web.

- Action on Smoking and Health
- American Cancer Society
- American Heart Association
- American Medical Association
- American Legacy Foundation
- American Lung Association
- Americans for Nonsmokers' Rights
- Asian Pacific Partners for Empowerment, Advocacy, and Leadership
- Break Free Alliance
- Centers for Disease Control & Prevention
- FDA Tobacco Products
- Health care 411
- Join Together Online
- National African American Tobacco Prevention Network
- National Latino Tobacco Control Network
- National LGBT Tobacco Control Network
- National Native Commercial Tobacco Abuse Prevention Network
- National Partnership to Help Pregnant Smokers Quit
- Nicotine Anonymous
- North American Quitline Consortium
- QuitNet
- Smokefree.net
- Substance Abuse & Mental Health Services Administration
- Tobacco Control Legal Consortium
- Tobacco Technical Assistance Consortium
- Tobacco.org
- U.S. Department of Health & Human Services
- U.S. Environmental Protection Agency
- U.S. Food and Drug Administration

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