



**Tobacco Prevention and Control Program**

# **Five-Year Strategic Plan**

*April 2009*

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## Strategic Planning Partners

University of Washington School of Public and Community Health  
Washington State Department of Health  
Office of Community Wellness and Prevention  
Maternal and Child Health Program  
Washington State Department of Social and Health Services  
Washington State Health Care Authority  
Washington State Office of the Attorney General  
Washington State Office of the Superintendent of Public Instruction

Americans for Nonmokers' Rights  
Campaign for Tobacco-Free Kids  
Centers for Disease Control and Prevention  
National Network on Tobacco Prevention and Poverty

American Cancer Society  
American Heart Association  
American Indian Tribal Health Commission  
American Lung Association of the Northwest  
Fred Hutchinson Cancer Research Center  
Free and Clear, Inc.  
Northwest Communities Education Center/KDNA Radio  
Northwest Portland Area Indian Health Board  
Washington Association of Community and Migrant Health Centers  
Washington Health Foundation  
Washington State Association of Local Public Health Officials  
Washington State Dental Hygienist Association  
Washington State Family Policy Council  
Washington State Medical Association

Educational Service Districts  
Local Health Jurisdictions  
Tobacco Disparities Advisory Committee  
Tobacco Prevention and Control Program Implementation Advisory Committee



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# Overview

Comprehensive tobacco prevention and control efforts in Washington State over the past eight years have significantly reduced tobacco use and exposure to secondhand smoke. Since the Washington State Department of Health Tobacco Prevention and Control Program began in 2000, the number of adult smokers has dropped by 25 percent; youth smoking has decreased by about 50 percent; and secondhand smoke exposure in homes has dropped by more than 50 percent.

Despite these successes, tobacco use continues to harm the health of individuals and impact our state's economy. In 2007, tobacco-related illnesses killed more than 7,600 people in Washington; about \$1.5 billion was spent on tobacco-related health care costs; and state and federal taxpayers spent \$651 million on Medicaid costs.

In addition, some racial/ethnic populations and individuals with less education and income still use tobacco at a higher rate than the overall population. Among young people, there is evidence that the rate of decline among high school students has started to level off – perhaps even creep upwards.

The importance of periodic updating of the state's strategic approach is underscored by the fact that the tobacco industry continues to develop new products and launch new marketing strategies. The industry spends about \$165 million each year in Washington marketing its deadly products, while the state spends \$28.5 million a year helping people quit and keeping kids from starting – countering this financial disadvantage requires dynamic strategic approaches by the state and its partners.

To address these challenges, the Tobacco Prevention and Control Program in 2007 began a yearlong effort to update the strategic direction for the state's tobacco prevention and control efforts.

The resulting *Tobacco Prevention and Control Program Five-year Strategic Plan*:

- Identifies specific and measurable five-year outcomes.
- Identifies key strategies and tactics to achieve outcomes.
- Identifies priority populations.
- Designates eliminating tobacco-related disparities as a top priority.
- Can be implemented within a range of budgets starting at current budget level.

The plan also emphasizes the integration of tobacco prevention with other Department of Health chronic disease prevention efforts (e.g., asthma, diabetes, heart disease, and stroke) and social service outreach (e.g., Medicaid and Head Start) to improve overall efficiency and reduce the prevalence of tobacco-related illnesses and disease.

## Guiding Principles

This plan consolidates and refines the guiding principles of the 1999 *Tobacco Prevention and Control Plan for Washington State*. The principles continue to emphasize the importance of data and evaluation, while maintaining the flexibility to adjust program activities and budgets, adapt approaches, and allocate resources based on changing conditions and the needs of specific populations or communities.

1. The Tobacco Prevention and Control Program takes a comprehensive and integrated approach to achieve the following four goals:
  - A. **Identify and eliminate tobacco-related disparities.**
  - B. **Prevent youth from beginning to use tobacco.**
  - C. **Increase quitting among tobacco users.**
  - D. **Eliminate exposure to secondhand smoke.**
2. Tobacco Prevention and Control Program strategies and activities are guided by research and data, and align with established best practices.
3. The Tobacco Prevention and Control Program prioritizes resources to those strategies that:
  - Help the program achieve expected results.
  - Assure maximum impact.
  - Are the most effective in achieving sustainable results.
4. Tobacco Prevention and Control Program resources shall remain flexible so they can be redirected, based on the following:
  - Program evaluation.
  - Community need.
  - Changes in data, policy, or best practices.
  - Opportunities for cross-program integration with chronic disease.
5. Tobacco Prevention and Control Program policies and practices shall ensure activities and materials are appropriate for priority population audiences.

## Program Objectives

- ▲ Reduce the proportion of economically disadvantaged adults who currently smoke to 25 percent or less by 2013 (baseline year 2007=27.9 percent).
- ▲ Reduce the proportion of 10th grade youth who currently smoke to 10 percent or less by 2013 (baseline year 2006=14.9 percent).
- ▲ Reduce the proportion of adults who currently smoke to 14 percent or less by 2013 (baseline year 2007=16.5 percent).
- ▲ Reduce the proportion of adults exposed to secondhand smoke in the home to 6 percent or less by 2013 (baseline year 2007=8.6 percent).

## Program Priorities

In addition to reaffirming the goals of the original plan, this 2009 plan makes reducing tobacco-related disparities a top priority to help ensure the program can continue reducing the overall rate of tobacco use in Washington State.

The plan designates priority populations that experience higher rates of tobacco use, secondhand smoke exposure, or tobacco industry marketing. Other priority populations experience barriers in service access related to language and cultural issues.

Over the next five years as this plan is implemented, priority populations will receive specifically targeted programs and activities to counter these disparities.

- Adults with low income and/or high school education or less.
- Youth ages 12-18.
- American Indian youth and adults.
- African American adult males.
- Lesbian, gay, bisexual, or transgender adults.
- Latino youth and adults.
- Asian Pacific Islander adults.
- Mental health and chemical dependency treatment populations.

## Reader's Guide

This plan is organized according to the four program goals. For each goal there is a narrative to provide background, and a pyramid chart that identifies the strategies and tactics that will be used to achieve each goal.

*Strategies* are broad-based approaches used to achieve each goal. *Tactics* are the specific methods that will help achieve each strategy. The pyramid shows the relationship between goals, strategies, and tactics.

Each tactic represents a scope of activities that are carried out statewide or within communities. The plan is intended to guide Tobacco Prevention and Control Program resources to activities that achieve the most impact in reducing tobacco use and exposure.





## Goal A

# ▲ Identify and Eliminate Tobacco-related Disparities

Identifying and eliminating tobacco-related disparities is a top priority in this strategic plan. Smoking rates remain higher among some racial/ethnic and sexual minority populations, and those with less income and education than the general population. These populations also have higher rates of exposure to secondhand smoke, less access to resources, and experience more targeted marketing by tobacco companies. These differences are called tobacco-related disparities.

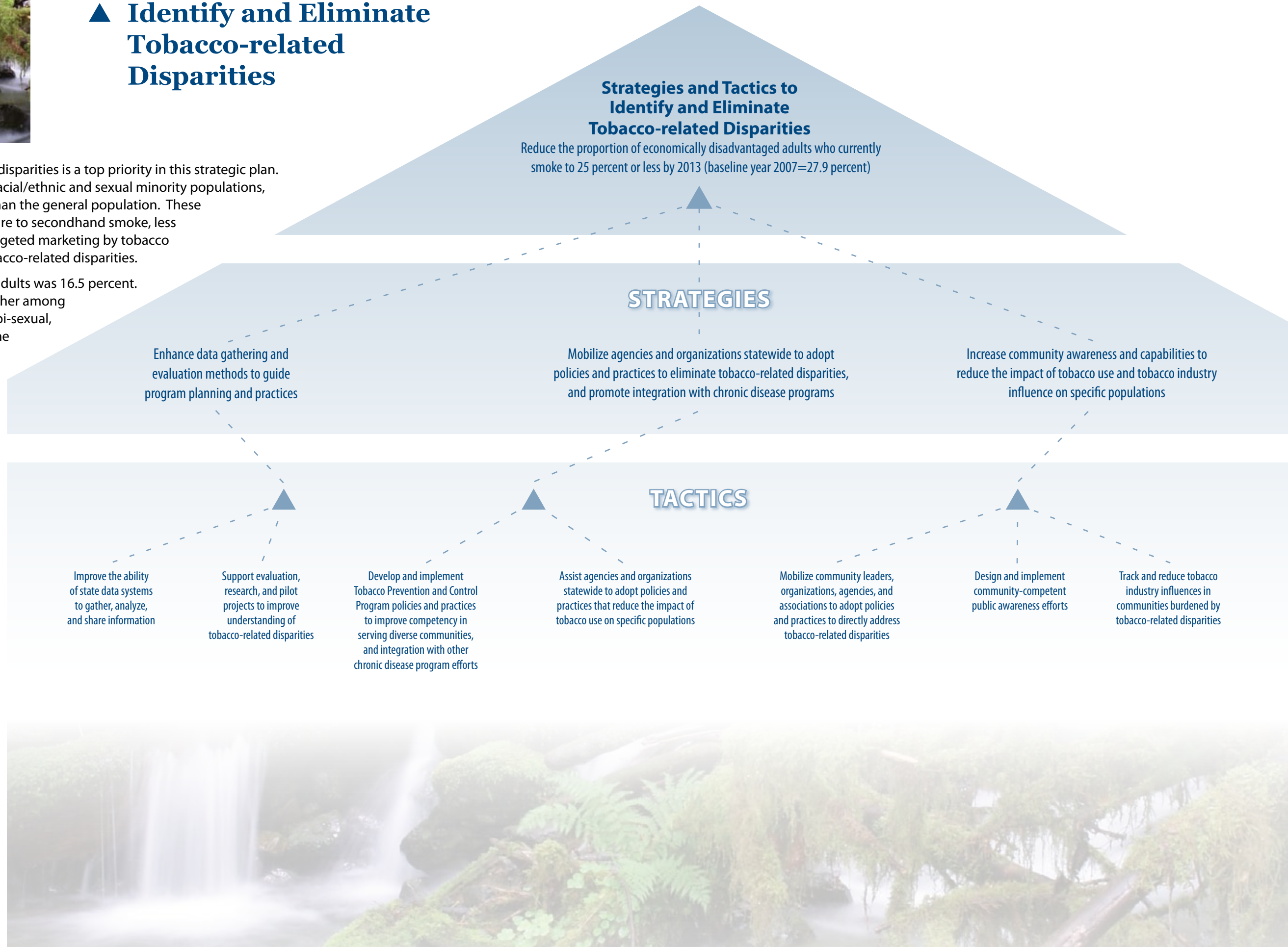
The 2007 smoking rate among Washington adults was 16.5 percent. Average smoking rates (2005-2007) were higher among American Indians (35 percent); lesbian, gay, bi-sexual, and transgender populations (34 percent); the economically disadvantaged (27 percent); and African Americans (22 percent). The rates for many of these groups have not dropped since 2000, while the rate for the general population has dropped by 25 percent.

Since 2000, the Tobacco Prevention and Control Program has gained a better understanding of the tobacco-related disparities that exist in Washington State. It also has enhanced its ability to address these disparities across all program goal areas.

To effectively identify and eliminate tobacco-related disparities, the program will use the tactics detailed for this goal to plan and conduct statewide and community-based activities across all four goal areas.

The plan addresses disparities in the following priority populations:

- Racial/ethnic (African Americans, American Indians, Asian Pacific Islanders, Hispanic/Latinos).
- Sexual minorities.
- Young adults (18- to 29-years-old).
- Those living at or below 200 percent of the federal poverty level or with a high school education or less.





## Goal B

# ▲ Prevent Youth From Beginning to Use Tobacco

Washington State has seen about a 50 percent reduction in youth tobacco use since the comprehensive Tobacco Prevention and Control Program began. However, 45 young people still start using tobacco every day in Washington. In addition, as this population ages a new generation susceptible to beginning tobacco use emerges.

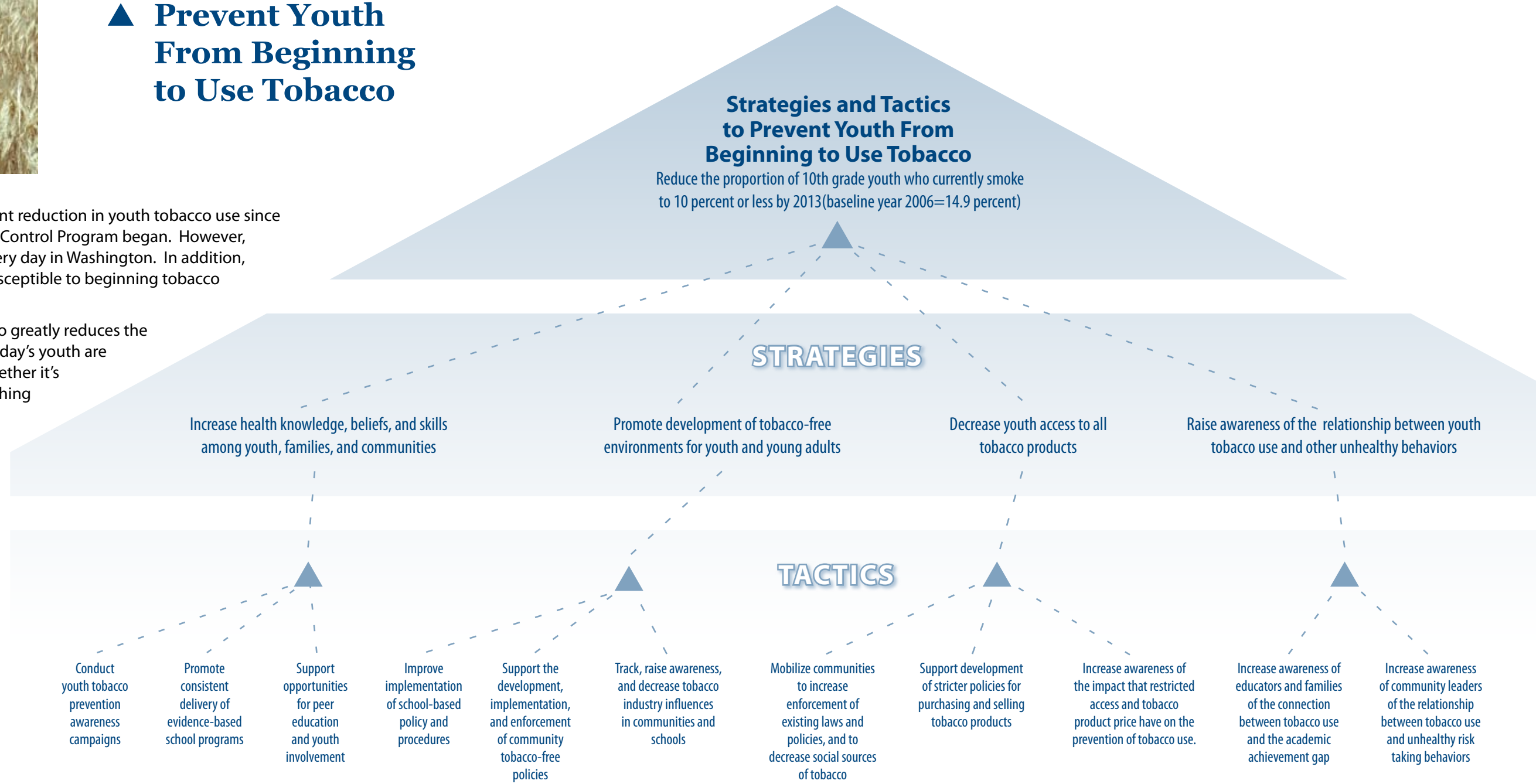
Convincing teenagers to reject using tobacco greatly reduces the likelihood of them becoming adult users. Today's youth are bombarded with pro-tobacco messages, whether it's walking past a local convenience store, watching a movie, or thumbing through a magazine.

One prime strategy is to create a "social norm" where the vast majority of youth do not use tobacco. This can best be achieved by increasing knowledge, beliefs, and skills about the dangers of tobacco use; creating tobacco-free environments; and decreasing the availability of tobacco products to youth.

Tactics in this goal emphasize a comprehensive approach using media, school- and community-based prevention programs and activities, and school and community policies to restrict access to tobacco.

### Strategies and Tactics to Prevent Youth From Beginning to Use Tobacco

Reduce the proportion of 10th grade youth who currently smoke to 10 percent or less by 2013 (baseline year 2006=14.9 percent)





## Goal C

# ▲ Increase Quitting Among Tobacco Users

Washington State has the sixth lowest rate of smoking in the nation – the prevalence of tobacco use among adults is 16.5 percent compared to a national rate of 19.8 percent. Still, about 800,000 residents use tobacco—resulting in 7,600 tobacco-related deaths each year—and the medical and financial costs of tobacco use are well documented.

Helping people quit using tobacco can reduce overall health care spending and improve worker productivity. In addition, helping someone quit smoking reduces the exposure of others to secondhand smoke and the availability of tobacco products to kids.

There are many approved evidence-based, clinically proven methods to help tobacco users successfully quit, including:

- Telephone-based cessation services.
- Cessation intervention by health care providers and others.
- More intensive interventions such as:
  - Individual or group counseling that provides social support.
  - Coaching on problem-solving skills.

Lower-income adult tobacco users may understand the dangers of tobacco use and want to quit, but often lack access to affordable and culturally appropriate cessation services. Many tactics in this goal area either increase motivation to quit through education and other means, or increase access to cessation services in clinical settings or in community-based, non-medical settings.

### Strategies and Tactics to Increase Quitting Among Tobacco Users

Reduce the proportion of adults who currently smoke to 14 percent or less by 2013 (baseline year 2007=16.5 percent)

#### STRATEGIES

Promote quitting among tobacco users

Improve access to cessation services in health care systems

Increase access to and services for cessation in non-medical settings

#### TACTICS

Provide a statewide telephone quit line that offers easy access to counseling and to nicotine replacement therapy

Promote awareness of the quit line through targeted media efforts and health education materials

Conduct media campaigns to motivate tobacco users to quit

Increase awareness of how tobacco product pricing impacts the need for cessation resources

Support expansion of health insurance and employer-based coverage of cessation services

Promote the integration of identifying, monitoring, and intervening with tobacco users into the systematic delivery of health care

Support the development and delivery of cessation interventions in community-based settings

Support development of culturally specific training in tobacco cessation intervention and treatment



**Goal D**

**▲ Eliminate Exposure to Secondhand Smoke**

Secondhand smoke, also known as environmental tobacco smoke, is a complex mixture of gases and particles that includes smoke from the burning cigarette, cigar, or pipe tip (side-stream smoke), and exhaled mainstream smoke. Secondhand smoke contains at least 250 chemicals known to be toxic, including more than 50 that can cause cancer.

Every year in the United States, secondhand smoke kills 38,000 people. Children exposed in their homes and in cars are more likely to develop asthma and upper respiratory infections, and they miss more days of school and require greater medical care.

Creating smoke-free environments is the most effective way to reduce exposure to secondhand smoke. In addition to directly eliminating the negative health impacts of exposure, creating smoke-free environments results in a shift in social acceptability – reducing the likelihood of youth beginning to smoke and encouraging quit attempts by people who currently use tobacco.

Washington State has a comprehensive law prohibiting smoking in work and public places. Ensuring state laws are enforced is one priority of this goal area. Some populations or communities have higher exposure to secondhand smoke. Education and awareness campaigns that promote the benefits of smoke-free homes and cars, and are focused on these populations, are also a priority of Goal D.

**Strategies and Tactics to Eliminate Exposure to Secondhand Smoke**

Reduce the proportion of adults exposed to secondhand smoke in the home to 6 percent or less by 2013 (baseline year 2007=8.6 percent)

**STRATEGIES**

Support implementation of secondhand smoke public policies

Support the adoption of voluntary smoke-free policies and practices

**TACTICS**

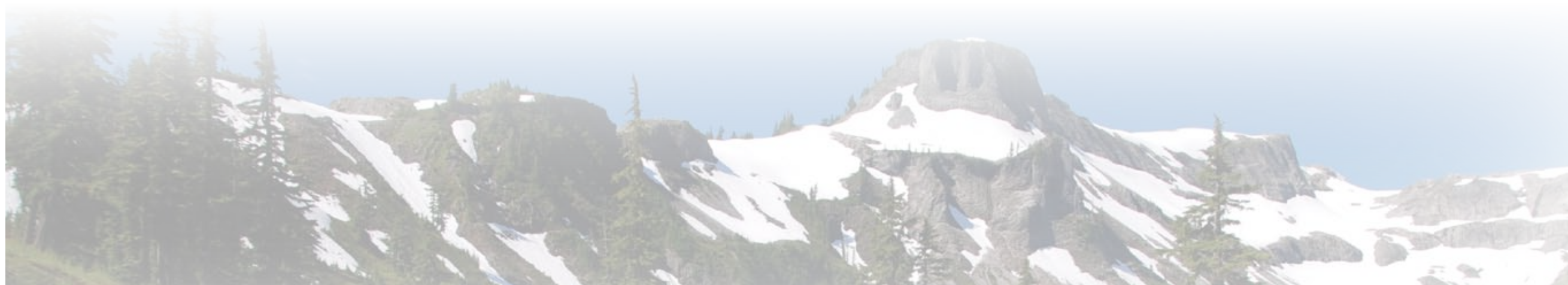
Design and implement secondhand smoke public awareness and technical assistance efforts

Mobilize state and community partnerships to support complete implementation of smoke-free policies

Design and implement secondhand smoke public awareness and technical assistance efforts

Mobilize state and community partnerships to promote adoption of smoke-free policies

Ensure that the adoption of smoke-free policies is accompanied by resources to help people quit tobacco use



## Looking Forward

The Tobacco Prevention and Control Program will implement the revised plan on July 1, 2009. The direction taken with statewide efforts like media campaigns, as well as community-based programs, will align with the strategies and tactics in the plan. While the scope and level of activity is always dependent on available funding, the current annual funding of \$28.5 million should allow for accomplishment of the plan's objectives.

The program's evaluation plan will be revised in 2009 to ensure that the impact of the strategic direction and new activities are being well measured. The program remains committed to using its resources to achieve significant reductions in tobacco use and secondhand smoke exposure for adults and youth in Washington State.

***E**ffective tobacco prevention and control is an investment in the health of people in Washington. This Five-Year Strategic Plan uses science and best practices to create a road map for the continued success of this very important work.*

*There are always new challenges. We must make sure every new generation of kids clearly understands the truth about this deadly product. We must find new and better ways to get the message to adults who smoke, and help them quit. With this work we're helping people and encouraging smoke-free environments – making our state a healthier place to live.*

Mary C. Selecky  
Secretary, Washington State Department of Health

## **Tobacco Prevention and Control in Washington State**

*The Tobacco Prevention and Control Plan for Washington State* was completed in 1999 by the Tobacco Prevention and Control Council. The plan established goals, guiding principles, and a framework of key approaches to guide expansion of the state Tobacco Prevention and Control Program. The original plan, based on best-practices recommendations from the federal Centers for Disease Control and Prevention, was fully implemented in 2002 when the state legislature awarded a funding increase.

In 2004, strategic priorities were developed to reflect lessons learned by program staff during the early years of the program; significant improvements in data gathering; changing conditions and emerging issues; and new best practices, research, and federal guidelines.

This 2009 plan refines the guiding principles of the original plan and sets the strategic approaches for tobacco prevention and control efforts in Washington State through 2013.



**PUBLIC HEALTH**  
ALWAYS WORKING FOR A SAFER AND  
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