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Washington State Tobacco Prevention and Control Strategic Plan Goals, Strategies and Tactics (February 2016)

Goal 1: Reduce tobacco related disparities

Tobacco-related health disparities occur when communities, groups, and individuals have “worse” health outcomes compared to the rest of the population. Often, disparities occur in groups identified by race or ethnicity, sex, sexual orientation or identity, age, disability, socioeconomic status, or geographic location. Ensuring that all people have the opportunity to attain their health potential is a mandate of government and public health. As a tobacco control community we embrace this mandate and are guided by an imperative to understand the prevalence and impact of tobacco use for all Washingtonians and apply best and promising practices to eliminate disparities where they exist. As we continue evidence-based tobacco prevention and control population based policies and programs we must also expand our efforts to embrace the fundamental principles of health equity that afford equal treatment of all individuals/groups while providing supplementary support for those who are marginalized.

Strategy 1.1 Add to and strengthen our overall knowledge and understanding of tobacco-related disparities.

Tactics:

1.1.1 Secure state funding for surveillance initiatives that are more robust and capable with respect to ethnicity (not just race), sexuality and co-morbidity sampling.

Lead Agency: Funding-- Sustainability Workgroup; Surveillance + Analysis DOH

Strategy 1.2 Educate and inform stakeholders, community leaders, and policymakers about tobacco related disparities and evidence based and promising interventions needed to address health equity

Tactics:

1.2.1 Annually update the Department of Health tobacco related disparities report (including disparities among people experiencing mental and behavioral health issues) and develop a policy brief template for use in educating policymakers.

Lead Agency: DOH

Strategy 1.3 Address root causes of health

Tactics:

1.3.1 Establish strategic partnerships with internal and external stakeholders within public health and other sectors including those that have primary responsibility for education, employment, community design, food and agriculture, housing and social services to identify and pursue state level policy, environmental, and systems changes that address the social determinants of health to reduce tobacco related disparities.

Lead Agency: DOH Cross Agency Health Equity Workgroup; Center for Public Affairs.

Strategy 1.4: Create local level policies and programs designed to eliminate disparities

Tactics:

1.4.1 Remove statewide preemption to allow for local regulation of tobacco retail practices and zoning to reduce exposure to targeted tobacco industry advertising and restrict youth access.

Lead Agency:

1.4.2 Secure funding to strengthen and expand local level efforts and community partnerships to research and create policy, systems and environmental change to decrease tobacco related disparities, including disparities among people with (non-nicotine) chemical dependencies and behavioral health diagnoses. Areas of focus will include: behavioral health settings, transitional housing, retail environment policy and tribal policies.

Lead Agency: Funding: Sustainability Workgroup; Research, fund and create policy, systems and environmental change: DOH, National Network Partners

Goal 2: Prevent tobacco use among young people with emphasis on nicotine consumed through electronic delivery devices/vapor products

We have long understood that preventing *youth* initiation of tobacco use is the only way to stem the tide of population wide tobacco addiction and population level tobacco related mortality, morbidity and economic costs. Youth and young adults under age 26 are far more likely to start tobacco use than adults: 4 out of 5 smokers started during adolescents. 104,000 Washington youth alive today will ultimately die prematurely from smoking. And, as has been conclusively documented and adjudicated, tobacco companies have and do target young people through a barrage of pro tobacco messages. Each year, tobacco companies spend approximately \$93 million promoting tobacco in Washington State. The amount that Washington State spends to counter that influence is strikingly insufficient, according to the federal Centers for Disease Control and Prevention and every leading health advocacy organization.

In the past 25 years, the public health community has learned how to reduce youth tobacco initiation; when these best practices are applied, success is predictable. Thousands of lives can and will be saved. Summoning the political will to apply these practices is critical to success.

Strategy 2.1 Educate youth and young people

Tactics:

2.1.1 Secure Funding for **mass communications campaigns** that, combined with other strategies, will deter youth initiation and increase the percent of 10th graders who report perception of great risk of harm from heavy cigarette smoking.

Lead Agency: Funding: Sustainability Leadership Workgroup; Mass communications efforts/campaigns: DOH

Strategy 2.2 Regulate electronic delivery devices/vapor products

Tactics:

2.2.1 Increase the number of local laws that:

- Ensure parity with smoking in public places laws
- Banning flavors
- Restrict distribution through regulating retail practices, price discounting, and sampling
- Creating labeling and packaging regulations

Lead Agency:

Strategy 2.3 Create statewide policy to decrease youth tobacco use

Tactics:

2.3.1 Pass statewide legislation to increase the legal minimum age to purchase tobacco & non-FDA approved nicotine products from 18 years to 21 years.

Lead Agency: Health Voluntaries; Tobacco 21, Campaign for Tobacco Free Kids, Washington AG's Office

2.3.2 Remove statewide preemption of local jurisdictions to allow for local cigarette/other tobacco product regulations that are stronger than the state law.

Lead Agency:

Strategy 2.4 Mobilize the community to restrict minors access to tobacco products and understand retail environment implications.

Tactics:

2.4.1 Increase enforcement of existing laws and policies around youth access to tobacco products.

Lead Agency:

2.4.2 Maintain implementation and increase compliance checks and retailer education on tobacco and alcohol laws.

Lead Agency:

2.4.3 Raise awareness of the impact of fines, penalties and fees for illegal sales to minors.

Lead Agency:

2.4.4 Raise awareness of the impact of product placement, in-store advertising, and tobacco retailer location on youth and mobilize communities to reduce or eliminate youth access to tobacco.

Lead Agency:

Strategy 2.5 Reduce Pro-Tobacco Influences on Youth

Tactics

2.5.1 Encourage schools to enforce laws and policies on tobacco use on K-12 campuses.

Lead Agency:

2.5.2 Promote the “reduce smoking in movies” campaign to restrict tobacco use in any non-R-rated movies.

Lead Agency: Washington DOJ

Goal 3: Leverage resources for promoting and supporting tobacco cessation

Encouraging and helping tobacco users in quitting is the quickest approach to reducing tobacco-related disease, death and health care costs. Public health supports the efforts of the healthcare sector to consistently diagnose and treat tobacco use and dependence. The Health Information Technology Act creates opportunities to strategically focus on systems change that will bring the greatest impact. The Affordable Care Act recommends insurance to cover individual, group and telephone-based interventions and all 7 FDA approved medications to quit. Access to free cessation counseling and medications are necessary to pass smoke free policies such as raising the smoking age, multiunit housing, smoke free colleges and workplace campuses. Cessations efforts also reduce youth initiation as children not exposed to tobacco are less likely to use tobacco/nicotine.

Strategy 3.1 Promote Health Systems Change

Tactics

3.1.1 Target regions of the state with high rates of adult and prenatal smoking, using community level partners to implement evidence-based and promising programs to increase perinatal cessation.

Lead Agency: DOH

3.1.2 Expand resources to ensure tobacco dependence treatment is embedded into the workflow and electronic health record; and every patient

screened for tobacco use is advised to quit and offered an intervention.

Lead Agency: DOH, ACH (Accountable Communities of Health)

Strategy 3.2: Make Tobacco Cessation a Priority for Washington's Health Care Systems by expanding insurance coverage and utilization of proven cessation treatments

Tactics:

3.2.1 Increase the number of Medicaid and Exchange health plans with evidence-based comprehensive cessation coverage from 0 to 100%.

Lead Agency: DOH

3.2.2 Participate in Issue Management workgroup with state agency partners, working on prevention issues not covered by private insurance, and public health plans.

Lead Agency: OIC, HCA, DOH

3.2.3 Convene an advisory committee of partners, health care systems, providers, researchers, and patients to work together to design and develop strategies to ensure transparency of cessation healthcare benefits removing barriers, co-pays, and prior/plan approvals for nicotine replacement therapies and pharmacology. Ensuring cessation information is linguistically and culturally effective.

Lead Agency:

3.2.4 Develop state level insurance policy solutions to ensure that comprehensive cessation services are covered in all sectors of healthcare, including behavioral, mental and chemical dependency settings.

Lead Agency: DSHS/DBHR, DOH

Strategy 3.3: Help Current Smokers Quit

Tactics:

3.3.1 Support state Quitline capacity and access to new technologies for counseling and support.

Lead Agency: Funding: Sustainability Leadership Workgroup, DOH.

3.3.2 Prepare, support and reimburse Community Health Workers to provide treatment for tobacco use and dependency. Strengthen partnerships with chronic disease programs.

Lead Agency:

3.3.3 Ensure that the healthcare, public health, and behavioral health provider communities have consistent cohesive messages and advice for Washingtonians about electronic delivery devices/vapor products.

Lead Agency: DOH

Goal 4: Eliminate exposure to secondhand smoke and electronic delivery

devices/vape emissions

Washington State has a strong state smoking in public places law. Creating smokefree /tobacco free environments protects individuals and the public from exposure to secondhand smoke (a known class A carcinogen) and creates a social environment where smoking is not seen as the norm. The latter condition is particularly important for children and youth who are tuned in to social clues about what it means to be an adult. Smokefree /tobacco free policies, especially when combined with mass media campaigns and enforcement, has been proven very effective in changing the acceptability of tobacco use in communities and reducing overall tobacco. Most often, local communities are in the best place to be effective in creating smokefree /tobacco free environments.

Strategy 4.1: Increase tobacco and vaping free environments

Tactics:

4.1.1 Secure funding to increase and expand local level efforts to create tobacco and vape free environments with an emphasis on:

- multiunit housing
- schools (K-12, community and technical colleges and universities)
- early learning environments
- mental and behavioral health treatment facilities
- juvenile and adult correctional facilities
- private worksites
- county, city and state government facilities and grounds

Lead Agency: Funding: Sustainability Leadership Workgroup

Strategy 4.2: Increase compliance with smoking in public places law

Tactic 4.2.1 Secure funding to support enforcement the SIPP.

Lead Agency: