



Alaskan Partnerships Statewide Plan to Reduce Tobacco Addiction and Exposure

December 2007



**Prepared by the Alaska Tobacco Control Alliance
and the State of Alaska Tobacco Prevention and Control Program
with assistance from Agnew::Beck Consulting and the Foraker Group**

Letter from Alaska Tobacco Control Alliance (ATCA)

Marge Larson, Co-Chair
Wilbur Brown, Co-Chair



December 10, 2007

Dear Alaskans,

We are pleased and proud to introduce Alaska Tobacco Control Alliance's 2008 – 2013 Strategic Plan, *Alaskan Partnerships: Statewide Plan to Reduce Tobacco Addiction and Exposure*.

More Alaskans die from the effects of tobacco use or exposure than from any other cause. In fact, more people in our state die as a result of tobacco use than from all other causes combined. We want to change that. This plan serves as a roadmap to reduce addiction, disease, and death due to tobacco use and exposure. The goals and strategies proposed throughout the plan embody our public health mission: to create conditions for Alaskans to live free from the harmful effects of tobacco. Through partnerships and through direct delivery, our alliance helps create those conditions by providing access to resources and promoting health for all Alaskans. We can provide the necessary services that individuals, organizations or communities, acting alone, are not be able to offer.

We're fortunate to live in a state where policy-makers take the threat of tobacco seriously. Our civic leaders support sustained comprehensive tobacco programs to reduce the burden of disease, death, and cost on individuals and our statewide community.

We commend the founders of Alaska Tobacco Control Alliance and all of the partners and leaders along the way who have helped create a strong, functioning, and visible partnership.

We are making a difference through the combined strength of our statewide advocacy coalition, the leadership of steering committee members (past and present), champions and supporters in the legislature, and the vital alignment of the Tobacco Control Program with all of their grantees and contractors who provide services to reduce the burden of tobacco. Thank you.

Alaskans are smoking less than ever before! Youth are using tobacco at dramatically reduced rates. The numbers of young people who are using tobacco today have reduced by more than 50% since 1995. These efforts and alliances must continue in order to maintain the progress we've achieved, and to keep reducing rates of addiction and exposure to tobacco in Alaska. Our plan for the future lays the foundation for thriving partnerships and for improving the health of all Alaskans.

Sincerely,

A handwritten signature in cursive script that reads "Marge Larson".

Marge Larson
Co-Chair ATCA

A handwritten signature in cursive script that reads "Wilbur Brown".

Wilbur Brown
Co-Chair ATCA

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November 20, 2007

Dear Alaskans,

As the leading cause of preventable death in Alaska, tobacco use remains a serious public health challenge. A major contributor to such chronic health conditions as cancer, coronary heart disease, strokes, and respiratory disease, tobacco use places a tremendous burden on our health care system that cannot be ignored. The tobacco industry spends millions of dollars each day marketing their products. Public health advocates are working to combat these efforts and help larger numbers of Alaskans enjoy tobacco-free lives. In the face of relentless tobacco industry efforts to find new markets and to further addiction to tobacco globally, we must continue our efforts toward reducing tobacco use, building upon the progress already made.

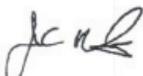
For years, the tobacco control movement in Alaska has been active in working to ensure that substantial investments are made in comprehensive, sustained tobacco use prevention and cessation efforts. Many successes have been achieved ranging from increased state and local taxes on tobacco products, comprehensive clean indoor air regulations, and a general reduction in tobacco use in Alaska. As these great strides have been made, it is important to again address the vision and core purpose of Alaska's tobacco control movement and rally around common goals and strategies.

This plan provides a framework for the statewide tobacco prevention and control movement for the next five years, working towards the long-term goal of making tobacco-free values the norm among all Alaskan cultures. It supports a comprehensive tobacco prevention and control program by setting goals for prevention and cessation of tobacco use, reducing exposure to second hand smoke, eliminating tobacco disparities among populations, building capacity within the movement, and sustaining funding for continued tobacco prevention and control efforts.

The strategic planning process brought together stakeholders from across the state, representing both the volunteer advocacy community and the state-funded program. The strategic planning committee included the ATCA steering committee plus representation from the youth, education, and medical community. The committee convened for two strategic planning sessions, which resulted in draft documents that went through an extensive review process via email.

The resulting document represents the hard work and vision of a committed group of community volunteers, tobacco program staff, and public health advocates. This plan is intended to act as a simple, easy-to-use guide for all members of this diverse coalition to coordinate and prioritize their efforts toward a tobacco-free Alaska. It is meant to be updated regularly. This joint planning effort will allow groups across the state working on tobacco control to better coordinate and reinforce each other's efforts. We look forward to a tobacco-free future in Alaska.

Sincerely,



Jay C. Butler, MD
Chief Medical Officer
Department of Health and Social Services



Beverly K. Wooley
Director
Division of Public Health

Letter from State of Alaska Department of Health and Social Services (DHSS)

Jay C. Butler, MD, Chief Medical Officer
Beverly K. Wooley, Director



“All photos courtesy of the Alaska Tobacco Control Alliance, The State of Alaska, and Agnew::Beck Consulting, LLC.”



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Information Insights





Introduction

Tobacco Use Impacts Alaskans

Tobacco use exacts an enormous cost on Alaskans - shortening lives; diminishing health; and draining financial resources from individuals, communities, health-care systems, and the state as a whole. Tobacco use remains by far the leading cause of preventable death in Alaska and the cause of enormous increases in health-care costs. In 2004, tobacco use cost Alaska \$212 million in direct medical expenditures and an additional \$160 million in lost productivity due to tobacco-related deaths. The good news is that tobacco use rates in Alaska have generally been declining over the past 10 years. Alaska however, still has high rates of smoking and smokeless tobacco use, and there has been a slight increase in smokeless tobacco use among Alaska Native girls.

The toll of tobacco use on Alaskans is well documented. Several key publications have been produced which provide annual baseline data related to tobacco use and consumption and give a snapshot of the problem. In 2004, the Alaska Division of Public Health produced *Tobacco in the Great Land*, a report intended to provide a comprehensive review of tobacco use and its consequences in Alaska. *Alaska Tobacco Facts* was subsequently designed to provide brief, annual updates to the *Tobacco in the Great Land* monograph. The most recent *Alaska Tobacco Facts* was published in January 2007. Additionally, the Tobacco Prevention and Control Program (TPC) Fiscal Year 2006 Annual Report – *Past Progress and Challenges Ahead* provides an overview of tobacco use in Alaska, as well as discusses the status of State prevention and control efforts. The State TPC also recently completed a study specific to tobacco use among Alaska Natives which illuminated the disparity between Alaska Native and non-Native tobacco use. These documents, among others, provide a comprehensive picture of the problem of tobacco use in Alaska.

The strategic plan that follows provides goals and strategies to decrease the prevalence of tobacco use in the State and related to this reduction; diminish the associated negative health impacts. Until the prevalence rate is zero, there is still work to do. In order to know where to direct efforts, it's necessary to have a plan.

Previous Planning Efforts

Statewide planning for tobacco prevention and control activities has been ongoing, in one form or another, for many years. Prior to the development of a statewide tobacco prevention and control coalition, individual non-profit health agencies, like the American Lung Association, included tobacco prevention and control in their organizational planning. Since the inception of ATCA (the Alaska Tobacco Control Alliance) in 1992, there have been directed and systematic efforts made to move statewide tobacco prevention and control forward. In 1993, the State of Alaska Tobacco Prevention and Control Program was formed and limited funding resources were made available to tobacco prevention and control. With ATCA and the Alaska Tobacco Prevention and Control (TPC) Program gearing up in the early 1990s, a statewide tobacco prevention and control movement began to clearly take shape. Many major milestones were achieved. 1997 brought the first tobacco tax increase in Alaska which was followed by the multistate Master Settlement Agreement (MSA) with the tobacco industry in 1998. The State of Alaska began receiving approximately \$75 million annually from tobacco related sources. The challenge became getting the State to allocate a fraction of these tobacco-related financial resources toward preventing and eliminating disease and death attributed to tobacco. Alaska's tobacco prevention and control movement needed a plan to illustrate to state decision makers that funding tobacco prevention and control programs was necessary and to demonstrate that there was a clear plan for how the money should be spent. In February 2000, the first formal plan was developed for Alaska's tobacco prevention and control movement titled *Alaska Tobacco Control Alliance – A Plan for the Future* with a more detailed follow up plan in August of 2001 titled *Alaska's Tobacco Prevention and Control Plan*. In addition to these published plans the Alaska TPC Program develops its annual report, internal work plans, and evaluation plans that help direct the resources they are allocated.





This Planning Process

ATCA and the Alaska TPC Program have matured and with their growth and change have realized the need for an updated strategic plan to guide efforts for the next five years (2008-2013).

This planning process began with an assessment of the state tobacco prevention and control movement. As part of the assessment, thirty-two interviews were conducted with stakeholders in the statewide movement. Ideas and suggestions from the assessment are folded into this strategic plan. The assessment highlighted that great strides have been made in tobacco prevention and control; however, more work is needed because Alaskans remain negatively impacted by tobacco use.

Many people are involved in the development of this plan. In addition to those interviewed in the assessment report, a strategic planning committee provides the oversight and critical thinking for the project. The Strategic Planning Committee is comprised of the ATCA Steering Committee plus three additional members representing the perspectives of youth, medical professionals, and the education community. Project consultants Agnew::Beck and The Foraker Group are being guided by the planning committee's wisdom and insight.

The planning approach being used to develop this strategic plan comes from The Foraker Group. They utilize a system based on the work of Collins & Porras who, in the 1990s, wrote the book *Built to Last* in which they studied successful organizations and found that they were distinctive because they had very specific core ideology. They knew *who they were* and *why they existed*. This planning approach is spelled out further in the next section "Plan Organization."

The strategic planning committee engaged in important discussion at two planning sessions. At the first session held May 2007, the committee worked to determine the core ideology of ATCA by defining its core purpose and core values. They also explored the enduring character of the tobacco prevention and control movement. The second strategic planning session, held August 2007, focused on refining the short-term goals and prioritizing strategies. Committee members voted on the strategies that they found most important to pursue. The





strategies, as listed in this document, reflect the voting of the committee. Two top strategies were prioritized for action in 2008. Additionally, the strategic planning committee assigned specific people to “champion” the top two strategies. These “champions” (indicated after each strategy) will assure that efforts are made in 2008 toward their strategy. Outside of the planning meeting, action steps were developed for each strategy. The result of these collective efforts is a plan that represents and guides the actions of tobacco advocates across the state.

Plan Organization

The planning method used for this strategic plan requires that the main plan elements are fit to one page. With this format, the plan is easily referenced and reviewed, and thus used by individuals, organizations and agencies working in tobacco prevention and control.

Plan elements include core purpose, core ideology, vision statement, long-term goals and short-term goals. Each element is defined as follows:

Core Purpose: Four words that define a consistent identity that holds the group together as it changes and grows.

Core Values: Generally single words that require no justification, they offer meaning to the group and define why the group exists.





Vision

Statement: Lofty statement that symbolizes the group’s ideal.

Long- term

Goal: A bold, inspired target - could be as long as 10-20 years out, but achievable.

Short-term

Goals: Provides further refinement of the necessary components and activities to reach the long-term goal.

The one-page Strategic Plan leads this document and contains the elements described above. Following are indicators to measure the overall success of the plan’s long-term goal. The remainder of the plan is devoted to the short-term goals, strategies, and actions steps.

How to Use This Plan

The Plan that follows is a fluid and living document. It should be reviewed annually by the ATCA Steering Committee and should evolve as tobacco prevention efforts evolve. As progress is made on prioritized strategies, new strategies and actions steps will move forward in importance, providing clear direction on the best ways to focus new and existing initiatives. In five years, short-term goals will need to be re-addressed by ATCA and the state tobacco prevention and control movement to determine whether they are still of critical importance and whether there are new goals, strategies and actions that should be articulated.



Core Purpose

Unified, Comprehensive Tobacco Control

Vision

“A tobacco-free Alaska”

Core Values

Policy::Advocacy

Prevention

Cessation

Education

Science-based

THE PLAN

Long-Term Goal (2013)

“Tobacco-free” is a core value in all Alaska cultures.

Short-Term Goals (2008 - 2012)

- GOAL 1:** Increase the percentage of Alaskan youth who never start using tobacco
- GOAL 2:** Increase the percentage of Alaskans who successfully quit using tobacco
- GOAL 3:** Increase the percentage of Alaskans who are protected from the harms of secondhand smoke
- GOAL 4:** Reduce disparities in tobacco use and secondhand smoke exposure
- GOAL 5:** Build the capacity of Alaskan communities to respond to the burden of tobacco
- GOAL 6:** Support and maintain a comprehensive, statewide tobacco control program

Measures of Success

Determining whether tobacco-free becomes a value in all Alaskan cultures will be a challenging endeavor. Several indicators have been collected that will help the tobacco prevention and control movement evaluate their success. The measures that follow are linked to the overall long-term goal of this Plan.

Long-Term Goal	Indicator	Baseline	Target
Source – BRFSS 2006			
Tobacco-free is a core value in all Alaska cultures	The percentage of adults who smoke cigarettes.	24%	14% *
	▪ Alaska Native Adults	45%	14% *
	▪ Low Socio-Economic Status (SES) non-Native Adults	37%	14% **
	The percentage of adults who use smokeless tobacco.	5%	3% *
	The percentage of adults who smoke every day and who quit for at least one day in the past 12 months.	58%	90% *
	The percentage of adults aged 18 years and older who have rules prohibiting smoking anywhere inside the home in which they reside.	86%	90% **
	The percentage of adults exposed to secondhand smoke (SHS) in the work place.	32%	0% **
	The percentage of children (individuals ages 18 and under) who live in a household in which someone has smoked in the past month.	9%	5% **



Long-Term Goal	Indicator	Baseline	Target
Source – PRAMS 2003			
See previous	The percentage of smokers who quit smoking during the first trimester and remain smoke-free throughout the pregnancy.	30%	45% *
Source – YRBS 2007			
See above	The percentage of youth (students in grades 9-12) who have smoked on one or more days in the past 30 days.	18%	17% *
	The percent of youths who have ever tried cigarette smoking (even one or two puffs).	53%	45% **
	The percentage of youth who have used smokeless tobacco on one or more days in the past 30 days.	10%	6% **
	The percentage of youth who report using any tobacco product on 1 or more of the past 30 days.	24%	20% *
Source – Tax Data 2006			
See above	Per capita consumption rate of cigarettes	80 packs/ adult	15% reduction
Source – State Budget FY 2008 (\$8.7 million total with federal and state funds)			
See above	Percentage of CDC recommended full funding appropriated to the State Program.	43% ‡	100%

* = Target determined by Healthy Alaskans 2010, ** = Target determined by Measures Committee, ‡ = the 43% reflects the percentage of the full funding recommendation that the State of Alaska contributes to the Alaska Tobacco Prevention and Control Program



ONE

PREVENTION



*“We’re not doing kids any favors by allowing them to smoke.”**

* All quotes in this document are adapted from Assessment Report interviews completed in spring 2007.

Goal 1

Increase the percentage of Alaskan youth who never start using tobacco.

It is in the tobacco industry’s best interest to foster and encourage the next generation of tobacco users. The tobacco prevention and control movement must be vigilant and work to support people, notably youth, in their choice to never start to smoke. To be successful in preventing tobacco use, many interrelated systems must be in place – an effective enforcement program discouraging the sale of tobacco products to minors; strong educational programs in the schools and at the community level to help kids engage in healthy activities; effective counter-marketing efforts that reach youth; and a strong policy foundation. The following prioritized strategies will help build the necessary supports to achieve Goal 1.

Begin in 2008

Strategy 1.1: Maintain and enhance counter-marketing efforts to increase connection to youth markets. (Marge Larson)

Strategy 1.2: Make tobacco products more expensive for youth to purchase by encouraging local and state tobacco tax increases and supporting federal tax increases. (Marti Pausback)





Beyond 2008

- Strategy 1.3: Enact local and statewide comprehensive clean indoor air laws to change social norms.
(See Goal #3 for more detail.)
- Strategy 1.4: Support community-based and school-based youth programs that promote healthy lifestyle choices and education on the harmful effects of tobacco.
- Strategy 1.5: Support young leaders who work within their communities and with their peers to discourage tobacco use.
- Strategy 1.6: Include youth input to ATCA.
- Strategy 1.7: Strengthen and improve adherence to federal, state, and local laws regulating product placement and possession.
- Strategy 1.8: Maintain and enforce strong penalties for selling tobacco to youth.



Goal 1: Strategies and Action Steps

Strategy 1.1 Maintain and enhance counter-marketing efforts to increase connection to youth markets.

Action Steps	Measures
Maintain reach and frequency of youth counter-marketing media in urban and rural campaigns.	<ul style="list-style-type: none"> ▪ Number of communities with tobacco prevention ads ▪ Number of tobacco prevention ads ▪ Number of media types used to deliver ads ▪ Number of new, alternative media outlets used ▪ Documented successful examples of counter-marketing media positively affecting youth
Expand Rifted and/or other youth branding movements. Target Anchorage in 2008 and 2009, and subsequent start-up in Fairbanks and Juneau.	<ul style="list-style-type: none"> ▪ Number of Alaskan communities using Rifted ▪ Number of street marketers in Anchorage ▪ Number of youth approached by street marketers ▪ Number of web hits on website and MySpace accounts ▪ Number of smoke free events and parties ▪ Documented successful examples of youth branding movement events and/or projects



Maintain and enhance counter-marketing efforts to increase connection to youth markets.

(continued) Strategy 1.1

Action Steps	Measures
Support and coordinate evidence-based youth anti-smoking programs statewide.	<ul style="list-style-type: none">▪ Development of a statewide youth program newsletter and website▪ Number of communities with youth program▪ Number of participants or “recruited teens” in each youth program▪ Number of youth reached by youth programs▪ Documented successful examples of local youth tobacco prevention programs
Coordinate Kick Butts Day activities and strategies annually statewide.	<ul style="list-style-type: none">▪ Number of communities participating▪ Number of organizations participating▪ Number of youth participating▪ National speaker shared statewide▪ Documented successful examples of activities



Strategy 1.2

Make tobacco products more expensive for youth to purchase by encouraging local and state tobacco tax increases and supporting federal tax increases.

Action Steps	Measures
Implement a statewide distribution campaign of the Smoke-free Alaska Project's 'Tobacco Tax Tool Kit'.	<ul style="list-style-type: none">▪ Development of a website with tool kit available for download▪ Number of contacts made to interested communities▪ Number of tool kits requested and number of kits downloaded
Follow-up distribution campaign with directed technical assistance to interested communities.	<ul style="list-style-type: none">▪ Number of communities working on a tax increase▪ Number of communities receiving technical assistance▪ Documented successful examples of tool kits and technical assistance being used▪ Number of communities with a successful tobacco tax
Develop education campaign to dispel the myth that Internet sales of tobacco products undermine tobacco tax efforts.	<ul style="list-style-type: none">▪ Fact sheet created▪ Fact sheet available on web▪ Number of fact sheets distributed▪ Number of fact sheets downloaded▪ Documented successful examples of fact sheets being used







TWO

CESSATION

“Alaska is challenged by having so many health care systems, public, private, Alaska Native, and military: it is incredibly hard to deliver tobacco cessation services.”

Goal 2

Increase the percentage of Alaskans who successfully quit using tobacco.

It is well documented that it takes the typical smoker up to 10 attempts before they are successful in quitting for good. Programs that assist both young and adult smokers to quit can produce significant health and economic benefits. Evidence-based clinical practice guidelines describe a variety of effective cessation strategies, including brief advice by medical providers to quit smoking, FDA approved pharmacotherapy (e.g., nicotine replacement therapy (NRT)) and population based cessation help lines or Quit Lines. Systematic changes within health care organizations are critical to the broad-based success of cessation interventions. Components of a health care cessation system include implementing a system to screen patients for tobacco use, training providers in the clinical guidelines related to tobacco cessation, and offering cessation treatment services. Additionally, a comprehensive statewide cessation system needs to include reimbursement for services through all third-party payors. Implementing the strategies prioritized below will enable Alaskans to quit tobacco for good.

Begin in 2008

Strategy 2.1: Expand third-party payor coverage for tobacco cessation. (Lisa Aquino)

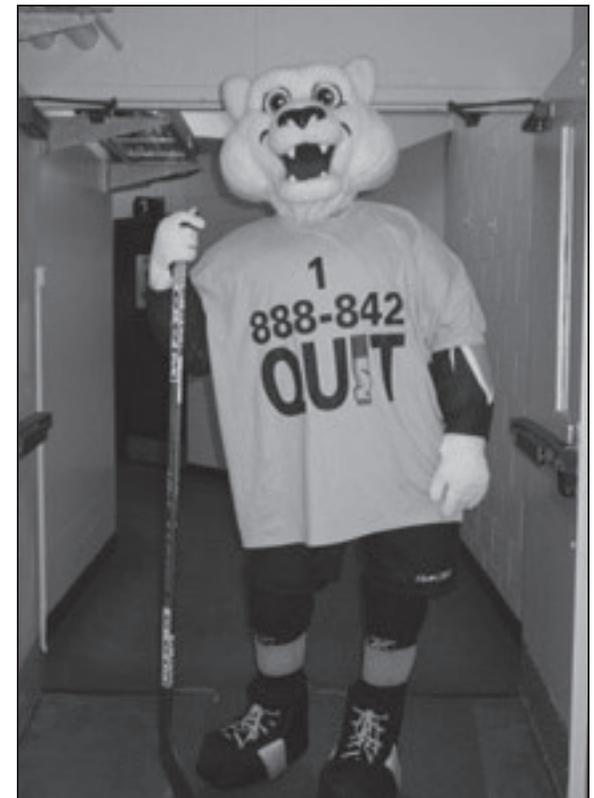
Strategy 2.2: Increase the number of Alaskans who are asked about tobacco use and exposure at every visit by a health care provider. (Dr. Katy Sheridan and Andrea Thomas)





Beyond 2008

- Strategy 2.3: Continue to promote and enhance the Alaska Tobacco Quit Line.
- Strategy 2.4: Educate the public and community leaders about the availability of cessation services including the Alaska Tobacco Quit Line, free NRT, and Medicaid coverage.
- Strategy 2.5: Maintain counter-marketing efforts motivating and encouraging people to quit.
- Strategy 2.6: Ensure health care providers have access to best practices in tobacco cessation and support comprehensive health care cessation systems.





Goal 2: Strategies and Action Steps

Strategy 2.1 Expand third-party payor coverage for tobacco cessation.

Action Steps	Measures
Re-establish the ATCA workgroup looking at the existing Medicaid benefit.	<ul style="list-style-type: none">▪ Number of meetings▪ Number of attendees▪ Meeting minutes
Expand membership of workgroup to include experts from the State of Alaska Medicaid system and the tribal health billing system.	<ul style="list-style-type: none">▪ Number of organizations represented▪ Ability of assembled group to successfully address the strategy
Medicaid workgroup creates goal for the year and an action plan for reaching that goal.	<ul style="list-style-type: none">▪ ATCA Medicaid workgroup completes action plan for the year▪ ATCA Medicaid workgroup creates mechanism for completing that action plan
Coordinate with Alaska Medicaid, and possibly with Tobacco Prevention & Control Program Health Systems Cessation grantees, to find current use of existing Medicaid benefit.	<ul style="list-style-type: none">▪ ATCA Medicaid workgroup has current use statistics for 2007▪ ATCA Medicaid workgroup incorporates Medicaid data into the action plan▪ Documented examples of successes and challenges with current Medicaid reimbursement structure.



Increase the number of Alaskans who are asked about tobacco use and exposure at every visit by a health care provider.

Strategy 2.2

Action Steps	Measures
<p>Enhance and maintain outreach to statewide medical groups focusing on the importance of screening, treating, or referring patients for tobacco use and following the most up-to-date Clinical Guidelines (new guidelines available January 2008). Possible targeted outreach includes:</p> <ul style="list-style-type: none"> ▪ Physician, Nurse, Dentist, Physical Therapy, and Optometrist associations ▪ Tribal Health Organizations ▪ Substance Abuse Certification Board ▪ Community Health Aid Program ▪ Inpatient Facilities 	<ul style="list-style-type: none"> ▪ Outreach plan developed ▪ Number of groups involved ▪ Poster for offices - “talk to your doctor about quitting” developed ▪ “Speakers panel” created and speaking to medical groups at conferences, board meetings, etc. ▪ Number of presentations given to targeted groups ▪ Creation or updating of continuing edycation programs for all of the healthcare provider types around tobacco prevention and cessation. ▪ Distributing and completing of continuing education programs on tobacco prevention and cessation by healthcare providers in Alaska. <ul style="list-style-type: none"> - Number of CEUs given (by web-hits, materials distributed or classes taught) - Number of CEUs successful completed ▪ Quit Line information shared with medical professionals ▪ Documented successful examples of healthcare providers screening and referring clients to tobacco cessation services.
<p>Assess the viability of a statewide policy requiring medical professionals to screen, treat, or refer patients for tobacco use.</p>	<ul style="list-style-type: none"> ▪ Research conducted ▪ Determination made on whether or not to pursue a statewide policy



Strategy 2.2 (Continued) Increase the number of Alaskans who are asked about tobacco use and exposure at every visit by a health care provider.

Create and maintain a screening tool that medical centers can include on their patient forms to increase screening.	<ul style="list-style-type: none">▪ Screening tool created or adopted from existing tools▪ Number of screening tool disseminated▪ Number of screening tool being used
Set a target for Alaska for tobacco screening rates for ages 5+.	<ul style="list-style-type: none">▪ Target set and data being collected
Create a protocol for medical clinics to advise prenatal women who smoke and help them quit tobacco use.	<ul style="list-style-type: none">▪ Develop informational tool for OB providers/nurses for counseling on tobacco risk in pregnancy including options for quitting▪ Community based support groups for pregnant women who are quitting▪ Funding for pregnant women to be provided with support/medications to help them quit







THREE

SMOKE-FREE ENVIRONMENT

"I'd like to see a smoke-free Prudhoe Bay — that would be amazing."



Goal 3

Increase the number of Alaskans who are protected from the harms of secondhand smoke.

Tobacco use, in particular cigarette smoking, impacts those who do not participate in its consumption. Since the 1986 Surgeon General’s report titled *The Health Consequences of Involuntary Smoking* stated that secondhand smoke causes disease in non-smokers, it has become increasingly well-documented the extent to which exposure to secondhand smoke affects non-smokers. The science tells us: **secondhand smoke kills.**

Goal 3 contributes to ATCA’s core purpose of unified, comprehensive tobacco control by allowing non-smokers to live free from tobacco’s negative impact. The following strategies outline how to work toward all Alaskans living and working in smoke-free environments. Unlike the other Goals, three specific strategies have been outlined to work towards in 2008:

Begin in 2008

- Strategy 3.1:** Support local efforts to enact comprehensive clean indoor air (CIA) ordinances e.g. Klawock. (Marti Pausback & Emily Nenon)
- Strategy 3.2:** Support efforts for multi-unit housing to go smoke free. (Anna Sappah)
- Strategy 3.3:** Educate about secondhand smoke harms in private residences. (Nick Gonzales & Anna Sappah)
- Strategy 3.4:** Maintain and expand countermarketing about the dangers of secondhand smoke. (Marge Larson)

Beyond 2008

- Strategy 3.5:** Prepare for an eventual statewide law – enacted by 2013.



Goal 3: Strategies and Action Steps

Support local efforts to enact comprehensive clean indoor air (CIA) ordinances.

Strategy 3.1

Action Steps	Measures
Assist communities in assessing their readiness to enact a CIA ordinance.	<ul style="list-style-type: none">▪ Number of communities requesting assessment▪ Number of communities contacted▪ Documented successful examples of communities that demonstrate readiness to enact CIA ordinance.▪ Number of communities with which these successful examples were shared.
Provide technical assistance to communities prepared to pass CIA initiatives.	<ul style="list-style-type: none">▪ Number of successful CIAs passed▪ Number of communities with comprehensive CIA policies▪ Documented successful examples of communities that passed a CIA ordinance.▪ Number of communities with which these successful examples were shared.



Strategy 3.2 Support efforts for multi-unit housing to go smoke-free.

Action Steps	Measures
Work with the Alaska Smoke-free Housing Partnership (group of grantees & partners working on this issue statewide).	<ul style="list-style-type: none">▪ Number of meetings attended▪ Number of support letters written▪ Number of smoke-free housing complexes▪ Documented successful examples of housing complexes voluntarily implementing smoke-free policy.



Educate about secondhand smoke harms in private residences.

Strategy 3.3

Action Steps	Measures
Distribute the Smoke-free Alaska Project's 'Smoke-free Home and Car Tool Kit'.	<ul style="list-style-type: none">▪ Number of tool kits distributed▪ Development of a web site with tool kit available for download▪ Number of tool kits requested and number of kits downloaded▪ Number of organizations distributing kit
Work to inform families about the dangers of exposing children to smoke in enclosed spaces, i.e. if you must smoke, smoke outside.	<ul style="list-style-type: none">▪ Number of families identified to contact▪ Number of families contacted▪ Documented successful examples of families making their home or car smoke-free▪ Number of houses declared to have gone smoke-free



FOUR

DISPARITIES



“We need to reach out to groups who have a higher than average rate of tobacco use.”

Goal 4

Reduce disparities in tobacco use and secondhand smoke exposure.

There is great disparity in tobacco use among diverse Alaskan populations. For instance, Alaska Natives in general, use tobacco products at a much higher rate than Alaska’s population as a whole. Tobacco use rates are also dramatically higher among low income populations in the state. These are just a few examples of populations at higher risk for tobacco use and tobacco-related health complications. Targeted efforts are being made to reduce tobacco-related disparities and focus attention on the populations that are most afflicted by tobacco use. The following prioritized strategies support reducing tobacco-related disparities.

Begin in 2008

- Strategy 4.1:** Promote culturally appropriate prevention and cessation protocols to increase the cultural competence of tobacco programs. (Wilbur Brown, Jr.)

- Strategy 4.2:** Encourage and recruit diverse partnerships and community-based, grassroots involvement in tobacco control activities. (Laura Revels)





Beyond 2008

- Strategy 4.3: Maintain and expand media targeted at specific populations that experience disparities (counter-marketing with culturally appropriate messages).
- Strategy 4.4: Facilitate coordination between the Native and non-Native medical system.
- Strategy 4.5: Address tobacco disparities at the school-based level by working within the educational system to deliver appropriate, targeted curriculum and prevention messages to populations with high rates of tobacco use.
- Strategy 4.6: Coordinate with existing programs that target youth not in the school system (i.e. high school dropouts) to provide tobacco prevention and control programs.





Goal 4: Strategies and Action Steps

Strategy 4.1 Promote culturally appropriate prevention and cessation programs.

Action Steps	Measures
Implement the Alaska Strategic Plan for Eliminating Tobacco Related Disparities, the goals of which encompass the action steps below. To be done in primary partnership with the Leadership for Eliminating Alaskan Disparities (LEAD) for Tobacco Control.	<ul style="list-style-type: none"> ▪ LEAD will meet regularly and record minutes ▪ LEAD will develop a written implementation strategy for the Plan which will include a series of action steps. ▪ LEAD will regularly update the ATCA Steering Committee and the Alaska Tobacco Prevention and Control Program on progress related to the action steps
Identify five regional areas or communities to participate in pilot project youth cessation camps.	<ul style="list-style-type: none"> ▪ Funding obtained for camp ▪ Number of communities interested ▪ Number of youth who apply ▪ Number of youth who complete ▪ Document successful examples of youth cessation camps.
Identify key individual(s)/groups to adapt best practice models to be more culturally appropriate for region/community.	<ul style="list-style-type: none"> ▪ Regional individual(s)/groups identified ▪ Number of communities working to adapt model ▪ Model widely shared and used in the community



Promote culturally appropriate prevention and cessation programs.

(continued) Strategy 4.1

Action Steps	Measures
Continue to develop culturally appropriate media and messaging; consider using local youth and adults who are living tobacco free lifestyles.	<ul style="list-style-type: none">▪ Type and number of media utilized▪ Reach of media to targeted populations
Incorporate tobacco-free message at cultural events.	<ul style="list-style-type: none">▪ Proportion of events with leaders and spokespeople conveying message▪ Number of events billed as tobacco-free▪ Document successful examples of incorporating tobacco-free messages at cultural events.



Strategy 4.2 Encourage and recruit diverse partnerships and community-based, grassroots involvement in tobacco control activities. (See also Strategy 5.2)

Action Steps	Measures
<p>Implement the Alaska Strategic Plan for Eliminating Tobacco Related Disparities, the goals of which encompass the action steps below. To be done in primary partnership with the Leadership for Eliminating Alaskan Disparities (LEAD) for Tobacco Control.</p>	<ul style="list-style-type: none"> ▪ LEAD will meet regularly and record minutes ▪ LEAD will develop a written implementation strategy for the Plan which will include a series of action steps. ▪ LEAD will regularly update the ATCA Steering Committee and the Alaska Tobacco Prevention and Control Program on progress related to the action steps
<p>Develop target list of cultural and economically diverse organizations to invite to participate in ATCA at the statewide level.</p>	<ul style="list-style-type: none"> ▪ Number of organizations identified ▪ Number of ATCA members participating in the process ▪ Invitations sent or presentations scheduled ▪ Number of new ATCA members
<p>Community tobacco control coalitions develop target list of cultural and economically diverse organizations to invite to participate.</p>	<ul style="list-style-type: none"> ▪ Number of organizations identified ▪ Number of coalition members participating ▪ Invitations sent or presentations scheduled
<p>Present to the targeted organizations relevant information about the impact of tobacco and how they can be involved in their local and the statewide movement.</p>	<ul style="list-style-type: none"> ▪ Culturally relevant presentations developed ▪ Number of presentations delivered ▪ Number of new groups/people joining ATCA and local coalitions







"You can always do more with more resources."

FIVE

BUILD CAPACITY AND READINESS

Goal 5

Build the capacity of Alaskan communities to respond to the burden of tobacco.

The goals identified in this document can be successfully implemented only if community and state partners have the tools, skills, and awareness needed to realize change. This goal addresses building capacity to implement and increase community readiness to accept tobacco prevention and control efforts. Increasing a community's capacity requires that adequate funding is available, the proper program and organizational infrastructure is in place, and that a wide range of people and partners are able to be called upon for help. Below are the prioritized strategies to help ATCA and the statewide tobacco movement reach a higher capacity to respond to the burden of tobacco usage.

Begin in 2008

- Strategy 5.1:** Grow ATCA and work to have more advocates on the ground. (Melanie Brenner & Pat Luby)
- Strategy 5.2:** Use existing local networks and non-traditional partnerships to deliver tobacco-free messages and programs. (Melanie Brenner & Pat Luby)





Beyond 2008

- Strategy 5.3:** Encourage community grantees to publicize the importance of cessation, cessation techniques, and other pertinent information locally.
- Strategy 5.4:** Increase communication and transparency between partners (listserv/website).
- Strategy 5.5:** Support and improve access to technical assistance and resources for local advocates.
- Strategy 5.6:** Continue to provide and enhance orientation and training opportunities for tobacco advocates throughout the state as well as develop more statewide events like the Alaska Tobacco Summit.
- Strategy 5.7:** Work to cultivate and retain staff, at both the community and state level, in order to have consistency in program delivery and better ability to effectively manage and implement programs.
- Strategy 5.8:** Work to develop locally-generated funding to self-sustain, local tobacco prevention and control programs (i.e., pass local tobacco taxes).





Goal 5: Strategies and Action Steps

Strategy 5.1 **Grow ATCA and work to have more advocates on the ground.**

Action Steps	Indicator
Develop a program rewarding existing ATCA members for encouraging new membership – i.e. an award for the ATCA member who brought in the most new members.	<ul style="list-style-type: none">▪ Number of ATCA members encouraging others to join▪ Number of ATCA members▪ Number of new members▪ Award/reward program instituted
Create an award for the Alaskan community that has the most new ATCA members. Give the award at the Annual Tobacco Summit.	<ul style="list-style-type: none">▪ Number of communities participating▪ Number of new members▪ Award developed and awarded



Use existing local networks and non-traditional partnerships to deliver tobacco-free messages and programs.

Strategy 5.2

Action Steps	Indicator
Work with ATCA membership to focus on specific communities to develop target lists of agencies and organizations that can become ATCA partners.	<ul style="list-style-type: none">▪ Number of communities participating▪ Number of organizations/agencies targeted
Develop a training module for ATCA members to deliver to targeted agencies and organizations on how they can partner with ATCA and promote a tobacco-free lifestyle.	<ul style="list-style-type: none">▪ Training module developed▪ Number of organizations presented to▪ Number of trainings offered annually▪ Number of new agencies/organizations partnering with ATCA





SIX

STATEWIDE PROGRAM

"We need to show that tobacco is not a legitimate product and work to de-legitimize the tobacco industry. They have no ethics."

Goal 6

Support and maintain a statewide comprehensive tobacco prevention and control program.

Fundamental to the success of tobacco prevention and control activities in Alaska is a well-funded, well-operated, statewide comprehensive tobacco prevention and control program. The Centers for Disease Control and Prevention (CDC) recommends that state tobacco-control programs be comprehensive, sustainable, and accountable. In 2007, the CDC issued a revised *Best Practices for Comprehensive Tobacco Control Programs*, which drew upon evidence from the analyses of the past decade's comprehensive state tobacco-control programs to support five specific components of a comprehensive program. CDC recommends that states establish tobacco control programs that contain the following elements:

- State and Community Interventions
- Health Communication Interventions
- Cessation Interventions
- Surveillance and Evaluation
- Administration and Management

This Plan goes far to work toward the CDC Best Practices. However, without funding and support for tobacco control efforts the Plan will be challenging to realize. The following Strategies support comprehensive tobacco prevention and control efforts.

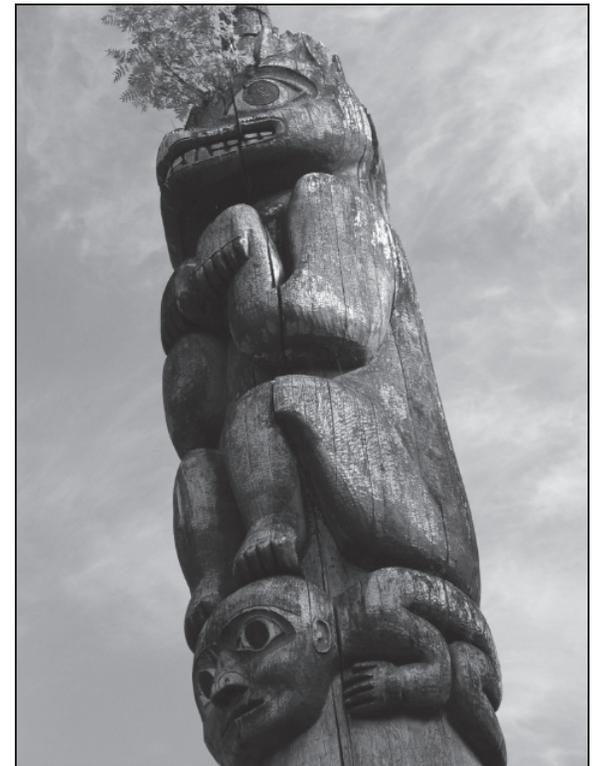




Begin in 2008 and continue beyond 2008

Strategy 6.1: Maintain current and pursue optimum CDC funding and collaborate on seeking outside funding opportunities. (Suzanne Sands)

Strategy 6.2: Ensure comprehensive data collection. (Lisa Aquino & Erin Peterson)



Goal 6: Strategies and Action Steps

Strategy 6.1 **Maintain current and pursue optimum CDC funding and collaborate on seeking outside funding opportunities.**

Action Steps	Measures
Work with policy makers to ensure that funding for tobacco prevention and control programs reaches the CDC recommended level for Alaska.	<ul style="list-style-type: none"> ▪ Number of policy makers spoken to/met with ▪ Number of policy maker champions ▪ Increased funding realized
Protect the intent for which the Tobacco Use and Cessation Fund was developed by educating elected officials and key decision makers.	<ul style="list-style-type: none"> ▪ Information sheet developed ▪ Appointments with elected officials and key decision makers ▪ Number of meetings ▪ Document successful examples of the positive impact of the comprehensive program design of the Alaska TPC Program.
Partner and collaborate to obtain grant funding from new sources.	<ul style="list-style-type: none"> ▪ Develop list of tobacco-related grants to pursue ▪ Identify agencies and groups to partner with to pursue grants



Ensure comprehensive data collection.

Strategy 6.2

Action Steps	Measures
Maintain current surveillance and data gathering systems.	<ul style="list-style-type: none">▪ Yearly data is gathered▪ Annual Report developed with up to date data▪ Annual update to <i>Alaska Tobacco Facts</i>
Share with ATCA the data collected currently.	<ul style="list-style-type: none">▪ BRFSS, YRBS, PRAMS questions shared and discussed with ATCA▪ ATCA meeting session devoted to data and surveillance
Obtain input from ATCA, community grantees, and tobacco control advocates regarding topics on which they would like more data or information.	<ul style="list-style-type: none">▪ Conduct informal survey to obtain feedback on needed data▪ ATCA meeting session devoted to needed data▪ Document successful examples of use of statewide and local data by grantees and advocates.
Change YRBS from active to passive consent.	<ul style="list-style-type: none">▪ Bill passes legislature and is signed by governor



Data Sources

“Turn to the data — it tells the truth.”

BRFSS

The Behavioral Risk Factor Surveillance System (BRFSS) is an anonymous telephone survey conducted by the Alaska Division of Public Health in cooperation with the CDC. It aims to estimate the prevalence of behavioral risk factors in the general population that are known to be associated with leading causes of morbidity and mortality in adults. The BRFSS has operated continuously in Alaska since it began in 1991.

PRAMS

Pregnancy Risk Assessment Monitoring System (PRAMS) is a population-based survey of Alaskan women who have recently delivered a live-born infant. Administered since 1990 by the Alaska Division of Public Health, PRAMS is conducted in collaboration with the CDC in 33 states to gather information on the health risk behaviors and circumstances of pregnant and postpartum women.



Tobacco Sales

Data on tobacco sales in Alaska were obtained from the Department of Revenue. In Alaska, a tobacco tax is levied on cigarettes and other tobacco products that are imported or transferred into the state. This tax, which amounts to \$1.00 for a pack of 20 cigarettes and 75 percent of wholesale price for cigars and chewing tobacco, is collected primarily from licensed wholesalers and distributors. Tobacco tax returns are filed monthly by the last day of the month following the month in which the sales were made. Alaska tax data may fail to account for tobacco products that are consumed here but are purchased out of state.

YRBS

The Youth Risk Behavior Survey (YRBS) is a systematic survey of high school students investigating behaviors related to the leading causes of mortality, morbidity and social problems among youth. The Centers for Disease Control and Prevention sponsors national and state surveys every two years, most recently in 2007. Alaska first participated in the YRBS in 1995. The next statewide survey with a statistically valid, representative sample was in 2003 and again in 2007.



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