

Alaska Tobacco Prevention and Control Program

Strategic Plan

2018 - 2022

Vision: For all Alaskans to live healthy and tobacco-free lives.



Alaska Tobacco Prevention and Control Program

Strategic Plan

2018 - 2022

Vision: For all Alaskans to live healthy and tobacco-free lives.

State of Alaska
Bill Walker, Governor

Department of Health and Social Services
Valerie Nurr'araaluk Davidson, Commissioner

Jay C. Butler, MD, Chief Medical Officer
and Division of Public Health Director

February, 2018



www.dhss.alaska.gov/dph/Chronic/Pages/Tobacco/



2018-2022 Strategic Plan

Mission: Provide leadership, effectively coordinate resources, and promote efforts that support Alaskans in living healthy and tobacco-free lives.

Vision: For all Alaskans to live healthy and tobacco-free lives.

Background

Tobacco use is the leading preventable cause of disease and death in Alaska. Smoking alone results in an estimated 680 deaths in Alaska every year. In 2014, smoking cost Alaska approximately \$575 million in direct medical expenditures and \$258 million in lost productivity due to premature death.

The Tobacco Prevention and Control (TPC) program has shown success in reducing the prevalence of cigarette smoking among Alaska adults and high school students. The percentage of adult smokers in Alaska has significantly declined between 1996 (28%) and 2015 (19%). Adult cigarette consumption declined by 61% during this time period, resulting in 505 million fewer cigarettes sold in 2015 than in 1996. The prevalence of cigarette smoking among high school students also declined between 1995 (37%) and 2015 (11%). However, the prevalence of smokeless tobacco use has remained unchanged among adults since 1996 and among high school students since 2007, the decline in youth smoking has flattened in recent years, and more high school students currently use electronic cigarettes (18%) than regular cigarettes.

The TPC program continues to address populations disproportionately impacted by tobacco use, respond to the new tobacco products, and educate partners and decision makers on the health and financial benefits of tobacco control efforts.

Significant disparities exist in tobacco use by race, age, socioeconomic status (SES), sexual orientation, behavioral health status, and region. The prevalence of smoking and smokeless tobacco use are highest among Alaska Native adults and high school students, lower SES adults, males, and those residing in the Northern and Southwest Public Health Regions.

Secondhand smoke increases risk for a number of serious illnesses, including stroke, coronary heart disease, sudden infant death syndrome, low birth weight, and lung cancer. The Centers for Disease Control and Prevention (CDC) support smokefree policies as a population-based best practice that protects the public from secondhand smoke. Nearly all Alaska adults (90%) agree that people should be protected from secondhand smoke. However, Alaska is one of only 14 states without a statewide smokefree workplace law, and only half of Alaska's population is covered by a local smokefree workplace law. Alaska municipalities have varying levels of governance, with some areas overlapping others. Many of the remaining Alaskan communities do not have the appropriate health powers to enact such a law.

Tobacco Prevention and Control program

The TPC program is located within the Department of Health and Social Services, Division of Public Health, in the Section of Chronic Disease Prevention and Health Promotion (CDPHP). The work of the TPC program is complemented by initiatives undertaken by many other organizations, including non-profits, tribal health organizations, state and local governments, schools, community groups, and the Alaska Tobacco Control Alliance (ATCA), the statewide tobacco prevention and control coalition.

About the Plan

This is a five-year strategic plan to explain the direction of the TPC program and to demonstrate how the program allocates resources and identifies partners to meet programmatic objectives.

The TPC program follows the model outlined in the CDC's *2014 Best Practices for Comprehensive Tobacco Prevention and Control Programs*. The model, drawing on the tobacco prevention and control literature and outcomes in states across the country, has four primary goals:

1. Prevent youth from starting tobacco use;
2. Protect the public from exposure to secondhand smoke;
3. Promote cessation of tobacco use among youth and adults; and,
4. Identify and eliminate tobacco-related disparities and achieve health equity.

There are many partners in Alaska working to achieve these goals, including program staff, grantees, policymakers, national organizations, and local community members. The TPC program is responsible for coordinating the efforts of these partners and ensuring financial and human resources dedicated to tobacco prevention and control are used effectively.

The program works toward these goals by implementing the five components of a comprehensive tobacco control program outlined by the CDC's best practices document. Our efforts include:

- 1) State and Community Interventions
 - State and local coalition support
 - Funding a community grant program
 - Providing technical assistance on evidence-based practices to grantees and partners
 - Federal Synar amendment compliance education for tobacco vendors
- 2) Mass-Reach Health Communication Interventions
 - Counter-marketing campaigns
 - Earned and paid media
 - Promotion of Alaska's Tobacco Quit Line and other cessation services
- 3) Cessation Interventions
 - Expanding insurance coverage
 - Improving utilization of cessation treatments

Tobacco Prevention and Control program

- Promoting health systems change
 - Supporting Alaska's Tobacco Quit Line
- 4) Surveillance and Evaluation
- Supporting and providing guidance to surveillance systems (e.g. Behavioral Risk Factor Surveillance System, Youth Risk Behavior Survey) to ensure the availability of representative data on tobacco use
 - Making effective use of surveillance data by monitoring statewide and local program efforts to monitor progress toward program objectives
 - Gathering and analyzing quantitative and qualitative program evaluation data on tobacco use through telephone surveys, key informant interviews, and focus groups
 - Incorporating research findings into program planning
 - Disseminating findings to stakeholders
- 5) Infrastructure, Administration, and Management
- Engaging in strategic planning that responds to community needs, priority populations, funding levels, and emerging data
 - Recruiting, training, and managing staff
 - Building partner capacity through trainings for state and community staff
 - Coordinating across chronic disease programs and with local coalitions and partners
 - Awarding and monitoring program contracts and grants, coordinating implementation across program areas, and assessing grantee program performance

In addition, our program has identified health equity as an element to be addressed in each of the five components in order to better reach priority populations. These efforts include:

- ensuring that policies and practices reflect the principles of inclusion, cultural competency, and equity;
- partnering with population groups disproportionately affected by tobacco and community organizations serving them;
- ensuring that health equity issues are an integral part of state and community tobacco control strategic plans; and
- providing culturally competent technical assistance and training to staff, grantees, and partners.

Implementation

The TPC program collaborates with and provides leadership to grantees, contractors, and partners to implement six population-based strategies identified in a comprehensive tobacco prevention and control program:

- 1) Smokefree Policies
- 2) Tobacco Price Increases
- 3) Access and Retail Environment

Tobacco Prevention and Control program

- 4) Healthcare Systems Change
- 5) Media and Public Education
- 6) Tobacco Quit Line.

These strategies impact social norms, including:

- 1) Knowledge and Awareness of the Harms of Tobacco Use
- 2) Attitude and Acceptability
- 3) Environment

Evaluation

The TPC program maintains ongoing surveillance and program efforts using reliable data sources. These data are used to track short-, intermediate-, and long-term key outcome indicators for each of the strategies outlined in the strategic plan. The evaluation team is responsible for disseminating surveillance and evaluation results in a variety of program reports, including *Tobacco Facts*, *Regional Profiles*, and the *Annual Report*.

Goals and Strategies

Goal 1: Prevent youth from starting tobacco use

- Strategy 1.1. Use social marketing tactics to reach youth with media to change social norms around tobacco use
- Strategy 1.2. Mobilize communities to use evidence-based practices to restrict minors' access to tobacco products and prevent initiation

Goal 2: Protect the public from exposure to secondhand smoke

- Strategy 2.1. Reduce exposure to secondhand smoke in post-secondary institutions
- Strategy 2.2. Reduce exposure to secondhand smoke in multi-unit housing
- Strategy 2.3. Implement evidence-based, mass-reach health communication interventions to reduce exposure to secondhand smoke
- Strategy 2.4. Educate state leaders, decision-makers, and the public about the burden of tobacco use and evidence-based policy and other strategies to reduce this burden

Goal 3: Promote cessation of tobacco use among youth and adults

- Strategy 3.1. Ensure evidence-based tobacco cessation treatment is available and utilized statewide
- Strategy 3.2. Promote health systems changes to support tobacco cessation in primary care, behavioral health, hospital, tribal health, and federally qualified health center settings
- Strategy 3.3. Ensure TPC-identified priority populations have access to cessation interventions

Goal 4: Identify and eliminate tobacco use disparities

Based on surveillance data, the TPC program has identified six priority populations who are disproportionately impacted by tobacco use. Strategies for priority populations are listed below:

Alaska Native People

- In partnership with tribal governments and health organizations, implement tobacco-free policies in rural communities

People of low SES

- Promote evidence based cessation referral processes in community health centers

Young Adults (18-29 years)

- Promote tobacco-free policies at post-secondary institutions

People experiencing mental illness and/or substance use disorders

- Work collaboratively with State Division of Behavioral Health
- Support efforts to allow tobacco cessation treatment to be a reimbursable service for substance abuse and mental health providers
- Support efforts to encourage State-funded substance abuse, mental health, and correctional facilities to implement and enforce comprehensive tobacco-free campus policies

Lesbian, Gay, Bisexual, Transgender (LGBT) Community

- Support cultural competency training for staff and partners
- Include LGBT community members in public education campaigns
- Partner with organizations that engage with LGBT community
- Explore methods to improve availability of tobacco use data for the LGBT population

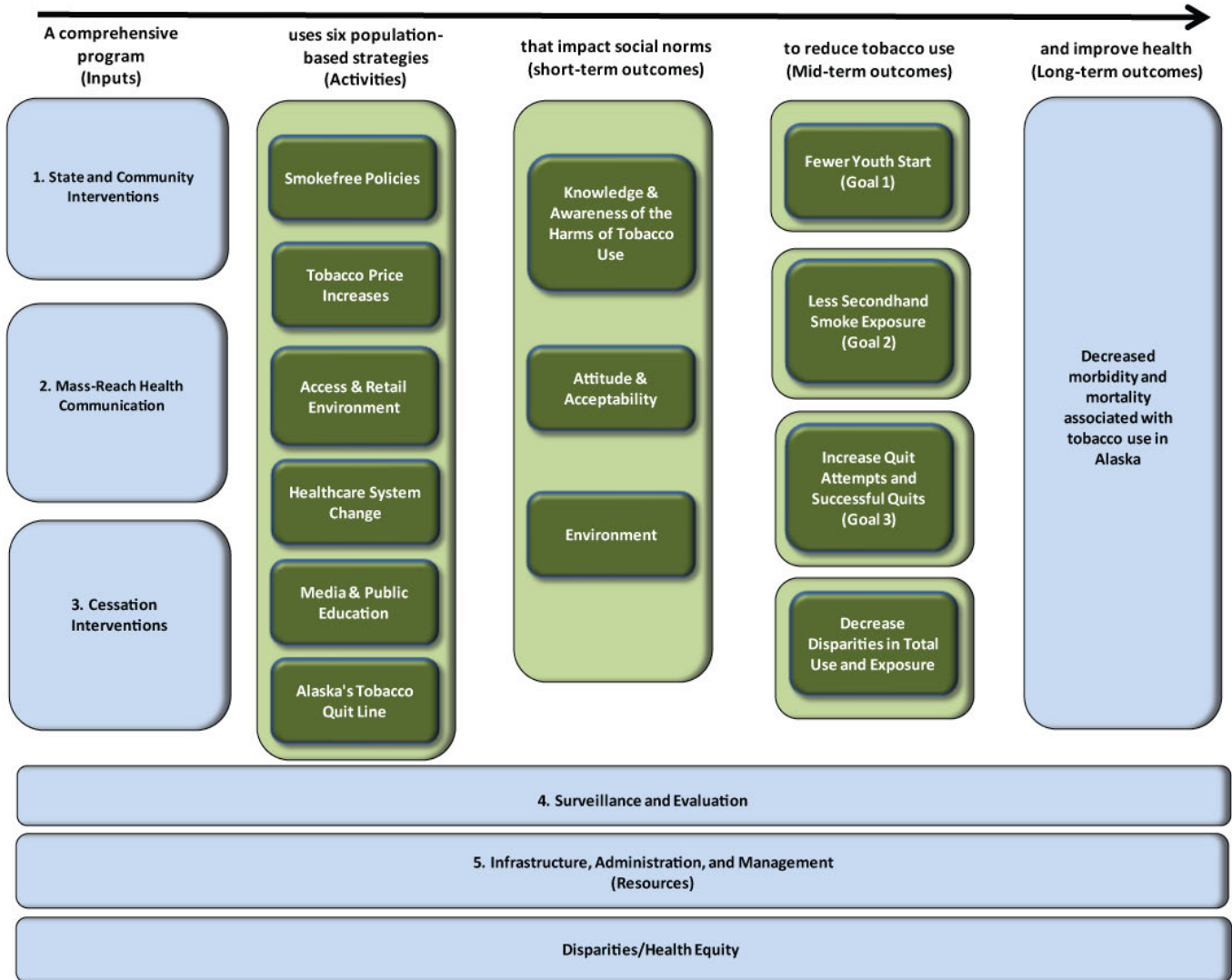
Pregnant Women

- Develop educational materials to increase awareness of the health effects of tobacco use during pregnancy
- Increase Quit Line support for pregnant women and their partners
- Partner with organizations that engage with pregnant women to disseminate information and provide cessation resources

Logic Model

The following logic model was developed by TPC program staff. It illustrates how our chosen strategies, within the five components of a comprehensive tobacco control program, will be used to achieve the goals outlined in the 2018-2022 Strategic Plan.

THE ALASKA MODEL OF TOBACCO PREVENTION





www.dhss.alaska.gov/dph/Chronic/Pages/Tobacco/

