Arkansas Department of Health

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ARKANSAS DEPARTMENT OF HEALTH
1-800-QUIT-NOW

Tobacco Prevention and Cessation Program

ARKANSAS *STRATEGIC PLAN* TO PREVENT AND REDUCE TOBACCO USE 2009 – 2014

Your Tobacco Settlement Dollars at Work

EXECUTIVE SUMMARY – ARKANSAS *STRATEGIC PLAN* TO PREVENT AND REDUCE TOBACCO USE 2009 – 2014

With passage of the Initiated Tobacco Settlement Proceeds Act in 2000, Arkansas voters announced that they were ready for Arkansas to become a national leader in efforts to confront tobacco use – the leading cause of premature death and disease in Arkansas and in the nation. They committed Arkansas to a long term effort to reduce tobacco use and the death and diseases it caused – heart disease and stroke, cancers, a variety of lung diseases and a long list of other deadly illnesses.

The General Assembly gave structure to the voter referendum by creating the Tobacco Prevention and Cessation Program (TPCP) in the Arkansas Department of Health and appropriating 31.6 percent of the funds the state would annually receive from the Master Settlement Agreement (MSA) between the tobacco companies and 46 states to fight tobacco use. What had once been a small federally-funded program has grown over the years into a comprehensive evidence-based tobacco prevention and cessation initiative that is delivering results.

- ✓ In 2000, 35.8 percent of Arkansas high school students were current smokers; in 2007 that percentage had dropped to 20.4 percent – a 43 percent reduction that translates into 21,500 additional high school students who are non-smokers.
- ✓ In 2002, 25.1 percent of adults smoked; in 2008, 20.7 percent were smokers accounting for 92,400 fewer adult smokers.
- ✓ Since the TPCP program began, there has been more than $1 BILLION in healthcare savings over a lifetime for youth who were prevented from smoking and for adults who quit smoking.
- ✓ Over 1000 pregnant women and their infants will save close to $2 million in health care costs during a young Arkansan's first year.
- ✓ Approximately $168 million has been directed away from tobacco purchases and back into the local economy.
- ✓ Over the last decade hospital admissions for heart disease and stroke decreased.

Even with all of the positive outcomes the TPCP program has produced over the last 9 years, the toll of tobacco in Arkansas remains far too high.

- ✓ Arkansas ranks 43rd in the nation in death and disease caused by the major drivers (cardiovascular and lung diseases) of healthcare costs, lost productivity and permanent disability.
- ✓ Each year 4,900 Arkansans die prematurely from illnesses caused by tobacco.
- ✓ Approximately 64,000 Arkansas youth are expected to die prematurely as a result of tobacco.

- ✓ Secondhand smoke kills approximately 510 non-smoking Arkansans every year.
- ✓ Each year tobacco use costs Arkansas upwards of $812 million, including $242 million in state-funded Medicaid, in health care costs and $1.4 BILLION in lost productivity costs.

Arkansas is one of only a few states that made a commitment to invest its entire share of the Master Settlement Agreement funds in health-related programs. Passed as the Tobacco Settlement Proceeds Act of 2000, MSA funding currently supports tobacco control and cessation activities, expanded Medicaid services - including the ARHealthNet waiver program, research in the Arkansas Biosciences Institute, and initiated specific health programs targeting state needs (formation of UAMS College of Public Health, expanded services in the Minority Health Commission, a new Delta Area Health Education Center, and support to sustain the Arkansas Aging Initiative). In addition, moneys from the MSA provided core funding for the Arkansas Healthy Century Trust Fund. This Act directs the Department of Health to implement a comprehensive Tobacco Prevention and Cessation Program with 31.6 percent of the annual MSA payment. Over the years changes have occurred that have directed portions of the TPCP MSA funding to other programs such as Nutrition & Physical Activity and Juvenile Drug Court Treatment/Drug Court & Substance Abuse Treatment.

In the first several years of appropriating nearly a third of its MSA funding to tobacco prevention and cessation, Arkansas was ranked fourth highest in the nation in CDC's recommended minimum funding for comprehensive tobacco prevention and control programs. In the ensuing years, program costs increased and CDC revised its funding formula and recommendations. Federal and state funding for the Arkansas Tobacco Prevention and Cessation Program has remained static ($16-$17 million range) over the last several years. Currently (FY2010) Arkansas ranks ninth in program funding received from the state and the CDC, spending approximately half of CDC's recommendation of $36.4 million. CDC provides guidance to the states on program design and delivery components based on available funding. Its REACH initiative will guide TPCP and its partners as they implement this *Strategic Plan* within available funding.

Recognizing the challenge of reducing tobacco use by preventing youth and young adults from beginning to use tobacco and by increasing the number of Arkansans who quit tobacco use, TPCP and its internal and external partners undertook a comprehensive review of the evidence-based program beginning in 2008 when ADH convened an Expert Review Panel to assess the program and make recommendations. The Panel consisted of four external experts in designing and implementing evidence-based tobacco control programs: Ursula Bauer, PhD, MPH, former Director of the Division of Chronic Disease and Injury Prevention of the New York State Department of Health (and newly named Director of the National Center for Chronic Disease Prevention and Health Promotion at the Centers for Disease Control and Prevention); David Hopkins, MD, MPH, author of *The Community Guide to Preventive Services*; Corinne Husten, MD, MPH, former Acting Director of the Office on Smoking and Health at the Centers for Disease Control and Prevention; and Edward Lichtenstein, PhD, an expert in tobacco cessation and quitline research.

The Expert Panel found TPCP "to be well-grounded in the tobacco control evidence base and to have been implemented according to recommendations from the Centers for Disease Control and Prevention's *Best Practices for Comprehensive Tobacco Control Programs*." While recognizing that annual funding to reduce tobacco use is "well below" the $36.4 million recommended by the CDC, the Panel reported that TPCP and its partners are gradually reducing smoking prevalence. The Panel made a number of recommendations to refocus TPCP "toward a population-based approach that will increase the reach and maximize the impact of the program."

Battelle, the TPCP external evaluator, is tracking a series of eleven TPCP indicators that measure the program's progress in achieving its goals of reducing tobacco use and eliminating exposure to secondhand smoke. Their *Implementation Phase Report – Year Two, A Comprehensive Evaluation Plan* provided background information and program outcomes as well to the meeting participants.

With this backdrop, TPCP convened a group of external partners and internal state government colleagues (Appendix 1) for two days in October 2009 to participate in the development of a 5-year strategic plan for Arkansas tobacco prevention and control. Janet Love, MPH, CHES, Tobacco Technical Assistance Consortium (TTAC), presented the evidence-based recommendations and strategies in the Centers for Disease Control and Prevention's *Best Practices for Comprehensive Tobacco Control Programs October 2007* and *The Community Guide to Preventive Services.* Carolyn Dresler, MD, MPA, Director of the Arkansas Department of Health Tobacco Prevention and Cessation Program, provided an overview of the program and the most recent data about tobacco use in Arkansas. Meeting participants then reviewed and analyzed the history and current state of tobacco prevention and control in Arkansas and conducted an environmental scan to identify strengths, challenges, gaps and opportunities impacting program implementation (Appendix 2). Using Arkansas tobacco-related data, CDC and Community Guide recommended evidence-based interventions, the environmental scan, current program and other tobacco control activities in Arkansas, the planning group identified three goal areas and developed a series of Objectives and Action Steps that will move Arkansas toward achieving those goals.

Participants worked collectively to identify Objectives for each of the goal areas – preventing youth and young adults from using tobacco, eliminating exposure to secondhand smoke and promoting quitting. The large group than broke into two work groups – youth and young adult prevention and secondhand smoke – to focus on developing Action Steps for the Objectives. The Goal III Promoting Quitting Objectives and the development of Action Steps were left to the Cessation Expert Panel to review and expand. Representatives from Battelle and Crawford, Johnson, Robinson, Woods (TPCP media contractor) attended the meeting and offered valuable input for the group's consideration. Judith Ahearn and Janet Love from the Tobacco Technical Assistance Consortium provided facilitation services.

At the conclusion of the meeting, work remained. A facilitated follow-up call was organized for each of the two work groups to review their initial work and to continue work on refining the Objectives and identifying Action Steps.

Over the next five years, implementation of this *Strategic Plan* will prevent a greater number of Arkansas youth and young adults from beginning to use tobacco products, decrease the number of current tobacco users, and fully protect the public from exposure to secondhand smoke in public places and in their workplaces. The Plan includes three goal areas and identifies objectives and action steps that will lead to achievement of those goals. A number of objectives are repeated throughout the Plan because they are proven-effective strategies to reach multiple goals. These strategies include implementing comprehensive tobacco-free policies and increasing the price of tobacco products. Each goal area begins with a number of indicators that will be used to measure progress toward achievement of the goal. If state and local policy makers, healthcare systems and providers, schools, colleges, employers and the public fully implement this Plan, it will significantly prevent and reduce smoking and other tobacco use in Arkansas and produce enormous public health and economic benefits to the state.

There is overwhelming evidence that states that have implemented programs consistent with the CDC *Best Practices* and its recommended funding level have significantly reduced youth and adult tobacco use, improved health and saved lives. With a sustained effort, we can expect the fully implemented comprehensive *Strategic Plan* will within five years:

- ✓ Reduce youth tobacco use to 17.5 percent
- ✓ Reduce adult tobacco use to 17.5 percent
- ✓ Reduce tobacco use by pregnant women to 12.5 percent
- ✓ Reduce employee exposure to secondhand smoke in workplaces to 2 percent

Implementing this *Strategic Plan* will strengthen the Arkansas economy by increasing employee productivity and reducing future tobacco-caused healthcare and related economic and other tobacco-caused costs in the state.

If Arkansas fully implements this *Strategic Plan*, the Arkansas voters and legislators who entrusted the Arkansas Department of Health Tobacco Prevention and Cessation Program and its partners with the responsibility to reduce tobacco use can expect to see a sharp reduction in smoking and other tobacco use in the state. As a result of the decrease in tobacco use, the number of people in the state who suffer and die prematurely because of smoking and other tobacco use will decrease; the number of Arkansans who suffer from tobacco-related diseases will decrease; a healthier and more productive workforce will bolster the economy; and public and private dollars will be saved by cutting government, business, health care and household expenditures caused by smoking and other tobacco use.

Lives saved, suffering diminished, health-related and economic costs cut, and public and private dollars conserved – these are the overarching goals of this Arkansas *Strategic Plan* to Prevent and Reduce Tobacco Use 2009 – 2014.

ARKANSAS *STRATEGIC PLAN* TO PREVENT AND REDUCE TOBACCO USE 2009 – 2014

GOAL I: PREVENT INITIATION OF TOBACCO USE AMONG YOUTH AND YOUNG ADULTS

PROGRESS INDICATORS

- Percentage of youth who smoked first cigarette before age 11 (19 percent in 2007 – Arkansas Youth Tobacco Survey)
- Percentage of schools reporting comprehensive tobacco-free policies (Baseline date to be developed)
- Percentage of retailers not selling tobacco products to minors (93.65 percent in 2008 – Arkansas Tobacco Control Board)
- Percentage of middle and high school students not exposed to secondhand smoke in enclosed places (42.6 percent in 2007 – Arkansas Youth Tobacco Survey)
- Percentage of middle and high school students not exposed to secondhand smoke in a vehicle (55.8 percent in 2007 – Arkansas Youth Tobacco Survey)
- Percentage of the public who support increasing tobacco excise taxes (70.5 percent in 2008 – Arkansas Adult Tobacco Survey)
- Percentage of the public who support 100 percent smoke-free workplaces (76 percent in 2006 – Arkansas Adult Tobacco Survey)

OBJECTIVE 1: By end of the 2013 legislative session, all exemptions in Act 8 will be removed, resulting in a comprehensive 100 percent smoke-free workplace law.
(Act 8 exemptions – ACA §§ 20-27-1801 et seq.)

ACTION STEPS

- Develop and implement a 100 percent smoke-free workplace policy plan.
- Review and update smoke-free workplace data to support 100 percent smoke-free workplaces.
- Mobilize community coalitions, including youth, to support 100 percent smoke-free workplaces by repealing the exemptions in Act 8.
- Educate the public, employers and policymakers, including the use of paid and unpaid media and media advocacy strategies, on the health and other benefits of 100 percent smoke- free workplaces.
- Monitor public support for 100 percent smoke-free workplaces.
- Provide training and technical assistance to community coalitions and community partners to gain support for repealing the exemptions in Act 8 from the public, state policymakers and medical/health professionals.
- Identify key legislative supporters for repealing the exemptions in Act 8.
- Recruit and mobilize bar workers to support repealing the exemptions in Act 8.
- Track and monitor legislative actions.

OBJECTIVE 2: By 2012, two communities will pass smoke-free local ordinances stronger than Act 8.
(No communities in 2009 – Arkansas Department of Health TPCP)

ACTION STEPS

- Develop and implement a 100 percent smoke-free community policy plan.
- Review and update smoke-free workplace data to support 100 percent smoke-free workplaces.
- Identify communities to implement a 100 percent smoke-free community policy plan.
- Mobilize community coalitions, including youth, to support 100 percent smoke-free workplaces by adopting local ordinances making all workplaces smoke-free.
- Educate the public, employers and policymakers on the health and other benefits of 100 percent smoke- free workplaces.
- Provide training and technical assistance to community coalitions and community partners to gain support from the public, local policymakers and medical/health professionals for 100 percent smoke-free workplaces.
- Monitor public support for 100 percent smoke-free workplaces.
- Identify key supporters in local governments for enacting a 100 percent smoke-free workplace ordinance.
- Recruit and mobilize bar workers to support enacting a 100 percent smoke-free workplace ordinance.
- Develop a local ordinance tracking system.

OBJECTIVE 3: By 2012, three communities will pass local ordinances limiting point-of-purchase tobacco advertising consistent with the First Amendment.
(No communities in 2009 – Arkansas Department of Health TPCP)

ACTION STEPS

- Develop a tobacco point-of-purchase ordinance policy plan.
- Identify communities to implement policy plan.
- Collaborate with community partners to conduct Operation Storefront to gather data on where tobacco products and tobacco advertising are placed in retail establishments.
- Mobilize community coalitions, including youth and school boards, to support enacting policies to restrict point-of-purchase tobacco advertising.
- Educate the public and policymakers about the role limiting point-of-purchase tobacco advertising plays in preventing youth tobacco use.
- Monitor public support for restricting point-of-purchase tobacco advertising.
- Provide training and technical assistance to community coalitions and community partners to gain support for policies to restrict point-of-purchase tobacco advertising.
- Monitor FDA regulations and assess statewide policy opportunities.
- Develop a local ordinance tracking system.

OBJECTIVE 4: By 2012, distribution of free samples or coupons for samples of tobacco products will be prohibited.
(Free samples and coupons prohibited to minors and on public streets and sidewalks within 500 feet of child-focused facilities – ACA §§ 5-27-704 & 5-27-710)

ACTION STEPS

- Develop and implement a policy plan to ban all free samples of tobacco products.
- Collaborate with community partners to collect local data on distribution of free tobacco samples.
- Collaborate with community partners to conduct Operation Storefront to gather data on tobacco advertising near school property and other child-focused facilities.
- Mobilize community coalitions, including youth and medical/health professionals, to support prohibiting free tobacco samples to all Arkansans.
- Educate public and policymakers on the role limiting access to tobacco products plays in preventing tobacco use and on the importance of enforcing all state laws limiting access to tobacco products.
- Monitor public support for expanding current law to prohibit free tobacco sampling.
- Provide training and technical assistance to local coalitions and community partners to gain support from the public and state policymakers for prohibiting free tobacco sampling, and on how to monitor adherence to current free tobacco sampling law and other tobacco access restrictions.
- Collaborate with Tobacco Control Board and other partners to improve enforcement of current tobacco access restrictions.
- Develop a tracking system to monitor enforcement of tobacco access restrictions in communities throughout the state.
- Monitor FDA regulations and assess statewide policy opportunities.

OBJECTIVE 5: By 2014, 90 percent of homes and cars will be smoke-free.
(83percent of homes and 77 percent of cars in 2008 – Arkansas Adult Tobacco Survey)

ACTION STEPS

- Mobilize community coalitions, including youth, to support smoke-free homes and cars.
- Educate the public, parents, school boards and policymakers, including the use of paid and unpaid media, on the effects of secondhand smoke on children (including SIDS, asthma, and ear problems), the health benefits of smoke-free homes and cars, the importance of protecting all children from exposure to secondhand smoke and the role smoke-free environments play in preventing youth tobacco use.
- Educate the public, parents and policymakers on the importance of enforcing Act 13.
- Partner with law enforcement agencies to promote enforcement of Act 13.
- Monitor public support for smoke-free homes and cars.
- Provide training and technical assistance to community coalitions to monitor adherence to Act 13 and to promote smoke-free homes and cars.
- Collaborate with health care organizations to educate the public about third-hand smoke.

- Track the percentage of smoke-free homes and cars.

OBJECTIVE 6: By 2012, illegal sales of tobacco products to youth will be reduced by 25 percent.
(6.35 percent in 2008 – Arkansas Tobacco Control Board)

ACTION STEPS

- Mobilize community coalitions, including youth, to support enforcing the law prohibiting tobacco sales to minors.
- Educate public and policymakers about the relationship between enforcing the law prohibiting tobacco sales to minors and preventing youth tobacco use and on the importance of enforcing state law.
- Monitor public support for enforcing law prohibiting tobacco sales to minors.
- Provide training and technical assistance to community coalitions and community partners to gain support for rigorous enforcement of the law prohibiting tobacco sales to minors.
- Collaborate with Arkansas Tobacco Control Board to provide technical assistance to local retailers on enforcing the tobacco sales to minors law.
- Track and publicize retailer compliance.
- Monitor FDA regulations.
- Allocate sufficient funds to conduct compliance checks

OBJECTIVE 7: By 2014, the number of school districts implementing comprehensive evidence-based interventions recommended by the CDC's *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction*, including policies and curriculum, will increase to 10 percent of all school districts.
(6 percent in 2009 – Arkansas Department of Health TPCP)

ACTION STEPS

- Educate local school boards, school staff, students, parents and community members on policies and strategies to prevent youth initiation of tobacco use.
- Mobilize community coalitions to support and promote enforcement of the Arkansas tobacco-free school law.
- Engage youth in community coalitions.
- Collaborate with community partners to recruit school districts to become active participants in community coalitions.
- Provide training and technical assistance to community coalitions, school districts and community partners on how to build, implement and monitor strong school and local policies to prevent and reduce youth tobacco use.
- Work with Coordinated School Health Program (CSH) to integrate tobacco prevention and cessation.
- Support efforts of school districts in regions with community coalitions to establish CSH programs.
- Track school district membership in community coalitions.

OBJECTIVE 8: By 2015, the cigarette excise tax will be increased from $1.15 to the national average, the tax on other tobacco products will continue to be levied per unit, and 12 percent of the revenue from the excise tax increase will be dedicated to tobacco prevention and cessation.
($1.15 in 2009 – ACA §§ 26-57-801-807)

ACTION STEPS

- Develop and implement a tobacco tax policy plan.
- Partner with external partners to disseminate the policy plan to their leadership and members.
- Mobilize community coalitions, including youth, to support increasing tobacco excise taxes and increased funding for Arkansas's comprehensive evidence-based tobacco prevention and cessation program.
- Educate the public and policymakers on the health and economic benefits of increasing tobacco excise taxes, how higher prices on tobacco products prevents and reduces tobacco use among youth and adults, and how a comprehensive evidence-based tobacco prevention and cessation program reduces tobacco use and the death and disease it causes in Arkansas.
- Monitor public support for increasing tobacco excise taxes and expanding Arkansas's tobacco prevention and cessation initiatives.
- Provide training and technical assistance to community coalitions and community partners to gain support from the public and state policymakers for increasing tobacco excise taxes and dedicating 12 percent of the increased revenue to tobacco prevention and cessation.
- Identify key legislative supporters for increasing tobacco excise taxes and expanding Arkansas's tobacco prevention and cessation initiatives.
- Track and monitor legislative actions.

GOAL II: ELIMINATE EXPOSURE TO SECONDHAND SMOKE

PROGRESS INDICATORS

- Percentage of the public who support 100 percent smoke-free workplaces (76 percent in 2006 – Arkansas Adult Tobacco Survey)
- Percentage of workers exposed to secondhand smoke in the workplace (7.1 percent in 2008 – Arkansas Adult Tobacco Survey)
- Number of complaints about smoke-free law violations (75 in 2009 – ADH Environmental Health Protection Branch)
- Number of private college campuses with smoke-free campus policies (7 in 2009 – Arkansas Tobacco Prevention and Control Program Survey)
- Percentage of smoke-free homes (83 percent in 2008 – Arkansas Adult Tobacco Survey)
- Percentage of smoke-free cars (77 percent in 2008 – Arkansas Adult Tobacco Survey)

OBJECTIVE 1: By end of the 2013 legislative session, all exemptions in Act 8 will be removed, resulting in a comprehensive 100 percent smoke-free workplace law.
(Act 8 exemptions – ACA §§ 20-27-1801 et seq.)

ACTION STEPS

- Develop and implement a 100 percent smoke-free workplace policy plan.
- Review and update smoke-free workplace data to support 100 percent smoke-free workplaces.
- Mobilize community coalitions, including youth, to support 100 percent smoke-free workplaces by repealing the exemptions in Act 8.
- Educate the public, employers and policymakers, including the use of paid and unpaid media and media advocacy strategies, on the health and other benefits of 100 percent smoke- free workplaces.
- Monitor public support for 100 percent smoke-free workplaces.
- Provide training and technical assistance to community coalitions and community partners to gain support for repealing the exemptions in Act 8 from the public, state policymakers and medical/health professionals.
- Identify key legislative supporters for repealing the exemptions in Act 8.
- Recruit and mobilize bar workers to support repealing the exemptions in Act 8.
- Track and monitor legislative actions.

OBJECTIVE 2: By 2012, two communities will pass smoke-free local ordinances stronger than Act 8.
(No communities in 2009 – Arkansas Department of Health TPCP)

ACTION STEPS

- Develop and implement a 100 percent smoke-free community policy plan.
- Review and update smoke-free workplace data to support 100 percent smoke-free workplaces.
- Identify communities to implement a 100 percent smoke-free community policy plan.
- Mobilize community coalitions, including youth, to support 100 percent smoke-free workplaces by adopting local ordinances making all workplaces smoke-free.
- Educate the public, employers and policymakers on the health and other benefits of 100 percent smoke- free workplaces.
- Provide training and technical assistance to community coalitions and community partners to gain support from the public, local policymakers and medical/health professionals for 100 percent smoke-free workplaces.
- Monitor public support for 100 percent smoke-free workplaces.
- Identify key supporters in local governments for enacting a 100 percent smoke-free workplace ordinance.
- Recruit and mobilize bar workers to support enacting a 100 percent smoke-free workplace ordinance.
- Develop a local ordinance tracking system.

OBJECTIVE 3: By 2012, six employers representative of large and medium sized businesses will adopt comprehensive tobacco-free worksite policies.
(Baseline data to be developed)

ACTION STEPS

- Partner with Arkansas Wellness Coalition, Arkansas Healthy Lifestyle Program (AHELP) and Arkansas Department of Health Worksite Wellness Committee to survey employers about their tobacco policies.
- Collaborate with the Arkansas Department of Health Chronic Disease Branch and Worksite Wellness Committee to review and update the Tobacco-free Workplace Tool Kit.
- Disseminate the Tobacco-free Workplace Tool Kit to employers.
- Disseminate/educate employers about the recommendations in the U.S. Public Health Service *Treating Tobacco Use and Dependence, Clinical Practice Guideline – 2008 Update* for tobacco-free campuses.
- Identify businesses to target to make their campuses tobacco-free.
- Mobilize community coalitions to support and advocate for tobacco-free worksites.
- Educate employers and the public on the health and other benefits of tobacco-free worksites.
- Provide training and technical assistance to community coalitions and employers to implement and monitor compliance with a tobacco-free worksite policy.
- Develop a system to track the number of employers with tobacco-free worksite policies.

OBJECTIVE 4: By 2013, all private colleges and universities in Arkansas will have adopted a 100 percent tobacco- free campus policy.
(7 campuses in 2008 – Arkansas Department of Health TPCP)

ACTION STEPS

- Develop baseline data of tobacco policies at all private colleges and universities.
- Partner with key higher education leadership and organizations to educate campus leaders about the benefits and components of a tobacco-free campus policy.
- Mobilize community coalitions, including youth and alumni, to support efforts on local campuses to establish a 100 percent tobacco-free campus policy.
- Organize and train members of the campus community, including students, to advocate for a tobacco-free campus.
- Provide technical assistance to community coalitions and campus organizations to implement and monitor compliance with a tobacco-free campus policy.
- Develop a tracking system to monitor implementation of tobacco-free campus policies.
- Publicize and recognize private colleges and universities with tobacco-free campus policies.

OBJECTIVE 5: By end of the 2013 legislative session, the age limit in Act 13 (Arkansas Protection from Secondhand Smoke for Children Act of 2006) will be increased from less than 6 years to18 years.
(Less than 6 years since 2006 – ACA §§ 20-27-1901-1904)

ACTION STEPS

- Develop a policy plan to amend Act 13 to protect all children from exposure to secondhand smoke in cars.
- Review and update data on children's exposure to secondhand smoke in cars.
- Mobilize community coalitions, including youth, to support protecting all children from exposure to secondhand smoke in cars.
- Educate the public, parents, school boards, and policymakers, including the use of paid and unpaid media and media advocacy strategies, on the effects of secondhand smoke on children (including SIDS, asthma, and ear problems) and the importance of protecting all children from exposure to secondhand smoke in cars.
- Provide training and technical assistance to community coalitions and community partners to gain support for amending Act 13from the public, state policymakers and medical/health professionals in order to protect all children from exposure to secondhand smoke in cars.
- Monitor public support for smoke-free cars.
- Identify key legislative supporters for amending Act 13.
- Track and monitor legislative actions.

GOAL III: PROMOTE QUITTING TOBACCO USE AMONG ADULTS AND YOUNG PEOPLE

PROGRESS INDICATORS

- Number of calls to the Arkansas Tobacco Quitline (4 percent of smokers and smokeless tobacco users in 2008 – Arkansas Tobacco Quitline Reports)
- Number of calls to the Arkansas Tobacco Quitline by 18-30 year olds (5,387 in FY 2009 [9 months] – Arkansas Tobacco Quitline Reports)
- Number of fax referrals to the Arkansas Tobacco Quitline (3,421 in FY 2009 [9 months] – Arkansas Tobacco Quitline Reports)
- Percentage of Arkansas Tobacco Quitline callers enrolled in counseling (3,431 in FY 2009 [9 months] – Arkansas Tobacco Quitline Reports)
- Percentage of adult smokers advised to quit smoking by a health care provider (66.9 percent in 2008 – Arkansas Adult Tobacco Survey)
- Percentage of adult smokers who made a quit attempt in the last twelve months (47.3 percent in 2008 – Arkansas Adult Tobacco Survey)
- Number of cigarettes sold per capita (2,080 in 2007 – Arkansas Department of Finance and Administration)
- Percentage of the public who support increasing tobacco excise taxes (70.5 percent in 2008 – Arkansas Adult Tobacco Survey)
- Percentage of the public who support 100 percent smoke-free workplaces (76 percent in 2006 – Arkansas Adult Tobacco Survey)

OBJECTIVE 1: By end of the 2013 legislative session, all exemptions in Act 8 will be removed, resulting in a comprehensive 100 percent smoke-free workplace law.
(Act 8 exemptions – ACA §§ 20-27-1801 et seq.)

ACTION STEPS

- Develop and implement a 100 percent smoke-free workplace policy plan.
- Review and update smoke-free workplace data to support 100 percent smoke-free workplaces.
- Mobilize community coalitions, including youth, to support 100 percent smoke-free workplaces by repealing the exemptions in Act 8.
- Educate the public, employers and policymakers, including the use of paid and unpaid media and media advocacy strategies, on the health and other benefits of 100 percent smoke- free workplaces.
- Monitor public support for 100 percent smoke-free workplaces.
- Provide training and technical assistance to community coalitions and community partners to gain support for repealing the exemptions in Act 8 from the public, state policymakers and medical/health professionals.
- Identify key legislative supporters for repealing the exemptions in Act 8.
- Recruit and mobilize bar workers to support repealing the exemptions in Act 8.
- Track and monitor legislative actions.

OBJECTIVE 2: By 2012, two communities will pass smoke-free local ordinances stronger than Act 8.
(No communities in 2009 – Arkansas Department of Health TPCP)

ACTION STEPS

- Develop and implement a 100 percent smoke-free community policy plan.
- Review and update smoke-free workplace data to support 100 percent smoke-free workplaces.
- Identify communities to implement a 100 percent smoke-free community policy plan.
- Mobilize community coalitions, including youth, to support 100 percent smoke-free workplaces by adopting local ordinances making all workplaces smoke-free.
- Educate the public, employers and policymakers on the health and other benefits of 100 percent smoke- free workplaces.
- Provide training and technical assistance to community coalitions and community partners to gain support from the public, local policymakers and medical/health professionals for 100 percent smoke-free workplaces.
- Monitor public support for 100 percent smoke-free workplaces.
- Identify key supporters in local governments for enacting a 100 percent smoke-free workplace ordinance.
- Recruit and mobilize bar workers to support enacting a 100 percent smoke-free workplace ordinance.
- Develop a local ordinance tracking system.

OBJECTIVE 3: By 2012, providers in 50 percent of public and private healthcare systems will document tobacco use as a vital sign and will deliver the US Public Health Service AAR (ask, advise, refer) intervention to tobacco users at every patient visit.
(Baseline data to be developed)

ACTION STEPS

- Develop a survey to determine the number of public and private healthcare systems that document tobacco use as a vital sign and deliver the AAR intervention.
- Administer survey to public and private healthcare systems to establish baseline data.
- Enforce tobacco-free policies on healthcare system campuses.
- Educate and train health care providers on how to implement provider reminder systems and how to deliver the AAR intervention to their patients.
- Implement a provider reminder system and the AAR intervention in the 93 Local Health Units and at all clinics sponsored and/or operated by the Arkansas Department of Health, including WIC and Family Health Branch (Family Planning and Maternal Child Health).
- Collaborate with federally-qualified health centers (FQHC) to implement a provider reminder system and the AAR intervention.
- Collaborate with ADH Office of Oral Health to implement a provider reminder system and the AAR intervention in dental practices.
- Remove barriers to Medicaid cessation coverage.
- Utilize the ANGEL protocol developed by the Department of Obstetrics at UAMS to train obstetricians.
- Incorporate provider reminder systems and the AAR intervention into the curriculum at the UAMS and at other higher education institutions training health care professionals, including nurses, dentists, dental hygienists, pharmacists, respiratory therapists, optometrists etc.
- Utilize certified tobacco cessation specialists to promote systems change.
- Develop a plan to use "detailing" to educate healthcare providers about treating tobacco use and how to make fax referrals to the Arkansas Tobacco Quitline (ATQ).
- Include tobacco use prevention and cessation information in all CMEs offered by the Chronic Disease Branch of the Arkansas Department of Health.
- Track implementation of tobacco use documentation and AAR interventions in healthcare provider systems.

OBJECTIVE 4: By 2014, the reach of the Arkansas Tobacco Quitline will increase to a minimum of 6 percent of all smokers and smokeless tobacco users.
(4.2 percent in 2009 – Arkansas Tobacco Quitline Reports)

ACTION STEPS

- Encourage healthcare providers, employers and business owners to promote the ATQ to tobacco users.
- Mobilize community coalitions, including YES teams, to promote the ATQ at community events.

- Increase ATQ reach to minorities (to at least their proportion of the population).
- Increase fax referrals to the ATQ.
- Review and analyze ATQ protocols, including those for young adults, pregnant women, low literacy population, smokeless tobacco users and substance abuse clients**,** and make adjustments as indicated.
- Review and analyze ATQ call volume, service utilization patterns, insurance coverage and evaluation reports, and realign ATQ availability times, services and data collection as indicated.
- Expand free NRT distribution to ATQ clients.
- Design and implement a culturally aware health communications plan to promote the ATQ and its counseling services.
- Expand ATQ paid and unpaid media, promotion and marketing campaigns at the state and community levels.
- Evaluate ATQ media, promotion and marketing campaigns.
- Expand ATQ services to include emerging technologies.
- Evaluate ATQ, including external evaluation.

OBJECTIVE 5: By 2011, the number of healthcare providers making patient fax referrals to the Arkansas Tobacco Quitline will increase by 10 percent annually.
(300 providers in 2009 – Arkansas Tobacco Quitline Reports)

ACTION STEPS

- Review provider sub-groups' fax referrals to the ATQ to develop effective strategies to motivate healthcare providers to utilize the fax referral system.
- Educate and train healthcare providers to use the ATQ fax referral system.
- Create and disseminate a downloadable cell phone/PDA application for ATQ referral.
- Develop a plan to use "detailing" to educate healthcare providers about treating tobacco use and fax referrals to the ATQ.
- Implement protocols for clinics operated by the Arkansas Department of Health, including WIC and Family Health Branch (Family Planning and Maternal Child Health), on making fax referrals to the ATQ.
- Track fax referrals to the ATQ from healthcare providers.

OBJECTIVE 6: By 2012, Arkansas Tobacco Quitline calls from young adult tobacco users aged 18-30 years old will increase by 20 percent.
(5,387 callers in FY 2009 [9 months] – Arkansas Tobacco Quitline Reports)

ACTION STEPS

- Identify counties with low ATQ utilization among 18-30 year olds.
- Encourage healthcare providers, employers and business owners to promote the ATQ to tobacco users.
- Review and analyze ATQ protocol for young adults and make adjustments as indicated.
- Increase fax referrals to the ATQ.

- Mobilize community coalitions, including YES teams, to promote the ATQ at community events, including college events and activities.
- Design and implement a culturally aware health communications plan targeted at tobacco users in counties with low ATQ utilization among 18-30 year olds to educate about the dangers of tobacco use and to promote the ATQ**.**
- Expand ATQ paid and unpaid media, promotion and marketing campaigns at the state and community levels.
- Evaluate ATQ media, promotion and marketing campaigns.
- Expand ATQ services to include emerging technologies.
- Evaluate ATQ services, including external evaluation.

OBJECTIVE 7: By 2014, the number of Arkansas Tobacco Quitline clients who enroll in ATQ counseling services through a fax referral will increase by one percent annually.
(3,431 clients in FY 2009 [9 months] – Arkansas Tobacco Quitline Reports)

ACTION STEPS

- Encourage healthcare providers to promote the ATQ to tobacco users.
- Increase fax referrals to the ATQ.
- Mobilize community coalitions, including YES teams, to promote the ATQ at community events and among employers and business owners.
- Design and implement a culturally aware health communications plan to promote the ATQ and its counseling services.
- Expand ATQ media, promotion and marketing campaigns at the state and community levels.
- Evaluate ATQ media, promotion and marketing campaigns.
- Expand ATQ services to include emerging technologies.
- Evaluate ATQ services, including external evaluation.

OBJECTIVE 8: By 2014, the number of employers with comprehensive programs targeting tobacco use (including referrals to the Arkansas Tobacco Quitline) will increase by 20 percent.
(Baseline data to be developed)

ACTION STEPS

- Partner with Arkansas Wellness Coalition, Arkansas Healthy Lifestyle Program (AHELP) and Arkansas Department of Health Worksite Wellness Committee to survey employers on worksite tobacco policies and cessation benefits.
- Collaborate with the Arkansas Department of Health Chronic Disease Branch and Worksite Wellness Committee to review and update the Tobacco-free Workplace Tool Kit.
- Disseminate the Tobacco-free Workplace Tool Kit to employers.
- Disseminate/educate employers about the recommendations in the U.S. Public Health Service *Treating Tobacco Use and Dependence, Clinical Practice Guideline – 2008 Update* for tobacco-free campuses and for including cessation services and products as a covered health benefit.

- Advocate with employers to implement tobacco-free campus policies and to include tobacco cessation medications and services in their employee health benefits plans.
- Deliver technical assistance to employers to implement tobacco-free campus policies.
- Provide employers with ATQ promotion strategies and materials.
- Track tobacco-free campus policies and cessation coverage in employee benefit plans.

OBJECTIVE 9: By 2014, more than 90 percent of mental health, substance abuse and addictive behaviors practitioners will include treatment for nicotine dependence in client treatment plans.
(Baseline data to be developed)

ACTION STEPS

- Establish tobacco-free grounds at all mental health, substance abuse and addictive behaviors centers.
- Partner with the Addiction Studies Program to establish baseline data.
- Partner with the Addiction Studies Program to design and implement applied research pilot programs.
- Train mental health, substance abuse and addictive behaviors practitioners to treat tobacco use as recommended by the U.S. Public Health Service *Treating Tobacco Use and Dependence, Clinical Practice Guideline – 2008 Update.*
- Educate mental health, substance abuse and addictive behaviors practitioners on how to refer tobacco users to the ATQ, including the fax referral system.
- Institutionalize certification for tobacco cessation counselors for mental health, substance abuse and addictive behaviors programs and for the Arkansas Department of Corrections.
- Track the implementation of the U.S. Public Health Service *Treating Tobacco Use and Dependence, Clinical Practice Guideline – 2008 Update* recommendations in mental health, substance abuse and addictive behaviors treatment programs.

OBJECTIVE 10: By 2015, the cigarette excise tax will be increased from $1.15 to the national average, the tax on other tobacco products will continue to be levied per unit, and 12 percent of the revenue from the excise tax increase will be dedicated to tobacco prevention and cessation.
($1.15 in 2009 – ACA §§ 26-57-801-807)

ACTION STEPS

- Develop and implement a tobacco tax policy plan.
- Partner with external partners to disseminate the policy plan to their leadership and members.
- Mobilize community coalitions, including youth, to support increasing tobacco excise taxes and increased funding for Arkansas's comprehensive evidence-based tobacco prevention and cessation program.

- Educate the public and policymakers on the health and economic benefits of increasing tobacco excise taxes, how higher prices on tobacco products prevents and reduces tobacco use among youth and adults, and how a comprehensive evidence-based tobacco prevention and cessation program reduces tobacco use and the death and disease it causes in Arkansas.
- Monitor public support for increasing tobacco excise taxes and expanding Arkansas's tobacco prevention and cessation initiatives.
- Provide training and technical assistance to community coalitions and community partners to gain support from the public and state policymakers for increasing tobacco excise taxes and dedicating 12 percent of the increased revenue to tobacco prevention and cessation.
- Identify key legislative supporters for increasing tobacco excise taxes and expanding Arkansas's tobacco prevention and cessation initiatives.
- Track and monitor legislative actions.

APPENDIX 1

ARKANSAS TPCP STRATEGIC PLANNING MEETING
October 13-14, 2009

PARTICIPANTS

Caroline Amerine	ADH Oral Health
Cindy Bennett	University of Arkansas at Little Rock
Aaron Black	Arkansas Tobacco Settlement Commission
Bonnie Bradley	ADH Chronic Disease
Bonnie Brandsgaard	Baxter County Tobacco Control Coalition
David Busby	Arkansas Tobacco Advisory Committee
Plesetta Clayton	American Lung Association
Joseph Cooper	Arkansas Department of Community Corrections
Katherine Donald	Coalition for a Tobacco Free Arkansas
Cornelya Dorbin	Arkansas Cancer Coalition
Patricia Edwards	ADH TPCP
Marian Evans	University of Arkansas, Pine Bluff; MISRGO
Barbara Kumpe	American Heart Association
Lewis Leslie	ADH Chronic Disease
Charles McGrew	ADH Director's Office/Administration
Mandy Miller	Arkansas Tobacco Control Board
Susana O'Daniel	NW Arkansas Coalition for a Tobacco Free Arkansas
Kristin Schemahorm	Arkansas Cancer Coalition
Angie Shaffner	Community Health Centers of Arkansas
Naomi Warren	University of Arkansas at Little Rock
Stephanie Williams	ADH Home-Town Health Support Services
Namvar Zohoori	ADH Chronic Disease

ADVISORS/RESOURCES – ADH TPCP STAFF

Patricia Brown	Geray Pickle
Carolyn Dresler	Rosa Pippin
Hilda Douglas	Chantel Redmond
Jessica Ellis	Brenda Russell
Nancy Green	Beccy Secrest
Sherry Johnson	Wanda Simon
Miriam Karanja	Paula Smith
Trena Mitchell	Kim Walker
Evelyn Northrop	Michelle Woods

ADH TPCP CONTRACTORS

Drew Harris	Crawford, Johnson, Robinson, Woods (Media)
Michael Johnson	Battelle (Evaluation)
Pam Jones	Crawford, Johnson, Robinson, Woods (Media)

APPENDIX 2

ANALYSIS OF EXTERNAL ENVIRONMENT

STRENGTHS

- Continuity and history among partners
- Good job of collaboration
- Leadership and vision and grassroots
- Growing momentum among policy-makers for tobacco control
- Diverse partners
- Surveillance systems
- Presence at community level for mobilization
- Statewide tobacco coalition
- Communication to policy makers – consistent messaging

OPPORTUNITIES

- Improving communication with policy makers
- Synchronizing community activities, health communications and media among state and locals
- Expanding tools to conduct surveys
- Personalize information by legislative districts
- "Calendar" of collaborative opportunities
- Partnering with AR Department of Economic Development
- Healthcare advisor info captured in Chronic Disease

CHALLENGES

- Need to constantly educate and engage policy makers
- Some wedded to CHART – "been there, done that"
- Local data collection – how to do it?
- Tobacco industry well funded; turning attention to smokeless tobacco products
- Staying ahead of the technology in conducting surveillance surveys
- KISS – focused, necessary, evidence-based

GAPS

- Healthcare provider advice etc.
- Lack of program-specific data
- Not reaching all communities
- Difficulty of accessing tobacco-related data through a single portal