

**ARKANSAS DEPARTMENT OF HEALTH  
TOBACCO PREVENTION AND CESSATION PROGRAM**

**ARKANSAS STRATEGIC PLAN  
2014 – 2019**

With passage of the Initiated Tobacco Settlement Proceeds Act in 2000, Arkansas voters announced they were ready for Arkansas to become a national leader in efforts to confront tobacco use. The TPCP program has grown over the years into a comprehensive evidence-based tobacco prevention and cessation initiative that is delivering results.

Arkansas ranks:

- ✓ 5<sup>th</sup> in reducing youth tobacco use since the program's inception compared to other states that participated in YRBS over the same period (n=31).
- ✓ 1<sup>st</sup> State to have a smoke-free car law
- ✓ 1<sup>st</sup> State to have smoke-free medical grounds law
- ✓ 3<sup>rd</sup> in the nation to include statewide smoke-free psychiatric facilities/grounds
- ✓ Among first in the nation to restrict sales to minors of e-cigarettes and other e-nicotine products
- ✓ Over the last decade hospital admissions for heart disease and stroke have decreased

Even with all of these positive outcomes produced over the past 12 years, Arkansas ranks 49th in the adult smoking rate (25%). In addition, the youth smokeless tobacco rates (26%) is higher than our adult smoking rate.

**Toll of Tobacco Use in Arkansas**

- ✓ Each year 5,100 Arkansans die prematurely from illnesses caused by tobacco.
- ✓ Approximately 68,700 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 \$1.2 billion, including at least \$242 million in state-funded Medicaid health care costs and an additional \$1.4 billion in lost productivity.

**Barriers to Tobacco Elimination**

- ✓ Tobacco companies spend over \$107 million on marketing in Arkansas each year
- ✓ Tobacco companies are marketing products relying on menthol, fruit, and other sweet flavorings to lure young population. These products include dip/chew, spitless, electronic nicotine devices, little cigars, and cigarillos.
- ✓ Also, emerging are many nicotine infused water, sprays, gels, etc.
- ✓ Tobacco use/promotion is woven into popular culture: social media, TV shows, movies, music lyrics and videos, and video gaming/apps.

**Strategic Plan Development**

- ✓ One day meeting of TPCP personnel facilitated by Tobacco Technical Assistance Consortium part of Emory University
- ✓ Identified strengths, weakness, and innovations
- ✓ Reviewed previous Strategic Plan documents
- ✓ Released draft strategic plan to partners and stakeholders for input
- ✓ Incorporated partners, stakeholders, and TPCP Advisory Committee feedback
- ✓ Received approval from the Tobacco Prevention and Cessation Advisory Board
- ✓ Received approval from the Board of Health on April 24, 2014

## Overarching Principles

- ✓ To save lives
- ✓ Diminish suffering
- ✓ Cut health-related and economic costs
- ✓ Conserve public and private dollars

## TPCP Commitment

Use evidence-based interventions while developing promising practices to address the use of products containing, made, or derived from tobacco, including but not limited to cigarette, cigar, pipe, smokeless, dip, chew, snus, snuff, e-cigarette, other tobacco products (OTP), and electronic nicotine devices (ENDS).

Develop and strengthen partnerships throughout Arkansas

Identify and eliminate tobacco-related disparities among population groups throughout all aspects of service delivery

Rapidly assess and develop counter-media programs for new tobacco/ENDS products and youth focused marketing

Use population-based approaches as identified by the CDC Best Practices Model

- ✓ State and Community Interventions
- ✓ Mass-Reach Health Communication Interventions
- ✓ Cessation Intervention
- ✓ Surveillance and Evaluation
- ✓ Infrastructure, Administration, and Management

Utilize best practices goal areas for comprehensive tobacco control programs which include multiple action steps and a host of partners and stakeholders

- ✓ Prevent Initiation of Tobacco/Nicotine Use Among Youth and Young Adults (0-26 years)
- ✓ Eliminate Exposure to Secondhand and Third-hand Smoke
- ✓ Promote Quitting Among Adults and Youth
- ✓ Program Evaluation

## GOAL I: PREVENT INITIATION OF NICOTINE USE AMONG YOUTH AND YOUNG ADULTS (0-26 YEARS)

**OBJECTIVE:** Increase barriers to youth and young adult access to tobacco/ENDS products and promote tobacco abstinence

**BASELINE:** Synar/Retailer Compliance Checks, YRBS, APNA, Participation Reports, and School-based Tobacco Violations through ADE.

**STRATEGIES:** Activate TPCP leadership to increase partnerships with state agencies, institutions and non-profits to create systems change to include the integration of tobacco prevention and secondary intervention among youth and young adults

Develop multi-media communications with media partners to discourage initiation to also include pre-pregnancy

Collaborate with media partners and sub-grantees will de-normalize tobacco/ENDS use through educational and interactive projects at the local and state level

Collaborate with Arkansas Department of Education (ADE), Arkansas School Board Association, private schools and sub-grantees to secure commitment to implement all components of the Arkansas Academic-Based Practice Guidelines for Effective Tobacco Control

Collaborate with community partners to increase taxes on all tobacco/ENDS derived products

Develop 24/7 evidence-based tobacco advocacy, interactive education, and prevention website to also include opportunities to engage in tobacco prevention projects/events

Collaborate with Arkansas Tobacco Control to educate and monitor tobacco retailers to reduce illegal sales

Engage internal and external legal resources for policy development

Actively engage youth to promote tobacco abstinence through sub-grantee and Statewide youth coalition

Integrate efforts to eliminate tobacco related disparities among youth and young adults

**OUTCOMES:** 1. Decrease tobacco sales to undercover minors to less than 4%; 2. Decrease in youth and young adults reporting tobacco use (YRBS, APNA); 3. Increase participation of youth and young adults in nicotine/tobacco advocacy and activities; and 4. Decrease in tobacco policy violations at all public schools.

## **GOAL II: ELIMINATE EXPOSURE TO SECONDHAND AND THIRD-HAND SMOKE**

**OBJECTIVE:** Increase the number of Arkansans who report living, working and playing in a smoke-free and vapor-free environments.

**BASELINE:** NATS & BRFSS, TPCP Database – Smoke/Tobacco-free Parks and Businesses

**STRATEGIES:** Collaborate with community partners to protect and strengthen smoke-free policies at the local and state level including, but not limited to parks, pathways, patio dining, vapor and hookah bars, bars, casinos, etc.

Secure development and enforcement of comprehensive ENDS/tobacco-free policies including, but not limited to worksite campus, pathways, multiunit housing, etc.

Support the development of tobacco-free hiring policies

Increase the voluntary adoption of personal smoke-free cars and homes, which includes ENDS, among Arkansans

Integrate efforts to eliminate secondhand and third-hand smoke related disparities among Arkansans

**OUTCOMES:** Increase percent of Arkansans who report living, working or playing in a smoke-free environment

## **GOAL III: PROMOTE QUITTING AMONG ADULTS AND YOUTH**

**OBJECTIVE 1:** Reduce tobacco/ENDS use and associated disease burden by creating systems change to incorporate Clinical Practice Guidelines for Treating Tobacco Use and Dependence

**BASELINE:** Physician Survey, Number of MOA's, Alere and STOP reports, and State Morbidity Data

**STRATEGIES:** Integration of standardized evidence-based cessation curricula at all colleges and universities including medical, nursing, dental, mental health, substance abuse and allied health programs to address tobacco/ENDS use

Integrate Clinical Practice Guidelines for Treating Tobacco Use And Dependence (5A's/2A's & R) at all existing medical, dental, mental health, and substance abuse facilities (including LPH) STOP Outreach, State and Community Grantees, Medicaid, AFMC, Associations (AMA, Hospital, AMDPA, Pharmacy, Nursing, Dental Hygienists, etc.)

Integration of Clinical Practice Guidelines for Treating Tobacco Use And Dependence through all federal and state supported agencies and institutions to include disparate populations

Increase the number of practitioners who have received accredited training on tobacco treatment using national experts

Expand reach and capacity for tobacco/ENDS cessation treatment by training through promoting the use of [www.arstop.org](http://www.arstop.org)

Promote expansion of insurance coverage and utilization of proven tobacco/ENDS cessation treatments to the benefit level defined in the Federal Employees Health Benefits Program

**OBJECTIVE 2:** Promote quitting nicotine and other tobacco related products including smokeless products through multi-media communications

**BASELINE:** Alere Reports and Media Recall Survey, number of trainings and attendance

**STRATEGIES:** Collaborate with ADH Communications and media partners to utilize both paid and earned media sources including social media to educate and inform the general, disparate and minority populations regarding the harms of tobacco/ENDS use including smokeless products and available quit services

Increase partnerships with other state agencies, institutions, and non-profits to create systems change to include the integration of tobacco/ENDS cessation

Increase utilization of the Arkansas Tobacco Quitline and its services including individual (age/ethnicity/special populations) confidential phone/web-based counseling, pharmacotherapy (patches, gum, lozenges, varenicline), and written resource materials

Integrate efforts to eliminate smokeless tobacco related disparities among youth and adults

**OUTCOMES:** 1. Document increased use of Clinical Practice Guidelines for Treating Tobacco Use and Dependence; 2. Reach of ATQ will increase from 3% to a minimum of 5% of all nicotine users; 3. Reduction of health related incidences (MI, Diabetes, Respiratory Illness, Stroke, Cancer, & etc.); and 4. Reach of ATQ will increase in all groups of nicotine users including smokeless products.

## **GOAL IV – PROGRAM EVALUATION**

**OBJECTIVE:** Evaluate program activities

**BASELINE:** TBD

**STRATEGIES:** Collaborate with ADH Epidemiology, Arkansas Foundation for Medical Care, and COPH, UALR – Survey Research Center and external partners to document financial value of program activities and outcomes

Collaborate with ADH Epidemiology to document decrease in disease incidences as a result of SHS exposure, including but not limited to, MI, Cancer, Respiratory Illness, Stroke and mortality etc.

Collaborate with identified contractor, implement survey tool designed to measure “quits” achieved through methods other than the Arkansas Tobacco Quitline

Utilize data and evaluation findings to drive program efforts and implementation of interventions.

**OUTCOMES:** 1. Determine return-on-investment of TPCP efforts