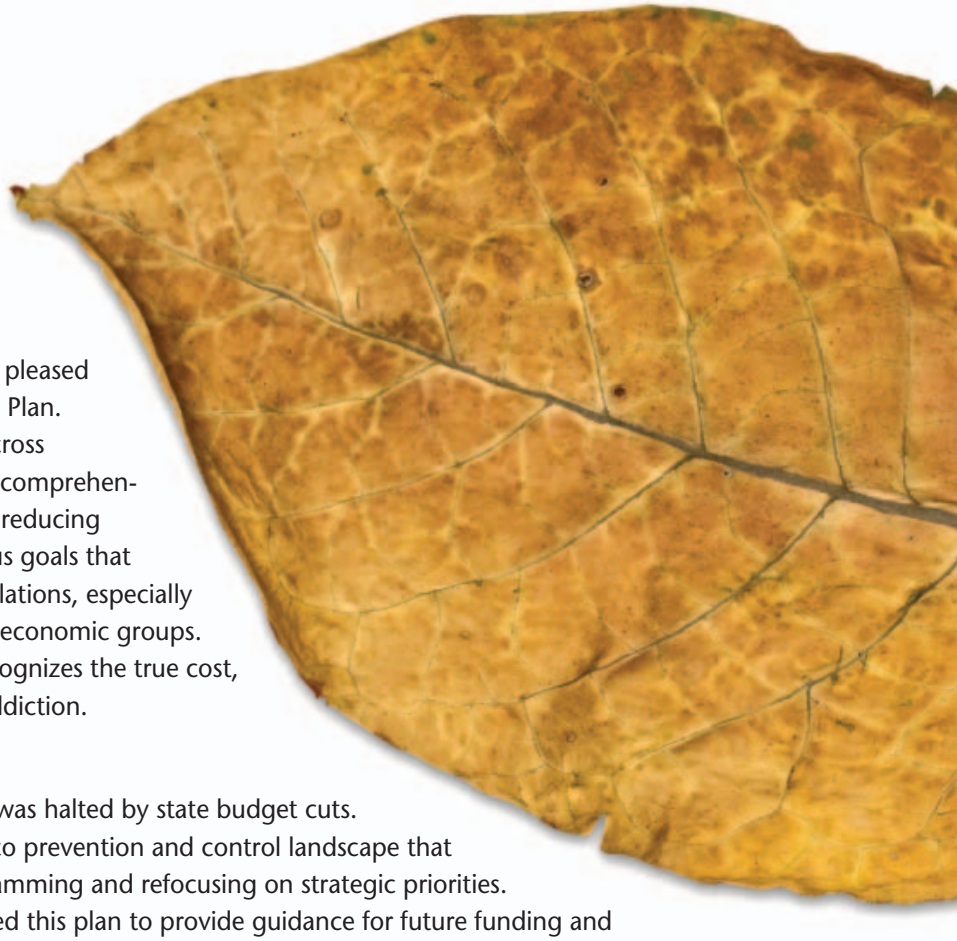
Colorado Tobacco
Review Committee

Tobacco Education, Prevention, and Cessation Grant Program Strategic Plan, 2012–2020

February 2012

(First Draft/August 2009)



Tobacco Control Partners,

The Tobacco Review Committee is pleased to present its 2012–2020 Strategic Plan. Working with stakeholders from across Colorado, we have put together a comprehensive plan aimed at preventing and reducing tobacco use. We have set ambitious goals that focus on disparately affected populations, especially youth, young adults and low socioeconomic groups. We hope for a future state that recognizes the true cost, in lives and treasure, of tobacco addiction.

Our planning began in 2009, but was halted by state budget cuts. We begin again with a new tobacco prevention and control landscape that requires rebuilding tobacco programming and refocusing on strategic priorities. The Review Committee has adopted this plan to provide guidance for future funding and focus for future initiatives.

We thank the many community members who participated in webinars, conference calls and various planning meetings. The goals, objectives and strategies outlined in this plan could not have been developed without the valuable support and feedback from stakeholders across Colorado.

Colorado has made great strides in tobacco control and prevention during the past decade. Tobacco prevalence continues to decline among all but the most disparately affected populations. Colorado communities are leading efforts to keep their young people free from tobacco. In addition, state and local policies are working to reduce exposure to secondhand smoke.

However, there is still much to be done. The Review Committee looks forward to supporting and expanding efforts to curtail the use of tobacco and improve the health of all Coloradans.

In health,

Jennifer Ludwig

Jennifer Ludwig
Chair, Tobacco Review Committee

Abbreviations used in this Plan

2007 Plan:
Colorado Tobacco Prevention and Control Strategic Plan 2007

A35:
Amendment 35; the excise taxes from cigarettes and other tobacco products legislatively mandated to be used for health care services and tobacco education

BRFSS:
Behavioral Risk Factor Surveillance System

CDC:
Centers for Disease Control and Prevention

CDPHE:
Colorado Department of Public Health and Environment

HP 2020:
CDC's Healthy People 2020

Low SES:
Low socio-economic status, defined as <200 percent federal poverty level (FPL)

Planning Group:
The ad hoc working group designated by the Review Committee to update the strategic plan

RFA:
Request for Application for A35 Tobacco Prevention and Control Funds

TABS:
Tobacco Attitudes and Behaviors Survey

Review Committee:
Tobacco Education, Prevention, and Cessation Grant Program Review Committee

The 2012 Plan:
This plan; the Colorado Tobacco Prevention & Control Plan 2012–2020

Table of Contents

Introduction 2
Background 2
Purpose 2
Planning Group 2
Process 3
Plan Parameters 4

Overview 5
Strategic Focus 5
Plan-at-a-Glance 5
2020 Goals 6

Context 7
2008 Colorado Tobacco Data 7
State Situation 7
Public Health Trends 8
Industry Update and Regulatory Environment 8

Priority Populations 9
Disparate Populations and Low SES Designation 9
Young Adults and Straight-to-Work 9
Youth 10
Other 10

Strategies and Objectives 11
Strategies 11
Objectives 11

Implications 14
Process and Systems Alignment 14
Next Steps 14

Implementation and Evaluation 15

Appendices 16
Appendix A: Sources of Information 16
Appendix B: The Health Equity Framework 17

Introduction

Background

The Review Committee adopted a comprehensive statewide Tobacco Prevention and Control Strategic Plan in 2007. The plan was developed to "guide the efforts of each entity working to address specific tobacco issues in every community throughout the state." A state strategic plan is legislatively mandated by C.R.S. 25-3.5-101 to be the roadmap for Amendment 35 grant distribution. The 2007 plan was developed through a collaborative planning process with more than 350 stakeholders and sites CDC's *Best Practices for Comprehensive Tobacco Control Programs* as a framework. The plan has four goal areas and numerous delivery channel strategies.

Given the commitment to tobacco related health outcomes, 2008 data, HP 2020 updates, and the state's current economic climate, the Review Committee requested the 2007 Plan be updated for greater clarity, focus and alignment with national priorities.

Purpose

The purpose of the Amendment 35 Colorado Tobacco Education, Prevention and Cessation Plan 2012–2020 is to:

- Provide focus and guidance for Review Committee grant prioritization
- Direct Colorado Tobacco Education, Prevention and Cessation Program projects, activities and grants towards specific outcomes
- Inform the efforts of Colorado agencies, coalitions, and organizations working in tobacco prevention and control

Planning Group

The Plan was formulated by an ad hoc planning group designated by the Review Committee. The group developed a draft plan in late 2009. Due to state funding cuts and declaration of a fiscal emergency, the draft plan was shelved until late 2011 and the planning group was reconvened. The group represents the expertise and broadest interests of the Colorado tobacco prevention and control community. The group was comprised of:

Erin Bertoli

- Member 10/1/06–2/4/11
- Vice Chair, Review Committee, 10/20/06–11/21/08
- Chair, Review Committee, 11/21/08–10/31/10
- Senior Director, Government Affairs, American Heart Association
- (2009 member only)

Karen DeLeeuw, MSW

- Member, Review Committee, 7/1/05–12/31/11
- Director, Center for Healthy Living and Chronic Disease Prevention, CDPHE

Bob Doyle

- Executive Director, Colorado Tobacco Education and Prevention Alliance

Arnold Levinson, PhD

- Member, Review Committee, 7/20/05–9/30/11
- Vice Chair, Review Committee, 11/18/05–7/21/06 and 11/21/08–10/31/10
- Chair, Review Committee, 7/21/06–11/21/08 and 11/1/10–9/30/11
- Director, Tobacco Program Evaluation Group, University of Colorado Cancer Center

Jennifer Ludwig, MS

- Member, Review Committee, 10/1/08–current term expires 9/30/14
- Vice Chair, Review Committee, 2/25/11–10/21/11
- Chair, Review Committee, 10/21/11–current term expires 9/30/12
- Public Health Director, Eagle County Public Health

Nita Mosby Henry, PhD

- Member, Review Committee, 12/1/10–current term expires 9/30/13
- Vice Chair, Review Committee, 10/21/11–current term expires 9/30/12
- Executive Director, Denver Career Service Authority

Lorenzo Olivas, MPH

- Member, Review Committee, 7/20/05–9/30/10
- Regional Minority Health Consultant, U.S. Department of Health and Human Services
- (2009 member only)

Jason Vahling, MPH

- Member, Review Committee, Member 3/1/06–current term expires 9/30/14
- Program Director, Colorado Tobacco Education, Prevention and Cessation Program, CDPHE

Process

The planning process builds on the extensive and comprehensive 2007 Plan. In addition to the 2007 Plan, the planning group reviewed and analyzed:

- The Tobacco Disparities Strategic Plan (2006)
- Updated tobacco data and information
- Current and projected socio-economic-political issues and trends
- National and state public health issues and operating environment
- Tobacco industry trends, projections and regulatory environment

The planning group directed Colorado Tobacco Education, Prevention and Cessation Program staff members to solicit stakeholder and partner feedback on a draft version of the plan. Three webinars were held in late 2011 and early 2012. More than 60 participants provided feedback and input to the plan.

(See Appendix A on page 16 for the complete list of information sources.)

Based on current data, information, trends and conditions, the planning group decided to focus tobacco prevention and control efforts on specific audiences and towards specific outcomes, with 2020 outcomes defining the goals and objectives.

Upon adoption by the Review Committee, the Colorado Tobacco Education, Prevention and Cessation Program will use this plan to redesign projects, activities and grant guidelines. The Plan will be used to share best current and available data, evidence-based practices, and the state's strategic focus to educate and inform those working on tobacco prevention and control.

The Plan will guide Review Committee priorities for the 2012–2015 grant cycles.

Plan Parameters

The Plan is designed to provide strategic, focused and clear direction for the Review Committee and Colorado Tobacco Education, Prevention and Cessation Program. It is intended as a tool to set priorities and guide decisions and actions for the greatest impact. The planning group used these parameters in developing the plan:

- ***Comprehensive strategies to reach specific populations:*** The Plan focuses on goals that will make the most dramatic difference. The Plan does not reflect all the strategies being used in tobacco prevention and control.
- ***Outcomes:*** The Plan is designed to achieve well-defined outcomes for statewide impact.
- ***Eight-Year Strategic Framework:*** Based on the current and projected situation, strategic goals are designed with an eight-year timeline, in alignment with Healthy People 2020.
- ***Does not include task and activity level detail:*** The Plan is not prescriptive; it does not define annual tasks and activities toward goals. The Colorado Tobacco Education, Prevention and Cessation Program and its grantees will design and implement activity-level details.
- ***Alignment and transition:*** The planning group recognizes the importance of re-aligning practices, structures, systems and processes to support plan implementation. Members are committed to a longer-term, strategic approach. The Colorado Tobacco Education, Prevention and Cessation Program is committed to aligning systems to support effective implementation of this plan.
- ***Data and evidence-based:*** Plan decisions are made based on best available data and evidence-based strategies.
- ***Attention to health and tobacco use disparities:*** CDPHE and its partners, including the Review Committee, established an explicit priority to reduce and eliminate the health gap in disparately affected populations. Disparately affected populations are a target market in this plan and thus fully incorporated in all goals.

Overview

Strategic Focus

The strategic focus of this Plan derives from answering the question:

> *"Given the data, evidence and operating context, what must the Review Committee focus on in order to have the greatest impact on eliminating tobacco related disease and death?"*

The imperatives are clear. The Review Committee must:

1. Ensure quitters maintain long-term abstinence (turn more quit attempts into cessation successes)
2. Decrease initiation and prevalence among all populations, particularly those disparately affected by tobacco use
3. Influence the sale and marketing of tobacco, including new products.
4. Ensure protections from secondhand smoke exposure, particularly among low-income populations
5. Continue to promote the recognition that tobacco is still the leading preventable cause of death for Coloradans

And, the state must be advocates for tobacco prevention and control, and ensure adequate funding for statewide tobacco prevention and control efforts.

Given the imperatives, the Plan focuses on:

- ***Low SES population***—includes 60 percent of the smoking population across racially and ethnically disparate groups more likely to be exposed to secondhand smoke
- ***Young adults***—breaking the pattern of tobacco use among straight-to-work 18–24-year-olds before the onset of related diseases
- ***Youth***—continue to decrease prevalence among young people, particularly those most at risk (low SES) and burdened by exposure to tobacco advertising and marketing

While there will be a targeted focus on priority populations, many of the objectives carried out in the implementation of this plan will have the cumulative impact of controlling and preventing tobacco use throughout the state with all populations.

Plan-at-a-Glance

Vision

A healthy Colorado free of the burdens of tobacco

Mission

Prevent disease and premature death related to tobacco

Context

- Historical perspective
- 2007 stakeholder input and resulting strategic plan
- Best practices and expert interview conclusions
- Healthy People 2020
- CO BRFSS and TABS 2008 data
- Industry trends
- Colorado and national socio-economic-political-budgetary conditions

Impact

Eliminate tobacco-related disease and death for all Coloradans.

Priority Populations

- Populations disparately affected due to higher tobacco use and prevalence—lower socio-economic status across all ethnic groups and ages
- Young adults, particularly straight-to-work populations

2020 Goals

- The cessation success gap affecting low SES youth and adult smokers decreases by 50 percent
- A majority of people and health care systems in Colorado recognize and treat tobacco dependence as a chronic condition
- A majority of Coloradans live, learn, work and play in communities that have effective policies and regulations that reduce youth and adult use and access to tobacco
- Tobacco prevalence and initiation among young adults, especially straight-to-work, decreases by 50 percent
- Initiation among youth, especially high burden and low SES populations, decreases by 50 percent
- Exposure to secondhand smoke with an emphasis on low SES populations decreases by 50 percent
- Colorado is among the 10 states with the highest price for tobacco products

Context

2008 Colorado Tobacco Data

NOTE: *This is a brief summary of the 2008 data and the current trends and issues. Particular attention is paid to any significant changes since the 2007 planning process.*

Following is a snapshot of the 2008 CO BRFSS and TABS data. The complete data sets are available here (https://docs.google.com/document/pub?id=1pz991OMdH7PTlFcXltfQxsAcaa5aSAtLPKPM3jEY-og):

- Adult smoking prevalence has not changed significantly; however, consumption has decreased significantly.
- Exposure to tobacco smoke at work decreased for the general population; however, 39.6 percent reported having to "put up with" smoking in public places. Hispanics, current smokers, men and low SES adults remain significantly more exposed than their counterparts.
- There is a slow decrease in initiation among 18–24-year-olds, but they are still smoking and using other tobacco products at the highest rates. Quit attempts among this group have significantly decreased since 2005 and they have the lowest rate of Chantix use of any other group (<0.3 percent).
- Young adult non-students (straight-to-work) are more likely to live in households with children and a smoker—59.1 percent compared with 18–24-year-old students at 41 percent.
- Smoking rates among adults with no college education is 27 percent higher than those with a college degree (20 percent difference with a high school degree).
- 70 percent of the adult smoking population earns less than $35,000 and 89 percent earn less than $50,000.
- There has been a significant and steady increase in smoking (since 2005) among adults making $35,000 to $50,000.
- Smoking among the Hispanic-Spanish speaking population shows a significant decrease since 2005; American Indians, Blacks, and Hispanic English speaking still smoke at a higher prevalence than the White population.
- Perhaps most impressive, ever-smoking rates among 6th to 12th graders has decreased to 27.3 percent in 2008 from 43.6 percent in 2001. The current smoking rate dropped to 8.1 percent from 11.5 percent in 2001. Tobacco use among high school students shows the same significant patterns of decline.
- Exposure to secondhand smoke was significantly associated with increased susceptibility to smoking among youth (2010, Correlated and Characteristics of Susceptibility to Initiation of Cigarette Smoking, Colorado Youth, 2001–2008).
- While Hispanic and American Indian youth (6th to 12th grade) still smoke more than their White counterparts, the disparity has decreased significantly since 2001 (55 percent to 32 percent from 2001 to 2008 for Hispanic, and 54 percent to 40 percent from 2001 to 2008 for American Indian).

State Situation

Economy: Beginning in state fiscal year 2009-2010, the state budget faced a significant shortfall. State agencies were required to reduce their portions of the general fund budget, faced severe restrictions on travel and funding, and their employees were subject to furlough days. More significantly, Amendment 35 programs faced cuts in funding of as much as 75 percent including the portion dedicated to tobacco education, prevention and cessation. This loss plagued the tobacco control community for the duration of three fiscal years. As the economy recovers, we will need to rebuild the tobacco control infrastructure lost during the fiscal crisis.

Public Health Trends

CDC Healthy People 2020: CDC is in the process of updating the Healthy People 2010 targets. There are two overall shifts in the 2020 framework. First, CDC is beginning to focus on tobacco cessation as a chronic disease that needs to be managed, with implications about how people quit and the need for greater attention on relapse prevention. Second, the tobacco strategies in HP 2020 are reorganized by tobacco use prevalence, health systems change, and social and environmental change.

Social determinants of health: Public health in general and chronic disease and associated risk factors specifically, are being analyzed and placed within a larger systems framework. The health equity framework considers the social, economic, cultural and environmental conditions that influence the health status of a population, expanding beyond lifestyle and behavioral factors. Given this plan's focus, an important framework is Health Equity. The social determinants model suggests a more comprehensive systems approach in support of community and health systems change. More evidence is needed to understand how best to apply this framework in tobacco control programming. (*See Appendix B on page 17 for the Health Equity Framework.*)

Tobacco evidence-based practices: Best practices literature and studies that evaluate cessation, prevention and second-hand smoke programs, find price, media and regulation strategies most successful. CDC recommends state and community interventions, health communications, cessation interventions, administration and evaluation as best practices.

Industry Update and Regulatory Environment

FDA tobacco regulation: In 2009, President Obama signed into law the Family Smoking Prevention and Tobacco Control Act. This legislation grants the Food and Drug Administration (FDA) some authority to regulate the manufacturing, marketing and sale of tobacco products. The law includes provisions to:

- Crack down on tobacco marketing and sales to children.
- Ban candy and fruit-flavored cigarettes.
- Require larger, more effective health warnings on tobacco products.
- Require tobacco companies to disclose the contents of tobacco products, as well as changes in those products and research about their health effects.
- Ban terms such as "light" and "low-tar" that mislead consumers into believing that certain cigarettes are safer.
- Strictly regulate all health-related claims about tobacco products to ensure they are scientifi-cally proven and do not discourage current tobacco users from quitting or encourage new users to start.
- Authorize the FDA to require changes in tobacco products, such as the removal or reduction of harmful ingredients.

Tobacco Industry Trends: Any plan working to reduce death and disease in tobacco use needs to take in to account the tobacco industry and their work to target and addict youth and young adults, maintain addiction among youth and adults, prevent reductions of secondhand smoke exposure to adults and children, and their ongoing attempt to change public perceptions of the tobacco industry, tobacco use, and programs and policies designed to reduce tobacco use.

Priority Populations

Disparately Affected Populations and Low SES Designation

> *"Thanks to the tobacco industry's targeted marketing efforts, lower-income and less-educated populations are particularly burdened by tobacco use. Low-income people smoke more, suffer more, spend more and die more from tobacco use. The tobacco industry has gone to great lengths to target low income, racial and ethnic groups."*
>
> www.tobaccofreekids.org

The CO TABS data uses the term low SES to define the priority population. The 2008 data show that this population is 60 percent of the smoking population (~360,000). The low SES definition refers to people who:

- Earn 200 percent or less of the federal poverty level (FPL)
- Have no health insurance
- Do not have a high-school diploma
- Disabled and/or unable to work

In each category, the prevalence of smoking was double or more the prevalence among other populations.

The data clearly demonstrate that smoking rates are highest among the lowest educated and the lowest income, especially those earning less than $35,000 per year. A focus on low SES cuts across racial and ethnic minorities and ages. It is the most inclusive group. A low SES focus also covers children. In Colorado, 62 percent of people earning less than 200 percent of the FPL have one or more children under 6 years old.

Low SES Populations and Tobacco Use
Characteristics that describe low socio-economic status (SES) populations include low-income, those with less than 12 years of education, the medically underserved, the unemployed and the working poor.

- The greatest single predictor of tobacco use is low socio-economic status (SES).
- Poverty is directly related to tobacco use.
- Low SES communities are less likely to have members who participate in cessation programs or receive cessation advice.
- Tobacco advertising is more prominent in low SES communities.
- Americans below the poverty line are 40 percent more likely to smoke than those at or above the poverty line.

National Network on Tobacco Prevention and Poverty (www.tobaccopreventionnetworks.org)

Young Adult 18–24-Year-Old Straight-to-Work Population

The young adult 18–24-year-old priority population reflects those who do not identify as students in any way.

2008 TABS data show that while a slight decrease in tobacco initiation among this age group, but shows they still have the highest prevalence of tobacco use. Young adult non-students use tobacco at a rate twice that of their student counterparts. They have traditionally been less of a targeted group because they were considered harder to reach. The planning group felt that focusing on this population would address tobacco use *before* it became a lifelong habit and before it would begin to have long-term health impacts.

Youth

Youth 14 to 18 years old with a high susceptibility of becoming tobacco users will continue to be a priority population. These youth are exposed to tobacco industry advertising and marketing and secondhand smoke at higher rates than their counterparts. They may also be disconnected from their communities and schools, live in low SES families, and engage in other risky behaviors.

Other

While there will be a targeted focus on priority populations, many of the objectives carried out in the implementation of this plan will have a cumulative impact of controlling and preventing tobacco use throughout the state with all populations. Reaching these priority populations will require greater investment and innovation.

Strategies and Objectives

Strategies

For purposes of this plan, strategies are the pattern of activities that will reap the greatest benefits over time. These strategies serve as an organizing principle to focus activities towards outcomes. Given the goals and the role of public health, the primary strategies of this plan are (in no particular order):

- Advocacy
- Community mobilization
- Comprehensive tobacco cessation treatment
- Countering the tobacco industry
- Media
- Policy and health systems change
- Research and evaluation
- Social marketing

Advocacy is "taking a stand" or acting in support of something. It is appropriate for state and community coalitions to educate and build a constituency that is in support of making tobacco less accessible, through price or other barriers, and to be vocal advocates in support of funding for tobacco prevention and control efforts.

Community mobilization is necessary to ensure appropriate political, cultural and social approaches have maximum impact and influence. Community mobilization includes coalition and capacity building among the entire community and engagement with community members, including youth, parents, stakeholders and decision makers. Colorado has a strong history of local and statewide coalitions that have been instrumental in bringing about policy change in tobacco control.

Comprehensive tobacco cessation treatment is an important component of successful tobacco control programs. To reduce overall prevalence, Colorado must provide evidence-based cessation treatment services for individuals looking to end their tobacco dependence.

Countering the tobacco industry—The tobacco industry spends $12.5 billion annually to market its products. Ninety percent of these dollars are spent at the point-of-sale. While we will never be able to outspend the industry, communities and statewide organizations must invest in activities and initiatives to counter industry tactics.

Media and social marketing consist of understanding the specific population and developing strategies to bring about behavior change through earned, paid and social media channels. Social marketing refers to a specific area of marketing to bring about behavior change towards a social cause or public benefit. The underlying premise of social marketing is to increase benefits and remove obstacles to behavior change at the individual or community level.

Policy and health systems change recognizes that some action requires legislation or regulation at the system and community levels to create an environment in which change can take place.

Research and evaluation strategies are important for monitoring and demonstrating accountability and effectiveness in program and population outcomes. As the Colorado Tobacco Education, Prevention and Cessation Program moves toward innovative practices to reach disparately affected populations, strong evaluation of programs and initiatives is a must. Colorado must also invest in surveillance activities to continue to monitor changes in tobacco use for all populations.

Objectives

Objectives are sets of activities to achieve a goal. They are those few things that, done over time, will ensure success. They focus and guide the tasks. Objectives are reviewed annually, particularly relative to making progress towards goals. They may be adapted based on new data, evidence, practice and innovation, or as the operating environment changes.

This Plan does not define tasks or annual activities, programs or projects to support the objectives towards goals. The Colorado Tobacco Education, Prevention and Cessation Program and its grantees *must* demonstrate through practice or evidence how they will significantly contribute to the goal (For example, "if program x does this, x number of low SES people will successfully quit smoking.").

2020 GOAL	STRATEGIES	OBJECTIVES
The cessation success gap affecting low SES youth and adult smokers decreases by 50 percent.	• Community Mobilization • Comprehensive tobacco cessation treatment • Health Systems Change • Media • Research and Evaluation • Social Marketing	• Increase price of tobacco to fund low SES tobacco programs and make tobacco less affordable. • Identify population characteristics and behaviors relevant to tobacco use, cessation and successful cessation outcomes. • Increase use of evidence-based cessation services that meet community needs. • Develop innovative strategies to increase quit attempts among priority populations. • Develop, implement, monitor, protect, strengthen, and expand policies that protect populations from secondhand smoke exposure. • Organize active coalitions representative of the community to bring about behavior change with defined populations.
A majority of people and health care systems in Colorado recognize and treat tobacco dependence as a chronic condition.	• Advocacy • Community Mobilization • Comprehensive tobacco cessation treatment • Countering the tobacco industry • Health Systems Change • Media • Policy • Research and Evaluation • Social Marketing	• Provide evidence and information about tobacco as a chronic condition. • Define implications of treating tobacco as a chronic condition. • Use new language and messaging to educate the public. • Impact insurance reimbursement and Medicaid coverage. • Modify QuitLine protocols to help manage tobacco as a chronic condition • Explore, develop, and evaluate innovative practices. • Align and integrate with other chronic disease programming and strategies.
A majority of Coloradans live, learn, work, and play in communities that have effective policies and regulations that reduce youth and adult use and access to tobacco.	• Advocacy • Community Mobilization • Countering the tobacco industry • Media • Policy • Research and Evaluation • Social Marketing	• Define model policy on youth access, advertising and marketing, and point-of-sale. • Increase capacity and knowledge to implement model policy. • Work with stakeholders/influencers to advocate for and bring about policy change. • Explore, develop, and evaluate innovative practices. • Work with communities to implement and enforce policies.

2020 GOAL	STRATEGIES	OBJECTIVES
Tobacco prevalence and initiation among young adults, especially straight-to-work, decreases by 50 percent.	• Advocacy • Community Mobilization • Comprehensive tobacco cessation treatment • Countering the tobacco industry • Media • Policy • Research and Evaluation • Social Marketing	• Identify population characteristics and behaviors relevant to tobacco use and cessation. • Define best practices for this population. • Develop and implement a social marketing campaign to change behavior. • Mobilize targeted communities to bring about behavior change with defined populations. • Develop, implement, monitor, protect, strengthen, and expand policies that protect populations from secondhand smoke exposure. • Reduce initiation by countering tobacco presence (social norms). • Explore, develop and evaluate innovative practices. • Increase successful quit attempts.
Initiation among youth with an emphasis on high burden and low SES populations decreases by 50 percent.	• Advocacy • Community Mobilization • Comprehensive tobacco cessation treatment • Countering the tobacco industry • Media • Policy • Research and Evaluation • Social Marketing	• Define population characteristics and behaviors relative to tobacco use and cessation. • Define best practices for this population. • Explore, develop and evaluate innovative practices. • Develop and implement a social marketing campaign to change behaviors. • Mobilize targeted communities to bring about behavior change within defined populations. • Develop, implement, monitor, protect, strengthen, and expand policies that protect populations from secondhand smoke exposure • Design and implement new strategies.
Exposure to secondhand smoke with an emphasis on low SES populations decreases by 50 percent.	• Advocacy • Community Mobilization • Countering the tobacco industry • Media • Policy • Research and Evaluation • Social Marketing	• Define model policies to reduce secondhand smoke exposure. • Develop, implement, monitor, protect, strengthen, and expand policies that protect populations from secondhand smoke exposure. • Increase capacity and knowledge of model policy. • Work with stakeholders/influencers to advocate for and bring about policy change. • Explore, develop and evaluate innovative practices. • Work with communities to implement and enforce policies.

2020 GOAL	STRATEGIES	OBJECTIVES
Colorado is among the 10 states with the highest price for tobacco products.	• Advocacy • Community Mobilization • Countering the tobacco industry • Media • Policy • Research and Evaluation • Social Marketing	• Define message and program branding using data to reach decision makers, stakeholders and the general public. • Educate the public to build support for price increase campaigns. • Develop innovative policies and strategies to increase price separately from excise tax. • Work with strategic partners for collaboration and coalition building.

Implications

Process and Systems Alignment

The Review Committee, the Colorado Tobacco Education, Prevention and Cessation Program, and grantees will need to realign priorities, funding and activities to reach strategic goals. However, the planning group was clear that this is more than simply informing grantees of new priorities.

This planning process provides an excellent opportunity to share updated data, information and trends to inform and educate those working in tobacco prevention and control. The Colorado Tobacco Education, Prevention and Cessation Program is committed to using this plan as a vehicle to strengthen relationships with partners statewide, and to forge new partnerships.

The Colorado Tobacco Education, Prevention and Cessation Program, with Review Committee approval and support, will share relevant data and information with grantees and potential grantees and develop the systems and processes necessary for a seamless transition toward plan implementation. This may include, but is not limited to, aligning the grant application process, undertaking necessary research to more clearly define target markets, aligning with the Cancer, Cardiovascular and Pulmonary Disease Review Committee, the Minority Health Advisory Committee, and aligning Colorado Tobacco Education, Prevention and Cessation Program activities and priorities to fully support plan implementation.

Next Steps

Upon Review Committee approval, the Colorado Tobacco Education, Prevention and Cessation Program will work with partners to introduce the Plan to stakeholders and targeted audiences, and discuss and define implications for tobacco prevention and control efforts. The Colorado Tobacco Education, Prevention and Cessation Program will work with the Review Committee to align future RFA processes to achieve strategic goals.

Implementation and Evaluation

Metrics are the measurements used to gauge some quantifiable component of performance. Metrics should be tied to goals, rather than to activities, and thus are difficult to measure quarterly or annually. Progress towards the goals can be monitored on a regular basis. Metrics will be developed and added to the plan as an addendum.

Appendices

Appendix A: Sources of Information

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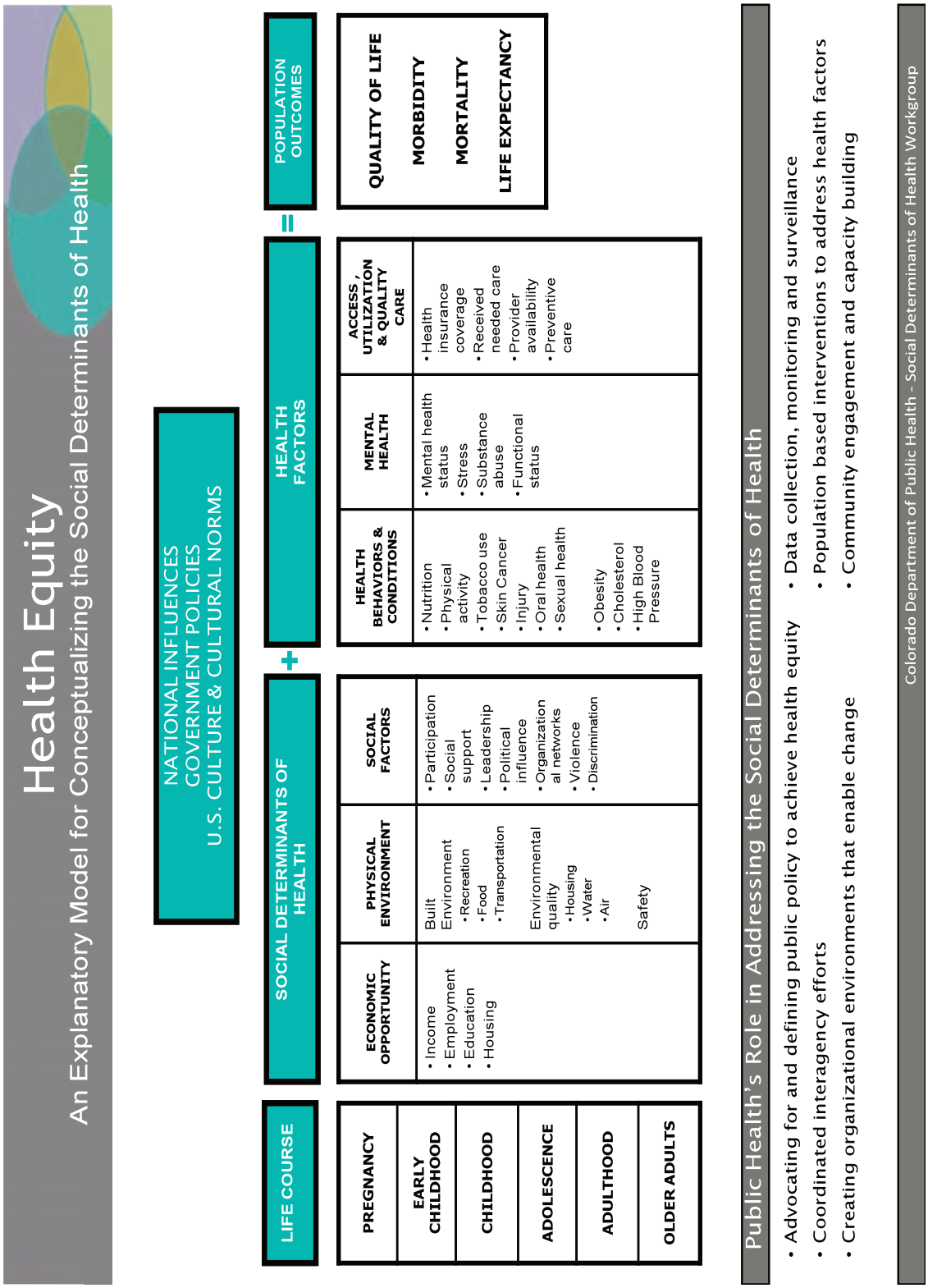
Tobacco Free Kids, www.tobaccofreekids.org

Appendix B:
The Health Equity Framework



Notes: