Introduction to Tobacco 101
Welcome to TTAC’s Tobacco 101! Tobacco 101 is a self-guided tutorial that provides the information and resources necessary to understand why tobacco use is considered the #1 preventable cause of death in the US, as well as the evidence-based and promising strategies that can reduce tobacco’s toll. You can benefit from this course whether you are new to tobacco control and need an introduction to key topics, or are an experienced professional looking to refresh and update your knowledge.

Tobacco 101 was revised in the spring of 2013 to contain the latest information, resources, and tools available. The user-friendly self-guided format allows you to complete the tutorial at your own pace and explore the various external resources and tools as needed. Tobacco 101 is organized into two parts comprised of four lessons each. Optional review questions are offered at the end of each lesson to allow you to check your understanding of the content, try some of the resources, and reflect on how the information applies to your role in tobacco control.

You can start at the beginning and read through the course from beginning to end or simply select those sections that are of greatest interest.

Part 1: Introduction to Prevention and Control of Tobacco Use
- Lesson 1: The Evolution of Tobacco Control
- Lesson 2: Tobacco Use in the United States
- Lesson 3: Impact of Tobacco Use
- Lesson 4: Factors that Determine Tobacco Use

Part 2: Reducing the Problem of Tobacco Use
- Lesson 1: Credible Tobacco Control Resources and Key Partners
- Lesson 2: Tobacco Control Models
- Lesson 3: Effective Tobacco Control Policies
- Lesson 4: Strategies for Success

TTAC also provides tailored, on-site Tobacco 101 trainings for organizations who want to include it in conferences and workshops. To learn more, visit our website www.tacenters.emory.edu or contact us at tacenters@emory.edu.
Table of Contents

PART 2: REDUCING THE PROBLEM OF TOBACCO USE

LESSON 4

Strategies for Success Page 4

Check for Understanding Page 33

Sources Page 36
Strategies for Success

In previous lessons, we talked about the policies that are effective at reducing tobacco use, but we have not discussed the strategies that make these policies and programs successful. That will be our focus for this next lesson. We will discuss the how of planning, implementing, evaluating, and sustaining effective programs to achieve the four goals described in Best Practices.

At the end of this lesson you will be able to:

1. **Identify the five steps that go into implementing a tobacco control program in your state and community.** There are five major steps to get a program up and running and to make sure it is sustained long term.

2. **Describe ways to sustain adequate funding for tobacco control programs.** Tobacco control programs must last long-term in order to have a significant impact, so planning how to sustain a program should occur throughout the life of the program.

3. **Describe effective strategies to achieve National Tobacco Control Program goals.** We will look at each of the four goals outlined in Best Practices and talk about strategies that work in both states and communities.
Implementing Programs

Implementing tobacco control programs is a process that requires patience and perseverance. Much time and effort is put forth by program staff and committed community organizations to plan for, carry out, and evaluate tobacco prevention and control programs. These are the five major steps to getting a program up and running and to making sure it can be sustained long term:

1. Engage stakeholders
2. Develop a strategic plan
3. Implement the program
4. Evaluate the program
5. Sustain the program

We’ll talk about each step in turn.
Step 1: Engage Stakeholders

The first step in the process of tobacco control program implementation is finding stakeholders to work with you. **Stakeholders** are people in the community who are interested in or are affected by tobacco use. Engaging stakeholders and partners for your program is often the hardest part of getting a program up and running. The key to your success in acquiring partners lies in:

- Knowing where to look for them
- Building relationships and networking
- Providing them with information about tobacco use, such as rates of use and the associated health and economic effects
- Helping community groups understand how tobacco use affects them and their objectives
- Communicating the value a tobacco control program has to them
- Determining the role they would play in supporting tobacco control policies

Each community group has its unique stake in reducing tobacco use and therefore requires a different way of persuading decision makers to change policies, to promote tobacco control programs, and ultimately to reduce tobacco use. Engaging stakeholders will help to mobilize the community into wanting to change and then working towards change. A well-informed, diverse, and broad-based community collaboration is necessary to change policies and social norms.
Step 1: Engage Stakeholders – Who to Include

Assembling influential key stakeholders is essential for a successful program. Sometimes talking to the right people has a domino effect - one interested party will introduce you to another. Who you want as partners varies depending on whether you are establishing a government (state, county, or city) program or a nongovernment program. Below is just a partial list of some of the tobacco control stakeholders who can help advocate and support policies:

- Concerned Citizens
- Community Leaders
- Youth Groups
- Local Boards of Health
- Health Care Providers
- Voluntary health organizations
- Departments of Health and Chronic Disease Programs
- Medical provider associations
- Business Community
- Tribal Councils
- Faith-Based Organizations
- Neighborhood Associations
- Parent Organizations
- Teachers and Other Education Professionals
Step 1: Engage Stakeholders – Community Collaboration

To build advocacy support for policy interventions, you must work collaboratively with others in your community. Giving every stakeholder and partner a voice and an opportunity to participate meaningfully in your program and policy change efforts will lead to the greatest opportunities for success. The skillful part of this process is recognizing which groups would be good partners, how to persuade them to partner with the program, and how to use their voices to best advantage.

This collaboration can typically be achieved through coalitions. A coalition brings together individuals and organizations with diverse skills and expertise to address a specific issue. Coalitions enhance state and local tobacco control efforts by mobilizing communities, advocating for policies, and changing social norms. Tobacco control coalitions form to reduce the burden of tobacco use and shape tobacco-free norms so that tobacco becomes less desirable, acceptable, and accessible. Coalitions have also been proven to be effective community interventions, as their efforts work to change social norms through policy change and lead to decreased morbidity and mortality. Because of this, coalitions are a high priority investment for tobacco control.

For more information...about tobacco control coalitions:

Step 2: Develop a Strategic Plan

The next step to getting a program up and running is developing a strategic plan. Strategic plans are essential to the success of a tobacco control program. A strategic plan is like a map, defining the direction in which to head and giving instructions on how to reach your destination. A strategic plan for a tobacco control program is a framework that shows:

- Goals
- Objectives
- Planned interventions and related activities
- Methods of evaluation

In the strategic planning process, key stakeholders and community members develop a shared vision and the steps needed to move toward the outcomes needed to realize that vision. The diagram below depicts an overview of the strategic planning process, which involves continually reviewing results and revising the plan. We won’t go into more detail about strategic planning in this lesson, as writing a strategic plan is outside the scope of this training.
Step 3: Implement the Program

Once you have your strategic plan, it is time to begin achieving objectives outlined in your plan through planned activities. These activities should reflect the essential elements of a comprehensive program described by Best Practices and utilize interventions proven to be effective, such as those described in The Community Guide. We will discuss implementation of strategies and activities further in the next section of this Lesson.

Success often depends on being able to build infrastructure for your program and increase its capacity to take on projects. Trained staff and adequate funding are essential for effective program capacity. Program capacity paired with stable and adequate funding are required to achieve long-term results.
Step 4: Evaluate the Program

Evaluation is an essential step in establishing whether or not your program is effective – which is key to securing funding and sustaining your program. Several publications on evaluation are available to help you plan and implement program evaluation and determine the effectiveness of your programs:

- **Evaluation Toolkit for Smoke-free Policies** is designed specifically to help evaluate local smoke-free laws.

- **Key Outcome Indicators for Evaluating Comprehensive Tobacco Control Programs** has information on 120 key outcome indicators used in evaluating state comprehensive tobacco prevention and control programs.

- **Introduction to Process Evaluation in Tobacco Use Prevention and Control** helps with designing and implementing valid and reliable process evaluations. It also shows the links between program activities and results.

- **Introduction to Program Evaluation for Comprehensive Tobacco Control Programs**: is a "how to" guide for planning and implementing evaluations. It helps in planning, designing, implementing, and using the results of comprehensive evaluations of tobacco control programs.
Step 5: Sustain the Program

To have significant impact, tobacco control programs must last for years. Planning how to sustain your program should begin as soon as you have the idea for a program, continue during strategic planning, and never stop throughout the life of the program. Every successful element of a comprehensive program helps create the case for sustaining support for tobacco control.

Sustaining a tobacco control program can be challenging for several reasons: budget cuts, lobbying pressure by competing commercial interest groups, other health issues taking priority, and political concerns. In recognition of these challenges, the CDC equips states with research and tools to help them sustain or build their tobacco control programs by:

- Consulting with states and territories on how to develop sustainability plans tailored to their environment to build support for their future tobacco control endeavors.
- Researching best practices for tobacco control programs and providing the results to state tobacco control programs.
- Training state program staff in methods for sustaining programs long term.

For More information about sustaining tobacco control programs:

Check out the Sustaining State Funding for Tobacco Control page from the CDC: http://www.cdc.gov/tobacco/tobacco_control_programs/program_development/sustainingstates/sustaining_funding/index.htm
Step 5: Sustain the Program

Sustaining a comprehensive tobacco control program should be an on-going activity for you and your partners. Some ways to sustain adequate funding are:

- **Create a strategic plan that clearly communicates the program’s vision, goals and objectives.** Share the plan with potential funders to show them how the program will save lives and reduce health care costs.

- **Educate funders and policy makers about the continual societal cost of tobacco use.** Focus on how the tobacco industry changes its products and market practices to attract youth.

- **Follow the management and administration procedures in Best Practices.** Funders look for organizations that are efficient, well organized and well managed.

- **Engage diverse, skilled, and active stakeholder leaders to represent your impact in communities.** Their voices will be heard as authentic concerned citizens who see the long-term benefits of comprehensive tobacco control programs.

- **Build relationships through networking.** Much success in funding is attributed to having good personal and professional relationships.

- **Evaluate your program so you have evidence of success.** Turn data into understandable information by providing clear and concise progress reports that quantify the program’s results.

- **Keep tobacco issues in the news media with stories about both the dangers that tobacco presents and the accomplishments of the program.** Keeping tobacco in the media should be part of the strategic plan. To be relevant to several different audiences, these stories should be presented in a variety of media.

Let’s take a look at how one state used some of these strategies to overcome funding cuts to its tobacco control program.
Step 5: Sustain the Program - A State Example

In 2003 and 2004, Colorado legislators cut tobacco control funding to less than one sixth of the minimum recommended by CDC. Citizens for a Healthier Colorado and the State Tobacco Education and Prevention Partnership worked together to return funding to adequate levels by raising voter awareness of the legislature’s cut in funding through a well-funded media campaign. The campaign educated voters and legislators about a health care crisis occurring in Colorado that could be addressed by tobacco excise tax revenues. It focused on how the funding would be protected to address not just tobacco prevention, but also the detection and treatment of cancer and heart and lung diseases. It also explained how increasing tobacco taxes would decrease youth tobacco initiation and noted that Colorado’s cigarette excise taxes were among the lowest in the country at the time.

As a result of these efforts, a statewide referendum was passed that included a $0.64 per pack increase in cigarette excise taxes as well as a new excise tax of 40% of the manufacturer’s list price on non-cigarette tobacco products. Funds were earmarked revenues for health programs and at least $25 million (16% of expected revenue) was allocated each year specifically for tobacco prevention and treatment. This brought Colorado to the CDC-recommended minimum funding level for its comprehensive tobacco control program in 2005.

For more information about how states have worked to sustain their tobacco control programs:

Look under “State Snapshots” on the Sustaining State Funding for Tobacco Control page from the CDC: http://www.cdc.gov/tobacco/tobacco_control_programs/program_development/sustainingstates/index.htm
Strategies for Success: *Best Practices*

Now that we’ve discussed the five steps of tobacco control program implementation, we will expand on the four goals that are described in CDC’s *Best Practices*:

1. Prevent initiation among youth and young adults.
2. Promote quitting among adults and youth.
3. Eliminate exposure to secondhand smoke.
4. Identify and eliminate tobacco-related disparities among populations.

In the next section of this lesson, we will focus on state and community policy and system-based approaches proven to reducing tobacco use that work towards achieving these goals. *The Guide to Community Preventive Services* (often referred to as the *Community Guide*) analyzes research findings to learn which interventions work to achieve these goals. The *Community Guide* is an essential resource to help programs to select strategies and interventions that are evidence-based and address population needs.
Strategies to Prevent Initiation among Young Smokers

The first tobacco control goal described in CDC’s Best Practices is to prevent young people from starting to use tobacco. It is widely believed that preventing adolescents and young adults from becoming smokers will, in the long run, do the most to reduce smoking prevalence and the resulting death and disease caused by tobacco. The 2012 Surgeon General’s Report Preventing Tobacco Use Among Youth and Young Adults states the case quite clearly:

“Prevention efforts must focus on both adolescents and young adults because among adults who become daily smokers, nearly all first use of cigarettes occurs by age 18 (88%), with 99% of first use by age 26.”

So what works to prevent initiation among youth?

1. **Raise the price of tobacco.** As we have stated already, one of the most effective policies to discourage youth from starting is to raise the price of tobacco products. For every 10% increase in the price of cigarettes, young adult smoking drops by about 3.5%, and youth smoking drops about 6-7%. Raising the price can be accomplished through increasing excise taxes on tobacco products at the federal, state, and local level.

2. **Change how tobacco is marketed.** The 2012 Surgeon General’s Report found that advertising and promotional activities by tobacco companies cause the onset and continuation of smoking among adolescents and young adults. The 2009 Family Smoking Prevention Act prohibits tobacco companies from targeting young people by putting in place several product regulations and restrictions that protect youth. It also removed a federal prohibition for states and communities setting their own more strict standards for tobacco market.

The Tobacco Control Legal Consortium in its 2012 publication Cause and Effect: Tobacco Marketing Increases Youth Tobacco Use presents several policy options for states and local communities that impact point-of-sale tobacco marketing to youth. The impact and efficacy of these policy options are still being evaluated and some have resulted in legal challenges.
Strategies to Prevent Initiation among Young Smokers

3. **Change social norms surrounding tobacco.** Another important tactic in protecting adolescents and young adults from tobacco is changing social norms. This can be accomplished through policies that reduce tobacco use, such as increased excise taxes and smoke-free laws. These polices make being tobacco-free the “norm,” thereby reducing initiation.

Another way to change social norms is through counter-marketing the tobacco industry’s marketing. Counter-marketing means that tobacco control organizations produce and disseminate advertisements that respond to the advertising claims of the tobacco industry. Just as young people are susceptible to messages that encourage them to begin tobacco use, they are also susceptible to messages that encourage them not to start or to quit. An example of this is the American Legacy Foundation’s [Truth® Campaign](https://www.truthcampaign.org/), the largest youth focused smoking prevention campaign in the country. Truth’s advocacy campaigns educate young people about tobacco industry tactics and appeal to young people’s sense of justice.

4. **Empower young people by involving them in your program.** Young people are persuasive advocates with peers, families, and policymakers. The [Best Practices Users Guide for Youth Engagement](https://www.emory.edu/CTA/BestPractices/BestPracticesUsersGuide.pdf) focuses on the role youth play in advancing policy as part of a comprehensive tobacco control program and encourages local tobacco control programs to enlist young people to advocate for your program in your community and to help with smoke-free policies in their schools.
Strategies to Promote Quitting

The next goal in CDC’s Best Practices is to encourage adult and young people who use tobacco to quit. Among current U.S. adult smokers, about 70% report that they want to quit completely, and millions of them have attempted to do so. It is important to remember that successful quitting is difficult, and often requires multiple attempts over a period of years. So which strategies work to help tobacco users quit?

1. **Enact smoke-free and tobacco-free policies.** Smoke-free policies can motivate people to quit as these policies make it more difficult to find a socially acceptable place to smoke. Tobacco-free policies may also have the same effect for users of smokeless tobacco products.

   We know that the number of tobacco users attempting to quit after smoke-free laws pass is higher than before a smoke-free law is passed, giving us a unique opportunity to maximize the positive effect that a new smoke-free law has on both exposure to secondhand smoke and on quit rates.

2. **Increase the cost of tobacco products.** Laws that increase the cost of tobacco products have also been shown to increase tobacco quit rates as high cigarette prices induce smokers to quit. For example, every 10% increase in the price of cigarettes reduces overall cigarette consumption by approximately 3-5%.
Strategies to Promote Quitting

3. **Facilitate access to effective cessation treatments.** Effective cessation treatments need to be comprehensive and systems-based. Brief clinical interventions, counseling, quitlines, and cessation medication are all effective independently, but are most effective when used in combination. Here is a little more information about each treatment:

- **Brief clinical interventions** consist of a doctor taking 10 minutes or less to deliver advice and assistance about quitting.

- **Counseling** can be in person, over the phone, or through web-based support. Counseling provides a smoker with the support and resources needed to quit tobacco use for the long term. Often, coping strategies are recommended.

- **Quitlines** have counselors to assist smokers in behavior modification. Quitline counselors are usually available by phone, but they may also work with a smoker via the internet or e-mail. They provide information as well as counseling. Some quitlines also provide their nicotine replacement therapies at no cost or reduced cost.

- **Cessation medications**, whether available over the counter (such as nicotine gum) or by prescription (such as Chantix) are all approved by the FDA to help smokers gradually decrease their dependence on nicotine.
Strategies to Promote Quitting

4. **Utilize a comprehensive approach to cessation interventions.** For cessation interventions to be effective in getting a large population to quit tobacco, the approaches must be comprehensive and well integrated. For example:

- People need to know that resources like 1-800 QUIT-NOW exist to help with quitting. That requires using all the communication methods available nowadays — not just brochures, but mass media advertising campaigns that include social networking methods like Facebook and Twitter.

- Health care providers must be trained to effectively intervene with their patients about the hazards of tobacco use and refer them to quitlines and other treatment options. The health care system needs to make asking about tobacco use as routine as checking blood pressure.

- Worksite wellness and health center programs need to include education about the harms of tobacco and referral to cessation programs including quit lines.

- Payment for cessation treatments need to be covered by Medicaid, private and public health insurance and managed care.
Strategies to Eliminate Exposure to Secondhand Smoke

The third goal described in CDC’s *Best Practices* is to eliminate nonsmokers’ exposure to secondhand smoke. The best way to do this is through 100% smoke-free laws and policies for public places and worksites. Smoke-free air policies protect nonsmokers from exposure to secondhand smoke and also reduce the number of smokers and number of cigarettes smoked.

As described in Part Two, Lesson Three, there has been much progress in increasing the number of smoke-free policies throughout the country. However, there are still several barriers to effectively implementing smoke-free policy. We will discuss a few of the most common barriers and traps to avoid when enacting smoke-free laws next.

*For more information on how to develop smoke-free policies...*

Check out this *Toolkit for Implementing Smoke-Free Laws*: [http://goingsmokefree.org/index.html](http://goingsmokefree.org/index.html)
Strategies to Eliminate Exposure to Secondhand Smoke: Pitfalls to Avoid

1. **Avoid voluntary smoke-free policies whenever possible.** Smoke-free policies can be either voluntary or regulatory efforts. Voluntary policies are often used in private settings where there is less precedence for governmental regulation. Promoting voluntary smoke-free environments can also act as a first step to lay the groundwork for a citywide ordinance or a statewide law, and can be useful in educating business owners and the public. However, the consensus among tobacco control organizations is that comprehensive smoke-free policies should be put into place by ordinance, regulation, or law rather than voluntarily. This is because:

   - Voluntary smoke-free policies do not necessarily lead to the passage of smoke-free ordinances, and can even be seen by lawmakers as a reason to not pass regulations.
   - It can be much more difficult and time consuming to convince business owners to enact voluntary policies one by one than to work directly with a mayor or city council.
   - There are few consequences for noncompliance with voluntary policies, compared to regulatory efforts, where legal consequences (e.g. fines) are possible.
   - Voluntary policies are not permanent and can be eliminated easily with changes in ownership or management.
Strategies to Eliminate Exposure to Secondhand Smoke: Pitfalls to Avoid

2. **Don’t forget to have implementation and enforcement plans in place.** In the past, most local smoking ordinances were considered self-enforcing, and the vast majority of businesses and smokers complied with a law’s provisions. Although most business owners and smokers still readily comply with smoke-free laws, a comprehensive implementation plan, including well-drafted regulations and penalties, should be in place to anticipate and address potential enforcement problems.

3. **Avoid adding a preemption clause to the policy at all costs.** Preemption is a provision at one level of government (usually federal or state) that prevents a lower level from enacting stronger laws on an issue that exist at the higher government level. One of the tobacco industry’s favorite tactics has been to lobby state legislatures to preempt local smoke-free laws. This tactic shifts the struggle for smoke-free air from local jurisdictions, where grassroots smoke-free advocates have the upper hand, to the state legislature, where the tobacco industry wields substantial influence.

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**For more information on why local control is so important...**

Visit the Protect Local Control website: [http://www.protectlocalcontrol.org/whylocal.php](http://www.protectlocalcontrol.org/whylocal.php)
Strategies to Eliminate Exposure to Secondhand Smoke: Pitfalls to Avoid

4. Avoid provisions and exemptions that inhibit the effects of smoke-free policies. The Fundamentals of Smoke-free Workplace Laws provides a very good foundation of the steps to follow leading to the passage of an effective smoke-free policy and lists several provisions to avoid in the process of drafting and negotiating smoke-free policies. The list below highlights a few of them:

- **Ventilation Provisions**: Having ventilation systems cannot completely remove the cancer-causing and toxic chemicals in secondhand smoke. Going 100% smoke-free not only protects employees and patrons, but also protects business owners’ bottom line for both the short and long terms.

- **“Minors Only” or Age Restriction Provisions**: These provisions prohibit smoking only in settings where minors are present. Smoking is permitted in restaurants, bars, bowling alleys, and/or other businesses as long as these venues are off-limits to minors. These provisions are inconsistent with the purpose of smoke-free policy, which is to protect all people, including workers, from secondhand smoke.

- **Exemptions for membership associations (private clubs)**: Membership associations (also referred to as “private clubs”) are rarely private at all. The public may be misled to believe they are “private” spaces, but in practice, they are often open to the public at certain times and may have paid employees. If an organization has employees, it should be treated like any other workplace and offer the same protections for their employees.

- **Exemptions for tobacco retail shops, cigar bars, and hookah bars**: These exemptions, although once common, are no longer the norm. The tobacco industry and other opposition groups continue to assert that these establishments warrant exemption. In reality, these businesses are no different than any other workplace or public place. All employees, no matter where they are employed, deserve the right to breathe clean air at work.

- **Exemptions for (non-tribal) casinos and gaming establishments**: Casino workers, like other workers, deserve complete protection from secondhand smoke. The gaming industry has extremely deep pockets and is willing to spend countless dollars joining the tobacco industry and fighting smoke-free laws. Although tribal casinos are under the jurisdiction of a tribe, non-tribal casinos should be included in comprehensive smoke-free policies.

- **“Hardship” Exemptions**: Hardship exemptions allow restaurants, bars, or other hospitality businesses to obtain a waiver from complying with a smoke-free law because doing so supposedly causes them economic harm. Peer-reviewed studies that examine objective measures such as sales tax receipts and employment levels have consistently found that this is not the case.
Strategies to Eliminate Exposure to Secondhand Smoke: New Frontiers

The progress in the adoption of comprehensive smoke-free public and work places policies doesn’t mean the battles for smoke-free places are over. It just means the focus shifts to other fronts:

**Multi-unit housing:** Many properties are going completely smoke-free, and several states now have programs underway to support the adoption of smoke-free housing policies. Public housing authorities are expanding their number of smoke-free units and in some cases making all of their properties smoke-free. Policies in privately owned housing are voluntary and come about by tenants taking action and educating owners and landlords about economic advantages of becoming smoke-free.

**Residential treatment facilities:** Smoking bans and cessation support in residential treatment facilities (e.g. for mental health and substance-abuse treatment) can reduce tobacco-related disparities among people with mental illness and addictions. One 2010 study found that among state-owned treatment facilities in Oregon, only 15% had voluntarily implemented 100% smoke-free campus policies, and 47% offered cessation resources at patient discharge. However, less than 10% of facilities expressed opposition to these future requirements.

**College and worksite campuses:** Smoke-free and tobacco-free campus initiatives for worksites and college campuses are underway in many communities. Tobacco-free campuses create environments in which tobacco users find it easier to reduce their consumption or quit altogether. In a college setting, this will help decrease the higher tobacco use rates among young adults.

For more information...*on new frontiers in smoke-free policy:*

- Visit the [Americans for Non-Smokers Rights](http://www.smokersrights.org) website for an excellent list of smoke-free multi-unit housing resources and tools.
- Check out this [CDC fact sheet and list of resources](https://www.cdc.gov/tobacco/index.htm) for tobacco-free worksites.
- Visit the Tobacco-Free College Campus Initiative [website](http://tobacco-free-college-campus.org) for information on tobacco-free college campus efforts.

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**Strategies to Eliminate Tobacco-Related Disparities**

Now we come to the fourth goal of a tobacco control program, eliminating tobacco-related disparities. Health disparities are types of unfair health differences closely linked with social, economic or environmental disadvantages that adversely affect groups of people. Related to health disparities is the broader concept of health equity. Health equity is achieved when each person has the opportunity to realize his or her full health potential and no person is disadvantaged from achieving this potential because of social position or other socially determined circumstances. Eliminating health disparities, like those seen surrounding tobacco use, is a step towards achieving health equity.

As we said previously, some populations have a higher than average rate of tobacco use and tobacco-related death and disease. These above-average rates are referred to as “tobacco-related disparities.” Examples of populations with known tobacco-related disparities include:

- LGBTs
- African Americans
- Native Americans / Alaskan Natives
- Hispanics
- Young adults
- People with low incomes

Next, we will discuss strategies that move use closer to health equity by working to eliminate tobacco-related disparities.
Strategies to Eliminate Tobacco-Related Disparities

1. **Identify which populations experience disparities in your community.** Populations with tobacco-related disparities, as well as the causes of these disparities in the population, can vary significantly from place to place. Check your state and local data to identify tobacco-related disparities in the populations you reach. Local and state departments of health are often good sources for this data. National data from national survey results are posted on the CDC website, and the National Networks for Tobacco Control and Prevention are also important resources for programs as they plan and implement activities to reduce tobacco related disparities.

   It is important to note that national and even state data may not correspond with the data for your community. The population groups may be relatively small, necessitating the use of supplemental surveys to obtain reliable data.

2. **Incorporate achieving health equity by eliminating disparities into program activity plans.** These activities should be related to preventing initiation among young people, promoting cessation, and eliminating secondhand smoke exposure. You will need to use strategies that have been shown to work best with the particular population at hand, and engage the population in the process. Plan to reach out to these populations utilizing a community member to act as a spokesperson for the program.
Strategies to Eliminate Tobacco-Related Disparities

3. **Utilize Best Practices as a guide to address disparities.** The CDC’s *Best Practices* guide also recommends programs include these activities when addressing tobacco-related disparities:

- Conducting a population assessment to guide efforts
- Identifying and assembling a diverse and inclusive stakeholder group
- Prioritizing reduction in tobacco-related disparities and assessing capacity
- Developing a strategic plan
- Funding community organizations to implement proven or promising interventions
- Providing culturally competent technical assistance and training to grantees and partners
- Evaluating intervention efficacy and refining efforts

Evaluating the process used and the results will lead to more effective use of resources in the future. Documenting the improvements in reducing disparities brought about by your program helps build the case for continued funding and a long-term program.
Eliminating Tobacco-Related Disparities: Policy and System Changes

When you use comprehensive, evidence-based practices that focus on policy and systems change, the results can be both population wide and community specific, and often lead to reductions in tobacco-related disparities. Some examples:

- A county smoke-free workplace law benefits the entire population, but benefits workers in the affected establishments the most. Frequently workers in the hospitality industry are lower income and may represent minority populations disproportionately. A comprehensive ban of smoking in restaurant bars can lead to eliminating disparities in exposure to secondhand smoke.

- Changing health care systems often creates opportunities to target providers and systems that serve populations with tobacco-related disparities. The state of Massachusetts expanded Medicaid insurance benefits to include cessation treatments and paired that change with an education campaign for both health care providers and people on Medicaid. The result was more successful quit attempts and decreased smoking prevalence among a population with historically high rates of smoking.

- The American Legacy Foundation supports innovative approaches to reaching populations with tobacco-related disparities. The Head Start Tobacco Cessation Initiative is an example of integrating tobacco control practices into an established educational program serving low-income families. The Initiative allowed Head Start and tobacco control programs to achieve their shared objectives related to the development of healthy environments for children and families and to systematically address the issue of tobacco cessation and secondhand smoke exposure.
Moving Forward: Strategies for Success

One common principle in achieving results across all four of the goals discussed is that tobacco control programs cannot do it alone. Success will come through working in partnerships with organizations and community members. Many states have adopted a healthy community approach where individuals, agencies, and organizations work together to take on a complex mix of social, cultural, economic, and political issues in order to discourage tobacco use.

For more information about Communities of Excellence...

Check out Communities of Excellence Plus, a training developed by TTAC through grants from the Robert Wood Johnson Foundation, the American Legacy Foundation, and the American Cancer Society. The program builds skills among community members to assess, plan and implement effective tobacco control programs based on CDC-recommended best practices.
Part 2, Lesson Four Conclusion

In this lesson, we discussed the five steps that go into implementing a tobacco control program:

1. Engage stakeholders
2. Develop a strategic plan
3. Implement the program
4. Evaluate the program
5. Sustain the program

We looked at several ways in which tobacco control programs can work to become sustainable over the long-term. We also revisited the four goals of the National Tobacco Control Program,

1. Prevent initiation among youth and young adults.
2. Promote quitting among adults and youth.
3. Eliminate exposure to secondhand smoke.
4. Identify and eliminate tobacco-related disparities among populations

and examined several strategies that work to achieve those goals at the state and community level.
Tobacco 101 Conclusion: Moving Forward with Strategies for Success

The field of tobacco control mobilizes communities to apply evidence-based strategies that repeatedly demonstrate that the public health approach to tobacco control is effective at reducing tobacco use. The road to success can be a long one, but is worth the effort. There are many ways that tobacco use takes a toll on the people, businesses, and health care systems where you live and work. Your job is to reduce that toll, and many communities across the United States have begun to make amazing progress by engaging in strategies that work to reduce tobacco use and eliminate disparities by increasing the price of tobacco, enacting and enforcing smoke-free air laws and policies, and providing systems-based cessation services.

Can you imagine a world without tobacco? Without the death and disease that tobacco causes people?

We know the solution to the problem. Now let’s make a tobacco-free world a reality.
Lesson Four Check for Understanding

1. True or False: Please determine whether the following statements are true or false.
   
   ___ a. The five steps that go into implementing a tobacco control program are: 1) Engage stakeholders, 2) Develop a strategic plan, 3) Implement the program, 4) Evaluate the program, and 5) Sustain the program.

   ___ b. The same messages can be used to recruit all types of community partners, since tobacco affects them all in essentially the same way.

   ___ c. Sustaining a comprehensive tobacco control program should be an on-going activity for you and your partners.

   ___ d. Populations with tobacco-related disparities can vary significantly from place to place.

   ___ e. Cessation treatments and services are most effective when used alone instead of in combination.

2. Which of the following strategies was NOT mentioned in this lesson as an effective way to prevent youth tobacco initiation?
   
   a. Changing social norms surrounding tobacco.
   b. Raising the price of tobacco.
   c. Educating retailers about selling tobacco to minors.
   d. Changing how tobacco is marketed.
   e. Empowering young people by involving them in tobacco control.

3. Which of the following statements best describe an effective 100% smoke-free policy? Choose all that apply.
   
   a. The policy is voluntarily put in place by business owners.
   b. The policy is backed by implementation and enforcement plans.
   c. The policy includes a preemption clause.
   d. The policy does not have exemptions for private clubs, tobacco shops, and casinos.
   e. The policy has provisions that only allow smoking in specially ventilated areas.

4. How well do you think your state is doing in terms of meeting the four goals outlined in Best Practices? What are some strategies from this lesson that your state could use to improve progress? Feel free to reference this infographic and chart from the Tobacco Control Network to get started.

5. What population is most affected by tobacco related disparities in your own state? Why do you think that is? Feel free to reference the CDC’s website to check the data for your state.
Lesson Four Check for Understanding Answers

1. True or False: Please determine whether the following statements are true or false.

___ a. The five steps that go into implementing a tobacco control program are: 1) Engage stakeholders, 2) Develop a strategic plan, 3) Implement the program, 4) Evaluate the program, and 5) Sustain the program.

___ b. The same messages can be used to recruit all types of community partners, since tobacco affects them all in essentially the same way.

___ c. Sustaining a comprehensive tobacco control program should be an on-going activity for you and your partners.

___ d. Populations with tobacco-related disparities can vary significantly from place to place.

___ e. Cessation treatments and services are most effective when used alone instead of in combination.

**Correct Answers:**
- **a. True** - Need to review? Go back to the “Implementing Programs” page.
- **b. False** – Need to review? Go back to the “Step 1: Engage Stakeholders” pages.
- **c. True** – Need to review? Go back to the “Step 5: Sustain the Program” pages.
- **d. True** – Need to review? Go back to the “Strategies to Eliminate Tobacco-Related Disparities” pages.
- **e. False** – Need to review? Go back to the “Strategies to Promote Quitting” pages.

2. Which of the following strategies was NOT mentioned in this lesson as an effective way to prevent youth tobacco initiation?

   a. Changing social norms surrounding tobacco.
   b. Raising the price of tobacco.
   c. Educating retailers about selling tobacco to minors.
   d. Changing how tobacco is marketed.
   e. Empowering young people by involving them in tobacco control.

**Correct Answer: c** - Need to review? Go back to the “Strategies to Prevent Initiation among Young Smokers” pages.
3. Which of the following statements best describe an effective 100% smoke-free policy? Choose all that apply.
   a. The policy is voluntarily put in place by business owners.
   b. The policy is backed by implementation and enforcement plans.
   c. The policy includes a preemption clause.
   d. The policy does not have exemptions for private clubs, tobacco shops, and casinos.
   e. The policy has provisions that only allow smoking in specially ventilated areas.

   Correct Answer: b and d – Need to review? Go back to the “Strategies to Eliminate Exposure to Secondhand Smoke” pages.

4. How well do you think your state is doing in terms of meeting the four goals outlined in Best Practices? What are some strategies from this lesson that your state could use to improve progress? Feel free to reference this infographic and chart from the Tobacco Control Network to get started.

   Answers will vary.

5. What population is most affected by tobacco related disparities in your own state? Why do you think that is? Feel free to reference the CDC’s website to check the data for your state.

   Answers will vary.
Sources


Slide 15, 16, 17: Centers for Disease Control and Prevention (CDC). *Smoking and Tobacco Use: Smoking Cessation*. Available at: [www.cdc.gov/tobacco/data_statistics/fact_sheets/cessation/quitting/index.htm](http://www.cdc.gov/tobacco/data_statistics/fact_sheets/cessation/quitting/index.htm)


Slide 21: Americans for Nonsmokers’ Rights. What to Expect During Implementation. Available at: [http://goingsmokefree.org/overview/expectations.html](http://goingsmokefree.org/overview/expectations.html)


Slide 22: University of Michigan Tobacco-free College Campus Initiative. Available at: [http://sph.umich.edu/tfcci/partners.html](http://sph.umich.edu/tfcci/partners.html)


Slide 23, 24: Centers for Disease Control and Prevention, Specific Populations. Available at: [http://www.cdc.gov/tobacco/data_statistics/by_topic/populations/index.htm](http://www.cdc.gov/tobacco/data_statistics/by_topic/populations/index.htm)


Images

Slide 9: Centers for Disease Control and Prevention. Sustaining State Programs for Tobacco Control: OSH Strategic Priority. Available at: 
http://www.cdc.gov/tobacco/tobacco_control_programs/program_development/sustainingstates/pdfs/strategic.pdf
