

Wisconsin Tobacco Prevention & Control State Plan Objectives 2014 - 2020

Wisconsin's tobacco prevention and control movement works every day to reduce tobacco's deadly impact. Statewide these efforts have lowered youth and adult smoking rates, reduced illegal sales to youth, empowered local advocacy, and reached out to our most vulnerable populations. Through strategic planning and hard work, the movement has achieved additional significant successes, including the passage of a statewide smoke-free air law and statewide cigarette tax increases.

Despite these achievements, Wisconsin's movement continues to face significant obstacles including new products from the tobacco industry, tobacco-related health disparities, and a significant reduction in state funding. The economic costs of tobacco use in Wisconsin are overwhelming. Smoking-attributable health care costs from tobacco use in Wisconsin are approximately \$2.8 billion paid in direct health care costs and \$1.7 billion dollars in lost productivity. Collectively, more than 7,700 Wisconsin deaths are associated with tobacco use each year.

Tobacco prevention and control partners in Wisconsin remain committed to the goal of reducing tobacco's impact on Wisconsin, even in the face of these challenges. This plan details key strategies and tactics for tobacco prevention and control over the next six years (2014-2020). The plan uses a comprehensive approach to effect change both in individual attitudes and societal norms. Key components include:

- Elimination of Secondhand Smoke Exposure
- Treating Tobacco Dependence
- Preventing Initiation of Tobacco Use
- Elimination of Tobacco-Related Health Disparities

Each of these component areas has included specific objectives that address tobacco-related disparities in an effort to work towards addressing the social determinants of health through the engagement of partners and organizations beyond those who have are currently involved in tobacco prevention and control efforts.

This plan is based on the Centers for Disease Control's Best Practices for Tobacco Prevention and Control. The importance of a comprehensive approach is well documented and there is overwhelming evidence that comprehensive state tobacco control programs substantially reduce tobacco use.

Elimination of Secondhand Smoke Exposure

Creating smoke-free environments is the most effective way to eliminate secondhand smoke exposure. Secondhand smoke is proven to cause lung cancer, heart disease, low birth-weight babies, chronic lung ailments, as well as other health problems. The passage of Wisconsin's smoke-free air law resulted in more than a 90 percent improvement in indoor air quality. In addition to eliminating the dangerous health effects of secondhand cigarette smoke, smoke-free environments reduce the ease and social acceptability of smoking, making youth less likely to take up the habit and encouraging adults to quit.

These objectives align with the Healthiest Wisconsin 2020 goals and include a 50% reduction in secondhand smoke exposure among youth and high risk populations. To reach this goal, the objectives focus on adopting and strengthening proven policies and programs such as smoke-free homes and vehicles and tobacco-free college campuses and outdoor public places.

Elimination of Secondhand Smoke Exposure Objectives		
(2015) Short Term	(2018) Intermediate	(2020) Long Term
<p>1. By December 31, 2015, compliance with the statewide smoke-free air law will be maintained at 99%.</p> <p>2. By December 31, 2015, the level of support for creating smoke-free policies in places not covered by the smoke-free air law, such as private vehicles with youth present, parks, and beaches will be measured.</p> <p>3. By December 31, 2015, the percentage of adults who report a voluntary smoke-free policy in their homes will increase from 75.3% in 2012 to 79.1%.</p>	<p>5. By December 31, 2018, the number of jurisdictions with smoke- or tobacco-free policies for outdoor public places such as parks, beaches, fairgrounds, and rodeos will be measured.</p> <p>6. By December 31, 2018, the percentage of high school students reporting knowledge of anyone, including themselves, using tobacco products on school grounds will decrease from 48% in 2012 to 38%.</p> <p>7. By December 31, 2018, there will be increased work with tribal leaders to encourage and support smoke-free policies at businesses</p>	<p>8. By December 31, 2020, the number cigarettes packs sold per capita will decrease from 41 in 2012 to 30.</p> <p>9. By December 31, 2020, the percentage of middle school students' exposure to secondhand smoke at home will decrease from 22.1% in 2012 to 11%.</p> <p>10. By December 31, 2020, the percentage of middle school students' exposure to secondhand smoke in vehicles will decrease from 26.1% in 2012 to 13%.</p> <p>11. By December 31, 2020, the percentage of</p>

<p>4. By December 31, 2015, the number of college campuses reporting the implementation of tobacco-free policies will increase from 19 to 24.</p>	<p>and facilities located on the land of Wisconsin's eleven tribes.</p>	<p>high school students' exposure to secondhand smoke at home will decrease from 23.3% in 2012 to 11.7%.</p> <p>12. By December 31, 2020, the percentage of high school students' exposure to secondhand smoke in vehicles will decrease from 31.2% in 2012 to 15.6%.</p> <p>13. By December 31, 2020, the percentage of adults' exposure to secondhand smoke at home will decrease from 12.6% in 2012 to 9.5%.</p> <p>14. By December 31, 2020, the adult smoking prevalence will decrease from 20.4% in 2012 to 15%.</p> <p>15. By December 31, 2020, the prevalence of tobacco use among individuals earning less than \$25,000 annually will decrease from 33.5% in 2011 to 17%.</p>
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Treating Tobacco Dependence Objectives

Tobacco dependence treatment is one of the key components of Wisconsin’s comprehensive approach to reducing the burden of tobacco. Centers for Disease Control and Prevention data show that in 2012, 20% of Wisconsin adults smoke and smoking-attributable healthcare costs in Wisconsin are \$2.79 billion with work productivity losses costing another \$1.72 billion.

In an effort to align with the goals of the Healthiest Wisconsin 2020 State Plan, these objectives call for a 25% reduction in adult smoking by 2020. To meet this goal, the objectives focus on a variety of issues related to tobacco treatment. These include increasing quit attempts, changing healthcare systems to increase the identification of patients who use tobacco and the provision of evidence-based treatment, promoting tobacco cessation programs, and increasing treatment awareness and access for people with the fewest resources and those with the highest tobacco use prevalence.

Treating Tobacco Dependence Objectives		
(2015) Short Term	(2018) Intermediate	(2020) Long Term
<p>1. By December 31, 2015, there will be 23,000 calls to the Wisconsin Tobacco Quit Line annually.</p> <p>2. By December 31, 2015, 16,000 callers to the Wisconsin Tobacco Quit Line will enroll in services annually.</p> <p>3. By December 31, 2015, 50% or more of patient referrals (fax or electronic) to the Wisconsin Tobacco Quit Line will enroll in services.</p> <p>4. By December 31, 2015, the number of clinics or hospitals with the capacity to refer</p>	<p>10. By December 31, 2018, the tax on cigarettes will increase by an additional \$1.00.</p> <p>11. By December 31, 2018, the percentage of young adults (18-24) who have stopped smoking for one day or longer because they are trying to quit smoking will increase from 76% in 2011 to 80%.</p> <p>12. By December 31, 2018, the percentage of adults who have stopped smoking for one day or longer because they are trying to quit smoking will increase from 62% in 2011 to 70%.</p>	<p>16. By December 31, 2020, the percentage of Medicaid members receiving evidence-based tobacco dependence treatment counseling will increase from 63% in 2011 to 75%.</p> <p>17. By December 31, 2020, the percentage of pregnant women who smoke in Wisconsin will decrease from 13% in 2011 to 10%.</p> <p>18. By December 31, 2020, maternal tobacco use will decrease amongst:</p> <ul style="list-style-type: none"> • African Americans from 16% in 2010 to 8%. • Laotians/Hmong from 6% in 2010 to 3%.

<p>patients to Wisconsin Tobacco Quit Line services via their electronic health records will increase from two clinics in 2012 to at least 15 clinics or hospitals.</p> <p>5. By December 31, 2015, 90% of patients will be asked by their primary health care provider about their tobacco use.</p> <p>6. By December 31, 2015, the percentage of patients being advised by their primary health care provider to quit their tobacco use will increase from 67% in 2010 to 75%.</p> <p>7. By December 31, 2015, 50% of Wisconsin residents will report awareness of one or more of the following tobacco cessation programs:</p> <ul style="list-style-type: none"> • Community/local cessation programs • First Breath • Freedom From Smoking • Wisconsin Tobacco Quit Line <p>8. By December 31, 2015, create a survey to establish the current baseline of evidence-based tobacco dependence treatment integration by Wisconsin mental health and substance use providers and programs as defined by the U.S. Public Health Service Clinical Practice Guideline Treating Tobacco Use and Dependence 2008 Update, and the Wisconsin Nicotine Treatment Integration Project (WiNTiP) Tobacco-Free Policy.</p> <p>9. By December 31, 2015, develop mechanism</p>	<p>13. By December 31, 2018, the percentage of high school students who have stopped smoking for one day or longer because they are trying to quit smoking will increase from 11% in 2011 to 22%.</p> <p>14. By December 31, 2018, the percentage of middle school students who have stopped smoking for one day or longer because they are trying to quit smoking will increase from 4% in 2011 to 8%.</p> <p>15. By December 31, 2018, 20 private and public mental health and substance use treatment systems will fully integrate tobacco dependence treatment according to the U.S. Public Health Service Clinical Practice Guideline Treating Tobacco Use and Dependence 2008 Update, and the Wisconsin Nicotine Treatment Integration Project (WiNTiP) Tobacco-Free Policy.</p>	<ul style="list-style-type: none"> • Latinos from 6% in 2010 to 3%. • Native Americans from 35% in 2010 to 17%. • Women with less than a high school diploma from 21% to 11%. <p>19. By December 31, 2020, the number of cigarette packs sold per adult will decrease from 41 in 2012 to 30.</p> <p>20. By December 31, 2020, the adult smoking prevalence will decrease from 20.4% in 2012 to 15%.</p> <p>21. By December 31, 2020, the adult tobacco use prevalence will decrease from 23% in 2011 to 20%.</p>
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to measure e-cigarette use in Wisconsin, such as the Behavioral Risk Factor Surveillance Survey (BRFSS), and the Wisconsin Tobacco Quit Line (WTQL) user data.		
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Preventing Initiation of Tobacco Use

Tobacco prevention is a key component of Wisconsin’s comprehensive approach to reducing the burden of tobacco. The Campaign for Tobacco-Free Kids reports that nearly 7,000 Wisconsin kids become new daily smokers each year and more than 80% of adults report that they started smoking before the age of 18. In addition, more than a fifth of young adults between the ages of 18-24 are current smokers. By reaching youth and young adults before they start using tobacco products, we can prevent future death and disease from tobacco use.

In an effort to align with the goals of the Healthiest Wisconsin 2020 State Plan, these objectives call for a 50% reduction in tobacco usage rates by 2020. To meet this goal, the objectives focus on a variety of issues related to tobacco prevention, including involvement in tobacco prevention activities, attitudes towards tobacco use, youth access to tobacco products, increasing the number of tobacco-free campuses in Wisconsin, and making tobacco products less affordable for young people. Reflecting the priorities of the Centers for Disease Control and Prevention, the objectives emphasize preventing the use of all tobacco products, not just cigarettes.

Preventing Initiation of Tobacco Use Objectives		
(2015) Short Term	(2018) Intermediate	(2020) Long Term
1. By December 31, 2015, the percentage of middle school youth who have participated in any community activities to discourage people their age from using tobacco products will increase from 18.9% in 2012 to 25%. 2. By December 31, 2015, the percentage of high school youth who have participated in any community activities to discourage people their age from using tobacco will increase from 16.9% in 2012 to 20%. 3. By December 31, 2015, the number of tobacco-free campuses will increase from 19 in	5. By December 31, 2018, the cigarette tax will increase by \$1.00. 6. By December 31, 2018, all non-moist snuff tobacco products other than cigarettes will be taxed at 84% of the manufacturer’s price. 7. By December 31, 2018, the percentage of middle school youth who think smoking cigarettes makes young people look cool or fit in will remain under 3%. 8. By December 31, 2018, the percentage of high school youth who think smoking cigarettes	10. By December 31, 2020, the percentage of middle school youth who report ever using any form of tobacco will decrease from 17.2% in 2012 to 8.6%. 11. By December 31, 2020, the percentage of high school youth who report ever using any form of tobacco will decrease from 45.1% in 2012 to 22.55% 12. By December 31, 2020, the percentage of tobacco use among middle school youth will decrease from 3.8% in 2012 to 1.9%.

<p>2013 to 24.</p> <p>4. By December 31, 2015, the breakdown of the FACT membership by ethnicity will reflect the youth population of Wisconsin.</p>	<p>makes young people look cool or fit in will remain under 5%.</p> <p>9. By December 31, 2018, the percentage of youth access to tobacco products at retail outlets will remain under 10%.</p>	<p>13. By December 31, 2020, the percentage of tobacco use among high school youth will decrease from 19.4% in 2012 to 9.7%.</p> <p>14. By December 31, 2020, the percentage of middle and high school students who report having had an episode of asthma or an asthma attack during the past 12 months will decrease from middle school 3.4% and high school 4.7% in 2012 to middle school 1.7% and high school 2.35%.</p> <p>15. By December 31, 2020, the percentage of tobacco use among African American high school youth will decrease from 18.9% in 2012 to 9.45%.</p> <p>16. By December 31, 2020, the percentage of tobacco use among Native American high school youth will decrease from 50% in 2002 to 25%.</p> <p>17. By December 31, 2020, the percentage of tobacco use among Hispanic/Latino high school youth will decrease from 22.8% in 2012 to 11.4%.</p> <p>18. By December 31, 2020, the percentage of 18-25 year olds who initiate tobacco use will decrease from 22.4 % in 2012 to 11.2%.</p> <p>19. By December 31, 2020, LGBT (lesbian, gay, bisexual and transgender) tobacco high school youth use will be monitored.</p>
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Elimination of Tobacco-Related Health Disparities

Addressing tobacco-related disparities is critical to reducing the death and disability from tobacco use in Wisconsin. The Centers for Disease Control and Prevention (CDC) recommends that each state should ensure that disparity issues are an integral part of state and local tobacco control strategic plans. In Wisconsin, 36% of adults who have incomes under \$25,000 smoke while the overall adult smoking rate is 21%. The smoking rates for African Americans (37%), Native Americans (34%) and Hispanic/Latinos (27%) in Wisconsin are also above the overall state adult smoking rate.

These objectives are in alignment with Healthiest Wisconsin 2020, specifically decreasing the disparity ratio by 50% in tobacco use and exposure among populations experiencing tobacco-related disparities. The objectives address the need to create opportunities for community members and leaders to be engaged in collaborative planning and implementation efforts that utilize culturally appropriate best and promising practices for tobacco prevention and control. Meaningful partnerships, cultural competency and building infrastructure and capacity within affected communities and organizations are recognized as critical in reducing tobacco-related disparities in Wisconsin. Improved, innovative and new data collection systems and linkages are recommended, such as community health improvement plans; health system electronic medical/health records and the engagement of affected communities in data collection efforts. The LGBT (lesbian, gay, bisexual and transgender) community and those with mental health and substance abuse disorders have been included as priority groups experiencing tobacco-related disparities.

Elimination of Tobacco-Related Health Disparities Objectives		
(2015) Short Term	(2018) Intermediate	(2020) Long Term
1. By December 31, 2015, progress results for <i>Bringing Everyone Along: A Strategic Plan to Eliminate Tobacco-Related Disparities in Wisconsin</i> will be disseminated with identified culturally appropriate best and promising practices for populations with tobacco-related disparities in Wisconsin.	8. By December 31, 2018, Wisconsin tobacco-related disparities data sources will be identified, shared and utilized including local community health improvement plans. 9. By December 31, 2018, Wisconsin state partners will establish linkages with health care data systems, leveraging the use of electronic	12. By December 31, 2020, evidence-based and promising practices that address tobacco-related disparities will be integrated into statewide partner programs including those addressing chronic disease prevention and health promotion. 13. By December 31, 2020, Wisconsin local

<p>2. By December 31, 2015, Wisconsin local and state partners will receive cultural competency training to better address tobacco-related disparities.</p> <p>3. By December 31, 2015, Wisconsin tobacco control partners will systematically assess and identify opportunities to strengthen the infrastructure capacity within priority populations to address tobacco-related disparities</p> <p>4. By December 31, 2015, Wisconsin partners will build capacity to address tobacco-related disparities, including but not limited to the LGBT (lesbian, gay, bisexual and transgender) community and to those with mental health and substance abuse disorders.</p> <p>5. By December 31, 2015, Wisconsin local and state partners will create and expand opportunities to implement collaborative efforts to address tobacco-related disparities, inclusive of community members and leaders within priority populations, community-based organizations, non-traditional partners and the business community.</p> <p>6. By December 31, 2015, Wisconsin state partners will utilize culturally appropriate and low health literacy accessible</p>	<p>health records to direct prevention and treatment efforts and to measure and evaluate progress in addressing tobacco-related disparities.</p> <p>10. By December 31, 2018, Wisconsin local and state partners will implement culturally appropriate evidence-based and/or promising practices for populations with tobacco-related disparities within their communitiesø geographic areas.</p> <p>11. By December 31, 2018, Wisconsin state partners will implement sustainability training and technical assistance to secure external funding and resources, including grant writing, program integration and collaboration with partners to address tobacco-related disparities.</p>	<p>and state partners will collaborate with health care systems to assure the use of culturally appropriate methods for tobacco prevention and treatment in populations with tobacco-related disparities.</p> <p>14. By December 31, 2020, decrease the disparity ratio by 50% in tobacco use and exposure among populations of differing races, ethnicities, sexual identities and orientations, gender identities, educational or economic status and high-risk populations including those with mental health and substance abuse disorders.</p>
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<p>messaging to promote tobacco-free lifestyles as a social norm for populations with tobacco-related disparities.</p> <p>7. By December 31, 2015, Wisconsin state partners and Wisconsin public health advocates will encourage national organizations who work in tobacco prevention and control to make available culturally competent and linguistically appropriate new and existing messaging campaigns for diverse populations, such as the CDC Tips Campaign.</p>		
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