

Tobacco Statewide Strategic Plan

Mission: Reduce tobacco use and increase tobacco cessation in Iowa.

Vision: By 2019, improve tobacco use status of Iowans by creating a climate in which tobacco use becomes undesirable and unacceptable.

Three Pillars of Tobacco Control:

*Regular and significant tobacco tax increases
Fully funding and implementing statewide tobacco control programs
Implementing comprehensive smoke-free and tobacco-free policies*

Five Components of Most Effective Tobacco Control Approaches:

*State and Community Interventions
Mass-Reach Health Communication Interventions
Cessation Interventions
Surveillance and Education
Infrastructure, Administration, and Management*

1. Prevent the initiation of tobacco use among Iowans. (Primary Prevention)

- **Objective 1.1: Increase the percentage of Iowans who abstain from tobacco use by advancing primary prevention efforts.**
 - Tactic 1.1-A: Align with existing statewide programs including the Iowa Healthiest State Initiative, the Blue Zones Project sponsored by Wellmark, Iowa Tobacco Use Prevention and Control Commission, etc.
 - Tactic 1.1-B: Collaborate with community stakeholders to implement evidence-based primary prevention efforts focusing on coalition building, IDPH Tobacco Community Partnerships, and access to Quitline Iowa information.
 - Tactic 1.1-C: Increase the number of Iowa Students for Tobacco Education and Prevention (ISTEP) youth chapters.
 - Tactic 1.1-D: Promote expansion of local regulations restricting tobacco and nicotine product advertising, inclusive of the time, manner, and place of advertisement.
- **Objective 1.2: Increase the number of tobacco and nicotine-free (TF/NF) environments throughout Iowa.**
 - Tactic 1.2-A: Engage and equip schools, childcare/preschools, colleges/universities/trade schools to expand smoke-free campus policies.
 - Tactic 1.2-B: Engage and equip IDPH Tobacco Community Partnerships and coalitions to implement TF/NF policies for parks and public spaces.
 - Tactic 1.2-C: Support adoption of smoke-free housing policies that provide at least one 100% smoke-free building for each property.



- Tactic 1.2-D: Encourage adoption of TF/NF policies for public and community events.
 - Tactic 1.2-E: Support adoption of TF/NF policies for local business and organizations, including casinos, places of employment, and healthcare facilities.
 - Tactic 1.2-F: Support passage of local ordinances regulating electronic smoking devices and establishing restricted use in public places.
 - Tactic 1.2-G: Support implementation of systems by local law enforcement and city/county authorities to enforce the Iowa Smokefree Air Act (SFAA), including addressing of valid complaints and violations.
- **Objective 1.3: Reduce the ease of access and availability of tobacco and nicotine products.**
 - Tactic 1.3-A: Increase adoption of no-sell policies for tobacco or non-FDA approved nicotine products by pharmacies, businesses, other retailers and organizations.
 - Tactic 1.3-B: Support adoption of expanded tobacco and nicotine-free point-of-sale advertising regulations, encouraging non-prime display and sell locations of tobacco and nicotine products within local business.
 - Tactic 1.3-C: Equip communities to communicate the business case for eliminating sale of tobacco and nicotine products to local business, emphasizing health and wellness-associated retailers, such as pharmacies and grocers.
 - Tactic 1.3-D: Promote local actions to implement zoning and licensing regulations that restrict the density, type, and location of tobacco and nicotine product retailers.

2. Ensure identification of tobacco and nicotine product use in its earliest stages. (Detection)

- **Objective 2.1: Increase awareness of and access to quality recommended tobacco and nicotine product use screenings and healthcare services.**
 - Tactic 2.1-A: Promote information about tobacco and nicotine product use screening and relevant risk factors, following evidence-based recommendations and tools, including Ask, Advise, and Refer, as a standard component of patient visits.
 - Tactic 2.1-B: Increase access to tobacco and nicotine product use screening opportunities through community, employer, and workplace-based outlets.
 - Tactic 2.1-C: Align communications across provider and payer communities to ensure consistent messaging related to tobacco and nicotine product use, screening, and cessation support.
 - Promote availability of Quitline Iowa and other evidence-based programs to support screening and cessation referrals.
- **Objective 2.2: Implement health-care system-based strategies to identify and address tobacco and nicotine product use.**
 - Tactic 2.2-A: Encourage use of assessments and interventions to appropriate patient populations for tobacco and nicotine product use screening and intervention and assess readiness to quit.

- Tactic 2.2-B: Educate and equip providers to address tobacco and nicotine product use with patients, including assessment and referral to Quitline Iowa or other evidence-based cessation programs.

3. Increase the use of tobacco cessation and nicotine addiction treatment services. (Management/Treatment)

- Objective 3.1: Implement evidence-based strategies to support tobacco cessation and nicotine addiction treatment.
 - Tactic 3.1-A: Engage providers and patients in evidence-based tobacco cessation and nicotine addiction best practices, including nicotine replacement therapies and cessation support services, including Quitline Iowa.
 - Tactic 3.1-B: Equip providers in establishing clinic and/or system-wide processes for identification and referral of appropriate patients for cessation and treatment support services.
 - Tactic 3.1-C: Educate providers to recognize the impact of social determinants of health that influence tobacco and nicotine use and exposure.¹
 - Tactic 3.1-D: Promote tobacco cessation and nicotine addiction treatment interventions as a component of patient safety.
 - Encourage tobacco and nicotine product use screening and cessation referral throughout healthcare settings, including primary care, acute care, specialty care (dentistry, ophthalmology, pharmacy, etc.).
- Objective 3.2: Increase coordination of tobacco cessation and nicotine addiction treatment activities.
 - Tactic 3.2-A: Promote coordination of care across the community, inclusive of clinical and community-based providers, in efforts to comprehensively assist patients in tobacco cessation efforts.
 - Tactic 3.2-B: Increase provider and consumer awareness and use of tobacco cessation resources, including community-based and virtual offerings such as Quitline Iowa.
 - Tactic 3.2-C: Ensure providers are aware of and refer patients to appropriate resources to address social determinants of health and barriers to cessation and treatment, such as poverty, unemployment, culture, access to care, etc.
 - Tactic 3.2-D: Encourage appropriate information sharing and communication between and among clinical providers and tobacco cessation and nicotine addiction treatment referral services.
- Objective 3.3: Engage patients and families as the center of their tobacco cessation and nicotine addiction treatment.
 - Tactic 3.3-A: Increase tobacco use-related health literacy for patients, caregivers, and their providers, inclusive of risk factors and tobacco cessation recommendations, through provision of information in manners that facilitate patient access, processing, and understanding.

¹ A comprehensive statewide strategy specifically addressing social determinants of health will be developed by year end 2016. This strategy will complement and enhance the social determinants of health actions proposed within the Tobacco Statewide Strategic Plan.

- Tactic 3.3-B: Champion shared decision-making principles and practices as a fundamental component of tobacco use and nicotine addiction intervention for patients and their caregivers.
 - Tactic 3.3-C: Identify and address barriers to patient care impacting tobacco use, cessation, and nicotine addiction treatment.
 - Encourage patient and provider discussions to identify social determinants of health and patient needs impacting care.
 - Incorporate referrals to community-based services to assist in addressing barriers to care and supporting self-management.
 - Tactic 3.3-D: Encourage and assist providers in utilizing health information technology, including electronic medical records, to document tobacco use, referrals, cessation activities, and continued follow-up with patients.
 - Encourage the use of patient portals and available electronic patient-focused health applications to support patient access and utilization of health information, including tobacco and nicotine
- **Objective 3.4: Increase access to comprehensive tobacco cessation and nicotine addiction treatment services.**
 - Tactic 3.4-A: Identify and support existing resources to assist patients in locating and accessing tobacco cessation and addiction treatment services, specifically including Quitline Iowa.
 - Tactic 3.4-B: Maximize effectiveness and use of comprehensive tobacco use and cessation education and support.
 - Support increased access and use of evidence-based tobacco cessation and nicotine addiction treatment and support services (such as Quitline Iowa) with efforts to ensure alignment and mutual support across provider and payer systems.
 - Increase provider referral of diagnosed/identified patients to tobacco cessation education and support services through streamlined referral processes, such as the Ask, Advise, Refer referral system.
 - Tactic 3.4-C: Increase the number of tobacco cessation education and support efforts, across Iowa to improve access to comprehensive tobacco cessation programs for all Iowans.
 - Support patient and provider communication and education related to coverage options for cessation and treatment support and services, including referral and prior authorization processes.
 - Tactic 3.4-D: Increase the number of healthcare and community partners promoting tobacco cessation resources, such as Quitline Iowa, to support awareness and utilization of resources.

4. Use data to drive population-based tobacco prevention and reduction strategies. (Data)

- **Objective 4.1: Develop common measure set across the Iowa provider community to address tobacco use.**
 - Tactic 4.1-A: Align measures and data collection with national quality measure conventions, as practical (e.g. CMS, National Quality Forum (NQF)).
 - Tactic 4.1-B: Identify set of common quality measures to monitor patient population tobacco and nicotine product use status.

- Tactic 4.1-C: Encourage routine tracking and utilization of tobacco use and secondhand smoke exposure data by providers.
- Objective 4.2: Enhance tobacco use surveillance through development of an “Iowa suite” of standardized metrics.
 - Tactic 4.2-A: Utilize diverse sources of available data, including surveillance and claims/service-based reporting, to capture ongoing execution of tobacco use strategies.
 - Tactic 4.2-B: Support availability and public access to tobacco use and cessation surveillance data through dissemination of a routine report highlighting current state of tobacco and nicotine product use in Iowa, inclusive of such data as available through IDPH’s Tobacco Program Evaluation and Quitline Iowa Evaluation.
- Objective 4.3: Use data to identify disparities and address population-based tobacco and nicotine product use, cessation, and treatment.
 - Tactic 4.3-A: Support surveillance of populations disproportionately affected by tobacco and nicotine product use, such as age, disability/limitation, educational attainment, geographic location, income, etc.
 - Tactic 4.3-B: Partner with population groups and community-based organizations that serve these populations to effectively reach, educate, and involve populations experiencing tobacco-related disparities.
 - Tactic 4.3-C: Ensure that health equity is an integral component of community tobacco control strategies.
- Objective 4.4: Use data as a part of a progressive suite to support transformation of the healthcare system in Iowa.
 - Tactic 4.4-A: Facilitate improvements in chronic care across settings through quality improvement and tracking activities related to tobacco use and cessation.
 - Promote expansion of clinical care process measures beyond tobacco use, to include other chronic conditions and co-morbidities.
 - Encourage surveillance of tobacco use as part of chronic care continuum, inclusive of related conditions and social determinants of health.