

**Nevada
Comprehensive
Tobacco
Control**

**Five-Year
Strategic Goals
and Objectives
2005 - 2010**

November 1, 2006

**Department of
Health and Human
Services**

**Nevada State Health
Division**

**Bureau of Community
Health**

**Tobacco Prevention
And
Education Program**



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**NEVADA COMPREHENSIVE
TOBACCO CONTROL**

**Five Year Strategic Goals and Objectives
2005 - 2010**

Introduction

The Nevada Comprehensive Tobacco Control: Five Year Strategic Goals and Objectives 2005 – 2010 was designed as a guide for individuals and organizations dedicated to comprehensive tobacco control in the state of Nevada. This document in conjunction with the *2002 Nevada Tobacco Profile* and the *Nevada Evaluation and Statistical Manual 2006: Collection of US and Nevada Tobacco Data Reports*, provides the cornerstones for comprehensive, science-based, tobacco control intervention in the state of Nevada. The format for this strategic plan is based on the *Key Outcome Indicators For Evaluating Comprehensive Tobacco Control Programs* issued by the Centers for Disease Control and Prevention (CDC) in May 2005. Also used in the design of the strategic plan were *The Guide to Community Preventative Services: Tobacco Use Prevention and Control* (2001) and the *Best Practices for Comprehensive Tobacco Control Programs* (1999).

The Nevada Comprehensive Tobacco Control: Five Year Strategic Plan 2003 -2008 has served for a number of years as the initial guiding document for tobacco control in Nevada. This current update and revision represents an effort to meet not only the ongoing needs, but also the future needs for all Nevadans. This strategic plan is the outcome of a concerted effort between various governmental and private organizations working toward a mutual vision of tobacco control within the state. The planning sessions required for the formulation of this plan also required the professional commitment, compromise, and cooperation of all invested parties in the process. The transition from the previous goal directed planning format to the evidenced-based process promoted by the Centers for Disease Control and Prevention, will position Nevada for the future in tobacco control and will allow the state to meet effectively the challenges presented by a science based evaluation process.

It is important to note that this endeavor also moves Nevada towards the future and into previously uncharted territory regarding the challenges and issues surrounding health disparities. Nevada has been the fastest growing state in the country for the past seventeen years and with one of the fastest growing minority populations will soon reach the status of a state with a majority minority population. With this in mind, the future direction for Nevada must include planning to address the unique needs presented by a rapidly changing population. Nevada stands poised to address this new and exciting future through participation in dialogue and planning that will address the needs of all the citizens of Nevada. Policy changes are currently underway at both the state and federal levels designed to address these needs and Nevada will be a part of this process. The current design and development of *The Nevada Comprehensive Tobacco Control: Five Year Strategic Goals and Objectives 2005 – 2010* will help to develop the concepts and philosophy used throughout the country in dealing with health disparities. Goal four of this plan was designed with that in mind and with the spirit of embarking into a Nevada that is yet to become.

The revised strategic plan has a number of new features and language that bear review and mentioning. The organization of the document follows the sequencing of templates provided in the *Key Indicator Manual* for each identified goal and a copy of

each goal template is included at the end of each section in the strategic plan. The methods presented are research based and utilize a scientific model approach. The proposed interventions are designed to formulate a state of the art approach to comprehensive tobacco control program. The following conventions and concepts will be adopted and utilized throughout the strategic plan.

- **Goal Areas:** One of the four components of the overall goal of CDC's National Tobacco Control Program
- **Inputs:** Resources used to plan and set up a tobacco control program within each goal area
- **Activities:** The events or actions that are part of a tobacco control program
- **Outputs:** The direct products of a program
- **Outcomes:** The term is used in this plan for the short-term, intermediate, and long-term results described in the National Tobacco Control Program logic models for the first three goal areas. These are the results expected if tobacco control programs provide the needed inputs and engage in the recommended activities described in the logic models. The model is based on a logical progression of events and not necessarily structured on temporal events.

Acknowledgements:

The Nevada State Health Division and the Tobacco Prevention and Education Program would like to acknowledge the following organizations for their contributions to the strategic planning process.

- American Cancer Society
- American Heart Association
- American Lung Association
- Bureau of Alcohol and Drug Abuse - Nevada State Health Division
- Community Council on Youth
- Healthy Communities Coalition
- Laser Concepts of Nevada
- Nevada Department of Education
- Nevada Department of Health and Human Services
- Nevada Institute for Children's Research and Policy
- Nevada Tobacco Prevention Coalition
- Nevada Tobacco Users' Helpline
- PACE Coalition
- Saint Mary's Health Network
- Sierra Health Services, Inc.
- Southern Nevada Health District
- Tobacco Free Babies Project
- Tobacco Prevention and Education Program - Nevada State Health Division
- University of Nevada - Reno
- Washoe County District Health Department

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Goal 1:

Prevent Initiation of Tobacco Use Among Young People

Goal 1: Prevent Initiation of Tobacco Use Among Young People

(Logic Model Template for Goal 1 is located on page 15)

Inputs

- Southern Nevada Health District Tobacco Prevention and Education Program
- Washoe County District Health Department
- The Gallup Organization – Adult Tobacco Survey Contractor for 2005

Activities

Counter Marketing

- Anti-tobacco Media Campaigns
- XPOZ, UrbanFuel, and AttractTruth websites
- Meadowood Mall Anti-smoking Ads
- University of Nevada – Reno Super-signs

Community Mobilization

- Second Hand Smoke Media Campaigns
- Annual Smoke Free Restaurant Campaign
- Meadowood Mall Anti-smoking Ads
- Educational materials dissemination at health fairs and during National Hispanic Heritage Month
- World No Tobacco Day
- Kick Butts Day

School-based Prevalence

- Anti-tobacco Media Campaigns
- XPOZ, UrbanFuel, and AttractTruth websites
- Meadowood Mall Anti-smoking Ads
- University of Nevada – Reno Super-signs

Policy and Regulatory Action

- Completion of the 2005 Youth Risk Behavior Surveillance Survey
- Voluntary policies in workplaces

- Daycare assessment and training
- Education to apartment and multi-housing providers on the benefits of smoke-free policies
- Promotion and implementation of tobacco-free policies in Nevada schools

Outputs

1. Completed activities to reduce and counteract pro-tobacco messages.

By June 2007, the XPOZ (xpozcoalition.com) website will increase both active membership and website hits by 10%.

Current Status:

Currently expanding the XPOZ website to improve capabilities and coordinate member activities. Site addresses tobacco industry tactics and provides anti-smoking information. Present membership is 9,447 with approximately 63,000 website hits per month (12/05).

2. Completed activities to disseminate anti-tobacco and pro-health messages.

By June 2015, decrease the number of High School youth smoking cigarettes to 15% and smokeless tobacco to 2%.

Current Status:

“Class” Magazine has donated half-page ads with circulation of 30,000. Radio commercials on 98.5 KLUC reaches approximately 30% of target population and Annual Youth Anti-Tobacco Summits will be conducted. Current percent of goal achievement currently at 50% for all areas.

3. Completed activities to increase tobacco free policies and use of anti-tobacco curricula in schools.

By June 2010, 100% of Nevada school districts will implement tobacco free school policies on campuses.

Current Status:

Clark County, Nye County, and Washoe County passed resolutions on smoke-free campuses and the other 14 counties are considering similar policies.

Outcomes

Short-term

6. Increased knowledge of improved anti-tobacco attitudes toward, and increased support for policies to reduce youth initiation.

1.6.2 Level of receptivity to anti-tobacco media messages.

By June 2007, the XPOZ (xpozcoalition.com) website will increase both active membership and website hits by 10%.

Source and Baselines:

Southern Nevada Health District progress reports current baselines as of 11/05 – Membership is 9,447 and website hits averaged 63,100 per month for Oct/Nov 2005. Information will be reevaluated in December of 2006.

Evaluation Rationale:

Youth must actively share information to receive information. This commitment reflects more than a passing interest in the subject matter and provides social connections to peer group reinforcement of anti-tobacco mores and the restructuring of social norms. The correlation of both membership and website hits should establish a defined ratio that represents the potential transition between surfing and engagement.

7. Increased anti-tobacco policies and programs in schools.

1.7.1 Proportion of schools or school districts reporting the implementation of 100% tobacco-free policies.

By June 2010, 100% of Nevada school districts will implement tobacco-free policies on campuses.

Source and Baselines:

2005 Nevada/CDC Survey – 23%

Intermediate

10. Reduced susceptibility to experimentation with tobacco products.

1.10.5 Proportion of young people who are susceptible never-smokers.

By June 2010, decrease the number of youth who ever tried cigarette smoking, even one or two puffs, to 25% for Middle School.

Source and Baselines:

2005 YRBS High School (HS) 52.0% and Middle School (MS) 29.0%.

Long-term

13. Reduced initiation of tobacco use by young people.

1.13.2 Proportion of young people who report never having tried a cigarette.

By June 2015, decrease the number of youth who ever tried cigarette smoking, even one or two puffs, to 45% for High School.

Source and Baselines:

2005 YRBS High School (HS) 52.0% and Middle School (MS) 29.0%.

14. Reduced tobacco use prevalence among young people.

1.14.1 Prevalence of tobacco use among young people

By June 2015, decrease the number of High School youth smoking cigarettes to 15% and smokeless tobacco to 2%.

Source and Baselines:

2005 YRBS Smoking HS 18.3% and MS 9.7%; Smokeless HS 5.9% and MS 3.4%

15. Reduced tobacco-related morbidity and mortality

By June 2015, decrease the smoking-attributable Mortality rate in Nevada by 10%.

Source and Baselines:

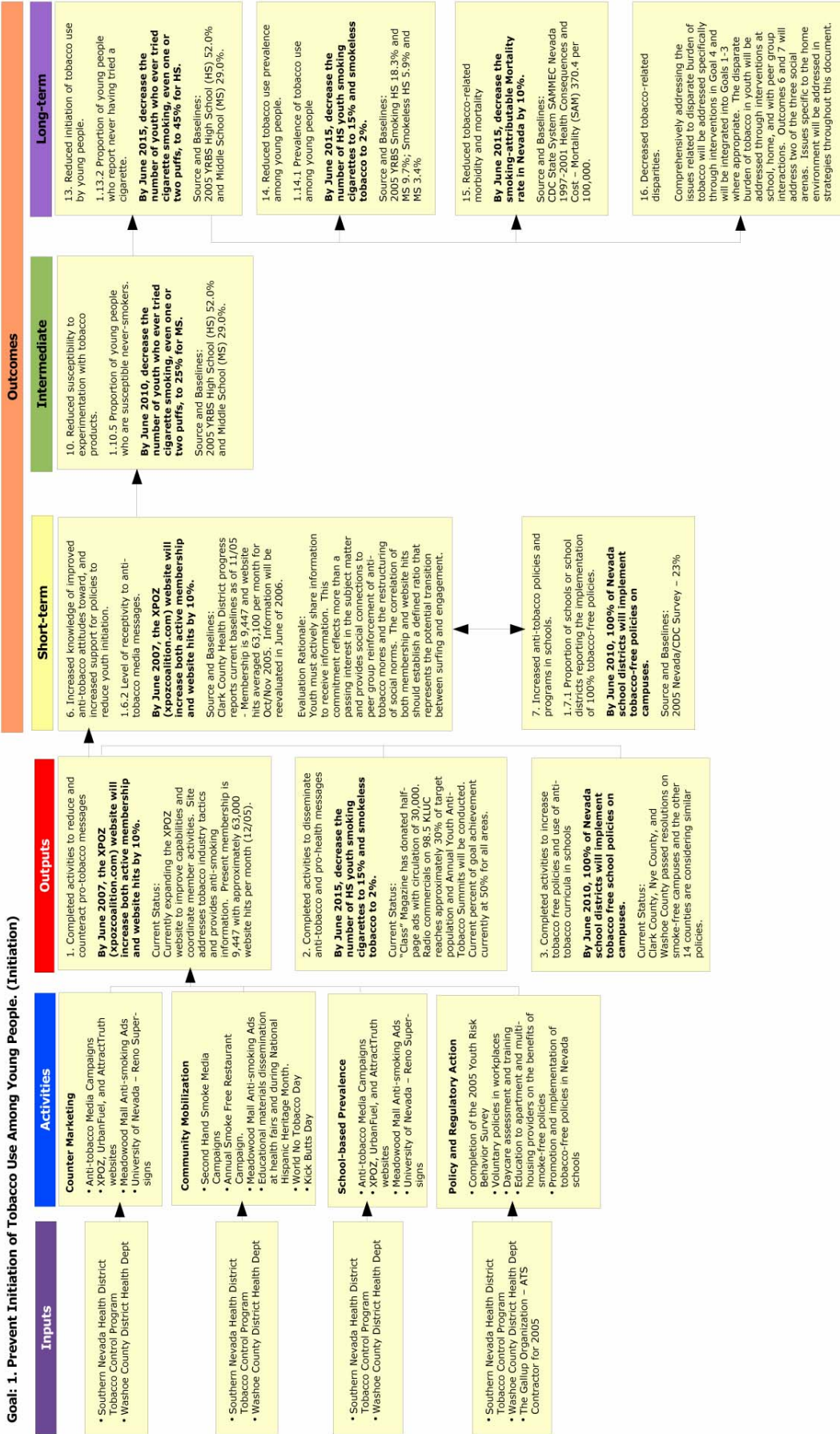
CDC State System SAMMEC Nevada 1997-2001 Health Consequences and Cost –Mortality (SAM) 370.4 per 100,000.

16. Decreased tobacco-related disparities.

Comprehensively addressing the issues related to disparate burden of tobacco will be addressed specifically through interventions in Goal 4 and will be integrated into Goals 1-3 where appropriate. The disparate burden of tobacco in youth will be addressed through interventions at school, home, and with peer group interactions. Outcomes 6 and 7 will address two of the three social arenas. Issues specific to the home environment will be addressed in strategies throughout this document.

Nevada Strategic Plan

Goal: 1. Prevent Initiation of Tobacco Use Among Young People. (Initiation)



Goal 2:

**Eliminate Nonsmokers' Exposure
to Second Hand Smoke**

Goal 2: Eliminate Nonsmokers' Exposure to Second Hand Smoke

(Logic Model Template for Goal 2 is located on page 21)

Inputs

- Southern Nevada Health District Tobacco Control Program
- Washoe County District Health Department
- Nevada Voters

Activities

Counter Marketing

- Anti-tobacco Media Campaigns
- XPOZ, UrbanFuel, Get Healthy Clark County (349,321 website hits 12/05), and AttractTruth websites
- Meadowood Mall Anti-smoking Ads
- University of Nevada – Reno Super-signs

Community Mobilization

- Second Hand Smoke Media Campaigns
- Clark County Annual Smoke Free Restaurant Campaign
- Clean Cuisine Smoke-free Dining Campaign
- Meadowood Mall Anti-smoking Ads
- Educational materials dissemination at health fairs and during National Hispanic Heritage Month

Policy and Regulatory Action

- Completion of the 2005 Youth Risk Behavior Surveillance Survey
- Encourage voluntary policies in workplaces
- Encourage voluntary policies in public venues
- Daycare assessment and training
- Education to apartment and multi-housing providers on the benefits of smoke-free policies
- Promotion and implementation of Tobacco-free policies in Nevada schools
- Passage of Nevada Clean Indoor Air Act in November of 2006

Outputs

1. Completed activities to disseminate information about second hand smoke and tobacco-free policies.

By June 2010, the percent of established smoke-free policies in homes and vehicles will increase to 80% for homes and 75% for vehicles.

Current Status:

Training completed at the Clearing the Air Institute to increase competency on effective methods to reducing second hand smoke and developing science based interventions. Working with web designers developing specific content related to second hand smoke. Educational postcards developed to inform day care centers about new smoke-free laws instituted in October 2005. Promotion of smoke-free restaurant campaign.

2. Completed activities to create and enforce tobacco-free policies

By June 2010, the percent of established smoke-free policies in work areas and common areas will increase to 75% for work areas and 55% for common areas.

By June 2010, 100% of Nevada school districts will implement tobacco-free policies on campuses.

Current Status:

Clark County, Nye County, and Washoe County passed resolutions on smoke-free campuses and the other 14 counties are considering similar policies. Smoke-free restaurant material mailed to 2,700 restaurants in Clark County. Continued media campaigns in multiple media forms encouraging the adoption of smoke-free workplaces.

Outcomes

Short-term

3. Increased knowledge of, improved attitudes toward, and increased support for the creation and active enforcement of tobacco-free policies

2.3.8 Level of support for creating tobacco-free policies in homes and vehicles.

By June 2010, the percent of established smoke-free policies in homes and vehicles will increase to 80% for homes and 75% for vehicles.

Source and Baselines:

2005 Adult Tobacco Survey (ATS) No smoking policies in home 75.41% and in vehicles 69.11%.

4. Creation of tobacco-free policies

2.4.3 Proportion of the population that works in environments with tobacco-free policies.

By June 2010, the percent of established smoke-free policies in work areas and common areas will increase to 75% for work areas and 55% for common areas.

Source and Baselines:

2005 Adult Tobacco Survey (ATS) No smoking policies in work areas 66.97% and in common areas 48.11%.

2.4.5 Proportion of schools or school districts reporting the implementation of 100% tobacco-free policies.

By June 2010, 100% of Nevada school districts will implement tobacco-free policies on campuses.

Source and Baselines:

2005 Nevada/CDC Survey – 23%

Intermediate

6. Compliance with tobacco-free policies

2.6.5 Perceived compliance with tobacco-free policies in schools.

By June 2010, decrease the number of High School (HS) youth who use tobacco products on school property to 5% for smoking and 2% for smokeless products.

Source and Baselines:

2005 YRBS High School (HS) 6.8% for smoking and 3.6% for smokeless products.

Long-term

8. Reduced tobacco consumption

2.8.3 Smoking prevalence (See Goal 4 # 10 for specific disparate outcomes)

By June 2015, decrease the percentage of people who have smoked at least 100 cigarettes during their entire lives to 40%.

Source and Baselines:

2005 Adult Tobacco Survey (ATS) smoking prevalence – 100 cigarettes during lifetime 50.35%.

By June 2015, decrease the number of HS youth smoking cigarettes to 15% and smokeless tobacco to 2%.

Source and Baselines:

2005 YRBS Smoking HS 18.3% and MS 9.7%; Smokeless HS 5.9% and MS 3.4%

9. Reduced tobacco-related morbidity and mortality

By June 2015, decrease the smoking-attributable mortality rate in Nevada by 10%.

Source and Baselines:

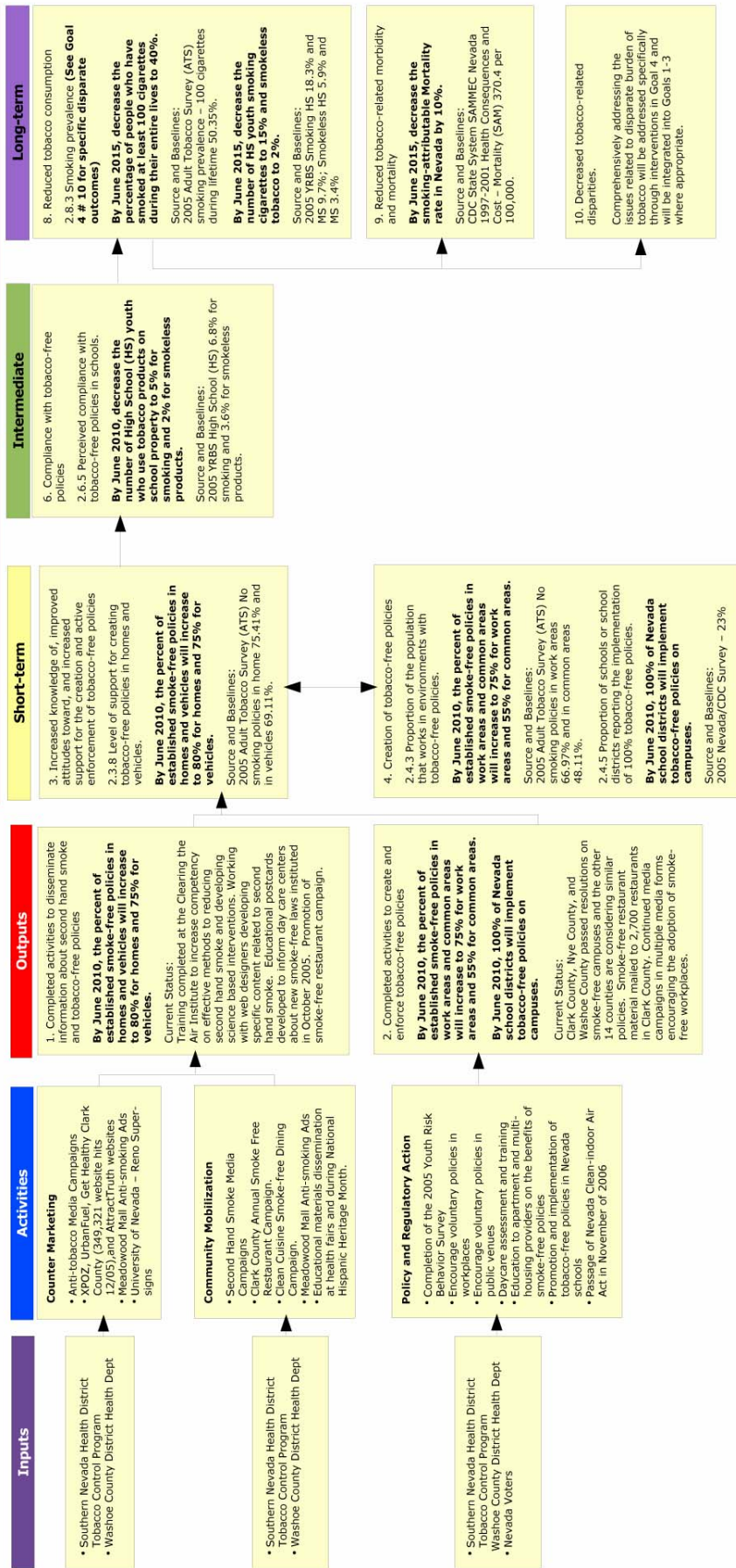
CDC State System SAMMEC Nevada 1997-2001 Health Consequences and Cost – Mortality (Smoking Attributable Mortality - SAM) 370.4 per 100,000.

10. Decreased tobacco-related disparities.

Comprehensively addressing the issues related to disparate burden of tobacco will be addressed specifically through interventions in Goal 4 and will be integrated into Goals 1-3 where appropriate.

Nevada Strategic Plan

Goal: 2. Eliminate Non-smokers Exposure to Second Hand Smoke. (Second Hand Smoke)



Goal 3:

Promote Quitting Among Adults and Young People

Goal 3: Promote Quitting Among Adults and Young People

(Logic Model Template for Goal 3 is located on page 28)

Inputs

- Southern Nevada Health District Tobacco Control Program
- Washoe County District Health Department
- Nevada Tobacco Users' Helpline
- Tobacco Free Babies
- St. Mary's Health Network

Activities

Counter Marketing

- Anti-tobacco Media Campaigns
- XPOZ, UrbanFuel, Get Healthy Clark County (349,321 website hits 12/05), and AttractTruth websites
- Meadowood Mall Anti-smoking Ads
- University of Nevada – Reno Super-signs
- Breathe Easy Program

Community Mobilization

- Second Hand Smoke Media Campaigns
- Clark County Annual Smoke Free Restaurant Campaign
- Clean Cuisine Smoke-free Dining Campaign
- Meadowood Mall Anti-smoking Ads
- Educational materials dissemination at health fairs and during National Hispanic Heritage Month
- Breathe Easy Program

Policy and Regulatory Action

- 2005 Youth Risk Behavior Surveillance Survey
- Encourage voluntary policies in workplaces
- Encourage voluntary policies in public venues
- Daycare assessment and training

- Education to apartment and multi-housing providers on the benefits of smoke-free policies
- Promotion and implementation of tobacco-free policies in Nevada schools
- Passage of Nevada Clean Indoor Air Act in November of 2006

Outputs

1. Completed activities to disseminate information about cessation.

By June 2010, the percent of smokers aware of services available to them will increase to 80%.

Current Status:

St. Mary's distributed 12 Breathe Easy Spanish language cessation coupons. Web site activities addressing cessation and providing information active with coverage for youth, 18-24 age group, and young adults. Nevada Tobacco Users' Helpline, in collaboration with Southern Nevada Health District, ran an on air media campaign from August to September 2005 resulting in a 19% increase in Helpline calls. Get Healthy Clark County website received 114,443 hits during October and November 2005.

2. Cessation quitline is operational.

By June 2010, the number of new patient calls which enroll individuals into active treatment with the Nevada Tobacco Users' Helpline will increase by 30% per year (Estimated 3,824 calls per year).

Current Status:

There were 157 new patients enrolled in active treatment during October and November 2005, with an additional 81 self-help starter kits distributed during this period. The current number of patients on the active case load receiving active treatment is 1,559.

4. Completed activities to support cessation programs in communities, workplaces, and schools.

By June 2010, the percent of smokers aware of services available to them will increase to 80%.

Current Status:

St. Mary's distributed 12 Breathe Easy Spanish language cessation coupons. Web site activities addressing cessation and providing information active with coverage for youth, 18-24 age group, and young adults. Nevada Tobacco Users' Helpline, in collaboration with Southern Nevada Health District, ran an on air media campaign from August to September 2005 resulting in a 19% increase in helpline calls. Get Healthy Clark County website received 114,443 hits during October and November 2005.

Outcomes

Short-term

7. Establishment or increased use of cessation services.

3.7.1 Number of callers to telephone quitlines.

By June 2010, the number of new patient calls which enroll individuals into active treatment with the Nevada Tobacco Users' Helpline will increase by 30% per year (Estimated 3,824 calls per year).

Source and Baselines:

2005 Nevada Tobacco Users' Helpline Quarterly Reports – Current estimate 85.8 calls per month in 2005 for an estimated annual total of 1,030 calls per year.

8. Increased awareness, knowledge, intention to quit, and support for policies that support cessation.

3.8.6 Proportion of smokers who are aware of the cessation services available to them.

By June 2010, the percent of smokers aware of services available to them will increase to 80%.

Source and Baselines:

2005 Adult Tobacco Survey (ATS) Awareness of Assistance to Quit Smoking 71.59%.

Intermediate

11. Increased number of quit attempts and quit attempts using proven cessation methods.

3.11.1 Proportion of adult smokers who have made quit attempts.

By June 2010, increase the number of adults who have attempted to quit smoking to 50%.

Source and Baselines:

2005 Adult Tobacco Survey (ATS) Attempt to Quit Smoking 40.13%.

Long-term

13. Increased cessation among adults and young people.

3.13.2 Proportion of recent successful quit attempts.

By June 2010, increase the percentage of adults who have attempted to quit smoking to 50%.

Source and Baselines:

2005 Adult Tobacco Survey (ATS) Attempt to Quit 40.13%.

14. Reduced tobacco-use prevalence and consumption.

3.14.1 Smoking prevalence. (See Goal 4 # 10 for specific disparate outcomes)

By June 2015, decrease the percentage of people who have smoked at least 100 cigarettes during their entire lives to 40%.

Source and Baselines:

2005 Adult Tobacco Survey (ATS) smoking prevalence – 100 cigarettes during lifetime 50.35%.

3.14.2 Proportion of pregnant women who smoked during pregnancy. (See Goal 4 # 10 for specific disparate outcomes)

By June 2015, decrease the number of pregnant women that smoke during pregnancy to 3%.

Source and Baselines:

2005 State of Nevada Interactive Health Database – Prenatal Care Module 7.59%

15. Reduced tobacco-related morbidity and mortality

By June 2015, decrease the smoking-attributable mortality rate in Nevada by 10%.

Source and Baselines:

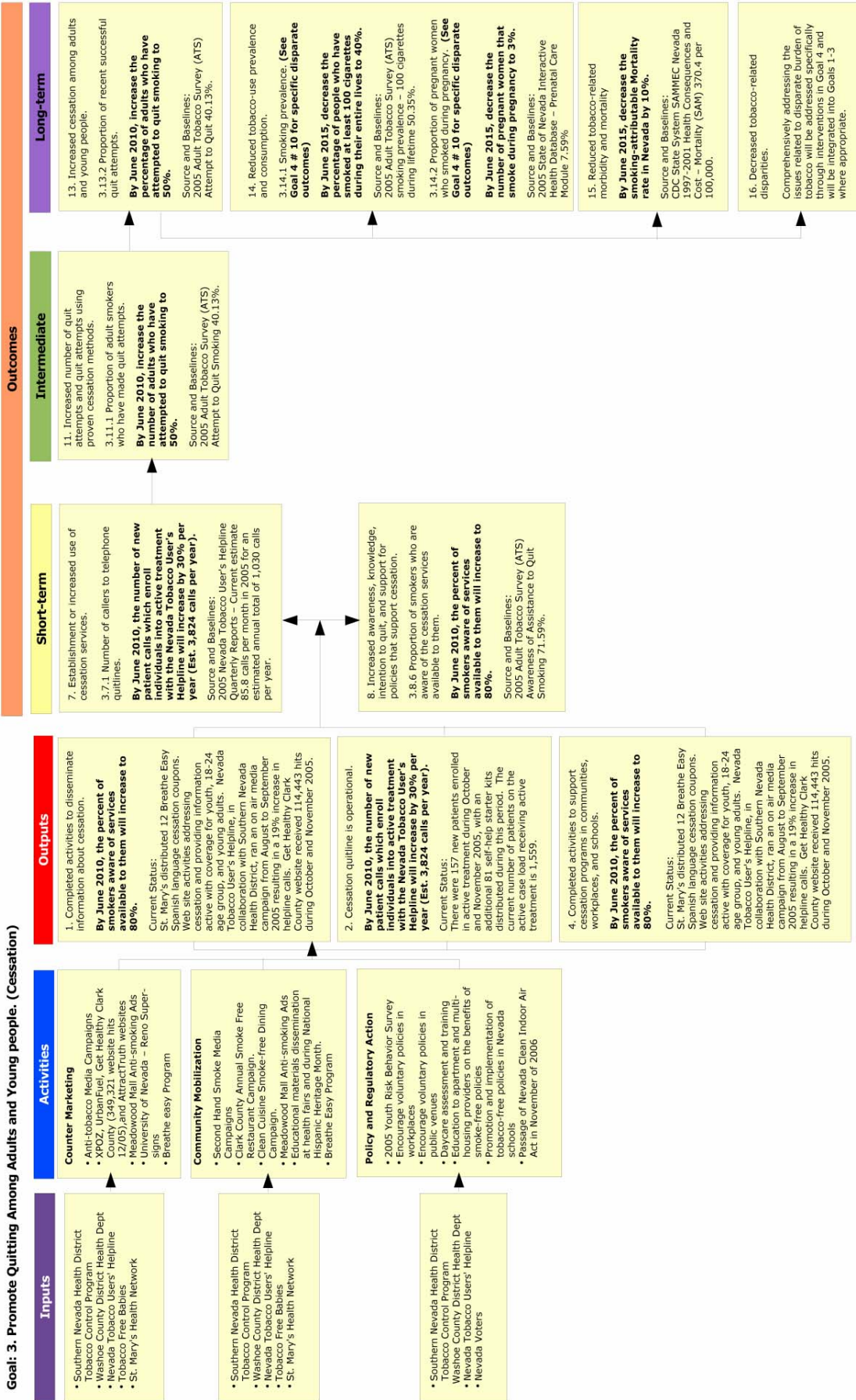
CDC State System SAMMEC Nevada 1997-2001 Health Consequences and Cost – Mortality (SAM) 370.4 per 100,000.

16. Decreased tobacco-related disparities.

Comprehensively addressing the issues related to disparate burden of tobacco will be addressed specifically through interventions in Goal 4 and will be integrated into Goals 1-3 where appropriate.

Nevada Strategic Plan

Goal 3: Promote Quitting Among Adults and Young people. (Cessation)



Goal 4:

Identify and Eliminate Tobacco Related Disparities

Goal 4: Identify and Eliminating Tobacco Related Disparities

(Logic Model Template for Goal 4 is located on page 37)

Inputs

1. Health departments and diverse national, state, tribal, and community partners.

- American Cancer Society
- American Heart Association
- American Lung Association
- Bureau of Alcohol and Drug Abuse
- Community Council on Youth
- University of Nevada - Reno
- Nevada Dept. of Health and Human Services
- Healthy Communities Coalition
- GOSHEN Coalition
- Laser Concepts of Nevada
- Nevada Department of Education
- Nevada State Health Division
- Nevada Tobacco Prevention Coalition
- Nevada Tobacco Users' Helpline
- Nevada Institute for Children's Research and Policy
- PACE Coalition
- Sierra Health Services Inc.
- Saint Mary's Health Network
- Southern Nevada Health District
- Tobacco Free Babies Project
- Washoe County District Health Department

Counter Marketing

- Anti-tobacco Media Campaigns
- XPOZ, UrbanFuel, Get Healthy Clark County (349,321 website hits 12/05), and AttractTruth websites
- Meadowood Mall Anti-smoking Ads
- University of Nevada – Reno Super-signs

Community Mobilization

- Second Hand Smoke Media Campaigns
- Clark County Annual Smoke Free Restaurant Campaign
- Clean Cuisine Smoke-free Dining Campaign
- Meadowood Mall Anti-smoking Ads
- Educational materials dissemination at health fairs and during National Hispanic Heritage Month

Activities

2. Convene a diverse and inclusive group of stakeholders.

Strategic Planning Meeting held on August 14, 2005 in Las Vegas Nevada. All groups noted in “1” were either in attendance or had opportunity to provide input into the process. CDC Project Officer to Nevada, Deborah Borbely, was in attendance as a facilitator.

3. Access relevant data sources to identify tobacco related disparities.

- Behavioral Risk Factor Surveillance System (BRFSS)
- Youth Risk Behavior Surveillance System (YRBSS or YRBS)
- Adult Tobacco Survey (ATS)
- SAMHSA - Synar Report
- 2005 Nevada/CDC Survey
- CDC State System: SAMMEC 1997 – 2001
- 2004 State of Nevada Interactive Health Database
- XPOZ Website Data
- 2005 Nevada Tobacco User's Helpline Quarterly Reports

4. Identify gaps in available data and assess opportunities for expanded data collection

- Adult Tobacco Survey (ATS) Nevada Rural Communities
- Adult Tobacco Survey (ATS) Nevada Gay, Lesbian, Bisexual, and Trans-gendered Populations
- Behavioral Risk Factor Surveillance System (BRFSS) for Native American Population

Outputs

5. Planning work-group formed to develop strategies to identify and include diverse population in planning process.

August 17, 2005, established components of new strategic plan with special focus on groups with disparate burden of disease.

6. Data sources assessed.

August 17, 2005, discussed current data resources for strategic planning, limitations, and potential solutions. Discussion also focused on data needs for groups with disparate burden of disease.

7. Capacity, infrastructure, and social capital assessed.

August 17, 2005, discussed availability of current resources for strategic planning, implementation of services, limitations, and potential solutions. Discussion also focused on addressing the needs of groups with disparate burden of disease and potential solutions to service limitations.

8. Tobacco related disparities identified.

August 17, 2005

- Smoking and Pregnant Women
- Hispanic Population
- Young Adults Age 18-24 yrs old
- Gay/Lesbian/Bisexual/Trans-gendered Populations
- Rural/Frontier Populations

9. Qualitative and quantitative data needs identified.

August 17, 2005

Current Needs:

- ATS Oversampling for Rural for Populations – completed October 2005
- BRFSS Oversampling for Nevada Native Americans – completed October 2005

Outcomes

Short-term

10. Plan to address disparities.

2.8.3/3.14.1 Smoking Prevalence

By June 2010, the percent of current smokers in Nevada will decrease to:

- 24% for 18-24 yr/olds
- 20% for Rural Region #3
- 40% for Gay/Lesbian
- 30% for Bisexual/Trans-gendered

Source and Baselines:

2005 Adult Tobacco Survey (ATS) smoking prevalence – current smokers.

- All - 24.90%
- 18-24 - 32.49%
- Rural #3 - 26.99%
- GLBT – G/L 49.63%; B - 38.24%

By June 2010, the percent of current smokers in Nevada will decrease to:

- 15% for Hispanics
- 25% for Native Americans

Source and Baselines:

2004 BRFSS Special Report - smoking prevalence – current smokers.

- All - 23.2%
- Hispanics - 21.8%

2005 BRFSS Native American Oversampling smoking prevalence – current smokers.

- Native Americans - 31%

3.14.2 Proportion of pregnant women who smoked during pregnancy.

By June 2015, decrease the number of pregnant women that smoke during pregnancy to 3%.

Source and Baselines:

2005 State of Nevada Interactive Health Database – Prenatal Care Module 7.59%

By June 2010, the percent of current smokeless tobacco users in Nevada will decrease to:

- 10% for Rural Region #2

Source and Baselines:

2005 Adult Tobacco Survey (ATS) chew and snuff prevalence – current users.

- All - 4.49%
- Rural #2 - 20.91%

Intermediate

11. Stable funding stream needs to be identified for consistent sub-grants to identified populations (Funding and Resources)

- Key Indicator criteria currently in developmental stage at CDC and evaluation information will be updated as soon as design parameters are made available.

12. A more sensitive data collection system created (Data Systems).

- Key Indicator criteria currently in developmental stage at CDC and evaluation information will be updated as soon as design parameters are made available.

13. Representative and equitable partnerships and practice within local, regional, and statewide coalitions (Diversity and Inclusivity).

- Key Indicator criteria currently in developmental stage at CDC and evaluation information will be updated as soon as design parameters are made available.

- 14. Capacity, infrastructure, and social capital developed for specific populations (Community Development).**
 - Key Indicator criteria currently in developmental stage at CDC and evaluation information will be updated as soon as design parameters are made available.
- 15. Appropriate and effective interventions will be developed (Community Competent Interventions).**
 - Key Indicator criteria currently in developmental stage at CDC and evaluation information will be updated as soon as design parameters are made available.

Long-term

- 16. Community norms supportive of tobacco use prevention and control efforts.**
 - Key Indicator criteria currently in developmental stage at CDC and evaluation information will be updated as soon as design parameters are made available.
- 17. Dissemination and diffusion of interventions.**
 - Key Indicator criteria currently in developmental stage at CDC and evaluation information will be updated as soon as design parameters are made available.
- 18. Institutionalization and leveraging of resources.**
 - Key Indicator criteria currently in developmental stage at CDC and evaluation information will be updated as soon as design parameters are made available.
- 19. Ownership and substantive participation in tobacco use prevention and control.**
 - Key Indicator criteria currently in developmental stage at CDC and evaluation information will be updated as soon as design parameters are made available.
- 20. Ongoing identification of tobacco related disparities through surveys and data collection.**
 - Key Indicator criteria currently in developmental stage at CDC and evaluation information will be updated as soon as design parameters are made available.

Policy and Environmental Change

- Completion of the 2005 Youth Risk Behavior Surveillance Survey
- Encourage voluntary policies in workplaces
- Daycare assessment and training
- Education to apartment and multi-housing providers on the benefits of smoke-free policies
- Continue promotion and implementation of tobacco-free policies in Nevada schools

Health Equity

- Key Indicator criteria currently in developmental stage at CDC and evaluation information will be updated as soon as design parameters are made available.

Social Justice

- Key Indicator criteria currently in developmental stage at CDC and evaluation information will be updated as soon as design parameters are made available.

Nevada Strategic Plan

Goal: 4. Identify and Eliminate Tobacco Related Disparities. (Disparities)

