

Georgia Tobacco Control

Strategic Plan 2015-2020



Georgia Tobacco Use Prevention Program
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Burden of Tobacco Use and Exposure in Georgia

Tobacco use is the leading preventable cause of death in Georgia each year, costing the state more than 11,500 lives per year and nearly \$5 billion in direct healthcare and indirect costs, such as lost wages. Over the last 15 years, adult tobacco use has been declining, with a recent increase in the rate of decline. In 2003, the adult tobacco use rate was above 26 percent. In 2013, adult smoking rates fell from 21.2 percent in 2012 to 18.8 percent in 2013, according to the Behavioral Risk Factor Surveillance System (BRFSS). Youth cigarette smoking, as measured by the Youth Behavioral Risk Survey (YRBS) demonstrates a decline in youth cigarette smoking rate from 17 percent in 2011 to 12.8 percent in 2013 (See Table 1).

However, alternative tobacco use rates have increased, particularly among youth; low income, white, rural males continue to use tobacco at higher rates than the national average; the Medicaid population continues to be two to three times as likely to use tobacco than the general population; young adults ages 18-24 continue to smoke at the highest rates of any age group; and, smokeless tobacco and smoking among pregnant women remains a significant problem in Georgia. As of 2012, Georgia's adult smoking prevalence was above the national average.

And, while Georgia exceeds the national averages for persons who report they live in a tobacco-free home and for tobacco-free public schools, colleges and universities, because Georgia does not have a comprehensive smoke-free indoor air law, not all people in Georgia are

protected from tobacco use while at home, school or work (See Table 2 and Table 3). Although they are among the largest agencies, only three of the state's 125 state agencies are tobacco-free (Department of Public Health, Corrections and Mental Health). And, not all hospitals are tobacco-free, nor are all local health departments.

In 2013, approximately, 18.8 percent (1.3 million) of adults in Georgia smoked cigarettes, and 4.99 percent (360,000) used smokeless tobacco (2013 BRFSS). The prevalence of current cigarette (4 percent; 14,000), cigar/ cigarillo (5 percent; 18,000), and smokeless tobacco (4 percent; 13,500) use among middle school students was similar in 2013 (2013 YRBS). High school students were more likely to smoke cigars/cigarillos (14 percent; 61,000), followed by cigarettes (13 percent; 53,000), and smokeless tobacco (9 percent; 42,000) (2013 YRBS). The overall prevalence of cigarette smoking among Georgia middle and high school students decreased from 2003 to 2013, the rate of smoking among high school students decreased in Georgia almost 25 percent between 2011 and 2013 according to the YRBS. Four (15,000) percent of middle school students and 9 percent (39,300) percent of high school students used e-cigarettes in 2013 (2013 YTS).

Significantly more adult males (22.5 percent; 775,000) than females (15.4 percent; 574,000) smoked cigarettes and used smokeless tobacco (8.4 percent; 291,000 for males and 1.9 percent; 69,000 for females) in Georgia (2013 BRFSS); this information helps to set priorities. In 2013, male middle school (5 percent; 9,800) and high

school (16 percent; 35,000) students were significantly more likely to use smokeless tobacco than female middle school (2 percent; 3,700) and high school (3 percent; 6,000) students (2013 YRBS).

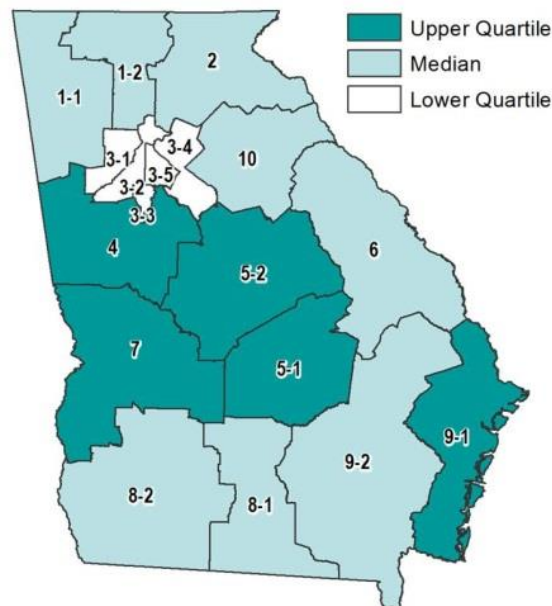
In 2013, the percentage adults with depression who smoked (35 percent; 440,000) was over twice the rate of adults without depression (15 percent; 900,000) in Georgia.

Significantly, non-Hispanic (NH) white male (11 percent; 221,000) and (NH) black female (3 percent; 36,000) adults used smokeless tobacco that (NH) black male (5 percent; 46,000) and (NH) white female (1 percent; 28,000) adults respectively. Significantly more (NH) white females (18 percent; 391,000) smoke cigarettes than (NH)

black females in Georgia (13 percent; 145,000); these numbers help to determine priorities. (2013 BRFSS) Non-Hispanic (NH) white (19 percent; 35,600) and Hispanic (13 percent; 5,000) high school students were significantly more likely to smoke cigarettes than NH black (5 percent; 7,700) high school student. NH white high school (12 percent; 25,000) students were significantly more likely to use smokeless tobacco than NH black high school (4 percent; 7,000) students. (2013 YRBS)

Adult males in Georgia with less than a high school education (29 percent; 350,000) had a significantly higher smoking rate compared to any other educational group. Adults in Georgia with less than a high school

Percent of Adults Who Smoke Cigarettes by Public Health District, Georgia, 2013



2013 Behavioral Risk Factor Surveillance System

education also have the highest rates of smokeless tobacco use (9 percent; 105,000). Adults with an annual household income of under \$15,000 a year in Georgia have the highest rate of smoking (32 percent; 250,000) and smokeless tobacco use (6 percent; 46,000) compared to all other incomes (2013 BRFSS).

In 2013, the five public health Districts characterized with smoking prevalence in the upper quartile (25th percentile) of smoking prevalence among public health districts in the state of Georgia include LaGrange, South Central (Dublin), North Central (Macon), West Central (Columbus), and Coastal (Savannah). Both LaGrange and West Central (Columbus) public health districts have remained in the upper quartile (25th percentile) in 2012 and 2013 (2012 and 2013 BRFSS).

The rates of secondhand smoke exposure among Georgia adults have decreased from the 2009 ATS survey to the 2014 ATS survey although the percentage of adults exposed to any secondhand smoke has only decreased by 7 percent (now 42 percent; 3.1 million have been exposed versus in 2009 when 45 percent; 3.1 million had been exposed). The rate of secondhand smoke exposure in public has also decreased only 3 percent from 2009 (32 percent; 2.1 million) to 2014 (29 percent;

2.1 million) (2009 and 2014 ATS). Within the Youth Tobacco Survey, students are asked “Where are you exposed to secondhand smoke within the past seven days.” Approximately 40 percent (150,000) of middle school students and almost half (49 percent; 225,500) of high school students were exposed to secondhand smoke (SHS) either at home, in a car, at school or in a public place (2013 YTS).

Northwest (Rome) public health district has remained in the upper 25th percentile of age adjusted lung cancer incidence cases among males and females in 2010 and 2011. Additionally, North Georgia (Dalton) Public Health District is in the upper 25th percentile of lung cancer incidence cases among females in 2010 and 2011. The Cobb/Douglas, West Central (Columbus) and Southwest (Albany) Public Health Districts were also in the upper 25th percentile among females in Georgia. The Northwest (Athens) and Southeast (Waycross) public health districts have also remained in the upper 25th percentile of age-adjusted lung cancer incidence rates in 2010 and 2011 for males. Additionally, South Central (Dublin) and East Central (Augusta) Public Health Districts are in the upper 25th percentile among males.

Table 1. Smoking among Georgia adults by selected demographic factors, 2013

Selected Demographic Groups	Smoking Prevalence	Est. # Smokers
All Adults 18 Years or Older	18.81%	1,349,214
Young Adults 18-24 Years	16.51%	157,915
Estimated Adults with Income Below Federal Poverty Level	31.73%	262,582
Adults with Less than a High School Education (25yoa+)	29.33%	349,932
Male adults	22.54%	775,096
Female adults	15.38%	574,118
Adults who are Medicaid Enrollees	26.3%	94,153
Women who use tobacco the first 3 months of pregnancy	15.9%	21,026
Women who use tobacco the last 3 months of pregnancy	6.2%	8,189
Non-Hispanic (NH) White Female adults	18.47%	391,428
NH Black Female adults	12.81%	143,509
NH White Male adults	22.92%	458,219
NH Black Male adults	22.66%	213,511
Annual household income, adults		
<\$15,000	31.73%	246,229
\$15,000-\$24,999	25.57%	302,466
\$25,000-\$34,999	20.74%	168,273
\$35,000-\$49,999	19.83%	178,351
\$50,000-\$74,999	12.97%	114,909
\$75,000 or More	10.71%	165,682
Have depression, adults	34.75%	436,760
Have not had depression	15.33%	900,839

Table 2. Estimated reach of current Georgia smoke-free or tobacco-free policies, 2013

Location	Comprehensive SF or TF Policies	Total #	Estimated Georgia Population Protected
Municipalities	3	536	166,388
Counties	1	159	278,434
K-12 Schools	98	181	1,375,000
Colleges and Universities	44	126	450,000
Public Housing	2	188	51,400
State Agencies	3	125	75,000
Hospitals	117	154	112,000
Local Health Departments	124	159	1,000,000
State Capitol	1	1	75,408
Licensed Early Care Settings	6000	6000	400,000
Private homes	1,056,684	1,243,158	3,592,727
		Total	7,409,969

The Importance of Evidence-Based Approaches to Tobacco Use Prevention

Since the inception of the Georgia Tobacco Use Prevention Program, evidence-based approaches have been utilized to reduce the burden of tobacco use throughout the state. An evidence-based approach is one that: 1) outcome data was collected according to randomized research standards, 2) results of the intervention exhibited the desired outcomes, 3) the approach can be replicated in other environments and achieve the same results and 4) the results are sustainable over time.

In 2000, CDC compiled the evidence-based approaches and created the National Framework for Tobacco Control in the United States. Under the leadership of the Office on Smoking and Health at the CDC, tobacco control programs in all 50 states received training and technical assistance in planning, implementing and evaluating evidence-based approaches. As a result of these evidence-based approaches, the adult smoking rate declined from 42 percent in 1964 to 18 percent in 2014. The following methods and processes outlined in this document has proven to be the most effective in achieving reductions in overall tobacco use and exposure to the dangers of secondhand smoke.

Over the past 15 years, Georgia has witnessed significant decline in the rate of smoking by adults, although the prevalence at 18 percent (approximately 1.3 million adult smokers) is equal to the smoking rate in the United States. During this time period, youth smoking in Georgia also declined from 19 percent in

2003 to 13 percent in 2013. With reductions in funding over the past ten years, program emphasis has been placed on reducing teen tobacco use and teen exposure to the dangers of secondhand smoke.

Since the 1964 landmark Surgeon General's Report, the Office on Smoking and Health promotes the establishment of comprehensive, sustainable and accountable tobacco control programs. Tobacco control programs with these characteristics have been shown to reduce smoking rates, tobacco-related deaths and diseases caused by smoking and overall tobacco use. Comprehensive programs use each of the approaches listed below.

I. State and Community Interventions

Reducing tobacco use and the diseases attributed to tobacco use is particularly challenging, but evidence has shown that programs that use social-norm-change approaches are more successful in reducing the number of new tobacco users and increasing the number of tobacco users that make a quit attempt. The support and involvement of community at the grassroots level is highly important in implementing effective policy interventions.

For this reason, Georgia will focus on preventing initiation of tobacco products among youth and young adults by encouraging schools, universities and colleges, parks and recreation facilities to adopt tobacco-free policies that will eliminate exposure to second hand smoke, and provide assistance that encourage cessation to all tobacco users. To alleviate tobacco disparities, the Georgia Tobacco Use Prevention Program and its network of partners, coalitions, youth based organizations and

stakeholders will implement programs that will enable economically burdened tobacco users to reduce use and eventually quit use by providing free quit line and Nicotine Replacement Therapies services to those that qualify.

Best Practices recommends that comprehensive tobacco control programs be adequately funded based on population. For Georgia, CDC recommends a minimum annual budget for effective state and community interventions level of \$28 million and a recommended annual budget of \$35 million.

II. Mass-Reach Health Communication Interventions

Mass-reach health communication refers to the various means by which public health information reaches youth and large numbers of people. Tobacco companies spend billions of dollars on marketing tobacco products; therefore it is critical that prevention efforts in Georgia utilize counter marketing tactics to reduce the prevalence of tobacco use. Media campaign research and evaluations have shown that advertising that elicits negative emotions through graphic and personal portrayals of the health consequences of tobacco, such as CDC's Tips from Former Smokers (TIPS) campaign, is especially effective in motivating smokers to quit.

A 2012–2013 evaluation of the TIPS campaign found that an estimated 1.6 million smokers, nationwide, attempted to quit smoking because of the campaigns and that more than 100,000 of them would likely quit smoking permanently. The Tips campaign in Georgia includes advertising on local television and radio.

Mass-reach health communication efforts must be adequately funded,

sustained over time and integrated with other program activities in order to counter tobacco industry marketing, reduce tobacco use initiation, increase cessation and reduce exposure to secondhand smoke. For Georgia, CDC recommends a minimum annual budget of \$10.4 million and a recommended budget of \$14.9 million for mass reach health communication. It is important to note that these levels of media investment is for media placement only and does not include all that is necessary for mass communication such as advertising agency and media firm fees etc. To lower these costs the Georgia state program will take advantage of existing television, radio, print and outdoor advertisements from CDC's Media Campaign Resource Center.

III. Cessation Interventions

For a more successful cessation program, tobacco control programs should be at a population level and focus on strategies that normalize quitting and institutionalize tobacco screening and intervention with medical care. The goal is to ensure that every patient is screened for tobacco use, their tobacco use status is documented and patients who use tobacco are advised to quit. The Georgia tobacco control program cessation activities will focus on three broad goals:

- i) Promoting health systems change by providing professional education to all county health department staff to implement screening and assessment for tobacco use (Ask and Advise) of all patients including referral to Georgia Tobacco Quit Line.
- ii) Expanding insurance coverage and utilization of proven

- cessation treatments by working with the state Medicaid program to expand coverage to include cessation treatments and encourage private health insurers to include some level of cessation coverage.
- iii) Supporting state Quit Line capacity by promoting the Quit Line in targeted counties of Bibb, Fulton, Richmond, Muscogee and DeKalb.

For cessation efforts in Georgia, CDC recommends a minimum annual budget for cessation activities of \$26.3 million and a recommended level of \$42.3 million.

IV. Surveillance and Evaluation

A comprehensive tobacco control program requires regular reporting and analysis of program data as well as a surveillance system to inform and support program implementation. Surveillance and evaluation systems need to be integrated and have priority in the program planning process. Several national data systems provide critical data for tobacco control programs. Sources for surveillance data for the Georgia Tobacco Use Prevention Program include the Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behavior Surveillance System (YRBSS), Pregnancy Risk Assessment Monitoring System (PRAMS) and the Adult or Youth Tobacco Surveys (ATS, YTS).

Evaluation data is used to assess effectiveness of a program and track progress. Therefore an evaluation plan, that includes both process and outcome evaluation questions, with well-defined indicators must be integrated with a

programs strategic plan. Some of the Georgia Tobacco Use Prevention Program indicators for evaluation include vital statistics, volume of quit line utilization, number of NRT dispersed, policy compliance and enforcement, among other indicators.

For Georgia, CDC recommends that the minimum annual budget for evaluation and surveillance should be \$6.5 million but the recommended budget is \$9.2 million. However, best practices suggest at least 10 percent of total annual tobacco control program funds be allocated for surveillance and evaluation. Evidence suggests additional resources beyond the standard 10 percent to be essential for data collection and surveillance of the new and emerging tobacco products.

V. Infrastructure, Administration, and Management

A comprehensive tobacco control program requires a fully functioning infrastructure and the capacity to enable the program to implement effective interventions. A coordinated chronic disease infrastructure such as The Component Model of Infrastructure (CMI) framework enables comprehensive tobacco control programs to fully function with less overhead costs. The framework includes five core components— networked partnerships, multilevel leadership, engaged data, managed resources, and responsive plans/planning that aligns program strategic plans and partners to efficiently and effectively implement interventions. However the framework may dismantle dedicated staff for the state tobacco control program. To reduce the impact, the program must, at the least, have a full time program manager for leadership

and some core staff unique to tobacco control interventions.

CDC Best Practices

recommended that the annual budget for administration and management of tobacco control programs should be at least 5 percent of the program budget even when a state actual program funding is below the CDC recommended level. For Georgia's administration and management the CDC recommends a minimum annual budget of \$3.2 million and a recommended level of \$4.6 million.

Georgia's Tobacco Prevention Program and Partners

The Georgia Tobacco Use Prevention Program (GTUPP) is housed within the Chronic Disease Prevention Section of the Georgia Department of Public Health.

Over the years, numerous partners and coalitions have worked with GTUPP staff by providing leadership in developing, implementing and evaluating Georgia's comprehensive tobacco control program. According to the Public Health Accreditation Board, "Community engagement is an ongoing process of dialogue and discussion, collective decisions and shared ownership. Public health improvement requires social change; social change takes place when the population affected by the problem is involved in the solution."

To ensure that the population affected by the problem is involved in developing solutions, Georgia Tobacco Use Prevention Program annually conducts numerous local community-based trainings that provides skills to youth and adult coalition members and partners toward the development of collecting data, such as air quality surveys, focus groups, key informant interviews, developing education campaigns and developing policy language that will protect all citizens within their communities.

In addition, stakeholders from agencies that have geographic reach across county and city lines have been recruited to participate in numerous planning sessions. The planning sessions have resulted in stakeholders assuming responsibility over an objective and or an activity within the strategic

plan. Once local policy, system and environmental changes are obtained, Georgia Tobacco Use Prevention Program, stakeholders and partners celebrate by engaging in communication activities informing all partners and coalitions statewide of the achievement and by promoting the development of local earned media of the achievement in the form of news articles, interviews of members of the coalition and presentations to local, state and national tobacco control meetings.

GTUPP will continue to invest in the development of coalitions and partnerships toward realizing outcomes. According to the CDC publication, *Best Practices for Comprehensive Tobacco Control Programs- User Guide: Coalitions, State and Community Interventions*, "Studies show that coalitions are more successful if they have support from statewide programs, include diverse community representation, and use evidence-based practices"; this practice was used in developing the strategic plan. Tobacco control coalitions can be effective vehicles for social norm change through policy advocacy, leading to decreased tobacco morbidity and mortality." For example, coalitions such as Healthy Savannah, Healthy Columbus and Healthy Augusta all have a sub-group known as Breatheasy followed by the name of the city (ex. Breatheasy Columbus) that provides grassroots leadership toward educating the public on the dangers of exposure to secondhand smoke, the promotion of the Quit Line and the promotion of policies that eliminate exposure to secondhand smoke in public places and homes.

Coalitions and partnerships promote the leveraging of much needed resources to support social norm and

policy, system and environmental change to reduce the negative effects of tobacco use in communities. Community asset mapping is conducted by the coalition to identify resources that may not be widely known by the membership Partnerships with organizations such as the American Lung Association of Georgia, the American Heart Association of Georgia and the American Cancer Society of Georgia are great examples of how shared resources have contributed to the adoption of evidence-based strategies currently implemented in Georgia.

Since 2000, examples of partnerships and coalitions changing social norms in Georgia include:

- The creation of the Georgia Tobacco Use Prevention Program – In 2000, numerous statewide organizations partnered with the Georgia Division of Public Health by developing the initial infrastructure and capacity to address the burden of tobacco use in Georgia.
- The creation of the Georgia Alliance for Tobacco Use Prevention – From 2001 to 2006, the Georgia Alliance for Tobacco Use Prevention managed by the American Lung Association of Georgia served as the statewide coalition consisting of rural, urban and suburban grassroots and government organizations concerned about the burden of tobacco use in Georgia. This organization provided leadership in advocating for: 1) the development of the Georgia Tobacco Quit Line, 2) the adoption of model smoke-free ordinances in the cities of Morrow and Villa Rica, and 3) the development and implementation of a statewide

earned and paid media campaign promoting the dangers of tobacco use, exposure to secondhand smoke and the promotion of the Georgia Tobacco Quit Line.

For the next five years, the Georgia Department of Public Health, the Georgia Tobacco Advisory Council, the Georgia Tobacco Statewide Coalition and various other stakeholders will provide statewide leadership to reduce the burden of tobacco use in Georgia and encourage local coalition and partnerships to provide local leadership in planning, implementing, enforcing and evaluating evidence-based approaches to improve the health of its citizens.

Vision for Statewide Leadership around Tobacco Use Prevention in Georgia

Statewide leadership is essential to reducing overall tobacco use rates and promoting smoke-free air in public and private places. Since 2000, numerous school districts, colleges, public housing, worksites, parks and recreation facilities and municipalities have adopted model smoke-free air policies, educated their consumers on the dangers of tobacco use and promoted cessation by encouraging tobacco users to call the Georgia Tobacco Quit Line. The adoption of these evidence-based approaches required a multi-cultural, multi-ethnic approach. Trained coalitions and partners representing the demographics of the local community have proven to be effective in fostering evidenced-based policy, system and environmental changes.

To ensure inclusivity in reducing the burden of tobacco use in Georgia, a statewide advisory council and coalition was created. The statewide advisory council consisting of respected researchers that reside in Georgia. These experts have years of experience in contributing to the evidence-based research that has formed the national tobacco control framework.

The advisory council provides recommendations to the various partners, coalitions and the Georgia Department of Public Health in reducing the burden of tobacco use in Georgia. Recommendations on approach, program design, data collection and evaluation have been provided by these experts. The statewide coalition provides intervention support across counties and municipalities. Various partners within

the coalition have agreed to provide leadership on particular objectives, strategies and activities.

Both groups have agreed upon the following principles to move Georgia forward in reducing the burden of tobacco use:

- Place resources where the need is greatest: Based on existing data, identify the disparate populations in the communities with the highest burden and provide adequate resources to execute evidence-based approaches.
- Build local infrastructure and capacity and identify strengths and assets to adopt evidence-based approaches: Through asset mapping, identify local strengths. With technical assistance and training, empower and strengthen local partners and persons most affected by the burden of tobacco use with knowledge, skills and opportunities to make a difference.
- Develop a comprehensive local and state tobacco control program based on the evidence: Assure that the Georgia Tobacco Use Prevention Program is comprehensive and utilizes evidence-based approaches.
- Strategically plan utilizing theoretical approaches: Since 2000, the Georgia Tobacco Use Prevention Program has primarily utilized the Transtheoretical Model and the Socio-Economic Model in reducing the burden of tobacco use.
- Change local and state social norms: Education campaigns and the adoption of model policy, system and environmental change have proven to be effective in local communities and state

agencies in advocating for change.

- Focus on youth and adult disparate populations: In reducing the burden of tobacco use, develop a multi prong approach. Encourage youth and adult non tobacco users to not use tobacco use, while encouraging youth and adult tobacco users to make a quit attempt.
- Promote accountability with resources and actions: Resources are difficult to obtain and are precious commodities. Holding everyone accountable for managing resources and delivering on agreed upon activities can and will determine overall success.
- Develop a plan and monitor the process: Without a plan, you can waste valuable resources. Often times you may get only one shot at moving a school or worksite in adopting an evidence-based approach. The next time to engage the domain may take months or years.
- Celebrate success: Achieving desired outcomes can be a tedious process. Acknowledge success that is achieved and provide adequate credit for the hard work.

Assuring that local communities are well trained and versed in the evidence-based approaches will contribute to the sustainability of the overall movement. Sustainability is critical to achieving long-term outcomes such as decrease morbidity and mortality due to tobacco use and the reduced impact tobacco serves as a risk factor to

chronic diseases such as heart disease, stroke, cancer and diabetes.

Protecting All Georgians from Tobacco

Reducing tobacco use is particularly challenging, but in Georgia and nationwide, evidence has shown that programs that use social-norm-change approaches are more successful to reduce uptake and continued use of tobacco products. Georgia Tobacco Use Prevention Program will focus on four evidence-based strategies to reduce tobacco-related morbidity and mortality and promote health equity locally and statewide. These strategies will continue to be implemented in Georgia and monitored by the Georgia Tobacco Use Prevention Program, the statewide advisory group and the statewide coalition.

Goal 1. Preventing Initiation among Youth and Young Adults

Evidenced-based strategies for this goal area include: 1) conduct mass media education campaigns in combination with other community interventions and 2) mobilize the community to restrict minors' access to tobacco products in combination with additional interventions.

In addition, past mass education campaigns have led to annual increase call volume to the Georgia Tobacco Quit Line, the adoption of the 2005 Georgia Smoke-free Air Act of 2005 and the adoption of model tobacco-free policies in schools, universities, worksites, city and county ordinances, and parks and recreation facilities. In partnership with the Alcohol & Tobacco Division of the Georgia Department of Revenue, compliance check educational seminars were conducted as components of regional tobacco-free schools trainings designed to educate youth groups and

their adult leaders on reporting vendor sale of tobacco products to minors. Language around electronic cigarettes is included in all adopted policies. Key shareholders are working towards taxing electronic cigarettes in Georgia. In partnership with the CDC, FDA, and the tri-health agencies, educational materials and fact sheets about electronic cigarettes are developed as tools in educating the general public; including the desperate population.

Goal 2. Promoting Quitting among Adults and Youth

Past and future emphasis will continue to move all tobacco users to use the Georgia Tobacco Quit Line. Successful cessation attempts are realized when tobacco users receive expert cessation counseling, nicotine replacement therapies and follow-up support. The Quit Line provides this support free to all tobacco users 13 years of age and older.

An additional evidence-based strategy is the adoption of a systems change approach toward treating tobacco use as a vital sign whereby tobacco users are asked by their healthcare provider the consumer's tobacco use status. If the tobacco user is actively using tobacco products at triage, the referral process begins toward moving the tobacco user to make a quit attempt by contacting the Georgia Tobacco Quit Line.

Goal 3. Eliminating Exposure to Tobacco and Secondhand Smoke

Secondhand smoke contains approximately 7,000 chemicals. Many of these chemicals are toxic and cause cancer. Approximately 2,500 Georgians die annually due to exposure to secondhand smoke. The evidence-based

strategies toward eliminating exposure to secondhand smoke include: 1) the adoption of tobacco-free/smoke-free policies in homes and public places, and 2) implementation of community-wide education campaigns noting the dangers of exposure to secondhand smoke. Numerous studies have shown that when model policies are adopted, there are reductions in tobacco-related illnesses and diseases.

Goal 4. Identifying and Eliminating Tobacco-related Disparities among Population Groups

Currently in Georgia, disparate populations are based on demographic characteristics rather than ethnic groups or minority populations. Tobacco-related disparities in Georgia are found in communities where there are high rates of poverty, uninsured or underinsured citizens, persons with low education attainment, persons who live in rural areas and males. The evidence-based strategies discussed in preventing youth initiation, promoting tobacco cessation and eliminating exposure to secondhand smoke will have a positive impact in reducing tobacco use in disparate populations.

Goal Area 1: Preventing Tobacco Use Initiation among Youth and Young Adults

Key Facts

In Georgia about 10 percent (20,000) of high school students who have ever smoked admit to smoking their first whole cigarette before they were 11 years old. Also, 11 percent (38,000) of middle school students and 23 percent (93,000) of high school students in Georgia currently use any form of tobacco. In addition, 4 percent (16,000) of middle school students and 7 percent (30,000) of high school students currently smoke tobacco through a water pipe (hookah). The prevalence of current cigarette (6 percent; 23,000), cigar/cigarillo (6 percent; 23,000), and smokeless tobacco (5 percent; 18,000) use among middle school students is nearly the same.

Approximately 8.4 percent (32,400) of middle school students and 15.7 percent (72,900) of high school students in Georgia say they have tried smoking electronic cigarettes (e-cigarettes), even one or two puffs. In addition, approximately 4.0 percent (15,200) of middle school students and 8.6 percent (39,300) of high school students in Georgia currently smoke e-cigarettes (defined as having smoked e-cigarettes during the past 30 days). Data Source: 2013 Georgia Youth Tobacco Survey (YTS)

In Georgia, 16.5 percent of young adults, ages 18 to 24, smoke cigarettes. This age group was previously the age group with the highest smoking prevalence (25 percent) out of all age groups in Georgia.

Although Georgia has strong laws requiring licensure for tobacco vending and sales and a statewide law prohibiting the sale of electronic nicotine delivery systems to minors (see Table 3), Alabama, Florida and South Carolina have stronger laws that reduce youth access to tobacco products. The minimum purchase age of tobacco in Georgia is 18, which is lower than Alabama, and Georgia's 37 cents per pack tobacco tax is one of the lowest in the nation, and lower than Florida, South Carolina and Alabama. Due to demand for tobacco among youth is high elastic, the low tax makes the product more financially accessible to youth.

Georgia youth-related tobacco policies

Statewide Policy	Citation	Population Protected
Restricts sales of e-cigarette products to minors	§16-12-171	All minors
Comprehensive smoke-free indoor air law	None	Excludes bars/restaurants /hotels
Minimum age 18 for tobacco product sales	§16-12-171	All minors
Minimum age 26 for tobacco product sales	None	None
Bans tobacco use in cars with minors	None	None
Tobacco Excise Tax	37 cents/pack	Some minors
Executive order restricting tobacco on state-owned properties	None	None
Enforce FDA regulation on tobacco products that contain characterizing flavors	None	All minors
License required for cigarette and smokeless sales	§48-11-4	All minors

Objective 1: By 2020, reduce youth tobacco use to 8 percent by reducing youth access to tobacco products.

Activities:

- Participate as members of the preventing Youth Initiation workgroup. Workgroup members include representatives from the LGBT community, public health professionals who serve the mental health population and the desperate population(s). Youth members are involved as shareholders who provide insight on issues associated with initiation and peer pressure.
- Provide appropriate and accurate public health data and statistics on tobacco use and tobacco prevention (Including E-Cigarettes, flavoring, and point of sales) best practices and evidenced-based strategies.
- Partner with FDA Regional Office to enforce FDA Ruling on cigarettes that contain characterizing flavors.

Objective 2: By 2020, increase from 0 to 5 the number of national paid and earned media communication interventions targeting youth and young adults in disparate populations in all 18 health districts.

Strategy: Develop and conduct education campaigns using mass media in combination with other community interventions.

Activities:

- Secure contractor to develop and implement statewide youth prevention media campaign, including mass media, social media, media training and community outreach efforts.
- Develop a statewide youth advisory council to assist with the development and support of the statewide education campaign.
- Encourage and support activities and efforts around national tobacco prevention recognition days: (e.g. Red Ribbon Week, Great American Smoke Out, Kick Butts Day, etc.)
- Conduct pilot surveillance project towards monitoring the marketing of tobacco products to minors
- Encourage and support the use of the CDC's Tips from Former Smokers campaign.
- Evaluate the effectiveness of the education campaign on youth smoking prevalence rates.

Objective 3: By 2020, increase the number of Georgia school districts that adopt, implement and enforce a model 100 percent tobacco-free school policy from 103 to 181.

Strategy: Mass Education Campaigns

- Provide technical assistance and training to health districts, Georgia parks and recreation associations and other partners in identifying and training youth groups in developing a plan of action.

- Support local level education campaigns developed and coordinated by local youth groups and coalitions, the education campaign will include the use of social media and CDC's Tips from Former Smokers Campaign to educate on tobacco use prevention including E-Cigarettes, flavoring and point of sales in disparate populations in all health districts. The educational campaign will target policy adoption for schools and parks and recreation.
- Engage pediatricians and youth serving organizations in tobacco-free schools, parks/recreation and cessation efforts by recruiting these sectors in the preventing youth initiation workgroup
- Collaboratively work with partners to develop evaluation plan to monitor tobacco free schools and parks and recreation efforts
- Support campus level education campaigns develop and coordinated by the campus taskforce, including college students.
- Collaboratively work with partners to develop evaluation plan to monitor tobacco-free campus efforts.

Objective 4: By 2020, increase the number of colleges and universities that adopt, implement and enforce a model 100 percent tobacco-free campus policy from 46 to 128.

Strategy: Mass Education Campaigns targeting youth and young adults in disparate populations, using the CDC's Tips from Former Smokers Campaign

Activities:

- Provide training and technical assistance to Georgia colleges and universities to develop a campus taskforce towards policy adoption. Create and disseminate model policy adoption resource guide.

Goal 2: Promote Tobacco Cessation

Key Facts

Promoting quitting is essential to reducing the use of tobacco products. The United States Department of Health and Human Services Guidelines for Treating Tobacco Use and Dependence instructs states to provide public access to telephonic evidence-based cessation counseling, access to insurance coverage that provides reimbursement for cessation treatment, and the adoption of healthcare system changes by the healthcare provider.

In accordance with guidelines to expand insurance coverage for tobacco cessation, the Department of Public Health is partnering with the Department of Community Health in a Medicaid Project. This project consists of: the Collaborative Improvement & Innovation Network to Reduce Infant Mortality by reaching pregnant and postpartum women and a Memorandum of Understanding (MOU) with a 50 percent reimbursement for Medicaid member's cessation services. Efforts to increase systems change for tobacco cessation has been implemented through the Georgia - Collaborative Improvement & Innovation Network Program and the utilization of a fax referral form. It is reported that 70 percent of tobacco users visited a health care provider in the past year and tobacco users cite a provider's advice to quit is a key motivator. The Georgia Ask Advise and Refer Program is an important part of insuring tobacco users receive the 5 A's model for treating tobacco use and dependence, and requires 3 minutes or less of direct provider's time for a tobacco cessation intervention.

Quitting takes practice. GTQL participants are encouraged by a clinically trained Quit Coach to practice mini quits to sustain quit after the set quit date. Quit coaches treat tobacco use as an addiction. Participants are also encouraged to utilize coping mechanisms and discuss stressors that trigger the urge to use tobacco.

Along with practicing quit, half of Georgia adult smokers made a quit attempt in the past year (54 percent; 528,000). In an attempt to quit smoking, 28 percent (211,000) of Georgia adults used an FDA-approved medication and 4 percent (31,000) participated in a tobacco cessation class or program to help them quit.

The GTQL is an instrumental component helping Georgia tobacco users make a quit attempt. Currently, the GTQL is determining quit rates, reaching racial and ethnic groups, and highly cost-effective. In comparison to other commonly used disease prevention interventions, the cost per life-year saved of tobacco dependence treatment has been estimated at \$3,539, which compares favorably to hypertension screening for men ages 45 to 54 (\$5,200) and annual cervical screenings for women ages 34 to 39 (\$4,100) efficient.

**Objective 1: By March 2020, increase the number of quit attempts by youth from 54 percent to 60 percent
By March 2020, increase the number of quit attempts by young adults 18-24 from 65 percent to 70 percent.**

Strategy: Mass media education campaigns and tobacco-free policy adoption targeting disparate populations.

Activities:

- Develop cessation/Quit Line promotional materials encouraging tobacco cessation of all tobacco products.
- Promote the Georgia Tobacco Quit Line in youth centered targeted areas. Incorporate the youth participants of the Preventing Youth Initiation Workgroup's feedback on messaging and message placement.
- Increase education efforts around practicing quit through mini quits.
- Promote GTQL services with special emphasis on coping mechanisms to support quitting. Counter market the use of e-cigarettes as a method of quitting.
- Provide data and statistics on quitting and the best practices for quitting.
- Support Employers who establish a tobacco-free policy by providing GTQL promotional materials, tobacco-free worksite tool kits, and technical assistance that not only addresses traditional tobacco products but alternative tobacco use such as e-cigarettes.

Objective 2: By 2020, increase the percent of adults GTQL callers referred by a healthcare professional from 17 percent to 19 percent by March 2020.

Strategy: Educate youth centered healthcare providers, pediatricians, etc. on the benefits of referring consumers to the Georgia Tobacco Quit Line utilizing the fax referral system.

Activities:

- Train healthcare providers to adopt evidence-based system change known as Georgia cAARds.
- Develop an evaluation plan for healthcare providers that adopt the evidence-based system change protocol.
- Provider training and engagement through the Georgia cAARds Program: Ask Advise and Refer.
- Provide educational resources to primary care, psychiatric healthcare providers, LGBT healthcare providers and other providers to support and facilitate cessation including promoting comprehensive tobacco independence treatment as standard of care.
- Implement GA Ask, Advise and Refer (cAARds) program in 3 additional select public health districts and in other primary care health settings (e.g. doctor's offices, FQHCs).

Goal Area 3: Eliminate Exposure to Secondhand Smoke and Create Tobacco-Free Places

Key Facts

Adults and youth in Georgia are exposed to secondhand smoke in their homes, schools, worksites and public places. According to data from the 2013 BRFSS, 12 percent (850,000) Georgians were exposed to secondhand smoke in their homes, 32 percent (2.2 million) in a public place, 24 percent (970,000) at work, and 19 percent (1.3 million) in a vehicle. There is no safe amount of secondhand smoke exposure for any. Secondhand smoke is class A carcinogen that causes cancer, heart diseases and respiratory problems. Secondhand smoke is a mixture of smoke exhaled by smokers and the smoke from the burning end of the combustible tobacco product. Long-term exposure to secondhand-smoke could predispose an individual for a heart attack event. An enforceable smoke-free policy is an evidence-based strategy for eliminating exposure to secondhand smoke. Smoke-free policies promote a change in the social norms and encourage people to choose tobacco free life.

Objective 1: By 2020, decrease the proportion of the population reporting exposure to secondhand smoke in the workplace from 24 percent to 22 percent.

Strategy: Adopt tobacco-free voluntary workplace policies targeting businesses of various employment sizes.

Activities:

- Develop and conduct a public educational campaign (using both earned and paid media) on the dangers of secondhand smoke at workplaces.
- Target the leadership of the workplaces to promote the adoption of tobacco-free policies in their business. Create and promote a toolkit and recognition system for employers and worksites that adopt a tobacco free policy
- Provide training and technical assistance to public/private sector business organizations regarding adopting, implementing and enforcing tobacco-free policies.
- Partner with the Georgia Hospital Association to promote tobacco-free campus policies.
- Partner with the Georgia Hospital Association to promote the adoption of tobacco-free policies in environments with tobacco-free schools districts
- Provide technical assistance to health districts and local health departments regarding adopting 100 percent tobacco-free policies.
- Partner with the Association of City and Council Health Officials to promote the adoption of 100 percent tobacco-free policies in the health district and local health department
- Develop an evaluation plan to evaluate the tobacco-free workplaces project.

Objective 2: By 2020, decrease the proportion of the population reporting exposure to secondhand smoke in the public places from 24 percent to 22 percent.

Strategy: Promote tobacco-free public and private multi-unit housing policies in disparate populations

Activities:

- Develop a tobacco-free multiunit housing workgroup to develop model language for smoke-free multi-unit housing policies using examples from other states (e.g. Minnesota).
- Survey public and private multi-unit housing to assess their support for smoke-free/tobacco-free policy.
- Facilitate the identification and training of key stakeholders (residents and tenant associations) and decision makers (owners and management) to increasing understanding of, and advocacy for tobacco-free/smoke-free multi-unit housing policies
- Provide technical assistance to public and private multi-unit housing authority regarding adopting, implementing and enforcing tobacco-free policies.
- Develop an evaluation plan to evaluate the tobacco-free public and private multi-unit housing project.

Objective 3: By 2020, decrease the proportion of the population reporting exposure to secondhand smoke in the public places from 24 percent to 22 percent.

Strategy: Promote the adoption of smoke-free ordinance in cities and counties.

Activities:

- Provide training and technical assistant to cities and counties pursuing 100 percent smoke-free ordinances.
- Develop and conduct a public educational campaign (using both earned and paid media) on dangers of secondhand smoke exposure in cities and counties pursuing 100 percent smoke-free ordinances.
- Provide training and technical assistant to encourage community mobilization efforts, including engaging elected officials to cities and counties pursuing 100 percent smoke-free ordinances.
- Provide evidence-based strategies and best practices to promote capacity and infrastructure building in cities and counties pursuing 100 percent smoke-free ordinances.
- Provide appropriate and accurate public health data and statistics on reported secondhand smoke exposure to cities and counties pursuing 100 percent smoke-free ordinances.
- Develop an evaluation plan to evaluate smoke-free ordinance project in cities and counties.

Goal Area 4: Eliminate the Disparities Associated with Tobacco Use and Exposure

dangers of overall tobacco use, pro-tobacco influences and the awareness of tobacco as a risk factor for chronic and other diseases.

Key Facts

The fourth goal area of the CDC's Framework for a Comprehensive Tobacco Control Program is devoted to eliminating tobacco-related disparities. As recommended by the framework, the fourth goal area is included within the strategies and activities of Goal Areas 1-3 in the framework. Annually, GTUPP identifies the disparate populations and places priority on these populations in receiving evidence-based approaches statewide. As of this publication, the following population groups experience the highest burden of tobacco use in Georgia: 1) adult males (22 percent), 2) adults with an estimated income below federal poverty level (31.7 percent), 3) adults with less than a high school diploma (29 percent), 4) adults who are Medicaid enrollees (26 percent), 5) adults with an annual household income <\$15,000 (31.7 percent), 6) adults with an annual household income between \$15,000-\$24,000 (25 percent) and 7) adults diagnosed with depression (34.7 percent).

Evidence-based strategies targeted for populations with the highest burden include: 1) providing free Quit Line and NRT services; 2) live, work and play in tobacco-free public and private places; 3) reduce pro-tobacco advertising and increase pro-health messaging in all communities; 4) reduce youth access and decrease pro-tobacco influence targeting youth; 5) conduct statewide education campaigns designed to increase the public's awareness of the

Future of Tobacco Prevention in Georgia

Currently, the adult smoking rate in Georgia is 21 percent (approximately 1.5 million smokers), while the youth smoking rate is 13 percent (approximately 69,000 smokers). One may ask the question, “Does Georgia have what it needs to further reduce the youth and adult smoking rates?” The resounding answer to this question is no. What is required? A key element is working together. No one agency in Georgia has all of the key elements of a comprehensive tobacco control program. By working together, and mining the assets and resources, Georgia can create and sustain a comprehensive tobacco control program that will prevent and reduce the leading cause of premature death and disability in our state. The plan is based on the recommendations of the evidence provided by the Office on Smoking and Health of the Centers for Disease Control and Prevention *Best Practices for Comprehensive Tobacco Control Programs, 2014*.

More and more communities in rural, urban and suburban Georgia are mobilizing and educating one another on the dangers of smoking and tobacco use. Testimonies by tobacco-related cancer survivors are heard at the various local youth summits and smoke-free education campaign trainings exclaiming the loss of a loved one due to tobacco use. Others share painful stories of how persons struggle with the addiction to tobacco and unable to find something that will help with quitting. Adults talk about the high cost of treating a tobacco-related illness and how insurance companies do not provide enough coverage that leaves families in years of financial debt.

The contributors of this plan have committed their time, energy and resources to reducing the burden of tobacco in Georgia. The partnerships are already bearing fruit. In March of 2014, the Georgia Board of Regents voted to adopt a model tobacco-free campus policy. The significant achievement will affect the 18-24 age group which smoke the most cigarettes by age group in the state of Georgia.

The partnership between the Georgia Board of Regents, the American Cancer Society, the American Heart Association, the American Lung Association and the Georgia Department of Public Health will further plan to provide Quit Line cessation resources and enforcement support to all 31 campuses within the Georgia Board of Regents.

Local county health departments in the Macon Health District and the Waycross Health District are participating in a pilot project to treat tobacco as a vital sign. Early indications are showing that there is an increase in the call volume to the Quit Line by consumers referred by the individual clinics within those county health departments. Through this intervention more Georgians will make a sustained quit attempt.

Lastly, targeted education campaigns such as the TIPS Campaign have increased call volume to the Quit Line and has proven to reach Georgia’s most disparate populations: persons with a high school diploma or less, persons earning less than \$30,000 per year, uninsured Georgians, persons living in rural areas of the state, persons representing the LGBT community and males smokers.

Continued partnerships between the public and private sector and the

state's leaders in tobacco use prevention control will further reduce prevent thousands of citizens from engaging tobacco use, while moving millions of current tobacco users to making sustained quit attempts. The synergy of these two pathways can only improve the health outcomes of Georgians in reducing their risk of tobacco-related

chronic disease. For these reasons the Georgia Tobacco Use Prevention Program encourages Georgians to live tobacco-free.

Appendix 1: Development of this Plan

The Georgia Tobacco Use Prevention Program contracted with the Health Policy Center of the Georgia State University to develop the Georgia Tobacco Advisory Council and the Georgia Tobacco Statewide Coalition. The Health Policy Center has been actively involved in the creation of action plans for various organizations across Georgia's public health infrastructure. Recruitment letters were developed by the Georgia Department of Public Health and signed by the Commissioner of Public Health and the Interim Director of the Health Promotion and Disease Prevention Section of the Department.

Key stakeholders were identified from statewide chronic disease programs, government organizations and grassroots organizations. Emphasis was placed on recruiting persons who represent organizations with statewide reach and presence across the majority of the 159 counties, organizations and persons who have exhibited leadership in fostering tobacco policy, system and environmental changes in their communities, and persons who have achieved short term outcomes as a result of their efforts.

Once identified, the Health Policy Center began to convene conference calls, video conferences and face to face meetings to begin the process of assessing the past achievements and determining the future evidence-based approaches that are needed to further reduce the burden. After much assessment, the objectives, strategies and activities noted in this document were agreed upon. Each member of the statewide coalition agreed to commit to provide statewide leadership on one of the objectives within the plan. Georgia Tobacco Use Prevention Program has agreed to provide technical assistance to all of the coalition members towards operationalizing their plan to address the chosen objective.

The GTUPP Team will provide coalition maintenance and evaluation support throughout the life of this action plan and will convene quarterly meetings to provide updates, trainings and information exchange. In the development of the 2015-2020 Strategic Plan, we thank the members of the Georgia Tobacco Use Prevention Advisory Council and Statewide Coalition.

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Georgia Tobacco Use Prevention Statewide Coalition

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