



**Georgia Healthy Communities Initiative; Georgia's
Tobacco Use Prevention Program - DP14-1415
Cooperative Agreement Final Report**

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Background

Established in 2000, the Georgia Tobacco Use Prevention Program (GTUPP) is a health promotion and disease prevention program designed to meet the overall goal of reducing the health and economic burden associated with tobacco use. Annually in collaboration with the 18 public health districts; non-profit health and community-based organizations; and various partners and youth groups, GTUPP plans, implements and evaluates activities designed to reduce tobacco-related illnesses and deaths. Best practice strategies are developed to focus on the following goal areas:

- Preventing the initiation of tobacco use among young people
- Promoting quitting among young people and adults
- Eliminating exposure to secondhand tobacco smoke
- Identifying and eliminating the disparities related to tobacco use among various population groups

Over the past six years (2009 to 2015), significant short term and intermediate outcomes have been achieved in reducing exposure to secondhand smoke in public places, increasing the number of smokers and overall tobacco users to participate in counseling and nicotine replacement therapy activities provided by the Georgia Tobacco Qui Line. These achievements involved collaborations and leadership from a variety of partnering agencies such as colleges/universities, voluntary health agencies, county health departments and health districts, grassroots organizations, minority organizations, public school districts and other youth serving organizations, civic groups, local coalitions and survivors of tobacco-related diseases.

Statewide and local capacity building to plan, implement, and evaluate evidence-based strategies occurred through statewide trainings, opportunities for information exchange, communication channels, toolkit development, and web-based instruction.

A surveillance schedule was created during this time period to assure that data collection occurred on time and in accordance with CDC protocol. Data sources such as the Behavioral Risk Factor Surveillance Survey (BRFSS), the Youth Risk Behavior Survey (YRBS), the Youth Tobacco Survey (YTS), the Adult Tobacco Survey (ATS), the School Health Profile (SHP), various ancillary modules, and monitoring projects all provided much needed information that determined program direction.

Evaluation activities occurred internally and externally through approved work plans and or contracts with vendors implementing deliverables that led to policy, system and environmental changes. Logic models were created and modified when needed to reflect shifts in approaches and achievement of out puts and changes in social norms.

To monitor all of these activities, program infrastructure consisted of a program manager, administrative assistant, program evaluator, cessation coordinator, youth prevention coordinator and a secondhand smoke prevention coordinator. Training and technical assistance

was provided by the program staff and or through contracts with national networks and trainers of evidence-based strategies.

Significance of Public Health Problem

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 dollars 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. According to the Behavioral Risk Factor Surveillance System (BRFSS), the adult smoking rates fell from 21.2 percent in 2012 to 18.8 percent in 2013. 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 2013, Georgia's adult smoking prevalence was above the national average.

The 2013 BRFSS indicated that approximately, 18.8 percent (1.3 million) of adults in Georgia smoked cigarettes, and 4.99 percent (360,000) used smokeless tobacco. Smoking prevalence rates by sex indicated that 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) respectively, (2013 BRFSS). See table 1.

Smoking prevalence among the non-Hispanic population, indicate that significantly more non-Hispanic (NH) white male (11 percent; 221,000) used smokeless tobacco than NH black male (5 percent; 46,000) and more non-Hispanic black female (3 percent; 36,000) used more smokeless tobacco than non-Hispanic white female (1 percent; 28,000). Use of cigarettes among NH white females (18 percent; 391,000) was significantly higher that among NH black females (13 percent; 145,000). (2013 BRFSS)

Other social demographic characteristic differences including mental health, education and income indicated that smoking prevalence among adults with depression was over twice the rate of adults without depression, 35 percent (440,000) and 15 percent (900,000), respectively. Adult males in Georgia with less than a high school education had a significantly higher smoking rate (29 percent; 350,000) compared to any other educational group. Adults in Georgia with less than a high school 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). See table 1.

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
Youth smoking prevalence rate		
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

The overall rate of smoking among high school students decreased in Georgia almost 25 percent from 17 percent in 2011 to 12.8 percent in 2013. The prevalence of current tobacco use by type of tobacco among youth in 2013 was as outlined in table 2. Youth were more likely to use cigars than cigarettes. Among middle school students tobacco use indicated cigarette use of 4 percent (14,000); cigar/ cigarillo use of 5 percent (18,000); and smokeless tobacco use of 4 percent (13,500). 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).

Tobacco use by sex among youth in 2013, showed that 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). By race, 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 and 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)

Table 2: Youth Tobacco Use Prevalence Rates By Type Of Tobacco And School Level, Georgia 2013

Type of tobacco	Cigarette	Cigars	Smokeless tobacco	Bidis	Pipe	Hookah	e-cigs *
High School	13	14	9	2	6	8	9
Middle School	4	5	4	1	3	3	4

Source: 2013 YRBS and 2013 YTS*

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 3). Although they are among the largest agencies, only 3 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.

Table 3: Estimated reach of current Georgia smoke-free or tobacco-free policies, 2013

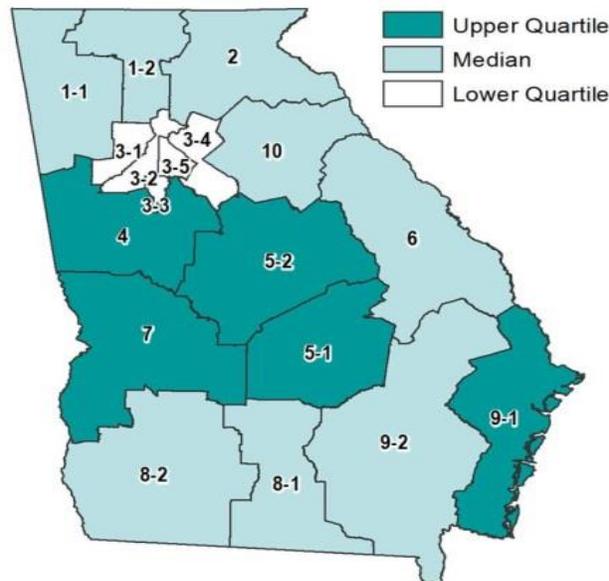
Location	Comprehensive SF or TF Policies	Total #	Estimated Georgia Population Protected
Municipalities	3	536	166,388
Counties	1	159	278,434
K-12 Schools	98	181	1,375,000
Colleges and Universities	44	126	450,000
Public Housing	2	188	51,400
State Agencies	3	125	75,000
Hospitals	117	154	112,000
Local Health 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

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 BRFS).

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.

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



2013 Behavioral Risk Factor Surveillance System

The rate of secondhand smoke exposure among Georgia adults decreased from the 2009 ATS survey to the 2014 ATS survey. Although the percentage of adults exposed to any secondhand smoke decreased by 7 percent (42 percent in 2014 as opposed to 45 percent in 2009); still 3.1 million people had been exposed. The rate of secondhand smoke exposure in public decreased only 3 percent from 32 percent in 2009 to 29 percent in 2014 also 2.1 million people had been exposed in public places. (ref. 2009 and 2014 ATS). In the previous seven days before the YTS, 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).

Summary of Significant Accomplishments During the Award Period

Project Period Objective: T1 Decrease the proportion of population reporting exposure to second hand smoke in the workplace from 24 to 22 by March 2015. Ongoing

Georgia does not have a comprehensive smoke-free indoor air law. The current law allows smoking in bars, and some restaurants and hotels. Literature indicates that interventions that are designed to educate the public about the adverse effects of second hand smoke and encourages the public to support stronger smoke free air laws are the most effective in protecting the public from the dangers of exposure to secondhand smoke. To achieve this in Georgia the five city project was implemented. The aim of this project is the adoption of city or county-wide model smoke-free ordinance with the ultimate outcome to strengthen the 2005 Georgia Smoke-free Air Act (Senate Bill 90) which allows numerous exceptions but gives the authority to local and regional jurisdiction to adopt and enforce stricter smoke-free legislation. Five Georgia cities namely Atlanta, Augusta, Macon, Savannah and Columbus were selected to participate in the project based on the prevalence of tobacco related diseases and population disparities.

Progress:

- According to the 2014 Georgia Adult Tobacco Use Survey, **24%** of all Georgians report exposure to second hand smoke in the work place.
- The five City project was created to educate the population of Savannah, Augusta, Macon, Columbus and Fulton County about the dangers of tobacco use and exposure to second hand smoke. These cities were identified as disparity districts at the implementation of the project. Consequently the following progress was made:
 - City of Savannah and Chatham County adopted and implemented a smoke free ordinance. Later Pooler city also adopted an ordinance, ripple effect from Savannah City.
 - City of Augusta in Richmond County created a coalition to support the adoption of an ordinance. Thus far the ordinance has not been adopted but education campaigns continue to happen in the area.
 - City of Macon in Bibb County – a coalition was created but lacked strong local support and was not very active. The North Central Health District conducted a Health Needs Assessment for Macon/Bibb and the data collected shows the burden of tobacco use in the community. The Health Promotion Coordinator for the North Central Health District (Macon) continues to work with the Georgia Tobacco Use Prevention Program to identify new coalition members and strong local leadership.
 - City of Columbus in Muscogee County created a coalition to support the adoption of an ordinance. Thus far the ordinance has not been adopted but education campaigns continue to happen in the area.
 - Fulton County Coalition has educated the Fulton County Commissioners and Fulton County community on the dangers of exposure to secondhand smoke in Fulton

County. The coalition is currently focused on four cities within the Fulton County: City of Sandy Springs, City of Roswell, City of Chattahoochee Hills and Union City.

- **Unanticipated outcome** – Cobb2020 Coalition: Kennesaw City Council in Cobb County adopted a tobacco free parks, recreation and cemeteries policy in the City of Kennesaw protecting 30,000 Kennesaw residents. The policy includes prohibition of e-cigarette use.

Project Period Objective: T10 Increase the percent of adult GTQL callers referred by a healthcare professional from 17 to 19 by March 2015. – Ongoing

Progress:

- At the end of the project period, **14.6%** of the GTQL callers reported having been referred to the quitline by a healthcare provider. Though the absolute numbers of callers referred by a healthcare provider increased, the percentage was lower at the end of the reporting period than the baseline because more and more people are hearing about quitline from other sources such as TV and radio.

Objective: T.10.1 Increase the number of evidence-based health communication interventions targeting healthcare professionals servicing male adult tobacco users in disparate public health districts that promote the benefits of and access to the Georgia Tobacco Quit Line from 0 to 2 by March 2012. – Target met and ongoing

Progress:

- At the end of the reporting period, a total of **9** communication interventions regarding the Clinical Guidelines for Tobacco Use Prevention and the services of the Georgia Tobacco Quitline Services to different health care providers, health care groups and employees were delivered.
- Georgia Tobacco Quit Line Brochures and Healthcare Provider Fax Back Referral Packets were disseminated to various healthcare and academic organizations with large male adult tobacco users included. The institutions included: Georgia Military College, North side Hospital, Piedmont Newnan Hospital.

Objective: T.10.1a Increase the number of evidence-based health communication interventions targeting healthcare professionals servicing pregnant and postpartum female tobacco users in disparate public health districts that promote the benefits of and access to the Georgia Tobacco Quit Line from 7 to 11 by March 2015. - ongoing

Progress:

- At the end of the reporting period, a total of **10** communication interventions in form of Georgia cAARds Program webinars series, targeting pregnant and postpartum women, were developed and delivered to health care providers and organizations. The webinar Series

covers the Healthy People 2020 National Objective MICH18 which involves reducing postpartum relapse of smoking among women who quit smoking during pregnancy. The webinar will provides healthcare professionals insight on how to achieve this objective.

- DPH launched a month-long TV media campaign (Visual Echo) in six public health districts: Southwest (Albany), East Central (Augusta), West Central (Columbus), North Central (Macon), Northwest (Rome) and Southeast (Waycross) to raise awareness among females of child-bearing age and healthcare providers about the adverse health outcomes associated with smoking during pregnancy.

Objective: T11 Increase the proportion of recent successful quit attempts (3.13.2) from 54 to 59 by March 2015. – met and Ongoing

- According to the 2013 Behavioral Risk Factor Surveillance Survey (BRFSS), approximately 59% (789,000) of current adult smokers in Georgia made a quit attempt in the past year.
- The November 2014 quit rate among GTQL users was reported at 33%, surpassing the national target of 31%. This was an increase from 31% the previous year, November 2013.

Objective: T.11.1 Maintain the number of disparate health districts that offer free Nicotine Replacement Therapy (NRT) support of the Georgia Tobacco Quit Line for uninsured adults from 6 to 6 by March 2014. Target met

Progress:

- By the end of the reporting period, Free FDA-approved NRTs offerings in the form of patches or gum was offered to all uninsured residents in all 18 Health Districts in Georgia who called the quitline and were ready to quit within 30 days. Readiness to quit was assessed by the GTQL Counselors. GTUPP was able to expand the free NRT offerings with funding from CDC: FOA# CDCRFADP121214PPHF12/1U58DP00401701Tobacco Cessation and Quitline Expansion Project/Approaches for Ensuring Quitline Capacity.

Project Period Objective: T12 Increase the proportion of health care professionals who advise tobacco users to quit from 47 to 50 by March 2015. - Ongoing

- Data from the 2009-2010 Adult Tobacco Survey revealed that 47% (738,000) of tobacco users who had seen a doctor in the previous year had been advised by a health professional to quit smoking or using any other tobacco products. Results from the more recent survey conducted in 2014 were not available at this time.

Objective: T.12.1 Increase the number of local health departments in disparate health districts that adopt PHS Clinical Practice Guidelines for Treating Tobacco Use and Dependence from 5 to 10 by March 2014. Ongoing

Progress:

- Only 2 health districts (Macon and Waycross) implemented the Georgia cAARDs program. Currently only Waycross is actively implementing in all its county health department clinics.
- There are plans in the upcoming, Cooperative Agreement of 2015-2020 to expand the Georgia cAARDs Program into additional public health districts including Dublin, LaGrange and Albany. This expansion should result in an additional 20 local (county) health departments adopting and implement the Georgia cAARDs Program.

Project Period Objective: T2 Increase the number of statewide advisory group to assist GTUPP to plan, implement and evaluate tobacco control programs from 0 to 1 by March 2015. Target met and Ongoing

- The advisory council was officially formed on February 12, 2014. The statewide council assisted GTUPP in developing the goals, objectives and strategies for the next five years (2014 - 2019) and participated in discussions pertaining to the rise in e-cigarette use by youth and adults, overall tobacco use by youth and adult disparate populations. Over a series of conference calls and one face-to-face meeting, the advisory council finalized their recommendations to the leadership of the Georgia Department of Public Health. The statewide advisory council consists of nine members that represent business, schools of public health in Georgia, insurance interest, and voluntary health agency and public health

Progress:

- The Georgia Tobacco Prevention Advisory Council met with the commissioner of the Georgia Department of Public Health to discuss their recommendations toward the evidence-based interventions for the next five years (Year 2020). Advisory Council members have participated in various projects pertaining to their availability and level of expertise (ex. engagement in the planning of the Georgia Board of Regents University Tobacco-Free Policy Planning meeting on July 10, 2014).
- The Advisory Council members assisted GTUPP on the development of the Memorandum of Understanding between the Georgia Department of Community Health and the Georgia Department of Public Health towards a project to develop a Medicaid Match for tobacco cessation.

Project Period Objective: T3 Increase the number of statewide coalition to assist GTUPP to plan, implement and evaluate tobacco control programs from 0 to 1 by March 2015. Target met and Ongoing

Progress:

- The coalition was officially formed on February 18, 2014. The statewide coalition consists of fourteen member organizations with identified representatives. The statewide coalition

assisted GTUPP in developing the goals, objectives and strategies for the next five years (2014-2019) and participated in discussions pertaining to the rise in e-cigarette use by youth and adults, overall tobacco use by youth and adult disparate populations. Over a series of three conference calls and one face-to-face meeting, the statewide coalition finalized their recommendations to the leadership of the Georgia Department of Public Health. The statewide coalition consists of fourteen member organizations with identified representatives.

- The Georgia Tobacco Excise Tax Project developed state and local strategies to increase the tobacco excise tax from \$0.37 to \$1.37 for all tobacco products. GTUPP staff continued to serve as part of the excise tax workgroup. An increase in the excise tax from \$0.37 to \$1.37 would help decrease the youth smoking prevalence over time.

Progress:

- The Georgia Comprehensive Cancer Control Prevention & Education Workgroup conducted monthly planning meetings towards the development of a plan to educate targeted elected officials within the state legislature on the virtues of increasing the price of all tobacco products towards the reduction of youth tobacco use in Georgia. A face to face training on increasing the price to tobacco products took place on October 14, 2013 in Macon, Georgia. Representatives from the Campaign for Tobacco-Free Kids and American Cancer Society Cancer Action Network facilitated the meeting. The training led to the development of key messages, visiting campaigns from other states, and learning from persons who have lead education campaigns in other states. Members of the workgroup identified adult leaders of youth groups that have participated in tobacco use prevention activities in the past three years to participate in future meetings and conference calls.
- The Tobacco Subgroup of the Georgia Comprehensive Cancer Control Plan, Prevention and Education Workgroup continued conducting monthly meetings to determine the course of action for the future of the education campaign. House Bill 251 proposed the prohibition of the sale of tobacco products to minors under the age of 18 to include e-cigarettes. The language will add to the definition of “alternative nicotine products” but excludes any products regulated as a drug by the Food and Drug Administration. The workgroup determined that state legislators would benefit from an education campaign on e-cigarettes. Talking points and a one-pager was created and distributed to the legislators. The workgroup agreed to discuss raising the minimum purchase age to purchase tobacco products from 18 to 21.

Project Period Objective: T4 Decrease the proportion of prevalence of tobacco use among young people from 23 to 21 by March 2015. Target met and ongoing

Please note: The 2011 BRFSS methodology changed and therefore, smoking prevalence trends before and after 2011 are difficult to monitor. Regardless of change of methodology tobacco use prevalence rates among the youth decreased. Table below shows 2013 youth tobacco use prevalence rate by type of tobacco and school level:

Objective: T.4.1 Increase the number of Georgia schools districts that adopt a model 100% Tobacco-Free School policy from 98 to 101 by March 2015. Target met and ongoing

- Current measure **101 school districts** have adopted and implemented the CDC model 100% Tobacco-Free School policy.
- Collaboratively worked with partners from across the state to identify and train youth groups.
- The Preventing Youth Initiation workgroup (made up of key shareholders) was involved with identifying youth groups and adult leaders.
- Youth Empowerment Solutions (YES) was used to train youth on advocacy around Tobacco Free Policies.
- Middle and High school age students from across the state were represented at the youth summits.
- DPH staff provided technical assistance (TA) to youth for a year after each youth summit to follow up on policy advocacy work (e.g. youth presenting model 100% Tobacco Free School Policy to school boards).
- DPH staff conducted monthly calls with Public Health District Coordinators and adult leaders to provide technical assistance.
- DPH staff created a monthly call template to ensure Public Health District Coordinators and adult leaders understand evaluation indicators related to the Tobacco Free Schools logic model. Also, this template allows DPH staff to provide more technical assistance versus only getting program updates on the monthly calls.
- Collaboratively worked with communications office at GDPH to post updated list of school districts that have adopted and implemented the 100% Tobacco Free Schools Policy.
- In addition to the list of school districts, the website contains information on how one can help their school district go tobacco free, and how to enforce the tobacco free school policy after adoption. Lastly, the website contains information about cessation to ensure the policy impacts behavioral change.
- GDPH Tobacco Epidemiologist personnel update the 100% Tobacco Free Schools Map to show how many school districts are tobacco free amongst all Georgia school districts. There is also a map for Colleges and Universities and Parks and Recreation.

Project Period Objective: T7 Maintain the number of GTUPP staff and capacity of the program to implement the comprehensive tobacco control framework from 6.5 to 6.5 by March 2015. - Target met and Ongoing

GTUPP has collaborated with Human Resources within the Georgia Department of Public Health to maintain the agreed upon staffing levels of 6.5 employees. Emphasis has been placed on finding the right employees with experience in public health and or experience in tobacco control. During this cooperative agreement, all employees earned the Masters of Public Health degree from accredited institutions. GTUPP staff attended all mandatory face to face trainings

throughout the cooperative agreement and participated in most webinars and online trainings provided by the Office on Smoking and Health and its partners.

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During this cooperative agreement, Georgia sponsored or participated in several trainings. These trainings included—

- **2011 Youth Tobacco Prevention Summit and 2014 Healthy Youth Summit.** Both summits provided training to approximately 150 youth and adult leaders over a two day weekend. Emphasis was placed on the dangers of tobacco use, how to educate the community and targeted stakeholders on the importance of tobacco-free environments, and the importance of promoting tobacco cessation through the promotion of the Quit Line. Skills were developed in creating peer to peer education and team building activities, along with materials development and conducting community presentations. The conclusion of the training required the development of an action plan that is approved and monitored by the district health promotion coordinator, adult leaders and the youth prevention coordinator at DPH.
- **GTUPP Tobacco-Free Colleges and Universities Summit.** Conducted in August, 2014 and held at the University of Georgia School of Public Health campus, provided representatives from various state funded and private colleges and universities technical assistance and training towards the adoption of model tobacco-free campus-wide policies designed to eliminate exposure to secondhand smoke. The DPH Tobacco-Free Colleges and Universities Toolkit was featured and provided a step by step approach towards creating a plan to realizing a tobacco-free campus. A team from Denver, Colorado known as BACCHUS, provide great interactive training that was engaging in assisting all in attendance in developing campus-wide support for policy change, educating the campus community on the dangers of secondhand smoke exposure, data collection and message development. Campus enforcement was thoroughly discussed with examples provided by universities in Georgia that had successfully adopted model tobacco-free campus policies.
- **Health Promotion Coordinators Meetings.** Annually, the Chronic Disease Section conducts a Health Promotion Coordinators Meeting where programs are able to promote funding opportunities to health districts, provide information exchange on the news coming out of the CDC, and address deliverables in developing and implementing work plans.
- **Breatheasy Coalition Trainings.** During the cooperative agreement, Breatheasy Coalition training occurred in each of the five cities (Savannah, Augusta, Macon, Columbus, and Atlanta) targeted for developing community-based education campaigns on the dangers of exposure to secondhand smoke. These trainings were hosted by the by the Georgia Tobacco Use Prevention Program and the host coalition. Training

sessions were conducted by Mrs. Onjewel Smith of the Americans for Non-Smokers' Rights and GTUPP staff. Topics of discussion included, data collection, community mobilization, message development, education campaign development, strategic planning and determining readiness towards success. In addition, teams from each of the five cities were sent to the ANR Clear the Air training in California to participate in week long discussions and hear from successful coalitions in moving their respective cities towards smoke-free status.

- **Georgia cAARDs Trainings.** In this pilot project, the Waycross county nurse managers, health department intake staff and the health promotion coordinator participated in a series of trainings via webinars and conference calls designed to provide instruction on the adoption of treating tobacco as a vital sign, Participants received information about the systems change approach to promote tobacco cessation, the benefits of the Five A Model and the benefits of the Georgia Tobacco Quit Line. A manual was created and disseminated to county nurse managers in the sixteen county health district. Webinars are archived to provide easy access from the DPH cessation web site.

Objective: T7.1 Increase the number of personnel to implement the Georgia comprehensive tobacco control framework from 5 to 6.5 by March 2014. Target met and Ongoing

Progress:

The GTUPP team consists of 6.5 employees. Vacancies have occurred during the six year cooperative agreement with position filled in a reasonable amount of time. When a new employee joins the team, a series of trainings occur with the supervisor and with targeted members of the Office of Smoking and Health at the CDC.

Objective: T7.2 Increase the number of GTUPP staff attendance at mandatory CDCOSH meetings from 2 to 5 by March 2014. Target met and Ongoing

Progress:

Team members have participated in all mandatory face to face CDCOSH meetings during the cooperative agreement. Team members have participated in subject matter targeted webinars and has participated in monthly mandatory webinars hosted by OSH.

Objective: T7.3 Increase the number of training and technical assistance assessment meetings, and/or conferences targeted to local health promotion coordinators from 8 to 11 by March 2014. Target met and Ongoing

Progress:

Annually, the Chronic Disease Section conducts a Health Promotion Coordinators Meeting where programs are able to promote funding opportunities to health districts, provide information exchange on the news coming out of the CDC, and address deliverables in developing and implementing work plans. List meeting also, allows the health districts to complete an assessment of their priorities, their local coalition capacity, and their training and

technical assistance needs. From this meeting an assessment, the GTUPP Team tailors technical assistance during the monthly conference calls, site visits and regional or statewide trainings.

Objective: T7.4 Increase the number of training and technical assistance sessions attended by state GTUPP staff (beyond the mandatory CDCOSH meetings) to increase skills and abilities of GTUPP staff to implement tobacco control programs from 0 to 15 by March 2014. Target met and Ongoing

Progress:

Team members have attended Clear the Air trainings, annual American Evaluation Association Summer Institute Training, surveillance trainings and youth prevention trainings. Staff attended the Kansas City OSH meeting in August 2012 and has participated in Georgia Public Health Association and Georgia State of Public Health annual meetings. In addition, due to the reorganization of the Chronic Disease Section, GTUPP staff has participated in Public Health 101 trainings from Washington University of St. Louis.

Project Period Objective: T8 Decrease the percent of smoking prevalence from 21 to 19 by March 2015. Target met and Ongoing

- Current prevalence rate **18.8 percent** according to 2013 ATS
- Surveillance data collection activities were used to continue to monitor the burden of tobacco use in Georgia. Creation of a Quitline and Smoking Cessation Data Summary in Georgia assisted the program and public monitor rates of smoking cessation and quitline usage. It also helped increase public knowledge surrounding quitting smoking and use of the tobacco quitline.

Progress:

Over the project period the following data summaries have been produced and maintained.

2011-2012

- 2010 Surveillance data lung cancer
- 2010 Health disparities
- 2010 Adult tobacco use.
- 2011 Youth tobacco summary
 - (<http://health.state.ga.us/publications/datasummaries.asp>)

2012-2013

- 2012 Georgia Tobacco Quit line and Smoking Cessation Data Summary
 - <http://health.state.ga.us/publications/datasummaries.asp>

2013-2014

- 2013 Lung Cancer Data Summary
- 2013 Disparities in Tobacco Use Data Summary
- 2013 Smokeless Tobacco Data Summary
- 2012 Second Hand Smoke and Cardiovascular Disease Data Summary
 - <http://dph.georgia.gov/georgiatobaccousesurveillance>.
- 2012 Behavior Risk Factor Surveillance Survey (BRFSS)
- 2013 Youth Tobacco Use Survey (YTS)
- Economic Impact Evaluation of the 2010 Savannah Smokefree Air Ordinance
 - Using Current Smoking Prevalence to Project Lung Cancer Morbidity and Mortality in Georgia by 2020
- 2013 Youth Electronic Cigarette Use
 - http://dph.georgia.gov/sites/dph.georgia.gov/files/2013_Youth_ECigarette_Data_Summary.pdf
- 2012 Georgia Tobacco related Cancers Report
 - <http://dph.georgia.gov/tobaccouseportsdatasummariesandquestionnaires>
- Poisonings from Tobacco/Nicotine Products April 15, 2009 – April 15, 2014
 - http://dph.georgia.gov/sites/dph.georgia.gov/files/Tobacco_Nicotine%20Poisonings%20Data%20Summary_GADPH.pdf

2014-2015

- 2014 Adult Tobacco Use
- 2014 Youth Tobacco Use
- 2014 Smokeless Tobacco Data Summary
- 2014 Second Hand Smoke and Cardiovascular Disease Data Summary
- 2014 Quitline and Tobacco Cessation Data Summary
- 2014 Lung Cancer Data Summary
- 2014 Disparities in Tobacco Use Data Summary
- 2014 Youth Tobacco Use Policy Report

Objective: T.9.2 Increase the number of evidence-based health communication campaigns implemented in 12 public health districts that counter pro-tobacco marketing and emphasize the Georgia Tobacco Quit Line from 8.0 to 10.0 by March 2014. – Met and ongoing

Progress:

- The Georgia Tobacco Use Prevention Program launched a radio media campaigns entitled Quitting Takes Practice on April 15, 2013, approximately six weeks after the Centers for Disease Control and Prevention’s 2013 Tips From Former Smokers and another entitled “I Didn’t Know” on June 24, 2013
- The purpose of these media campaign was to encourage the target audience who may be thinking about quitting, ready and willing to quit, and may have previously made quit

attempt(s) to seek evidence-based tobacco cessation services offered by the Georgia Tobacco Quitline. The target audience for the radio media campaign comprises working class and lower middle class adult males in Georgia with an annual income of \$49K or less, aged 18 to 64, with an education level ranging from less than high school to some college who reside within 11 public health districts (PHDs), Northwest (Rome), LaGrange, North Central (Macon), East Central (Augusta), Southwest (Albany), South (Valdosta) for Phase I of the radio media campaign. Phase II consisted of these public health districts: Clayton, West Central (Columbus), South Central (Dublin), Southeast (Waycross), and Coastal (Savannah).

- The total GRPs for the entire radio media campaign was 7259.8. During Phase I of the radio media campaign, there was a 241% increase in the number of GTQL callers who heard about the GTQL via the radio. During Phase II of the radio media campaign, there was a 724% increase in GTQL callers hearing about the quitline via the radio from baseline.
- **Unanticipated Outcomes:** Earned media opportunities were utilized during November and December 2013 as well as January 2014. These opportunities include but are not limited to, an interview with V103 (a major radio station in the Metro Atlanta Area) and production of two radio clips promoting the Georgia Tobacco Quitline. The interview and radio clips were aired on V103 which has a wide reach in seven public health districts: (Fulton, Cobb-Douglas, East Metro, Clayton, DeKalb, North-west [Rome], and LaGrange). Clayton and Northwest (Rome) are considered disparate public health districts. The station that produced the radio clips has given the Georgia Tobacco Use Prevention Program the rights to air the clips at any time deemed appropriate.
- Previous paid media campaigns occurred in previous and subsequent years promoting the TIPS Campaign, Georgia's own *Quitting Takes Practice* campaign.

Objective: T91 Increase the number of model ANR 100% tobacco-free policies adopted by colleges and universities from 46 to 51 by March 2015. – Met and Ongoing

- On March 19, 2014, the Georgia Board of Regents adopted a tobacco-free campus policy for all public colleges and universities part of the University System of Georgia. In anticipation of the policy adoption, state Youth Tobacco Prevention Coordinator developed a Georgia Tobacco-Free Campus toolkit to provide technical assistance to the colleges and universities around policy adoption, implementation and enforcement. In the summer of 2014, this toolkit received recognition and placement on the national Tobacco Free College Campus Initiative website. On September 19, 2014, Georgia Tobacco Use Prevention Program hosted the first ever tobacco free colleges and universities summit at the College of Public Health at the University of Georgia to assist the colleges and universities on their tobacco-free policy efforts and overall tobacco prevention and cessation promotion. Approximately 140 summit attendees representing 32 colleges and universities as well as partnering organizations throughout Georgia were provided with a step by step approach, materials and resources to adopt, implement and enforce a tobacco-free campus policy.
- DPH staff invited all the schools with the model policy in place to participate on the Preventing Youth Initiation workgroup in order to provide technical assistance and create a peer-learning environment.

Partnerships

GTUPP worked with various partners over the project period. Some of the partners are as indicated in Table 4:

Table 4: Selected Georgia Tobacco Use Prevention Program Partners

Alere Wellbeing Inc.,	Georgia Department of Housing and Urban Development
American Cancer Society of Georgia	Georgia Department of Parks and recreation Services
American Heart Association of Georgia	Georgia Hospital Association
American Lung Association of Georgia	Georgia Medical Care Foundation
Americans for Nonsmokers' Right	Georgia Public Broadcasting
Augusta Health District	Georgia Youth Tobacco Prevention workgroup
Breatheasy Augusta Coalition	Health Systems Organizations
Breatheasy Cobb Coalition	Healthy Augusta
Breatheasy Columbus Coalition	Healthy Columbus
Breatheasy Savannah Coalition	Legacy Foundation
Cobb/Douglas Health District	Mercer University School of Public Health
Columbus State University	North American Quitline Consortium.
CVS Caremark	Research Universities
DPH Colorectal Cancer Control Program	The Laryngectomy support group
DPH Comprehensive Cancer Program	Tobacco Free Kids
DPH Diabetes Prevention and Control Program,	Georgia Hospital Association
DPH Division of Communications,	Georgia Medical Care Foundation
DPH Epidemiology Section	Georgia Public Broadcasting
DPH Health Communications Department	Georgia Youth Tobacco Prevention workgroup
DPH Health District Health Promotion Coordinators	Health Systems Organizations
DPH, Maternal and Child Health,	Healthy Augusta
Emory Prevention Center	Healthy Columbus
<i>EmployersLikeMe</i>	Legacy Foundation
Georgia Board of Regents	
Georgia Cancer Coalition	
Georgia colleges and universities	Research Universities
Georgia Department of Early Care and Learning	The Laryngectomy support group
Georgia Department of Education	Tobacco Free Kids

Trainings

During this cooperative agreement, Georgia sponsored or participated in several trainings. These trainings included—

- **Shaping Policy for Health.** To build communities capacity to institute policy and environmental changes that improves the health of Georgians, Georgia sponsored Shaping Policy for Health™ (Domains 1-4) training. From September 2011 through January 2012 *Shaping Policy for Health™* trainers delivered ten workshops in conjunction with the Georgia Department of Public Health. Two workshops were held for each of the Shaping Policy for Health™. These workshops were held at two locations Macon, GA and Atlanta, GA. The ten (10) workshops were attended by 212 participants.
- **CDC Annual Evaluation Institute.** DPH staff participated in this annual institute to increase their knowledge and skills in evaluation.
- **Ross Brownson's Evidence-based Public Health Training.** In August 2014, the Chronic Disease Prevention Section program staff and Chronic Disease Epidemiologists received 3-day training on evidence-based public health theories and practices provided by the Washington University Prevention Research Center. The training, led by Ross Brownson, Ph.D., exposed the DPH staff to topics to improve staff ability to make more informed decisions based on evidence-based public health theory and data. The staff from the Prevention Research Center continues to interact with DPH to guide evaluation results gathered at the end of the training.

Evaluation

The evaluation main objective of the GTUPP during this project period was to assess progress towards objectives outlined in the program's strategic plan and to measure progress toward the overall goals of the state plan by monitoring the prevalence of tobacco use, identifying gaps that exist among current surveillance data related to tobacco use; enhancing existing surveillance and evaluation systems that collect and report data related to tobacco use. Two main areas of the program were monitored and evaluated: the core program and the Georgia Tobacco Quitline.

The evaluation of the core program mostly consisted of monitoring the implementation of GTUPP and its partners activities. The progress on implementation was obtained from the district health districts and other partners on a monthly basis through iProgress Check system, a MS Access based electronic data system adapted from North Carolina. Georgia iProgress Check was used to collect data from that informed the state offices on progress towards set objectives. The state office then reported this progress to CDC using the Chronic Disease Monitoring Information System (CDMIS) on a semi-annual basis throughout the project period. The core program did not have a comprehensive evaluation during the project period. Process evaluation of state programs was also conducted. The process evaluation was mainly conducted to assess the effectiveness of the program and its activities. Logic models that were used as tools for guiding program activities for the 3 goal areas –1) Preventing tobacco use youth initiation; 2) Promote quitting; 3) Eliminate second hand smoke exposure, were developed and utilized.

The Georgia Tobacco Quitline (GTQL), which had supplemental funding during the project period was evaluated by Alere, the contractor providing the quitline service and independently by Georgia State University in 2012. The evaluations by both Alere and Georgia State indicate success of the GTQL and a continued need for the service. The latest annual evaluation by Alere indicated an increase in successful tobacco use cessation among Georgia former tobacco users that used the quitline counseling and NRT services from 30 percent to 33 percent, which is above the national average. Among the respondents interviewed for this evaluation, 75 percent were able to quit only using GTQL service. (2015 GTQL Comprehensive Annual Evaluation Report, Alere Wellbeing). An earlier independent evaluation of the GTQL services by Georgia State also concluded that GTQL is effective in getting Georgia smokers quit using tobacco and that the service plays an important role in the state's comprehensive tobacco control program (2012 Comprehensive Evaluation of the Georgia Tobacco Quitline, Sterling and Majeed).