

2014-2018 Strategic Plan

Last updated December 20, 2013

The Division of Tobacco Use Prevention and Control works to reduce tobacco use and the toll of tobacco-caused disease and death by preventing youth from starting, helping Iowans to quit, and preventing exposure to secondhand smoke. Tobacco is the leading preventable cause of death for Iowans, taking the lives of more than 4,400 adults each year. Estimated annual health care costs in Iowa directly related to tobacco use now total \$1 billion. To achieve the initiatives below, the Division follows Centers for Disease Prevention and Control (CDC) guidelines for comprehensive tobacco control programs. State-level initiatives include:

1. Quitline Iowa cessation services
2. Youth tobacco-use prevention programming
3. Enforcement of the Iowa Smokefree Air Act
4. Enforcement of laws prohibiting tobacco sales to minors
5. Local tobacco control programs, called Community Partnerships, support tobacco prevention and cessation initiatives at the community level
6. Ongoing surveillance of youth and adult tobacco use in Iowa

Our Mission

The mission of the Division of Tobacco Use Prevention and Control is to establish a comprehensive partnership among state government, local communities, and the people of Iowa to foster a social and legal climate in which tobacco use becomes undesirable and unacceptable.

2014 – 2018 Strategic Initiatives

Over the next five years, introduction of new tobacco related products, potential reduction in funding, ongoing changes with regulatory and legal climate will create new challenges for the Division. To prepare for these changes and continue to provide ongoing services, the Tobacco Commission has outlined the strategic priorities for the next five years.

1. **Use existing and new surveillance data to create a more comprehensive tobacco control focused program to better understand existing and emerging trends and how best to direct our resources.**
2. **Educate and gain support of policymakers to increase funding, staff and support in order to implement strategies effectively.**
3. **Provide consistent communication and training to the 99Community Partnerships to improve their efficiency.**

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Strategic Initiative #1

USE EXISTING AND NEW SURVEILLANCE AND DATA TO CREATE A MORE COMPREHENSIVE TOBACCO CONTROL FOCUSED SURVEILLANCE TO BETTER UNDERSTAND EXISTING AND EMERGING TRENDS AND PROBLEMS AND HOW BEST TO DIRECT OUR EFFORTS TO SOLVE THEM.

Critical Initiatives over next 5 years

- 1 Determine 5-yr data that needs to be collected and how to gather it (including alternatives to Iowa Youth Tobacco Survey (IYTS) & Iowa Adult Tobacco Survey (IATS), with additional focus on reviewing data needs to track trends with disparate population use (e.g. youth, veterans)
- 2 Obtain approval and funding to gather needed data
- 3 Create process/system to collect data
- 4 Develop a plan to analyze, report, and disseminate information to stakeholders on a regular basis to inform and educate
- 5 Continue existing surveys (e.g. Quitline, BRFSS, IYS)

Owners/Key Resources

Division Director, Epidemiologist	Leads
BRFSS Coordinator	Key Resource

Measures of Success

1	Re-establishment of the youth and adult tobacco focused surveys	Implement by 3Q2014, this date needs to be reviewed, thoughts
2	Increased knowledge of trends (5-yr)	Data introduced by late 2014 with first trending in 2016
3	Available comparative data	<i>[date tbd]</i>
4	Knowledge of new products through surveys and other surveillance	Increased data by end of 2015 with most data by 2017
5	Consistent and complete program evaluation	Consistent program evaluations introduced by end 2014 with trending by 2015

Risks We Will Manage

Strategic initiative for additional data collection is not approved and/or funded
Schools do not want to do or choose not to participate in surveys
IATS survey is not re-established
Data isn't complete

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Strategic Initiative #2

EDUCATE AND GAIN ADVOCACY OF POLICYMAKERS TO GAIN FUNDING AND SUPPORT IN ORDER TO REDUCE THE DEATH AND DISEASE CAUSED BY TOBACCO.

Critical Initiatives over next 5 years

- 1 Create consistency in policy, practice, education and messaging to all policymakers and stakeholders.
- 2 Create a plan to inform and educate candidates and new law makers of key tobacco issues in Iowa and related best practices.
- 3 Strengthen the cohesiveness of the tobacco advocates.
- 4 Improve partnership between Community Partners and advocates through role clarity, greater communication and information sharing, and ongoing education.
- 5 Educate and inform policymakers on issues, actions and progress related to disparate populations at greater risk (e.g. youth, veterans, minorities and Medicaid clients).

Owners/Key Resources

American Cancer Society Cancer Action Network (ACS CAN)	Leads
Other members of the tobacco coalition, Commission Members	Key Resources

Measures of Success

1	Policy makers award funding consistent with CDC best practices	Beginning fiscal year 2015 and continuing through 2018
2	Policy makers are current on tobacco issues	[tbd]
3	Key policy makers have appropriate information and education	[tbd]
4	Improved relationships between community partners, advocates, policy makers and Division	[tbd]
5	Policy makers, advocates, Division use consistent messages	3Q2014

Risks We Will Manage

Elections over five years will bring changes in policymakers, supporters and their view
Focused time with legislators to discuss tobacco related issues
Quickly and easily gathering "local" data from Community Partners to provide to policymakers for their specific area
Consistent message across all groups
Most appropriate person bringing the right messages to key policymakers

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Strategic Initiative #3

IMPROVE ABILITY FOR 99 COMMUNITY PARTNERS TO HELP COMMUNITIES WITH TOBACCO CONTROL AND PREVENTION THROUGH CONSISTENT COMMUNICATION AND TRAINING.

Critical Initiatives over next 3 years

- 1 Create and execute a communication plan and strategy to ensure clear and consistent communication within the Division to Community Partners related to issues, technical assistance for all topics, Community Health Consultant (CHC) support services and, updates on new tobacco information.
- 2 Provide simple, timely training to Community Partners on key issues (consistent messaging- broad, best practices, how they fit in).
- 3 Create and deploy consistent orientation for new Community Partners. (e.g. training, orientation manual or resources guide)
- 4 Create forum for Community Partners to exchange ideas and info (e.g. mentors, conference calls, Facebook page, champions, newsletters, regularly share ideas and success stories).
- 5 Provide information, programs and resources to Community Partners to support the needs of disparate populations at greatest risk (e.g. youth, veterans, mental health, Medicaid clients).
- 6 Implement and ensure that all CHC's are using the same language and approval system .

Owners/Key Resources

Tobacco Division- Lead (Division Director)	Lead
Advocacy Partners-Team, Community Partners	Key Resources

Measures of Success

1 Improved and deepened understanding of tobacco control program, best practices, and current issues by Community Partners	[tbd]
2 Increase in the frequency and types of communication between Community Partners leading to greater exchange in ideas and information	[tbd]
3 Ability to create comparison between community partnerships against set standards	[tbd]

Risks We Will Manage

Reduction in funding over last few years
Inconsistency across Community Partners in terms of funding and/or staffing
Community Partners have diverse issues and responsibilities, with tobacco control being only one of many
Currently there are conflicting messages going to Community Partners
Every community is different

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Strategic Initiative #4

OBTAIN ADEQUATE FUNDING AND STAFF TO IMPLEMENT STRATEGIES EFFECTIVELY.

Critical Initiatives over next 5 years

1 Funding:

1. Educate Legislators about needed funding
2. Appropriately allocate funding
3. Apply for and win competitive CDC funding

2 Staff:

1. Educate staff on key tobacco best practice, data/trends, and progress
2. Provide resources and training to staff so they are able to communicate key messages more effectively.
3. Fill critical positions (e.g. CHCs, Administrative Assistant, Youth Position, Division Director)

Owners/Key Resources

Advocacy Group, Department Director, Legislature

Funding

Division Director

Staff

Measures of Success

1	Adequate funding levels consistent with CDC best practices	tbd
2	Staff is engaged and showing passion for tobacco control	tbd
3	Staff is performing at needed levels	tbd
4	Division has "enough staff"	tbd
5	Division is awarded CDC funding awarded	March 2014; \$xx

Risks We Will Manage

State Politics

State Policies

Policymakers

Department policies

Funding

No approval for additional staffing