

**IOWA
COMPREHENSIVE TOBACCO PREVENTION,
CONTROL AND TREATMENT
STRATEGIC PLAN, 2007 – 2010
Executive Summary
October, 2006**

The Iowa partnership of tobacco control and prevention advocates conducted a three phase strategic planning process. The partnership developed, through a collaborative effort, a new comprehensive tobacco prevention, control, and treatment strategic plan for all private and public stakeholders to adopt and follow. The strategic planning process was divided into three phases:

Phase I: Assessment of Tobacco Control in Iowa

Three assessment reports resulted from the efforts of Phase I strategic planning:

- Tobacco Prevention and Control in Iowa - an epidemiological profile of death and disease related to tobacco use in Iowa; outcome data on tobacco policy and surveillance and public opinion in Iowa; and summary points of data documenting tobacco use problems in Iowa. [Appendix # and/or website for power point presentation]
- Major Tobacco Initiatives in Iowa – a profile of major initiatives in Iowa describing statewide tobacco prevention and control programs and services; organizations providing major initiatives are identified; and the geographic region and population reach are also defined. [Appendix # and/or website for power point presentation]
- Iowa Partners Opinion Survey – Summary Report – described below. [*Pages 32-45*]

Iowa Partners Opinion Survey:

Iowa partners provided the initial assessment of Iowa's tobacco control movement.

Partners Completing the Opinion Survey, Listed Below:

American Cancer Society
American Heart Association
American Lung Association
CAFÉ Iowa CAN
Horn Memorial Hospital
Iowa Attorney General Office
Iowa Department of Public Health
Iowa Tobacco Prevention Alliance
JEL (Just Eliminate Lies, Youth Organization)
New View
Proteus
Quitline Iowa
SIEDA
Tobacco Use Prevention and Control Commission

The partners critiqued Iowa's tobacco control movement by providing an assessment and evaluation of the state's tobacco prevention and control efforts and initiatives. The partners completed an opinion survey focusing on four goal areas; all goal areas addressed the issue of 'Eliminating Disparities in Tobacco Use' by identifying target populations for each goal area. The four goal areas are:

- Eliminating Exposure to Environmental Tobacco Smoke
- Preventing the Initiation of Tobacco by Youth
- Access to Cessation Resources for Adults and Youth
- Development of an Infrastructure for Tobacco Use Prevention

Summary of Results:

The partners answered a series of questions that asked for their opinions, perspectives, and recommendations on the four goal areas. The comments and recommendations were incorporated into strategic planning meeting materials. The Iowa Partners Opinion Survey, Summary Report [Pages 32-45, follows the One Year Operation Plan, included in this file]. The Report includes the following components:

- Strengths of Iowa's Tobacco Control Movement
- Unsuccessful Tobacco Prevention & Control Initiatives or Policies in Iowa
- Major Issues and/or Gaps Iowa's Tobacco Control Movement
- Recommendations to Enhance Iowa's Tobacco Control Movement
- Specific Populations Impacted by Tobacco Related Disparities

Phase II: Four Year Strategic Planning

Iowa partners met in August, 2006 for a one day strategic planning session. The Phase I products provided an historical assessment for partners to refer to as they drafted their state four year strategic plan. The four year plan content includes: goals, gaps, objectives, strategies, and target populations. Following the one day planning session in August, 2006 the Iowa partners were given a second opportunity in September, 2006 to review the drafted four year plan and make additional edits. The final version of the Iowa Comprehensive Tobacco Prevention, Control and Treatment Strategic Plan, 2007 – 2010 is included in this file [*Pages 4-15*] following the Executive Summary.

Phase III: First Year Operation Planning

Iowa partners met in September, 2006 for a one day first year operations planning session. Partners had another opportunity to review and make final edits to the four year plan. Following the final review and edit of the four year plan the partners then prioritized the four year objectives and strategies for the first year operation plan. Phase III planning session accomplished the following: the identification of specific actions to be taken; who is implementing the actions; and the resources needed to accomplish the actions. The Iowa's Comprehensive Tobacco Prevention, Control and Treatment, Year One Operation Plan (January through December, 2007) includes: goals, objectives, strategies, first year activities, lead agencies, identification of partner responsibilities, and resources. The first year Operation Plan is included in this file [*Pages 6-31*] following the

Iowa Comprehensive Tobacco Prevention, Control and Treatment Strategic Plan, 2007 – 2010.

Strategic Planning Partners for Phase II and Phase III:

Partner organizations, Listed Below:

American Cancer Society
American Heart Association
American Lung Association
Alcoholic Beverages Division
Area Substance Abuse Center
CAFE Iowa CAN
Cerro Gordo County Department of Public Health
Clean Air for Everyone
Community and Family Resources
Community Representatives
Horn Memorial Hospital
Iowa Academy of Family Physicians
Iowa Attorney General's Office
Iowa Department of Public Health
Iowa Public Health Association
Iowa Tobacco Prevention Alliance
JEL (Just Eliminate Lies, youth organization)
New View
Pathways Behavioral Sciences
Proteus
Quitline Iowa
Scott County Health Department
SIEDA
Tobacco Prevention Center
Tobacco Use Prevention and Control Commission
Youth and Shelter Services
University of Iowa

The strong network of partners in Iowa successfully completed the three phase strategic planning process. Iowa partners committed a great deal of time and resources to develop all the planning products outlined in the three phases. Now the partners will focus on the implementation of the first year operations of the four year plan. Iowa partners will meet on an annual basis to review and assess the progress made on each year's Operation Plan to determine what should be accomplished the following year. Annually, Iowa partners will meet to prioritize the objectives and strategies to be addressed for the following year. The Four Year Strategic Plan will also be reviewed and updated on an annual basis to reflect the current tobacco control movement in Iowa. The Iowa Strategic Plan is a ***living document*** and will evolve with the tobacco prevention activities in Iowa.

A big thanks to everyone involved for their time, effort and commitment to the Iowa's strategic planning process!

**IOWA
COMPREHENSIVE TOBACCO PREVENTION,
CONTROL AND TREATMENT
STRATEGIC PLAN, 2007 – 2010
September 25, 2006**

**Goal: Development of a Statewide Infrastructure for Tobacco
Use Prevention and Control**

Gaps:

- Lack of consistency in direction and messages
- No effective statewide coalition
- Lack of funding
- Lack of collaboration and communication among partners

Four Year Objective #1: Develop and sustain a statewide tobacco prevention and control coalition.

SMART Objectives #1:

- ◆ By December 2010, an effective statewide tobacco prevention and control coalition will be established
- ◆ By December 2010, the statewide membership of the tobacco prevention and control coalition will increase by 50%.

Baseline: A baseline of current partners working on the formation of the new Alliance will be identified for an initial measurement of membership growth.

Target Populations:

- Policy makers/ decision makers
- Commission/ TUPC
- Health partners
- Community Partners (e.g. ACS, AHA, ALA, etc.)
- Community coalitions (city and county coalitions made up of community members involved in tobacco control and prevention)
- Health partners
- Businesses: insurance and drug companies

Target Populations Impacted by Policy Change:

- All Iowans

Four Year Strategy #1 A: The Iowa Tobacco Prevention Alliance's will develop annual operation plans that will define roles and responsibilities of members in advocating for comprehensive tobacco control programs.

Target Populations:

- Health partners
- TUPC/commission
- Community Partners

Target Populations Impacted by Policy Change:

- All Iowans

Four Year Strategy #1B: The Iowa Tobacco Prevention Alliance will design a communication process to facilitate information sharing, coordination, and collaboration between Alliance members and local programs.

Target Populations:

- Health partners
- TUPC/commission
- Community Partners

Target Populations Impacted by Policy Change:

- All Iowans

Four Year Strategy #1C: The Iowa Tobacco Prevention Alliance will develop and implement a strategic plan to ensure its sustainability, financial stability, and capacity to support the long range plan.

Target Populations:

- Target population
- Community Partners
- Health partners

Target Populations Impacted by Policy Change:

- All Iowans

Four Year Objective #2: Increase the state excise tax on tobacco products.

SMART Objectives #2:

- ◆ By December 2010, Iowa's excise tax on cigarettes will be increased by at least \$1.00, with tax receipts allocated for health and tobacco control.
- ◆ By December 2010, increase the excise tax on other tobacco products to at least 80% of the wholesale price.

Baseline: Iowa's current cigarette excise tax is 36 cents per pack (of 20). The current Iowa excise tax on other tobacco products is 22% of the wholesale price. **Source:** Iowa Department of Revenue and Finance.

Target Populations:

- Community Partners
- Community coalitions
- Health partners
- Policy makers/ decision makers
- Commission/ TUPC

Target Populations Impacted by Policy Change:

- All Iowans

Four Year Strategy #2A: Educate and advocate with policy/decision makers and the public on the impact of tax increases on tobacco use and health care costs in Iowa. Mobilize statewide partners and the grassroots network to secure support for tobacco tax increases.

Target Populations:

- Policy makers/decision makers

- Community Partners
- Community Coalitions
- Commission/ TUPC

Target Populations Impacted by Policy Change:

- All Iowans

Four Year Strategy #2B: Educate and advocate with policy/decision makers and the public to secure support for adequate funding for a comprehensive tobacco control program.

Target Populations:

- Policy makers/decision makers
- Community Partners
- Community Coalitions

Target Populations Impacted by Policy Change:

- All Iowans

Goal: Eliminate Exposure to Secondhand Smoke

Gaps:

- Need to address preemption of local ordinances: build consensus between the statewide versus local efforts on how to strategically eliminate preemption; need a stronger grassroots advocacy network.
- Needed a stronger statewide tobacco free law: build consensus among all partners in Iowa and build a stronger statewide grassroots network.
- Need more local activities promoting the elimination of secondhand smoke. Iowa Movement lacks the grassroots strategy to promote SHS efforts. Need to diversify support to all regions of state.
- Need to promote a social norm change in Iowa that does not tolerate secondhand smoke in any public places and work places.
- Need to educate our grassroots network on effective smoke-free laws. Need more local activities promoting the elimination of secondhand smoke. Also need to educate the public and elected officials on the health effects of secondhand smoke and the need for smoke-free laws.
- Insufficient funding to support a statewide secondhand smoke media/educational campaign for the general public.

Four Year Objective #1: Increase the number of workplaces and public places that are smoke-free.

SMART Objectives #1:

- ◆ By December 2010, increase to 100% the proportion of adults whose workplace has a policy banning secondhand smoke in work areas.
- ◆ By December 2010, a model statewide smoke-free law (including all workplaces, restaurants, bars and public places) will be passed and implemented in Iowa.

Baseline:

- Business owner workplace policy survey to be completed December 2006.
- Community Partnership quarterly reports (ongoing) and policy database to be initiated December 2006.
- 79% of adults report that their workplace has a smoke-free policy. **Source:** 2004 ATS
- Iowa Code Chapter 142B: Smoking Prohibitions. Allows for designated smoking areas in public places and workplaces, and allows bars to be designated as smoking areas in their entirety. Local laws are preempted.

Target Populations:

- Commission/ TUPC
- Community Partners
- Community coalitions
- Civic Groups
- Health partners
- Policy/Decision Makers & Candidates
- Business Owners
- CAFÉ Iowa
- General Public
- Non-health partners such as unions
- Commission/ TUPC

Target Populations Impacted by Policy Change:

- All Iowans

Four Year Strategy #1 A: Educate all Iowans on the harmful effects of secondhand smoke and mobilize grassroots supporters to advocate for voluntary smoke-free policies.

Target Populations:

- Community Partners
- Community coalitions
- Civic Groups
- CAFÉ Iowa
- Health partners
- Policy/Decision Makers & Business Owners

Target Populations Impacted by Policy Change:

- All Iowans

Four Year Strategy #1 B: Advocate and educate policy/decision makers, business owners, and the public in order to secure support for state legislation to restore control to communities to allow passage of local smoke-free ordinances.

Target Populations:

- Policy/Decision Makers & Business Owners
- General Public
- CAFÉ Iowa
- Commission/ TUPC
- Community Partners
- Community coalitions

Target Populations Impacted by Policy Change:

- All Iowans

Four Year Strategy #1 C: Advocate and educate local policy/decision makers, business owners, and the public in order to secure support for passage of local smoke-free ordinances.

Target Populations:

- Policy/Decision Makers & Business Owners
- General Public
- CAFÉ Iowa
- Commission/ TUPC
- Community Partners
- Community coalitions

Target Populations Impacted by Policy Change:

- All Iowans

Four Year Strategy #1 D: Educate all Iowans on the harmful effects of exposure to secondhand smoke and mobilize grassroots supporters to advocate for passage of a model comprehensive statewide smoke-free law.

Target Populations:

- Community Partners

- Community coalitions
- Policy/Decision Makers & Candidates
- Health partners
- General Public
- CAFÉ Iowa
- Commission/ TUPC

Target Populations Impacted by Policy Change:

- All Iowans

Four Year Strategy #1 E: Educate policy/decision makers and candidates on the harmful effects of exposure to secondhand smoke and pass a model statewide smoke-free law.

Target Populations:

- Policy/decision makers and candidates
- Community Partners
- Community coalitions
- CAFÉ Iowa
- Commission/ TUPC

Target Populations Impacted by Policy Change:

- All Iowans

Goal: Increase Cessation of Tobacco Use by Iowans

Gaps:

- Lack of provider involvement in promoting cessation with their patients.
 - Poor health care provider education and willingness to perform smoking cessation services.
 - Most medical/dental/nursing schools do not provide cessation education for students.
 - Lack of insurance reimbursement to health care providers for brief cessation counseling.
- Lack of insurance coverage for cessation
 - Insufficient employer/insurance coverage for cessation
- Inadequate funding for the state cessation program.
 - Funding for promotion.
 - Funding for programming.

Four Year Objective #1: Increase access to cessation resources for Iowans.

SMART Objectives #1:

- ◆ By December 2010, 75% of Iowa's private insurance carriers and HMOs will provide comprehensive tobacco cessation coverage for clients and reimbursement to health care providers for brief cessation interventions.
- ◆ By December 2010, increase the percentage of Iowans with health insurance that covers nicotine replacement therapies and counseling to 75%.
- ◆ By December 2010, reduce to 18% the prevalence of smoking by adults.
- ◆ By December 2010, increase by at least 60%, the number of adult smokers who have been advised by their health care provider to quit smoking (doctor/nurse = 85%, dentist/hygienist = 43%).
- ◆ By December 2010, 100% of all policy/decision makers and candidates will be provided information on an annual basis and urged to support.

Baseline:

- 28 private health insurance carriers and 9 HMOs, none of which provide comprehensive cessation coverage. **Source:** Iowa Department of Commerce, Insurance Division.
- 39% of adults report having Health Insurance that provides coverage of NRT. **Source:** 2004 Iowa Adult Tobacco Survey.
- Adult smoking prevalence = 20.3% **Source:** 2004 Iowa Adult Tobacco Survey
- Doctor/nurse advised 53% of patients and dentist/hygienist advised 27% of patients. **Source:** 2004 Iowa Adult Tobacco Survey.

Target Populations:

- Health care providers: practicing, allied health professionals, and medical students
- Private Insurance Carriers
- Community Partners
- Businesses – Large Employers
- Medical Educational Institutions
- Statewide provider organizations
- State healthcare professional organizations
- ACS/ALA/AHA et al.

- Local media outlets
- Media contractor
- Legislators

Target Populations Impacted by Policy Change:

- All tobacco users
- All tobacco users with insurance

Four Year Strategy #1 A: Educate and advocate for large Iowa employers to purchase private insurance carriers’ comprehensive tobacco cessation coverage as well as reimbursement to health care providers for brief cessation interventions.

Target Populations:

- Health care providers: practicing, allied health professionals, and medical students
- Private Insurance Carriers
- Community Partners
- Businesses – Large Employers
- Medical Educational Institutions
- Statewide provider organizations
- State healthcare professional organizations

Target Populations Impacted by Policy Change:

- All tobacco users with insurance

Four Year Strategy #1 B: Increase awareness and participation in cessation efforts of health care provider educational institutions (e.g. medical, dental, nursing, etc.) and practicing health care providers.

Target Populations:

- Health care providers: practicing, allied health professionals, and medical students
- Insurance industry
- Health care provider education institutions
- Medical Educational Institutions
- Statewide provider organizations (e.g. IAFP, IHA, INA, etc.)
- State healthcare professional organizations (IMA,IDA,IDHA etc)

Target Populations Impacted by Policy Change:

- All tobacco users

Four Year Strategy #1 C: Educate and advocate policy/decision makers and candidates on the need to increase access to and promotion of effective, comprehensive tobacco cessation services (e.g. NRT, cessation counseling).

Target Populations:

- ACS/ALA/AHA et al.
- Community partnerships
- Local media outlets
- Media contractor
- Legislators

Target Populations Impacted by Policy Change:

- All tobacco users and All Iowans

Goal: Preventing the Initiation of Tobacco by Youth

Gaps:

- Need a tobacco tax increase to fund the following programs:
 - JEL/Counter Marketing – Middle School
 - Local assessment/evaluation
 - Life Skills – other evidence based curriculum
- Greater enforcement and enactment of tobacco-free campuses – adopting a model policy

Four Year Objective #1: Increase the proportion of tobacco free campuses at schools, colleges and universities; including all buildings, grounds, vehicles and school events.

SMART Objectives #1:

- ◆ By December 2010, increase to 100% the proportion of K-12 public schools in Iowa that implement tobacco-free policies (including all buildings, grounds, vehicles and school events).
- ◆ By December 2010, increase to 50% the proportion of colleges and universities that implement tobacco-free policies (including all buildings, grounds, vehicles and school events).

Baseline: Community Partnership quarterly reports (ongoing) and policy database to be initiated December 2006.

Target Populations:

- Administrators/school board members
- Academic-Educational Associations & Institutions
- Active Community Members/adults/parents/alumni
- School personnel & students
- Policy/decision makers
- General Public
- Community partnerships
- JEL
- Specific community partnerships to address appropriate racial/ethnic populations

Target Populations Impacted by Policy Change:

- Junior High, High School and 18-24 year olds
- School personnel & students

Four Year Strategy #1 A: Meet with academic and educational associations and institutions to discuss the endorsement and the adoption of model tobacco free campus policies.

Target Populations:

- School personnel & students
- Administrators
- School board members
- Community partnerships
- JEL
- Academic-Educational Associations & Institutions
 - Iowa Department of Education
 - Iowa School Board Association

- Iowa State Education Association, Board of Regents
- Iowa High School Athletic Associations
- Iowa Association of Independent Colleges and Universities
- Des Moines Higher Educational Collaborative
- Iowa Association of Community Colleges Trustees

Target Populations Impacted by Policy Change:

- Junior High, High School and 18-24 year olds
- School personnel & students

Four Year Strategy #1 B: Ensure access and availability of cessation and cessation aides for all students, staff and individuals affected by change in school policy.

Target Populations:

- Administrators
- School personnel & students
- School board members
- Active Community Members/adults/parents/alumni

Target Populations Impacted by Policy Change:

- Junior High, High School and 18-24 year olds
- School personnel & students

Four Year Strategy #1 C: Advocate for, and educate about the benefits of tobacco-free environments for youth in order to secure support from students, school personnel, policy/decision makers and the public for passage of an enforceable tobacco free schools law.

Target Populations:

- Administrators
- School personnel & students
- School board members
- Policy/decision makers
- Community partnerships
- JEL
- General Public
- Active Community Members/adults/parents/alumni

Target Populations Impacted by Policy Change:

- Junior High, High School and 18-24 year olds
- School personnel & students

Four Year Objective #2: Reduce youth initiation of tobacco use.

SMART Objectives #2:

- ◆ By December 2010, reduce the prevalence of smoking among middle school youth to 5%.
- ◆ By December 2010, reduce the prevalence of smoking among high school youth to 16%.
- ◆ By December 2010, decrease to 21% the current use of any tobacco product by high school students.

Baseline: High School prevalence = 19.5%; middle school prevalence = 7%; and 34% tobacco products. **Source:** 2004 Iowa Youth Tobacco Survey

Target Populations:

- Policy/decision makers
- Commission/ TUPC
- Community Partners
- Community coalitions
- JEL
- Health partners
- School board members
- Active Community Members/adults/parents/alumni
- Administrators
- Specific community partnerships to address appropriate racial/ethnic populations

Target Populations Impacted by Policy Change:

- Children of smoking parents
- Rural
- Junior High, High School and 18-24 year olds
- Low income youth

Four Year Strategy #2 A: Increase funding for counter-marketing to at least the CDC 1999's recommended minimum of \$2,853,000 or \$1.00 per capita so as to include:

- reach to all 99 counties
- ensure messages are heard and seen repeatedly by youth.

Target Populations:

- Policy/decision makers
- Commission/ TUPC
- Community Partners
- Community coalitions
- JEL
- Health partners

Target Populations Impacted by Policy Change:

- Children of smoking parents
- Rural
- Junior High, High School and 18-24 year olds
- Low income youth

Four Year Strategy #2 B: Increase funding for evidence-based curricula in the schools to at least the CDC 1999's recommended minimum of \$2,667,000 or \$4.00 per student (K-12).

Target Populations:

- Policy/decision makers
- Commission/ TUPC
- JEL
- Community Partners
- Community coalitions
- School board members

- Active Community Members/adults/parents/alumni
- Administrators
- Health partners

Target Populations Impacted by Policy Change:

- Children of smoking parents
- Rural
- Junior High, High School and 18-24 year olds
- Low income youth

**Iowa Comprehensive Tobacco Prevention,
Control and Treatment
One Year - Operation Plan
January, 2007 – December, 2007**

**Goal: Development of a Statewide Infrastructure for Tobacco
Use Prevention and Control**

Priority Objective #1: Develop and sustain a statewide tobacco prevention and control coalition.

Priority Strategy #1 A: The Iowa Tobacco Prevention Alliance's will develop annual operation plans that will define roles and responsibilities of members in advocating for comprehensive tobacco control programs.

First Year Activity: Revisit, adopt and implement a one year operations plan for the Iowa Tobacco Prevention Alliance.

Lead Agency: Steering Committee of the Iowa Tobacco Prevention Alliance (ITPA)

Partner Responsibilities/Resources/Timeframe for Year One:

Partner: ITPA Steering Committee

Responsibilities:

- The steering committee will initiate the following components of an operation plan:
 - Recruit and expand steering committee membership
 - Define roles and responsibilities of steering committee members
 - Develop bylaws to define board structure and the overall governance of ITPA

Resources: In-kind services from members of the current ITPA steering committee.

Timeframe: 1st Quarter

Partners: ITPA Steering Committee & University of Iowa – State Public Policy Group

Responsibilities:

- Hire staff support for ITPA:
 - Create job description
 - Obtain funding
 - Advertise staff position and recruit candidates

- Screen candidates and hire staff
- Seek office location and define office needs for staff
- Define supervision of new staff

Resources:

- In-kind services of the ITPA Chair and steering committee members & University of Iowa representatives
- IDPH Division of Tobacco Use Prevention and Control funds

Timeframe: 1st Quarter

Partners: ITPA Steering Committee & Staff, IDPH, & TUPC

Responsibilities:

- Create a ITPA membership due structure:
 - recruitment plan to expand ITPA membership
 - board recruitment and build capacity of ITPA membership
 - promotion plan for ITPA new alliance, mission and planning documents
 - publish operation plan and other key documents

Resources:

- In-kind services of the ITPA steering committee members
- ITPA staff
- IDPH Division of Tobacco Use Prevention and Control funds

Timeframe: All four quarters in year one.

Partner: ITPA Steering Committee & Staff

Responsibilities:

- Create an ongoing, long term fundraising plan:
 - Identify needs
 - Identify funding sources

Resources:

- In-kind services of the ITPA steering committee members
- ITPA staff

Timeframe: 4th Quarter

Priority Objective #2: Increase the state excise tax on tobacco products.

Priority Strategy #2B: Educate and advocate with policy/decision makers and the public to secure support for adequate funding for a comprehensive tobacco control program.

First Year Activity: Increase and maintain funding for Iowa's tobacco control programs as per CDC's best practices.

Lead Agencies: ITPA Steering Committee & IDPH

Partner Responsibilities/Resources/Timeframe for Year One:

Partners: ITPA, IDPH & CAFÉ Iowa CAN

Responsibilities:

- Create materials, templates or summary sheets describing: the flow of MSA funds; a comprehensive tobacco control program; and justification for increased funding.
- Create and develop an effective distribution network to distribute the materials and summary sheets described above.
- Create a formal budget offer to the legislature requesting increased funding the state tobacco control program.

Resources:

- In-kind services of CAFÉ Iowa CAN & ITPA steering committee members
- ITPA staff
- IDPH Division of Tobacco Use Prevention and Control Staff & funds

Timeframe: 1st Quarter

Goal: Eliminate Exposure to Secondhand Smoke

Priority Objective #1: Increase the number of workplaces and public places that are smoke-free.

Priority Strategy 1 A: Educate all Iowans on the harmful effects of secondhand smoke and mobilize grassroots supporters to advocate for voluntary smoke-free policies.

First Year Activity: Coordinate and implement a cohesive public education campaign.

Lead Agency: ITPA

Partner Responsibilities/Resources/Timeframe for Year One:

Partner: JEL

Responsibilities:

- Design a secondhand smoke media campaign theme for ITPA members to adopt that will educate the public with a consistent agreed upon message.
- Distribute the media campaign schedule to other partners and mobilize volunteers:
 - YAD/Kick Butts Day (March, 2007)
 - Great American Smokeout (November, 2007)
 - State Fair (August, 2007)
 - JEL Summit (June, 2007)

Resources:

- JEL Website,
- ITPA staff

Timeframe: 1st Quarter

Partner: Community Partnerships and Coalitions

Responsibilities:

- Educate the public with consistent agreed upon secondhand smoke message from the ITPA media campaign. Community Partnerships and Coalitions will educate the public using the following approaches:
 - Grassroots capacity building of local networks and mobilize volunteer efforts
 - Use earned media to promote the ITPA media campaign messages

Resources:

- ITPA staff will provide Community Partnerships and Coalitions with a Single Overriding Communication Objective (SOCO)
- ITPA staff will provide Updated fact sheets with references and sample letters to the editor

Timeframe: All four quarters in year one.

Partner: CAFÉ Iowa CAN

Responsibilities:

- Educate the public with consistent agreed upon secondhand smoke message from the ITPA media campaign. CAFÉ Iowa CAN will educate the public using the following approaches:
 - Provide fact sheets for media campaign
 - Provide sample LTEs for media campaign
 - Conduct fundraising for media campaign
 - Paid advocacy promoting the media campaign
 - Arrange for advocacy training using the media campaign messages' (Feb. 9, 2007)
 - Arrange for advocacy training to ITPA partner members using the media campaign messages' (Nov. 2007)
 - Provide legislative updates to ITPA members
 - Mobilize volunteers to educate the public using ITPA media campaign messages'
 - Coordinate local control action alerts for the media campaign

Resources: CTFK, ANR, CAFÉ Iowa CAN will provide materials, programs and financial support

Timeframe: 1st, 2nd, & 4th Quarters

Partner: ACS

Responsibilities:

- Educate the public with consistent agreed upon secondhand smoke message from the ITPA media campaign. ACS will educate the public using the following approaches:
 - Promote the ITPA media campaign messages at the ACS legislative breakfast (Jan 9, 2007)
 - Promote the ITPA media campaign messages at the Lobby Day event (March 12, 2007)
 - Use paid media to promote the ITPA media campaign messages
 - Survey all elected officials on cancer issues
 - Provide monthly newsletter, will include legislative updates

- Mobilize volunteers to educate the public using ITPA media campaign messages
- Distribute list of legislative forums
- Coordinate action alerts with other ITPA members
- Conduct Relays for Life to include the ITPA media campaign messages
- Promote the ITPA media campaign messages at the Day at Iowa Cubs

Resources: CTFK, ANR, ACS will provide materials, programs and financial support

Timeframe: All four quarters in year one.

Partner: AHA

Responsibilities:

- Educate the public with consistent agreed upon secondhand smoke message from the ITPA media campaign. AHA will educate the public using the following approaches:
 - Promote the ITPA media campaign messages at the: Legislative Breakfast (Feb 6, 2007); Sweethearts (March 28, 2007); GALAs, Go Red For Women, & Heart Walks
 - Use earned media to promote the ITPA media campaign messages
 - Provide monthly newsletter, will include legislative updates
 - Mobilizing volunteers to educate the public using ITPA media campaign messages
 - Coordinate local control action alerts for the media campaign

Resources: CTFK, ANR, AHA will provide materials, programs and financial support

Timeframe: All four quarters in year one.

Partner: ALA

Responsibilities:

- Educate the public with consistent agreed upon secondhand smoke message from the ITPA media campaign. ALA will educate the public using the following approaches:
 - Promote the ITPA media campaign messages at the: Tobacco Control Report Card (January 2007); Asthma walks (Oct. 2007); Stair climb (Feb, 2007)
 - Use earned media to promote the ITPA media campaign messages
 - Provide monthly newsletter, will include legislative updates

- Mobilizing volunteers to educate the public using ITPA media campaign messages
- Coordinate local control action alerts for the media campaign
- Provide forum list distribution

Resources: CTFK, ANR, ALA will provide materials, programs and financial support

Timeframe: All four quarters in year one.

Priority Objective #1: Increase the number of workplaces and public places that are smoke-free.

Priority Strategy #1 B: Advocate and educate policy/decision makers, business owners, and the public in order to secure support for state legislation to restore control to communities to allow passage of local smoke-free ordinances.

First Year Activity: Build and mobilize grassroots supporters to influence elected officials in support of restoring local control.

Lead Agency: ITPA

Partner Responsibilities/Resources/Timeframe for Year One:

Partner: JEL

Responsibilities:

- Design a secondhand smoke educational campaign theme for ITPA members to adopt that will educate the elected officials with a consistent agreed upon message.
- Distribute the educational campaign schedule to other partners and mobilize volunteers to educate the elected officials using ITPA media campaign messages':
 - YAD/Kick Butts Day (March, 2007)
 - Great American Smokeout (November, 2007)
 - State Fair (August, 2007)
 - JEL Summit (June, 2007)

Resources:

- JEL Website
- Executive Council provides training

Timeframe: 1st Quarter

Partner: Community Coalitions

Responsibilities:

- Educate elected officials with consistent agreed upon secondhand smoke message from the ITPA media campaign. Community Coalitions will educate the elected officials using the following approaches:
 - Build grassroots networks and mobilize volunteers to educate the elected officials using ITPA media campaign messages'
 - Use earned media to promote the ITPA media campaign messages
 - Attend community forums to promote the ITPA media campaign messages
 - Schedule one-on-ones with elected officials to promote the ITPA media campaign messages
 - Attend district meetings to promote the ITPA media campaign messages
 - Attend lobby days to promote the ITPA media campaign message to educate the elected officials
 - Respond to action alerts

Resources:

- ITPA staff will provide Community Partnerships and Coalitions with a Single Overriding Communication Objective (SOCO)
- ITPA staff will provide Updated fact sheets with references and sample letters to the editor
- CAFÉ Iowa CAN will provide a membership kit

Timeframe: All four quarters in year one.

Partner: CAFÉ Iowa CAN

Responsibilities:

- Educate elected officials with consistent agreed upon secondhand smoke message from the ITPA media campaign. CAFÉ Iowa CAN will educate the elected officials using the following approaches:
 - Provide fact sheets for media campaign
 - Provide sample LTEs for media campaign
 - Conduct fundraising for media campaign
 - Paid advocacy promoting the media campaign
 - Arrange for advocacy training using the media campaign messages' (Feb. 9, 2007)
 - Arrange for advocacy training to ITPA partner members using the media campaign messages' (Nov. 2007)
 - Provide legislative updates to ITPA members

- Build grassroots networks and mobilize volunteers to educate the elected officials using ITPA media campaign messages'
- Coordinate local control action alerts for the media campaign
- Conduct Monthly legislative calls

Resources: CTFK, ANR, CAFÉ Iowa CAN will provide materials, programs and financial support

Timeframe: All four quarters in year one.

Partner: ACS

Responsibilities:

- Educate elected officials with consistent agreed upon secondhand smoke message from the ITPA media campaign. ACS will educate the elected officials using the following approaches:
 - Promote the ITPA media campaign messages by educating elected officials at the ACS legislative breakfast (Jan 9, 2007)
 - Promote the ITPA media campaign messages by educating elected officials at the Lobby Day event (March 12, 2007)
 - Use earned media to promote the ITPA media campaign messages
 - Survey all elected officials on cancer issues
 - Provide monthly newsletter, will include legislative updates
 - Mobilize volunteers to educate elected officials using the ITPA media campaign messages
 - Distribute list of legislative forums
 - Coordinate action alerts with other ITPA members
 - Conduct Relays for Life to include the ITPA media campaign messages
 - Promote the ITPA media campaign messages at the Day at Iowa Cubs
 - Provide transportation to capitol
 - Provide in-district lobbying of elected officials

Resources: CTFK, ANR, ACS will provide materials, programs and financial support

Timeframe: All four quarters in year one.

Partner: AHA

Responsibilities:

- Educate elected officials with consistent agreed upon secondhand smoke message from the ITPA media campaign. AHA will educate the elected officials using the following approaches:

- Promote the ITPA media campaign messages at the: Legislative Breakfast (Feb 6, 2007); Sweethearts (March 28, 2007); GALAs, Go Red For Women, & Heart Walks
- Use earned media to promote the ITPA media campaign messages
- Provide monthly newsletter, will include legislative updates
- Mobilizing volunteers to educate elected officials using the ITPA media campaign messages
- Coordinate local control action alerts for the media campaign

Resources: CTFK, ANR, AHA will provide materials, programs and financial support

Timeframe: All four quarters in year one.

Partner: ALA

Responsibilities:

- Educate elected officials with consistent agreed upon secondhand smoke message from the ITPA media campaign. ALA will educate the elected officials using the following approaches:
 - Promote the ITPA media campaign messages at the: Tobacco Control Report Card (January 2007); Asthma walks (Oct. 2007); Stair climb (Feb, 2007)
 - Use earned media to promote the ITPA media campaign messages
 - Provide monthly newsletter, will include legislative updates
 - E-advocacy: Mobilizing volunteers to educated elected officials using the ITPA media campaign messages
 - Coordinate local control action alerts for the media campaign
 - Provide forum list distribution

Resources: CTFK, ANR, ALA will provide materials, programs and financial support

Timeframe: All four quarters in year one.

Goal: Increase Cessation of Tobacco Use by Iowans

Priority Objective #1: Increase access to cessation resources for Iowans.

Priority Strategy #1 A: Educate and advocate for large Iowa employers to purchase private insurance carriers' comprehensive tobacco cessation coverage as well as reimbursement to health care providers for brief cessation interventions.

First Year Activities:

- Gather baseline data regarding cessation coverage by Iowa employers.
- Establish initial relationships with private health care insurers.

Lead Agency: IDPH/TUPC

Partner Responsibilities/Resources/Timeframe for Year One:

Partner: IDPH/TUPC

Responsibilities: Facilitate an assessment of cessation coverage by employers with 500 or more employees.

Resources: IDPH staff and funding

Timeframe: 3rd & 4th Quarters

Partner: Iowa Tobacco Research Center

Responsibilities: Convene meeting of private health care insurers to discuss the provision of smoking cessation services as a covered benefit for employees.

Resources: ITRC staff time, ICCCC volunteers in-kind services

Timeframe: 3rd & 4th Quarters

Priority Objective #1: Increase access to cessation resources for Iowans.

Priority Strategy #1B: Increase awareness and participation in cessation efforts of health care provider educational institutions (e.g. medical, dental, nursing, etc.) and practicing health care providers.

First Year Activities:

- Assess information and create curriculum materials for health care provider educational institutions.
- Create materials and disseminate to targeted health care providers.

Lead Agency: IDPH/TUPC

Partner Responsibilities/Resources/Timeframe for Year One:

Partner: IDPH/TUPC Division

Responsibilities: Facilitate an assessment of all health care provider educational institutions of current curricula regarding tobacco cessation.
Resources: IDPH will provide program and funding support required for data gathering and assessment.
Timeframe: 1st & 2nd Quarters

Partner: University of Iowa/Iowa Tobacco Research Center

Responsibilities:

- Development of evidence-based tobacco cessation curricula specific to health care provider educational institutions.
- Development of evidence-based tobacco cessation materials specific to health care providers.
- Dissemination and provision of evidence-based tobacco cessation materials specific to health care providers.

Resources:

- Funding required for curriculum development and reproduction. Potential Funding Sources: IDPH, ACS, private insurers, educational institutions, federal grants, private foundations, etc.
- IDPH funding for material development and reproduction.
- IDPH funding required for dissemination and provision of evidence-based tobacco cessation materials specific to health care providers.

Timeframe: All four quarters in year one.

Priority Objective #1: Increase access to cessation resources for Iowans.

Priority Strategy #1 C: Educate and advocate policy/decision makers and candidates on the need to increase access to and promotion of effective, comprehensive tobacco cessation services (e.g. NRT, cessation counseling).

First Year Activity: Solicit support from state legislators for comprehensive cessation services.

Lead Agency: IDPH/TUPC

Partner Responsibilities/Resources/Timeframe for Year One:

Partner: IDPH/TUPC

Responsibilities: Submit a formal budget offer to the state legislature to increase funding for access to and promotion of Quitline Iowa cessation services.

Resources: IDPH staff time

Timeframe: 1st & 2nd Quarters

Partner: ITPA

Responsibilities: Advocate for increased funding.

Resources: ITPA in-kind member activity

Timeframe: All four quarters in year one.

Partner: TUPC Commission

Responsibilities: On an annual basis provide a report that includes status of current tobacco cessation services.

Resources: IDPH funding and TUPC Commission staff time

Timeframe: 2nd Quarter

Goal: Preventing the Initiation of Tobacco by Youth

Priority Objective #1: Increase the proportion of tobacco free campuses at schools, colleges and universities; including all buildings, grounds, vehicles and school events.

Priority Strategy #1 A: Meet with academic and educational associations and institutions to discuss the endorsement and the adoption of model tobacco free campus policies.

First Year Activity: Identify, educate, provide model policy, and obtain support from 50% of these organizations identified in first year.

Lead Agency: JEL

Partner Responsibilities/Resources/Timeframe for Year One:

Partners: IDPH, School Board Association and ICCCC

Responsibilities: Identify which academic and athletic organizations to partner with and who to contact in each agency.

Resources: Use the in-kind services of the following Academic-Educational Associations & Institutions:

- Iowa Department of Education
- Iowa School Board Association
- Iowa State Education Association, Board of Regents
- Iowa High School Athletic Associations
- Iowa Association of Independent Colleges and Universities
- Des Moines Higher Educational Collaborative
- Iowa Association of Community Colleges Trustees

Timeframe: 1st Quarter

Partner: JEL Executive Council

Responsibilities: Write a letter of introduction and identify common areas of concern and interest and ask to be placed on agenda for a face-to-face meeting to explain why tobacco-free policies are important to reducing youth tobacco use.

Resources:

- JEL Executive Council: Provide youth perspective on this issue, are located throughout state and have a vested interest in this issue.
- ICCCC: video and information packet

Timeframe: 2nd & 3rd Quarters

Partners: IDPH, School Board Association, and ICCCC

Responsibilities: Produce a comprehensive tobacco-free school policy.

Resources:

- ICCCC: funding
- IDPH: Best Practices
- Endorsements from the following organizations: School Board Association, Department of Education, and Safe and Drug Free Schools

Timeframe: 1st, 2nd, & 3rd Quarters

Partners: JEL Executive Council & Tobacco Use Prevention and Control Commission

Responsibilities:

- JEL Council members will ask for the, ‘can we have your support’, after presenting the benefits of a comprehensive tobacco-free school policy.
- The TUPC commission will follow-up for an answer.
- Additional meetings of the JEL Executive Council will be scheduled if necessary.

Resources: JEL Executive Council & TUPC Commission in-kind services

Timeframe: 2nd, 3rd, & 4th Quarters

Priority Objective #1: Increase the proportion of tobacco free campuses at schools, colleges and universities; including all buildings, grounds, vehicles and school events.

Priority Strategy #1 C: Advocate for, and educate about the benefits of tobacco-free environments for youth in order to secure support from students, school personnel, policy/decision makers and the public for passage of an enforceable tobacco free schools law.

First Year Activity: Secure the support of 5 non-partnership people (e.g.: students, nurses, school personnel, religious leaders, local government, etc...) within each school district who will support the new tobacco-free policy.

Lead Agency: ICCCC

Partner Responsibilities/Resources/Timeframe for Year One:

Partner: Tobacco Prevention Community Partnerships

Responsibilities: Contacting individuals in the community to garner their support for effective tobacco-free policy, and keep list of said members who are supportive.

Resources: Local database of supporters and the ICCCC kit/packet

Timeframe: All four quarters in year one.

Partners: JEL Chapters and Other Youth Prevention Groups: SADD, TATU, 4H, FFA, Iowa State Rodeo Association, High School Rodeo Association, etc

Responsibilities: Educate and advocate policy/decision makers to support a comprehensive tobacco-free policy. Work with partnerships to secure support from students and faculty.

Resources: JEL database and youth leaders (JEL and other groups)

Timeframe: All four quarters in year one.

**Iowa Key Partners Opinion Survey
Summary Report
August, 2006**

Goal: Eliminate Exposure to Secondhand Smoke

Strengths of Iowa Movement:

- The decision by the Iowa Supreme Court (in 2003) to invalidate the ETS ordinances passed in Ames and Iowa City, by declaring the state ETS law preemptive, has served as a rallying point for advocates.
- There has been good progress with voluntary policies, especially in hospitals and health care facilities and, most surprisingly, in the meatpacking industry, which has a majority of immigrant workers.
- Strong core group of passionate advocates.
- Diligence and dedication to the effort seem to be the most outstanding strengths Iowa possesses. Youth and adults alike have been strongly advocating and working for secondhand smoke protection for years, generally facing much opposition from local and State government officials as well as a portion of the general public. Despite the amounts of opposition, Iowans have not diluted the urge and need to continue on with the effort. Public support for clean air options is outstanding as well.
- A well organized and recognized State organization (Clean Air for Everyone – CAFÉ – Iowa). Educational efforts have been effective. Over 88% of people believe that people should be protected from secondhand smoke. Over 70% favor local control. CAFE IOWA CAN is incorporated as a 501.c.4, has a paid lobbyist, and 350 members. Tobacco Control advocates are speaking with one voice on a unified message.
- Increase in the number of smoke free restaurants and tobacco free school policies as well as tobacco free parks. Good momentum in the past...several communities and advocates across the state have been working to educate their communities and elected officials on this issue. Great partnership with the Iowa Hospital Association and hospitals strengthening their tobacco control policies.
- Increased businesses have voluntarily implemented smoke-free and/ or tobacco free campus policies.
- The AHA, ACS, ALA, IDPH, IA Tobacco Prevention Alliance, CAFÉ and local coalitions working together for the same cause.
- The Just Eliminate Lies (JEL) youth program reaches the entire state and give students a voice on the issues.
- Heartland Inns and Oak Tree Inns are found in Iowa that have created smoke free policies. Additionally, local hotels have made the decision on their own to be smoke-free such as the Black Hawk Hotel in Cedar Falls, hotel Vetro in Iowa City and the Coralville Marriott Hotel, Conference Center and a Holiday Inn Express in Cedar Rapids.
- BRFSS 2004: 82% of Iowa smokers said they want to quit (69% in 2002); 3.6% of Iowans are smokers who say they do not wish to quit; 92% of Iowans agreed people

should be protected from secondhand smoke (88% in 2002). As of July of 2006 (87 hospitals): 43 hospitals are tobacco free, 29 are planning to implement in 2006/2007.

Unsuccessful Initiatives, Major Issues and/or Gaps:

- Ames and Iowa City had local smoke-free laws. Upon the Iowa Supreme Court's ruling that a community did not have the authority to pass a local law that was inconsistent with the state law, Iowa City took their ordinance off the books and Ames stopped enforcing theirs. In addition, neither ordinance were 100% comprehensive, i.e. including all workplaces and restaurants and bars. Iowa City only covered restaurants and Ames had an hours provision where smoking was only prohibited between the hours of 6 am – 8 pm.
- Advocating for the tobacco tax increase has been a struggle over the past few years, but the **Iowa tobacco control movement** (*Iowa Movement*) has made the necessary dents in the political battle.
- OSHA workplace safety---workplace policies have not been 100% successful.
- Restoring local control of government causes some tensions in our public officials.
- The Iowa Movement has sufficient political influence to have bills introduced each year in the legislature, but not enough to get them out of committee.
- Not being able to pass local ordinances. Public places need clean air
- The Iowa Movement has struggled with trying to get legislators to understand repealing preemption/local control. Iowa has not passed any legislation or gotten anything through the legislative committees to overturn preemption or to allow cities to pass smoke free ordinances. This also rings true for the general public.
- Need legislation that will either repeal pre-emption and/or permit local control and/or provide a strong statewide smoke-free law.
- Need a strong coalition to consistently disseminate information. Iowa Movement lacks the grassroots strategy to promote SHS efforts. Need to diversify support to all regions of state.
- The Iowa Movement needs to come to a consensus on ETS goals/objectives. All organizations reaching agreement on a statewide law versus local communities approach and educating all about what truly constitutes a comprehensive state law.
- Need to educate candidates for office on the issue of secondhand smoke and effective smoke-free legislation. Need to elect decision makers who support smoke-free laws.
- Need to educate our grassroots network on effective smoke-free laws. Also need to educate the public on the health effects of secondhand smoke and the need for smoke-free laws. Insufficient funding to support a statewide ETS media/educational campaign for the general public.
- Overcome the strong lobbying and PAC funds of tobacco companies.
- Insufficient and poorly coordinated outreach to the business community at the state level, particularly.

Recommendations:

- Fund policy advocacy programs at the community coalition level to advocate for smoke-free policies in all public places.

- Expand volunteer recruitment activities statewide to build up our grassroots database. Launch a statewide public education campaign on secondhand smoke.
- Grassroots Advocacy: Focus on the changes of our representatives that do not support our advocacy of healthy Iowans. Promote legislation that will either repeal pre-emption and/or permit local control and/or provide a strong statewide smoke-free law. Determine who our supporters are among those running for office. Help elect candidates who support our goals. Educate public on candidates' positions. Mobilize grassroots members to action.
- Restrict SHS in public places where local government is the custodian. Pass local ordinances outside the scope of Chapter 142B, including non-enclosed outdoor spaces.
- Increase the number of hospitals adopting tobacco-free campus policies and their documentation of tobacco use.
- Statewide collaboration with all partners. Identifying ONE contact person for each significant ETS strategy. Each contact person responsible for gathering information and forwarding it to all other advocates and partners.
- Develop and implement statewide ETS media campaign & local information dissemination on protecting workers; engage workers in clean indoor air campaigns.
- Conduct a survey of businesses in the state to determine what tobacco-related policies are actually in place and what support there might be in the business community for smoke-free workplace laws. Host a state conference for business on the benefits of workplace policies, including insurance coverage of cessation.
- Promote OSHA workplace safety standards
- Work with the Restaurant Association to promote ETS legislation by promoting a strategic campaign with a theme of, "this is not a choice issue, but a health issue".
- Promote the adoption of voluntary tobacco-free policies of public buildings such as restaurants, bars, hospitals, bowling alleys, bingo halls, hotels, municipal parks and stadiums, correctional facilities, business entities, meatpacking industry and all public places at the grassroots level to go smoke free. Educate the health risks caused by smoking and from secondhand smoke.
- Compile data on worksite ETS policies and promote throughout business community to garner support for clean indoor air policies.

Target Populations:

- *All Iowans*
- *Low income adults*
- *Workers, especially hospitality workers in bars and restaurants*
- *Youth female Latino, Asian & African Americans*
- *Hispanic, African American, Native American Indian, low income, pregnant women*
- *Hispanic workers*
- *Culture change not as progressed in rural areas.*
- *Low income pregnant women*
- *Youth*
- *Health care providers*

- *Families by outreaching to them through health systems or worksites or family initiatives. These would become local advocates to contact legislators.*
- *Community Partnerships*
- *Advocates*
- *Legislators*
- *Business Community*

Goal Two: Preventing the Initiation of Tobacco by Youth

Strengths of Iowa Movement:

- Iowa has an excellent youth program—Just Eliminate Lies. JEL has a high level of recognition among Iowa youth. The success of JEL is demonstrated by the fact that Iowa's youth prevalence rates are well below the national average and continue to fall. JEL has done great outreach and advocacy in the past General Assembly. JEL groups in schools have encouraged youth to get involved and take a position on reducing tobacco use at the local and state level.
- A well-run tobacco retail sales enforcement program that has been successful in engaging local law enforcement. Although law enforcement is paid to perform these checks, they also seem to take tobacco seriously as drug of addiction for youth. This program includes a requirement for all tobacco retailers to obtain a tobacco sales permit (similar to a license) and that is a plus, as well.
- The efforts of the Iowa ABD to keep retailers from selling the product to youth.
- Most of the local programs have focused on prevention of youth initiation from the start, so there is no lack of commitment for prevention initiatives at the local level.
- A strong counter advertising program that has subsequently been affected by budget cuts.
- High school prevalence is now flat or slight decrease due to efforts and awareness.
- Iowa is making progress in implementing more school policies that prohibit tobacco use by students, staff and visitors on any school property.
- TATU
- University of Iowa study smoke free policies reduced smoking rates among students; community forums.

Unsuccessful Initiatives, Major Issues and/or Gaps:

- Some community partnerships have engaged over the years in poster contests and pencil giveaways. A generic preventive approach (not evidenced-based) that while fun, is just not proven to be effective at reducing youth tobacco use.
- Smoke free school grounds and campus policies are spotty across the State.
- Need to encourage more schools to adopt tobacco-free campus policies.
- Not all schools are 100% tobacco free and policies are not always enforced.
- Some specific youth initiatives (t-shirt slogans, counter advertising) have been criticized by legislators as too aggressive.
- TATU
- Middle school efforts need to be a priority. Recent years prevention efforts in Iowa Middle schools have not shown much effect. Middle school students have flat-lined in percentage of use. Progress, as measured by middle school smoking, is faltering as a result of significant budget cuts in 2003.
- Need to find a tobacco free school campuses model that works statewide.
- Ineffective penetration into minority ethnic and racial youth populations.
- High school rates have significantly decreased. All high schools should have a comprehensive tobacco-free policy for their grounds and events.

- Funding need for education, prevention & cessation and school based programs.
- Need to increase funding for the JEL media campaign; current campaign is not sufficient in penetrating all markets in the state.
- Need to Increase 100% tobacco free policies in schools K-12.
- Need for consistent language on how to use tobacco free and smoke free terminology correctly.
- Need to increase education at the local program staff level on what really works in preventing tobacco use by youth—price, smoke-free laws, and counter marketing/advocacy programs.

Recommendations:

- Involve youth or the JEL program in restricting SHS in public places where local government is the custodian. Pass local ordinances outside the scope of Chapter 142B, including non-enclosed outdoor spaces.
- Working with the school boards to get buy in to tobacco free campuses.
- Promote 100% tobacco free school campus policies for K-12 schools, universities and colleges.
- Work with Department of Education to create a link of smoke-free campuses and funding received.
- Increased funding to support school based programs promoting tobacco free education.
- School administrators and staffs, School Boards, need to role model the non-tobacco use “behavior” to assist with tobacco prevention awareness. Enforce tobacco free policies to ensure compliance.
- More JEL ads. Restore sufficient funding to increase counter advertising or the counter-marketing campaign in particular.
- Continued support of the JEL program promoting tobacco free policies across the state.
- Funding for tobacco free education at Elementary, Middle school & High school levels.
- Increasing awareness of the dangers of the product and exploring better ways of prevention would be ideal. Again, middle school students need to be addressed seriously.
- Increase science-based tobacco education curriculum in school
- Increase activities at the college level
- Passage of an enforceable statewide tobacco free schools law.
- Secure additional funding for youth tobacco prevention and control initiatives by educating legislators and candidates on the program and the need for additional funding and ensure those supportive of increased funding are the ones who get elected.
- Promote JEL or youth involvement on local coalitions and working with legislators.
- Passage of an enforceable statewide tobacco free schools law.
- Enforcement of tobacco free polices at schools. More consequences if a youth is caught using tobacco.

- Making sure that all places that sell tobacco are 100% compliant all the time. Increase the number of compliance checks with tobacco retailers.
- Prosecute retail permit holders who violate Iowa's tobacco laws by selling to youth. Ongoing support of the well-run tobacco retail sales enforcement program that has been successful in engaging local law enforcement. Strong local law enforcement buy-in for the program is an important indicator that supports a real shift in community norms. Law enforcement takes tobacco seriously as drug of addiction for youth. This program includes a requirement for all tobacco retailers to obtain a tobacco sales permit.

Target Populations:

- *College & University Students – 18 to 24*
- *College age group, Parental component to understand how to work with children*
- *Students enrolled in reservation schools*
- *Racial/ethnic minority youth under age 18*
- *Native American, Hispanic, Asian, African American*
- *Rural youth & LGBT youth*
- *Low income youth*
- *children of smoking low income parents*
- *Junior High & 18-24 year olds*
- *Middle School Students; promote involvement with JEL*

Goal: Access to Cessation Resources for Adults and Youth

Strengths of Iowa Movement:

- Quitline Iowa is state-of-the art with a 26% quit rate at 6 months-comparable to other quitlines around the nation. A fax referral system was instituted last year. The state is promoting the Quitline to health care providers. A free Quitline is a significant resource that helps everyone regardless of their income.
- The availability of NRT through Iowa Quitline.
- This year funding is invested into the provider education.
- Many members of local program staff have been trained in the delivery of cessation counseling.
- Legislation was passed last year to allow for coverage of NRT and cessation coverage for all Iowa Medicaid clients. The benefit will start January 1, 2007 and will utilize fax referral to Quitline Iowa as the primary counseling program.
- Several agencies provide the NRT at minimum cost.
- Additional funding that has supported marketing of Quitline; and a collaborative approach in securing increased funding for the last 2 years. IDPH-TUPC support of marketing for cessation programs.
- More healthcare systems are implementing tobacco user identification systems and utilizing the fax referral form for Quitline Iowa.
- Partnerships are increasing their contact with physicians and dentists to promote Quitline Iowa. They are providing trainings on the 5As and fax referral and tobacco use documentation.
- The hospitals adopting tobacco-free campus policies are helping to encourage people to quit, but also is prompting the hospitals to document tobacco use and to refer patients to cessation classes or Quitline Iowa.

Unsuccessful Initiatives, Major Issues and/or Gaps:

- Group cessation programs have had mixed success. Iowa has had limited ability to provide NRT until recently.
- Not enough smoke-free workplace laws.
- Not enough employer coverage of cessation.
- Barriers to getting providers to address cessation in the clinical setting.
- Lack of Insurance reimbursement or coverage for cessation.
- Health insurance coverage of pharmacotherapy or statewide offering of free or reduced-cost pharmacotherapy.
- Poor health care provider education and willingness to perform smoking cessation services. Lack of trained cessation facilitators who are effective and providing cessation services.
- Requests for additional funding to support increased access to cessation services in the past legislative sessions have not been successful; promised funding has been allocated instead for substance abuse youth prevention programs.
- The governor was going to sign an executive order making the capitol complex grounds tobacco free as of July 1, 2006 but dropped the policy.
- Inadequate promotion of available cessation resources.

- Need more funding to promote Quitline Iowa. Last year's Adult Tobacco Survey reported only 6% of adult Iowans said they had heard of the Quitline. Funding for quitline promotion was at \$100,000. Increased funding to a little over \$500,000 this year, but it still isn't nearly enough. JEL media campaign is funded at \$1,000,000 and more than 60% of adults have heard of JEL, even though the ads are run on youth-oriented stations and programs demonstrating the importance of an adequate media budget.
- Inadequate funding for the state cessation program.
- Delay in starting Medicaid coverage of pharmacotherapy.
- Need to increase the use of cessation products (NRTs) through the Quitline.
- There is limited access to pharmaceuticals---particularly in rural areas
- Not enough information & education on cessation services. Lack of continuity in providing tobacco prevention and cessation services.
- Need to increase efforts to publicize Quitline. Quitline is not well known in the State.
- Limited support from pharmaceutical companies other than NRT

Recommendations:

- Work with Iowa insurance carriers to promote coverage of tobacco cessation services for all Iowans.
- Encourage the JEL Program to grow and become even more of a sounding force to the importance of tobacco cessation services statewide.
- Work with Iowa's insurance companies to step-up and provide coverage for cessation aides. Insurance companies can also ensure that physicians are intervening with their smoking patients.
- Increase funding for promotion of Quitline, including increased advertising and marketing of the Quitline.
- Continue to use the 'collaborative approach' of key partners in securing increased funding for the Quitline.
- Educate lawmakers and candidates on effective tobacco cessation services and the need for additional resources.
- Increase training of local program staff in the delivery of cessation counseling.
- Reinstate the ability to fund the use of community partnership dollars to defray the cost of nicotine replacement products. Guidelines would have to be established though.
- Increase the percentage of providers doing brief counseling and referral.
- Increase the distribution and access to NRT and other cessation products by facilitating the lowest cost for the users.
- Health insurance coverage of pharmacotherapy or statewide offering of free or reduced-cost pharmacotherapy.
- Continued Medicaid coverage of cessation products. Legislation was passed last year to allow for coverage of NRT and cessation coverage for all Iowa Medicaid clients. The benefit will start January 1, 2007 and will utilize fax referral to Quitline Iowa as the primary counseling program.
- Increase the number of agencies providing the NRT at minimum cost or no cost.

- Increase the number of hospitals adopting tobacco-free campus policies and their documentation of tobacco use and their referrals of patients to cessation classes or the Quitline Iowa.
- The Quitline directing people to local programs.
- Target medical/dental/nursing schools to include cessation as standard part of curriculums.
- Increase outreach to both medical and dental providers to increase awareness of tobacco impact on health and the need for participation in cessation efforts.
- Contact and communication needs to take place to encourage Iowa Health System and other Physician networks to encourage tobacco user identification and referral.
- Partnerships are increasing their contact with physicians and dentists to promote Quitline Iowa. They are providing trainings on the 5As and fax referral and tobacco use documentation.
- Increase of cessation support groups and one on one counseling through the hospitals and insurance companies as the state has eliminated that program of work from community partnerships.
- Increase the number of hospitals adopting tobacco-free campus policies and their documentation of tobacco use and their referrals of patients to cessation classes or the Quitline Iowa.
- The Quitline directing people to local programs.

Target Populations:

- *Health care providers*
- *Insurance industry*
- *Racial/ethnic populations and youth representing racial & ethnic populations*
- *Should be focus in all cultures*
- *Pregnant women & pregnant teens*
- *Fairly high smoking rates among Hispanic workers*
- *Young adults*
- *Low income: youth and adults*
- *18-24 year olds*
- *Underserved and uninsured populations*
- *All populations*
- *Adult & older population*
- *Ensuring cessation services are available for those without phone or internet access and ensure they are available for non-English speaking residents. Focus in all cultures.*

Goal: Development of a Statewide Infrastructure for Tobacco Use Prevention and Control

Strengths of Iowa Movement:

- Funding for the state tobacco program has remained stable since 2003. In fact, funding has increased by \$1.4 million in the past two sessions. This has allowed for stability in staffing at both the state and local level. The partners in the Iowa movement have a great deal of commitment and expertise to draw upon.
- Tobacco Use Prevention and Control Commission members' are committed, supportive and have a great deal of knowledge in tobacco control; true tobacco control advocates.
- The Iowa Tobacco Prevention Alliance is coming together as a coalition. Iowa has not had a functioning statewide tobacco control coalition for several years so this progress is a great step forward.
- Community Partnerships. The re-grouping of a statewide coalition, Iowa Tobacco Prevention Alliance, and our improving partnership with CAFÉ Iowa CAN.
- Great efforts on the advocacy from the ACS. AHA. ALA. IDPH, CAFÉ Iowa & more. Passionate, dedicated tobacco control advocates.
- A number of dedicated and persistent volunteers. The new leadership of the Tobacco Control Division at IDPH is building a strong program. Some small increases in the State budget for Tobacco Control.
- Nice to have an umbrella organization and plan for pulling together all other tobacco control volunteers and efforts. Willingness by several players to get an umbrella group pulled together.
- Several already established national level advocates exist in Iowa, ACS folks, AG office staff.
- Tobacco stands as its own division.
- Committed and knowledgeable leadership.
- Local people with local credibility working for change in their communities. That's a BIG positive.

Unsuccessful Initiatives, Major Issues and/or Gaps:

- Leadership of previous statewide coalition, Tobacco Free Iowa, waned over the years. Turnover of major tobacco control voluntaries over the years led to gaps in leadership over the years.
- Attempts to create a viable statewide tobacco control consortium have failed several times. Need a statewide tobacco control consortium. The infrastructure is very fragmented and different advocates and groups work on separate issues (eg. SHS & tax).
- Need a statewide coalition with a paid executive director. Organizations need to commit to supporting statewide organization and forego the credit/blame game. Getting over separate issues and realizing that tobacco control needs to be comprehensive and moving forward.
- Past IDPH Directors have not been passionate leaders for tobacco control. Statewide coalition in infancy.

- Lack of promotion and visibility of a statewide alliance; not sure what the group has for goals, plans, etc. Need a board that makes a decision on the state's tobacco control agenda for the year and when that decision is made that is what the advocates work toward.
- Not having a paid independent person to run the umbrella group seems to be problematic.
- Possibly need to develop a stronger interest on behalf of the college age student.
- Too many messages and people within tobacco control not talking consistently. Lack of timely communication. Clear and consistent messaging. Reassessment of who is current tobacco advocates are and identify who we need.
- In general Iowa partners have a small localized view of tobacco control work in their area and their area alone. But partners are ready and have expressed a willingness to start creating larger networks to support efforts and projects that encompass more than their local area.
- Fragmented - No real structure to speak of.
- Need to increase fundraising for coalition efforts. More grooming of leaders to share in the workload. Need to identify organizations in counties where there currently isn't a tobacco control coalition who would be willing to take on the community partnership responsibilities.
- Need more communication on what is happening and planned for the alliance.
- Need more direct support and providing in kind resources.
- Need to establish a coalition to support and compliment efforts of the Iowa tobacco control movement and the legislative agenda.
- Even though state program funding has remained stable since 2003, it was cut by 40% that year from the level it started with in 2000—from \$9.3 million to \$5.1 million in state funds. Currently at \$6.5 million, but that is still only about 40% of the CDC minimum recommendations.
- Iowa has 99 counties. Tobacco program funding levels for those counties was established by administrative rule in 2000 when the program began. Because of the 40% cut in funding (and because of too little funding going to those programs initially), only 6 counties receive enough funding to actually be able hire a full time person. The vast majority can afford less than .5 FTE in staff. Many receive less than \$15,000 a year and several less than \$5,000; insufficient funding to run a program on that amount of money.
- The administrative rules need to be changed so that a minimum is set for how much any partnership should receive in order to operate a program. Unless state program funding is drastically increased, this means that we need to have fewer partnerships composed of more than one county. Some partnerships already are multi-county, voluntarily, so this would not be a drastic change for some. The Commission has established a subcommittee to review this issue (and other funding issues) with the goal of recommending an administrative rules change to be in place in time for the release of the new Community Partnership RFP in 2008.
- Iowa is 95% white, which makes it very difficult to outreach in any coordinated way to members of non-white communities. It also makes it very difficult and expensive to gather reliable data on tobacco use in those communities.

Recommendations:

- Establishment of a functioning board or steering committee for the Iowa Tobacco Prevention Alliance. Board would be made-up of leadership volunteers and the first year operation plan's lead agencies. The board biggest responsibility is to guide your statewide planning efforts and be active participants in the oversight and support of the statewide alliance.
- Iowa Tobacco Prevention Alliance establishes and implements a membership structure and launches a membership's fundraising campaign.
- New statewide infrastructure to include full collaboration from all our health agencies & social organizations.
- The Iowa Tobacco Prevention Alliance working closely with local programs so that the strategic plans at both the state and local level are achieving the same overall state goals.
- Establish the development of trust between statewide organizations through the adoption of a conflict of interest policy that all leadership and volunteers abide by.
- Create a mission statement for the Iowa Tobacco Prevention Alliance. Focus on our unified mission Focus on our unified mission.
- Iowa Tobacco Prevention Alliance's will design and implement an evaluation process to monitor the progress of its' long range and one-year plans' SMART objectives: specific, measurable, achievable, relevant and timely. Both the four year and one year plans to be evaluated for their impact, effectiveness and relevancy on an annual basis.
- Provide support to local agencies to establish grassroots networks.
- Expand the number of diverse community and youth partnerships to reach even further into all corners of the state. Coalition building process requires a willingness to accept new partners and new ways of thinking. A successful campaign is an integration of many disciplines, i.e. public, health, media communications, and community organizing.
- Continue educating legislators on the importance of funding a comprehensive tobacco control program.
- The Iowa Department of Public Health established an Office of Minority Health earlier this year. The Office received a federal grant to establish 6 regional Multicultural Health coalitions and one Native American Health coalition over the coming year. The tobacco division has dedicated .5 FTE to assist on this project this year. The objective is to broaden the outreach of the tobacco program with minority communities and to establish a good working relationship with key leaders in those communities. The ultimate goal is to get resources to those established coalitions to support tobacco control initiatives in minority communities.
- The Iowa Tobacco Prevention Alliance's one-year operation plans will define roles and responsibilities of state and local stakeholders in advocating for comprehensive tobacco control programs.
- The Iowa Tobacco Prevention Alliance will design a communication process so that the state Alliance and local programs work closely together in sharing their progress of strategic plans at both the state and local level.
- Assess, recruit, and renew stakeholders commitment based on the needed partnership for the new long range and one-year plan.

- Accountability of Iowa Tobacco Prevention Alliance’s partners who accept responsibilities in the one-year operation plans and communicate their progress to all statewide partners.
- Increase the coordination among statewide partners implementing the one-year plans; and determine through evaluation the level of partners’ commitment to the cause of tobacco prevention and control. Examine possible integration across agencies providing common tobacco prevention and control services.

Target Populations:

- Representation from the following population groups: low-income, racial/ethnic populations, the LGBT community, and focus on all cultures.
- Caregivers of Hispanic, Native American, & Pregnant Women
- Movers and shakers in the community so the tobacco control movement can expand beyond the usual suspects.
- Expand the number of partners in the statewide coalition to include: hospitals, health insurance companies, faith-based organizations, educational institutions, regents, etc.
- Define the needed target population ‘representation’ after determining the statewide coalition’s goals and strategic plans are.
- College age youth & adult population
- Hospitals. Insurance Companies – case management programs
- Diverse group of members is essential:
 - Public health organizations (ACS, ALA, AHA etc.)
 - Youth-tobacco groups such as JEL & TATU
 - Healthcare providers: doctors, dentist, nurses, pediatricians, respiratory therapists
 - PTA
 - Drug & alcohol prevention organizations
 - Cancer survivors
 - People with respiratory conditions
 - City or county health departments
 - Fire and police departments
 - Educators, school personnel and school board members
 - Employers with smoke free policies
 - Employees
 - Small business owners with smoke free establishments
 - Elected officials
 - Faith Community
 - Retirees
 - Unions
 - Environmental groups
 - Service Organizations
- Professional and effective local program managers