Wisconsin's Tobacco Prevention and Control Plan

2020-2025

Date: **10.1.2019**

Importance of This Plan

The Partnership for a Tobacco Free Wisconsin is comprised of people from all walks of life who work on tobacco control in their respective communities. While a few individuals are dedicated full time to these activities, most must balance this work with their many other priorities as community leaders, educators, health professionals, advocates and more. The Centers for Disease Control and Prevention (CDC) requires that each state create a five-year plan that includes short, intermediate and long term objectives and allows for monitoring of progress. The planning process in Wisconsin has provided an opportunity to identify factors that may influence the future and define a common vision for our tobacco movement within the context laid out by the CDC. This plan establishes measurable goals and objectives that position us to move toward that vision.. The team that created this document has made every effort, within our resource limitations, to strike a balance between specificity and flexibility, to apply the best available science, and to create a practical reference for application in communities. As you review this document, know that no one sector or group is expected to address *all* objectives, but each of us can select a focus and *together*, move toward a tobacco free Wisconsin!

Core Planning Team Members

***Lorraine Lathen** (Co-Chair)* – Wisconsin African American Tobacco Prevention Network & Jump at the Sun Consulting
***Tommi Thompson** (Co-Chair)* – Wisconsin Women's Health Foundation
***Rob Adsit* –** University of Wisconsin Center for Tobacco Research and Intervention
***Jenna Flynn* –** Central Wisconsin Tobacco Free Coalition
Vicki Huntington – Wisconsin Tobacco Prevention and Control Program
Edgar Mendez – Wisconsin Tobacco Prevention and Poverty Network
Ryan Sheahan – Tobacco Free Columbia-Dane County Coalition Coordinator
Keri Schneider – American Lung Association in Wisconsin
Charmaine Swan – Northwest Wisconsin Tobacco Free
***Darcie Warren* -** Partnership for a Tobacco Free Wisconsin

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Greetings from Wisconsin Tobacco Prevention and Control State Plan Co-Chairs

October 1, 2019

Wisconsin's Tobacco Prevention and Control movement works tirelessly to reduce tobacco's burden, and through strategic statewide efforts has experienced major successes in curbing tobacco use and reducing exposure to secondhand smoke and aerosols. We have achieved an overall tobacco use rate of 16% - the lowest rate in recent history. Other successes include adopting a statewide smoke free air law, two major tobacco tax increases, widespread community education, and a decrease in youth access to tobacco.

Despite these successes, large disparities in smoking, tobacco use and exposure to secondhand smoke exist for some groups. American Indians/Alaska Natives experience the highest adult smoking rates at 37%. Multiracial persons earning less than $25,000 annually, African Americans, and persons with less than a high school education experience adult smoking rates that are nearly twice that of the general population. Youth, LGBTQ populations and persons with mental health issues are also vulnerable persons impacted by tobacco use and exposure. Therefore, the importance of a true statewide approach to planning and implementation (which has been shown to substantially reduce tobacco use) remains as important as ever. We can do more to protect our vulnerable populations and to reduce Wisconsin's use of and exposure to tobacco.

Wisconsin communities and families continue to face challenges, including, new commercial tobacco products, tobacco-related health disparities, secondhand smoke, and tobacco related illness and death. The Wisconsin Tobacco Prevention and Control movement remains committed to overcoming barriers and reducing tobacco's impact. This Plan is the culmination of many hours of hard work by many individuals. It includes a vision statement, overarching goals, and objectives by focus area for 2020-2025. The goals and objectives have been developed to reflect our commitment to achieving health equity and addressing health disparities in our state

We want to thank all the individuals who helped on the plan, especially the planning team, who worked tirelessly on the document. We also want to thank the more than fifty individuals, from across the state, whom reviewed and made comments on the plan.

We hope you and your organization will use it in your work so that together we can make a healthier Wisconsin!

Sincerely,

Lorraine Lathen Tommi Thompson
Wisconsin Tobacco Prevention & Control Movement State Plan Co-Chairs

Greetings from Partnership for a Tobacco Free Wisconsin Chair Dr. Todd Mahr

October 1, 2019

Thank you for your interest in Wisconsin's Tobacco Prevention and Control Plan 2020-2025. It shows a desire to improve the lives of families across Wisconsin. Like you, I am dedicated to this goal.

In my practice as a Pediatric Allergist and Immunologist with Gundersen Health System, I see a clear pattern of preventable symptoms related to family members' tobacco use. As part of my volunteerism, I lead the Partnership for Tobacco Free Wisconsin – a coalition focusing on tobacco prevention and control with a statewide lens.

The Partnership for a Tobacco Free Wisconsin is made up of individuals and organizations that work to reduce the burden of tobacco across the state. Many of our coalition members participated in the planning effort to produce this document and its accompanying goals and objectives.

Broad participation in this plan illustrates a groundswell to protect public health, but the data herein show tobacco is still a problem in our state. As smoking rates decline, the use rate of new products like e-cigarettes increases. It's particularly concerning among youth. The Food and Drug Administration has called youth vaping an epidemic, and Wisconsin's Department of Health Services has made recommendations to community and state leaders:

- Update definitions in local smoke-free workplace ordinances to include e-cigarettes and other nicotine smoking devices.
- Implement strategies to curb e-cigarette advertising and marketing that appeal to youth.
- Implement strategies to reduce youth access to flavored tobacco products (https://www.dhs.wisconsin.gov/tobacco/advisory.htm)

Despite its overwhelming successes, Wisconsin's Tobacco Prevention and Control Program is currently funded at only $5.3 million, less than one-tenth of what's recommended by the Centers for Disease Control, but tobacco costs the state $4.7 billion in health care and lost productivity. As you may know, no tobacco settlement funding is available to address these problems, and no cigarette tax revenue is directed to fund this important programing. Disparities in use rates and exposure to secondhand smoke warrant additional resources to address these specific problems, as well.

However, there's no shortage of investment by the tobacco industry. They target children with candy flavors, new products, including e-cigarettes, and cheaper prices, which leads to lifelong addiction.

Please work with us to find solutions to persistent and emerging problems related to tobacco.

Together, let's build a healthier, tobacco-free future for Wisconsin!

Sincerely,

Todd A. Mahr, MD, FAAP, FAAAAI, FACAAI

Partnership for a Tobacco Free Wisconsin Coalition Chairman

A Shared Vision for 2025

By 2025, the Wisconsin tobacco movement will be strong, proactive and driven by a range of partners who have a vested interest in treatment, prevention, secondhand smoke and disparities. Every part of the state will be supported by a comprehensive tobacco prevention and control program. Leadership and visionaries responsible for guiding the movement will reflect the populations experiencing disparities. The movement will create carefully targeted and compelling messages using a variety of approaches. Strategies will reflect an emphasis on nicotine addiction prevention, youth initiation, cessation and health disparities related to commercial tobacco. We will see decreased disparities related to tobacco, will have prevented vaping from becoming the social norm, and will have developed clear positions on tobacco, nicotine and clean air as it relates to changes in marijuana legislation and use. The movement's policy agenda will be prioritized with special attention to disparities and will be rolled out in a way that inspires action from a range of partners.

The core planning team began deliberations at the first meeting by describing a broad vision for Wisconsin's tobacco movement in 2025. This vision served as a guide for the planning process. It is important to note that this is a narrative *description* of an envisioned future, and is not intended to be distilled to a single vision statement. This is the vision that the core planning team believes the movement should rally around to make an optimal impact in the next five years.

Overarching Goals

To achieve this vision, the following overarching goals must be met. These goals are partially addressed by this plan. An implementation plan that further addresses the overarching goals will follow as statewide planning continues:

Goal 1: Obtain additional financial resources

Goal 2: Develop targeted second hand smoke, prevention and cessation interventions for youth and communities of color, pregnant women and individuals with mental illness

Goal 3: Establish recruitment, engagement and retention strategies that reflect diversity at all levels of the movement

Goal 4: Improve timeliness, accuracy, relevance and usefulness of data

Goal 5: Increase and maintain visibility of and political and community support for the movement at all levels

Goal 6: Increase two-way communication within the movement

Goal 7: Optimize training and accountability around health equity

Goal 8: Actively involve authentic voices disparately impacted by tobacco in the development and execution of strategic goals and plans

An Important Note About Data

Many respondents to the preplanning survey called for the new plan to be "practical" and "measurable". We have made every effort to respond. Please know that there *may be issues that you believe to be important that are not addressed in this Plan*. Likely this is because adequate data is not available at this time to establish a baseline or monitor status or trends. You will note that the overarching goal number four (see page 4) focuses on improving data timeliness, accuracy, usefulness and relevance.

As part of this planning process, Karen Palmersheim, PhD, Epidemiologist at the University of Wisconsin-Milwaukee Center for Urban Population Health and Emile Shartle, MPH, Epidemiologist with the Wisconsin Tobacco Prevention and Control Program, reviewed with the core planning team some lessons learned from analysis of the 2014-2019 plan. They suggested the following:

- Be certain all objectives are measurable with available data
- Note analytical methods whenever possible as the plan is developed
- Standardize terminology to the degree possible
- Be certain that new plan has flexibility to add emerging issues
- Recognize that small sample sizes for certain at risk populations will be a continuing challenge

Disparities

The following individuals were involved in developing the objectives for this focus area:

Name	Affiliation	Core Team/Workgroup
Lorraine Lathen, Co-Chair	Wisconsin African American Tobacco Prevention Network	Disparities (workgroup co-chair)
Charmaine Swan	Northwest Wisconsin Tobacco Free Coalition	Disparities (workgroup co-chair)
Karen Doster	Wisconsin Tobacco Prevention and Control Program	Disparities
Angela Veitch	Great Lakes Inter-Tribal Council	Disparities
Janine Tucker	Froedtert Hospital	Disparities
Suzanne Letellier	Milwaukee AHEC	Disparities
Oby Nwabuzor	American Heart Association	Disparities

Important Notes

1. The overarching goals (See page 5) most relevant to this focus area are Goals 2, 3, 7 and 8.
2. The Disparities Workgroup assisted in development of selected objectives for the Prevention, Secondhand Smoke and Treatment focus areas. Relevant objectives are highlighted by green type for ease of identification in each of the three sections and also listed by focus area in Appendix 1.
3. According to Paula Braveman, MD, MPH, University of California, San Francisco, when the term "health disparity" was coined in the United States, "…it was not meant to refer to all possible health differences among all possible groups of people. Rather it was intended to denote a specific kind of difference, namely worse health among socially disadvantaged people and in particular, members of disadvantaged racial/ethnic groups and economically disadvantaged people with any racial/ethnic groups." *(https://journals.sagepub.com/doi/pdf/10.1177/00333549141291S203)* It is with this understanding that the goals and objectives related to addressing tobacco-related disparities have been developed.

Prevention

The following individuals were involved in developing the objectives for this focus area:

Name	Affiliation	Core Team/Workgroup
Jenna Flynn	Central Wisconsin Tobacco Free Coalition	Prevention (workgroup co-chair)
Edgar Mendez	Wisconsin Tobacco Prevention and Poverty Network	Prevention (workgroup co-chair)
Keri Schneider	American Lung Association in Wisconsin	Prevention (workgroup co-chair)
Renee Wadzinski	FACT Movement	Prevention
Sally Jones	Wisconsin Department of Public Instruction	Prevention
Luke Witkowski	Wisconsin Tobacco Prevention and Control Program	Prevention

Important Notes

1. Our workgroup considered ways to address tobacco use among those struggling with mental health issues, other drugs addiction(s) and adverse childhood experiences. However, based on data limitations we were unable to identify a metric to adequately measure tobacco use among these populations. We also considered ways to include reducing the use of commercial tobacco among Native American youth. However, sample size from the Youth Tobacco Survey (YTS) remains very small (9 youth from 2018 YTS) and therefore these data cannot be used. Previous state plan data related to Native American youth tobacco use was from a survey conducted by the Great Lakes Inter-Tribal Council (GLITC). The following table illustrates the short, medium and long term objectives drafted by the workgroup. Please consider data limitations as explained on *Page 6* in your review.
2. Despite limitations, our workgroup considers addressing disparities as a priority and we want objectives to reflect health equity and address tobacco disparities at every level of the tobacco movement.
3. As we prepared these objectives, data specialists looked at sample sizes and historical trends to gain an idea of where the issue was headed, then tried to push for a realistic change.
4. Readers are encouraged to review *An Important Note About Data* on Page 6 of this document before reviewing individual sections.
5. Disparities-related objectives are denoted by green type in the table that follows.

Prevention (Youth) Objectives

(2021) Short Term	(2023) Intermediate	(2025) Long Term
SCHOOLS 1. By December 31, 2021 the percentage of middle school youth who have been taught in any of their classes about why they should not use tobacco products will increase from 50.9% in 2018 to 61.0%. *Source: YTS* 2. By December 31, 2021 the percentage of high school youth who have been taught in any of their classes about	POLICIES 5. By December 31, 2023, the cigarette tax will increase by at least $1.00. *Source: DOR/Policy Coordinator* 6. By December 31, 2023, all other tobacco products (including e-cigarette products, little cigars, cigarillos, all non-moist snuff tobacco products, and paraphernalia) other than cigarettes will be taxed at 100% of the manufacturer's price. *Source: DOR/TPCP Policy Coordinator*	YOUTH USE 24. By December 31, 2025, the percentage of middle school youth who report ever using any form of tobacco will decrease from 13.7% in 2018 to 11.0%. *Source: YTS* 25. By December 31, 2025, the percentage of high school youth who report ever using any form of tobacco will decrease from 37.8% in 2018 to 30%. *Source: YTS* 26. By December 31, 2025, the prevalence of current tobacco use among middle school youth will decrease from 4.6%

why they should not use tobacco products will increase from 36.9% in 2018 to 45.0%. *Source: YTS*

YOUTH ENGAGEMENT

3. By December 31, 2021 the percentage of middle school youth who have participated in any organized activities to keep people their age from using any form of tobacco product will increase from 12.8% in 2018 to 16.0%. *Source: YTS*

4. By December 31, 2021 the percentage of high school youth who have participated in any organized activities to keep people their age from using any form of tobacco product will increase from 9.6% in 2018 to 12.0%. *Source: YTS*

7. By December 31, 2023, a statewide law restricting the sale of flavored (including menthol) tobacco products will be passed. *Source: TPCP Policy Coordinator*

8. By December 31, 2023, a statewide law requiring retail licenses to sell e-cigarettes and related paraphernalia will be passed. *Source: TPCP Policy Coordinator*

9. By December 31, 2023, a statewide law requiring all tobacco products be removed from the sales floor and placed behind sales counters will be passed. *Source: TPCP Policy Coordinator*

10. By December 31, 2023, the number of jurisdictions with policies that control the density of tobacco retail outlets will increase from 1 to 5. *Source: TPCP Policy Coordinator*

PERCEPTIONS

11. By December 31, 2023, the percentage of middle school youth who think smoking cigarettes makes young people look cool or fit in will decrease from 7.0% in 2018 to 5.65%. *Source: YTS*

12. By December 31, 2023, the percentage of high school youth who think smoking cigarettes makes young people look cool or fit in will decrease from 11.3% in 2018 to 8.8%. *Source: YTS*

13. By December 31, 2023, amongst middle school youth who have ever used e-cigarettes, the percentage who report using them because they are cool, fun, or in style will decrease from 19.2% in 2018 to 15.4%. *Source: YTS*

14. By December 31, 2023, amongst high school youth who have ever used e-cigarettes, the percentage who report using them because they are cool, fun, or in style will decrease from 27.0% in 2018 to 21.6%. *Source: YTS*

15. By December 31, 2023, amongst middle school youth who have ever used e-cigarettes, the percentage who report using them because a friend or family member used them will decrease from 57.9% in 2018 to 46.3%. *Source: YTS*

16. By December 31, 2023, amongst high school youth who have ever used e-cigarettes, the percentage who report using them because a friend or family member used them will decrease from 54.1% in 2018 to 43.3%. *Source: YTS*

17. By December 31, 2023, amongst middle school youth who have ever used e-cigarettes, the percentage who report using them because they are available in flavors, such as mint, candy, fruit, or chocolate will decrease from 17.6% to 14.1%. *Source:* in 2018 to 3.7%. *Source: YTS*

27. By December 31, 2025, the prevalence of current tobacco use among high school youth will decrease from 23.6% in 2018 to 18.9%. *Source: YTS*

28. By December 31, 2025, the prevalence of current tobacco use among non-Hispanic African-American high school youth will decrease from 15.9%, 95% CI [10.0%, 21.8%] in 2014-2018 to ____%. *Source: YTS*

29. By December 31, 2025, the prevalence of current tobacco use among Hispanic/Latino high school youth will decrease from 17.5%, 95% CI [11.0%, 23.9%] in 2014-2018 to 10.4%. *Source: YTS*

30. By December 31, 2025, the prevalence of current tobacco use among Asian high school youth will decrease from X.X%* in 2016-2018 to _____%. *Source: YTS*
    **Data from 2016-2018 has been suppressed to protect confidential data due to low sample size and large 95% CI.*

31. By December 31, 2025, the prevalence of current cigarette use among LGBT high school youth will decrease from 17.3% in 2017 to 14%. *Source: YRBS*

32. By December 31, 2025, the prevalence of current tobacco use among 18-24 year olds will decrease from 12.6% in 2017 to 10.1%. *Source: BRFSS*

33. By December 31, 2025, the prevalence of ever using e-cigarettes among middle school youth will decrease from 11.0% in 2018 to 8.8%. *Source: YTS*

34. By December 31, 2025, the prevalence of ever using e-cigarettes among high school youth will decrease from 32.6% use in 2018 to 26.1%. *Source: YTS*

35. By December 31, 2025, the prevalence of menthol cigarette use among high school current smokers will decrease from 62.1% in 2018 to 49.7%. *Source: YTS*

MISCELLANEOUS

36. By December 31, 2025, the percentage of middle school students who report having had an episode of asthma or an asthma attack during the past 12 months will decrease from middle school 5.0% in 2018 to 4.0%. *Source: YTS*

37. By December 31, 2025, the percentage of high school students who report having had an episode of asthma or an asthma attack during the past 12 months will decrease from 5.4% in 2018 to 4.3%. *Source: YTS*

	YTS 18. By December 31, 2023, amongst high school youth who have ever used e-cigarettes, the percentage who report using them because they are available in flavors, such as mint, candy, fruit, or chocolate will decrease from 31.1% in 2018 to 24.9%. *Source: YTS* 19. By December 31, 2023, amongst middle school youth who have ever used e-cigarettes, the percentage who report using them because they are less harmful than other forms of tobacco, such as cigarettes will decrease from 16.1% in 2018 to 12.9% *Source: YTS* 20. By December 31, 2023, amongst high school youth who have ever used e-cigarettes, the percentage who report using them because they are less harmful than other forms of tobacco, such as cigarettes will decrease from 25.6% in 2018 to 20.5%. *Source: YTS* SCHOOLS 21. By December 31, 2023, 30% of colleges and universities in Wisconsin that are listed under the Carnegie Classification of Institutions of Higher Education will implement a 100% tobacco-free policy. *Source: Spark* 22. By December 31, 2023, all Wisconsin K-12 schools will have a comprehensive tobacco-free school policy. ***Source: TPCP Policy Coordinator*** YOUTH ACCESS *23.* By December 31, 2023, the percentage of retailers selling tobacco products to youth will remain under 10%. *Source: WI WINS (Even though Synar regulation requires states to be below 20% for youth sales rates, we chose 10% because it is the most recent national average sales rate.)*	

Secondhand Smoke

The following individuals were involved in developing the objectives for this focus area:

Name	Affiliation	Core Team/Workgroup
Ryan Sheahan	Tobacco Free Columbia-Dane County Coalition	Secondhand Smoke (workgroup co-chair)
Darcie Warren	Partnership for a Tobacco Free Wisconsin	Secondhand Smoke (workgroup co-chair)
Lauren Lotter	Wisconsin Women's Health Foundation	Secondhand Smoke
Lisette Khalil	Wisconsin Women's Health Foundation	Secondhand Smoke
Mark Miller	A & M Productions | American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE)	Secondhand Smoke
Mary Boe	Western Wisconsin Working for Tobacco Free Living	Secondhand Smoke
Sue Marten	Tobacco-Free Suburban Milwaukee and Ozaukee Counties	Secondhand Smoke
Deb Fischer	Southwest Alliance for Tobacco Prevention	Secondhand Smoke
Sandy Bernier	5 Counties for Tobacco Free Living	Secondhand Smoke
Carleigh Olson	Wisconsin Tobacco Prevention and Control Program	Secondhand Smoke

Important Notes

1. The Secondhand Smoke Focus Area Workgroup amended the format of several of the objectives from the last state plan. We wanted to focus on populations exposed to secondhand smoke in particular, rather than focusing on the population at large. Therefore, we changed the structure of the secondhand smoke objectives to focus on population subsets who live with a smoker. After running data crosstabs to review data trends in this format, we discovered a startling reality: Middle schoolers and high schoolers who live with smokers report a much higher exposure to secondhand smoke than adults who live with smokers. Not surprisingly, exposure rates of people who live with smokers exceed the total population exposure rates. This includes middle schoolers, high schoolers, adults, and pregnant women. We also decided to add objectives related to adults living with depression and mental illness since this population experiences increased exposure when compared with the total population. Our workgroup made a conscious choice to include long-term objectives to drastically decrease secondhand smoke exposure of children who live with smokers. After consultation with the Wisconsin Tobacco Prevention and Control Program, we understood that to accomplish a decrease of that magnitude, substantial intervention would be required. We included a more modest target to decrease the rate of exposure of adults and pregnant smokers who live with smokers, as well as adults experiencing depression or mental illness. These target rates consider and acknowledge that the power dynamic between children and adults in families may impact the disparity in rates of adult, high school, and middle school secondhand smoke exposure. Our workgroup wanted to communicate clearly that public health should address all the populations disproportionately exposed, but especially the problem of youth secondhand smoke exposure at home and in vehicles.
2. Readers are encouraged to review *An Important Note About Data* on Page 6 of this document before reviewing individual sections.
3. Disparities-related objectives are denoted by green type in the table that follows.

Secondhand Smoke Objectives

(2021) Short Term	(2023) Intermediate	(2025) Long Term
1. By December 31, 2021, one smoke-free policy will pass in tribal housing on the land of Wisconsin's eleven tribes. *Source: WNATN/ GLITC*	4. By December 31, 2023, complaints of noncompliance with the statewide smoke-free workplaces law will decrease from X.X% in 2019 to X.X%. *Baseline will be determined by calculations in the clean indoor air compliance system in 2019.*	8. By December 31, 2025, the number of cigarette packs sold per adult aged 18 years and older will decrease from 37.1 in 2018 to 30. *Source: WI Dept. of Revenue*
2. By December 31, 2021, electronic smoking devices will be prohibited in all indoor workplaces. *Source: State Statute*	5. By December 31, 2023, 30% of colleges and universities in Wisconsin that are listed under the Carnegie Classification of Institutions of Higher Education will implement a 100% tobacco-free policy. *Source: Spark/TPCP Policy Coordinator*	9. By December 31, 2025, the percentage of middle school students who live in a home with a smoker of combustible tobacco and report exposure to secondhand smoke at **home** will decrease from 53.2% in 2018 to 45.2%. *Source: YTS*
3. By December 31st, 2021, marijuana will be prohibited in all indoor workplaces.	6. By December 31, 2023, 80.0% of postpartum women who received First Breath services will report maintaining a smoke-free home at 1-year postpartum. *Source: First Breath*	10. By December 31, 2025, the percentage of middle school students who live in a home with a smoker of combustible tobacco and report exposure to secondhand smoke in **vehicles** will decrease from 50.4% to 42.4%. *Source: YTS*
	7. By December 31, 2023, the percent of individuals who enroll in the WTQL and are public housing residents will increase from 63% in 2019 to 65%. *Source: WTQL Data Report (data only available to closest whole number)*	11. By December 31, 2025, the percentage of high school students who live in a home with a smoker of combustible tobacco and report exposure to secondhand smoke at **home** will decrease from 58.9% in 2018 to 50.9%. *Source: YTS*
		12. By December 31, 2025, the percentage of high school students who live in a home with a smoker of combustible tobacco and report exposure to secondhand smoke in **vehicles** will decrease from 53.4% in 2018 to 45.4%. *Source: YTS*
		13. By December 31, 2025, the percentage of adults who live in a home with a smoker and report exposure to secondhand smoke at **home** will decrease from 44.1% in 2017 to 42.1%. *Source: BRFSS*
		14. By December 31, 2025, the adult cigarette smoking prevalence will decrease from 16.4% in 2017 to 13.0%. *Source: BRFSS*
		15. By December 31, 2025, the adult non-Hispanic African American cigarette smoking prevalence will decrease from 28.2% in 2013-2017 to 23.0%. *Source: BRFSS*
		16. By December 31, 2025, the adult non-Hispanic American Indian/Alaska Native cigarette smoking prevalence will decrease from 36.9% in 2013-2017 to 32.0%. *Source: BRFSS*
		17. By December 31, 2025, the LGB+ adult cigarette smoking prevalence will decrease from 25.7% in 2013-2017 to 21.0%. *Source: BRFSS*
		18. By December 31, 2025, the prevalence of adults who earn less than $25,000 annually who smoke cigarettes will decrease from 28.5% in 2017 to 24.0%. *Source: BRFSS*

		19. By December 31, 2025, the prevalence of maternal cigarette smoking will decrease from 11.1% in 2017 to 9.0%. *Source: WISH* 20. By December 31, 2025, the prevalence of cigarette smoking for adults with four or more ACEs will decrease from 31.9% in 2017 to 26.9%. *Source: BRFSS* 21. By December 31, 2025, the prevalence of pregnant smokers living in a home with other smokers that report exposure to secondhand smoke at home will decrease from 53.8% in 2017 to 48%. *Source: First Breath* 22. By December 31, 2025, the percentage of adults with diagnosed depression that report exposure to secondhand smoke at **home** will decrease from 20.4% in 2017 to 15.4%. *Source: BRFSS* 23. By December 31, 2025, the percentage of adults with frequent mental health distress that report exposure to secondhand smoke at **home** will decrease from 21.9% in 2017 to 16.9%. *Source: BRFSS* 24. By December 31, 2025, the percentage of adults with diagnosed depression that report exposure to secondhand smoke in **vehicles** will decrease from 28.0% in 2017 to 25.0%. *Source: BRFSS* 25. By December 31, 2025, the percentage of adults with frequent mental health distress that report exposure to secondhand smoke in **vehicles** will decrease from 34.0% in 2017 to 29.0%. *Source: BRFSS*

Treatment

The following individuals were involved in developing the objectives for this focus area:

Name	Affiliation	Core Team/Workgroup
Tommi Thompson	Wisconsin Women's Health Foundation	Treatment (workgroup co-chair)
Rob Adsit	University of Wisconsin Center for Tobacco Research and Intervention	Treatment (workgroup co-chair)
Lisette Khalil	Wisconsin Women's Health Foundation	Treatment
Kristine Alaniz	Wisconsin Women's Health Foundation	Treatment
Lauren Lotter	Wisconsin Women's Health Foundation	Treatment
Alexandra Peeters	University of Wisconsin Center for Tobacco Research and Intervention	Treatment
Kate Kobinsky	University of Wisconsin Center for Tobacco Research and Intervention	Treatment
Bruce Christiansen	University of Wisconsin Center for Tobacco Research and Intervention	Treatment
Spencer Straub	Wisconsin Tobacco Prevention and Control Program	Treatment

Important Notes

1. Readers are encouraged to review *An Important Note About Data* on Page 6 of this document before reviewing individual sections.
2. Disparities-related objectives are denoted by green type in the table that follows.

Treatment Objectives

(2021) Short Term	(2023) Intermediate	(2025) Long Term
1. By December 31, 2021, the number of calls to the Wisconsin Tobacco Quit Line will be maintained at 14,000 annually. *Source: WTQL*	12. By December 31, 2023, the number of tobacco users/vapers who enroll in Wisconsin Tobacco Quit Line services will be maintained at 10,000 annually. *Source: WTQL*	15. By December 31, 2025, the number of cigarette packs sold per adult aged 18 years and older in Wisconsin will decrease from 37.1 in 2018 to 34. *Source: WI Dept. of Revenue*
2. By December 31, 2021, the number of health systems in Wisconsin with the capacity to refer patients to WTQL services via their electronic health record (EHR) will increase from 4 systems in 2018 to 6 systems. *Source: WTQL*	13. By December 31, 2023, the percentage of patients referred to the Wisconsin Tobacco Quit Line by their health care provider (Fax-to-Quit and eReferral) who enroll in services will increase from 25% in 2018 to 30%. *Source: WTQL (data only available to closest whole number)*	16. By December 31, 2025, adult cigarette smoking prevalence will decrease from 16.4% in 2017 to 13.0%. *Source: BRFSS*
3. By December 31, 2021, the percentage of adult current smokers who received care from a health care provider in the last 12 months that are advised to quit smoking will increase from 66.9% in 2017 to 72.0%. *Source: BRFSS*	14. By December 31, 2023, the percentage of adults who have stopped smoking cigarettes in the past year for one day or longer because they were trying to quit will increase from 50.9% in 2017 to 65.0%. *Source: BRFSS; also in MMWR 7-19-2019*	17. By December 31, 2025, the percentage of adults who use e-cigarettes or other vaping products every day or some days will decrease from 4.3% in 2017 to 3.5%. *Source: BRFSS*
4. By December 31, 2021, the number of Wisconsin health care systems that have the capacity to refer patients to the First Breath Program via their electronic health record will increase from 1 to 3. *Source: First Breath*		18. By December 31, 2025, the percentage of adult males who currently use smokeless tobacco (chewing tobacco, Snuff, or Snus) will decrease from 7.8% in 2017 to 6.0%. *Source: BRFSS*
5. By December 31, 2021, the number of 150 Wisconsin behavioral health clinicians and affiliated administrative/management staff who have earned continuing education (CE) credit by completing the Wisconsin Nicotine Treatment Integration Program (WiNTiP) free on-line training about how to integrate tobacco dependence treatment into their behavioral health practice will increase from 80 in 2019 to 225. *Source: WiNTiP*		19. By December 31, 2025, the prevalence of maternal cigarette smoking will decrease from 11.1% in 2017 to 9.0%. *Source: WISH*
6. By December 31, 2021, the total number of referrals per year to First Breath will increase from 1506 in 2018 to 1800. *Source: First Breath*		20. By December 31, 2025, the prevalence of maternal cigarette smoking for non-Hispanic American Indian/Alaska Natives will decrease from 38.5% in 2017 to 33.5%. *Source: WISH*
7. By December 31, 2021, the percentage of women in WI who report smoking on their baby's birth certificate that are referred to First Breath will increase from 13.7% in 2017 to 18.0%. *Source: WISH; First Breath*		21. By December 31, 2025, the prevalence of maternal smoking for non-Hispanic Multiracial women will decrease from 19.3% in 2017 to 15.3%. *Source: WISH*
8. By December 31, 2021, the number of referrals per year to First Breath for partners of pregnant/postpartum women and infant caregivers who smoke will increase from 180 in 2018 to 225. *Source: First Breath referral data*		22. By December 31, 2025, the prevalence of maternal smoking for rural mothers will decrease from 13.1% in 2017 to 10.1%. *Source: WISH*
9. By December 31, 2021, the percent of		23. By December 31, 2025, the prevalence of maternal smoking for non-Hispanic African Americans will decrease from 12.9% in 2017 to 10.9%. *Source: WISH*
		24. By December 31, 2025, the maternal smoking rate for teen mothers (19 and younger) will decrease from 12.3% in 2017 to 9.3%. *Source: WISH*
		25. By December 31, 2025, the percent of low birthweight babies (< 2,500 g) born to non-Hispanic African American mothers will decrease from 15.4% in 2017 to 13% *Source: WISH*
		26. By December 31, 2025, the percent of Medicaid/ BadgerCare Plus adults who report smoking during pregnancy will decrease from 21.3% in 2017 to 18.0%. *Source: WISH, Birth Counts Module*

behavioral health treatment programs that assess patient tobacco use that provide cessation medications to patients who use tobacco will increase from 62% in 2014 to 70%. *Source: WiNTiP Statewide Survey of Tobacco Integration (data only available to closest whole number)*

10. By December 31, 2021, increase the number of pregnant non-Hispanic African American smokers referred to First Breath from 276 in 2018 to 300. *Source: First Breath*

11. By December 31, 2021, increase the number of pregnant non-Hispanic American Indian/Alaska Native smokers of commercial tobacco referred to First Breath from 48 in 2018 to 55. *Source: First Breath*

27. By December 31, 2025, the percent of pregnant women living with a smoker will decrease from 14.1% in 2017 to 11.0%. *Source: WISH, Birth Counts Module*

28. By December 31, 2025, the percent of pregnant women who quit smoking cigarettes during their first or second trimester will increase from 20.8% in 2017 to 24.0%. *Source: WISH, Birth Counts Module*

29. By December 31, 2025, the incidence of lung cancer in African Americans will decrease from 92.8/100,000 in 2009-2013 to 80/100,000. *Source: Wisconsin Cancer Reporting System*

30. By December 31, 2025, the adult non-Hispanic African American cigarette smoking prevalence will decrease from 28.2% in 2013-2017 to 23.0%. *Source: BRFSS*

31. By December 31, 2025, the adult non-Hispanic American Indian/Alaska Native cigarette smoking prevalence will decrease from 36.9% in 2013-2017 to 32.0%. *Source: BRFSS*

32. By December 31, 2025, the LGB+ adult cigarette smoking prevalence will decrease from 25.7% from 2013-2017to 21.0%. *Source: BRFSS*

33. By December 31, 2025, the prevalence of adults who earn less than $25,000 annually who smoke cigarettes will decrease from 28.5% in 2017 to 24.0%. *Source: BRFSS*

34. By December 31, 2025, the smoking prevalence for adults with four or more ACEs will decrease from 31.9% in 2017 to 26.9%. *Source: BRFSS*

35. By December 31, 2025, the rural adult smoking prevalence will decrease from 20.7% in 2017 to 12.0%. *Source: BRFSS*

Using This Plan

There are several ways you can use this Plan as a reference, action planning, advocacy and evaluation tool. Here are some ideas for use, some of which came directly from responses to the stakeholder preplanning survey[1]:

Action Planning

- Adapt short, intermediate and long term goals from the state plan for your community
- Link with community health improvement and/or workforce development plans
- Integrate into scope of work and work plans for those organizations that Tobacco Prevention and Control Program funds
- As a roadmap for those who work with populations that are disparately affected by tobacco
- A mechanism to address emerging issues over the 2020-2025 period

Education and Advocacy

- Support for calls for action and/or advocacy
- Policy maker education on local, state and national levels
- To communicate a common vision for a tobacco free future in Wisconsin

Evaluation and Monitoring

- Program management reporting
- Performance management reporting

Reference

- As reference for media outlets and for advocates to interact with media
- To support applications or appeals for funding or other resource support to strengthen sustainability and or new initiatives
- Staff training, development and orientation

Relationship to Other Tobacco Prevention and Control Planning Efforts

Other tobacco control-related planning activities are ongoing in Wisconsin. Every effort has been made to align and coordinate this Plan with others as timing and scope limitations allowed. Some of the relevant complementary efforts include:

1. *Healthiest Wisconsin 2020*[2] (Wisconsin's state health plan)
2. *Healthy Wisconsin*[3] (Healthy Wisconsin is a comprehensive, community-focused resource designed to help people from all walks of life understand and improve Wisconsin's health.)
3. Sustaining States (Wisconsin tobacco control sustainability planning efforts)
4. The Wisconsin Tobacco Prevention and Control Program has ongoing communications, evaluation, and training and technical assistance plans.
5. Partnership for a Tobacco Free Wisconsin[4] long range planning which focuses on organizational membership, outreach, priorities, communications, etc.

[1] See Page 17, *Plan Development Process*

[2] https://www.dhs.wisconsin.gov/hw2020/index.htm

[3] https://healthy.wisconsin.gov/

Acknowledgement of Preemption in Wisconsin

Preemption refers to areas of tobacco prevention and control policy where local law cannot conflict with or be stronger than state law. The tobacco industry pursues preemption in state statute and through legal challenge because the strongest tobacco prevention and control policies typically pass at the local level first before building power to pass at the state level. Without local action to adopt strong, comprehensive best-practice public health policies, it is less likely that best practice tobacco prevention and control policy will pass at the state level.

In Wisconsin, state statute preempts local action in areas of tobacco taxation, age restrictions, youth access (product placement, flavorings, and point of sale advertising), and smoke-free outdoor spaces in businesses (stronger than the statewide law for patios of bars and restaurants, for example). Advocates in other states have decided to pursue repeal of preemption to open opportunities for strong tobacco prevention and control policy at the local level. As of the date of publication of this Plan, Wisconsin advocates have not had these discussions. Any locality pursuing a policy that is expressly preempted in state statute or through interpretation of the 1996 Wisconsin Court of Appeals U.S. Oil Inc. v. Fond du Lac decision risks legal challenge from the tobacco industry and its allies. Areas allowed to advance tobacco-related policy include: clean indoor air in all workplaces (adding vaping, e-cigarettes, and marijuana), clean indoor air in government-run facilities (including behavioral health and prisons), tobacco-free public lands (parks, beaches, trails, etc.), and zoning restrictions on retailers.

Plan Development Process

In late 2018 and early 2019, Darcie Warren, Coordinator of the Partnership for a Tobacco Free Wisconsin, and Vicki Huntington and Tana Feiner of the Wisconsin Tobacco Prevention and Control Program met to discuss potential approaches to development of a new five-year plan. In January 2019, Gray Horse Strategies, a private consulting firm, was retained to serve as an external facilitator for the process.

The CDC does not tell states *how* to develop a statewide tobacco plan. The process used for the current *Wisconsin Tobacco Prevention & Control State Plan 2014-2020*[5], was reviewed as preplanning began. Some elements of that process were retained (in person meetings, focus area work group structure) and some changes were made, including but not limited to:

- A *preplanning stakeholder survey* focused on emerging issues, shared vision, and past and future state plan use in practice – results informed early core team deliberations
- Written plan design that maximizes use in practice
- Use of a core planning team and expanded online review process to make efficient use of in-person planning time

After a timeline was developed, Darcie Warren issued invitations to individuals to serve on the core planning team based on expertise, sector, geographic and program focus area representation. Representatives on the planning team served as co-leads of the four focus area workgroups: Disparities, Prevention, Secondhand Smoke and Treatment.

Core planning team members held four meetings – on March 15, April 11, May 10, 2019 and September 17, 2019 – and two teleconferences on June 10, 2019 and August 23, 2019. The first meeting allowed the group to review the results of the preplanning survey, finalize the planning approach and draft a collective 2025 vision for the Wisconsin tobacco movement. The second resulted in refinement of the vision and drafting of overarching goals to achieve the vision, along with a review of early discussions of the four focus area groups. Meeting three allowed the team to discuss and refine draft objectives from the focus area groups and finalize a plan for drafting and disseminating a written plan for review. The purpose of the June 10 teleconference was to respond to an early draft of the plan and finalize an

[4] https://www.tobaccofreewisconsin.org

[5] https://tobwis.org/resources/view/186/2014-2020_Wisconsin_Tobacco_Prevention_and_Control_State_Plan.pdf

approach to soliciting and analyzing stakeholder feedback: feedback from partner review of the draft Plan was central to the August 23 call. The final meeting was focused on a final Plan review and determining next steps for dissemination and implementation planning. Forty persons from around Wisconsin (from over 100 invited) responded to an online questionnaire for the August Plan draft review. The map to the left illustrates respondent location by zip code.

Ongoing Monitoring and Reporting

A review, monitoring and reporting process was drafted as the work of the core planning group concluded. This Plan and subsequent progress updates will be available on the Partnership for a Tobacco Free Wisconsin's website (https://www.tobaccofreewisconsin.org).

Glossary of Selected Terms & Acronyms

ACS – American Cancer Society

AHA – American Heart Association

ALA – American Lung Association

Best Practices – Strategies or interventions that have demonstrated effective outcomes

BRFSS – Behavioral Risk Factor Surveillance System

CDC – Centers for Disease Control & Prevention

CTFK, TFK or Campaign – Abbreviations for Campaign for Tobacco-Free Kids

DPH – Wisconsin Division of Public Health

DOR – Wisconsin Department of Revenue

ENDS – Electronic Nicotine Delivery Systems

FACT – Wisconsin's youth-driven statewide tobacco prevention program

First Breath – A free, statewide program that helps pregnant women, new moms, and their families quit smoking offered by the Wisconsin Women's Health Foundation.

GLITC – Great Lakes Inter-Tribal Council

Goals – In this planning process, goals were defined as the major things that need to be accomplished if the collective vision is to be achieved.

Health Disparity – "…a specific kind of difference, namely worse health among socially disadvantaged people and in particular, members of disadvantaged racial/ethnic groups and economically disadvantaged people with any racial/ethnic groups."[6]

HUD – US Department of Housing and Urban Development

JFC – Joint Finance Committee or Committee on Joint Finance

LGBTQ – Lesbian, gay, bisexual, transgender and queer or questioning

[6] https://journals.sagepub.com/doi/pdf/10.1177/00333549141291S203

Objectives[7] – Targets for achievement through interventions. Objectives are time limited and measurable in all cases. Various levels of objectives for an intervention include outcome, impact, and process objectives.

Outcome Objective – These objectives specify the intended effect of an intervention in a population.[8]

Process Objective – Objectives that describe planned activities, services or strategies.[9]

Spark – Wisconsin's tobacco-free campus initiative

Synar Regulation – Federal regulation enacted in 1992 that focuses on decreasing youth access to tobacco products

Tobaccotalk – Email group for Wisconsin news and discussion

TPCP – Wisconsin Tobacco Prevention and Control Program

Vision – In this planning process, vision was defined as a narrative *description* of where we want the Wisconsin tobacco control movement to be by 2025.

Wins – Wisconsin Wins

WISH – Wisconsin Interactive Statistics on Health

WiNTiP – Wisconsin Nicotine Treatment Integration Project

WNATN – Wisconsin Native American Tobacco Network

WTQL – Wisconsin Tobacco Quit Line

YRBS – Youth Risk Behavior Surveillance System

YTS – Youth Tobacco Survey

UW - CTRI – University of Wisconsin Center for Tobacco Research and Intervention

[7] Turnock, B.J. Public Health: What It Is and How It Works. 4th ed. Sudbury, MA: Jones and Bartlett; 2009. This definition is used by the Public Health Accreditation Board.

[8] Adapted from https://www.cdc.gov/std/Program/pupestd/Developing%20Program%20Goals%20and%20Objectives.pdf

[9] Adapted from https://www.cdc.gov/std/Program/pupestd/Developing%20Program%20Goals%20and%20Objectives.pdf

Appendix 1: Disparities-Related Objectives by Focus Area

PREVENTION

By March 31, 2023, a statewide law restricting the sale of flavored (including menthol) tobacco products will be passed. *Source: Policy Coordinator*

By December 31, 2025, the prevalence of current tobacco use among non-Hispanic African-American high school youth will decrease from 15.9%, 95% CI [10.0%, 21.8%] in 2014-2018 to ____%. *Source: YTS*

By December 31, 2025, the prevalence of current tobacco use among Hispanic/Latino high school youth will decrease from 17.5%, 95% CI [11.0%, 23.9%] in 2014-2018 to 10.4%. *Source YTS*

By December 31, 2025, the prevalence of current tobacco use among Asian high school youth will decrease from X.X*% in 2016-2018 to X.X%. *Source: YTS *Data from 2016-2018 has been suppressed to protect confidential data due to low sample size and large 95% CI.*

By December 31, 2025, the prevalence of current cigarette use among LGBT high school youth will decrease from 17.3% in 2017 to 14%. *Source: YRBS*

By December 31, 2025, the prevalence of current tobacco use among 18-24 year olds will decrease from 12.6% in 2017 to 10.1%. *Source: BRFSS*

By December 31, 2025, the prevalence of menthol cigarette use among high school current smokers will decrease from 62.1% in 2018 to 49.7%. *Source: YTS*

By December 31, 2025, the percentage of middle school students who report having had an episode of asthma or an asthma attack during the past 12 months will decrease from middle school 5% in 2018 to 4%. *Source: YTS*

By December 31, 2025, the percentage of high school students who report having had an episode of asthma or an asthma attack during the past 12 months will decrease from 5.4% in 2018 to 4.3%. *Source: YTS*

SECONDHAND SMOKE

By December 31, 2021, one smoke-free policy will pass in tribal housing on the land of Wisconsin's eleven tribes. *Source: WNATN/ GLITC*

By December 31, 2023, 80.0% of postpartum women who received First Breath services will report maintaining a smoke-free home at 1-year postpartum. *Source: First Breath*

By December 31, 2023, the percent of individuals who enroll in the WTQL and are public housing residents will increase from 63.0% in 2019 to 65.0%. *Source: WTQL Data Report*

By December 31, 2025, the adult non-Hispanic African American cigarette smoking prevalence will decrease from 28.0% in 2013-2017 to 23.0%. *Source: BRFSS*

By December 31, 2025, the adult non-Hispanic American Indian/Alaska Native cigarette smoking prevalence will decrease from 37.0% in 2013-2017 to 32.0%. *Source: BRFSS*

By December 31, 2025, the LGB+ adult cigarette smoking prevalence will decrease from 26.0% in 2017 to 21.0%. *Source: BRFSS*

By December 31, 2025, the prevalence of adults who earn less than $25,000 annually who smoke cigarettes will decrease from 29.0% in 2017 to 24.0%. *Source: BRFSS*

By December 31, 2025, the prevalence of maternal cigarette smoking will decrease from 11.0% in 2017 to 9.0%. *Source: WISH*

By December 31, 2025, the prevalence of cigarette smoking for adults with four or more ACEs will decrease from 31.9% in 2017 to 26.9%. *Source: BRFSS*

By December 31, 2025, the prevalence of pregnant smokers living in a home with other smokers that report exposure to secondhand smoke at home will decrease from 53.8% in 2017 to 48.0%. *Source: First Breath*

By December 31, 2025, the percentage of adults with diagnosed depression that report exposure to secondhand smoke at home will decrease from 20.4% in 2017 to 15.4%. *Source: BRFSS*

By December 31, 2025, the percentage of adults with frequent mental health distress that report exposure to secondhand smoke at home will decrease from 21.9% in 2017 to 16.9%. *Source: BRFSS*

By December 31, 2025, the percentage of adults with diagnosed depression that report exposure to secondhand smoke in **vehicles** will decrease from 28.0% in 2017 to 25.0%. *Source: BRFSS*

By December 31, 2025, the percentage of adults with frequent mental health distress that report exposure to secondhand smoke in **vehicles** will decrease from 34.0% in 2017 to 29.0%. *Source: BRFSS*

TREATMENT

Wisconsin health care systems that have the capacity to refer patients to the First Breath Program via their electronic health record will increase from 1 to 3. *Source: First Breath*

By December 31, 2021, the number of 150 Wisconsin behavioral health clinicians and affiliated administrative/management staff who have earned continuing education (CE) credit by completing the Wisconsin Nicotine Treatment Integration Program (WiNTiP) free on-line training about how to integrate tobacco dependence treatment into their behavioral health practice will increase from 80 in 2019 to 225. *Source: WiNTiP*

By December 31, 2021, the total number of referrals per year to First Breath will increase from 1506 in 2018 to 1800. *Source: First Breath*

By December 31, 2021, the percentage of women in WI who report smoking on their baby's birth certificate that are referred to First Breath will increase from 13.7% in 2017 to 18.0%. *Source: WISH; First Breath*

By December 31, 2021, the number of referrals per year to First Breath for partners of pregnant/postpartum women and infant caregivers who smoke will increase from 180 in 2018 to 225. *Source: First Breath referral data*

By December 31, 2021, the percent of behavioral health treatment programs that assess patient tobacco use that provide cessation medications to patients who use tobacco will increase from 62% in 2014 to 70%. *Source: WiNTiP Statewide Survey of Tobacco Integration*

By December 31, 2021, increase the number of pregnant non-Hispanic African American smokers referred to First Breath from 276 in 2018 to 300. *Source: First Breath*

By December 31, 2021, increase the number of pregnant non-Hispanic American Indian/Alaska Native smokers of commercial tobacco referred to First Breath from 48 in 2018 to 55. *Source: First Breath*

By December 31, 2025, the prevalence of maternal cigarette smoking will decrease from 11.0% in 2017 to 9.0%. *Source: WISH*

By December 31, 2025, the prevalence of maternal cigarette smoking for Non-Hispanic American Indian/Alaska Natives will decrease from 38.5% in 2017 to 33.5%. *Source: WISH*

By December 31, 2025, the prevalence of maternal smoking for non-Hispanic Multiracial women will decrease from 19.3% in 2017 to 15.3%. *Source: WISH*

By December 31, 2025, the prevalence of maternal smoking for rural mothers will decrease from 13.1% in 2017 to 10.1%. *Source: WISH*

By December 31, 2025, the prevalence of maternal smoking for non-Hispanic African Americans will decrease from 12.9% in 2017 to 10.9%. *Source: WISH*

By December 31, 2025, the maternal smoking rate for teen mothers (19 and younger) will decrease from 12.3% in 2017 to 9.3%. *Source: WISH*

By December 31, 2025, the percent of low birthweight babies (< 2,500 g) born to non-Hispanic African American mothers will decrease from 15.4% in 2017 to 13%. *Source: WISH*

By December 31, 2025, the percent of Medicaid/ BadgerCare Plus adults who report smoking during pregnancy will decrease from 21.0% in 2017 to 18.0%. *Source: WISH, Birth Counts Module*

By December 31, 2025, the percent of pregnant women living with a smoker will decrease from 14.0% in 2017 to 11.0%. *Source: WISH, Birth Counts Module*

By December 31, 2025, the percent of pregnant women who quit smoking cigarettes during their first or second trimester will increase from 20.8% in 2017 to 24.0%. *Source: WISH, Birth Counts Module*

By December 31, 2025, the incidence of lung cancer in African Americans will decrease from 92.8/100,000 in 2009-2013 to 80/100,000. *Source: Wisconsin Cancer Reporting System*

By December 31, 2025, the adult non-Hispanic African American cigarette smoking prevalence will decrease from 28.0% in 2013-2017 to 23.0%. *Source: BRFSS*

By December 31, 2025, the adult non-Hispanic American Indian/Alaska Native cigarette smoking prevalence will decrease from 37.0% in 2013-2017 to 32.0%. *Source: BRFSS*

By December 31, 2025, the LGB+ adult cigarette smoking prevalence will decrease from 26.0% in 2017 to 21.0%. *Source: BRFSS*

By December 31, 2025, the prevalence of adults who earn less than $25,000 annually who smoke cigarettes will decrease from 29.0% in 2017 to 24.0%. *Source: BRFSS*

By December 31, 2025, the smoking prevalence for adults with four or more ACEs will decrease from 31.9% in 2017 to 26.9%. *Source: BRFSS*

By December 31, 2025, the rural adult smoking prevalence will decrease from 18.1% in 2018 to 12%. *Source: BRFSS*

Appendix 2: Draft Process Objectives, Activities, Notes

Important Note

The initial planning efforts reflected in this document were focused on outcome objectives. While limited resources and time didn't allow finalization of implementation and process planning, a variety of ideas were generated. These ideas are in *various formats and stages of development* but are included here as a *springboard for discussion* in upcoming months.

DISPARITIES

1. Develop a plan for state and external funding to support the execution of the tobacco disparities and health equity objectives.
2. Establish the mission, vision, plan and structure for an expanded statewide tobacco disparities/health equity work group.
3. Reflect health equity and address tobacco disparities at every level of the tobacco movement.
4. Develop and disseminate best practices for ensuring inclusion of racial and ethnic diversity at all levels of the tobacco movement (contractors, employees, volunteers, vendors, etc.)
5. Require annual health equity, disparities, and social determinants of health training as a capacity building requirement for all Wisconsin Tobacco Control employees, partners and contractors.
6. Develop a plan to address surveillance and data gaps that contribute to a lack of understanding of tobacco disparities.
7. Allocate $700,000.00 annually to support operations that function to close the tobacco disparities gap.
8. Secure grants worth $500,000.00 for a three-year period to support the implementation of tobacco disparities plan.
9. Disseminate the tobacco disparities/health equity mission, vision, logic model, and/or implementation plan to all participants of the tobacco movement.
10. Convene semi-annual meetings between tobacco disparities/health equity work group, American Cancer Society, American Heart Association, American Lung Association, and research partners to review and address proposed and current tobacco policies and initiatives impacting disparate populations.
11. Assess and identify opportunities to strengthen the infrastructure capacity within priority populations to address tobacco-related disparities.
12. Create a dashboard of indicators that regularly monitors progress towards addressing tobacco disparities and achieving health equity at all levels of the movement.
13. Implement 4 collaborative efforts to address tobacco-related disparities focusing on African Americans, Latinx, American Indian/Alaska Natives, and the LGBTQ+ community with community leaders, community members, community organizations, non-traditional partners, and businesses.
14. Collaborate with partners (including WI Office on Minority Health) to address at least 2 upstream determinants impacting tobacco disparities.
15. Assure that at least 6% of the total participants in the tobacco movement reflect the populations experiencing disproportionate tobacco-related disparities.
16. Achieve positive shifts in health indicators listed under strategic priorities.
17. Create an accountability structure to monitor the implementation and progress of the statewide tobacco disparity/health equity plan.
18. Develop and quarterly monitor a health equity/disparities pledge that is operationalized and embraced by all tobacco control movement partners.
19. Hold all tobacco control movement partners accountable for operating within the guiding principles of the aforementioned health equity/disparities pledge.
20. Integrate 3 evidence-based best practices to address tobacco-related disparities into statewide partner programs, including those addressing chronic disease prevention and health promotion
21. Achieve increased racial, ethnic, and sexual orientation diversity at all levels of the tobacco movement.
22. Implement and quarterly monitor evidence-based best practices to address tobacco-related disparities at every level of the tobacco movement.

PREVENTION

1. By December 31, 2021, a definition will be developed for what constitutes an "implemented tobacco-free policy" on a college campus. *Source: Spark.*

2. By December 31, 2021, a tracking system to identify and monitor the number of comprehensive tobacco-free school policies will be created.

SECONDHAND SMOKE

1. The percentage of adults experiencing secondhand smoke exposure in multi-unit housing will be measured.
2. A definition will be developed for what constitutes an "implemented tobacco-free policy" on a college campus.
3. A definition will be developed for what constitutes a tobacco-free outdoor space.
4. The prevalence of youth exposure to secondhand aerosol (from e-cigarette or vapes) in the home will be measured.
5. The percentage of children experiencing secondhand smoke exposure in multi-unit housing will be measured.
6. The prevalence of adult exposure to secondhand aerosol (from e-cigarette or vapes) in the home will be measured.
7. The level of support for creating smoke-free and vape-free policies in places not covered by the statewide smoke-free workplaces law, including (1) parks and beaches and (2) private vehicles when children are present, will be measured.
8. The number of tobacco-free policies for outdoor spaces such as parks, beaches, fairs, and rodeos will be measured and categorized, including all products and e-cigarettes versus only combustible tobacco AND "where children are present" versus comprehensive policies.

TREATMENT

1. The statewide survey of tobacco cessation integration by behavioral health treatment programs, originally administered in 2014, will be re-administered using the same method as the original survey.
2. The administrative code that establishes the treatment standards for all state-certified substance use disorders treatment programs in Wisconsin (Chapter 75) will be revised to 1) remove the current existing exclusion regarding treating tobacco dependence and 2) require that tobacco dependence be diagnosed and treated in all clients seeking care in the state-certified behavioral health treatment system.
3. Maintain at least one First Breath site in every Wisconsin county.
4. Identify a consistent method to receive data about adult Wisconsin Medicaid members who receive tobacco cessation medication. Once we have the data, we will establish a baseline and target for increasing the number of adult WI Medicaid members who receive tobacco dependence treatment medication.
5. Identify a valid source for adult use and cessation of e-cigarettes/electronic nicotine delivery systems (ENDS)/vaping.
6. Establish baseline participation and cessation rate for Wisconsin residents who complete the Freedom From Smoking Program
7. Establish a baseline participation and cessation rate for Wisconsin residents who complete the Not on Tobacco (NOT) youth cessation program
8. Over 100 Wisconsin clinicians will earn CE credit by taking the Wisconsin Nicotine Treatment Integration Project (WiNTiP) free on-line "Bucket Approach" training designed to prepare behavioral health clinicians to provide evidence-based tobacco dependence treatment to their clients who smoke.
9. The Wisconsin Tobacco Quit Line Objectives are "maintain at" because service volume is dependent on available funding.