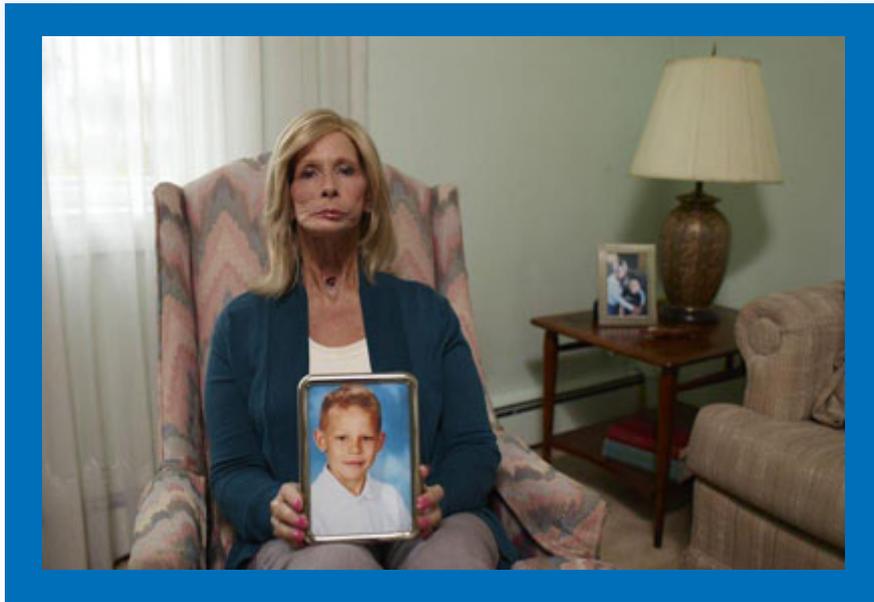


# VISION 2020

## North Carolina's Strategic Plan to Reduce the Health and Economic Burdens of Tobacco Use



# Dedication



This document is dedicated to the memory of Terrie Hall, who lost her battle with smoking-related cancer at age 53 in 2013. Terrie, of Lexington, North Carolina, was a tireless advocate for teen tobacco prevention. She created a number of strong, evocative tobacco prevention and cessation advertisements, including serving as a cast member for the CDC's highly effective Tips from Former Smokers Campaign. Her last ads were filmed in the hospital days before she died; she wanted people everywhere to see what smoking had done to her.

Terrie's grace, dedication and ability to tell the true story of the dangers of tobacco use continue to inspire the tobacco-free movement in North Carolina and across the nation and the world. We miss her deeply.

# This Plan Tells a Story...

You may pick and choose from these chapters based on your interests.

**Note:** Click on the page listings below for a quick link to the specific page.

Also, references in this report with quick links are identified with this icon: 

## Vision 2020: North Carolina's Strategic Plan to Reduce the Health and Economic Burdens of Tobacco Use and Secondhand Smoke Exposure 2016-2020

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2016-2020

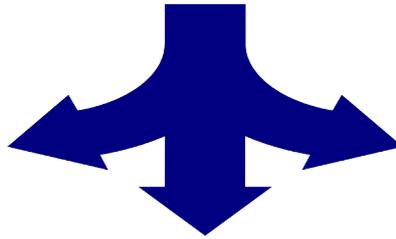
# **NORTH CAROLINA'S STRATEGIC PLAN**

**TO REDUCE THE HEALTH AND ECONOMIC BURDENS  
OF TOBACCO USE AND SECONDHAND SMOKE EXPOSURE**

# The Burden of Tobacco Use and Secondhand Smoke Exposure in NC

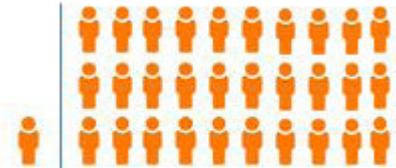
*Tobacco use is the #1 cause of preventable death in North Carolina (and the U.S.)*

Smoking causes more deaths each year than these causes combined:



**1 in 5**  
Deaths in NC due to tobacco use

For every death, **30** sick or disabled



Smoking costs North Carolina **\$3.81 billion** per year in health care costs



Including **\$931 million** in Medicaid costs.

There is an additional annual cost of **\$293 million** from health problems due to secondhand smoke.

**19.1%**

Adults in NC Who Smoke

**15.1%**

Adults in the US Who Smoke

**9.3%**

High School Students in NC Who Smoke

**27.6%**

High School Students in NC Who Use Any Tobacco Product

## Priority Populations and Focus Areas

### More likely to smoke:

- Low income
- Less educated
- Male
- Age 18-25
- African American
- American Indian
- Lesbian, Gay, Bisexual, Transgender

**18%**

Births to women on Medicaid who smoked during pregnancy

**54%**

Tobacco use among mental health clients

**63%**

Tobacco use among substance abuse clients

**11%**

Exposed to secondhand smoke drifting into home

**9.7%**

Exposed to secondhand smoke in the workplace

# The Vision 2020 outcome objectives are consistent with Healthy NC 2020 tobacco-related objectives:

**1. Decrease the percentage of adults who smoke to 13% (19.1% 2014) by 2020**

**2. Decrease the percentage of high school students using any tobacco products to 15% (29.7% 2013) by 2020**

**3. Decrease the percentage of people exposed to secondhand smoke in the workplace to 0% (9.7% 2014) by 2020**

**4. Reduce the percentage of women who smoke during pregnancy to 6.8% (9.8% 2014) by 2020**

**The next page of this plan is an At-a-Glance overview of Key Strategies for the next four years. Here is the rationale for selected strategies:**

The public health community has strong scientific evidence for strategies to prevent and reduce tobacco use as well as reduce exposure to secondhand smoke. Six publications form the central foundation for understanding and executing the most effective tobacco control interventions. Links are provided below for these publications:

- Community Preventive Services Task Force's Guide for Community Preventive Services (Community Guide), 2015 [↗](#)
- CDC's Best Practices for Comprehensive Tobacco Control Programs, 2014 [↗](#)
- Surgeon General's Report: The Health Consequences of Smoking-50 Years of Progress, 2014 [↗](#)
- Guide to Community Preventive Services; the Clinical Practice Guidelines: Treating Tobacco Dependence 2008 [↗](#)
- Best Practices User Guide: Health Equity, 2015 [↗](#)
- The Component Model of Infrastructure: A Practical Approach to Understanding Public Health Program Infrastructure, 2014, American Journal of Public Health, Lavinghouze et al. [↗](#)

# VISION 2020

## North Carolina's Strategic Plan to Reduce the Health and Economic Burdens of Tobacco Use

### POLICY AND ENVIRONMENTAL CHANGE:

*Educate on policies and environmental changes that reduce tobacco use and exposure to secondhand smoke.*

#### KEY STRATEGIES:

- Educate the public and decision-makers about the dangers of tobacco use, exposure to secondhand smoke and special groups that are more likely to use or be hurt by tobacco use.
- Educate the public and decision-makers on effective tobacco use prevention and reduction strategies.
- Build support for smoke-free/ tobacco-free policies and offer help to quit tobacco use in:
  - Government buildings and government grounds;
  - Public places (indoor places where the public is invited or permitted);
  - Colleges and community colleges;
  - Mental health and substance abuse facilities;
  - Workplaces; and
  - Multi-unit housing.
- Work to decrease youth access and attraction to all conventional and emerging tobacco products including e-cigarettes (known as vapes), little cigars, and hookah.
- Increase efforts to engage populations more affected than others by tobacco use, exposure to second-hand smoke and e-cigarette aerosol.

### Priority Audiences:

- Youth and Young Adults
- Low Income and Low Education Adults
- Adults with Mental Health and Substance Use Disorders
- Pregnant Women/Young Families
- American Indians
- African Americans
- Gay, Lesbian, Bisexual & Transgender Communities

### GOALS:

- Prevent initiation of tobacco use among youth and young adults.
- Promote tobacco cessation among adults and youth.
- Eliminate exposure to secondhand smoke.
- Identify and eliminate tobacco-related disparities.

### QUITTING TOBACCO USE:

*Support North Carolinians who want to quit tobacco use.*

#### KEY STRATEGIES:

- Promote QuitlineNC to increase the proportion of NC tobacco users who enroll, especially among groups with the highest rates of tobacco use.
- Increase engagement of groups with the highest rates of tobacco use through targeted marketing of QuitlineNC and clinician involvement in cessation services, in order to increase the annual quit rate.
- Help health care systems make changes that promote and support tobacco use treatment as a standard practice in health care.
- Increase tobacco use cessation programs in settings that reach young families, and help more women of childbearing years/pregnant women quit tobacco.
- Increase the number of employers/ insurance plans covering tobacco use cessation programs known to work through partnerships with QuitlineNC.
- Make effective tobacco quitting methods and programs easier for tobacco users to find and use.

### PLANNING, CAPACITY BUILDING AND ACCOUNTABILITY:

*Build capacity to effectively plan and evaluate statewide, regional and local interventions.*

#### KEY STRATEGIES:

- Continuously collect, track, analyze and share data to increase strategic understanding of the groups most likely to use tobacco or be hurt by it.
- Use sound science and data to make shared strategic decisions.
- Build the capacity of leaders and partners to share ideas and resources in order to increase the number of people reached and continue progress.
- Develop and maintain relationships that allow state and local coalitions to plan activities with organizations that represent populations and communities more likely to use tobacco or to be hurt by tobacco.
- Use funds unspent after mid-year budget review to place tobacco prevention and/or cessation messages known to work to reach priority audiences.
- Manage resources so that 100% of funds are used each year.
- Work with partners to make the case for investment in effective interventions through communication strategies, success stories, and evaluation reports including where possible, cost savings and/or return on investment.



2016-2020

**WE NEVER WORK ALONE**

**OUR PARTNERS ARE OUR MOST VALUABLE ASSET**



# Strategic Plan

## Vision 2020

### Our Mission

The North Carolina Tobacco Prevention and Control Branch works to improve the health of North Carolina residents by promoting tobacco-free environments and tobacco-free lifestyles. Our goal is to build capacity of diverse organizations and communities to plan and carry out effective, culturally appropriate strategies to reduce deaths and health problems due to tobacco use and secondhand smoke.

## GUIDING PRINCIPLES

### We believe...

...that all North Carolinians deserve a healthy start in life, a healthy home and workplace, and a healthy community where tobacco use and exposure to secondhand smoke are no longer the social norm.

### We work...

...collaboratively with all who have an interest in improving the health and quality of lives in North Carolina communities.

...to be "hard" on the problem and "soft" on the people who typically became addicted at a young age and want to quit.

...to focus on approaches that are inclusive and culturally humble in order to improve the lives of those most impacted by tobacco addiction, disability and premature death.

...to take action at the level where the most people will benefit— through systems, environmental and policy change.

...for accountability by monitoring the problem and focusing on evidence-based strategies.

...to leverage and align the significant community assets that can help address this problem.

**...to celebrate success, share credit, and serve as a strong model for others to follow.**

This plan is an ongoing process: it was developed in coordination with hundreds of our state and local partners; what follows is a partial listing of some of our key collaborators:

## We Thank You!

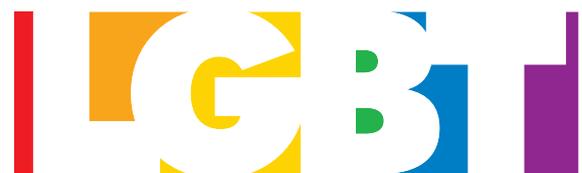


# NCAALHD

North Carolina Association  
of Local Health Directors



North Carolina  
**Alliance**  
for **Health**



**center** OF RALEIGH

SERVING THE TRIANGLE & BEYOND



**Quality Improvement  
Organizations**

Sharing Knowledge. Improving Health Care.  
CENTERS FOR MEDICARE & MEDICAID SERVICES



North Carolina  
**State Health Plan**  
FOR TEACHERS AND STATE EMPLOYEES

A Division of the Department of State Treasurer



Justus-Warren Heart Disease  
& Stroke Prevention Task Force

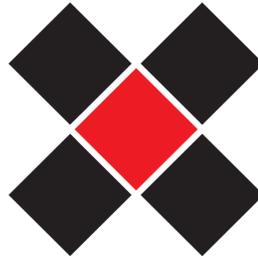
# We Thank You!

tobacco prevention  
and evaluation  
program

nicotine  
dependence  
program



[acscan.org](http://acscan.org)



**COUNTER  
TOOLS**  
ADVANCING PLACE-BASED  
PUBLIC HEALTH



Public Health



*Mental Health,  
Developmental Disabilities,  
and Substance Abuse Services*  
HEALTH AND HUMAN SERVICES

**MOUNTAIN**wise

East Carolina University  
**LGBTQ** Health  
PROMOTION TEAM



Macon County  
Public Health

IT'S TIME ENERGIZE THE MOVEMENT

# We Thank You!



Comprehensive Cancer Center



State Operated  
Healthcare Facilities  
HEALTH AND HUMAN SERVICES



Governor's Institute  
on Substance Abuse



Appalachian District  
Health Department



ORANGE COUNTY  
HEALTH DEPARTMENT

*Improving health. Inspiring change.*



North Carolina Medical Society  
Employee Benefit Plan

The North Carolina **Public Health**  
*Foundation*

# We Thank You!



# PICH

## Partnerships to Improve Community Health



## Northeastern North Carolina Partnership for Public Health

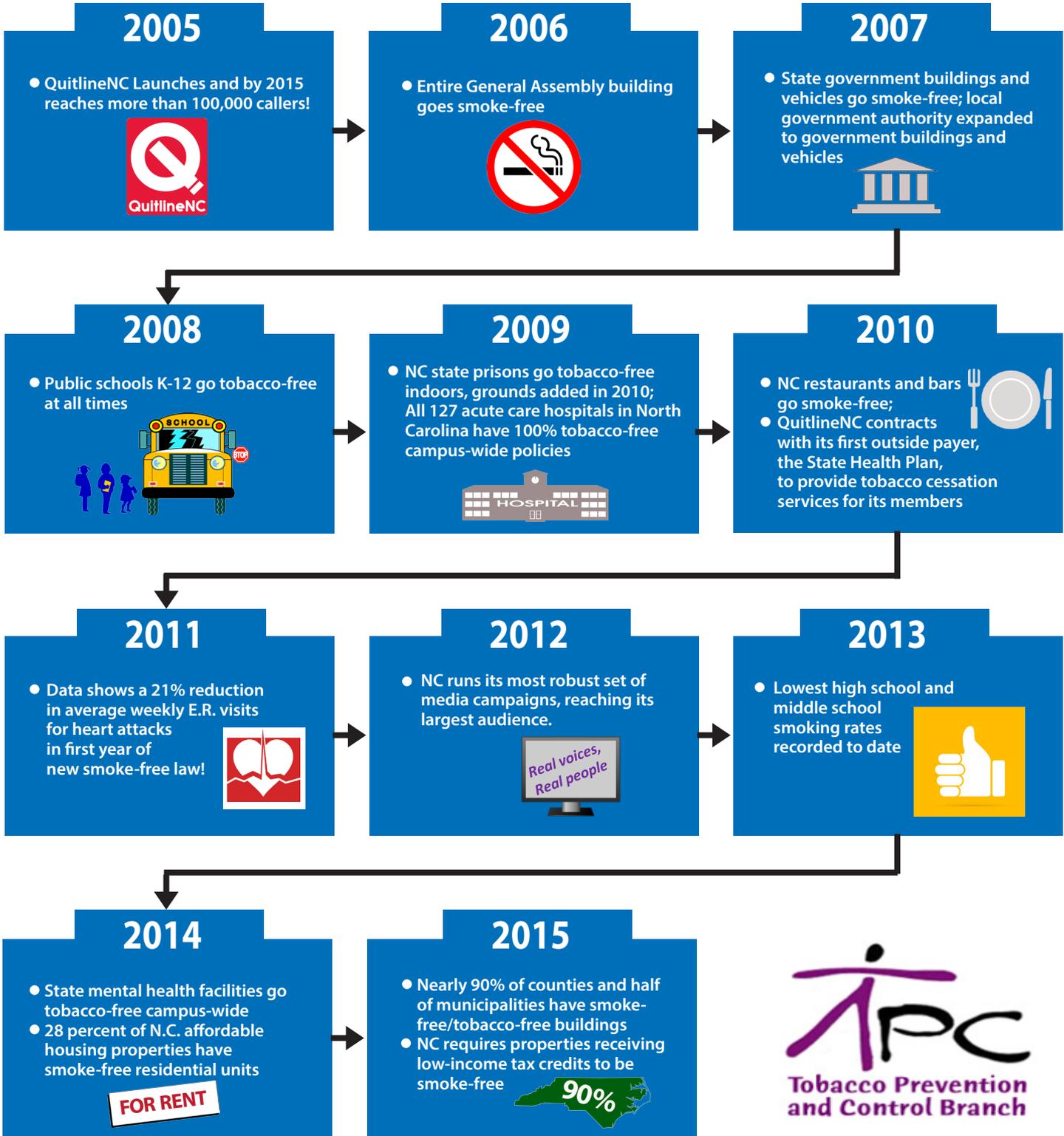


Beaufort • Bertie • Camden • Chowan • Currituck • Dare • Edgecombe • Gates • Halifax  
Hertford • Hyde • Martin • Northampton • Pasquotank • Perquimans • Tyrrell • Washington

2005-2020

**BUILDING ON THE PAST  
AND MOVING FORWARD,  
STRATEGICALLY**

# Decade of Progress

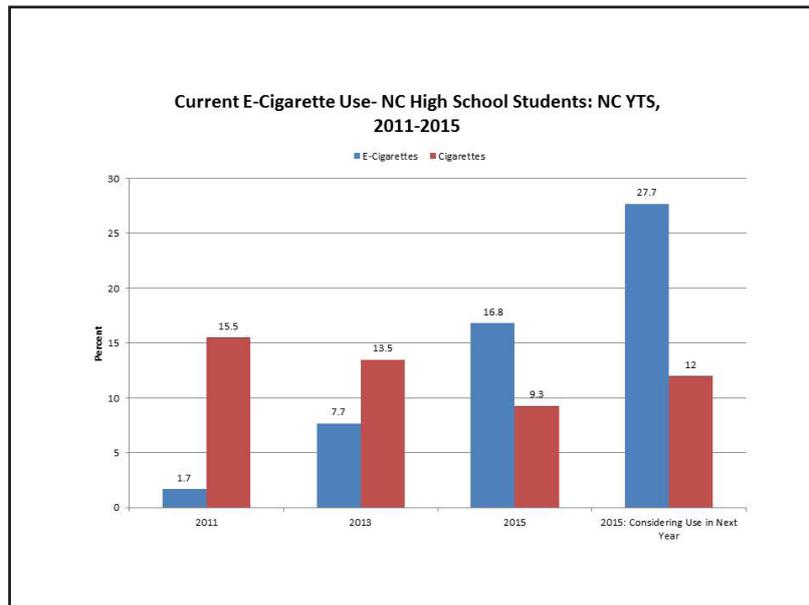


1-800-QUIT-NOW  
QuitlineNC.com



# Challenges and Opportunities

## Emerging Tobacco Products



Increased Use of Electronic Cigarettes



Hookah Pens



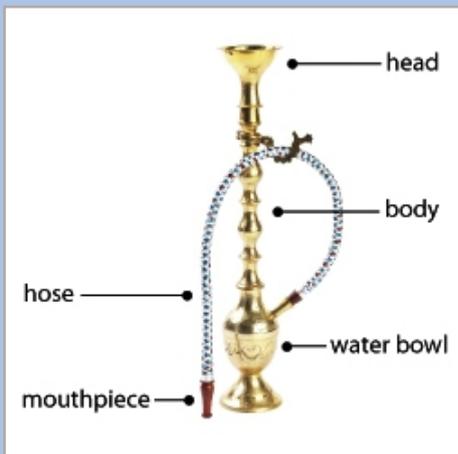
E-cigs



Vape Pen

While teen cigarette smoking has declined, rapidly increasing teen use of flavored emerging and reemerging products like electronic cigarettes, hookah and cigarillos, means overall tobacco use is climbing among teens and young adults.

Public interest in new tobacco products like e-cigarettes creates an opportunity for educating leaders and the public on the harms caused by these products as well as other tobacco products.



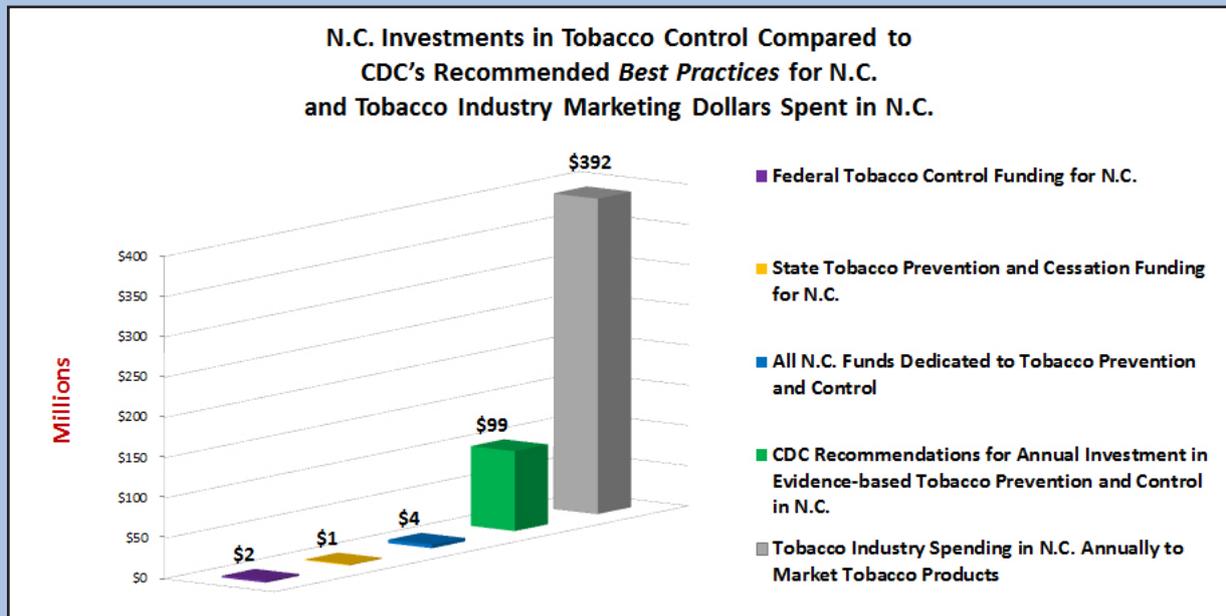
Hookah / Waterpipe



Cigars

# Challenges and Opportunities

## Funding



The \$17.3 million budget for North Carolina tobacco use prevention for young people was eliminated in 2012. There are recurring state funds to help tobacco users who want to quit, providing \$1.2 million per year for QuitlineNC.



Some N.C. teen tobacco prevention clubs have continued, like this group from Tyrell County, presenting to their county commission. They receive funding from the CDC's Partnerships to Improve Community Health (PICH) Grant.

# Challenges and Opportunities

## Teen Tobacco Prevention Funding



Orange County high school students collect cigarette butts to support the Board of Health's Smoke-Free Public Places Rule (Photo courtesy of David Poulos)

**New collaborations and funding opportunities may help reestablish some of the lost infrastructure and youth empowerment work that led to previous successes in tobacco use prevention.**

**Potential partners moving forward include the Poe Health Education Center, Youth Empowered Solutions (YES!), Counter Tools, CVS Health, N.C. Alliance for Health, N.C. Department of Public Instruction and N.C. Oral Health Section.**

# Challenges and Opportunities

## Priority Populations

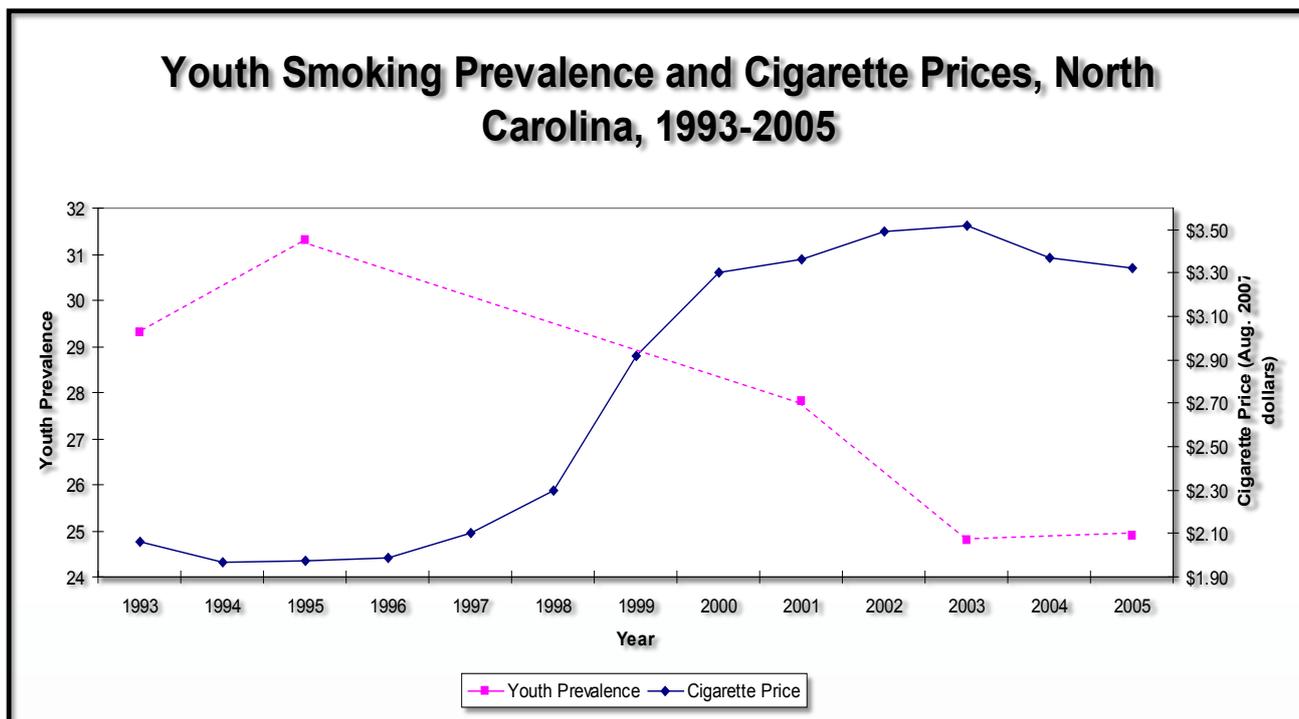
The need to improve the health of all groups and communities in North Carolina challenges us to reach out to those who have higher tobacco use rates or more harms from tobacco, including African Americans; young adults; Lesbian, Gay, Bisexual and Transgender (LGBT) individuals; American Indians; veterans; and those with mental health or addiction issues. TPCB seeks to build and maintain relationship with organizations that reach these groups.



Partners including the National African American Tobacco Prevention Network (NAATPN), the Truth Initiative, and North Carolina Historically Black Colleges and Universities (HBCUs), team up to encourage tobacco-free policies and tobacco cessation in African American communities.

# Challenges and Opportunities

## Price of Tobacco Products



The graph above shows that as the price per pack of cigarettes increased, youth smoking rates decreased at a similar rate.

Increasing the price of tobacco products significantly by raising taxes is proven to:

- keep young people from becoming addicted to tobacco products;
- prompt tobacco users to quit; and
- raise significant revenues for public health measures that work.

Elon Poll data from April 2015 shows a higher level of support for increasing the cigarette tax (64%) among North Carolina voters than for any other form of tax increase.

North Carolina's cigarette tax is 45 cents per pack, which is 47th highest in the nation. The national average is \$1.61 per pack as of January 2016.

For more information about the benefits of raising the tax on North Carolina tobacco products, see "New Revenues, Public Health Benefits and Cost Savings," on the NC Alliance for Health website. [↗](#)

# Challenges and Opportunities

## Secondhand and Thirdhand Smoke

The federal agency of Housing and Urban Development (HUD) has announced a proposed rule to make public housing smoke-free indoors, which will protect thousands of North Carolina families and children from the health hazards of secondhand tobacco smoke, while creating a new audience for tobacco cessation and education on secondhand and thirdhand smoke.

**Asthma home trigger assessments are effective in reducing children's asthma attacks. Secondhand smoke is one of many asthma triggers that can be found in N.C. homes.**

**Home assessments create an opportunity to work with partners to help make homes healthier for children with asthma.**

**For more information go to:  
NC Healthy Homes [↗](#)**



Apartment wall stained by years of smoking. (Image provided by Clinical Effort Against Secondhand Smoke Exposure [CEASE])

***Thirdhand smoke is the residual nicotine and other chemicals left by tobacco smoke on a variety of surfaces, such as carpets, walls, and blinds.***

***It remains in the environment long after the act of smoking has stopped. It reacts with common indoor air compounds to create a cancer-causing mix that can be breathed in or absorbed through the skin.***

***Children are particularly at risk for damage from thirdhand smoke, and it is an important component of patient education to help parents quit smoking.***

-Dr. Jonathon Winickoff,  
CEASE Program  
American Academy of Pediatrics

# Challenges and Opportunities

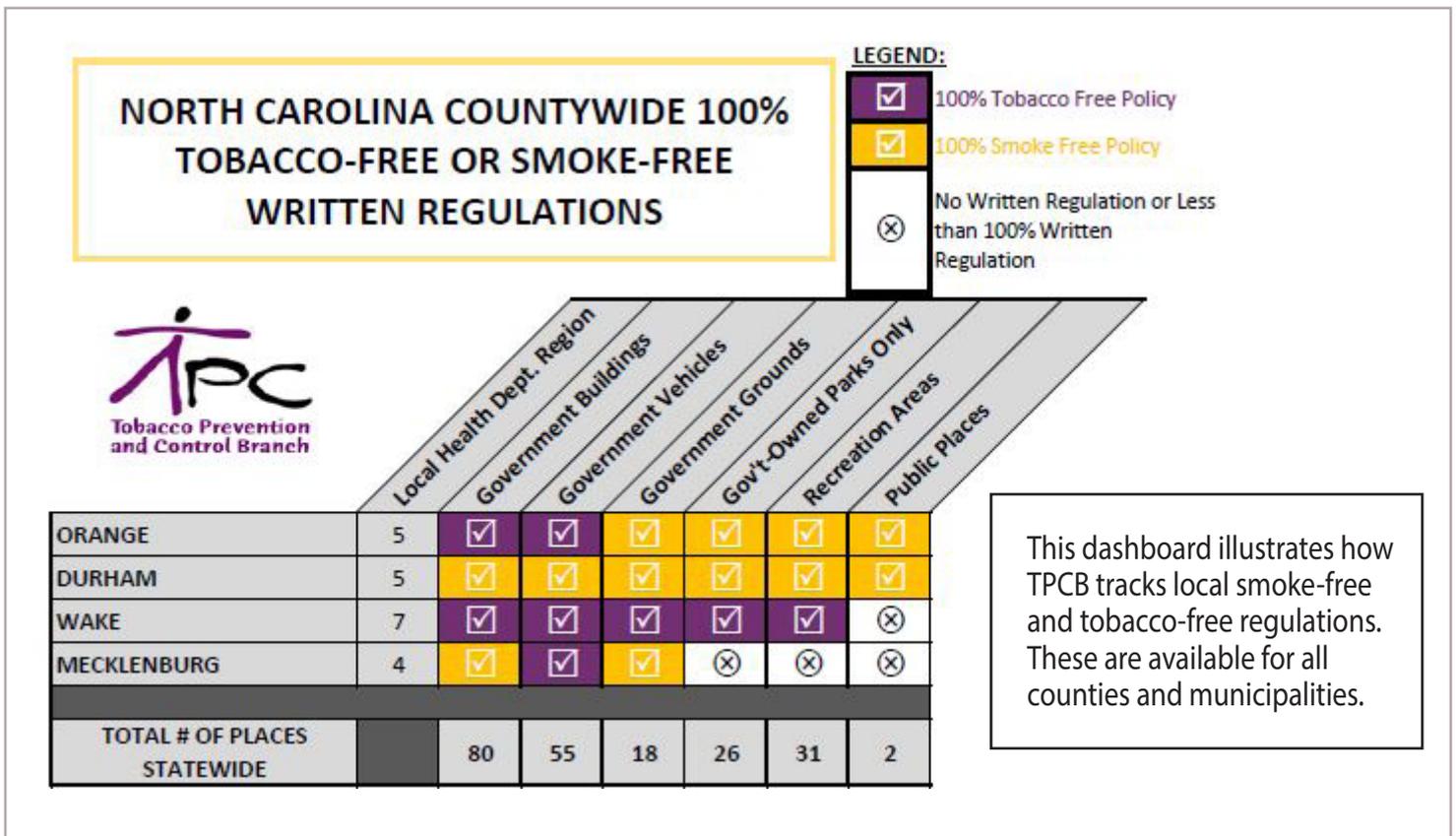
## Preemption = Restriction of Local Authority

*Preemption occurs when a higher level of government, such as the state, takes away the authority of communities to create local laws to address certain problems.*

### North Carolina's challenges include state preemption that prohibits:

- The adoption of 100% tobacco-free campus policies at public universities;
- Local restriction of smoking in all private worksites; and
- Local regulation of the sale and marketing of tobacco products.

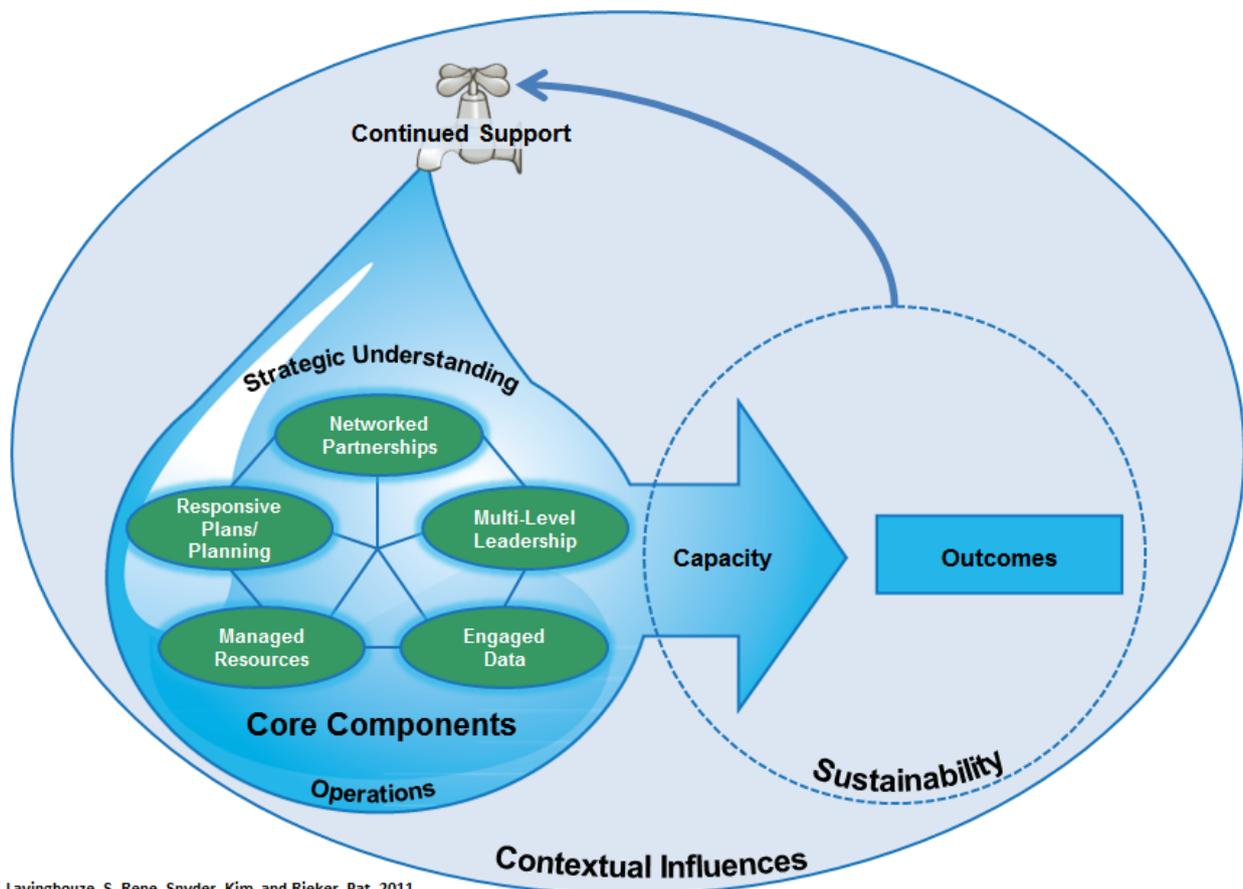
North Carolina local governments have the authority to prohibit smoking and tobacco use in government buildings, government grounds and public places, where the public is invited or permitted inside.



The NC Alliance for Health created a toolkit on how North Carolina advocates have addressed preemption: [Preemption in Public Health: A Toolkit and case Study from North Carolina](#)

# How do we do what we do? How do we continue to make progress?

It is all about Relationships...  
Building Strategic Understanding...  
Effective and Efficient Operations...  
That lead to enhanced capacity  
and sustainable outcomes



Lavinghouze, S. Rene, Snyder, Kim, and Rieker, Pat, 2011

The Component Model of Infrastructure: A Practical Approach to Understanding Public Health Program Infrastructure, 2014, American Journal of Public Health, Lavinghouze et al. [↗](#)

2016-2020

**Want to Get Involved?  
Reach Out!**

Beginning in 2015, all 100 North Carolina counties are covered by Regional Tobacco Control Managers who are working with diverse partners to implement this Strategic Plan.

**Tobacco Prevention and Control Branch (TPCB) Funding Regions 2015-2020**

*As of May 2016*



- |  |   |
|--|---|
| 1. Macon County Public Health  | 6. Cumberland County Public Health Department |
| 2. Rutherford-Polk-McDowell District Health Department                             | 7. Wake County Human Services                 |
| 3. Appalachian District Health Department  | 8. Robeson County Department of Public Health |
| 4. Mecklenburg County Health Department  | 9. Albemarle Regional Health Services         |
| 5. Guilford County Department of Health and Human Services, Public Health Division | 10. Pitt County Health Department             |



# Further Information or Assistance from the N.C. Tobacco Prevention and Control Branch



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[www.tobaccopreventionandcontrol.ncdhhs.gov](http://www.tobaccopreventionandcontrol.ncdhhs.gov) 

**N.C. Tobacco Prevention and Control Branch  
Chronic Disease and Injury Section  
Division of Public Health  
Department of Health and Human Services**

[www.tobaccopreventionandcontrol.ncdhhs.gov](http://www.tobaccopreventionandcontrol.ncdhhs.gov) 

[www.QuitlineNC.com](http://www.QuitlineNC.com) 

[www.SmokeFreeHousingNC.com](http://www.SmokeFreeHousingNC.com) 

[www.tobaccofreecollegesnc.com](http://www.tobaccofreecollegesnc.com) 

[www.Smokefree.nc.gov](http://www.Smokefree.nc.gov) 



**1-800-QUIT-NOW  
QuitlineNC.com**



*Public Health*  
HEALTH AND HUMAN SERVICES

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Department of Health and Human Services • Richard O. Brajer, Secretary • Division of Public Health  
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