



COLORADO
Department of Public
Health & Environment

Moving the Mark Revisited

Checking in on Tobacco Control Learnings
Three-years Later.

Summary and Findings
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Starting with Why

- This work is so important
- Passion, purpose and belief
- Public health fights back and gets things done
- We are more impactful together than individually
- To shape the future of this work

Starting Agreements

- We are rooted in health equity
- To the highest degree possible and reasonable, we should streamline and align processes, minimize administrative burden of participation, and build on what's working
- We need a fair and statewide approach that prioritizes the populations making up the remaining 15% of smokers, while maintaining gains and preventing future use among the remaining 85% of Coloradans.

Starting Agreements

- We need local strategies that reflect the unique needs and resources of each community; these should be defined locally within general parameters
- A balance must be found:
 - between individual self-determination, and the will to pay attention to the needs and desires of others.
- The conversation doesn't end here

A Glimpse of the Day

ACTIVITY	FOCUS
<p>Sharing What We Know <i>Latest research and data that tells the story of tobacco use and cessation efforts</i></p>	<ol style="list-style-type: none"> 1. Findings from Literature Reviews Conducted by the Tobacco Program 2. Reviewing the Data on Smoking in Colorado
<p>Exploring Innovation <i>Cutting edge Colorado ideas in tobacco control</i></p>	<ol style="list-style-type: none"> 1. Outside the Silo: Innovative Partnerships - Boulder County Public Health 2. Building a Movement: One Community at a Time - Colorado School of Public Health 3. A Tailored Approach for A Unique Community - El Paso Public Health 4. Peer Intervention Approach: Collective Impact for High Public Service Utilizers Project - Colorado Behavioral Health & Wellness Program 5. A Community-based Cessation Navigator Model - Colorado School of Public Health, Tri-County Health Department
<p>Generating Recommendations <i>Facilitated discussion to generate new recommendations guiding the future of the Tobacco Grant Program</i></p>	<ol style="list-style-type: none"> 1. What kind of tobacco work do you want to be doing in three years' time (that you aren't doing today?) 2. Considering today's presentations and conversation, what is the right balance between innovation and established best practices? 3. How do we ensure a fair distribution of funds statewide and across the different grant buckets?

Sharing What We Know

Disparities

Who is more likely to smoke?

- Adults <65 years
- Males
- Native American & Black
- English-speaking Hispanic
- Lesbian, Gay, Bisexual, Transsexual
- Low Socioeconomic Status
- < College Degree
- Uninsured & Medicaid
- Unemployed & Unable to Work
- Renters

Burden

Who are the current smokers?

- Adults 25-64
- Males
- White & Hispanic
- English-speaking Hispanic
- Heterosexual
- Low Socioeconomic Status
- High-school Grads & Some College
- Private Insurance & Medicaid
- Employed (particularly construction)
- Homeowners

Source: Renee Calanan, PhD, Commander, US Public Health Service,
Senior Chronic Disease Epidemiologist, Colorado
Amy Anderson, MPH Adult and Adolescent Health Surveys Data Analyst,
Center for Health and Environmental Data, CDPHE

Sharing What We Know

The Data Show

- Tobacco Prevalence stabilized
- New products, new temptations
- Initiation is a significant problem
- Tobacco sales increased last year
- **Smoking has become a health equity crisis**

Lower SES populations have the highest smoking rates and make up the largest number of smokers. For social justice and the greatest good, public health needs to focus research and programs on smoking cessation among lower SES populations.

***-Arnold H. Lavinson, Patricia Valverde, et al
Colorado School of Public Health, University of Colorado Cancer Center***

Exploring Innovation



"We live in an environment now that demands, 'Show me the outcome. Show me the evidence-based practice.' Do you feel pressured by that and can you make a case for your program?"

- There is untapped potential for connecting tobacco programs to other public health efforts.
- Need to ensure a diversity of access points for education and prevention resources and cessation tools.
- There is no lack of ideas; the challenge lies in prioritization and execution.
- Need meaningful collaboration from non-traditional partners. This requires more than just support on paper. We need support through action.

Exploring Innovation



“We need common marching orders and exceptional communication. Who will take the leadership role?”

- Need to be flexible and nimble to respond to changes in perception, use and research.
- A mile wide, inch deep approach may not work. We may be better served to focus more deeply on fewer primary goals.
- A unified strategy and common messaging has historically paid dividends. Our current efforts may be too diffuse to be effective.

Exploring Innovation



*"We need the power of all –
working together on a very clear strategy."*

- Direct community input, including individuals with lived experience, is vital. Our approach must validate local differences but emphasize that all Coloradoans deserve the same protections.
- Tobacco isn't at the top of the list of public health priorities for most communities.
- We must find a balance between innovation and evidence-based interventions. Evaluating these interventions is important, but manage expectations and encourage bold strategies.

Generating Recommendations

Colorado needs a unified vision with focused and aligned policy priorities.

- This was the strongest area of agreement for participants.
- Narrowing down to 1-3 primary goals defined at the State-level and allowing communities to add a limited set of additional, secondary goals to their local efforts based on a readiness assessment for policy change.
- Acknowledge and respect local differences and ensure strategies are tailored to reflect unique needs and resources at the community level.

Potential focal points for policy action: flavor bans, legal smoking age, price, sales licensing, smoke-free cars, smoke free parks/trails/public spaces, enforcement at point of sales, Medicaid regulations, and multi-housing policies.

Generating Recommendations

Build coalitions at state and local levels that extend to broader health and health systems work.

- Local health agencies and other current grantees have deep partnerships that should be leveraged and incentivized.
- Strengthen ties to other major initiatives within CDPHE and other State agencies including Human Services, Health Care Policy and Financing, Corrections, Public Safety, Regulatory Agencies, and Education.

Coalition development will be supported by aligning tobacco control with other public health efforts. Funding decisions should weight and reward these types of collaborative strategies and partnership.

Generating Recommendations

Recognize that innovation and established best practices are not mutually exclusive.

- Innovation can look bold, new and risky, or can appear as an iterative process taking an existing strategy and inventing upon that foundation. The future of Colorado's tobacco efforts should make space for both.
- Local health agencies should have the opportunity to deploy innovative strategies with a portion of their non-competitive grant funding.
- Other community organizations should still have sufficient access to resources for their own innovative and collaborative proposals.

In all cases, funding should be defensible and expected impact should be measurable.

Generating Recommendations

Ensure and enhance core skills for grantees.

- Participants stressed skills for things like grassroots organizing, coalition development, social media and meeting facilitation.
- Specific to tobacco, the group emphasized train-the-trainer models for nicotine replacement therapy and tobacco treatment specialists.

The group also explored interesting opportunities to incentivize partnership across local health agencies and with other tobacco program grantees to provide peer-to-peer training and technical assistance.

Generating Recommendations

Target disparity and burden.

- Meet the needs of special populations including criminal justice, LGBTQ, multi-unit and public housing residents, construction workers, veterans, and low-income communities.
- Interventions should strive to meet people where they are – where they live, work, seek health care services, receive behavioral health treatment, access public benefits, and spend their free time.

Colorado should advance innovative, community-based models for policy, prevention and cessation efforts.

Generating Recommendations

Focus on health equity and involve the target populations.

- Strategies should be informed directly by the targeted benefactors.
- The data clearly indicate those community members that are smoking, and interventions should reflect that these individuals have engaged in defining a grantee's plan.

Participants look forward to highlighting how trusted stewards (e.g., barbers, hairstylists, bartenders), and non-traditional workforce (e.g., peer workforce, community health workers, promotores) will be activated to help execute their plans.

Generating Recommendations

Preserve gains with an eye toward the future.

- Colorado must continue its prevention efforts for the 85% of the population that does not smoke.
- While cigarette smoking is down, electronic smoking and vaporizing is rising dramatically. The fight against tobacco is evolving and Colorado's efforts must adapt accordingly.

Participants hope this means additional research, focus and cross-systems collaboration to reach youth. Targeting the remaining 15% is important, but a comprehensive prevention pipeline will combat tobacco upstream.

Generating Recommendations

Protect the core of our tobacco control efforts.

- Local health agencies are at the core of Colorado's tobacco control efforts and are in the best position to connect this work to other public health initiatives such as prevention of chronic disease, mental health conditions and substance use disorders.
- Funding should ensure all local health agencies have sufficient resources to effect meaningful change through both established best practice and emerging innovative strategies.

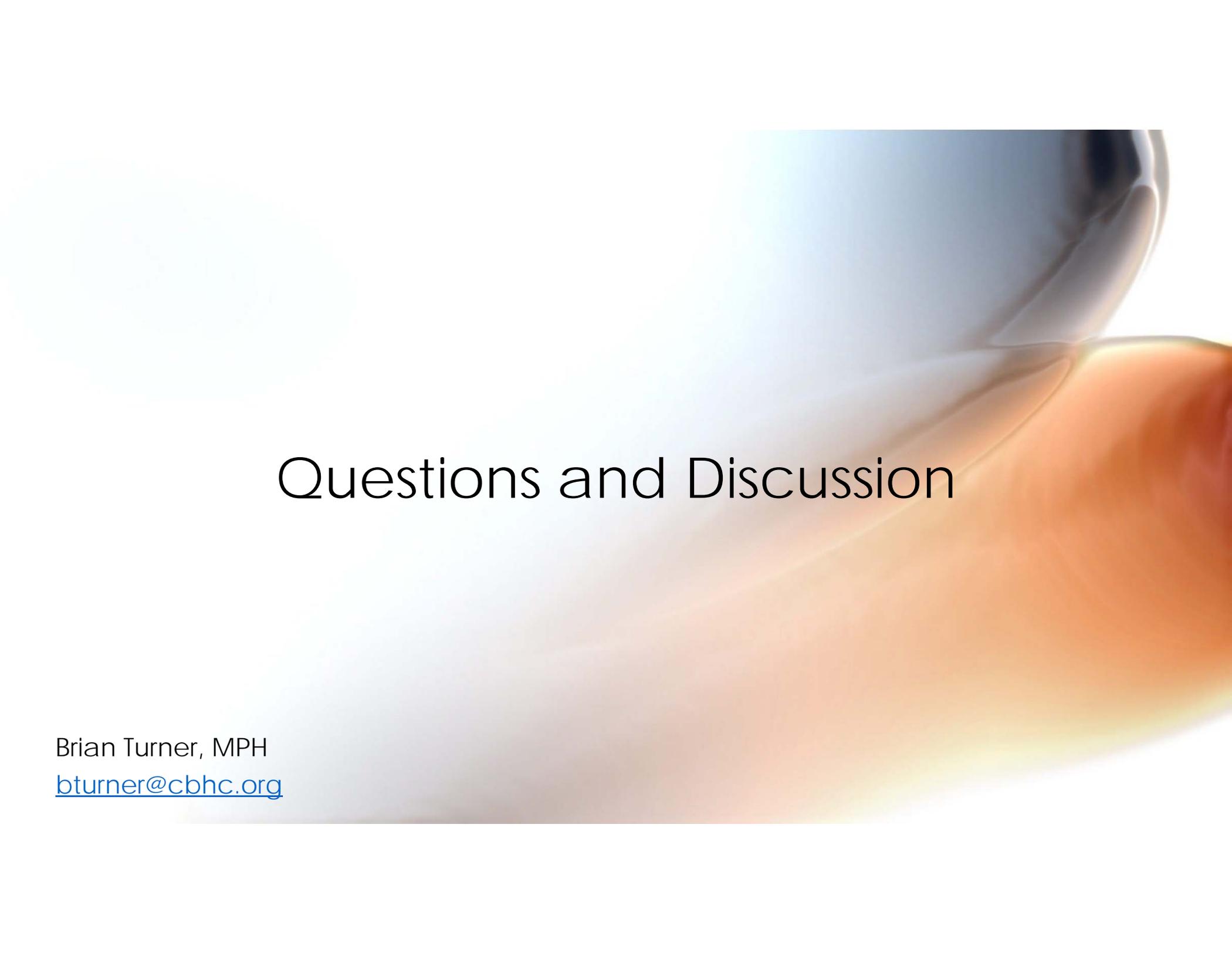
Participants felt these allocations must be measurable and some suggested these dollars be considered "at-risk" barring a poor return on investment.

Generating Recommendations

Above all, be strategic.

- Participants felt strongly that funding decisions must follow strategic decisions, and not the other way around.
- Distribution should factor in efficiencies, economies of scale, population, disparities, burden, partnerships and transparency.
- Strategic investment does not necessarily mean equal distribution of dollars.

Timing is an important consideration and some participants advocated to continue with the current funding methodology for up to a year while a revised state strategy is developed. This position was robustly debated without resolution, but there was clear agreement that a sound, unified vision for the tobacco program should drive resource allocation.



Questions and Discussion

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