

**Nebraska Tobacco Control**

# **State Plan**

**2023 – 2028**

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## Executive Summary

The health and financial impacts of smoking and the use of tobacco are well documented. Not only can tobacco harm nearly every organ of the body, but it also costs Nebraska \$820 per household every year for smoking-related health care expenses and lost productivity.<sup>1</sup>

Although cigarette smoking rates have been decreasing in the United States and Nebraska, it remains one of the leading preventable causes of death and disease. Based on data from 2021, Nebraska has slightly higher rates than the national average for current cigarette smoking (13.4% compared to 11.5%), smokeless use (4.8% compared to 2.1%), and e-cigarette use (6.7% compared to 4.5%).<sup>2</sup>

Tobacco Free Nebraska (TFN), in collaboration with a variety of partners and coalitions from across the state, focuses on evidence-based approaches and best practices for comprehensive tobacco control. The 2023–2028 State Plan – which started May 2023 and ends in April 2028 – will serve as roadmap for continued work. The four over-arching goals of the plan include:

- 1 Eliminating exposure to secondhand smoke
- 2 Promoting quitting among adults and youth
- 3 Preventing initiation among youth and young adults
- 4 Advancing health equity by identifying and eliminating commercial tobacco product-related inequities and disparities

Each goal has a set of strategies and activities to help achieve defined objectives. In total, there are 15 objectives and 21 strategies outlined to address the four goal areas. These were developed with input from dozens of key partners, many of whom will help carry out the activities. Efforts will be monitored and shared with partners on an annual basis to highlight progress toward achieving the goals. In addition, a one-page summary of the state plan is in Appendix C.

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<sup>1</sup> *What's tobacco costing Nebraska?* (2023). Nebraska Department of Health and Human Services. [https://dhhs.ne.gov/Tobacco%20Free%20Nebraska%20Documents/Infographic\\_Whats\\_Tobacco\\_Costing\\_Nebraska.pdf](https://dhhs.ne.gov/Tobacco%20Free%20Nebraska%20Documents/Infographic_Whats_Tobacco_Costing_Nebraska.pdf) Accessed May 31, 2023.

<sup>2</sup> Nebraska data obtained from the 2023 Behavioral Risk Factor Surveillance Survey (BRFSS). National data was obtained from Cornelius ME, Loretan CG, Jamal A, et al. Tobacco Product Use Among Adults – United States, 2021. *MMWR Morb Mortal Wkly Rep* 2023;72:475–483. DOI: <http://dx.doi.org/10.15585/mmwr.mm7218a1> .

## Introduction

The Nebraska Tobacco Control State Plan outlines the key goals, strategies, and activities to help prevent and lessen the burden of disease and death caused by tobacco use in Nebraska. It was approved in June 2023 and will run through April 30, 2028. For a list of partners involved in developing the plan, see Appendix B. While the Tobacco Free Nebraska (TFN) will coordinate the state plan efforts, partners will work through the comprehensive tobacco control program to progress toward the overall state plan objectives.

A full list of acronyms and definitions is available in Appendix A.

## Vision

The vision of Tobacco Free Nebraska is a healthy, tobacco-free Nebraska.

## Mission

The mission is to prevent and reduce commercial tobacco use among Nebraskans of all ages through advocacy, education, and collaboration.

## Understanding Tobacco Use

### Current Tobacco Use

Data from 2020 indicates that 13.9% of Nebraska adults smoke, which is more than 206,000 people.<sup>3</sup> That decreased slightly in 2021, where the current cigarette smoking rate was 13.4%. However, both of those rates were slightly higher than the national average. In 2021, the Centers for Disease Control and Prevention (CDC) reported that the current cigarette smoking rate among adults was 11.5%.<sup>4</sup>

Similar trends exist for smokeless tobacco and e-cigarette use. For U.S. adults, the current smokeless use was 2.1% and current e-cigarette use was 4.5%.<sup>2</sup> According to the 2021 Behavioral Risk Factor Surveillance Survey (BRFSS), in Nebraska the current smokeless tobacco use was 4.8% while current e-cigarette use was 6.7%.

Please note that the term “tobacco” in this plan refers to commercially produced tobacco products only and not the traditional or sacred use of tobacco by some American Indian communities.

Based on the 2021 Youth Risk Behavior Survey (YRBS), 23% of high school students in Nebraska reported some kind of tobacco product use in the past year. Although students are using cigarettes at much lower rates than in the past (current use 3.6% in 2021 compared to 15.0% in 2010), use of e-cigarettes/vape products has become more common. In Nebraska, 14.7% of high school students currently use an electronic vape product and 33.7% have ever tried one.

<sup>3</sup> *What's tobacco costing Nebraska?* (2023). Nebraska Department of Health and Human Services. [https://dhhs.ne.gov/Tobacco%20Free%20Nebraska%20Documents/Infographic Whats Tobacco Costing Nebraska.pdf](https://dhhs.ne.gov/Tobacco%20Free%20Nebraska%20Documents/Infographic%20Whats%20Tobacco%20Costing%20Nebraska.pdf) Accessed May 31, 2023.

<sup>4</sup> Cornelius ME, Loretan CG, Jamal A, et al. Tobacco Product Use Among Adults – United States, 2021. *MMWR Morb Mortal Wkly Rep* 2023;72:475–483. DOI: <http://dx.doi.org/10.15585/mmwr.mm7218a1>.

## Health Effects of Tobacco Use

There are a variety of health consequences that can result from tobacco use. In fact, cigarette smoking can harm nearly every organ of the body, reduce health of smokers, and cause many diseases.<sup>5</sup> More specifically, smoking can increase the risk of coronary heart disease as well as stroke by 2 to 4 times. In 2022, 2,500 deaths in Nebraska were attributed to smoking and 75,000 Nebraskans suffered from smoking-attributable illness.<sup>6</sup>

## Burden of Tobacco Use

Beyond the health impacts, there is also a financial toll of tobacco. Nebraska spends \$820 per household every year for smoking-related health care expenses and lost productivity.<sup>7</sup> In Nebraska, it is estimated that smoking-related health care costs are \$924 million, Medicaid costs caused by smoking are \$174.4 million, and smoking-caused productivity losses amount to \$651.9 million each year.<sup>8</sup>

## Priority Populations in Nebraska

The Nebraska Tobacco Control State Plan prioritizes tobacco prevention and cessation efforts for three populations, though data will still be reviewed throughout the five-year period to determine if there are additional priority populations that need to be addressed.

### **People with Behavioral Health Conditions**

There are a variety of connections between behavioral health and tobacco use. Based on the Nebraska Behavioral Health Consumer Survey, current cigarettes smoking (every day or some days) among adults using mental health facilities was 38.2% and 55.4% among adults admitted to a facility for substance use disorder in 2020. This is substantially higher than the overall rate among Nebraska adults obtained from the 2020 BRFSS, which was 13.9%.

### **Racial/Ethnic Minorities**

Tobacco use is higher among some populations or communities than others. Despite a decrease in commercial cigarette smoking among adults, the decline has not been the same across races and ethnicities. In 2020, age-adjusted rates of current cigarette smoking from the 2020 BRFSS were higher among racial/ethnic minority adults in Nebraska compared to non-Hispanic white adults (17.3% versus 14.1%).

### **Pregnant and Postpartum Women**

For pregnant and postpartum women, using tobacco can increase the risk of many health conditions for the mother as well as the baby. This can include low birth weight, preterm birth, birth defects, and an increased risk of sudden infant death syndrome.<sup>9</sup> According to the

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<sup>5</sup> *Health effects of cigarette smoking*. (2021). Centers for Disease Control and Prevention. [https://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/health\\_effects/effects\\_cig\\_smoking/index.htm](https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.htm) Accessed May 31, 2023.

<sup>6</sup> *What's tobacco costing Nebraska?* (2023). Nebraska Department of Health and Human Services. [https://dhhs.ne.gov/Tobacco%20Free%20Nebraska%20Documents/Infographic\\_Whats\\_Tobacco\\_Costing\\_Nebraska.pdf](https://dhhs.ne.gov/Tobacco%20Free%20Nebraska%20Documents/Infographic_Whats_Tobacco_Costing_Nebraska.pdf) Accessed May 31, 2023.

<sup>7</sup> Ibid

<sup>8</sup> *The tool of tobacco in Nebraska*. (2023). Tobacco Free Kids. <https://www.tobaccofreekids.org/problem/toll-us/nebraska>. Accessed May 31, 2023.

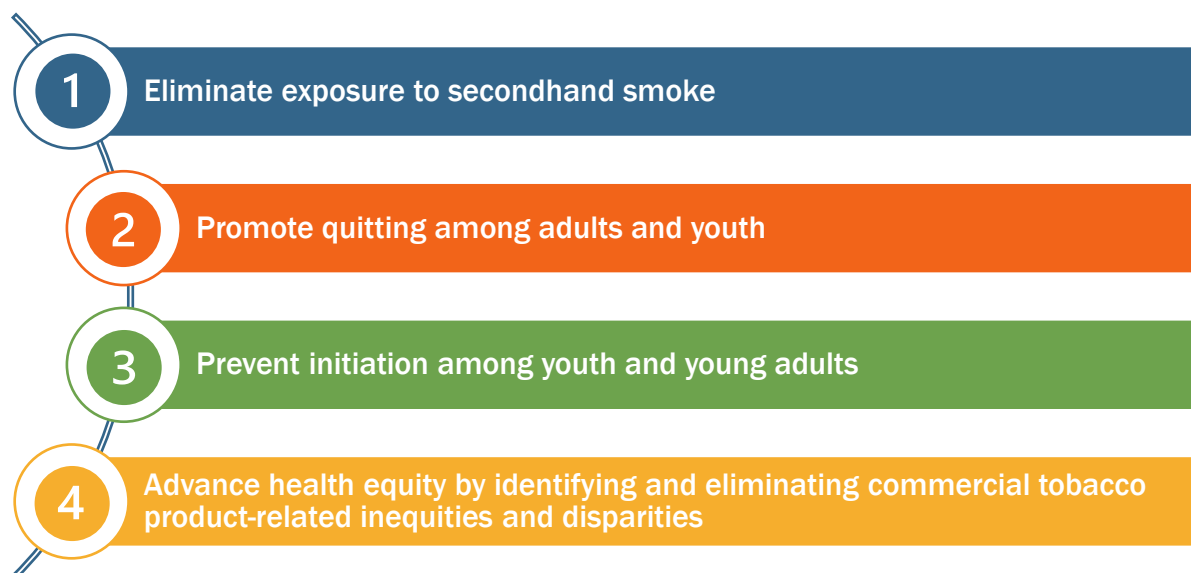
<sup>9</sup> *Substance use during pregnancy*. (2022). Centers for Disease Control and Prevention. <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/tobaccousepregnancy/index.htm> Accessed May 31, 2023.

Pregnancy Risk Assessment Monitoring System (PRAMS), 8.1% of pregnant women in Nebraska smoked cigarettes in the last 3 months of pregnancy in 2020; data was not available/suppressed for e-cigarette use.

## Nebraska's Tobacco State Plan

Tobacco Free Nebraska (TFN) was created in the early 1990s as the state's comprehensive tobacco prevention and control program. TFN is housed within the Nebraska Department of Health and Human Services (NDHHS) and works in collaboration with coalitions and other partners across the state to ensure interventions are available to all Nebraskans. In addition to funding through state appropriation, TFN receives funding through the CDC National and State Tobacco Control Program.<sup>10</sup>

The Nebraska Tobacco Control State Plan is focused on four goal areas:







The plan serves as a guide to ensure stakeholders and partners can work collaboratively to prevent tobacco use in Nebraska. The plan builds upon the successes, challenges, and lessons learned from the 2016-2020 Nebraska Tobacco Control State Plan.

The development of this plan was facilitated in collaboration with Partners for Insightful Evaluation. Prior to hosting the strategic planning sessions, a survey was disseminated to more than one hundred TFN partners. Two half-day sessions were held via Zoom with more than 30 individuals. During the first session, the results from the partner survey and other data were shared to inform the state plan development. Following the strategic planning sessions, ten individuals were interviewed to provide additional insight and feedback on the preliminary plan. TFN staff also participated in a sustainability planning session.

<sup>10</sup> *National and state tobacco control program.* (2021). Centers for Disease Control and Prevention. <https://www.cdc.gov/tobacco/stateandcommunity/tobacco-control/index.htm> Accessed May 31, 2023.

The collaborative process resulted in a set of strategies and key activities to positively impact the four goal areas. Each priority area contains the following:

	<p><b>Objectives</b></p> <p>These are the outcomes that Nebraska hopes to achieve by 2028.</p>
	<p><b>Key Partners</b></p> <p>The agencies listed for each goal are ones that committed to and/or were identified as being integral to implementation efforts for that goal. The list of partners for each goal is not exhaustive and may change over time.</p>
	<p><b>Strategies</b></p> <p>All strategies were developed through the strategic planning session and describe the over-arching efforts that will help Nebraska achieve the objectives.</p>
	<p><b>Key Activities</b></p> <p>These are the specific activities or actions identified to carry out the strategies and achieve the objectives. This is not an exhaustive list and may be modified throughout the five-year period.</p>



## Goal 1: Eliminate Exposure to Secondhand Smoke

**1** The first goal is focused on **eliminating exposure to secondhand smoke**. Results from the partner survey included a variety of successes in this goal area, with the most prominent being the enforcement of the Nebraska Clean Indoor Air Act (NCIAA). Coalitions and partnerships also played a key role, as well as the existence of comprehensive policies at local businesses, organizations, multi-unit housing (MUH) and outdoor areas. Elements that hindered progress were tobacco industry lobbying, public acceptance of vaping, limited enforcement of laws and regulation, and legislation such as preemption.

### Objectives



**1A.** Reduce the percentage of adults being exposed to secondhand e-cigarette, aerosol, or vapor in the past 7 days from 9.0% in 2020 to 7.0% by 2028. *Nebraska Adult Tobacco Survey (ATS)*

**1B.** Increase the percentage of adults whose workplace never allows smoking in outdoor work areas from 42.2% in 2020 to 45.0% by 2028. *Nebraska ATS*

### Key Partners



- Tobacco Free Nebraska
- NDHHS Maternal & Child Health Program
- American Cancer Society Cancer Action Network
- Local Tobacco Prevention Coalitions
- Local Public Health Departments
- University of Nebraska Medical Center – Center for Reducing Health Disparities
- University of Nebraska Kearney – Student Health & Counseling
- Post-Secondary Programs/Colleges
- Local Housing Authority
- Residential Property Owners and Managers

### Strategies



### Key Activities



<p><b>1.1</b> Increase comprehensive smokefree policies in multi-unit housing (MUH) properties</p>	<ul style="list-style-type: none"> <li>▪ Partner with local housing authorities and property owners to increase the number of smokefree multi-unit housing properties, including aerosols.</li> <li>▪ Provide smokefree and aerosol-free policy education to property owners regarding cost savings and fire risk.</li> </ul>
<p><b>1.2</b> Implement messaging on the dangers of secondhand smoke and aerosol exposure</p>	<ul style="list-style-type: none"> <li>▪ Translate messaging with multi-language signage.</li> <li>▪ Provide education to targeted audiences on 1) exposure to tobacco smoke and aerosols; 2) Electronic Nicotine Delivery Systems (ENDS); and 3) the Nebraska Clean Indoor Air Act.</li> </ul>

<p><b>1.3</b> Increase comprehensive tobacco-free outdoor policies for college campuses</p>	<ul style="list-style-type: none"> <li>▪ Partner with state and local colleges to update and implement comprehensive smoke and aerosol-free campus policies.</li> </ul>
<p><b>1.4</b> Increase comprehensive smokefree outdoor policies</p>	<ul style="list-style-type: none"> <li>▪ Partner with state and local communities to increase comprehensive smokefree policies for outdoor spaces and events (i.e., outdoor dining, sporting events, concerts, fairs).</li> </ul>
<p><b>1.5</b> Encourage sustainability of current and future comprehensive smokefree policies</p>	<ul style="list-style-type: none"> <li>▪ Seek funding to promote, address, and sustain state plan objectives.</li> <li>▪ Maintain and identify opportunities to increase compliance with smokefree policies through education and awareness.</li> </ul>

## Goal 2: Promote Quitting Among Tobacco Users

**2** The second goal is to **promote quitting among adults and youth**. Respondents to the survey reported several factors that helped with this goal. The Nebraska Tobacco Quitline was a key component identified, including free coaching and quit medication, new services (online registration and coaching), and media/marketing. A handful of barriers were identified, including lack of awareness of the Quitline, lack of adequate funding or healthcare coverage, and difficulty reaching individuals of lower socio-economic status (SES).

### Objectives



**2A.** Reduce the percentage of adults who reported smoking cigarettes every day or some days (current smokers) from 13.4% in 2020 to 10.0% by 2028. *Nebraska BRFSS*

**2B.** Reduce the percentage of adults who reported e-cigarette use every day or some days from 6.7% in 2020 to 5.0% by 2028. *Nebraska BRFSS*

**2C.** Reduce the percentage of male adults who reported using smokeless tobacco every day or some days from 9.4% in 2020 to 8.0% by 2028. *Nebraska BRFSS*

**2D.** Increase the rate of adults who attempted to quit smoking from 52.8% in 2020 to 56.0% by 2028. *Nebraska BRFSS*

### Key Partners



- Tobacco Free Nebraska
- Nebraska Tobacco Quitline Vendor
- NDHHS Division of Behavioral Health
- NDHHS Chronic Disease Prevention & Control Program
- NDHHS Comprehensive Cancer Control Program
- NDHHS Maternal & Child Health Program
- Local Tobacco Prevention Coalitions
- American Cancer Society Cancer Action Network
- Lincoln-Lancaster County Health Dept.
- Southwest Nebraska Public Health District
- University of Nebraska Medical Center – Center for Reducing Health Disparities
- Healthcare Systems and Providers
- CenterPointe
- People with Lived Experience

### Strategies



### Key Activities



<p><b>2.1</b> Increase utilization of Quitline services</p>	<ul style="list-style-type: none"> <li>▪ Educate on and promote the Nebraska Tobacco Quitline, nicotine replacement therapy (NRT), and other resources (i.e., counseling, FDA-approved medications).</li> <li>▪ Implement additional service to the Quitline (i.e., lung cancer screening, youth-specific services).</li> </ul>
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<p><b>2.2</b> Increase knowledge of resources for cessation</p>	<ul style="list-style-type: none"> <li>▪ Educate partners and the public on tools to increase successful quits, such as counseling, FDA-approved medication, etc.</li> <li>▪ Promote education about tobacco cessation, including online continuing education credits, training opportunities, and certification programs.</li> </ul>
<p><b>2.3</b> Increase engagement of health care providers on tobacco cessation</p>	<ul style="list-style-type: none"> <li>▪ Engage healthcare providers on tobacco screenings, electronic health record (EHR) integration, and referral processes to the Quitline.</li> <li>▪ Identify and collaborate with wellness partners, including mental health providers, to increase tobacco screenings.</li> </ul>
<p><b>2.4</b> Implement a strategic marketing campaign to promote cessation</p>	<ul style="list-style-type: none"> <li>▪ Expand marketing options and consider innovative approaches for disseminating information.</li> <li>▪ Promote “gaining” opportunities from cessation, such as extra time with kids, improved breathing, etc.</li> </ul>
<p><b>2.5</b> Develop 3 resources to celebrate cessation through storytelling</p>	<ul style="list-style-type: none"> <li>▪ Share successes through learned experiences from former tobacco users who have quit to encourage tobacco cessation.</li> </ul>

## Goal 3: Prevent Tobacco Initiation Among Youth & Young Adults

**3** The third goal is to **prevent initiation among youth and young adults**. Results from the partner survey indicate that coalitions and partners educating the public on the dangers of tobacco helped generate success within this goal area. Some partners noted that youth leadership and engagement, training and technical assistance, and legislation and regulations were also helpful. Partners also identified key elements that hindered progress with preventing initiation among youth and young adults. This included new emerging tobacco products, tobacco marketing and lobbying, the political environment, and access to tobacco products.

### Objectives

**3A.** Decrease the percentage of youth (grades 9-12) who have ever used tobacco from 34.6% in 2022 to 32.0% by 2028. *Nebraska Youth Tobacco Survey (YTS)*

**3B.** Decrease the percentage of youth (grades 9-12) who have ever used electronic vapor products from 33.7% in 2021 to 28.0% by 2028. *Nebraska YRBS*

**3Ci.** Decrease the percentage of young adults (18-24) who have ever used e-cigarettes or other vaping products from 55.6% in 2020 to 48.0% by 2028. *Nebraska BRFSS*

**3Cii.** Decrease the percentage of young adults (18-24) who currently use e-cigarettes or other vaping products either every day or on some days from 20.9% in 2020 to 17.5% by 2028. *Nebraska BRFSS*

### Key Partners

- Tobacco Free Nebraska
- Local Tobacco Prevention Coalitions
- Local School Districts/Schools
- Local Public Health Departments
- Nebraska Department of Education
- Post-Secondary Programs/Colleges
- University of Nebraska Medical Center – Center for Reducing Health Disparities
- University of Nebraska Kearney – Student Health & Counseling
- Youth Programs (Girl Scouts, Boy Scouts, etc.)

### Strategies

### Key Activities

<b>3.1</b> Build capacity for flavor restrictions/bans through education	<ul style="list-style-type: none"> <li>▪ Educate partners, stakeholders, and the public on the impact of flavor restrictions and bans.</li> </ul>
<b>3.2</b> Increase youth-centered leadership and involvement	<ul style="list-style-type: none"> <li>▪ Provide opportunities for youth involvement and leadership development, including in coalitions.</li> <li>▪ Offer or support peer to peer education opportunities.</li> <li>▪ Engage youth in generating tobacco prevention messaging.</li> </ul>

<p><b>3.3</b> Assist in strengthening comprehensive school tobacco-free policies and practices</p>	<ul style="list-style-type: none"> <li>▪ Partner with schools and youth to strengthen tobacco-free prevention policy, programs, messaging promotion.</li> <li>▪ Provide schools with a toolkit of policy and program ideas.</li> <li>▪ Identify tobacco prevention resources to support schools and educate parents.</li> </ul>
<p><b>3.4</b> Develop and implement youth-targeted materials and messaging</p>	<ul style="list-style-type: none"> <li>▪ Identify mass-reach communication opportunities to reach youth with impactful tobacco prevention messages (digital media, billboards, influencer marketing, etc.).</li> <li>▪ Develop marketing strategies through youth-led messaging.</li> <li>▪ Consider tobacco prevention messaging that encompasses a mental health aspect.</li> </ul>
<p><b>3.5</b> Reduce youth access through the retail environment</p>	<ul style="list-style-type: none"> <li>▪ Address tobacco retail environment through density and compliance checks (i.e., explore or promote tobacco retail licensing restrictions within so many feet of schools).</li> </ul>
<p><b>3.6</b> Increase support and implementation of comprehensive state and local best practice tobacco policies</p>	<ul style="list-style-type: none"> <li>▪ Educate on best practices surrounding youth tobacco initiation and the impact of flavor restrictions and bans through community advocacy.</li> <li>▪ Engage healthcare providers to encourage screening youth for tobacco use.</li> </ul>

## Goal 4: Advance Health Equity

**4** The final goal is to **advance health equity by identifying and eliminating commercial tobacco product-related inequities and disparities**. As with other goal areas, one key element identified in the survey that helped progress in this area was strong partnerships, particularly having cooperation between organizations trying to achieve similar goals. Another factor was the ability to identify the populations experiencing tobacco-related disparities and education around tobacco-related disparities. Key barriers included securing buy-in and involvement from those who are most impacted and lack of effective community outreach, with one respondent noting that partners may need more skills in that area.

### Objectives



- 4A.** Reduce the percentage of lower income (less than \$25,000 annual income) adults that currently smoke from 26.0% in 2020 to 23.5% by 2028. *Nebraska BRFSS*
- 4B.** Reduce the current smoking rate among adults using mental health service facilities from 38.2% in 2020 to 35.0% by 2028. *Nebraska Behavioral Health Consumer Survey*
- 4C.** Reduce the current smoking rate among adults using substance use disorder service facilities from 55.5% in 2020 to 51.5% by 2028. *Nebraska Behavioral Health Consumer Survey*
- 4D.** Reduce the percentage of racial/ethnic minority adults that currently smoke every day or on some days from 17.3% in 2020 to 16.0% by 2028. *Nebraska BRFSS*
- 4E.** Reduce the percentage of women who smoked cigarettes in the last 3 months of pregnancy from 8.1% in 2020 to 7.8% by 2028. *PRAMS*

### Key Partners



- Tobacco Free Nebraska
- Local Tobacco Prevention Coalitions
- Local Public Health Departments
- CenterPointe
- NDHHS Office of Health Disparities and Health Equity
- University of Nebraska Medical Center – Center for Reducing Health Disparities

### Strategies



### Key Activities



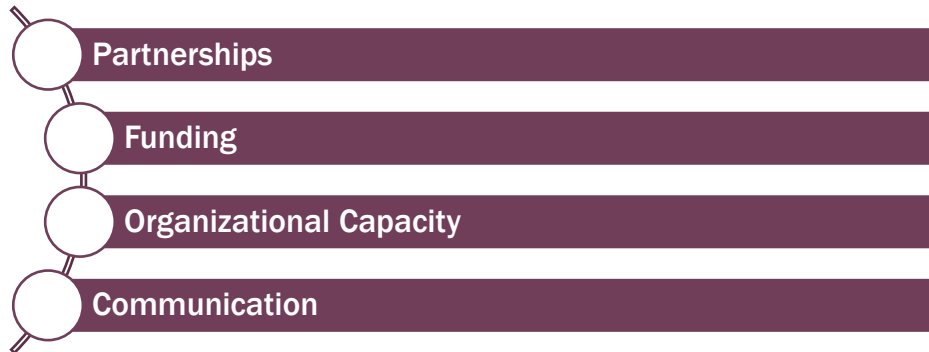
<p><b>4.1</b> Utilize and promote cultural and linguistic competencies</p>	<ul style="list-style-type: none"> <li>▪ Provide Culturally and Linguistically Appropriate Services (CLAS) training opportunities to build cultural competency among tobacco prevention professionals and healthcare providers.</li> <li>▪ Assess new and current tobacco prevention programs, services, and messaging for cultural competency.</li> </ul>
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	<ul style="list-style-type: none"> <li>▪ Identify opportunities and partnerships to translate messaging into multiple languages.</li> </ul>
<b>4.2</b> Increase amount of and access to data regarding tobacco-related disparities	<ul style="list-style-type: none"> <li>▪ Develop partnerships to increase access to tobacco-related data for disparate populations.</li> <li>▪ Identify and expand additional data collection or data sharing opportunities among populations experiencing tobacco-related disparities.</li> </ul>
<b>4.3</b> Build capacity of state and local partners	<ul style="list-style-type: none"> <li>▪ Expand the Nebraska Tobacco Disparities Partnership.</li> <li>▪ Provide education regarding disparities related to tobacco.</li> <li>▪ Offer training and/or guest speakers to increase cultural understanding.</li> <li>▪ Identify and partner with experts on health disparities.</li> </ul>
<b>4.4</b> Increase community engagement and partnerships	<ul style="list-style-type: none"> <li>▪ Identify and increase engagement with and involvement of populations experiencing tobacco-related disparities and organizations who serve them.</li> <li>▪ Increase tools, resources, and funding opportunities to serve diverse communities.</li> <li>▪ Assess and identify needs of communities experiencing tobacco-related disparities.</li> </ul>
<b>4.5</b> Address social norms around tobacco use	<ul style="list-style-type: none"> <li>▪ Identify and subsequently implement efforts to destigmatize treatment for tobacco addiction.</li> <li>▪ Increase the retail price of tobacco products and decrease availability of tobacco and nicotine products.</li> </ul>



# Sustainability Plan

The sustainability plan was developed following the strategic planning sessions to help ensure the sustainability of the state plan and related efforts. This plan focuses on four key areas:



## Partnerships

An overarching goal for partnerships is to be intentional and strategic about seeking new and diverse partners.

Strategies	Key Activities
<b>1.</b> Prioritize time and resources to reach new and non-traditional partners	<ul style="list-style-type: none"> <li>▪ Directly engage with health care providers to increase tobacco cessation efforts, including increased awareness of billing codes for cessation services.</li> <li>▪ Review current partnerships and identify organizations that are missing or have yet to be developed.</li> <li>▪ Increase funding for grantees or opportunities to apply for TFN grant funding</li> </ul>
<b>2.</b> Prioritize and engage populations experiencing tobacco-related disparities	<ul style="list-style-type: none"> <li>▪ Conduct outreach to leaders within communities experiencing tobacco-related disparities.</li> <li>▪ Build partnerships with agencies that serve communities or populations experiencing tobacco-related disparities.</li> <li>▪ Explore funding state networks serving communities experiencing tobacco-related disparities.</li> </ul>
<b>3.</b> Increase engagement with local partners	<ul style="list-style-type: none"> <li>▪ Build local connections and engage with partners in the community, including schools.</li> <li>▪ Build local partner capacity to educate key stakeholders and decision-makers about tobacco control best practices.</li> <li>▪ Explore partnerships with new housing developments.</li> </ul>
<b>4.</b> Build partner capacity and skills	<ul style="list-style-type: none"> <li>▪ Provide training and technical assistance to help onboard new staff and grantees.</li> <li>▪ Provide training and support to partners at state TFN quarterly meetings.</li> <li>▪ Offer coalition building training.</li> <li>▪ Share successes and lessons learned among partners; create opportunities for discussions among partners.</li> </ul>

## Funding

This sustainability area helps ensure that there is a consistent financial base for TFN as well as tobacco prevention and control efforts throughout the state.

Strategies	Key Activities
1. Expand and build tobacco control through partnerships	<ul style="list-style-type: none"> <li>▪ Identify national, state, and local funding for which local partners can apply to support sustainability.</li> <li>▪ Seek out partnerships with programs or agencies that have similar goals and overlapping work (e.g., chronic disease).</li> <li>▪ Identify opportunities to provide seed money and funding for local capacity building, including a focus on disparity-related programs and activities.</li> <li>▪ Continue to build and expand advocacy partners on comprehensive state and local tobacco control policy initiatives that are considered best practices.</li> </ul>
2. Diversify and expand revenue streams	<ul style="list-style-type: none"> <li>▪ Explore funding opportunities beyond the Centers for Disease Control and Prevention (CDC) and state dollars.</li> </ul>
3. Increase funding opportunities to support youth prevention and cessation services	<ul style="list-style-type: none"> <li>▪ Search for new funding opportunities or mechanisms to help with increasing vape and youth resources.</li> </ul>
4. Maintain current funds	<ul style="list-style-type: none"> <li>▪ Maintain funding and infrastructure for the tobacco control program.</li> </ul>

## Organizational Capacity



This sustainability area enables the tobacco control program to secure the internal support and resources needed to effectively manage the program and its activities.

Strategies	Key Activities
1. Increase internal capacity through professional development and training	<ul style="list-style-type: none"> <li>▪ Offer professional development and/or team building opportunities.</li> <li>▪ Provide training on innovation, access, and belonging to address health disparities more effectively.</li> <li>▪ Enhance understanding among staff and partners of local tobacco prevention coalitions, including their strengths and current programming.</li> <li>▪ Provide training to help staff and grantees to understand tobacco control efforts happening in the state, including current local grant programming.</li> </ul>
2. Provide opportunities to increase skills and knowledge of team and partners	<ul style="list-style-type: none"> <li>▪ Expand the network of partners in tobacco control and prevention.</li> <li>▪ Leverage experiences, skills, and relationships of tobacco control partners.</li> <li>▪ Build capacity for future comprehensive policies and increase involvement with influencing policies.</li> <li>▪ Enhance communication efforts with grantees and partners.</li> </ul>

<p><b>3.</b> Enhance collaboration with other state programs and entities</p>	<ul style="list-style-type: none"> <li>▪ Cultivate partnerships with programs or organizations that have similar interests and overlapping work (e.g., Office of Health Disparities &amp; Health Equity, Comprehensive Cancer Control, Maternal Health).</li> <li>▪ Continue to develop the collaboration with the Nebraska Department of Education on youth prevention initiatives.</li> <li>▪ Increase partnerships with other state agencies.</li> </ul>
<p><b>4.</b> Share progress successes and lessons learned</p>	<ul style="list-style-type: none"> <li>▪ Capture qualitative data and disseminate through success stories.</li> <li>▪ Build capacity for and utilization of storytelling in tobacco control and prevention.</li> <li>▪ Document successes and lessons learned.</li> </ul>

**Communication**

This sustainability area enables the tobacco control program to secure the internal support and resources needed to effectively manage the program and its activities.

<div style="display: flex; justify-content: space-between; align-items: center;"> <span><b>Strategies</b></span>  <span><b>Key Activities</b></span>  </div>	
<p><b>1.</b> Enhance and expand TFN resources to meet partner needs</p>	<ul style="list-style-type: none"> <li>▪ Prioritize data communication needs.</li> <li>▪ Provide resources for Quitline communication, including educational/promotional brochures and regular TFN media updates.</li> <li>▪ Develop communication resources related to earned media, quarterly social media content, general talking points, and e-newsletters.</li> </ul>
<p><b>2.</b> Utilize marketing campaigns to reach diverse populations</p>	<ul style="list-style-type: none"> <li>▪ Target mass-reach campaigns to diverse populations.</li> <li>▪ Assess capacity, presence, opportunities, and need for expansion on social media to reach youth and young adults.</li> </ul>
<p><b>3.</b> Empower partners to use effective communication</p>	<ul style="list-style-type: none"> <li>▪ Offer communication training on framing and messaging in the area of tobacco-related disparities.</li> <li>▪ Provide training for spokespersons and earned media.</li> <li>▪ Focus on partner communication needs.</li> </ul>
<p><b>4.</b> Increase communication with external partners</p>	<ul style="list-style-type: none"> <li>▪ Revitalize quarterly calls with grantees to engage and get input as well as share success stories.</li> <li>▪ Identify opportunities to improve communication methods, particularly around statewide campaigns.</li> <li>▪ Identify effective communication channels to reach partners (email, phone, Google groups, newsletters, meetings, WebEx, etc.).</li> </ul>

## Appendix A: Glossary of Key Terms

### Definitions

**Commercial Tobacco:** Tobacco manufactured by companies for recreational and habitual use in cigarettes, smokeless tobacco, pipe tobacco, cigars, hookahs, and other products. It is mass-produced and sold for profit.

**E-Cigarettes:** Battery-powered devices that usually contain a nicotine-based liquid that is vaporized and inhaled. These products are often flavored and are also known as vapes, e-cigs, vape-pens, e-hookahs, or mods. Although the term “e-cigarettes” is used throughout this document, it refers to all these devices.

**Electronic Nicotine Delivery Systems (ENDS):** See e-cigarette definition.

**Nicotine Replacement Therapy (NRT):** Commonly used family of quit smoking medications. It reduces withdrawal feelings by providing a small, controlled amount of nicotine, but none of the other chemicals found in cigarettes.

**Quit Medications:** Products approved by the U.S. Food and Drug Administration (FDA) to help people quit using tobacco. This includes nicotine replacement therapy (NRT) options like skin patches, lozenges, and gum, as well as prescription medicines.

**Quitline:** Tobacco cessation services that offer evidence-based support, such as counseling, referrals to local programs, and free medication, to people who want to quit tobacco.

**Secondhand Smoke:** Substance produced from burning tobacco products, such as cigarettes, cigars, or pipes, and the substance exhaled by the person smoking.

**Smokeless Tobacco:** Any tobacco product that is not burned or heated. This includes chewing tobacco, snuff, snus, and dissolvable products.

**Thirdhand Smoke:** Residual nicotine and other chemicals left by tobacco smoke on indoor surfaces, such as walls, furniture, and floors.

**Tobacco or Tobacco Product:** Any item made of tobacco intended for human consumption. This includes cigarettes, pipe tobacco, cigars, smokeless tobacco, and e-cigarettes. This does not include traditional tobacco.

**Tobacco Cessation:** Process of encouraging and helping tobacco users to quit.

**Traditional Tobacco:** The shavings or cuttings of plants in their natural form, such as bark, sage, red willow, and sweet grass, that is used by some American Indian communities for medicinal purposes, prayer, ceremony, and social gatherings.

### Acronyms

**ATS:** Adult Tobacco Survey

**BRFSS:** Behavioral Risk Factor Surveillance System

**CDC:** Centers for Disease Control and Prevention

**CLAS:** Culturally and Linguistically Appropriate Services

**EHR:** Electronic Health Record

**ENDS:** Electronic Nicotine Delivery Systems

**FDA:** U.S. Food and Drug Administration

**MUH:** Multi-Unit Housing

**NDHHS:** Nebraska Department of Health and Human Services

**NCIAA:** Nebraska Clean Indoor Air Act

**NRT:** Nicotine Replacement Therapy

**PRAMS:** Pregnancy Risk Assessment Monitoring System

**SES:** Socioeconomic Status

**TFN:** Tobacco Free Nebraska

**YRBS:** Youth Risk Behavior Survey

**YTS:** Youth Tobacco Survey

## Appendix B: Acknowledgements

This plan was created in collaboration with the following partners:

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## Appendix C: State Plan One Page Overview

# Nebraska Tobacco Control State Plan 2023 – 2028

Secondhand Smoke Exposure	Promote Quitting	Prevent Initiation	Advance Health Equity
<p><b>Goal:</b> Eliminate exposure to secondhand smoke</p> <p><b>Key Strategies</b></p> <ul style="list-style-type: none"> <li>▪ Increase comprehensive smokefree policies in multi-unit housing (MUH) properties</li> <li>▪ Implement messaging on the dangers of secondhand smoke and aerosol exposure</li> <li>▪ Increase comprehensive tobacco-free outdoor policies for college campuses</li> <li>▪ Increase comprehensive smokefree outdoor policies</li> <li>▪ Encourage sustainability of current and future comprehensive smokefree policies</li> </ul>	<p><b>Goal:</b> Promote quitting among adults and youth</p> <p><b>Key Strategies</b></p> <ul style="list-style-type: none"> <li>▪ Increase utilization of Quitline services</li> <li>▪ Increase knowledge of resources for cessation</li> <li>▪ Increase engagement of health care providers on tobacco cessation</li> <li>▪ Implement a strategic marketing campaign to promote cessation</li> <li>▪ Develop 3 resources to celebrate cessation through storytelling</li> </ul>	<p><b>Goal:</b> Prevent initiation among youth and young adults</p> <p><b>Key Strategies</b></p> <ul style="list-style-type: none"> <li>▪ Build capacity for flavor restrictions/bans through education</li> <li>▪ Increase youth-centered leadership and involvement</li> <li>▪ Assist in strengthening comprehensive school tobacco-free policies and practices</li> <li>▪ Develop and implement youth-targeted materials and messaging</li> <li>▪ Reduce youth access through the retail environment</li> <li>▪ Increase support and implementation of comprehensive state and local best practice tobacco policies</li> </ul>	<p><b>Goal:</b> Advance health equity by identifying and eliminating commercial tobacco product-related inequities and disparities</p> <p><b>Key Strategies</b></p> <ul style="list-style-type: none"> <li>▪ Utilize and promote cultural and linguistic competencies</li> <li>▪ Increase amount of and access to data regarding tobacco-related disparities</li> <li>▪ Build capacity of state and local partners</li> <li>▪ Increase community engagement and partnerships</li> <li>▪ Address social norms around tobacco use</li> </ul>
<p><b>Partners:</b> Healthcare Systems and Providers, Landlords/Residential Property Owners, Local Housing Authority, Local Post-Secondary Programs/Colleges, Local Public Health Departments, Local School Districts/Schools, Local Tobacco Prevention Coalitions, Nebraska Department of Education, NDHHS Comprehensive Cancer Control Program, NDHHS Division of Behavioral Health, NDHHS Office of Health Disparities and Health Equity, Other NDHHS Programs, People With Lived Experience, Quitline Vendor, Tobacco Free Nebraska, Youth, Youth Programs (Girl Scouts, Boy Scouts, etc.)</p>			