March 28, 2016

Dear Nebraskans:

Tobacco Free Nebraska (TFN) is pleased to submit this five-year strategic plan, presenting a vision for a healthy, tobacco-free Nebraska.

The planning process included more than 50 public and private partners in key informant interviews, an online stakeholder survey and a two and a half day, in-person, facilitated strategic planning process with state and community partners from diverse perspectives. A follow-up webinar for stakeholders garnered additional feedback that was incorporated into the final plan.

The resulting document reflects the views and aspirations of the tobacco control community within Nebraska, all working toward the same goals to:

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

Tobacco Free Nebraska, in collaboration with our partners, is eager to continue to address its mission; namely, to prevent and reduce tobacco use among Nebraskans of all ages through advocacy, education and collaboration, and to achieve the goals set forth in this plan.

Please don’t hesitate to contact me or Amanda Mortensen, TFN Program Manager, with any questions or comments regarding this plan.

Sincerely,

Judy Martin, M.S.
Deputy Director
Division of Public Health
Department of Health and Human Services
(402) 471-6042
# Table of Contents

1. Introduction .......................................................................................................................... 1
2. Tobacco Prevention and Control in Nebraska ........................................................................ 3
3. Collaborative Planning Process ............................................................................................. 8
4. The Strategic Plan .................................................................................................................. 9
   - Goal I: Prevent Initiation among Youth and Young Adults ................................................. 10
   - Goal II: Promote Quitting Among Tobacco Users .......................................................... 11
   - Goal III: Eliminate Exposure to Secondhand Smoke ......................................................... 12
   - Goal IV: Identify and Eliminate Tobacco-Related Disparities ........................................ 13
5. Alignment with Other Cancer Focus Areas ......................................................................... 14
6. Appendices .......................................................................................................................... 15
   - Appendix A: Key Informant Interview Results ................................................................. 15
   - Appendix B: Stakeholder Survey Results .......................................................................... 17
   - Appendix C: One Pager of The Plan .................................................................................. 20
   - Appendix D: Sustainability Plan ....................................................................................... 21
     - Domain: Funding ......................................................................................................... 21
     - Domain: Partnerships .................................................................................................. 23
     - Domain: Organizational Capacity ............................................................................... 27
     - Domain: Communication ............................................................................................ 29
   - Appendix E: Acknowledgements ....................................................................................... 31
   - Appendix F: Glossary ........................................................................................................ 34
   - Appendix G: Resources .................................................................................................... 35
   - Appendix H: References .................................................................................................. 38
1 Introduction

“The Nebraska Tobacco Control State Plan: A Blueprint for Collaborative Success” is a collaborative effort of state and local partners working on tobacco prevention and control in Nebraska.

The plan is based on the four goals for comprehensive tobacco control programs identified by the Centers for Disease Control and Prevention’s Office on Smoking and Health. The goals are:

- Prevent initiation among youth and young adults
- Promote quitting among tobacco users
- Eliminate exposure to secondhand smoke
- Identify and eliminate tobacco-related disparities

The objectives and strategies listed in this strategic plan were selected by a group of diverse stakeholders convened in January 2016 (See a complete listing of statewide partners involved in development of this plan in Appendix E). The plan will serve as a guide to all stakeholders and partners across the state as we work together to prevent tobacco use in Nebraska. It will be used as a “blueprint” – providing direction, focus and accountability as we move forward over the next five years.

Nebraska has made great progress in reducing tobacco use among youth and adults while offering support for those trying to quit.

SUCCESSES

- Strong smoke-free indoor air law that protects all Nebraskans with very few exceptions.
- Progress on reducing youth smoking rates.
- Increase in the number tobacco-free and smoke-free polices at multi-family housing properties, worksite campuses, and schools, colleges and universities.

Please note that the term “tobacco” in this plan refers to commercially produced tobacco products only and never to the traditional tobacco of our Native American Indians.
However, there is still a lot of work to do.

**CHALLENGES**

- Adult smoking rate in Nebraska: 17% in 2014¹.
- Youth (grades 9-12) smoking rate: 13% in 2015 - down from 34% in 1993².
- Youth who use smokeless tobacco (chew): 9% in 2015 - down from 10.1% in 2003³.
- Youth who use cigars, cigarillos, or little cigars: 8% in 2015 - down from 18.2% in 2003⁴.
- Over 2,500 Nebraskans die each year from smoking-attributable causes⁵.

We know what works in reducing tobacco use. By addressing the toll tobacco is taking in Nebraska and implementing the objectives, strategies and activities outlined in this plan we can make our state a healthier place to live, work and play.
2 Tobacco Prevention and Control in Nebraska

TOBACCO FREE NEBRASKA

Tobacco Free Nebraska (TFN) was established in the early 1990’s as the state's comprehensive tobacco prevention and control program. With a mission to prevent and reduce tobacco use among Nebraskans of all ages, through advocacy, education and collaboration, the program has demonstrated success in the goal areas of preventing initiation among youth and young adults, promoting quitting among tobacco users, eliminating exposure to secondhand smoke, and identifying and eliminating tobacco-related disparities.

PREVENTING INITIATION AMONG YOUTH AND YOUNG ADULTS

- In 2015, Nebraska’s youth (grade 9-12) smoking rate was 13%. This is down from 34% in 1993 but slightly higher than the 11% smoking rate in 2013. The smokeless tobacco use rate for youth was 9% in 2015\textsuperscript{6}.
- Nebraska’s youth empowerment movement, No Limits, offers training, resources and support for youth-led activism. Efforts are also happening to reach high-risk youth subcultures and changing social norms to include smoke-free and tobacco-free lifestyles through the Blacklist campaign.
- Significantly increasing the retail price of tobacco products is an effective way to reduce tobacco use, especially among youth. Currently Nebraska’s cigarette excise tax is $0.64 per pack. This is well below the national average of $1.61 and ranks Nebraska at 40\textsuperscript{th} with one of the lowest cigarette taxes in the nation\textsuperscript{7}. There is more work to be done to increase the cost of cigarettes and other tobacco products in Nebraska.
- Nebraska prohibits the sale of cigarettes, tobacco products, and e-cigarettes to persons under the age of 18. Current statute defines e-cigarettes and other electronic smoking devices as “vapor products”. Self-service displays for are prohibited except in tobacco specialty stores and cigar shops.
- The tobacco industry spends $9.6 billion on marketing nationwide, with an estimated $64.8 million of that spent for Nebraska marketing each year\textsuperscript{8}.
- In 2012, more than 90% of the tobacco industry marketing budget was spent on Price Discounts, Promotional Allowances for Retailers and Point of Sale marketing\textsuperscript{9}. These marketing efforts entice those who have never smoked, displays can cue cravings among current smokers, and impact success rates for those trying to quit. More can be done to reduce the marketing of tobacco products in the retail environment in Nebraska that would reduce tobacco use, particularly among youth.
PROMOTING QUITTING AMONG TOBACCO USERS

- The Nebraska Tobacco Quitline offers free cessation coaching to residents wanting help quitting tobacco. The services are available by phone, 24 hours a day, 7 days a week and translation services can be arranged in up to 170 languages. In 2014, there were 2,938 callers to the Quitline and 1,903 people registered for Quitline coaching services.
- Nebraska Tobacco Quitline promotion efforts include media placement on TV and radio and in the theaters. Print advertisement are placed in publications reaching healthcare providers. Other efforts are made to promote the Nebraska Tobacco Quitline to the uninsured, underinsured, and Medicaid clients.

ELIMINATING EXPOSURE TO SECONDHAND SMOKE

- Nebraska has a strong law that provides smoke-free indoor workplaces, restaurants, bars, and more with very few exceptions. Exceptions include: up to 20% of guestrooms and suites, tobacco retail outlets, cigar shops, facilities researching the health effects of smoking, and private residences – except when being used as a licensed child care program.
- The number of multi-family housing units adopting smoke-free policies is growing including new developments, major restoration projects, and existing housing communities and properties. There are even condo associations discussing smoke-free policies.
- Smoke-free and tobacco-free policies outdoors have also seen an increase including outdoor recreational facilities and parks, worksite campuses, and schools, colleges, and universities.

IDENTIFYING AND ELIMINATING TOBACCO-RELATED DISPARITIES

- Tobacco-related disparities are differences that exist among population groups with regard to key tobacco-related indicators, including patterns, prevention, and treatment of tobacco use; the risk, incidence, morbidity, mortality, and burden of tobacco-related illness; and capacity, infrastructure, and access to resources; and secondhand smoke exposure.
- Tobacco-related disparities can affect population subgroups on the basis of certain factors, including but not limited to: age, disability / limitation, educational attainment, geographic location, income, mental health status, occupation, race / ethnicity, sex, sexual orientation and gender identity, substance abuse conditions, and veteran and military status.
Communities of Excellence in Tobacco Control Grantees dedicate at least 25% of their work plans to reducing tobacco-related health disparities by addressing specific populations’ needs.

The Nebraska Tobacco Disparities Partnership is a network of people and organizations interested in reducing tobacco-related disparities. The group works to provide information, resources and support that these populations need to prevent youth from starting and to help people quit.

Tobacco Free Nebraska (TFN) Program Evaluation Logic Model

- Program Components
  - *Community/School-based intervention
  - *Policy Initiatives
  - *Media-based interventions
  - *Statewide Quitline
  - *Identify & address tobacco related health disparities
  - *Youth empowerment (No Limits)

- Implementing/Mediating Factors
  - *Levels of exposure to TFN programs
  - *Compliance with CDC Best Practices
  - *County-specific variations of model
  - *Level of policy tracking and enforcement

- External Influences
  - *Tobacco
  - *Social climate
  - *Effect of other agency’s programs and Federal policies
e.g., RWIF, HCFA, ALA, CDC
  - *Budget allocations to TFN and staffing

- Date Sources (Existing)
  - *Youth Risk Behavior Survey
  - *Adult Behavior Risk Factor Survey
  - *Youth Tobacco Survey
  - *Adult Tobacco Survey
  - *School Administrator Survey
  - *Social Climate Survey
  - *Pregnancy Risk Assessment Monitoring System
  - *NCIAA/Youth Access Compliance Data
  - *Quitline database
  - *TRAIN

- Outcomes
  - *Tobacco Use
  - *Quit attempts
  - *ETS exposure
  - *Policies/ordinances (state, county, local)
  - *Attitude/risk perception

- Documenting Achievement of TFN Goals
  - Short-Term Goals
    - *TFN program growth (e.g., implementation of program components)
    - *Youth empowerment
    - *Public/stakeholder awareness of TFN programs
    - *Establishing local infrastructure for tobacco control
  
  - Long-Term Goals
    - *Policy change (e.g., tobacco-free schools, youth access, smoke-free and tobacco-free outdoor public places)
    - *Changes in public attitudes
    - *Changes in tobacco use behaviors
    - *Comparison of program success with ‘model’ states
Nebraska Tobacco Quitline

The Nebraska Tobacco Quitline provides free access to counseling and support services around the clock. Who is using this important resource?

2,938 people called in 2014

How did callers find the Quitline?

- 52% Healthcare Provider
- 25% Media
- 6% Friends or Family
- 17% Other

1,903 callers registered for Quitline services

- 64% Women
- 36% Men
- 96% Non-Hispanic
- 4% Hispanic

- 82% White
- 11% African American
- 3% Native American
- 4% Other

Callers with chronic conditions

- 10% Coronary Artery Disease
- 25% Chronic Obstructive Pulmonary Disease
- 14% Diabetes
- 23% Asthma
- 51% None

Callers by tobacco type

- 96% Cigarette
- 4% Cigar/Pipe
- 3% Smokeless

QuitNow.ne.gov 1-800-QUIT-NOW

Tobacco Free Nebraska • Nebraska Department of Health & Human Services • Division of Public Health
WHAT'S TOBACCO COSTING NEBRASKA?
Tobacco products cost a lot more than what they sell for—health care expenses, lost productivity, even illness and death. Check out the statewide impact.

Nebraska’s Smoking Population

17% of adults smoke. That's more than 310,000 people.

29% of Nebraskans are former smokers.

19% of men smoke.
16% of women smoke.

13% of Nebraskans under 18 smoke.
1,800 kids under 18 become daily smokers each year.

Smoking-Related Deaths

2,500 deaths were attributed to smoking in 2014.

Of those who died, 1,499 were men and 1,010 were women.

Men were more likely to die from smoking-related cancers.
Women were more likely to die from respiratory diseases.

These Nebraskans lost an average 14 YEARS OF LIFE.

Smoking-Related Illnesses

R.I.P. Nationwid, for every person who dies from a smoking-attributable cause, 30 more are living with a smoking-attributable illness.*

In other words 75,000 Nebraskans suffered from smoking-attributable illnesses in 2014.

* U.S. Centers for Disease Control and Prevention.

Annual Cost Statewide

Every year, Nebraska spends $727 PER PERSON regardless of age for smoking-related health care expenses and lost productivity.

Businesses lose $795 MILLION worth of productivity due to smoking.

Smoking-related health care costs:
- Hospital: $328 million
- Physician: $126 million
- Prescription Drugs: $127 million
- Other $1 million

It’s time to think about what tobacco is really costing us.
3 Collaborative Planning Process

The Nebraska Department of Health and Human Services’ Tobacco Free Nebraska held a two-day strategic planning session on January 27-28, 2016 in Lincoln, Nebraska. Over 40 individuals representing TFN staff, key partner organizations and stakeholder groups attended the facilitated session (see Appendix E). The purpose of the session was to review the strategic plan’s vision, mission, and goals and identify and prioritize objectives, evidence-based strategies, interventions, and actions. Prior to the planning session, key informant interviews and a stakeholder survey were conducted to identify priorities, challenges, and areas of opportunity. Key informant interviews were conducted January 11-15, 2016 with nine key informants. Results from the key informant interviews can be found in Appendix A. The stakeholder survey was conducted January 4-16, 2016. The survey was sent to 60 stakeholders and there were 42 valid responses (70% response rate). Results from the stakeholder survey can be found in Appendix B.

On January 27th, day one of the planning session, participants were provided with an orientation to the following key areas:

- Current realities of tobacco control in the state – results of key informant interviews and stakeholder survey
- Current state, local, and institutional tobacco control policies
- Current state data related to the four CDC goals for comprehensive state tobacco control programs

On January 28th, day two of the planning session, participants reviewed the vision and mission statements and goals of the plan. Participants then discussed, identified, and prioritized goal-specific strategies with consideration of the following criteria:

- Provides a clear direction
- Fits with available resources and opportunities
- Reaches populations of focus
- Follows best practices in tobacco control

For each strategy, the group identified key partners needed to implement the strategy through collaborative action. On January 29th, six Tobacco Free Nebraska staff members participated in a half-day facilitated sustainability planning session. See Appendix D for the results of that session.

Additional Input

After the strategic planning session, Tobacco Free Nebraska incorporated the group’s feedback into the Plan and identified key activities to accomplish each strategy. Tobacco Free Nebraska collected feedback from stakeholders via a webinar held on March 8, 2016 to further inform the Plan. This Plan reflects the views and aspirations of the tobacco control community within Nebraska working toward the shared vision of a healthy, tobacco-free Nebraska.

The Nebraska Tobacco Control State Plan is a living document. As the Plan is implemented over the next five years, Tobacco Free Nebraska will collaborate with and engage key partners and stakeholders in monitoring and implementing the Plan. Tobacco Free Nebraska and partners will work together to address strategies, review progress, gather lessons learned, identify success stories, and determine if modifications or adjustments are needed in the Plan.
4 The Strategic Plan

The vision of Tobacco Free Nebraska is a healthy, tobacco-free Nebraska, and the mission is to prevent and reduce tobacco use among Nebraskans of all ages through advocacy, education and collaboration.

The goals of the Nebraska Tobacco Control State Plan align with the goals for comprehensive state tobacco control programs as identified by the Centers for Disease Control and Prevention.

The four Nebraska Tobacco Control State Plan goals are:

Goal I: Prevent initiation among youth and young adults.
Goal II: Promote quitting among tobacco users.
Goal III: Eliminate exposure to secondhand smoke.
Goal IV: Identify and eliminate tobacco-related disparities.

For each of these goals, the collaborative strategic planning process described above has resulted in:

- **Measurable objectives** to be achieved by 2020 that represent progress toward accomplishing the goal
- **Priority strategies** to achieve the objectives
- **Key activities** to implement each strategy
- **Key partner organizations** to implement each activity

Key activities are listed under each goal area and align with the strategies. It is important to note that this list is not exhaustive - only key activities that will be undertaken are listed in this Plan. The list of key partners included is not meant to be exhaustive, and may change over time. A broad range of diverse partners from across the state will need to be engaged in all strategies in order for the Plan to be successful.

The following section of the Plan shows each goal aligned with its corresponding objectives, strategies, key activities and key partners. While each strategy aligns to objectives within that goal area, many of the strategies transcend goal areas. In other words, performing some of the activities can address objectives in more than one goal area. Furthermore, these strategies are cross-cutting in that they address disparities across Nebraska’s priority populations: racial/ethnic minorities, pregnant women, mental health and substance abuse, low income, rural, refugee and immigrant, LGBTQ, military and active veterans.

For a one-page version of the Plan, see Appendix C.
Goal I: Prevent Initiation among Youth and Young Adults

### Goal I: Prevent initiation among youth and young adults

<table>
<thead>
<tr>
<th>Objective I.A.</th>
<th>Decrease the percentage of youth grades 9-12 who have ever used tobacco from 38.1% (2014) to 32% by 2020.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective I.B.</td>
<td>Reduce the percentage of young people ages 18-24 who use tobacco* from 28.8% (ATS 2015) to 24.5% by 2020.</td>
</tr>
<tr>
<td>Objective I.B.</td>
<td>*Includes all types of tobacco use (cigarette, cigar, cigarillo, small cigar, pipe, smokeless tobacco, e-cigarette and electronic vaping product, hookah or waterpipe, roll-your-own, bidi or kretek, dissolvable, etc.)</td>
</tr>
</tbody>
</table>

#### Strategies

1. Perform assessments of tobacco retail environment.
2. Support an increase in the number of educational institutions with comprehensive tobacco-free policies including all new and emerging products.
3. Educate partners, stakeholders, and the public on evidence-based pricing strategies.
4. Develop targeted youth messaging regarding the health consequences of tobacco use including electronic smoking devices.

#### Key Activities

- Convene and engage stakeholders, including youth, in creating an action plan to address all prevention strategies.
- Build capacity to reduce the appeal and access of tobacco products to youth at the point of sale.
- Develop tools for communities to use on tobacco control in the retail environment (point of sale) and on advertising restrictions to include fact sheets, talking points, and draft policies.
- Collaborate with partners to educate policymakers regarding the impact of price on tobacco use especially among youth.
- Provide media, policy, and spokesperson training to coalitions and partners to include social marketing, writing, and speaking to the media and policy makers.
- Engage youth in local tobacco prevention efforts including comprehensive smoke-free and tobacco-free policies for outdoor public areas and educational institutions, as well as policies to reduce youth access and appeal to tobacco products.

#### Key Partners

- Local Tobacco Prevention Coalitions
- Tobacco Free Nebraska
- Volunteer Partner Organizations: American Cancer Society, American Heart Association, American Lung Association
- No Limits – Nebraska’s tobacco prevention youth empowerment movement
<table>
<thead>
<tr>
<th>Goal II: Promote Quitting Among Tobacco Users</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal II: Promote quitting among tobacco users</strong></td>
</tr>
<tr>
<td><strong>Objective II.A.</strong></td>
</tr>
<tr>
<td><strong>Objective II.B.</strong></td>
</tr>
</tbody>
</table>
| **Strategies** | 1. Expand the reach of Quitline / cessation materials to the health services network which includes but is not limited to community health workers, home healthcare and behavioral healthcare providers, case workers, and medical associations.  
2. Educate partners, stakeholders, and the public on evidence-based pricing strategies. |
| **Key Activities** | • Promote the NE Tobacco Quitline through media placement and outreach to health care providers and the community/coalitions/partners.  
• Establish a coordinated plan for development, distribution, and statewide and local delivery of the Nebraska Tobacco Quitline educational toolkits to health care providers.  
• Engage oral health care providers, especially in rural areas, to promote tobacco cessation among adult male smokeless tobacco users.  
• Collaborate with partners to educate policy makers on the impact of tobacco product prices on tobacco use. |
| **Key Partners** | - Tobacco Free Nebraska  
- Public Health Programs: Every Woman Matters, Oral Health, Behavioral Health, Nebraska Comprehensive Cancer Control, and Chronic Disease Prevention Programs  
- State and local prevention coalitions  
- Volunteer Partner Organizations: American Cancer Society, American Heart Association, American Lung Association  
- Local Health Departments |
### Goal III: Eliminate Exposure to Secondhand Smoke

**Goal III: Eliminate exposure to secondhand smoke**

<table>
<thead>
<tr>
<th><strong>Objective III.A.</strong></th>
<th>Reduce the percentage of Nebraska workers who are exposed to secondhand smoke at work in the past week from 21.3% (ATS 2015) to 18.0% by 2020.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective III.B.</strong></td>
<td>Decrease the percentage of Nebraskans who are exposed to secondhand smoke in their private residence from 10.1% (ATS 2015) to 8.0% by 2020.</td>
</tr>
<tr>
<td><strong>Objective III.C.</strong></td>
<td>Increase the number of jurisdictions with comprehensive public policies for tobacco-free outdoor public places from 1 to 10 by 2020.</td>
</tr>
</tbody>
</table>

**Strategies**

1. Expand tobacco-free policies for workplaces including campuses.
2. Expand tobacco-free policies for households.
3. Expand tobacco-free policies for outdoor public places and events.

**Key Activities**

- Maintain, update, and expand resources on tobacco-free worksites including TobaccoHurtsBusiness.ne.gov
- Develop consistent messaging around electronic smoking devices.
- Develop and promote mass-reach health communication interventions to increase awareness of the dangers of tobacco use and secondhand smoke exposure, promote quitting, and change social norms to prevent tobacco use.
- Encourage adoption of smoke-free policies for multi-unit housing through partner outreach and education to property owners and managers.
- Build capacity statewide on comprehensive tobacco-free and smoke-free outdoor policies in public places through training and resources.
- Provide technical assistance and support to local communities working to implement tobacco-free outdoor public places.
- Provide local TA and recognition for smoke-free and tobacco-free policy implementation for business campuses, outdoor public places, and multi-family housing.

**Key Partners**

- Local tobacco prevention coalitions
- Tobacco Free Nebraska
- Local health departments
- Multi-family housing developers, owners, managers, housing agencies, and industry organizations and associations
- Business Associations including local Chamber of Commerce
- Policy and decision makers
Goal IV: Identify and Eliminate Tobacco-Related Disparities

### Objective IV.A.
Reduce the percentage of adults using mental health service facilities who use tobacco from 43.3% (2014) to 40% by 2020.

### Objective IV.B.
Reduce the percentage of low income (less than $35,000 annual income) adults that currently smoke from 25.5% (2014 BRFSS) to 21% by 2020.

### Objective IV.C.
Reduce the percentage of tobacco users among at least two of the identified priority audiences.

### Strategies
1. Identify vulnerable populations and best practices for those populations.
2. Strengthen the Nebraska Tobacco Disparities Partnership (NTDP) by expanding state and community partnerships.
3. Connect participants of programs that provide public assistance to tobacco cessation services.

### Key Activities
- Establish baseline data for populations experiencing higher tobacco-related health impacts including but not limited to: racial/ethnic minorities, mental health & substance abuse, low income, military and veterans, pregnant women, and LGBTQ.
- Provide training and resources on evidence-base policies to reduce tobacco related disparities including tobacco-free worksites, smoke-free multi-family housing and homes, and policies addressing tobacco marketing and sales.
- Build capacity among NTDP members, through culturally specific education.
- Build relationships with programs and organizations providing public assistance to include messaging on smoke-free living and tobacco cessation, including Every Woman Matters.
- Develop and maintain a database of stories about the impact of tobacco on individuals’ lives as well as the impact of tobacco control efforts in the four goal areas.

### Key Partners
- Nebraska Tobacco Disparities Partnership
- Tribes: Santee Sioux, Winnebago, Omaha
- Local Prevention Coalitions
- Tobacco Free Nebraska
- Public health programs including: Every Woman Matters, Behavioral Health, DHHS Office of Health Disparities and Health Equity, Oral Health, Lifespan Health Programs, and Chronic Disease Prevention Programs
- Local multicultural centers throughout the state
## 5 Alignment with Other Cancer Focus Areas

**Collaboration across Programs Targeting Comprehensive Cancer Focus Areas**

<table>
<thead>
<tr>
<th>Comprehensive Cancer Organizations and Agencies in Nebraska</th>
<th>Lung Cancer &amp; Tobacco Control</th>
<th>Radon</th>
<th>Nutrition &amp; Physical Activity</th>
<th>Colorectal Interventions</th>
<th>Breast Cancer</th>
<th>Survivorship Quality of Life</th>
<th>HPV</th>
<th>Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco Free Nebraska</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>American Cancer Society</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>X X</td>
<td></td>
<td>X X</td>
<td>X</td>
</tr>
<tr>
<td>American Cancer Society - Cancer Action Network</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td>X X</td>
<td>X</td>
</tr>
<tr>
<td>Office of Environmental &amp; Air Quality</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Comprehensive Cancer Control Program</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Breast Cancer Control Partnership</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Chronic Disease Prevention and Control Program</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
<td>X X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Nebraska Cancer Registry</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immunization Program</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Office of Health Diversity &amp; Health Equality</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td>X X</td>
<td>X</td>
</tr>
<tr>
<td>Nebraska Cancer Coalition</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Colorectal Screening Program</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Every Woman Matters</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

The purpose of this table is to enhance collaboration and coordination of efforts and resources around comprehensive cancer prevention in the State of Nebraska. Tobacco control is identified as a program activity in 10 comprehensive cancer programs, illustrating opportunities to mutually benefit from working together. Tobacco Free Nebraska includes outreach to these programs in their sustainability plan, acknowledging the value of avoiding duplication and addressing service gaps among partners who share similar goals and values.
6 Appendices

Appendix A: Key Informant Interview Results

Key informant interviews were conducted January 11-15, 2016 with nine key informants. Key informants were asked about what they would like to see accomplished, assets and barriers, what needs to happen to achieve the four CDC goals, and anything else they’d like to share. There were many priorities mentioned, confirming diverse perspectives were represented in the interviews.

PRIORITIES
The priorities that were mentioned most often were 1) raising the cost of tobacco in order to allocate funds to strengthen tobacco control; 2) using tax revenue and MSA money to expand tobacco control programs to do grassroots education, engage more coalitions, and change social norms; 3) creating local policies; and 4) addressing e-cigarettes including assembling research on product and outcomes, developing messaging on nicotine and toxins, keeping pace with industry practices, and providing leadership with resources and suggested strategies around e-cigarettes. Many key informants mentioned that training and toolkits are necessary to increase knowledge and build skills on creating partnerships. A few key informants mentioned more health systems collaborations and integration to coordinate and strengthen cessation messaging.

ASSETS
Several assets were mentioned by multiple key informants. Local coalitions are a significant asset because they have a wealth of experience, are passionate and articulate, and are located throughout the state. There are several collaborative partnerships throughout the state with a wide variety of organizations, such as the Quitline vendor, university systems, Health Education, Inc, and the college of Public Health, many of which can lobby. Resources were mentioned as an asset, with success stories, one-page handouts, posters, and more available for state and community partners to use. A lot of progress has been made and there is momentum around tobacco control, however the declining smoking rates can be misinterpreted that the job is complete. This strategic plan is an asset because it has been created through a collaborative process by bringing diverse stakeholders together and will continue to engage stakeholders to address the tobacco control issues in the state of Nebraska.
BARRIERS
A few barriers were consistently mentioned by key informants. One barrier that emerged was the need for a single focus for state policy with a unifying campaign. In order to do this, state and local partners will need to work together toward this unified campaign. Lack of funding was mentioned as another significant barrier. The state of Nebraska funds tobacco control far below the CDC’s minimum recommended annual investment. Something needs to be done to increase funding. The conservative environment is a challenge because of anti-tax and right to smoke philosophies. There has been considerable turnover in tobacco control staff in recent years, so there is a need to train, mentor, and share experiences with and between state staff. And of course there is the ever-present challenge of keeping up with the tobacco industry’s marketing and new product development.

WHAT NEEDS TO HAPPEN
Consistent messaging on program needs and impact stood out as being mentioned most by key informants. Key informants also recommended better partnerships in health systems to integrate clinical and preventive care and a toolkit for locals to create partnerships among clinical care providers. Local health departments and providers were seen as strengths, although they too could benefit from creating a unified platform. Health departments are small, so collaboration is essential to implementing programs.

Thank you to the following individuals who participated in key informant interviews

MICHELLE BEAVER, EXECUTIVE DIRECTOR, SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT

CHRIS BLANKE, HEALTH EDUCATOR, FOUR CORNERS HEALTH DEPARTMENT

CHARLOTTE BURKE, HEALTH PROMOTION AND OUTREACH MANAGER, LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT

JASMINE HARRIS, CHAIR OF METRO OMAHA TOBACCO ACTION COALITION (MOTAC) CLEAN AIR AND TOBACCO FREE PARKS INITIATIVE COMMITTEES

MADISON LARIMORE, YOUTH REPRESENTATIVE, FORMER NO LIMITS BOARD MEMBER AND CENTRAL REGION YOUTH ADVOCATE OF THE YEAR, CAMPAIGN FOR TOBACCO FREE KIDS

JUDY MARTIN, DEPUTY DIRECTOR, DIVISION OF PUBLIC HEALTH AND FORMER PROGRAM MANAGER, TOBACCO FREE NE

DAVE PALM, UNMC FACULTY AND FORMER DHHS ADMINISTRATOR/PUBLIC HEALTH

MATT PROKOP, NEBRASKA GRASSROOTS MANAGER, AMERICAN CANCER SOCIETY

TABI PROCHAZKA, TOBACCO COALITION COORDINATOR, PANHANDLE PREVENTION COALITION AND CO-CHAIR, NEBRASKA TOBACCO DISPARITIES PARTNERSHIP
Appendix B: Stakeholder Survey Results

The stakeholder survey was conducted January 4-16, 2016. The survey was sent to 60 stakeholders and there were 42 valid responses (70% response rate). For each of the four CDC goal areas, the survey asked about priority topic areas and factors that help or hinder progress toward achieving the goal. The survey also asked about the most influential factor for an individual’s tobacco use and their willingness to quit, the most important challenges in tobacco prevention in Nebraska over the next 5 years, and other priorities not covered by this survey.

The tables on the next two pages show the priority topic areas and factors that help and hinder progress toward achieving the goal for each of the four CDC goal areas.

**The most important challenges** in tobacco prevention in Nebraska over the next 5 years were identified as lack of funding, raising the tobacco tax, the increasing prevalence of e-cigarettes and the difficulty regulating them, a lack of interest in the problem of tobacco, the perception that “the tobacco problem has been solved”, and the tobacco industry advertising directly to younger children.
## Results of Stakeholder Survey

<table>
<thead>
<tr>
<th>Goal</th>
<th>Priority Topic Areas</th>
<th>Factors that Help</th>
<th>Factors that Hinder</th>
</tr>
</thead>
</table>
| **Preventing Initiation among Youth and Young Adults** | • Increase price & allocate evidence-based practices  
• Educate stakeholders about evidence-based practices  
• Restrict minors’ access to tobacco | o Limit access to tobacco products  
o Regulate flavored tobacco and Electronic Smoking Devices  
o Evidence-based education and campaign through all media channels  
o Invest in youth leadership and peer-to-peer education  
o More coalition and partnerships educating citizens on the dangers of tobacco | o Political environment  
o Lack of funding  
o Tobacco marketing and lobbying  
o New emerging tobacco products  
o Culture and myth |
| **Promoting Quitting among Tobacco Users** | • Engagement of health care providers and systems  
• Insurance coverage for cessation  
• Health system change to support cessation | o Nebraska Quitline  
o Engagement of health care providers  
o Collaborations  
o More health care coverages  
o More success stories like TIPS and quitting thru Quitline  
o Utilize new and various communication channels (mobile apps, text, online coaching, etc.)  
o Provide various cessation tools  
o Understand about cessation and the process | o Lack of funding (cost of training, free NRT, and promoting minority group cessation)  
o Lack of quit services other than Quitline  
o Lack of information about cessation services in the public |
### Results of Stakeholder Survey

<table>
<thead>
<tr>
<th>Goal</th>
<th>Priority Topic Areas</th>
<th>Factors that Help</th>
<th>Factors that Hinder</th>
</tr>
</thead>
</table>
| **Eliminating Exposure to Secondhand Smoke** | • Increase smoke-free multi-family housing policies  
• Implement tobacco-free public space policies  
• Educate stakeholders on evidence-based approaches | o Enforcement and expansion of Nebraska Clean Indoor Air Act  
o Momentum  
o Educate stakeholders and the public  
o Marketing in social media  
o Stricter rule or law  
o Strong coalitions | o Policies with gaps, loopholes or exemptions  
o Lack of loopholes or exemptions  
o Lack of enforcement  
o Lack of support from decision makers  
o Lack of understanding the issue |
| **Identifying and Eliminating Tobacco-Related Disparities** | • Partnerships among disparity population organizations  
• Integrate efforts in chronic disease prevention  
• Reduce exposure to targeted tobacco marketing strategies | o Strong partnerships  
o Educate partners and develop partnerships  
o Funding  
o Collaboration with prevention  
o Target marketing (LGBT, African American, American Indian, refugee population, mentally ill, the western part of the state, those in jail, etc.)  
o Have representatives of disparate populations in partnership  
o Identifying the factors leading to tobacco use | o Limited resources  
o Lack of funding  
o Non-productive duplication of work without cooperation |
## Appendix C: One Pager of The Plan

### Strategic Plan

#### Vision: A Healthy, Tobacco-Free Nebraska

**Mission:** To prevent and reduce tobacco use among Nebraskans of all ages through advocacy, education and collaboration.

### 2015 - 2020

<table>
<thead>
<tr>
<th>Goals</th>
<th>Mission</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. PREVENT TOBACCO USE</td>
<td>To prevent initiation among youth and young adults.</td>
</tr>
<tr>
<td>II. TOBACCO CESSATION</td>
<td>To promote quitting among tobacco users.</td>
</tr>
<tr>
<td>III. SECON DHAND SMOKE</td>
<td>To eliminate exposure to secondhand smoke.</td>
</tr>
<tr>
<td>IV. DISPARITIES</td>
<td>To identify and eliminate tobacco-related disparities.</td>
</tr>
</tbody>
</table>

#### I. PREVENT TOBACCO USE

- **I.A.** Decrease the percentage of youth grades 9-12 who have ever used tobacco from 38.1% (2014) to 22% by 2020.

#### I.B. Reduce the percentage of young people ages 18-24 who use tobacco* from 28.8% (ATS 2015) to 24.5% by 2020.

*Includes all types of tobacco use (cigarette, cigar, e-cigarette, hookah, electronic vaping product, roll-your-own, bidi or kretek, dissolvable, etc.)

#### II. TOBACCO CESSATION

- **II.A.** Reduce the percentage of adults who reported smoking cigarettes every day or some days (current smokers) from 17.3% (2014) to 15.3% by 2020.

- **II.B.** Reduce the percentage of male adults who reported using smokeless tobacco every day or some days from 8.5% (2014) to 7.0% by 2020.

#### III. SECONDHAND SMOKE

- **III.A.** Reduce the percentage of Nebraska workers who are exposed to secondhand smoke at work in the past week from 21.3% (ATS 2015) to 18.6% by 2020.

- **III.B.** Decrease the percentage of Nebraskans who are exposed to secondhand smoke in their private residence from 10.1% (ATS 2015) to 8.0% by 2020.

- **III.C.** Increase the number of jurisdictions with comprehensive public policies for tobacco-free outdoor public places from 1 to 10 by 2020.

#### IV. DISPARITIES

- **IV.A.** Reduce the percentage of adults using mental health services facilities who use tobacco from 43.3% (2014) to 40% by 2020.

- **IV.B.** Reduce the percentage of low income (less than $35,000 annual income) adults that currently smoke from 25.5% (2014 BRFSS) to 21% by 2020.

- **IV.C.** Reduce the percentage of tobacco users among at least two of the identified priority audiences.

#### Strategies

- **Strategies Work on**
  - Perform an assessment of tobacco retail environment.
  - Support an increase in the number of educational institutions with comprehensive tobacco-free policies including all new and emerging products.
  - Educate partners, stakeholders, and the public on evidence-based pricing strategies.
  - Develop targeted youth messaging regarding the health consequences of tobacco including electronic smoking devices.

- **Strategies Work on**
  - Expand the reach of Quitline / cessation materials to health services network which includes but is not limited to community health workers, home healthcare, behavioral health, case workers, and medical associations.
  - Educate partners, stakeholders, and the public on evidence-based pricing strategies.
  - Expand tobacco-free policies for worksites including campuses.
  - Expand tobacco-free policies for households.
  - Expand tobacco-free policies for outdoor public places and events.

- **Strategies Work on**
  - Identify vulnerable populations and best practices for those populations.
  - Extend state and community partnerships to strengthen the Nebraska Tobacco Disparities Partnership.
  - Connect participants of programs that provide public assistance to tobacco cessation services.
# Appendix D: Sustainability Plan

## Domain: Funding

**Sustainability Strategy:** Establish a consistent financial base for the program.

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Who will do the work?</th>
<th>What does success look like?</th>
<th>What resources are needed?</th>
</tr>
</thead>
</table>
| **1. State Funding:** Increase state funding through multiple funding sources in particular state appropriation.  
   a. Engage and support grantees, youth and unfunded partners to educate on the need for sustainable tobacco control funding.  
   b. Seek out partnerships with programs and organizations to increase capacity and resources around tobacco control and prevention efforts. | TFN collect information and provide to partners.  
Advocacy orgs / state partners deliver the messages (ACS, AHA, HEI, ALA).  
Seek out and develop partnerships(TFN, Local Tobacco Prevention Coalitions) | Additional sustainable/continual funding and/or additional sources of funding.  
Partners, youth and unfunded organizations are advocating for the advancement of tobacco prevention and control in Nebraska.  
Collaborative efforts with diverse partners to reduce tobacco use that benefit all partners and work towards the four goal areas. | Success stories, data to action, contributed time of partners.  
Access to resources such as data, success stories, involvement in strategic planning.  
Earned media, data, news blurbs and promotional materials, staff expertise, training resources. |
| **2. Local Funding:** Increase local funding through building capacity of local coalitions to seek grant monies from diverse sources: ability to communicate, promote needs base to decision makers. | (TFN, Local Coalitions) | Local coalitions are able to communicate their local need and secure multiple sustainable funding streams. | Training and capacity building  
Data |
### Sustainability Strategy: Establish a consistent financial base for the program.

<table>
<thead>
<tr>
<th>Action Steps:</th>
<th>Who will do the work?</th>
<th>What does success look like?</th>
<th>What non-financial resources are needed?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3. Identify Tobacco Control Advocates</strong></td>
<td>Volunteer Partner Organizations (AHA, ACS, ALA) Local Coalitions TFN</td>
<td>Tobacco control champions within the Nebraska legislature, public health community and local communities are identified and leading the fight for best practice policies to reduce tobacco-related death and diseases. Unified message on tobacco control is developed and delivered by champions, coalitions, and partners. Coalitions and partners are educating the public, their communities, and decision makers about the need for tobacco control, best practices policies, and the impact tobacco has on the state and local community.</td>
<td>Community champions and advocates for tobacco control Earned media</td>
</tr>
<tr>
<td><strong>4. Sustain the Nebraska Healthcare Cash Fund and funding for comprehensive tobacco control.</strong></td>
<td>TFN, Local Coalitions, Volunteer Partner Organizations</td>
<td>The Nebraska Health Care Cash Fund is sustained for the long term and prioritizes funding for comprehensive tobacco control and prevention.</td>
<td>Success stories, written history (came from MSA), funding trends, data and trends on impact of funds</td>
</tr>
<tr>
<td><strong>5. Develop a plan for additional funding</strong></td>
<td>TFN, Local Coalitions, Volunteer Partner Organizations</td>
<td>An annual planning discussion with partners to revisit the tobacco control plans for sustainability and the state strategic plan</td>
<td>A state strategic plan, Data, Needs assessments, CDC Best Practices guidance</td>
</tr>
</tbody>
</table>
**Domain: Partnerships**

**Sustainability Strategy:** Cultivate connections between the program and its stakeholders.

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Who will do the work?</th>
<th>What does success look like?</th>
<th>What non-financial resources are needed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Develop new/strengthen existing Partnerships for strategic purposes:</td>
<td>American Cancer Society, American Heart Association, American Lung Association, TFN, Local coalitions</td>
<td>State level champion who will speak in support of tobacco prevention and control issues such as maintaining or increasing funding; maintaining or increasing the strength of the Nebraska Clean Indoor Air Act; support of policy limiting youth access to tobacco products including pricing strategies. Create a sustainability workgroup who can communicate needs or provide education on topics that are politically sensitive. There will be a collaborative effort with different programs, organizations, and partners to address tobacco issues as part of an overall public health effort.</td>
<td>Key partnerships, Building and maintaining relationships, Develop annual messaging on the current tobacco impact and tobacco control efforts</td>
</tr>
<tr>
<td>Action Steps:</td>
<td>Who will do the work?</td>
<td>What does success look like?</td>
<td>What non-financial resources are needed?</td>
</tr>
<tr>
<td>--------------</td>
<td>-----------------------</td>
<td>----------------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>2. <strong>Accessing Networks:</strong> Proactively access partner networks to leverage messaging that mutually benefits both programs and leverages efforts to reduce tobacco related diseases and deaths.</td>
<td>TFN Local coalitions</td>
<td>Collaborative efforts with other state programs including but not limited to Chronic Disease Prevention, Oral Health, Behavioral Health, Lifespan, Office on Minority Health Equity, and Environmental Health Collaborating with community organizations to increase awareness on tobacco issues such as smoke-free housing, tobacco-free outdoor policies in public places, tobacco-free campuses for schools, colleges and universities, decreasing youth access to tobacco in the retail environment, tobacco-free worksite campuses, and promotion of the Nebraska Tobacco Quitline. The utilization of tobacco resources and messaging in program materials and outreach education such as the Tips from Former Smokers campaign materials.</td>
<td>Develop messaging that could be utilized by other programs such as news blurbs, social media posts, infographics, fact sheets, and data reports. Build collaborative opportunities that are mutually beneficial such as smoke-free housing and local fire departments; local youth sports organization and tobacco-free parks; tobacco-free work campus and increasing awareness of the company’s insurance benefits for tobacco cessation.</td>
</tr>
<tr>
<td>Action Steps:</td>
<td>Who will do the work?</td>
<td>What does success look like?</td>
<td>What non-financial resources are needed?</td>
</tr>
<tr>
<td>--------------</td>
<td>-----------------------</td>
<td>-----------------------------</td>
<td>---------------------------------------</td>
</tr>
<tr>
<td><strong>Unfunded Partners:</strong> Connect and engage unfunded partners and rural partners.</td>
<td>TFN ACS AHA Local Coalitions</td>
<td>Increased engagement of Health Providers (Medical, Behavioral, Oral, and more) in tobacco cessation and referrals the Nebraska Tobacco Quitline. Collaborate with public housing agencies, HUD, USDA Rural Development, local city planners, and local fire departments on efforts to increase smoke-free housing options. Increase awareness and understanding of tobacco-related health disparities in Nebraska.</td>
<td>Nebraska Tobacco Quitline toolkit Smokefree Multi-Unit Housing Toolkit Earned media, specific data, community discussions, and developing community champions within diverse communities. Partnerships with other programs such as oral health, diabetes, vision health, lung health, cardiovascular health, physical activity, local community planning (smoke-free and tobacco-free policies), maternal and child health, and behavioral health</td>
</tr>
</tbody>
</table>
### Sustainability Strategy: Cultivate connections between the program and its stakeholders.

<table>
<thead>
<tr>
<th>Action Steps:</th>
<th>Who will do the work?</th>
<th>What does success look like?</th>
<th>What non-financial resources are needed?</th>
</tr>
</thead>
</table>
| 4. **Youth Engagement:** Promote, and make aware how to increase, youth engagement in tobacco work statewide and locally.  
  - Engage youth organizations as partners in work plans  
  - Identify youth motivators (benefits) for engagement and success models  
  - Identify specific roles  
  - Young alumni | Youth Empowerment  
Local Coalitions  
TFN  
ACS  
AHA  
ALA | Youth are active in tobacco issues by helping raise public awareness, educating decision makers on tobacco issues, being trained a spokespersons, and engaging in local efforts to address tobacco issues.  
Youth empowerment participants are connected to tobacco control opportunities with local community coalitions, tobacco prevention advocacy organizations, TFN, and other efforts to address tobacco issues.  
Youth empowerment participants continue to be involved in tobacco control efforts after aging out of the youth program. | Earned media  
Youth empowerment program’s ability to help youth network and get connected to additional tobacco control opportunities at all levels.  
Opportunities for youth and young adults interested in tobacco control to connect with local coalitions, advocacy organizations, public health programs, and tobacco control efforts as partners. |
Domain: Organizational Capacity

**Sustainability Strategy:** Secure the internal support and resources needed to effectively manage the program and its activities.

<table>
<thead>
<tr>
<th>Action Steps:</th>
<th>Who will do the work?</th>
<th>What does success look like?</th>
<th>What non-financial resources are needed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strengthen capacity with staff, grantees, and partners by:</td>
<td>TFN, Local Coalitions, Volunteer Partner Organizations</td>
<td>Increased communication efforts among all partners when working with media, developing communications tools, utilizing data, seeking out earned media, sharing success stories, and engaging community stakeholders in tobacco control efforts. Communication, with a unified message, conveyed through media and outreach about tobacco control successes, community needs, and current efforts leads to increased visibility of tobacco issues with positive representation of tobacco control efforts within the community. Community partners utilizing data in their discussions, decision making processes, outreach efforts on tobacco control, and seeking other funding sources. Having a list of resources to share with new grant-funded partners that will assist in on-board training including: websites, coalition contacts, and tobacco control guidance resources. Local coalitions will develop an on-boarding process that works best with their partners.</td>
<td>Success stories; data; media training and contacts; sample media tools; example news releases and story pitches; training on communications from experienced partners. List of tobacco control resources, websites, contacts, data and guidance. Technical Assistance.</td>
</tr>
</tbody>
</table>
Sustainability Strategy: Secure the internal support and resources needed to effectively manage the program and its activities.

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Who will do the work?</th>
<th>What does success look like?</th>
<th>What non-financial resources are needed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. <strong>Provide training</strong> on the TFN Communities of Excellence grant parameters through a required grant pre-application training, quarterly webinars, technical assistance, and state coalition quarterly meetings.</td>
<td>TFN TFN Grantees</td>
<td>TFN grantees are comfortable and understand the parameters of the TFN Grant including areas such as the Quitline, talking with decision makers, and ability to seek other funding.</td>
<td>Group listserv Conference call or webinar platforms Contact information for potential grantees</td>
</tr>
</tbody>
</table>
## Domain: Communication

### Sustainability Strategy: Strengthen strategic communications with stakeholders, both internal and external, and the public.

<table>
<thead>
<tr>
<th>Action Steps:</th>
<th>Who will do the work?</th>
<th>What does success look like?</th>
<th>What non-financial resources are needed?</th>
</tr>
</thead>
</table>
| **1. Communicating Success:** Showcase 3-4 success stories of the state tobacco program as a whole and represent the four goal areas. | TFN, Local Tobacco Prevention Coalitions, Youth Empowerment | A collection of success stories that demonstrate the value of Nebraska’s tobacco control and prevention efforts. | Success stories  
Earned media                                                                                             |
| **2. Strategic communications:** Beyond press releases, plan strategies with subtleties; creative approaches. | Local coalitions, partners, youth empowerment, HEI, TFN | Ability to promote tobacco control messaging to specific audiences and to be able to react to, or be proactive, to ever-changing environments. | Partnerships with organizations serving specific populations;  
Social media;  
Testimonials; Success stories; Story pitches; Communication tools such as newsletter blurbs; Videos; Youth activism; Trained tobacco-free spokesperson. |
| **3. Develop strategies to encourage data use in practice and communications.** | TFN, Local Coalitions, Local health departments; unfunded partners | Increased capacity among all partners around understanding and promoting tobacco control data.  
Utilization of data to assess and highlight community needs and successes that is then communicated to stakeholders, decision makers, and the public.  
Identify tobacco-related disparities.  
Translating data into action. | Training on data utilization; Data resources; Infographics;  
Data and Trends Report;  
Swiss cheese news releases; social media graphics and sample posts; fact sheets;  
earned media; youth activism. |
**Sustainability Strategy:** Strengthen strategic communications with stakeholders, both internal and external, and the public.

<table>
<thead>
<tr>
<th>Action Steps:</th>
<th>Who will do the work?</th>
<th>What does success look like?</th>
<th>What non-financial resources are needed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. <strong>Messaging about the continued urgency of the tobacco problem.</strong></td>
<td>TFN, Local Coalitions, Volunteer partner organizations, youth empowerment, local health departments</td>
<td>Consistent and continued messaging to decision makers and the community about current tobacco issues, the impact of tobacco deaths and diseases, tobacco-related health disparities and the tobacco industry’s aggressive marketing efforts.</td>
<td>Unified messages; continual earned media; the inclusion of tobacco in key discussions on city planning, public health, youth prevention, and housing.</td>
</tr>
</tbody>
</table>
Appendix E: Acknowledgements

This plan was created in collaboration with the following partners:

Aja Anderson, Charles Drew-Federally Qualified Health Center
Amanda Kis, American Lung Association of Nebraska and Iowa
Andy Larson, Boys and Girls Clubs of Lincoln
Antonia Correa, UNMC, Center for Reducing Health Disparities
April J. Dixon, Health Educator, Creighton University Cardiac Center
Athena Ramos, UNMC, Center for Reducing Health Disparities
Autumn Burns, Outreach Coordinator-Sarpy County, CHI Health Midlands
Brian Baker, Coalition Coordinator, Lancaster County
Brian Krannawitter, Government Relations Director, American Heart Association
Brock Hanisch, Douglas County Health Department
Cathy Dillon, DHHD NE Diabetes Prevention and Control Program
Christina Hitz, Local Coalition/Law Enforcement
Cindy Jeffrey, Health Education Inc.
Crystal Fuller, Region 6 Behavioral Health Services
Deborah Dancer, Family Housing Advisory Services, Inc. Omaha
Dr. Charles Craft, DHHS Dental Director
Earl Redrick, Field Office Director, US Department of Housing and Urban Development - Omaha Field Office
Elizabeth J Green, Manager, NE Comprehensive Cancer Control Program
George Haws, Coalition Coordinator, Lincoln County
Jamie Rodriquez, Coalition Coordinator, Platte and Colfax Counties
Jasmine L. Harris, MOTAC & Creighton University
Jennifer Green, Live Wise Coalition
Jenny Brown, Coalition Coordinator, Buffalo County
Jenny Minchow, RP, Pharm.D., Medicaid and Long Term Care
Jeremy Poell, Indoor Air Quality Program Manager, DHHS-Office of Environmental Health Hazards & Indoor Air
Jessie Perez & Christine Ross, Outreach Coordinator, DHHS Office of Health Equity
Jillian Savage, DHHS Comprehensive Cancer Program
John Roberts, Executive Director, Public Health Association of NE
Josie Rodriguez, Administrator, NE DHHS-Office of Health Disparities and Health Equity
Mary Drudik, LPN, Environmental Health Educator, Loup Basin Public Health Department
Matt Prokop, NE Grassroots Manager, American Cancer Society
McKinsey Mulroy, Coalition Coordinator, Cass and Sarpy Counties
Tobacco Free Nebraska would like to thank the following individuals who contributed to the 2015-2020 State Plan by participating in Key Informant Interviews:

Charlotte Burke, Health Promotion and Outreach Manager, Lincoln Lancaster County Health Department

Chris Blanke, Health Educator, Four Corners Health Department

Dave Palm, UNMC Faculty and Former DHHS Administrator/Public Health

Jasmine Harris, Chair of Metro Omaha Tobacco Action Coalition (MOTAC) Clean Air and Tobacco Free Parks Initiative Committees

Judy Martin, Deputy Director, Division of Public Health and Former Program Manager, Tobacco Free Nebraska

Madison Larimore, Youth Representative, Former No Limits Board Member and Central Region Youth Advocate of the Year, Campaign for Tobacco Free Kids

Matt Prokop, Grassroots Manager, American Cancer Society Cancer Action Network, Inc.

Michelle Beaver, Executive Director, South Heartland District Health Department

Tabi Prochazka, Tobacco Coalition Coordinator, Panhandle Prevention Coalition and Co-Chair, Nebraska Tobacco Disparities Partnership
A SPECIAL THANK YOU TO THE FOLLOWING INDIVIDUALS FOR THEIR SUPPORT AND GUIDANCE:

Judy Martin, NE DHHS, Deputy Director, Division of Public Health
Kay Wenzl, NE DHHS, Health Promotion Unit Administrator
Linelle Blais, Director, Emory Centers for Training and Technical Assistance
Madeleine Solomon, Director of Policy and Community Programs, Emory Centers for Training and Technical Assistance
Mallory Stasko, Public Health Program Associate, Emory Centers for Training and Technical Assistance

TOBACCO FREE NEBRASKA STAFF:

Amanda Mortensen, Program Manager
Jean Stilwell, Program Coordinator
Jihyun Ma, Health Surveillance Specialist
Kathy Burklund, Community Health Educator Senior
Suzanne Forkner, Community Health Educator Senior
Tracey Bonneau, Community Health Educator Senior
Appendix F: Glossary

**Cessation** – encouraging and helping tobacco users to quit. The Nebraska Tobacco Quitline (1.800.784.8669) offers free cessation coaching 24/7 to Nebraskans wanting help to quit tobacco.

**CHW** – Community Health Worker

**Electronic Smoking Devices** – devices, often resembling cigarettes, cigars, or pipes that are designed to deliver nicotine or other substances to the users in the form of a vapor. These products are also known as electronic cigarettes, e-cigs, ENDS, e-hookah, e-pens and other similar devices.

**Every Woman Matters (EWM)** – A program that can help women get health checkups. EWM may pay for exams based on health history and program guidelines.

**HCP** – Health Care Provider

**HUD** – Housing and Urban Development

**LGBTQ** – Lesbian, Gay, Bisexual, Transgender, Queer or Questioning.

**Low Income** – For this plan, low income is defined as “less than $35,000 annual income”. BRFSS data was utilized because it is a consistent and reliable source for adult smoking rates and can be sorted by income levels. To begin the plan's discussion, low income was defined as “less than $25,000 annual income” similar to other state programs. Concerns were expressed during the large group planning meeting that several families make more than $25,000 but still fall below the federal poverty level. With that feedback in mind, the data showed significantly higher smoking rates for those making less than $35,000 annually compared the general adult smoking rate.

**Mental Health Service Facilities** – community-based behavioral health service facilities providing public inpatient, outpatient, emergency, community mental health, and substance use disorder services to adults and youth.

**NE Tobacco Disparities Partnership (NTDP)** – A network of people and organizations across the state that specialize in reducing tobacco-related disparities among Nebraska’s diverse populations.

**NRT** – Nicotine Replacement Therapy

**Point of sale (POS)** – Also known as the retail environment, is now the primary channel used by the tobacco industry to promote and market their products. Point of sale could refer to convenience stores, gas stations, grocery stores, and pharmacies.
Appendix G: Resources

CDC – Best Practices for Comprehensive Tobacco Control Programs
http://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm

CDC – Best Practices User Guide: Health Equity

CDC – Best Practices User Guide: Youth Engagement
http://stacks.cdc.gov/view/cdc/5628/

CDC – Key Outcome Indicators for Evaluating Comprehensive Tobacco Control Programs
http://www.cdc.gov/tobacco/tobacco_control_programs/surveillance_evaluation/key_outcome/index.htm

CDC – The Guide to Community Preventive Services
http://www.cdc.gov/tobacco/stateandcommunity/comguide/index.htm

Change Is In the Air: An Action Guide for Establishing Smoke-Free Public Housing and Multifamily Properties

Data and Trends on Tobacco Use In Nebraska 2013
http://dhhs.ne.gov/publichealth/Documents/13TFNDataTrends.pdf

Five Years of Smoke Free Air, 2009 – 2014

Nebraska Tobacco Facts
http://dhhs.ne.gov/publichealth/TFN%20Docs/Nebraska%20Tobacco%20Facts%20Jan%202016.pdf
Nebraska Tobacco Quitline
http://dhhs.ne.gov/publichealth/Pages/tfn_ces.aspx

Nebraska Youth Risk Behavior Survey

Nebraska Youth Tobacco Survey Report 2012-2013

No Limits Nebraska
http://dhhs.ne.gov/publichealth/Pages/tfn_arr_tfnlimits.aspx

Point of Sale Strategies: A Tobacco Control Guide

Pricing Policy: A Tobacco Control Guide

Pricing Strategies: A Tobacco Control Guide

QuitNow.ne.gov
http://dhhs.ne.gov/Publichealth/pages/tfn_ces.aspx

Reducing Tobacco Use in Nebraska – A Snapshot Progress Report
http://dhhs.ne.gov/publichealth/Documents/09TFN_Snapshot.pdf

SGR Youth Prevention – 2012
http://www.cdc.gov/tobacco/data_statistics/sgr/2012/index.htm
Smoke Free Multi-Unit Housing Policies in Nebraska
http://dhhs.ne.gov/publichealth/Documents/11SF_MUHPoliciesNE.pdf

Smoke Free Public Housing Policies in Nebraska
http://dhhs.ne.gov/publichealth/Documents/11SF_PublicHousingPoliciesNE.pdf

Smoke-Free Multi-Unit Housing Toolkit
http://dhhs.ne.gov/publichealth/Pages/smokefree_housing.aspx

Surgeon General's Report – The Health Consequences of Smoking – 50 Years of Progress

Tobacco 101
http://www.ttac.org/services/Tobacco_101/introduction.html

Tobacco Free NE
http://dhhs.ne.gov/publichealth/pages/tfn.aspx

Tobacco Free NE Resource Library

Tobacco Free School Toolkit

Tobacco Hurts Business
http://dhhs.ne.gov/publichealth/TobaccoHurtsBusiness/Pages/Home.aspx

What's Tobacco Costing Nebraska?
http://dhhs.ne.gov/publichealth/TFN%20Docs/21201%20TFN%20Infographic%20PAGES.pdf

Youth Activism in Tobacco Control: A Toolkit for Action
http://legacyyouthactivism.com/home
Appendix H: References

1. NE BRFSS, 2014. NE Tobacco Facts [http://dhhs.ne.gov/publichealth/Pages/tfn_tfnfacts.aspx]
2. NE YRBS, 2015. NE Tobacco Facts [http://dhhs.ne.gov/publichealth/Pages/tfn_tfnfacts.aspx]
10. NE Quitline Data, 2014. NE Tobacco Quitline Infographic [http://dhhs.ne.gov/publichealth/Documents/TFN_Quitline_Infographic%202014.pdf]