

**West Virginia Division of Tobacco Prevention (DTP)**  
**March 2009-March 2014 - [Annual Action Plan](#)**

Our Division of Tobacco Prevention’s “2008 -2013 West Virginia Tobacco Prevention Strategic Plan” serves as the framework for West Virginia’s comprehensive tobacco prevention program over the next five years. This plan continues the foundation for the core activities of the DTP, emphasizing guiding principles and goals, based on changing trends in tobacco use, policy gaps and opportunities, and a framework of successful programs.

The DTP Annual Action Plan is also soundly based upon the *Revised 2007 Best Practices* guidance and the “*Key Outcome Evaluation Indicators*” from the National Tobacco Control and Prevention Program of the United States Centers for Disease Control and Prevention (CDC). Please note that, as required by the application guidance, **ALL long-term and annual objectives in this plan are numbered and based upon specific goal area and indicator profiles from the CDC/OSH Key Outcome Indicators.**

Each objective has a corresponding Baseline and Data Source, specific Key Indicator and link to the DTP Strategic Plan. For each objective area, there are tables listing Activities, Target Dates, Funding Source (whether State or CDC Funds), Lead Persons, and a record of or link to Key Partners is also noted.

**Note:** To conserve space, abbreviations, acronyms are utilized, and a listing of all of these follows at the final page of this document.

**West Virginia Division of Tobacco Prevention (DTP) Youth Prevention Program**  
**March 2009-March 2014 - Annual Action Plan**

**Goal Area 1: *Preventing Initiation of Tobacco Use among Young People (both male and female, in all ethnicities)***

**Reduced tobacco use prevalence among young people (both male and female, in all ethnicities)**

Long Term Objective 1.14.1a - By 2014, reduce the prevalence of current smoking among middle school students (grades 6-8) in WV public schools to 9% or lower. *\*This LT objective reflects a 5-yr goal of an 18.9% decline in this prevalence.*

Baseline and Data Source: YTS 2007, 11.1%. Key Indicator: 1.14.1. DTP Strategic Plan: 4.1 Key Partners: See Activities 1 & 3.

**Annual Objective 1.14.1b:** *Reduce the prevalence of current smoking among middle school students (grades 6-8) in WV public schools to 10.1% or lower.*

Long Term Objective 1.14.1b - By 2014, reduce the prevalence of current smoking among high school students (grades 9-12) in WV public schools to 23% or lower. *\*This LT objective reflects a 5-yr goal of a 20.1% decline in this prevalence.*

Baseline and Data Source: YTS 2007, 28.8%. Key Indicator: 1.14.1 DTP Strategic Plan: 4.2 Key Partners: See Activities 1 & 3.

**Annual Objective 1.14.1b:** *Reduce the prevalence of current smoking among high school students (grades 9-12) in WV public schools to 27% or lower.*

Long Term Objective 1.14.1c - By 2014, reduce the prevalence of current spit tobacco use among middle school students (grades 6-8, male and female) in WV public schools to 10% or lower. *\*This LT objective reflects a 5-yr goal of a 23.7% decline in this prevalence.*

Baseline and Data Source: YTS 2007, 13.1%. Key Indicator: 1.14.1. DTP Strategic Plan: 4.3 Key Partners: See Activities 1 & 3.

**Annual Objective 1.14.1c:** *Reduce the prevalence of current smoking among middle school students (grades 6-8) in WV public schools to 12.5% or lower.*

Long Term Objective 1.14.1d - By 2014, reduce the prevalence of current spit tobacco use among high school males (grades 9-12) in WV public schools to 21%. *\*This LT objective reflects a 5-yr goal of a 21% decline in this prevalence.*

Baseline and Data Source: YTS 2007, 26.6%. Key Indicator: 1.14.1 DTP Strategic Plan: 4.4 Key Partners: See Activities 1 & 3.

**Annual Objective 1.14.1d:** *Reduce the prevalence of current smoking among high school students (grades 9-12) in WV public schools to 25% or lower.*

**Reduced initiation of tobacco use by youth (both male and female, in all ethnicities)**

Long Term Objective 1.13.2a – By 2014, increase the percentage of never-smokers among middle school students (grades 6-8) in WV public schools to 74% or higher. *\*This LT objective reflects a 5-yr goal of a 14.2% increase in this percentage.*

Baseline and Data Source: YTS 2007, 64.8%. Key Indicator: 1.13.1. DTP Strategic Plan: 4.5 Key Partners: See Activities 1 & 3.

**Annual Objective 1.13.2a:** *Increase the percentage of never-smokers among middle school students (grades 6-8) in WV Public Schools to 67% or higher.*

**West Virginia Division of Tobacco Prevention (DTP) Youth Prevention Program**  
**March 2009-March 2014 - Annual Action Plan**

**Goal Area 1: *Preventing Initiation of Tobacco Use among Young People (both male and female, in all ethnicities)***

Long Term Objective 1.13.2b - By 2014, increase the percentage of never-smokers among high school students (grades 9-12) in WV public schools to 46% or higher. *\*This LT objective reflects a 5-yr goal of an 18.2% increase in this percentage.*

Baseline and Data Source: YTS 2007, 38.9%. Key Indicator: 1.13.1. DTP Strategic Plan: 4.6. Key Partners: See Activities 1 & 3.

Annual Objective 1.13.2b: *Increase the percentage of never-smokers among high school students (grades 9-12) in WV public schools to 40% or higher.*

Long Term Objective 1.13.2c - By 2014, increase the percentage of never-spit-tobacco users among middle school males (grades 6-8) in WV public schools to 76% or higher. *\*This LT objective reflects a 5-yr goal of an 8.1% increase in this percentage.*

Baseline and Data Source: YTS 2007, 70.3%. Key Indicator: 1.13.1 DTP Strategic Plan: None. Key Partners: See Activities 1 & 3.

Annual Objective 1.13.2c: *Increase the percentage of never-spit-tobacco users among middle school males (grades 6-8) in WV public schools to 72% or higher.*

Long Term Objective 1.13.2d - By 2014, increase the percentage of never-spit-tobacco users among high school males (grades 9-12) in WV public schools to 62% or higher. *\*This LT objective reflects a 5-yr goal of a 12.1% increase in this percentage.*

Baseline and Data Source: YTS 2007, 55.3%. Key Indicator: 1.13.1 DTP Strategic Plan: None. Key Partners: See Activities 1 & 3.

Annual Objective 1.13.2d: *Increase the percentage of never-spit-tobacco users among high school males (grades 9-12) in WV public schools to 57% or higher.*

Additional Annual Objective *Increase the knowledge and proportion of all adults who support an increase in an all tobacco product excise tax.* Baseline and Data Source: ATS data not available until Jan 2009. Key Indicator: 1.6.5 DTP Strategic Plan: Yes.

Annual Objective 1.6.5: *Increase the percentage of adults who support an additional excise tax on all tobacco products, especially for those who are supportive of a portion of the money raised to support tobacco and chronic disease prevention programs.*

Background: Increasing the unit price of tobacco products is a Best Practices, proven effective intervention to keep youth from initiating tobacco use and assisting those who recently started to quit. All those DTP partners who could be enabled to educate policy makers about benefits of a tobacco tax increase are our Key Partners for this objective.

Additional Annual Objective *Youth Strategic Planning 2010: Review and update the DTP 2008 – 2013 Strategic Plan as determined by West Virginia tobacco control environment, and collaborate with other chronic disease programs regarding an overall state chronic disease strategic plan, evaluation plan, and communications plan.*

Background: Youth Prevention Program has an existing Youth Empowerment Team (YET) advisory board, a youth-only Teen Advisory Committee (TAC) and an existing Program Strategic Plan.

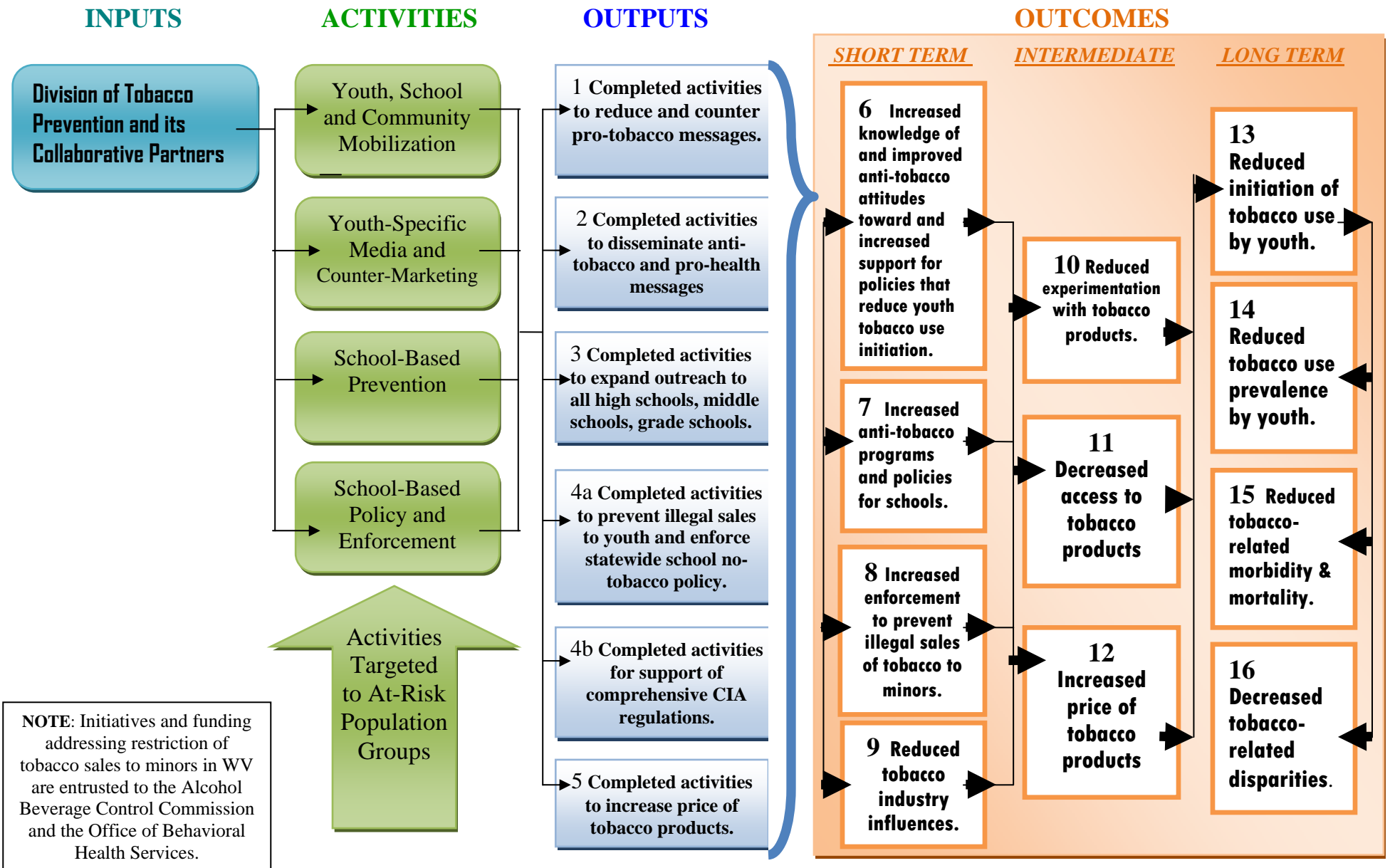
**West Virginia Division of Tobacco Prevention (DTP) Youth Prevention Program**  
**March 2009-March 2014 - Annual Action Plan**

**Goal Area 1: *Preventing Initiation of Tobacco Use among Young People (both male and female, in all ethnicities)***

<b>Youth Program Activities (for all objectives above)</b>	<b>Target Date</b>	<b>Funding Source</b>	<b>Lead Person(s)</b>	<b>Partners</b>
1. Maintain the WVDE Regional (RTPS) Network to assist in the facilitation of Raze, N-O-T, Life Skills, Alternative to Suspension, and policy.	On-going	State Funds	Youth Program Manager	ALA-WV, WVDE, RTPSs, RESAs, EOCU, Media Agency
2. Maintain well trained staff (2 FTEs) that collectively have the skills, expertise needed to maintain and accomplish program objectives.	On-going	State Funds	Youth Program Manager	DTP, OEHP, CDEU, Fiscal Unit, EOCU
3. Maintain and/or enhance a paid Raze media campaign specific to educating youth and the public about the dangers of tobacco use.	On-going	State Funds	Youth Program Manager, with OEHP Media Manger, DHHR Media Agency	ALA-WV, WVDE, RTPSs, RESAs, EOCU, Media Agency
4. Maintain on-going activities with partners statewide to increase the youth tobacco prevention and initiation knowledge.	On-going	State Funds	Youth Program Manager	WVU, Marshall, WVDE, RTPCCs, Local Health Depts. (LHDs), WVAAFP, Media Agency
5. Maintain YET meetings (as needed, at least bi-monthly), TAC meets as needed.	April 2009 and August 2009	State Funds	Youth Program Manager	ALA-WV, WVDE, RTPSs, RESAs, EOCU, Media Agency, Media Unit
*6. Review strategic plans and master logic model with evaluation advisory group; revise as necessary.	August 2009	State Funds	Youth Program Manager	ALA-WV, WVDE, RTPSs, RESAs, EOCU, Media Agency, Media Unit
*7. Produce a more specific, revised annual report documenting work plan progress of the youth program.	June 2010	State Funds	Youth Program Manager	ALA-WV, WVDE, RTPSs, RESAs, CDEU, EOCU, Media Agency, Media Unit
*8. Develop statewide plans that include measurable performance measures in place by June 30, 2010.	June 2010	State Funds	Youth Program Manager	ALA-WV, WVDE, RTPSs, RESAs, CDEU, EOCU, Media Agency, Media Unit

**\*note: these activities show evidence of active involvement of partners in program and statewide planning**

**LOGIC MODEL: Preventing Initiation of Tobacco Use among Young People**



**West Virginia Division of Tobacco Prevention (DTP) Clean Indoor Air (CIA) Program**  
**March 2009-March 2014 - CDC/OSH Funding Annual Action Plan**

**Goal Area 2: *Eliminating Nonsmokers' Exposure to Secondhand Smoke***

^Denotes an objective addressing a specific disparity

Long Term Objective 2.4.1a - By 2014, increase to 30 the number of counties that require 100% smoke-free workplaces through implementation of Clean Indoor Air (CIA) regulations. *\*This LT objective reflects a 5-yr goal of a 57.8% increase in this number.*  
Baseline and Data Source: Smoke-free Initiative of West Virginia (SFIWV), 19 counties, 2008 from DTP Monitoring and SFIWV reports. Key Indicator: 2.4.1 DTP Strategic Plan: 2.1 Key Partners: See Activities 1 & 2.

*Annual Objective 2.4.1a:* *Increase to 23 the number of counties that require 100% smoke-free workplaces through implementation of local clean indoor air regulations.*

Long Term objective 2.4.1.b. - By 2014, increase the percentage of West Virginia residents who live in counties with CIA regulations that require 100% smoke-free public & workplaces to 62% or higher. *\*This LT objective reflects a 5-yr goal of a 57.3% increase in this percentage.* Baseline and Data Source: SFIWV 2008, 39.4% from DTP Monitoring, SFIWV reports. Key Indicator: 2.4.1 DTP Strategic Plan: 4.1 Key Partners: See Activities 1, 2 & 5.

*Annual Objective 2.4.1b:* *Increase the percentage of West Virginia residents who live in counties with CIA regulations that require 100% smoke-free workplaces and public places, to 48% or higher.*

Long Term Objective 2.4.4.a - By 2014, increase the percentage of the population reporting voluntary smoke-free home policies to 80% or higher. *\*This LT objective reflects a 5-yr goal of a 16.4% increase in this percentage.*

Baseline and Data Source: WVATS, 2007, 68.7%. Key Indicator: 2.4.4 DTP Strategic Plan: None Key Partner: SFIWV.

*Annual Objective 2.4.4a:* *Increase the proportion of the population reporting voluntary smoke-free home policies to 72% or higher.*

^Long Term Objective 2.4.4b - By 2014, increase the percentage of respondents who live in 100% smoke-free homes with children under 18 years old, to 80% or higher. *\*This LT objective reflects a 5-yr goal of an 11.9% increase in this percentage.*

Baseline and Data Source: BRFSS 2006, 71.5%. Key Indicator: 2.4.4 DTP Strategic Plan: None Key Partner: SFIFW.

*^Annual Objective 2.4.4b* - *Increase the percentage of respondents who live in 100% smoke-free homes with children under 18 years old, to 73% or higher.*

*Additional Annual Objective CIA2010:* *Review and update the DTP 2008 – 2013 Strategic Plan as determined by West Virginia tobacco control environment, and collaboration with other chronic disease programs regarding an overall state chronic disease strategic plan, evaluation plan, and communications plan.*

Background: CIA Program has an existing statewide advisory board and an existing Program Strategic Plan.

**West Virginia Division of Tobacco Prevention (DTP) Clean Indoor Air (CIA) Program**  
**March 2009-March 2010 - Annual Action Plan**

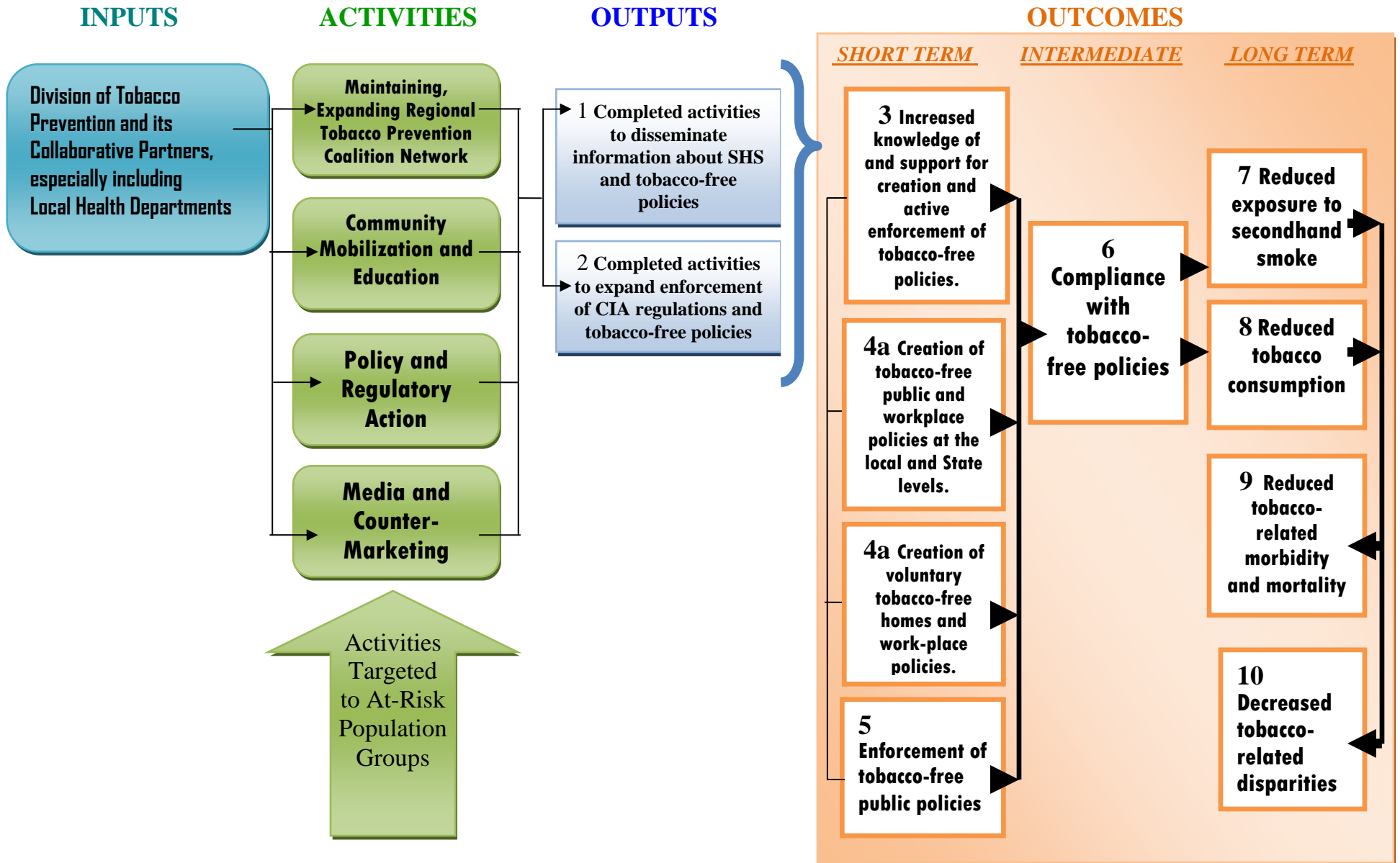
**Goal Area 2: Eliminating Nonsmokers' Exposure to Secondhand Smoke (SHS)**

<b>Clean Indoor Air Program Activities (for all objectives above)</b>	<b>Target Date</b>	<b>Funding Source</b>	<b>Lead Person(s)</b>	<b>Partners</b>
1. Maintain Regional Tobacco Prevention Coalition Coordinator Network (RTPCC Network).	On-going	CDC and State Funds	CIA Program Manager	RTPCCs and Various Lead Agencies Local Health Departments
2. Maintain Smoke-Free Initiative of WV (SFIWV)	On-going	State Funds	CIA Program Manager	DHHR, LHD subcontractor, SFIWV Coordinator
3. Maintain well trained staff (2FTEs) that collectively have the skills, expertise needed to accomplish and sustain CIA Program objectives.	On-going	CDC and State Funds	CIA Program Manager	DTP, OEHP, OHL Communities Coordinator
4. Maintain and/or enhance a paid media campaign specific to educating the public about the dangers of SHS.	On-going	State Funds	CIA Program Manager, Media Agency	Media Agency, Local Media Outlets, RTPCCs, Local Coalitions, SFIWV
5. Maintain various and on-going activities with partners statewide to increase the knowledge that SHS is a dangerous toxin.	On-going	CDC and State Funds	CIA Program Manager	<b><u>ASTH, DIAB, OHL, BRFSS, MinH</u></b> SFIWV, CTFWV, EOCU, RTPCCs, Local Coalitions, LHDs, Marshall, WVDE, LHDs, RTPCCs, WCWV, ACS-WV, OHL Communities Coordinator
*6. Reconvene CIA Advisory Group at least semi-annually.	April 2009 and August 2009	CDC and State Funds	CIA Program Manager	<b><u>ASTH, DIAB, OHL, BRFSS, MinH</u></b> RTPCCs and various lead agencies, Local Coalitions, LHDs, EOCU, WCWV, ACS
*7. Review strategic plans and master logic model with evaluation advisory group; revise as necessary	August 2009	CDC and State Funds	CIA Program Manager	EOCU, CDEU, CIA Advisory Group, WCWV, ACS-WV, SFIWV Coordinator.
*8. Produce a more specific, revised annual CIA evaluation report that documents work plan progress.	June 2010	CDC and State Funds	CIA Program Manager	EOCU, CDEU, CIA Advisory Group, SFIWV Coordinator.
*9. Develop statewide plans that include performance measures in place by June 30, 2010.	June 2010	CDC and State Funds	CIA Program Manager	EOCU, CDEU, CIA Advisory Group, SFIWV Coordinator.

**\*note: these activities show evidence of active involvement of partners in annual program and statewide planning**



**LOGIC MODEL: Eliminating Nonsmokers' Exposure to Secondhand Smoke**



**West Virginia Division of Tobacco Prevention (DTP) Tobacco Cessation Program**  
**March 2009-March 2014 - CDC/OSH Funding Annual Action Plan**

**Goal Area 3: *Promoting Quitting among Adults and Young People (both male and female, in all ethnicities)***

***^ Denotes an objective addressing a specific disparity***

Long Term Objective 3.14.1a - By 2014, reduce the prevalence of cigarette smoking among West Virginia adults age 18 and over to 22% or lower. *\*This LT objective reflects a 5-yr goal of an 18.2% decline in this prevalence.*

Baseline and Data Source: BRFSS 2007, 26.9%. Key Indicator: 3.14.1. DTP Strategic Plan: 1.1 Key Partners: per all activities.

*Annual Objective 3.14.1a* - *Reduce the prevalence of cigarette smoking among West Virginia adults age 18 and over to 24% or lower.*

Long Term Objective 3.14.1b - By 2014, reduce the prevalence of cigarette smoking among West Virginia adult women aged 18-44 (child-bearing age) to 27% or lower. *\*This LT objective reflects a 5-yr goal of a 17.2% decline in this prevalence.*

Baseline and Data Source: BRFSS 2007, 32.6%. Key Indicator: none. DTP Strategic Plan: 1.1 Key Partners: per ALL activities.

*Annual Objective 3.14.1b* - *Reduce the prevalence of cigarette smoking among West Virginia adult women aged 18-44 (child-bearing age) to 31% or lower.*

Long Term Objective 3.14.1c - By 2014, reduce the prevalence of spit tobacco use by WV adult men aged 18 plus to 13% or lower.

*\*This LT objective reflects a 5-yr goal of a 21.7% decline in this prevalence.*

Baseline and data source: BRFSS 2004, 16.6%. Key Indicator: 3.14.1. DTP Strategic Plan: 1.1 Key Partners: per ALL activities.

*Annual Objective 3.14.1c* - *Reduce the prevalence of spit tobacco use by WV adult men aged 18+ to 16% or lower.*

^Long Term Objective 3.14.1d - By 2014, reduce the prevalence of cigarette smoking among West Virginia adults aged 55 and over to 15% or lower. *\*This LT objective reflects a 5-yr goal of an 8.5% decline in this prevalence.*

Baseline and Data Source: BRFSS 2007, 16.4%. Key Indicator: none. DTP Strategic Plan: none Key Partners: per ALL activities.

*Annual Objective 3.14.1d* - *Reduce the prevalence of cigarette smoking among West Virginia adults aged 55+ to 16% or lower.*

^Long Term Objective 3.14.2a - By 2014, reduce the prevalence of cigarette smoking among pregnant females in West Virginia to 24% or lower. *\*This LT objective reflects a 5-yr goal of an 11.8% decline in this prevalence.*

Baseline and Data Source: Vital Statistics 2006, 27.2%. Key Indicator: 3.14.2 DTP Strategic Plan: 1.5. Key Partners: See Activity 10.

*Annual Objective 3.14.2a* - *Reduce the prevalence of cigarette smoking among West Virginia women giving birth to 25% or lower.*

^Long Term Objective 3.14.1e - By 2014, reduce the prevalence of cigarette smoking among West Virginia African American adults aged 18 and over to 15% or lower. *\*This LT objective reflects a 5-yr goal of an 18% decline in this prevalence.*

Baseline and Data Source: BRFSS 2006, 18.3%. Key Indicator: none. DTP Strategic Plan: none. Key Partners: See Activity 11.

*Annual Objective \*3.14.1e:* - *Reduce the prevalence of cigarette smoking among West Virginia African American adults aged 18 and over to 17% or lower.*

**West Virginia Division of Tobacco Prevention (DTP) Tobacco Cessation Program**  
**March 2009-March 2014 - CDC/OSH Funding Annual Action Plan**

**Goal Area 3: *Promoting Quitting among Adults & Young People (both male and female, in all ethnicities)***

*^Denotes an objective addressing a specific disparity*

Long Term Objective 3.13.2 - By 2014, increase the percentage of smokers reporting a cessation attempt in the past 12 months to 52% or more. *\*This LT objective reflects a 5-yr goal of a 13.5% increase in this percentage.*

Baseline and Data Source: WVATS, 2007, 45.8% Key Indicator: 3.13.2 DTP Strategic Plan: none Key Partners: per All Activities.

*Annual Objective 3.13.2* - *Increase the number of smokers reporting a cessation attempt in the past 12 months to 47% or more.*

^Long Term Objective 3.14.1f - By 2014, reduce the prevalence of cigarette smoking among the military population in West Virginia.

Baseline: to be established. Key Indicator: none. DTP Strategic Plan: none. Key Partners: See Activity 9.

*Annual Objective 3.14.1f* - *Reduce the prevalence of cigarette smoking among the military population in West Virginia, and establish a data source tool.*

^Long Term Objective 3.14.1g - By 2014, reduce the prevalence of cigarette smoking among the State's Lesbian, Gay, Bisexual, and Transgendered population, and establish a baseline and data source tool. Currently no data collected on this population.

Key Indicator: none. DTP Strategic Plan: none. Note: this data could potentially be obtained from WVATS and BRFSS surveys. Key Partners: See Activity 11.

*Annual Objective 13.4.1g* - *Reduce the prevalence of cigarette smoking among the State's Lesbian, Gay, Bisexual, and Transgendered population, and establish a data source tool.*

*Additional Annual Objective Increase the knowledge and proportion of adults who support an increase in an all tobacco product excise tax.* Baseline and Data Source: ATS 2009 trend to be determined. Key Indicator: 3.8.5 DTP Strategic Plan: Yes.

*Annual Objective 3.8.5* - *Increase the percentage of adults who support an additional excise tax on all tobacco products, especially for those who are supportive of a portion of the revenues to support tobacco and chronic disease prevention programs.*

Background: Increasing the unit price of tobacco products is a Best Practices, proven effective intervention that helps assist those addicted to tobacco quit. All those DTP partners who could be enabled to educate policy makers about benefits of a tobacco tax increase are our Key Partners for this objective.

*Additional Annual Objective Cessation Strategic Planning 2010: Review and update the DTP 2008 – 2013 Strategic Plan as determined by West Virginia tobacco control environment, and collaborate with other chronic disease programs regarding an overall state chronic disease strategic plan, evaluation plan, and communications plan.*

Background: Cessation Prevention Program has an existing statewide advisory board, and an existing Program Strategic Plan.

**West Virginia Division of Tobacco Prevention (DTP) Tobacco Cessation Program**  
**March 2009-March 2014 - CDC/OSH Funding Annual Action Plan**

<b>Cessation Program Activities (for all objectives above)</b>	<b>Target Date</b>	<b>Funding Source</b>	<b>Lead Person(s)</b>	<b>Partners</b>
1. Maintain state, regional, and community activities with partners to increase the knowledge regarding available tobacco cessation programs.	On-going	CDC and State Funds	Cessation Program Manager	<u>ASTH, DIAB, OHL, BRFSS</u> , beBetter, ALA-WV, WVU-SOD, WVU-SOM, PRIPRT, RTPCCs, LHDs,
2. Maintain well trained staff (2 FTEs) that collectively have the skills, expertise needed to accomplish and sustain Cessation Program objectives.	On-going	CDC and State Funds	Cessation Program Manager	DTP, OEHP, OHL, OHL Communities Coordinator
3. Maintain bi-annual meetings of the Cessation Advisory Committee.	April 2009 and August 2009	State Funds	Cessation Program Manager	<u>ASTH, DIAB, OHL, BRFSS, MinH</u> and all subcontractors, partners.
*4. Review & revise strategic plans and master logic model with advisory group	August 2009	State Funds	Cessation Program Manager	<u>ASTH, DIAB, OHL, BRFSS, MinH</u> ALL partners! EOCU, CDEU.
*5. Produce specific annual evaluation report documenting work plan progress	June 2010	State Funds	Cessation Program Manager	EOCU, CDEU, OEHP Media Director.
*6. Develop statewide plans that include performance measures.	June 2010	State Funds	Cessation Program Manager	EOCU, CDEU, Media Director.
*7. Determine subcontractors to implement programs in healthcare systems to address all adult cessation and smoke-free homes programs.	June 2010	State Funds	Cessation Program Manager	WVHA, MCFH, PRIPRT,, MU-SOM, beBetter
8. Maintain statewide healthcare provider cessation training and outreach to collaborating agencies.	On-going	State Funds	Cessation Program Manager	<u>ASTH, DIAB, OHL, BRFSS, MinH</u> MU-SOM, beBetter, WVHA, WV-AAFP, OHL Communities Coordinator
9. Maintain on-going relationship with WV National Guard, and to enhance quitline and cessation services to include provision of NRT, Rx	On-going	State Funds	Cessation Program Manager	WVNG, beBetter, WVU-PRC-EOCU, WVU Psych, Pfizer Pharma
*10. Maintain Tobacco-Free Pregnancy Initiative to target specific cessation education and information regarding community, statewide services.	On-going	State Funds	Cessation Program Manager	Subcontractors, beBetter, MCFH, PERPRT Right from the Start, WVHA, WIC, Marshall SOM
11. Maintain the African-American Tobacco-Free Initiative, targeting users with cessation education and services.	On-going	State Funds	Cessation Program Manager	<u>ASTH, DIAB, OHL, BRFSS, MinH</u> PAAC, BSC, beBetter,
12. Maintain the LGBT Tobacco-Free Initiative, targeting users with cessation education and services.	On-going	State Funds	Cessation Program Manager	<u>ASTH, DIAB, OHL, BRFSS, MinH</u> CVTHSE, BSC, beBetter, EOCU.

\*note: these activities show evidence of active involvement of partners in annual program and statewide planning

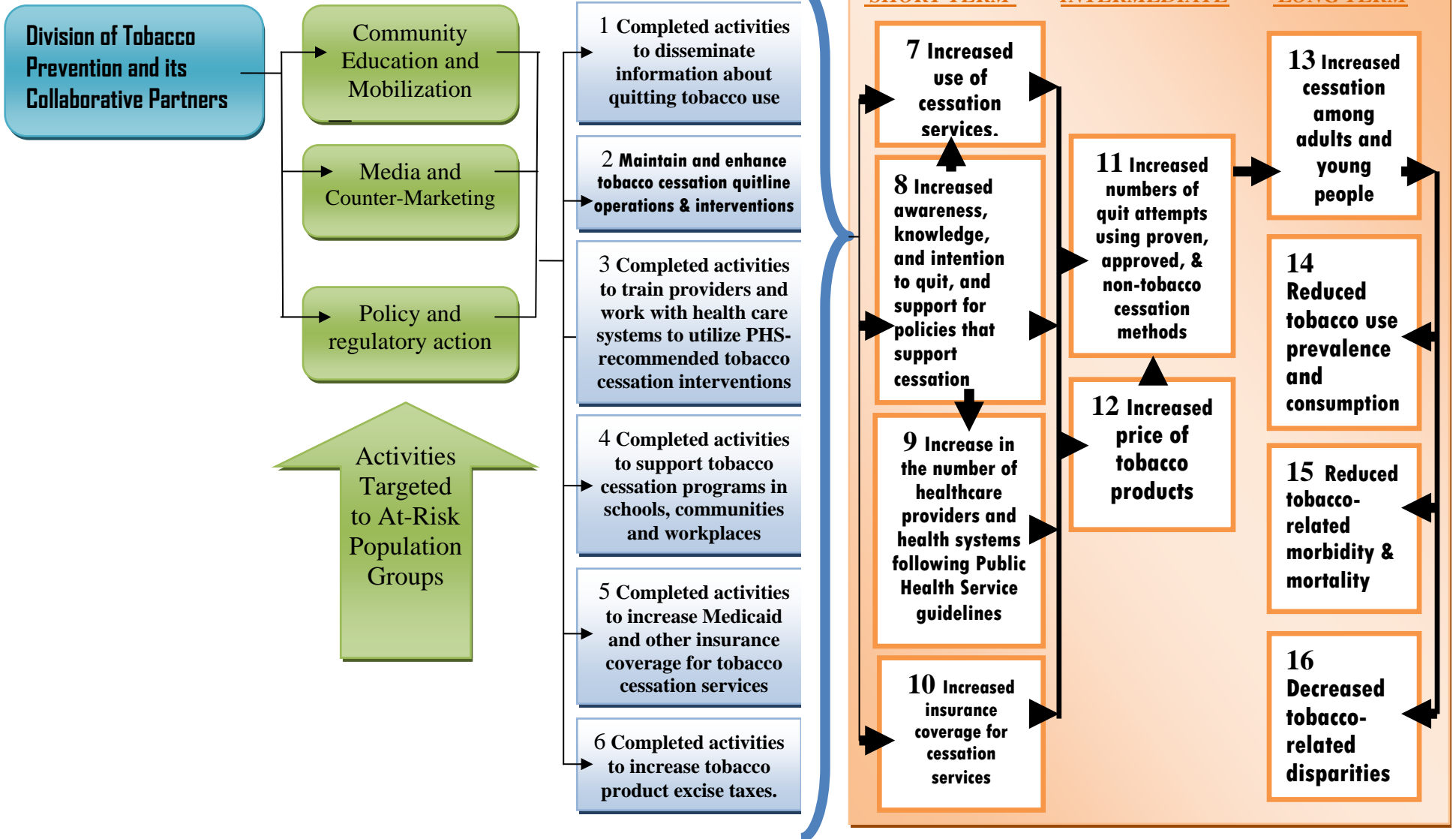
**LOGIC MODEL: Promoting Quitting among Adults & Young People**

**INPUTS**

**ACTIVITIES**

**OUTPUTS**

**OUTCOMES**



**West Virginia Division of Tobacco Prevention (DTP) Specific Disparities  
March 2009-March 2014 - Annual Action Plan**

**Goal Area 4: *Identifying and Eliminating Tobacco-Related Disparities***

^Long Term Objective 2.4.4b - By 2014, increase the percentage of respondents who live in 100% smoke-free homes with children under 18 years old, to 80% or higher. *\*This LT objective reflects a 5-yr goal of a 17.3% increase in this percentage.*

Baseline and Data Source: BRFSS 2004, 68.2%. Key Indicator: 2.4.4 DTP Strategic Plan: none Key Partners: per All Activities.

*^Annual Objective 2.4.4b* - *Increase the percentage of respondents who live in 100% smoke-free homes with children under 18 years old, to 73% or higher.*

^Long Term Objective 3.14.1d - By 2014, reduce the prevalence of cigarette smoking among West Virginia adults aged 55 and over to 15% or lower. *\*This LT objective reflects a 5-yr goal of an 8.5% decline in this prevalence.*

Baseline and Data Source: BRFSS 2007, 16.4%. Key Indicator: None. DTP Strategic Plan: none

*^Annual Objective 3.14.1d* - *Reduce the prevalence of cigarette smoking among West Virginia adults aged 55+ to 16% or lower.*

^Long Term Objective 3.14.2a - By 2014, reduce the prevalence of cigarette smoking among pregnant females in West Virginia to 23% or lower. *\*This LT objective reflects a 5-yr goal of a 15.4% decline in this prevalence.*

Baseline and Data Source: Vital Statistics 2006, 27.2%. Key Indicator: 3.14.2 DTP Strategic Plan: 1.5.

*^Annual Objective 3.14.2a* - *Reduce the prevalence of cigarette smoking among West Virginia women giving birth to 25% or lower.*

^Long Term Objective 3.14.1e - By 2014, reduce the prevalence of cigarette smoking among West Virginia African American adults aged 18 and over to 15% or lower. *\*This LT objective reflects a 5-yr goal of an 18% decline in this prevalence.*

Baseline and Data Source: BRFSS 2004-2006, 18.3%. Key Indicator: none. DTP Strategic Plan: none

*^Annual Objective \*3.14.1e:* - *Reduce the prevalence of cigarette smoking among West Virginia African American adults aged 18 and over to 17% or lower.*

^Long Term Objective 3.14.1f - By 2014, reduce the prevalence of cigarette smoking among the military population in West Virginia.

Baseline and Data Source: to be established. Key Indicator: none. DTP Strategic Plan: none

*^Annual Objective 3.14.1f* - *Reduce the prevalence of cigarette smoking among the military population in West Virginia, and establish a data source tool.*

^Long Term Objective 3.14.1g - By 2014, reduce the prevalence of cigarette smoking among the State's Lesbian, Gay, Bisexual, and Transgendered population, and establish a baseline and data source tool. Baseline and Data Source: Currently no LGBT data obtained.

Key Indicator: NONE. DTP Strategic Plan: none. Note: this data could potentially be obtained from WVATS and BRFSS surveys.

*^Annual Objective 3.14.1g:* *Reduce the prevalence of cigarette smoking among the State's Lesbian, Gay, Bisexual, and Transgendered population, and establish a data source tool.*

**West Virginia Division of Tobacco Prevention (DTP) Specific Disparities  
March 2009-March 2014 - Annual Action Plan**

**Goal Area 4: *Identifying and Eliminating Tobacco-Related Disparities***

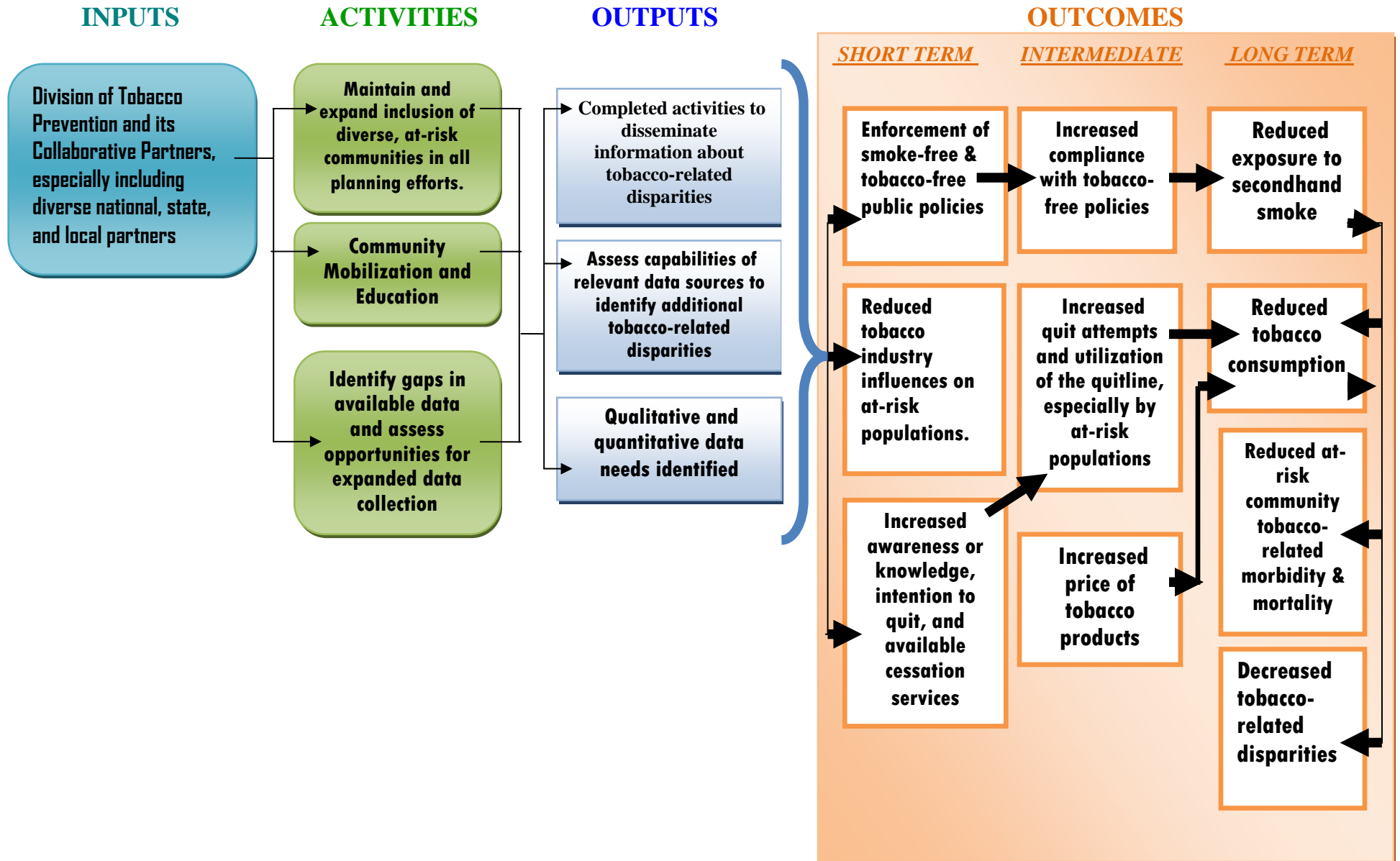
***Additional Annual Objective At-Risk, Disparate Populations Strategic Planning 2010: Review and update the DTP 2008 – 2013 Strategic Plan as determined by West Virginia tobacco control environment, and collaboration with other chronic disease programs regarding an overall state chronic disease strategic plan, evaluation plan, and communications plan.***

**Background:** Cessation Prevention Program has an existing statewide advisory board, and an existing Program Strategic Plan

<b>Cessation, At-Risk Population Activities (for all objectives above)</b>	<b>Target Date</b>	<b>Funding Source</b>	<b>Lead Person(s)</b>	<b>Partners</b>
1. Maintain a fully staffed state TP Program that collectively has the skills and expertise needed to accomplish all At-Risk Populations activities and objectives.	On-going	CDC and State Funds	All Program Managers	DTP, OEHP, OHL Communities Coordinator.
*2. Assure that program advisory committees address at-risk and disparate populations in strategic planning process.	April 2009 and August 2009	CDC and State Funds	All Program Managers	<b><u>ASTH, DIAB, OHL, BRFSS, MinH CVH</u></b> , CDEU, EOCU, All partners, subcontractors, affiliate programs and organizations.
3. Maintain various and on-going activities with partners statewide to increase the knowledge that tobacco use has many adverse effects on many at-risk & disparate populations.	On-going	CDC and State Funds	All Program Managers	<b><u>ASTH, DIAB, OHL, BRFSS, MinH CVH</u></b> , OHL Communities Coordinator All partners, Subcontractors, affiliate programs and organizations.
*4. Determine subcontractors to implement programs in healthcare systems to address adult cessation, cessation for pregnant smokers, and smoke-free homes for children	June 2010	State Funds	Cessation and Clean Indoor Air Program Manager	Subcontractors, PRIPRT, WVHA, MCFH, WIC, MU-SOM, beBetter, SFIWV.
5. Maintain an on-going relationship with WV National Guard and other military to include enhanced cessation and quitline services.	On-going	State Funds	Cessation Program Manager	WVNG, beBetter, EOCU, Pfizer Pharma
6. Maintain the Tobacco-Free Pregnancy Initiative to target pregnant tobacco users with cessation education and services.	On-going	State Funds	Cessation Program Manager	Subcontractors, beBetter, WVHA, MCFH, WIC, PRIPRT, beBetter, MU-SOM, EOCU
7. Maintain the LGBT Tobacco-Free Initiative, targeting users with cessation education and services.	On-going	State Funds	Cessation Program Manager	<b><u>ASTH, DIAB, OHL, BRFSS, MinH CVH</u></b> , BSC, beBetter, EOCU.

**\*note: these activities show evidence of active involvement of partners in annual program and statewide planning**

**LOGIC MODEL: Identifying and Eliminating Tobacco-Related Disparities**



**West Virginia Division of Tobacco Prevention (DTP) Surveillance and Evaluation**  
**March 2009-March 2014 - Annual Action Plan**

**Goal Area 5: *Maintain and enhance surveillance and evaluation systems to support the DTP in program planning.***

**Long-Term Objective 5.1: Increase the systematic collection and analysis of data to monitor tobacco prevention issues and evaluate progress toward meeting program goals.** Data Source: various, see below. Program(s) & Key Partner(s): WV Health Statistics Center, West Virginia University Prevention Research Center-Evaluation Oversight Coordinating Unit (for DTP).

**Annual Objective 5.1.a: *Collect and analyze data from current and new sources to monitor tobacco prevention issues.***

Rationale: The mission of the WV HSC and the newly formed Chronic Disease Epidemiology Unit is to provide reliable, consistent data. It is important that all surveys be conducted in a timely manner, considering cost-effectiveness and the needs of the DTP to measure tobacco prevention indicators. The following data sources provide trend data and also comparability with state, national data.

Activities	Target Date	Funding Source	Lead Person(s)	Partners
Ensure inclusion of tobacco-related questions in the annual BRFSS survey; assist in data analysis, production and dissemination of report.	Nov 2009	State Funds	BRFSS Coordinator HSC Tobacco Epi	DTP Director and Program Managers
Administer the Adult Tobacco Survey according to the Data Collection Plan; analyze data.	Dec 2010	State Funds	DTP Director HSC Tobacco Epi	EOCU, Program Advisory Committees, grantees, other review teams
Administer the Youth Tobacco Survey according to the Data Collection Plan; analyze data.	Nov 2011	State Funds	Youth Program Staff HSC Tobacco Epi	WVDE, RTPSs
Obtain results of the YRBS survey and communicate to appropriate DTP programs and collaborative partners.	Sept 2009	State Funds	Youth Program Staff HSC Tobacco Epi	WVDE, EOCU
*Serve on planning committee for PRAMS survey; determine how to analyze data for DTP use.	May 2009	State Funds	HSC Tobacco Epi Cessation Program Manager	MCFH
*Analyze data in relation to demographic, socio-economic, geographic, co-morbidity and risk factors to identify disparities.	Feb 2009	State Funds	HSC Tobacco Epi	OEHP Chronic Disease Programs, EOCU
Determine surveillance methods for military and LGBT populations to establish baselines for interventions.	July 2009	State Funds	HSC Tobacco Epi Cessation Program Manager	EOCU

**\*note: these activities show evidence of active involvement of partners in annual program and statewide planning , monitoring**

**West Virginia Division of Tobacco Prevention (DTP) Surveillance and Evaluation**  
**March 2009-March 2014 - Annual Action Plan**

**Goal Area 5: *Maintain and enhance surveillance and evaluation systems to support the DTP in program planning.***

**Annual Objective 5.1.b: Maintain, enhance, and implement evaluation plans to assess the implementation and impact of the DTP.**

Data Source: various, see below. Program(s) & Key Partner(s): YET Committee, WV Health Statistics Center, West Virginia University Prevention Research Center-Evaluation Oversight Coordinating Unit (for DTP), DHHR Media Agency (Arnold Agency), Program Advisory Committees.

Rationale: Evaluation plans include project-level as well as comprehensive evaluation of the DTP, to comply with *Best Practices for Comprehensive Tobacco Control Programs*. DTP requires certain independent and special project assessment and evaluation.

Activities	Target Date	Funding Source	Lead Person(s)	Partners
Establish and maintain procedures for evaluation of Youth Prevention Program and Raze projects, including Raze conferences.	On-going	State Funds	Youth Program Manager	CDEU, YET Committee, EOCU
Develop evaluations for interventions addressing Af Am adults and pregnant smokers.	On-going	State Funds	HSC Tobacco Epi Cessation Program Manager	EOCU, CDEU, Program Advisory Committees
*Facilitate collaboration among DTP, EOCU, WV Community Partnership Board.	On-going	State Funds	DTP Director	OEHP Media Communications Unit, EOCU, CDEU, Program Advisory Committees
Maintain an annual evaluation of DTP, including multi-year evaluation reports as desired, needed.	July 2009	State Funds	DTP Director	EOCU, CDEU
Develop a monitoring process to evaluate & capture the effect of paid media efforts (commercials, ads)	December, 2009	State Funds	DTP Director Communications Director	EOCU, Media Agency
Improve the data collection for earned media efforts; analyze to determine coverage.	July 2009	State Funds	Communications Director	EOCU, CCU, Media Agency
*Review and revise quarterly reporting system for DTP subcontractors, for process evaluation data.	July 2009	State Funds	Program Managers HSC Tobacco Epi	EOCU

**\*note: these activities show evidence of active involvement of partners in annual program and statewide planning , monitoring**

**West Virginia Division of Tobacco Prevention (DTP) Surveillance and Evaluation**  
**March 2009-March 2014 - Annual Action Plan**

**Goal Area 5: *Maintain and enhance surveillance and evaluation systems to support the DTP in program planning.***

**Long-Term Objective 5.2: Increase access to tobacco prevention surveillance and evaluation summary data.**

**Program(s) & Key Partner(s):** WV Health Statistics Center, OEHP Media Unit, West Virginia University Prevention Research Center-Evaluation Oversight & Coordinating Unit (for DTP). **Data Source:** Various---see below

***Annual Objective 5.2.a: Summarize tobacco prevention surveillance and evaluation findings in oral and written formats.***

**Rationale:** Traditionally, all reports have been produced in print, for a variety of end-users, including reports used as legal documents.

Activities	Target Date	Funding Source	Lead Person(s)	Partners
According to the Reporting Plan, produce and disseminate an annual DTP Progress Report, featuring HP2010 and HP2020 goals.	On-going	State Funds	DTP Director Media Director	HSC Tobacco Epi
Collaborate with DTP to write articles to submit for publication in journals.	On-going	State Funds	DTP Director	HSC, CDEU, EOCU
According to the Reporting Plan, produce and disseminate printed and electronic reports, including ATS, YTS, Tobacco Is Killing and Costing Us (a burden report), and other briefing/research papers (as needed).	On-going	State Funds	HSC Tobacco Epi DTP Director	Media Director, EOCU, CDEU

***Annual Objective 5.2.b: Enhance and develop online resources for disseminating surveillance and evaluation summary data.***

**Program(s) & Key Partner(s):** WV Health Statistics Center, OEHP Media Unit, West Virginia University Prevention Research Center-Evaluation Oversight & Coordinating Unit (for DTP), DHHR Media Contractor (Arnold Agency). **Data Source:** Various---see below

**Rationale:** The WV HSC is customer-oriented in providing data in many formats, to many end-users, especially transitioning to electronic formats for speed and ease in communication in the very rural state of West Virginia.

Activities	Target Date	Funding Source	Lead Person	Partners
*Support the WV Health Statistics Center in its planning and implementation of web-based data queries for WV health data.	Ongoing	State Funds	HSC Tobacco Epi	HSC,CDEU, OEHP Communications Unit, EOCU
*Maintain the websites for DTP (main site, Raze, SFIWV, Against Tobacco @) and post surveillance information and reports in a timely manner.	On-going	State Funds	Media Director	HSC, Program Advisory Committees, CCU, Media Agency, various grantees

**\*note: these activities show evidence of active involvement of partners in annual program and statewide planning , monitoring**

**West Virginia Division of Tobacco Prevention (DTP) Surveillance and Evaluation**  
**March 2009-March 2014 - Annual Action Plan**

**Goal Area 5: *Maintain and enhance surveillance and evaluation systems to support the DTP in program planning.***

**Long-Term Objective 5.3: Increase the use of tobacco prevention surveillance and evaluation data for program planning purposes.** Program(s) & Key Partner(s): WV Health Statistics Center, West Virginia University Prevention Research Center-Evaluation Oversight & Coordinating Unit (for DTP). Data Source: Various---see below

**Annual Objective 5.3.a:** *Develop tools to assist program staff, partners, and stakeholders in accessing, interpreting, and using data resources.*

Rationale: With the creation of the Chronic Disease Epidemiology Unit, the quality of services to the programs in surveillance and evaluation has been improved. Collaborative, synergistic training and TA will be readily available from our Epi Unit and the EOCU. Likewise, it is critical to improve the skills of programming level staff and partners in their ability to interpret and use data correctly and accurately. This will ultimately improve program development, planning, and implementation.

Activities	Target Date	Funding Source	Lead Person	Partners
*Meet with DTP staff, partners to determine need for documents on surveillance and evaluation; develop tools & provide to users.	On-going	State Funds	HSC Tobacco Epi	DTP Staff, Various grantees, Program Advisory Committees, EOCU

**Annual Objective 5.3.b:** *Provide training and technical assistance to program staff, partners, and stakeholders in accessing, interpreting, and using data resources to identify or revise DTP priorities and strategies.*

Rationale: Using evaluation data to plan strategies completes the full cycle of program design (assess, design/plan, implement, evaluate). Because the local and national environment affecting tobacco use is constantly changing, likewise the DTP must adapt its prevention and control efforts to improve effectiveness.

Activities	Target Date	Funding Source	Lead Person	Partners
Participate in West Virginia's HP2020 planning efforts, to develop the DTP HP2020 objectives.	Dec 2009	State Funds	Program Managers DTP Director HSC Tobacco Epi	HSC, Chronic Disease Programs
*Use data to develop projects, strategies with collaborative internal and external partners.	Mar 2010	State Funds	Chronic Disease Programs	HSC, internal state government agencies, external partners
Assess DTP needs for database management and training, train staff in use of new reporting format for CDC; provide training in planning, evaluation (including logic models).	Nov 2009	State Funds	Program Managers HSC Tobacco Epi	HSC, EOCU
Respond to data/information requests in a timely manner.	On-going	State Funds	HSC Tobacco Epi	HSC, EOCU

**\*note: these activities show evidence of active involvement of partners in annual program and statewide planning , monitoring**

**Abbreviations and Acronyms:**

<b>ACS-WV</b>	– American Cancer Society of WV
<b>ALA-WV</b>	– American Lung Association of WV
<b>beBetter</b>	– BeBetter Incorporated (WV Tobacco Quitline vendor)
<b>BOEs</b>	– County Boards of Education
<b>CAMC</b>	– Charleston (WV) Area Medical Center
<b>DTP</b>	– Division of Tobacco Prevention
<b>DHHR</b>	– Department of Health and Human Resources
<b>EOCU</b>	– West Virginia University Prevention Research Center Evaluation Oversight and Coordinating Unit
<b>HTH RGT</b>	– WV Health Right Clinics
<b>HSC</b>	– WV Health Statistics Center
<b>LHDs</b>	– Local Health Departments
<b>MUSOM</b>	– Marshall University School of Medicine
<b>Media Agency</b>	– refers to the contracted DHHR Media Vendor (The Arnold Agency)
<b>OEHP</b>	– Office of Epidemiology and Health Promotion
<b><u>OEHP Programs and Specialty Units:</u></b>	
<b>Asth</b>	– Asthma
<b>BRFSS</b>	– Behavioral Risk Factor Surveillance Survey
<b>CDEU</b>	– OEHP Chronic Disease Epidemiology Unit
<b>CCU</b>	– Central Communications Unit
<b>CVH</b>	– Cardiovascular Health
<b>Diab</b>	– Diabetes
<b>Fiscal Unit</b>	
<b>HSC</b>	– Health Statistics Center
<b>MinH</b>	– Minority Health
<b>OHL</b>	– Office of Healthy Lifestyles
<b>PAAC</b>	– Partnership of African American Churches
<b>PRIPRT</b>	– WV Perinatal Partnership (tobacco workgroup includes reps from WVHA, EOCU, WVU Nursing, MCFH, WV State Medical Assn, March of Dimes, Medicaid, Preston Memorial Hospital, and HMO insurers Carelink, the Health Plan, & UniCare)
<b>RESA</b>	– Regional Education Service Areas
<b>RTPCCs</b>	– Regional Tobacco Prevention Coalition Coordinators
<b>RTPSs</b>	– Regional Tobacco Prevention Specialists (schools)
<b>SFIWV</b>	– Smoke-Free Initiative of WV
<b>WCWV</b>	– Wellness Council of WV
<b>WIC</b>	– WV Women’s Infant’s & Children’s Program
<b>WVAAFP</b>	– West Virginia Academy of Family Physicians
<b>WVHA</b>	– West Virginia Hospital Association
<b>WVU-SOD</b>	– West Virginia University School of Dentistry
<b>WVU-Psych</b>	– West Virginia University School of Psychiatry, Addictions Program
<b>WVDE</b>	– West Virginia Department of Education
<b>WVNG</b>	– West Virginia National Guard