DRAFT

WISCONSIN TOBACCO PREVENTION & CONTROL PROGRAM

Surveillance and Evaluation Plan: Measuring Progress Toward Wisconsin's Goals

June 2007

I. INTRODUCTION

Wisconsin's early commitment to tobacco control was shown in the implementation of the ASSIST project in 1991. In 1999, the DPH Comprehensive Tobacco Prevention and Control Program (TPCP) replaced the ASSIST program when the Centers for Disease Control and Prevention (CDC) began funding states. The TPCP is modeled on guidelines from the CDC for an effective tobacco control program. These guidelines call for a comprehensive program based in best practice that is sustainable and accountable with the following goals:

- Eliminate exposure to environmental tobacco smoke
- Prevent tobacco use initiation among youth
- Promote tobacco use cessation among adults and youth
- Identify and eliminate disparities among population groups with high tobacco use

In 2000, the governor appointed a 22-member Tobacco Control Board to oversee the Master Settlement funds made available for tobacco control efforts. Beginning in 2001, various programs were funded to assist in accomplishing the Board's mission "to aggressively pursue the elimination of tobacco use by partnering with communities to prevent tobacco use among youth, promote cessation, and eliminate secondhand smoke." The Master Settlement funds were sold to balance the State budget; however, program funding remained in the State budget for FY2004.

In 2003, the Board was eliminated and the tobacco program moved to the Division of Public Health. Decreased funding in the program resulted in decreases in all program components. The program was initially funded at $21 million but funding was decreased in each subsequent year resulting in current funding of $10 million (SFY06).

PURPOSE

This document will outline the overall evaluation plan for the Wisconsin Tobacco Prevention and Control Program. The Program Evaluation Plan will continue to evolve based on input from external and internal partners and a variety of teams, and workgroups. Therefore this document should not be considered static but rather reflective of the basic structure of a dynamic program.

This evaluation plan discusses how overall and targeted surveillance and evaluation will be conducted to measure progress of the Program's goals. As the program addressing the singular leading cause of preventable death among Wisconsin's public, the tobacco program has an obligation to be held to the highest possible standard of accountability. This plan aims to quantify that accountability.

PROGRAM GOALS

Through an intensive strategic planning process comprised of state, regional, and local tobacco prevention and control leaders, short-term, intermediate, and long-term goals are established for implementation beginning in 2005. These goals are intended to guide all Wisconsin partners and are not the sole charge of any one group or organization. It is incumbent on partnering organizations to identify and implement those activities consistent with their respective charge, capacity, and priorities.

The following partners, and regional and local tobacco leaders, have worked together to develop the 2007-2009 Wisconsin Tobacco Prevention and Control Plan. The planning process has relied on guidance from the historical leaders in tobacco control and assures Wisconsin's plan is built on the expertise of Wisconsin's tobacco control community.

A long list of state organizations have played an integral role in planning, implementing, and evaluating Wisconsin's efforts. State partners such as the Wisconsin Women's Health Foundation, Department of Public Instruction, UW Center for Tobacco Research and Intervention, UW Comprehensive Cancer Center, UW Public Health and Health Policy Institute, Wisconsin Clearinghouse for Prevention Resources, NCI's Cancer Information Service – North Central Region, American Lung Association of Wisconsin, Wisconsin Dental Association, American Cancer Society, American Heart Association, SmokeFree Wisconsin, and Wisconsin Medical Society Wisconsin have committed human and economic support in the fight to prevent and reduce the death and disease caused by tobacco.

The TPCP designed the overall tobacco program with a number of components to carry out the goals of the comprehensive program. The TPCP is comprised of the following components:

- Youth Programs
- Media and Counter Marketing
- Tobacco Dependence Treatment
- Surveillance and Evaluation
- Tobacco-Related Disparities
- Community Based Coalitions
- Training and Technical Assistance

The Evaluation Plan reflects measuring the progress of goals established by the Smoke-Free Air, Treating Tobacco Addiction, Youth Teams, and the Disparities Team. Whereas all the program components have in some way contributed to the established goals, the focus will be on the Teams and Task Force content areas.

II. Evaluation of Progress

A.

The following goals were developed by the Smoke-Free Air Team. Data sources are included in Appendix A.

Goal
SFA1. By June 30, 2008, a statewide 100 percent smoke-free workplace law will be adopted.
SFA2. By June 30, 2008, a plan for implementation, promotion, and enforcement of statewide smoke-free workplace laws will be established.
SFA3. By June 30, 2008, 75 percent of WIC clients will live in smoke-free households.
SFA4. By June 30, 2008, the Disparities Team and Smoke-Free Air Teams will ratify a 3-year plan addressing disparities in exposure to secondhand smoke.
SFA5. By June 30, 2009, 95 percent of workplaces will comply with the statewide smoke-free

workplace law.
SFA6. By June 30, 2009, a plan for implementation, promotion, and enforcement of statewide smoke-free workplace laws will be revised.
SFA7. By June 30, 2009, the 3-year plan addressing disparities in exposure to secondhand smoke will be implemented.
SFA8. By June 30, 2010, 100 percent of workplaces will comply with the statewide smoke-free workplace laws.

Rationale for Smoke-Free Air Team Goals

Secondhand smoke is the third leading cause of preventable death in the United States. In addition, secondhand smoke is taking an economic toll. The Federal Environmental Protection Agency (EPA) estimates that if employers nationwide implemented smoke-free air policies to eliminate smoking in the workplace, $4 - $8 billion would be saved in lost productivity, absenteeism, health insurance costs, fire risk, and building cleaning and maintenance costs. Today, 33 Wisconsin communities have local smoke-free dining & workplace ordinances.

2008 Objectives
- Objective #1 establishes a goal of 100% smoke-free workplace law to be adopted
- Objective #2 establishes a plan for implementation, promotion, and enforcement of statewide smoke-free workplace laws.
- Objective #3 calls for 75 percent of WIC clients to live in smoke-free households.
- Objective #4 establishes a 3-year plan to address disparities in exposure to secondhand smoke.

2009 Objectives
- Objective #5 establishes a 95% compliance with the statewide smoke-free workplace law.
- Objective #6 calls for a plan for revisions to the smoke-free workplace laws.
- Objective #7 implements a 3-year plan for addressing disparities and exposure to secondhand smoke.

2010 Objective
- Objective #8 measures 100% statewide smoke-free workplace law compliance.

B. Treating Tobacco Dependence

The following goals were developed by the Treating Tobacco Dependence Team. Baseline measurements and data sources are included in Appendix A.

TDT1.	By June 30, 2008, the Wisconsin Tobacco Quit Line will receive 8,000 annual calls.
TDT2.	By June 30, 2008, increase the Fax-to-Quit participant enrollment rate from 30% in 2006 to 40% in 2008.
TDT3.	By June 30, 2008, 80% of patients will report being asked about their tobacco use by a health care provider.
TDT4.	By June 30, 2008, provide technical assistance to DHFS Tobacco

	Control Program efforts to gain Medicaid coverage of additional tobacco dependence treatments.
TDT5.	By June 30, 2008, Medicaid benefit utilization will increase from 3% to 3.5% all effective tobacco dependence treatments as identified in the Clinical Practice Guideline: Treating Tobacco Use and Dependence.
TDT6.	By June 30, 2008, a plan for integrating tobacco dependence treatment into private and public mental health and ATODA treatment systems will be developed.

Intermediate Objectives

TDT7.	By June 30, 2009, current cigarette smoking among adults will decrease from 20.6% in 2005 to 19%.
TDT8.	By June 30, 2009, 82% of patients will report being asked about tobacco use and advised to quit smoking by a health care provider.
TDT9.	By June 30, 2009, the percentage of WI residents who report awareness of the Wisconsin Tobacco Quit Line and its services will increase from 40% in 2005 to 50%.
TDT10.	By June 30, 2009, a plan for integrating tobacco dependence treatment into a chronic disease management project will be developed.
TDT11.	By June 30, 2009, an increased percentage of Medicaid recipients who use tobacco will report awareness of the Medicaid tobacco dependence treatment benefits.

Long-Range Objectives

TDT12.	By June 30, 2010, a plan for integrating tobacco dependence treatment into a chronic disease management project will be implemented.
TDT13.	By June 30, 2010, current cigarette smoking among adults will decrease from 20.6% in 2005 to 18%.
TDT14.	By June 30, 2010, cigarette consumption will decrease from 80.0 packs in 2000 to 60 packs.

Rationale for Treating Tobacco Dependence Goals

More than 70 percent of the 50 million smokers in the United States today have made at least one prior quit attempt and approximately 46 percent try to quit each year. Unfortunately, most of these efforts are unsuccessful. Of the 17 million adults who attempted cessation in 1991, only about 7 percent were still abstinent one year later.

2009 Objectives

- Objective #7 The annual BRFSS will measure progress on this goal via the percentage of adults who indicate they have smoked at least 100 cigarettes in their life and smoke every day or some days. The BRFSS questions that are used to establish adult prevalence are also used on the national BRFSS. Therefore, Wisconsin data are easily comparable with national data.
- Objective #8 will measure the impact of statewide technical assistance and training of clinicians on the Clinical Practice Guidelines.
- Objective #9 will measure the awareness of the Quit Line by all tobacco users and the impact of media and promotional efforts.

- Objective #10 will demonstrate action toward integrating tobacco addiction treatment resources into chronic disease prevention programs.
- Objective #11 will measure the effectiveness of tobacco addiction treatment promotion and utilization through the Medicaid program.
- Objective #12 will measure state and national policy efforts promoting research-based tobacco addiction treatment services.

2010 Objectives

- Objective #13 - The annual BRFSS will measure progress on this goal via the percentage of adults who indicate they have smoked at least 100 cigarettes in their life and smoke every day or some days. The BRFSS questions that are used to establish adult prevalence are also used on the national BRFSS. Therefore Wisconsin data is easily comparable with national data.
- Objective #14 - Progress toward this goal is measured by the percent change in the number of packs per person smoked as reported by the Wisconsin Department of Revenue. This number is based on the number of cigarette packs for which excise taxes are paid in the year.

C. Youth

The following goals were developed by the Youth Team. Data sources are included in Appendix A.

Rationale for Youth Team Goals

Almost ninety percent of adult smokers begin smoking at or before the age of eighteen, and the initiation of daily smoking most often begins in grades six through nine. Smokers who begin at young ages also find it hardest to quit. It is essential that Wisconsin try to reach kids before they start, and do everything possible to help youth smokers quit early.

Y1. By June 30, 2008, the cigarette tax will increase by an additional $1.25 per pack and 50% of additional revenue realized by the increase in the tobacco excise tax will be allocated to youth tobacco prevention and control programs.
Y2. By June 30, 2008, the percent of homes with children that are smoke-free will increase from 70% in 2001 to 83%.
Y3. By June 30, 2008, the rate of youth access to tobacco products at retail outlets will remain under 10%.
Y4. By June 30, 2008, there will be an increase in the percentage of public secondary schools that provide cessation treatment referrals for students from 47% in 2002 to 53% and for faculty & staff from 26% in 2002 to 30%.
Y5. By June 30, 2009, the number of communities with youth engaged in tobacco control efforts will increase from 59 in 2006 to 66.
Y6. By June 30, 2009, the involvement of law enforcement in youth access programs will increase from 57% in 2005 to 75%.
Y7. By June 30, 2009, there will be an increase in the percentage of public secondary schools that provide cessation treatment referrals for students from 47% in 2002 to 60% and for faculty & staff from 26% in 2002 to 35%.
Y8. By June 30, 2009, the percent of homes with children that are smoke-free will increase from 70% in 2001 to 85%.

Y9. By June 30, 2010, tobacco use among Wisconsin middle school (grades 6-8) youth will decrease from 16% in 2000 to 8% in 2010.
Y10. By June 30, 2010, tobacco use among Wisconsin high school (grades 9-12) youth will decrease from 39% in 2000 to 21%.
Y11. By June 30, 2010, the proportion of middle school youth that report having never tried tobacco will increase from 55% in 2000 to 85%.
Y12. By June 30, 2010, the age-adjusted asthma emergency department visit rates for WI residents under age 18 will decrease to 55 per 10,000.

2008 Objectives

- Objective #4 will measure the percent of public secondary schools that implement comprehensive tobacco policies as defined by the SHEP survey and DPI.
- Objective #5 continues to measure the number of smokefree worksite policies throughout Wisconsin.
- Objective #6 will be measured by the WI Wins program. Law enforcement is a key component of reducing youth access. The WI Wins program is working toward increasing participation by law enforcement in keeping the youth access rate in Wisconsin as low as possible.
- Objective #7 will assess how schools in Wisconsin are referring students, faculty, and staff to cessation treatment. In the past, this is an area that has needed improvement.
- Objective #8 will measure the exposure to secondhand smoke that youth experience in the home. Youth exposed to secondhand smoke in the home are more likely to smoke themselves.

2010 Objectives

- Objectives #9 & #10 - Progress toward this outcome will be directly measured by the percent of high school students who used a tobacco product in the past 30 days as indicated by the YTS and the percent of middle school students used a tobacco product in the past 30 days as indicated by the YTS.
- Objectives #11 & #12 will be measured by the percent of middle and high school youth that report never using a tobacco product (cigarettes, chew, cigars, bidis, kreteks, or pipe).
- Objective #13 will be measured in collaboration with the Wisconsin Asthma Program, Division of Public Health via hospitalization data. Asthma attacks have many triggers and smoke is just one of them. However, if youth with asthma were exposed less to smoke then emergency visits would decrease overall.

D. Tobacco-Related Disparities

The following goals were developed by Disparities Task Force. Data sources are included in Appendix A.

TRD1. By June 30, 2008, *Bringing Everyone Along: A Strategic Plan to Identify and Eliminate Tobacco-Related Disparities*, will continue to be promoted and implemented.
TRD2. By June 30, 2008, *Bringing Everyone Along: A Strategic Plan to Identify and Eliminate Tobacco-Related Disparities*, will be reviewed and revised if necessary.
TRD3. By June 30, 2008, existing surveillance systems will be assessed and suggestions for modifications or additions will be created.

TRD4. By June 30, 2008, the Disparities Team, as part of the planning and implementation model, will meet four times.
TRD5. By June 30, 2008, the Disparities Team will review and analyze qualitative and quantitative data as it becomes available.
TRD6. By June 30, 2008, the Disparities Team will continue to implement the marketing plan.
TRD7. By June 30, 2008, the Disparities Team will work with organizations/communities to adopt strategies to address tobacco-related disparities in their organizations or communities and provide consultation on how to include and involve populations.
TRD8. By June 30, 2008, the issue of addressing tobacco-related disparities will be integrated across all planning and implementation teams through diverse representation and participation.
TRD9. By June 30, 2009, the issue of addressing tobacco-related disparities will continue to be integrated across all planning and implementation teams through diverse representation and participation.
TRD10. By June 30, 2009, five disparities networks (African American, Asian, Hispanic/Latino, Native American, and Poverty) will be funded at levels to allow for capacity, infrastructure, and promising approaches development.
TRD11. By June 30, 2009, new data collection methods will be developed to assess tobacco use where gaps in knowledge exist.
TRD12. By June 30, 2009, all contracted agencies (coalitions & funded state programs) will continue to implement strategies directed toward the elimination of tobacco-related disparities as identified by the plan.
TRD13. By June 30, 2010, a summary of best practice models to address and eliminate disparities will be printed and available for use in Wisconsin.
TRD14. By June 30, 2010, all contracted agencies (coalitions & funded state programs) will continue to implement strategies directed toward the elimination of tobacco-related disparities as identified by the plan.
TRD15. By June 30, 2010, decrease the prevalence rate of cigarette use in low socioeconomic adults in Wisconsin from 33% to 25%.
TRD16. By June 30, 2010, the prevalence rate for Native Americans in Wisconsin will decrease from 48% in (1996-2000) to 33.6%. African American smoking will decrease from 28% in (1996-2000) to 21.6% in 2010.

2008 Objectives

- Objectives #1 & #2 continue to promote and implement the Strategic Plan to Identify and Eliminate Tobacco-Related Disparities, and revises the plan is necessary.
- Objectives #3, #4, & #5 assess and modify existing surveillance systems, and bring the Disparities Team together and reviews and analyzes both qualitative and quantitative data.
- Objective #6 implements the marketing plan.
- Objective #7 work with other organizations/communities to adopt strategies to address tobacco-related disparities.
- Objective #8 integrates tobacco-related disparities across all planning and implementation teams through diverse representation and participation.

2009 Objectives

- Objectives #9 & #10 continue to integrate across all planning and implementation teams through diverse representation, and work with the five disparity networks.
- Objective #11 develop new data collection methods to assess disparity gaps.
- Objective #12 works toward the elimination of tobacco-related disparities.

2010 Objectives

- Objective #13 a summary of best practice models to address and eliminate disparities will be printed and available for use.
- Objective #14 all contracted agencies will implement strategies toward the elimination of tobacco-related disparities.
- Objectives #15 & #16 will show the prevalence of smoking among low socioeconomic adults and for African American and Native American populations.

Rationale for Disparities Team Goals

Identifying and eliminating tobacco-related disparities among populations is one of the CDC's four goal areas for ensuring success in a comprehensive tobacco control program. Identifying and addressing disparities is an on-going process. In order to reduce the disproportionate impact of tobacco on particular populations, we must assess a broad range of data and social factors including tobacco use prevalence rates, degree of exposure to secondhand smoke, relative targeting by the industry, incidence of tobacco-related disease, quit rates, relapse rates, access to prevention and cessation services, and more.

Evidence-based best practices that address disparities are relatively unknown. To realistically expect progress in the elimination of tobacco-related disparities, it is critical that models be made available. The Disparities Team developed these objectives in conjunction with Wisconsin's strategic plan -- Bringing Everyone Along: A strategic plan to identify and eliminate tobacco-related disparities.

Components of a Comprehensive Program

There are several other components of the comprehensive program that will work toward fulfilling the goals developed by the Teams. Success of the goals cannot be accomplished without all the components working together. Following is a review of those components:

Media and Counter Marketing

The overall goal of the Media and Counter Marketing component is to, in coordination with the program's other components, assist in the achievement of the Statewide Tobacco Prevention and Control Program goals.

The firm (Knupp & Watson) will be responsible for the following:

- Demonstrating the creative, organizational and technical capacity to develop and execute a statewide media and counter-marketing campaign,
- Overseeing all components of the campaign,
- Developing, coordinating and implementing media buys,

- Working with Department-approved planning teams and work groups in the development of media campaign strategies and plans,
- Coordinating statewide media activities with local anti-tobacco coalition efforts,
- Supporting implementation of the Wisconsin Wins program, and
- Supporting local earned media and public relations activities in coordination with the Division of Public Health training and technical assistance program.

Evaluation of Component and Program – The evaluation of the current program will continue to include an analysis of indicators of message awareness in the BRFSS and YTS. Additional evaluation elements will be determined in collaboration with Knupp & Watson, but may include measurement of "earned media," and success at behavior change.

Community Based Coalitions

Community coalitions are the primary local organizations designated to change social norms related to tobacco, and are a foundational piece of the Wisconsin Tobacco Prevention and Control Program and its effects. The concept is based on the CDC model of a comprehensive program with coalitions as the vehicle for local policy change. According to the CDC Best Practice for Comprehensive Tobacco Control Programs, "to achieve the individual behavior change that supports the nonuse of tobacco, communities must change the way tobacco is promoted, sold and used while changing the knowledge, attitudes and practices of young people, tobacco users and nonusers."

Seventy-seven coalitions were funded in 2002 – at least one in each county. Due to decreased program funding, the number of coalitions was reduced to 41, servicing approximately 80% of Wisconsin's population. Community coalitions are funded and managed primarily through local public health departments, with the Division of Public Health as the principal grantee. Coalitions negotiate annual objectives with DPH through a performance-based contracting process.

Evaluation of Component and Program - The success of this component will be evaluated on several levels. Surveillance systems will be used to provide evidence of prevalence and policy goal changes statewide. Specific program level objectives have been monitored via the Grants and Contracts (GAC) system. This system tracks the completion of negotiated objectives. The GAC will continue to be used to monitor negotiated objectives.

Training and Technical Assistance

The Training and Technical Assistance Program provides coordinated regional and statewide technical assistance and training in support of local programmatic, administrative, policy, evaluation, monitoring, media, and public relations activities for the tobacco control coalitions throughout the state. The overall goal of the Training and Technical Assistance component is to increase the knowledge and capacity of coalitions that will lead to a number of intermediate and long-term outcomes, including community-level smoke-free air policy change, and increased availability and use of cessation resources. In order to accomplish this goal, the TPCP funded the following program - the Statewide Training & Technical Assistance Program (including UW-CCC, WI Wins, Clearinghouse, State Conference, DPH Regional Staff, etc.)

Surveillance and Evaluation

The overall goal of the Surveillance and Evaluation component of the Wisconsin Tobacco and Control Program is to monitor youth and adult tobacco use, evaluate statewide programs and policies and communicate findings to state and local program leaders. In order to accomplish this goal, the TPCP will work in collaboration with the UW-Comprehensive Cancer Center Surveillance and Evaluation Program. The University of Wisconsin – Milwaukee will be funded for conducting the Youth Tobacco Survey in Wisconsin in 2008. The following are the Surveillance and Evaluation priorities for 2007-2008:

Surveillance

- Continue to use YTS, YRBS, and BRFSS as primary datasets for analysis.
- Continue to explore options for obtaining Medicaid data as it relates to smoking prevalence and treatment (Health Insurer Survey & Wisconsin Hospital Discharge Data).
- Explore the possibility of analyzing BRFSS data at local levels for coalitions, such as reporting data at zip code level.
- Use Birth and Death Certificate data to examine smoking in pregnant women, and death certificate data to examine smoking related deaths.
- Continue to provide smoking related data through fact sheets, surveillance papers and briefs, tobacco facts report, trends report, specific disparity data reports, YTS, YRBS & BRFSS fact sheets and reports.
- Promote the use of the on-line interactive query system WISH (Wisconsin Interactive Statistics on Health) BRFSS Module for statewide and county level smoking prevalence and quit rates.
- Work with UW Surveillance and Evaluation Program to conduct over sampling studies related to disparities in tobacco use and its effects among different population groups.
- Work with all TPC teams on improving tobacco surveillance & evaluation.
- Work with UW Center for Tobacco Research to collect timely Wisconsin Quit Line caller and outreach data, especially for underserved populations.

Evaluation

- Work in partnership with UW-CCC and Training and Technical Assistance Program on providing state programs and local coalitions with evaluation assistance and training.
- Promote of the use UW Extensions "Documenting Outcomes in Tobacco Control Programs" Evaluation Manual (Appendix B).
- Use the CDC Chronicles to evaluate mid and year-end objectives.

- With Ethnic Networks and Poverty and Prevention Networks on program evaluation materials.

- Monitor and evaluate objectives in the GAC system.

- Work with state programs on developing and implementing evaluation methods as part of the overall program (Example: evaluation of media & counter-marketing).

The success of this component will be evaluated based on the extent to which the Wisconsin Tobacco Prevention and Control Program and the UW Surveillance and Evaluation Program produces the data needed to assess progress on tobacco program goals and objectives.