



Florida Tobacco  
Prevention and Control Program  
**Strategic Plan**  
**2005–2010**

# Acknowledgements

The Florida Department of Health and Florida Tobacco Leadership Council would like to thank and acknowledge the hard work and dedication of the following people who served a vital role in the development of the Florida Tobacco Prevention and Control Program Strategic Plan 2005-2010. Without their contributions, the completion of this document would not have been possible.

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# Vision

A Tobacco-Free Florida.

# Mission

The mission of the Florida Tobacco Prevention and Control Program, and its collaborative partners, is to promote community and individual responsibility to prevent tobacco use by encouraging governmental agencies, private and public organizations, and individuals to work together toward a common vision of a tobacco-free Florida.



# Executive Summary

Of adults who smoke, 89 percent began smoking when they were 18 or younger. In 1996, 20 percent of deaths in Florida were attributed to cigarette smoking. In Florida, the leading cause of cancer deaths is lung cancer, which is the second most common type of cancer in both men and women in the state. Medicaid costs to care for tobacco users in 2004 were estimated to be \$1.1 billion in Florida, a significant drain on our state's resources—both human and financial.

The use of tobacco products is the leading cause of many other health-related problems including heart disease and asthma. Because of the negative health outcomes attributed to the use of tobacco products, the Florida Tobacco Prevention and Control Program, along with its collaborative partners, is committed to the development and refinement of activities that educate Floridians about the health consequences of using tobacco products and providing opportunities to support those who wish to stop using tobacco. In addition, protecting the health of Floridians by limiting the exposure of individuals to secondhand smoke is also an activity of great importance.

The process for developing Florida's Tobacco Prevention and Control Program Strategic Plan began in February 2005, with a "core steering group" of 16 people who were asked to provide input and leadership to determine the priorities and actions that would drive tobacco prevention and control activities for the next five years in Florida.

A well-attended planning session followed the initial meetings of the steering group, with more than 45 stakeholders participating from voluntary health organizations, governmental agencies, allied health professional organizations, and grassroots advocacy organizations throughout the state. Following that initial planning session, which determined the six overall goals for the next five years, work groups were formed corresponding to each of the six goals. Each work group devised strategies to accomplish the goals, along with activities, accountability, success measures, and timeframes to support each strategy. The original group of 45 stakeholders, who provided feedback and validation for each section of the plan, reviewed the draft.

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From the beginning, the underlying assumption was that a strategic plan be created to include organizations involved in tobacco prevention and control, with special attention given to the overall implications for Florida's healthcare system. In particular, concern was noted about working to overcome the disparities in tobacco use and tobacco-related health problems.

Those involved in developing the strategic plan have affirmed that the long-term vision of the plan is a "tobacco-free Florida." All of the stakeholders aspire to creating a healthier Florida through a significant reduction in the use of tobacco products by Florida's residents.

This vision complements the mission developed by the Florida Tobacco Prevention and Control Program and its collaborative partners, which is to promote community and individual responsibility to prevent tobacco use by encouraging government agencies, private and public organizations, and individuals to work toward a common vision of a tobacco-free Florida.

#### **The six overarching goals of the strategic plan are:**

- Reduce adult tobacco use from 17.3 percent in 2005 to 16.0 percent in 2010.
- Reduce exposure to secondhand smoke from 12.6 percent of households in 2005 to 10 percent of households in 2010.
- Reduce youth tobacco use from 15.7 percent in 2004 to 14 percent in 2010.
- Reduce access to tobacco products through enforcement of existing laws and by increasing the tobacco excise tax. (*The American Heart Association, the American Cancer Society, the American Lung Association, and other non- Department of Health partners want to increase the excise tax on tobacco products.*)
- Increase the portion of dollars from the state's tobacco settlement agreement allocated for tobacco use prevention and control, and other health-related needs in the state. (Non-Department of Health partners also are pursuing this goal.)
- Monitor and analyze data relative to tobacco consumption in Florida.

This plan is comprehensive in nature, addressing each of the key areas associated with successful intervention in the use of and exposure to tobacco products. It is our belief that, in cooperation with our statewide partners, we will continue to make a difference in promoting and protecting the health of Florida residents through the full implementation of this strategic plan during the next five years.

# Goal 1:

Reduce adult tobacco use from 17.3 percent in 2005 to 16 percent by 2010.

## Strategy 1A: Promote cessation resources to the healthcare community.

Activity	Lead Organization /Accountability	Partners	Measure of Success	Timeframe
Develop a two-hour tobacco cessation Continuing Education, Continuing Medical Education CCE/CME program (one hour consistent content, next hour geared to specific profession's ability to impact cessation.)	Nova Southeastern University, Behavioral Health Institute	DOH's Tobacco Prevention and Control, Area Health Education Centers (AHECs), Cancer Information Service.	Fifty percent knowledge increase in those taking the CE course (from NCI's pre-test to post-test).	Develop program by September 2007.
Advocate with the state's health professional societies to require CE/CME in tobacco cessation.	Nova Southeastern University	DOH's Tobacco Prevention and Control Program, DOH's Maternal and Child Health Program, DOH's Chronic Disease Program, Healthy Start Coalitions, Prenatal Support Organizations.	Two Professional Boards requiring CE/CME in 2006; four in 2007; five in 2008; seven in 2009; eight in 2010.	During October-November 2006, approach two professional boards to implement CE/CME programs in 2007.
Conduct literature research to identify effective cessation strategies and practices. Promote cessation resources to hospitals, cardiac and pulmonary health professionals, and emergency room personnel.	Florida Pharmacy Association	Cardiology and pulmonary disease professional associations, emergency room personnel, hospital administrators' organizations, and university health centers.	Presentations to two professional associations during 2006 and each year thereafter; attendance at statewide professional association meetings with exhibits annually.	Develop exhibit and materials for distribution by August 2006. Create listing of target organizations by May 2006. Contact organizations by September 2006.
Collaborate with the state's academic medical and health training programs to add curriculum related to tobacco prevention and the Partners in Prevention Substance Abuse Model.	DOH's Tobacco Leadership Council, AHECs	State Universities, DOH's Tobacco Prevention and Control Program.	Addition of tobacco prevention and control curriculum in one medical or nursing school by 2007; three medical schools by 2009; one technical college by 2007.	Research curriculum used by other states in public academic institutions between October 2005 and August 2006 and then meet with two academic medical center Deans by June 2006 to discuss curricula.

Activity	Lead Organization /Accountability	Partners	Measure of Success	Timeframe
Develop a comprehensive protocol for tobacco cessation and relapse prevention. Include the definition of cessation and its generally accepted strategies and program models in a document that can be distributed to health professionals throughout the state, working through their professional societies and associations.	DOH's Tobacco Prevention and Control Program, DOH's Maternal and Child Health Program	Task Force comprised of representative health professionals with knowledge of evidence-based approaches to cessation. Include the National Cancer Institute's (NCI) Cancer Information Service.	Protocol developed and distributed by December 2006.	January – December 2006.

**Strategy 1B: Promote cessation resources to the public.**

Activity	Lead Organization /Accountability	Partners	Measure of Success	Timeframe
Develop a year-round promotional campaign that includes an awareness campaign about the dangers of tobacco use, and provide information about cessation resources. Use earned media, public service announcements, and paid advertising. Create a media toolkit for local partners.	DOH's Tobacco Prevention and Control Program	American Cancer Society, American Heart Association, American Lung Association representatives, NCI's Cancer Information Service and other organizations to develop campaign.	Campaign underway by January 2007.	Complete development of campaign plan by December 2006 and implement plan by February 2008.
Promote cessation awareness campaigns for priority populations to include: African-Americans, Hispanics, Native Americans and Asian Pacific Islanders.	Priority Population Work Group, DOH's Tobacco Prevention and Control Program	American Cancer Society, American Heart Association, American Lung Association representatives, the NCI's Cancer Information Service, National African American Tobacco Prevention Network (NAATPN), faith based organizations, National Priority Population Networks and other organizations to develop campaign.	Two campaigns underway by January 2008.	Convene priority populations' work group by March 2006 and identify priorities for each population.



Activity	Lead Organization /Accountability	Partners	Measure of Success	Timeframe
Encourage pregnant women who smoke to use cessation resources and to participate in support groups through partnerships with OB-GYN organizations, public health clinics, midwife organizations, guidance counselors at alternative schools, and group homes for young mothers.	DOH's Tobacco Prevention and Control Program, DOH's Maternal and Child Health Program	County Health Departments, state OB-GYN professional associations, AHECs, Healthy Start and Department of Children and Family Services.	Increase number of pregnant callers to cessation quitline from three percent in 2005 to six percent by 2010.	Begin partnership discussions by March 2006, continue project through 2010.

**Strategy 1C: Develop and create partnerships with tobacco cessation programs in the state, including local programs.**

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Activity	Lead Organization /Accountability	Partners	Measure of Success	Timeframe
Develop a program for pharmacy interventions, including a pilot phase in partnership with a major pharmacy chain.	Florida Pharmacy Association	DOH's Tobacco Prevention and Control Program.	One pharmacy chain as pilot by the end of 2006, with five involved by the end of 2010.	Pilot during 2006 with one chain; five involved by end of 2010.
Provide cessation awareness information to health-related organizations for display in their lobbies, patient treatment areas, and reception areas. (Include AHECs, hospitals, and non-traditional outlets such as senior centers and community centers.)	DOH's Tobacco Prevention and Control Program, DOH's Chronic Disease Program	Health related statewide organizations.	The number of posters, flyers, brochures produced and distributed.	Complete by December 2007 and annual distribution thereafter.

# GOAL 2:

Reduce exposure to secondhand smoke from 12.6 percent of households in 2005 to 10 percent of households by 2010.

## Strategy 2: Advocate for smoke-free properties on school grounds, college and university grounds, Department of Health office grounds, recreation areas, and hospital entrance grounds.

Activity	Lead Organization /Accountability	Partners	Measure of Success	Timeframe
Collaborate with National Tobacco Prevention Partners to designate smoke-free beaches and recreation areas throughout the state.	National Tobacco Prevention Partners, American Cancer Society, American Heart Association, American Lung Association	DOH's Tobacco Prevention and Control Program, local government, National Tobacco Prevention Partners.	Twenty percent of beaches smoke-free by 2010.	Begin "campaign" in 2006 with partners advocating for public beaches first.
Collaborate with schools, hospitals, colleges, and universities to designate their grounds as smoke-free.	American Cancer Society, American Heart Association, American Lung Association, Universities	Florida Hospital Association, school districts, DOH's Tobacco Prevention and Control Program.	Increase number of smoke free locations.	By 2010.
Advocate for smoke free homes and cars; and promote smoke free pledges in schools.	DOH's Tobacco Prevention and Control Program	American Society, American Heart Association, American Lung Association.	Reduce from 23 percent in 2005 to 20 percent by 2010 the number of persons who smoke in their cars.	By 2010.
Monitor public attitudes toward secondhand smoke by adding questions to the 2006 adult tobacco survey about attitudes toward tobacco products in bars.	DOH's Tobacco Prevention and Control Program		Add question; to establish baseline and to monitor attitude changes.	Add question by end of 2006.

# GOAL 3:

Reduce youth tobacco use from 15.7 percent in 2005 to 14 percent in 2010.

## Strategy 3A: Build and maintain an infrastructure that allows for the meaningful delivery of youth tobacco prevention.

Activity	Lead Organization /Accountability	Partners	Measure of Success	Timeframe
Continue enhancement and growth of SWAT organizations throughout the state with an executive committee of youth making decisions about the SWAT program.	DOH's Tobacco Prevention and Control Program	American Cancer Society, American Heart Association, American Lung Association, Local school districts.	Fifteen members of executive committee recruited.	Continue to convene executive committee quarterly.
Develop a process by which new SWAT groups can be created with a current master list, a communication plan, and process for youth groups to sign up to be part of SWAT. Enhance website to facilitate these activities.	DOH's Tobacco Prevention and Control Program	Statewide organizations, American Cancer Society, American Heart Association, American Lung Association.	Develop process by May 2006; promote and implement beginning in September 2006.	Develop process during 2006, implement at beginning of 2006-2007 school year; web site enhancements completed by September 2006.
Establish a detailed communication plan with local partners and networks including list serves and monthly proactive sharing of information with SWAT groups.	DOH's Tobacco Prevention and Control Program, SWAT Executive Committee	SWAT groups, local schools, county Parks and Recreation Departments, organizations within counties that are working with youth.	Develop communication system by September 2006.	Develop plan by September 2006.



Activity	Lead Organization /Accountability	Partners	Measure of Success	Timeframe
<p>Recruit at least two adult volunteers per county to work with SWAT groups in support of empowerment and anti-industry messages. Partner with community organizations to find volunteers; work with regional tobacco coordinators to provide training for volunteers in each county; and work with Chronic Disease Coordinators to fund training.</p>	<p>DOH's Tobacco Prevention and Control Program, SWAT Executive Committee, DOH's Chronic Disease Program</p>	<p>American Heart Association; American Cancer Society; American Lung Youth Groups Association; organizations operating throughout the state that work with youth; Chronic Disease Coordinators.</p>	<p>Recruit 50 percent of volunteers needed by June 2006; remaining 50 percent needed by January 2007.</p>	<p>Fifty percent by January 2006; 50 percent by January 2007.</p>
<p>Conduct monthly conference calls with statewide partners and county representatives in the SWAT network. Utilize web site to post conference call topics, call summaries and action steps.</p>	<p>DOH's Tobacco Prevention and Control Program, SWAT Executive Committee</p>	<p>American Cancer Society, American Heart Association, American Lung Association, Chronic Disease Coordinators.</p>	<p>Conduct monthly calls on an ongoing basis with 30 percent of SWAT county representatives participating on any given conference call.</p>	<p>Begin October 2005.</p>

## Strategy 3B: Reduce youth tobacco use through interventions in middle and high schools.

Activity	Lead Organization /Accountability	Partners	Measure of Success	Timeframe
Offer media literacy training and education for youth in school systems and community settings.	DOH's Tobacco Prevention and Control Program, SWAT Executive Committee, Department of Children and Families	Local school districts, community groups, Substance Abuse Prevention Council	One hundred youth trained annually in media literacy and receive a tool kit to conduct training in their local communities.	Annually beginning in October 2006.
Analyze Florida Youth Tobacco Survey (FYTS) data to determine tobacco prevention strategies for targeted communities.	DOH's Tobacco Prevention and Control Program, Office of Drug Control	Local school districts, Department of Children and Families.	Number of tobacco interventions implemented and evaluated in the targeted counties.	July 2006.
Offer tobacco prevention training grants to increase implementation of science-based curricula in schools.	Department of Education	Community groups, local school districts	Twenty percent of the schools apply and receive grants.	Annually starting July 2006.
Request school districts to implement the approved media literacy curriculum in elementary and middle schools and provide DOE's approved list of tobacco media and curricula.	DOH's Tobacco Prevention and Control Program, Coordinated School Health Program	Local school districts, Department of Education, American Cancer Society, American Heart Association, American Lung Association.	Fifty percent of school systems offering curriculum by June 2010.	By June 2010.
Continue counter-marketing campaign by developing a public service campaign "by youth for youth" that can be implemented throughout the state by SWAT. Utilize, where possible, media classes in schools with "truth" campaign materials.	DOH's Tobacco Prevention and Control Program, SWAT Executive Committee		Development of public service materials that can be distributed through community groups, school system networks, and various media channels used by SWAT groups locally.	Develop campaign by December 2006. Implement in 2007, 2008, and 2009. Evaluate in 2010.

# GOAL 4:

Reduce access to tobacco products through enforcement of existing laws and increase in the tobacco excise tax.

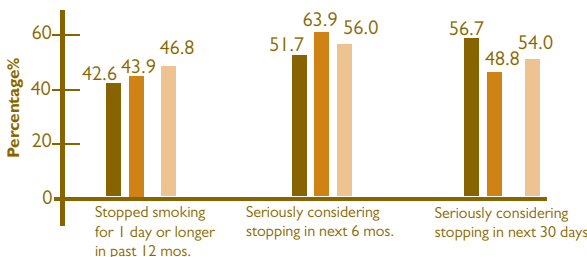
## Strategy 4A: Reduce sale of tobacco products to youth by decreasing the access and availability in product placement.

Activity	Lead Organization /Accountability	Partners	Measure of Success	Timeframe
Strengthen the monitoring and enforcement of current tobacco laws, especially the sale of tobacco to minors.	Office of Drug Control, Tobacco Leadership Council	DOH's Tobacco Prevention and Control Program, DBPR, Department of Children and Families, Law Enforcement.	To be determined.	By June 2010.
Explore development of a campaign for retail establishments. "We do not sell alcohol or tobacco to minors."	DOH's Tobacco Prevention and Control Program	SWAT groups, American Lung Association, American Cancer Society and American Heart Association.	Twenty-five percent of retail establishments will display signage by December 2008.	By December 2008.

## Strategy 4B: Increase the excise tax on sales of tobacco products from 33.9 cents to 50 cents. This is a stakeholder strategy with no DOH involment.

Activity	Lead Organization /Accountability	Partners	Measure of Success	Timeframe
Introduce legislation that will increase the excise tax at the state level or allow counties to levy their own excise tax on tobacco product sales.	American Cancer Society, American Heart Association, American Lung Association (no DOH involvement)	Florida Medical Association, Tobacco Leadership Council.	Pass legislation by 2009. Provide testimony before key legislative committees about the impact of excise tax increase on health and well being of Florida's residents.	Introduce legislation in 2007.

Percentage of adults who reported attempting to quit smoking, 2003 (brown), 2004 (orange) and 2005 (tan) FLATS



Adults who reported stopping smoking for one day or longer in the past 12 months remained relatively unchanged from 2003 to 2005. Those seriously considering stopping in the next six months rose significantly between 2003 and 2004 while those seriously considering stopping in the next 30 days varied, but not significantly.

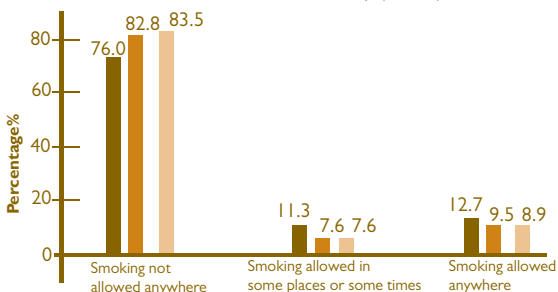
# GOAL 5:

Increase the portion of the state's resources for tobacco use prevention.

## Strategy 5: Advocate for increasing the portion of the state's resources for tobacco prevention.

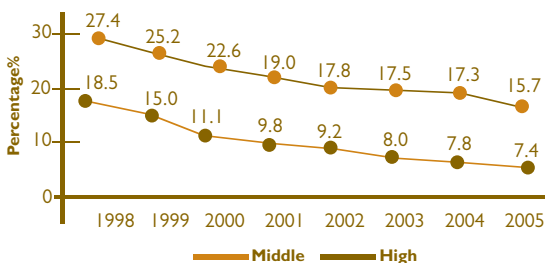
Activity	Lead Organization /Accountability	Partners	Measure of Success	Timeframe
Provide statistics and resources to elected and appointed officials regarding the "state of tobacco product use" in Florida, and the incremental changes that take place relative to funding for tobacco prevention programs.	American Heart Association, American Cancer Society and American Lung Association (DOH involvement subject to future determination.)	Tobacco Leadership Council.	Increase funding allocation annually.	2006-2010

Percentage of adults who report the rules about smoking in their homes, 2003 (brown), 2004 (orange) and 2005 (tan)  
Florida Adult Tobacco Survey (FLATS)

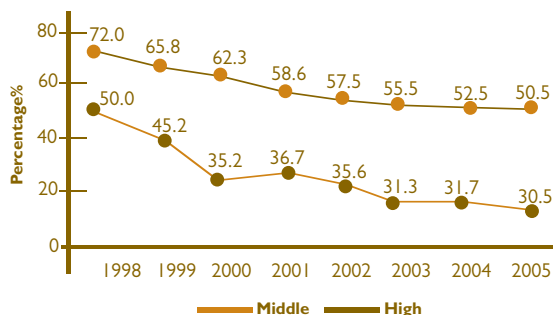


Rules about no smoking in the home appeared to become tighter from 2003 to 2005 with a significant increase in the percentage of adults reporting prohibiting smoking anywhere in their homes. Conversely, fewer adults reported allowing smoking in some places or at some times in their homes (not significant) or allowing smoking anywhere (significant).

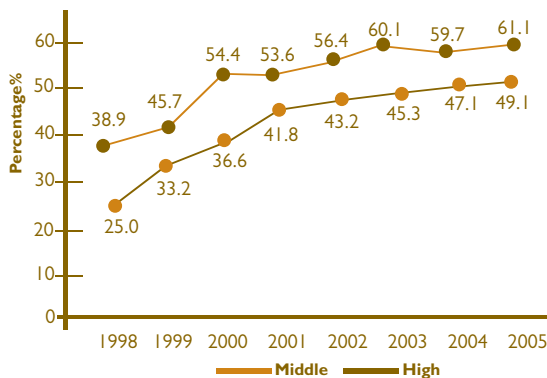
Percent of Students Who had Smoked Cigarettes on One or More of the Past 30 days (Current Smokers), 1998-2005



Percent of Students Who had Ever Used Any Tobacco Products (Lifetime Any Tobacco Users), 1998-2005



Percent of Students Who Were Committed Never-Smokers\*, 1998-2005



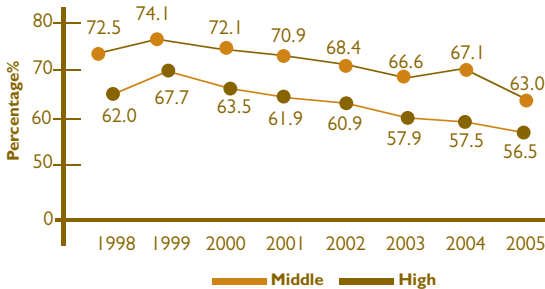
# GOAL 6:

Monitor and analyze data relative to tobacco product use in Florida.

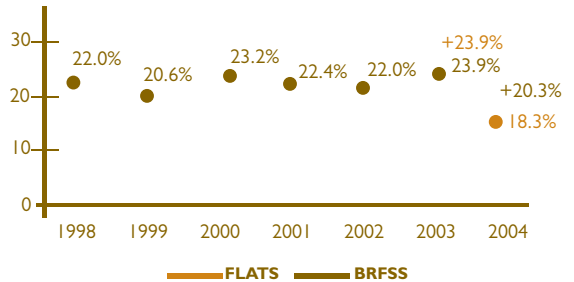
**Strategy 6: Utilize data for the purpose of furthering all of the other goals contained in this strategic plan.**

Activity	Lead Organization /Accountability	Partners	Measure of Success	Timeframe
Continue existing monitoring and surveillance activities, and develop additional measures of incremental change in use of tobacco products among all age and population groups in Florida.	DOH's Tobacco Prevention and Control Program	Department of Education, Department of Children and Families, Universities.	Produce statistics annually regarding the "state of tobacco use" in Florida.	Annual and ongoing.
Communicate data collected as it becomes available to stakeholders.	DOH's Tobacco Prevention and Control Program	Other state governmental agencies that are collecting and disseminating data on tobacco use.	Produce annual "report" utilizing data collected from various mechanisms.	Annual and ongoing
Develop a "resource library" for use by staff and volunteers involved in tobacco use prevention	DOH's Tobacco Prevention and Control Program	Government Agencies, Schools, AHECs, Universities and Community Groups.	Online resource library developed by December 2007.	2006-2007

Percent of Students Who had been Exposed to Secondhand Smoke During Past 7 Days, 1998-2005



Percentage of Florida adults who are current cigarette smokers by year, 1998-2004 Behavioral Risk Factor Surveillance Survey (BRFSS) and 2003-2004 Florida Adult Tobacco Survey (FLATS)



After six years of virtually no change, adult smoking prevalence rates dropped significantly from 2003 to 2004 according to the BRFSS. The significant change in the BRFSS data corroborates the similar drop in adult smoking prevalence in the FLATS from 23.9% to 18.3%.

**Tobacco Prevention and Control  
Program**

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