

# -INTRODUCTION-

## The Purpose of a Plan

Despite the fact that the consequences of tobacco use are well-known to West Virginians, residents continue to use tobacco in alarming numbers. Tobacco use is the number one preventable cause of premature death and disease.

West Virginia is aggressively addressing this problem by implementing evidence-based comprehensive tobacco control programs. The comprehensive plan focuses on four goals:

1. Prevent the initiation of tobacco products among young people.
2. Eliminate exposure to secondhand smoke.
3. Promote quitting among adults and young people.
4. Eliminate tobacco-related disparities among different population groups.

The following plan will serve as the framework for West Virginia's comprehensive tobacco prevention program over the next five years.



## History of Tobacco Prevention in West Virginia

In 1989 the National Cancer Institute (NCI), in partnership with the American Cancer Society (ACS), announced the funding opportunity for a seven-year ASSIST grant (American Stop Smoking Intervention Study for Cancer Prevention) from the National Cancer Institute. The West Virginia Department of Health and Human Resources, Division of Health Promotion, eagerly prepared and submitted its proposal. West Virginia was one of 17 states to receive funding. West Virginia's new program, the Tobacco Control Program (TCP), received funding of up to \$800,000 per year over an eight-year period. It was composed of a staff of eight. This program expired in the fall of 1998. Because of the high levels of funding sustained over many years, the ASSIST project established infrastructure within the TCP in the following program areas:

- policy initiatives in tobacco prevention, especially clean indoor air regulations, workplace policy development, excise taxes, and cessation
- public education through media
- identifying specific populations and channels to use in reaching them for behavior change
- collaborative relationships
- coalition building
- evaluation and strategic planning.

Prior to 1991, West Virginia did not have funding from either state government or the federal government or private foundations to conduct tobacco prevention programming. The Centers for Disease Control and Prevention funded one position in the Bureau for Public Health's health promotion office to address two health issues -- cardiovascular health and physical fitness. Any tobacco prevention activities conducted in West Virginia were led by not-for-profit state-level organizations, mainly the American Lung Association and the American Cancer Society.

During the eight years of ASSIST, the TCP provided funding to establish county tobacco control coalitions serving 42 of our 55 counties -- no county was ever rejected for funding. With local support from these coalitions and technical assistance from the TCP, clean indoor air regulations were passed covering 39 counties that protected 76% of the public and workers from exposure to secondhand smoke.

Also using ASSIST funding, the West Virginia Bureau for Public Health (WVBPH) helped to establish the West Virginia Tobacco Control Coalition (WVTCC) in 1989. This coalition served as an advisory group to the WVBPH, with members recruited by invitation from the Commissioner of Public Health, William T. Wallace, M.D.

The primary role for the WVTCC for the first two years of the ASSIST Project was to develop a strategic plan for tobacco control for the state, based on guidelines required by NCI. The WVTCC established committees that focused on policy, media advocacy and program services and conducted activities and projects throughout the ASSIST contract period. A key focus of the WVTCC was the establishment and nurturing of local coalitions whose key priority was passage of local clean indoor air regulations.

The Coalition gradually evolved into serving as something more than an advisory group to the TCP and changed its name to the Coalition for a Tobacco-Free West Virginia (CTFWV). At this time the WVBPH agreed that the Chair of the Coalition could be someone other than an appointed employee of WVBPH, as was previously the case.

When the ASSIST project expired, the TCP submitted a proposal for funding to the Centers for Disease Control and Prevention (CDC). The proposal was funded with an annual budget of about \$1.1 million through the National Tobacco Control and Prevention Program. The TCP continued its programming and was able to add a cessation focus. In order to show a more positive representation, the name was changed to the Tobacco Prevention Program (TPP).

With the signing of the Master Settlement Agreement (MSA) in 1998, West Virginia joined 45 other states in obtaining settlement funds reimbursing the state for “current and future economic impact” from tobacco use. West Virginia receives about \$60 million annually as a result of the MSA.





The Legislature has annually allocated half of this money to the Settlement Medical Trust Fund, which may be spent on a variety of health measures, including tobacco prevention. This money is currently held in a trust fund and has not been used. The other half is allocated directly to health-related activities -- including \$5.85 million per year to the WVTTP since fiscal year 2001. Funding recommendations from the CDC's *Best Practices* indicate that West Virginia should provide and sustain annual funding of \$14.1 million to \$35.3 million in tobacco prevention. The CTFWV developed the 1999 document *Saving Lives and Saving Money: Blueprint for a Comprehensive Tobacco Prevention and Control Program for West Virginia* and strongly advocated for sustained funding at significant levels for a statewide comprehensive tobacco control and prevention program.

In 2000, the Coalition officially became an independent entity no longer attached to the WVBPH. Some funding from the Robert Wood Johnson Foundation SmokeLess States project that was granted to the West Virginia Youth Tobacco Prevention Campaign was directed to meet some of the needs for the Coalition. The mission for the Coalition has since been redefined to focus strictly on tobacco control policy, and the Coalition is now recognized as an established, credible resource related to tobacco control policy in West Virginia.

In 2002, the Healthcare Education Foundation of West Virginia, a subsidiary of the West Virginia Hospital Association, was awarded a two-year grant from the SmokeLess States National Tobacco Control Policy Initiative to fund the policy efforts of the Coalition. With these significant resources, along with a hard cash match of more than \$191,000, the Coalition, working with West Virginia Governor Bob Wise and representatives of the West Virginia Department of Health and Human Resources conducted a public education and policy campaign related to an increase in the tobacco tax, resulting in an increase in the cigarette tax from 17 cents to 55 cents per pack.

The Coalition works in collaboration with the WVBPH on tobacco control issues as appropriate but has also assumed the role of "friendly watchdog" to attempt to insulate the tobacco control movement from political influence when necessary.

On a national level, the MSA established the American Legacy Foundation in 1999 to prevent the initiation of tobacco use among youth. The Legacy Foundation funded the TPP at levels of \$750,000 for each fiscal year 2001 to 2003. The focus of this grant was to directly reach the youth population and establish tobacco prevention youth empowerment opportunities.

Because of increased levels of funding from state government, federal government and private foundations, the Office of Epidemiology and Health Promotion implemented a reorganization plan that elevated the TPP to division status as the Division of Tobacco Prevention (DTP). The DTP now comprises 15 staff.

Tobacco prevention in West Virginia includes a variety of collaborative relationships including other programs within the Division of Health Promotion, the Division of Maternal, Child and Family Health, the Department of Education, the Division on Alcoholism and Drug Abuse, the Division of Juvenile Justice Services, etc. Collaboration also involves the major universities and not-for-profit organizations that share the common goal to reduce tobacco use in West Virginia and to protect its citizens from secondhand smoke. Surveillance and epidemiological support are provided by the West Virginia Health Statistics Center, and evaluation monitoring is provided by the Evaluation Oversight and Coordinating Unit (EOCU) at West Virginia University (WVU).



## The Importance of Partnerships

The West Virginia tobacco prevention community is proud of the partnerships it has established. Partnerships include a variety of organizations including not-for-profits, the CTFWV, private sector businesses, and government agencies. At the state level, the DTP sponsors meetings in order to regularly coordinate with state partners and their programs through advisory committees. Advisory committees include the Youth Empowerment Team, the Clean Indoor Air Partnership, the Communications Advisory Group, the Cessation Advisory Group and the Evaluation Advisory Group. The purpose of Advisory Committees is to coordinate activities and events among the numerous partners and to handle challenges within a collaborative framework.

The Youth Empowerment Team (YET) meets bimonthly to coordinate all youth activities within the state. Members include the DTP, the American Lung Association, the West Virginia Department of Education, thembcgroup (now the Manahan Group), the West Virginia Department of Health and Human Resources media consultant; and the West Virginia Youth Tobacco Prevention Campaign. These organizations have a formal memorandum of understanding outlining how they work together.

The Clean Indoor Air Partnership meets quarterly to discuss issues related to clean indoor air regulations. Members include the DTP, the American Lung Association, the American Cancer Society, the Coalition for a Tobacco-Free West Virginia, representatives from local health departments, representatives from local boards of health, representatives from county coalitions and legal counsel.

The Communications Advisory Group meets once a month to discuss publications, communications, media, public relations and press conferences. Representatives include the DTP, thembcgroup, the West Virginia Department of Education, the West Virginia Health Statistics Center, the CTFWV, and the chairperson of each of the other advisory groups representing youth, clean indoor air, cessation and evaluation.

The Evaluation Advisory Group meets quarterly to discuss evaluation strategies. This group is comprised of the DTP, West Virginia Health Statistics Center, the counter-marketing evaluator and the EOCU at WVU. The DTP plans to add community representation to this group in the near future. Our collaborative evaluation efforts are designed to determine whether program goals are met, what prevention and reduction approaches are most effective and what can be done to improve outcomes. The five-year strategic plan will provide information that will be used to guide evaluation activities, including major goals and directions for DTP efforts. The EOCU will use the strategic plan to finalize the evaluation plan for the DTP.

Communication with external partner organizations is accomplished through electronic list serves, newsletters, conference calls, regular committee meetings, biannual retreats with partners, an annual statewide conference, workshops and web site postings.

## **Vision Statement**



**“West Virginians live tobacco free.”**