

**MOVING THE MARK REVISITED:
CHECKING IN ON TOBACCO CONTROL LEARNINGS
THREE-YEARS LATER.**

**Summary and Recommendations to the
Colorado Tobacco Review Committee**

May 1, 2017

St. Anthony's Hospital

Organized by:

State Tobacco Education and Prevention Program

Health Promotion and Chronic Disease Prevention Branch

Colorado Department of Public Health and Environment

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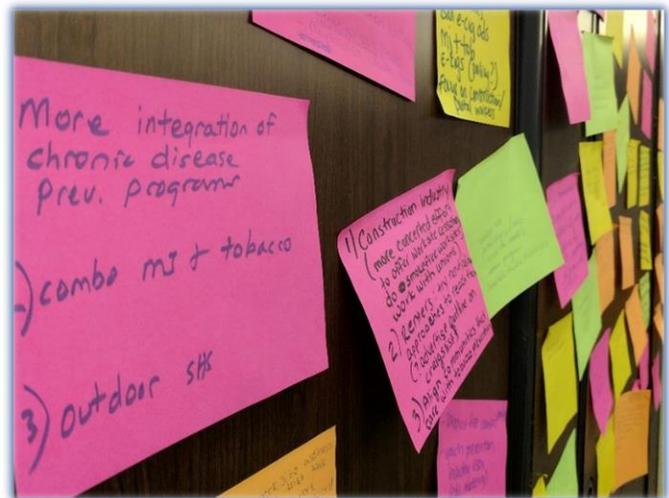
COLORADO
Department of Public
Health & Environment

Moving the Mark Revisited - Executive Summary

On May 1st, stakeholders from across the state came together to constructively analyze Colorado’s tobacco control efforts and develop shared recommendations for the future of this work. *Moving the Mark Revisited: Checking in on Tobacco Control Learnings Three-Years Later* included representatives from nearly 30 organizations spread across urban, rural and frontier Colorado. The event provided a forum to share lessons learned and engage in meaningful discussion to carve Colorado’s path toward, one day, eliminating tobacco use for the healthiest state in the nation.

As with most challenges, there is no “easy button” solution. The fight against tobacco has always required bold, creative strategies backed by rigorous science and a passionate public health community. Meeting the Mark Revisited (MTM Revisited) embodies this approach – telling the story of tobacco use, prevention and cessation efforts in Colorado through data, and then facilitating tough conversations to craft the best possible strategies moving forward.

The following report provides additional context for the MTM Revisited event and outlines the key themes and recommendations identified over the course of the day. This information will be shared with the Colorado Tobacco Review Committee for consideration in developing the next multi-year phase of the State Tobacco Education and Prevention Program and related grantmaking.



Recommendations Summary



- ❖ Develop a unified vision with focused and aligned policy goals.
- ❖ Build coalitions at state and local levels that extend to broader health and health systems work.
- ❖ Recognize that innovation and established best practices are not mutually exclusive.
- ❖ Ensure and enhance core skills for grantees.
- ❖ Target disparity and burden.
- ❖ Focus on health equity and involve target populations.
- ❖ Preserve gains with an eye toward the future.
- ❖ Protect the core of our tobacco control efforts.
- ❖ Above all, be strategic.

Moving the Mark Revisited - Background

In 2004, Colorado voters approved Amendment 35, a tax increase on cigarettes and other tobacco products. The revenue was designated for health care services and tobacco education to improve the health of all Coloradans. Each year, 32 percent of revenue from Amendment 35 is legislatively allocated to four highly effective programs within the Colorado Department of Public Health and Environment (CDPHE). More than 95 percent of Amendment 35 funds designated to these programs are awarded to nonprofits, government agencies and businesses across Colorado through four grant programs:

1. Cancer, Cardiovascular Disease and Pulmonary Disease (CCPD) Competitive Grants Program
2. Health Disparities Grant Program (from CCPD funds)
3. Tobacco Education, Prevention and Cessation Grant Program
4. Women's Wellness Connection (from CCPD funds)

The Tobacco Education, Prevention and Cessation Grant Program (Tobacco Grant Program) was specifically created by Colorado Revised Statute Section 25-3.5-804 to "provide funding for community-based and statewide tobacco education programs designed to reduce initiation of tobacco use by children and youth, promote cessation of tobacco use among youth and adults, and reduce exposure to secondhand smoke." Grant funding available through this program is directed per Colorado's strategic objectives outlined in the *Tobacco Education, Prevention, and Cessation Grant Program Strategic Plan, 2012–2020*, updated in 2012.

While the current Strategic Plan has been invaluable for coordinating resources aimed at reducing tobacco use, it is appropriate to periodically assess how key elements of the plan are impacting Colorado and iteratively improve our State's collective approach. To maximize the impact on health care services and tobacco education, CDPHE convened Tobacco Grant Program stakeholders to guide the strategic use of these resources for future funding cycles.

The MTM Revisited event built on learnings from a collaborative process initiated in 2014 in which CDPHE worked with more than 40 partners from across the state. The goal was to move beyond the

recommendations found in systematic reviews such as the Center for Disease Control *Community Guide to Preventive Services* and *The Best Practices for Tobacco Control* from the Office on Smoking and Health. The event highlighted the Tobacco Grant program's work to date, examined the latest data to drive future action, and explored cutting-edge practices to drive recommendations for the future of Colorado's tobacco control efforts.



Moving the Mark Revisited - Design

MTM Revisited was one component of Colorado's ongoing commitment to continuous quality improvement of its tobacco control strategy. For the last nine months, the State Tobacco Education and Prevention Program (STEPP) at CDPHE and the Tobacco Review Committee (TRC) have been gathering input from stakeholders and reviewing options for the next three-year funding cycle of the Tobacco Grants Program. Part of this process has included "Ask, Listen and Learn" sessions with program grantees, extended TRC discussions, public comments from community and state-level partners, and

testimony from current grantees. At the same time, STEPP program staff at CDPHE have been reviewing the literature, looking at data on tobacco prevalence in Colorado and studying characteristics of the remaining population who use tobacco. MTM Revisited built on this solid foundation and gave diverse stakeholders an important opportunity to apply what Colorado has learned to an open dialogue moving toward consensus recommendations for our future efforts.

MTM Revisited convened STEPP staff, current grant recipients, and external experts to inform future strategy. An important, additional perspective to include in planning efforts is that of actual smokers and populations most at-risk for tobacco use.

Level-Setting and Starting Agreements

Each year, tobacco-related deaths total over 5,000 individuals in Colorado alone. Still, nearly 15% of Colorado's total population continues to smoke and contribute to a staggering social, economic and human cost. Public health's role is critical. MTM Revisited began by acknowledging the group's shared purpose and expertise, and encouraging open minds and open dialogue throughout the day. Colorado has less than half than the total funding amount recommended by the CDC for tobacco control available for its efforts. The group recognized the challenges of scarce resources and the necessity for compromise. Colorado's approach must be strategic, careful and cognizant of the consequences from moving tobacco grant dollars from one area to another.

As an important step toward consensus, the group established the following "Starting Agreements" as a basis for the day's conversation:

- We are rooted in health equity.
- To the highest degree possible and reasonable, we should streamline and align processes, minimize administrative burden of participation and build on what's working.

MEETING THE MARK REVISITED GROUND RULES

- ✓ Recognize the power of positivity
- ✓ Compromise is key, but disagreement needs to be out in the open
- ✓ Assume best intentions
- ✓ Strengths over weaknesses
- ✓ Be specific, focused and fair
- ✓ Be willing to step up to the plate
- ✓ Be present

- We need a fair and statewide approach that addresses the populations making up the remaining 15% of smokers, while maintaining gains and preventing future use among the remaining 85% of Coloradans.
- We need local strategies that reflect the unique needs and resources of each community. These should be locally defined within general parameters (U.S. Center for Disease Control and State guidance).
- A balance must be found:
 - between the individual self-determination against the pressure to conform, and the will to pay attention to the needs and desires of others and taking their thoughts seriously.
 - between arriving at a proposal with major support and perseverance to keep debating in search of the best solution.
- The conversation doesn't end here.

Activities

With Grounds Rules and Starting Agreements for the day established, the event continued with three primary activities: An examination of the latest in prevalence and impact data on smoking in Colorado to understand the success of cessation efforts to date, as well as consider focal points for efforts moving forward; learning from current grantees and subject matter experts about the latest in tobacco prevention and cessation efforts, with emphasis on emerging strategies; and facilitated discussion to generate recommendations for future activities at the local and state levels and related funding allocation for the tobacco grant program.

ACTIVITY	FOCUS
<p>Sharing What We Know Share the latest in research and data that tells the story of tobacco use and cessation efforts in Colorado</p>	<ol style="list-style-type: none"> 1. <i>Findings from Literature Reviews Conducted by the Tobacco Program</i> 2. <i>Reviewing the Data on Smoking in Colorado</i>
<p>Exploring Innovation Cutting edge Colorado ideas in tobacco control</p>	<ol style="list-style-type: none"> 1. <i>Outside the Silo: Innovative Partnerships</i> - Boulder County Public Health 2. <i>Building a Movement: One Community at a Time</i> - Colorado School of Public Health 3. <i>A Tailored Approach for A Unique Community</i> - El Paso Public Health

	<p>4. <i>Bringing a Peer Intervention Approach to Tobacco Utilization: Drawing on Lessons Learned from the Collective Impact for High Public Service Utilizers Project</i> - Colorado Behavioral Health & Wellness Program</p> <p>5. <i>A Community-based Cessation Navigator Model</i> - Colorado School of Public Health, Tri-County Health Department</p>
<p>Generating Recommendations Facilitated discussion to generate new recommendations guiding the future of the Tobacco Grant Program</p>	<p>1. <i>What kind of tobacco work do you want to be doing in three years' time (that you aren't doing today)?</i></p> <p>2. <i>Considering today's presentations and conversation, what is the right balance between innovation and established best practices?</i></p> <p>3. <i>How do we ensure a fair distribution of funds statewide and across the different grant buckets?</i></p>

Meeting the Mark Revisited - Sharing What We Know

Prior to the event, tobacco team staff at CDPHE shared readings and other resources that provide insights and information gleaned from current tobacco control program operations. Included are surveillance reports on the dimensions of the tobacco problem in Colorado and a review of the literature regarding effective cessation strategies for low income populations. MTM Revisited participants were provided these materials in advance of the event to help level-set and prepare the group for robust conversation. All presentations given at the event were also posted for review and reference and are available at: <https://www.colorado.gov/cdphe/MovingTheMark2.0>

Since 1998: 200,000 Coloradans have quit smoking. For every 1% drop in prevalence sustained over 5 years, we save 32,900 adults and 4,600 children from premature death.

Colorado has enjoyed significant success in its tobacco control efforts over the years, enacting multiple smoke-free policies for public spaces, electronic cigarette restrictions, tobacco-free policies in multi-unit housing, retail licensing regulations, and innovative prevention and cessation interventions in diverse communities across the entire state. However, Colorado's efforts face some persisting and emerging challenges.

The data now show:

- Tobacco Prevalence stabilized
- New products, new temptations
- Initiation is a significant problem
- Tobacco sales increased last year
- **Smoking has become a health equity crisis**

The “getting stuck” challenge of moving tobacco prevalence past a stubborn stabilization point (about 15% for Colorado) is not unique to our state. Nationally, the evidence demonstrates that all states are

struggling in this regard. Unpacking the data reveals important information that can assist Colorado to refine its tobacco control efforts and push prevalence back to a downward trajectory.

As of 2015, there were approximately 600,000 adult Coloradans who currently smoke cigarettes. Sadly, tobacco will kill over 5,000 Coloradans this year alone.

Who is Smoking?

Disparities <i>Who is more likely to smoke?</i>	Burden <i>Who are the current smokers?</i>
➤ Adults <65 years	➤ Adults 25-64
➤ Males	➤ Males
➤ Native American & Black	➤ White & Hispanic
➤ English-speaking Hispanic	➤ English-speaking Hispanic
➤ Lesbian, Gay, Bisexual, Transsexual	➤ Heterosexual
➤ Low Socioeconomic Status	➤ Low Socioeconomic Status
➤ < College Degree	➤ High-school Grads & Some College
➤ Uninsured & Medicaid	➤ Private Insurance & Medicaid
➤ Unemployed & Unable to Work	➤ Employed (particularly construction)
➤ Renters	➤ Homeowners

Source: Renee Calanan, PhD, Commander, US Public Health Service, Senior Chronic Disease Epidemiologist, Colorado
Amy Anderson, MPH Adult and Adolescent Health Surveys Data Analyst, Center for Health and Environmental Data, CDPHE

Additional characteristics about the populations using tobacco align with indicators of poor health outcomes commonly observed from a public health perspective. For example, smokers have lower rates of health care access and utilization; are more likely to have engaged in unhealthy behaviors for diet and exercise; and are more likely to suffer from a co-occurring chronic disease, mental health challenge and/or substance use disorder. Considering all factors, low socioeconomic status (SES) stands out as the most significant predictor of risk and indicator of burden for smoking.

Lower SES populations have the highest smoking rates and make up the largest number of smokers. For social justice and the greatest good, public health needs to focus research and programs on smoking cessation among lower SES populations.”

*-Arnold H. Levinson, Patricia Valverde, et al
Colorado School of Public Health, University of Colorado Cancer Center*

Meeting the Mark Revisited - Exploring Innovation

With data in hand, the group explored the latest in local and state level strategies for tobacco prevention and control. A series of brief presentations, each with dedicated time for questions and conversation, revealed a helpful set of themes that carried over into facilitated discussions later in the day. Key themes include:

- There is untapped potential for connecting tobacco programs to other public health efforts.
- Need to ensure a diversity of access points for education and prevention resources and cessation tools.
- There is no lack of ideas; the challenge lies in prioritization and execution.
- Need meaningful collaboration from non-traditional partners. This requires more than just support on paper. We need support through action.
- Need to be flexible and nimble to respond to changes in perception, use and research.
- A mile wide, inch deep approach may not work. We may be better served to focus more deeply on fewer primary goals.
- A unified strategy and common messaging has historically paid dividends. Our current efforts may be too diffuse to be effective.
- Direct community input, including individuals with lived experience, is vital. Our approach must validate local differences but emphasize that all Coloradoans deserve the same protections.
- Tobacco isn't at the top of the list of public health priorities for most communities.
- We must find a balance between innovation and evidence-based interventions. Evaluating these interventions is important, but manage expectations and encourage bold strategies.



“We live in an environment now that demands, ‘Show me the outcome. Show me the evidence-based practice.’ Do you feel pressured by that and can you make a case for your program?”

Wrapping together many of these individual themes, an important takeaway message emerged. Participants expressed a desire to recapture, “what we had,” going back to earlier years of tobacco tax-funded prevention and cessation efforts. This sentiment extended well-beyond simple nostalgia for major victories made early on thanks to Amendment 35, and pointed toward the need to unify individual efforts into a collective movement. Building, or more appropriately, reinvigorating a

movement takes focus, time and persistence, but is paramount and to align efforts vertically from national to state to local levels. Participants want to concentrate on consensus areas for focus – less is better – and identify those primary nexus points where we can impact multiple health risk factors simultaneously.

Meeting the Mark Revisited – Generating Recommendations

Grounded in the latest data for tobacco use and science for control efforts, the meeting’s focus shifted toward the future for Colorado and explored key questions to help shape a strategy:

- ❓ ***What kind of tobacco work do you want to be doing in three years’ time (that you aren’t doing today)?***
- ❓ ***Considering today’s presentations and conversation, what is the right balance between innovation and established best practices?***
- ❓ ***How do we ensure a fair distribution of funds statewide and across the different grant buckets?***



“We need the power of all – working together on a very clear strategy.”

Candid, solutions-focused conversation is paramount to Colorado’s success. All perspectives need to be heard and incorporated into thoughtful solutions that are feasible, reflect our shared purpose and promote compromise. Facilitated discussion explored the questions above in-depth and generated common themes and

recommendations. The goal was to achieve consensus on concrete recommendations for the Tobacco Review Committee. It was a time for participants to share their opinions openly and in a safe environment, to be specific, and to be heard. Most importantly, it was a time for participants to listen to one another, consider and value diverse perspectives, and to identify reasonable compromise.

After robust small group conversation, the full group moved through an iterative consensus process to generate a set of common recommendations and agreements. These ideas do not represent unanimous agreement for an idea. Instead, these are ideas that everyone:

- Substantially agrees represents a common reality
- Substantially agrees represents a common reality
- Sees as a fusion of the information, logic and feelings expressed
- Is willing to accept
- Believes is workable and in the group’s best interest



The following are recommendations crafted over the course of MTM Revisited and are presented now for consideration by the Colorado Tobacco Review Committee:

Recommendations	
	<p>Colorado needs a unified vision with focused and aligned policy priorities.</p> <p>This was the strongest area of agreement for participants. The group supported narrowing down to 1-3 primary goals defined at the State-level and allowing communities to add a limited set of additional, secondary goals to their local efforts based on a readiness assessment for policy change. This approach will acknowledge and respect local differences and ensure strategies are tailored to reflect unique needs and resources at the community level.</p> <p>There are many potential focal points for policy action, including flavor bans, legal smoking age, price, sales licensing, smoke-free cars, smoke free parks/trails/public spaces, enforcement at point of sales, Medicaid regulations, and multi-housing policies. The group was less concerned with which of these would rise to the top, and instead simply stressed that Colorado cannot do everything at once. They want to get on the same page and reinvigorate the state’s tobacco control movement.</p>
	<p>Build coalitions at state and local levels that extend to broader health and health systems work. A common vision and policy platform will need a strategically developed network of champions and partners. Local health agencies and other current grantees have deep partnerships that should be leveraged and incentivized. Doing so will bridge silos and tap into the relational influence of both traditional and non-traditional local partners. At the state level, the tobacco program should strengthen ties to other major initiatives within CDPHE and other State agencies including Human Services, Health Care Policy and Financing, Corrections, Public Safety, Regulatory Agencies, and Education.</p> <p>Coalition development will be supported by aligning tobacco control with other public health efforts. Funding decisions should weight and reward these types of collaborative strategies and partnership.</p>

	<p>Recognize that innovation and established best practices are not mutually exclusive. At times, innovation looks bold, new and risky. More often, creativity is often an iterative process taking an existing strategy and inventing upon that foundation. The future of Colorado’s tobacco efforts should make space for both, as well as embrace a dynamic approach that can respond to emerging technology and knowledge.</p> <p>Participants felt strongly that, with respect to STEPP grants, ‘innovative’ and ‘competitive’ are not synonymous terms. Local health agencies should have the opportunity to deploy innovative strategies with a portion of their non-competitive grant funding. While other community organizations should still have sufficient access to resources for their own innovative and collaborative proposals. In all cases, funding should be defensible and expected impact should be measurable.</p>
	<p>Ensure and enhance core skills for grantees. There are specific competencies needed to realize success for this type of work. Participants stressed skills for things like grassroots organizing, coalition development, social media and meeting facilitation. Specific to tobacco, the group emphasized train-the-trainer models for nicotine replacement therapy and tobacco treatment specialists. There are also opportunities related to treating special populations, for example, tobacco users with mental health and substance use conditions. The group also explored interesting opportunities to incentivize partnership across local health agencies and with other tobacco program grantees to provide peer-to-peer training and technical assistance.</p>
	<p>Target disparity and burden. The data paint a clear picture of those populations bearing most tobacco-related disparity and burden. Participants were energized to meet the needs of special populations including criminal justice, LGBTQ, multi-unit and public housing residents, construction workers, veterans, and low-income communities. Interventions should strive to meet people where they are – where they live, work, seek health care services, receive behavioral health treatment, access public benefits, and spend their free time. Colorado should advance innovative, community-based models for policy, prevention and cessation efforts.</p>
	<p>Focus on health equity and involve the target populations. Strategies should be informed directly by the targeted benefactors. The data clearly indicate those community members that are smoking, and interventions should reflect that these individuals have engaged in defining a grantee’s plan. Participants look forward to highlighting how trusted stewards (e.g., barbers, hairstylists, bartenders), and non-traditional workforce (e.g., peer workforce, community health workers, promotores) will be activated to help execute their plans.</p>

	<p>Preserve gains with an eye toward the future. Cigarette smoking rates have declined for decades in the United States. To preserve this tremendous public health achievement, Colorado must continue its prevention efforts for the 85% of the population that does not smoke. Participants want a balanced approach to avoid any possible backslide and to address the changing culture around tobacco use. While cigarette smoking is down, electronic smoking and vaporizing is rising dramatically. The fight against tobacco is evolving and Colorado’s efforts must adapt accordingly. Participants hope this means additional research, focus and cross-systems collaboration to reach youth. Targeting the remaining 15% is important, but a comprehensive prevention pipeline will combat tobacco upstream.</p>
	<p>Protect the core of our tobacco control efforts. Local health agencies are at the core of Colorado’s tobacco control efforts and are in the best position to connect this work to other public health initiatives such as prevention of chronic disease, mental health conditions and substance use disorders. Funding should ensure all local health agencies have sufficient resources to effect meaningful change through both established best practice and emerging innovative strategies. Participants felt these allocations must be measurable and some suggested these dollars be considered “at-risk” barring a poor return on investment.</p>
	<p>Above all, be strategic. Participants felt strongly that funding decisions must follow strategic decisions, and not the other way around. Timing is an important consideration and some participants advocated to continue with the current funding methodology for up to a year while a revised state strategy is developed. This position was robustly debated without resolution, but there was clear agreement that a sound, unified vision for the tobacco program should drive resource allocation. Distribution should factor in efficiencies, economies of scale, population, disparities, burden, partnerships and transparency. The group agreed that strategic investment does not necessarily mean equal distribution of dollars. Colorado must target funding to maximize impact.</p> <p>There was also ubiquitous support for evaluating reach, effectiveness and sustainability within each grant program “bucket” to ensure future funding decisions are justifiable. Allocation of public health resources should be based, where feasible, on objective assessments. Additionally, evaluation should be sensitive to major health policy changes with appropriate proximal measures linked to downstream health outcomes.</p>

*“We need common marching orders and exceptional communication.
Who will take the leadership role?”*